

- Identifies that both Wales and Africa are both on a road of development concerning disability.
- Promotes disabled people as full, equal, and participatory members of their communities.
- Focuses its work in Africa, but identifies with disabled people's world wide struggle for equality and justice.
- Provides Training, Advice, and Support to projects, promoting disabled people's mainstream participation

INSIDE THIS ISSUE:

- Working with Low Tech Resources 3
- DWA Website & Blog 3
- Paralympics & Wales Africa Links 4-5
- Disability rights in Ghana 5-6
- Vale for Africa visits Tororo Uganda 6
- Independence or Interdependence? 7
- Getting Disabled Children to school 8

Editorial Introduction

Welcome to the second DWA Newsletter. We have a selection of articles discussing various forms of disability activities. These range from disabled children going to school, disabled adults finding employment and, as you can read below, disabled people rehabilitating their community.

Although many of the articles are based around individual Linking initiatives, we also include fea-

tures which cover Wales Africa issues in a broader sense, for example the London 2012 Paralympics.

One theme which may come over as you read this Newsletter is not only what can Wales offer Africa, but also what can Africa show Wales? A new environment requires new skills and new ideas to overcome new problems, to quote one article .

A second thing that is important to remember is that although this Newsletter has been compiled in Wales, it is for readership in both Wales and Africa. The ideas we share are not to be restricted to Welsh networks. It is hoped that they can also develop disability networks in African.

I hope that, by reading these articles, you will be inspired to try out ideas within your context

Disabled People Rehabilitating their Community

My name is David Kariuki, I am a physiotherapist by training and have a MSc in Community Disability Studies from University College London.

This article is based on my experience while working with Disabled People's Organisations in a Community Based Rehabilitation programme based in Kibwezi, a small market town just off the road between Nairobi and Mombasa.

Community Based Rehabilitation (CBR) is about

establishing community-based programmes to assist the inclusion of people with disabilities into mainstream life. Unlike many Community Care initiatives in the North, based on my experience in the UK while working with a care unit for three people experiencing Autism, CBR also targets the entire community.

The strength of CBR programmes is that they can be made available in rural areas with limited infrastructure. Leadership is not restricted to professionals in healthcare, education,

vocational or social services. It can also come from people with disabilities themselves, often through Disabled People's Organisations (DPO), their families, and the respective community.

Continued on page 2



DISCLAIMER - DWA is issuing this newsletter as a tool to enable people to share their ideas and experiences regarding disability issues and the needs of disabled people. DWA does not necessarily accept the views expressed by contributors to the newsletter, save a common working towards to the vision where disabled people are full, equal, and participatory members of society.

Continued from page 1

“as people with disabilities, and the community, internalized the CBR concepts, the organisation grew and their capacity to plan and implement political, economic, and civil, rights activities continued, leading to KDPO becoming an interface for service providers and other stake holders.”

Previously, the rehabilitation of people with disabilities, was based on the provision of aid, alongside medical and therapeutic services. Whilst acknowledging the need for such support, over the last 20 years disability programmes have shifted to a more inclusive approach based around CBR ideals. As a result, People With Disabilities have become empowered to take control, rather than remaining service recipients. The Kibwezi situation is not an exception.

Kibwezi Disabled People's Organisation (KDPO) started organizing itself in late 1990 with the support of a CBR programme, initiated by Action Aid Kenya and then continued by AMREF. Since then it has taken over running the programme within the Kibwezi District. Before this, the common attitude was that disability is a curse and nothing could be done. However, as people with disabilities, and the community, internalized the CBR concepts, the organisation grew and their capacity to plan and implement political, economic, and civil, rights activities continued, leading to KDPO becoming an interface for service providers and other stakeholders.

When the CBR programme was evaluated, some fundamental lessons were learnt.

For example the rehabilitation process must involve both disabled people, and their communities. The attitudes of community members, families, and service providers, must be changed to embrace disability as a development issue. Rehabilitation is a social issue, hence the shift

from a medical, to a social model. Disability is not inability, as many of the cultural beliefs of our region hold.

In Kibwezi, disabled people and the community contribute to the direction of the programme, and corresponding initiatives run by Government, NGO, and community support agencies. The medical individualised model, on which CBR was originally based, shifted to include a socially orientated, rights-based, approach. This created a bottom –up focus based on real needs, rather than perceived needs by non-disabled people.

With Government and NGO support, KDPO runs a comprehensive CBR programme. The Coordinator, the Workshop Technician, and the Community Health Workers, are disabled people. KDPO have shown that basic resources and equipments can go a long way in delivering services. They have an office, a small workshop, and a motor bike. The project has engaged a physiotherapist and a social development worker. They do their own home visits and deliver mobility and other appliances. The Coordinator is a member of the District Development Organisations and Planning Committee.

The community refers their disabled members to KDPO who also offer advice, counselling, and arbitration. Other ser-

vices include training in mobility and daily living skills, raising community awareness, and providing or facilitating apprenticeships. Other activities are the production of simple rehabilitation and mobility appliances, facilitating access to loans and supporting the formation of local self-help groups, The list could continue with networking between different authorities, as well as school enrolment. This may include making contact with teachers.

There remain however many challenges, for example a lack of funds, and many programmes still regarding disabled people as beneficiaries, rather than as participants with voices and choices. We need to improve the community referral systems. Additionally, people with disabilities, being among the poorest of the poor, may not acquire the skills, or finances, to improve their livelihood. This situation is continues to limit access to services, resources, and appliances, as well as political representation and self determination.

Disabled people have come a long way, but have much further to go, towards their goal of equality and full community participation. The CBR process is as much about rehabilitating the community than assisting the individual. KDPO has played a crucial role in this process, as they portrayed their members and workers in a very different light.

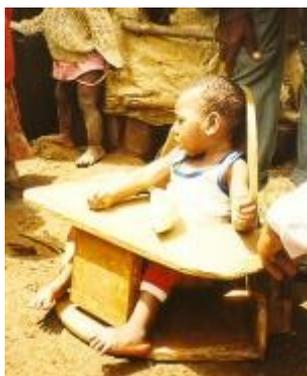


Working With Low Tech Resources

For many Welsh people, one of the biggest issues, when working with disabled people in Africa, is the low level resource available compared with Wales. The Welsh disability industry, of relatively high technology administered by specially trained staff, simply does not exist in Africa. Additionally, the professional training may not be as up to date, compared to what might be expected in Wales. Finally, in Wales, we are often constrained by Health and Safety Regulation. The sight of a teenage girl with Brittle Bone Disease, riding on the back of her brother's bicycle, may well be regarded as "adventurous" in Wales.

Updating professional training is a very popular, and highly effective, response by Welsh communities in supporting their African partners. However, a different environment, with different resources, produces different responses, and may require different ways of thinking. For Welsh disability professionals, a natural response is to reflect back to the equipment they have in Wales and arrange for this to be delivered to Africa. Whilst there are situations where cargoes of equipment may be a helpful way forward, it is not the only option.

Disability paediatric seating is a possible example. In Wales we would have a special chair to enable the boy in the picture to sit up. In rural Kenya, five to six hours drive from Nairobi, there was no such devices available. Nevertheless, there was a cardboard box. After cutting everything into shape, and applying varnish, you end up with a corner seat. Should there be a catchment reading "Right folks, what is happening today"? There is a feeling



that the child has "arrived" and his inclusion is starting to happen.

Of course there is nothing new about using a cardboard box to make a corner seat to assist a child to sit up. A former Occupational Therapist, from North Wales, assured me that she used to do the same thing in her time. Indeed the corner seat principle made my mother, when I was same age as this boy, place me on the family sofa. She would then surround me with cushions and leave me playing, enabling her to get on with other activities. Lagos, in the late 50's was not renowned for its disability seating services.

When working in low resourced situations we need to go back to basics and ask what is an appropriate solution in this situation. The picture is taken from a larger one, which shows a typical Kenyan rural homestead. Although an aluminium based seat, with sophisticated padding may be therapeutically and medically better for the child, if it has an effect similar to walking with an elephant, through the centre of Cardiff, is it really fit for purpose? It could also leave the family vulnerable to burglary, as it may imply they have wealth from a Mzungu (an outsider) to use the Swahili phrase.

Developing different technologies for different situations will possibly mean thinking outside our conventional box. It may also mean not going into Africa with the answers, as many people expect us to, but rather having more questions. Possibly, most importantly, we should not be too anxious to duplicate a Welsh scenario within Africa. Instead we should use our skills and knowledge to be alongside our African colleagues and help them find their own solutions to the problems they face.

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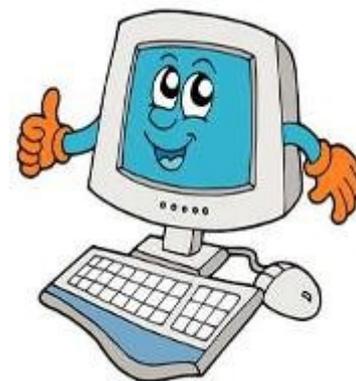
DWA Website, Blog and Discussion Site

DWA will soon be launching its own Website. In addition to keeping people informed about what is happening in the DWA Diary, the site is intended to be a forum to enable the sharing of experiences and ideas regarding the inclusion of disability issues within Wales Africa

activities.

There will be a Blog and a discussion forums to enable partners both Wales and Africa to participate in on going debates. You will also be able to use the site to keep people informed about present and future campaigns and how they

relate to disability and the needs of disabled people. There will also be contact details for useful organisations. We look forward to your participation and if you have any ideas to improve the site, please tell us. We will inform you when the site finally goes live.



The Paralympics and Wales Africa Links



Josie Pearson from Hay-on-Wye winner of the Discus F51 Event

“one disabled punter commented that the British public had taken a “step into our world”“



Yakubu Adesokan of Nigeria gold medallist in the Men's 48kg Power

For good or for bad the Paralympics 2012 left its mark on the British public. Over 400 hours of TV coverage by Channel Four, an interesting figure when you consider that the Paralympics lasted only eleven days, and there are only 24 hours in a day, made this possibly the biggest ever British media initiative concerning disabled people. Disabled sports personalities were brought into homes in a previously unpre-

cedented way. We were invited to celebrate the local achievements, for example a Welsh tally of 14 medals: 3 Gold, 3 Silver, and 8 Bronze. People started to talk about disability in ways that would have previously generated a bag of nerves.

Of course, despite Channel 4's efforts to deploy disabled people as presenters and commentators, not to say as athletes, they could not resist a "Meet The Superhumans" portrayal on their pre games display boards. This shows the ongoing contradiction, and tension, in how the media, and our society, treats disability. Disabled people are either tragic victims of their conditions, or super heroes because they have overcome it. Can they be ordinary humans who enjoy sporting endeavours? However, was this blemish counterbal-

anced by the rivalry that emerged during the games, both friendly and otherwise? The rivalry, which sometimes grabbed the attention of the media and the public alike, may have shocked, and even upset. It did though spell out that Paralympians are people, like the rest of us.

Jo Public Attends Paralympics

I was able to spend four days going round various Paralympic events and then watched many more hours, on the TV, back home. One

thing which struck me was the high proportion of spectators who were apparently not in any way associated with disability, either through personal experience or their profession. It seemed that, at last, there was a disability event which was accessible to the non disabled public. Indeed, one disabled punter commented that the British public had taken a "step into our world". True, many people had bought tickets because they had failed to get into the Olympic Games. However, the Paralympics had become an event that Jo Public could attend.

Perhaps some of the personalities from the 2012 Paralympics, for example Sarah Storey, Josie Pearson, and Ade Adepitan, will keep a higher profile. Maybe in the future, when Britain, or even Wales, has Paralympics success, people will take a little more interest. They will now be able to connect it to the activities of September 2012. Finally, disabled children, and young people, will have stronger role models to chase after as they develop into adulthood. Social change is painfully slow, and can only be assessed in the past tense. Nevertheless it does happen, and is fundamental to our progress towards inclusion.

But What About Africa?

Everything we have discussed though, relates to the anticipated social change in Wales. This is unlikely to have relevance to our disabled friends and colleagues in Africa where, on many occasions, any sporting success would be lucky to get a single mention. The first thing we, in Wales, think about when considering disabled people in Africa, is likely to be the lack of resources, both in terms of equipment and support personnel. The truth is that, for African disabled communities, a sustainable mechanism for change may well start with a higher public profile. The basic rules of social development are the same in Africa, as in Wales.

A quick look at the 2012 Paralympic Medal Table shows that Sub Saharan African countries certainly had success at the Games. South Africa, Nigeria, Kenya, and others, all took home Gold Medals. Many African Paralympians see themselves as mechanisms of social change, within their countries, in the same way as others hope for in Britain. So often, when we see the need in Africa we become overwhelmed and forget that a little input can go a long way.

During the opening ceremony a commentator remarked on the differences in equipment, particularly wheelchairs, between some African athletes, and those from Europe, America and so on. The inequalities became clear to me in the first event I visited, table tennis. Directly in front of me I saw a game between a Nigerian and a French player. There seemed little doubt that the extra manoeuvrability of the French player's wheelchair was a factor in the final result.

A Welsh Response

Within the context of Wales Africa development activities, disability issues often lag behind those of Orphans, Health Equipment, and School Links. All of these are very important. They appear as immediate needs, for Africa, and quick wins for Wales. A common response is that disabled people are not seen therefore how can we work with them? However, a key way in which Welsh disabled people have gained the support they have, has been by promoting their collective profile. There is still a long way to go, in both Wales and Africa, but having the public made aware of what could happen is part of the process.

Disability Rights in Ghana

Tony Smith was the Chief Executive of Kimoyo Ghana (www.kimoyo.org). He is currently Chief Executive of the mental health charity Journeys Toward Recovery (www.journeysonline.org.uk).

Ghana, like many countries in Africa and elsewhere, has some way to go before people with disabilities enjoy the same basic rights as able-bodied people. Despite much work being undertaken by government and NGO bodies, people with disabilities will often be marginalised and disenfranchised. Individuals and communities often don't understand that being disabled does not mean you can't go to school or find work.

Sport has regularly been seen as an important tool in the promotion of international collaboration and even development. It has also been shown to be a significant medium through which a group can raise its profile and advocate for their needs. Disabled people are often segregated because they are different. They may be identified as an embarrassment to the family and community. Out of site, and out of mind, they are also ignored and silenced. Provide a stage and the possibilities for change start to appear.



Samwel Mushai Kimani of Kenya, and his guide James Boit, Gold Medallists in the men's 1500m - T11

The next time the world will provide such a major sporting stage will be Rio 2016. Anyone who watched the 100 metres for visually impaired women, at London 2012, will be aware of the skill the Brazilian trio demonstrated in executing a clean sweep of the medals. They not only had the three fastest runners, but had also mastered the art of running with a guide. Practice makes perfect.

Many African athletes will no doubt return home and disappear into oblivions. The celebration and recognition that we have experienced is less likely to happen in their context. What can we do to help them raise the profile of Paralympian, and disabled people in general? The future could very well depend on them.

Between 2008-2012, I undertook some advocacy work with a disability group in Bolgatanga, in Ghana's Upper East region. The group works tirelessly to overcome the stigma of disability. This takes time, and a great deal of effort, when many communities are remote. Travelling to these communities to run education programmes and sensitisation workshops is difficult.

Considering that women's and children's rights often lack the resources needed to improve services, disability issues fall even further behind. This is despite government and district assemblies assisting with campaigns and working closely with disability NGOs.

Cont. Page 6.

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Disability Rights in Ghana; Cont.

These have developed greater awareness of disability rights and provided employment opportunities



However, there is still much education work to be done. Some communities still believe that disability is a punishment and, when it appears at birth, it is a curse from a family member or neighbour. Often, better health care and early intervention will improve the life prospects of a child born with a disability. The issue continues to be funding. If there is not enough money for polio vaccination, how can additional funding be found for other interventions?

Mental health rates particularly highly in the stigma stakes. People with mental health conditions in Ghana receive little if any psychiatric care and support. Considerable intervention is required to challenge traditional taboos and beliefs and lead to a greater understanding of mental ill health. People experiencing mental ill health can make an economic contribution to their communities and improve their own well-being.

Disability in Wales and Africa is dedicated to giving all disabled people a voice, educational opportunities and the chance to become economic and social contributors to their society. My own NGO, Innovative Creative Foundation (www.icfghana.net), managed by my partner Sophia Yuorpore, is currently working with disability groups in Ghana, providing employment and greater independence.

Vale for Africa visits Tororo Uganda

“A happy coincidence was an all Uganda conference on, childhood blindness, being held at the hotel where they stayed”

Tim Wess and Lee Gonzalez from Vale for Africa visited Tororo in Eastern Uganda to update on and initiate projects in eye health, education and social harmony. They also met up with Batholomew Gavanah, a scholarship student at Atlantic College who is part of the Vale for Africa link. The District Health Office was visited to meet local health officials and staff from the Benedictine Eye Hospital (BEH).

It was good to hear that there is a co-ordination plan between the five hospitals in Tororo and that the BEH were on board. A happy coincidence was an all Uganda conference, on childhood blindness, being held at the hotel where they stayed. Tim gave a short presentation. The attendance of the District Health Officer David Okumum, and the Principal health officer from Kampala Stanley Bubi-



kire, meant that this was an ideal opportunity for the Vale for Africa link to ensure that the impact of this collaboration would be part of the policy for eye health care within Uganda. It seemed that the visit was fortuitous indeed for all concerned. The conference was attended by delegates from Tanzania and other parts of East Africa, ensuring a good information exchange in the East Africa Region.

Then things got serious. Tim and Lee travelled to Mbale to meet colleagues from PONT, and continued together into the hills, visiting the site of Wales One Million Trees

Project. There had been a landslide at the coffee plantation the group was due to visit. The group travelled along very poor roads, with more people walking along the side. Upon arrived they found a scene of total devastation! The corrie of a hill had collapsed and mega tonnes of mud had slid down for about a kilometre. The group walked over the mud, but the activity was pretty hopeless. Tim and Lee reported to BBC radio 5 and the Western Mail.

Finally Tim and Lee visited the Vale for Africa Link partners, TOCIDA (Tororo Community Integrated Development Action) – where they met the Owor Family and saw progress on the joint projects, such as the community library. This is developing quickly and the visit helped all concerned determine future needs, such as books, computers and photovoltaics, for energy supply.

Independence or Interdependence?

My family were based at the St Martin's community development programme in Nyahururu, Kenya. We were working with people experiencing learning disabilities and I have returned to Wales, challenged by many questions: "Why do we do it to them?" Why is our preferred model to isolate such people, and making them



They asked "Why do you make people whose strengths are in 'living the ways of the heart' to live alone? They cannot experience the presence of others when they need it, and feel on a daily basis that they are needed." It's so true. We in Wales put emphasis on independence, whereas in Kenya interdependence is a key value.

feel that they are not needed by the rest of the community? If we value diversity, why do we dictate what is the best for some groups of people. Why do we promote independence more than interdependence? Which is a more natural way to be part of any community? Why do we want to show people that they don't need others instead of showing them that they are needed? Why do we want to teach people in Africa how to create inclusive communities, when this is already their natural way?

"Why do we do it to them?"

St Martin started in response to the problems of several vulnerable groups of people who seemed neglected and forgotten. It does not directly target "people in need", and refuses model of helping the poor by building further dependency. Instead, it promotes solidarity by building the capacity of over one thousand volunteers who support others as they need. These volunteers undergo a process of spiritual and professional formation, to empower them to make real changes in the lives of the people they support. They seek to learn from the people they support, enabling them to be involved in the wider community. Despite the success of St Martin's work, they struggled with the stigma around people who have learning disabilities. In response to this a new initiative was started, based around the L'Arche model.

Like St Martin's, L'Arche does not focus on caring for people with intellectual disabilities, but rather sharing life with them. This may be, for example, at home or in a workshop. People with and without disability living alongside each other. In the UK, this tends to mean assisting people in their own flats, and sometimes group homes. However, this concept was very strange for many Kenyans.

Our family came to Kenya to support a newborn L'Arche Community during their initial three years. Many people have admired the success of our project. In that case I'm convinced that this success is a fruit of a dialogue and mutual sharing.

We listened and learnt from each other. Saint Martin had built the foundation for this intercultural dialogue which helped us overcome our differences and stereotypes. This not only concerns our backgrounds, but even how capacity building projects are delivered. If 'one of the sides' had been dominant, we wouldn't have been able to achieve all the goals.

"Why do you make people whose strengths are in 'living the ways of the heart' to live alone?"

'Inculturation' is a word we use to describe meaningful and ongoing dialogue between the values of L'Arche and a local culture. I personally learnt a lot and was glad to share my experience and expertise. I'm equally glad that some of my ways or statements were challenged. There was no political politeness, but a real trust and honest disagreement. I think that is a main success of the Kenyan project. Political politeness often characterises post-colonial reality. It is full of the pain and guilt of colonisation. In Nyahururu, we created something different. Something real and honest, which no doubts the people with learning disabilities facilitated. Although they always seemed to be on the receiving end, in fact they were the ones teaching us. Real trust and honest disagreement is their way.

Kenya helped me to get some perspective. I returned with many questions and many ideas. However, to find the answers, I need to enter again into a dialogue with the culture of Wales. It won't be easy, but I know it is worth the effort. I also know that I can always call our friends in Kenya for some advice and support.

Getting Disabled Children to School

I am a special needs teacher, working with children with disabilities, in Powys. I have recently become part of the Brecon Molo Community Partnership, who have initiated a programme called "Getting Disabled Children Into School".

This had started by asking questions about family and community awareness as well as highlighting the need for disabled children to be educated. My role was to look at what happens beyond the school gate and how can we enable these children to be accepted within the school.

"In light of what I have written, you might think I came away feeling despondent, but it was the exact opposite"

Having never visited Africa before, I was not at all sure what to expect when I went out to Molo, Kenya, last October. The focus of the visit seemed clear enough before I left, but once there, I realised I had to do a complete re-think. There are significant access difficulties (both on the roads to get to the schools and then once in the schools them-

selves), limited or no specialist equipment, and absence of any additional staffing to support the inclusion of children with disabilities into classes that typically exceed 40 pupils. In addition to these very obvious challenges, another overriding issue is that of visibility – we only saw a small number of children with disabilities in the schools because many of them do not have any de-



gree of visibility within their own communities, never leaving their homes.

In light of what I have written, you might think I came away feeling despondent, but it was the exact opposite: I met some fantastically energetic, solution-focused teachers, and community workers; I was amazed

at the responsibilities competently taken on board by very young children; the very real sense of community; and the commitment being given by the Government itself, Senior District Officers, Head of Special Education, and local Chiefs to support the development of greater inclusion of children with disabilities. Molo has the distinct advantage in being able to develop inclusive provision, avoiding some of the mistakes encountered by other countries, thereby finding its own unique way forward.

This visit to Molo has led me to re-evaluate and reflect on my own practice here in Wales, and formulate new ideas on how to better support inclusion. In the words of Einstein: "We can't solve problems by using the same kind of thinking we used when we created them." I look forward to continued dialogue with the people I met in Molo, and who knows, hopefully, to meet up with them in person again sometime.

"I met some fantastically energetic, solution-focused teachers, and community workers"



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Disability in Wales and Africa (DWA) is hosted by Diverse Cymru, in conjunction with Disability Research and Training Consultancy (DRTC). Support is also provided by Wales Africa Community Links and CBM UK.

DWA seeks to promote Disability and Development issues within the Wales Africa Network and is a regular feature of the Sector's activities. Specifically, during 2013, DWA is working to develop three Sub-Network of its own. These are namely;

- 1. DWA Education of Disabled Children**
- 2. Employment of Disabled Adults**
- 3. The East African Disability Equipment Container**