

**AFRICA IS VERY BIG.
IF YOU WANT TO
DO SOMETHING
BIG, FIRST DO
SOMETHING SMALL;
THEN, IF IT WORKS,
WRITE IT DOWN SO
THAT OTHERS CAN
REPLICATE IT - THEN
YOU HAVE DONE
SOMETHING BIG.**

JOEL JOFFE

OUR MISSION & VISION

MISSION

To work with communities to explore causes which exclude disabled young people. To challenge conventional attitudes and practice to inform, inspire and deliver change because we believe that an approach that includes disabled children will be better for all children.

VISION

Disability Africa is working towards an inclusive global society in which the attitudes of the non-disabled are no longer barriers to the life-chances of those with impairments; where equity of opportunity exists for disabled people and societies recognise the benefits to all of Inclusive thinking and action.

“ The plight of disabled young people in Africa is unimaginably hard; we have the guidance and the invitation from the World Health Organisation - we should work quickly to develop a 'replicable template' of Inclusive Development in African communities. ”

*Ric Law
Director*



INTRODUCTION



In their "World Report on Disability", the World Health Organisation divides human beings into two groups; those of us with impairments and those of us without.

They present this very stark fact:

"Across the world, people with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than people without disabilities."

*World Report on Disability
WHO, July 2011*

It is hardly news for anyone that disabled people continue to comprise the poorest and worst-served group in the world.

Clearly the greater the level of general poverty in any community, the worse the conditions are for the disabled people who live there. Or to put it another way, disabled people in the poorest communities are the most disadvantaged people on our planet.

Disability Africa seeks to improve outcomes for disabled young people, especially those in Africa.

We have adopted the 9 Recommendations of the World Health Organisation's "World Report on Disability" published in July 2011.

This report highlights the high numbers of disabled people in the world and the barriers in society that exacerbate the effects of their impairments.

The report also identifies a number of key Action Points that we have used as the framework for our Template for Action (See page 14).

We believe that the desperate inequalities that exist for disabled people are uncivilised and preventable. To address these inequalities improves all of us who take part.

We invite you to be part of that effort



WHO ARE WE?



Disability Africa is a registered charity (number 1143704) formed from individuals with many years of experience of working with, and developing services for, disabled young people and their families.

Our pool of expertise includes:

- Extensive experience of project development for disabled people
- Paediatrics
- Educational expertise specifically the educational needs of disabled young people
- International project development
- Financial management

Why Did We Form Disability Africa?

It is our combined experience that, while the details, and the magnitude of the difficulties differ, the broad experience of disabled children is the same everywhere.

In everyday life they are largely hidden and under-served – in disaster situations they are abandoned and forgotten.

The more desperate the circumstances in any society, the more degraded the circumstances for disabled children.

We feel that this is an uncivilised situation that should be remedied.

In their recent report, the World Health Organisation documents widespread

evidence of barriers to the life-chances of disabled people that include the following:

- Inadequate government policies and standards.
- Negative attitudes.
- Lack of provision of services.
- Problems with service delivery.
- Inadequate funding
- Lack of accessibility.
- Lack of consultation and involvement.
- Lack of data and evidence.

At first glance, the above may appear to be a bland and uninteresting list, but the consequences are unsettling . . .



WHAT DOES IT ACTUALLY MEAN?



Here are just a few examples of the impact which these issues have on the lives of children . . .



Kelvin

This is Kelvin. He is ten years old and lives with his mother. There are just the two of them.

Kelvin was born with hemiplegia and associated learning difficulties.

His father has left him. His mother runs a small market stall.

There is no school that will take Kelvin and local attitudes are such that no-one will share the task of caring for him during the day.

While he was small enough to carry, his mother would take him with her to the market each day. Now she has no choice but to lock him in the house alone for hours while she goes to work. During this time he can only wander between their two rooms. The damage to Kelvin's right eye was caused by an accident while he was alone.



Theresa

Theresa is 18 years old. She lives with both her parents and her three sisters. She is an intellectually bright young lady but cerebral palsy impairs her movement, mobility and speech. She has never been to school and seldom leaves the house.

Theresa has not thrived physically she has the weight and physical development of a much younger child.

Her mother told us that when Theresa was born she took her to the hospital and was told that there was nothing for her; no medical help, no physiotherapy, no support of any kind. This situation has never changed in 18 years.



Golden

Golden is 16 years old and his mother is angry. She barely wanted to talk to us. She is tired of empty promises.

She says she is angry that the government is proud of its policies but never delivers any services. Golden has never been able to use his legs. He can only sit where he is put. He is getting too heavy for his mother to move and she is anxious about the quality of his life in the future.

He has had no education or training for any career.

Without intervention his traditional 'career path' will be as a beggar on the streets. Help with mobility, some training and a chance at employment could completely transform Golden's life.

WHAT DO WE DO?



Disability Africa works with local people to develop a template for community engagement and service-development that will improve outcomes for disabled children.

We explore and dismantle barriers that prevent the full inclusion of disabled young people in African societies.

In parallel with this process, we support a range of services to improve practical outcomes for disabled young people and other vulnerable groups as identified by local community stakeholders.

We believe that the services for disabled young people should be mostly the same services that exist for the whole community; education, child-care, health services, play and leisure.

Services for disabled young people will become more readily sustainable if they are developed as part of mainstream services so we develop inclusive services that benefit everyone in the community. Inclusive services are of the highest possible standard because they are designed to include disabled children.



WHY BE INCLUSIVE?

Most people can see the importance of helping to improve the lives of young people such as Kelvin, Theresa and Golden; but, as the WHO report shows, the tendency to see them as difficult and 'specialist' cases frequently means that they are not included in development projects or service plans.

Disability Africa takes a fresh approach to development; we maintain that inclusion is beneficial to everyone - the marginalised and the rest of us. Inclusion as an idea is fundamental to true partnership and empowerment. By specifically focusing any community on including the most excluded section of their society, the values and benefits of 'inclusive thinking' will be amplified to the benefit of all.

Everyone has the right to be engaged in the evolution of their own community – including disabled people. It is clear that successful sustainable development is best achieved through a participatory process and that is why we are committed to working in close partnerships with local agencies and stakeholders.

The exclusion of disabled people starts in the minds of the able, and the thinking that has been so disastrous for disabled people is a direct result of our traditional view of charity.

The notion of charity creates people as objects of pity and delivers services within a terribly flawed structure where the donor is powerful, informed and generous and the 'donee' is weak, ignorant and impoverished. Disability Africa believes that an approach based on

partnership, empowerment and consultation is much more effective and more civilised.

We aim to work:

- in consultation with community stakeholders
- with regard to the best of existing practice
- ethically
- with transparency
- with regard to the issues and outcomes of our partners
- attempting to get the thinking right prior to decisive action

In comparison to the size of the problems, the resources of Disability Africa are tiny. Nonetheless we are inspired to act.

“ Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed it is the only thing that ever has. ”

Margaret Mead



OUR TEMPLATE

We hope to reproduce an Inclusive Development approach in many places. In order to do this we are developing a 'replicable template' of community engagement and service development, which we call our Template for Action. Our current focus is on communities in Zambia, and The Gambia.

We propose to develop a template of working which will:

- Be broadly applicable across all communities
- Identify the needs of disabled children
- Engage and support their communities to find solutions
- Provide resources to deliver practical programmes which really help

Our template must apply across a variety of cultures and so we plan to model the template in Zambia and The Gambia.

Experience demonstrates, and the WHO reports, that the fundamental obstructions to the

advancement of disabled people are cultural and societal attitudes to those with impairments. By developing our template in a broadly Christian culture in Zambia and a broadly Moslem culture in The Gambia, we aim to identify any significant differences in approach and adapt our template accordingly.

We would like to propose two significant pilot projects to demonstrate the effectiveness of the Template; one in Zambia where Disability Africa already shares a successful partnership with the community in Kawama in Zambia; and the second pilot in The Gambia where our UK partners, the Marlborough-Brandt Group has a long-term partnership with the community of Gunjur.

These pilots will involve all levels of society within the pilot country; from children and families to national government institutions. It is important to create a 'bank' of experience, knowledge, and Good Practice that can be replicated in many other places.

As a framework for our template we will focus our programmes to deliver the following Action Points as recommended by the World Health Organisation's "World Report on Disability". We will:

- Support disabled children and their families to ensure inclusion in education.
- Represent the views of their constituency to international, national, and local decision-makers and service providers, and advocate for their rights.
- Contribute to the evaluation and monitoring of services, and collaborate with researchers to support applied research that can contribute to service development.
- Promote public awareness and understanding about the rights of disabled persons – for example, through campaigning and disability-equality training.
- Carry out access audits, in partnership with local disability groups, to identify physical and information barriers that may exclude disabled people.

- Ensure that staff are adequately trained in disability, implementing training as required and including service users in developing and delivering training.
- Develop individual service plans in consultation with disabled people, and their families where necessary.

We will support communities to:

- Challenge and improve their own beliefs and attitudes.
- Promote the inclusion and participation of disabled people in their community.
- Ensure that community environments are accessible for disabled people including schools, recreational areas, and cultural facilities.
- Challenge violence against and bullying of disabled people.

We will support disabled people and their families to:

- Support other disabled people through peer support, training, information, and advice.
- Promote the rights of disabled people within their local communities.
- Become involved in awareness-raising and social marketing campaigns.
- Participate in forums (international, national, local) to determine priorities for change, to influence policy, and to shape service delivery.
- Participate in research projects.

Our proposed template is outlined below. It will be rolled out in the first instance in communities in Zambia and The Gambia. The template has three phases:

- Phase 1 - Set up – developing partners, local needs assessment, training and planning.

- Phase 2 – Develop and deliver an Inclusive Community Plan – the plan will be evolved using the WHO's Action Points above in the context of the findings of Phase 1. It will include delivery of specific programmes e.g. day-care, physiotherapy, health education classes, through constructing facilities as required and engaging local resources such as schools, hospitals and volunteers;
- Phase 3 – Exit strategy – secure sustainability, future funding, local ownership, strong local management infrastructure and good local knowledge base.

The table below shows the desired outcomes in each phase and the actions required to achieve these. **NB The template is necessarily an outline. Specifics are expected to differ in each community.*

OUTCOME SET-UP PHASE 1 (18 MONTHS)	ACTION
Community sensitisation to the needs and rights of disabled children	<ul style="list-style-type: none"> • Gather stories and experiences of disabled young people and their families and share these with the wider community for discussion and eventual service-planning. • Explore understanding and attitudes to Community Based Rehabilitation (CBR) and the 'Social Model of Disability'. • Establish shared understanding of children's needs – care, food, education, health, work and leisure. • Introduce disability equality to Millennium Development Goals – explore how the inclusion of disabled children in services will increase the quality of the service for all – adopting an inclusive approach to services, including carers of disabled children in a community. • Exchange between The Gambia, Zambia and UK of professionals/stakeholders – exposure to existing good practice in both countries.
Stakeholder identification and engagement	<ul style="list-style-type: none"> • Contact local NGO's • Contact families • Contact Royal Victoria Hospital, The Gambia and Ndola General Hospital, Zambia. • Contact governments and High Commissions. • Work with identified local leaders and other influential individuals. • Appoint local auditor. • Appoint local independent agency to monitor projects. • Diaspora work in UK – explore links, knowledge and potential resources.
Needs analysis and survey	<ul style="list-style-type: none"> • Identify what needs are currently being met? • Conduct literature research (government, non-government and academic). • Research professionals (The Gambia, Zambia and Europe). • Make the survey process inclusive – making it a training experience in itself. • Identify opportunities for social enterprise (ie income generation to support health and social care projects). • Consider existing referral systems from health, education and/or NGOs. • Audit and data – systems to record local population data that will then turn in to monitoring systems to demonstrate delivery – data to anticipate a service – beginning of a disability register. • Share results with families, community and all partners.
Training for all parties including strong monitoring and evaluation procedures for each aspect of the project.	<ul style="list-style-type: none"> • Develop training modules on: <ul style="list-style-type: none"> • Disability and Inclusion – CBR and the Social Model of Disability – changing society with the child. Local cultural/religious issues as they relate to disability and children. • Management of expectations – clear presentation of anticipated outcomes • Child protection • Devise & imbed M&E procedures throughout as required
Project Plan	<ul style="list-style-type: none"> • Devise "Community Development Plan" – prioritised list of locally-agreed projects. • Devise and agree a system of on-the-ground checks – reliable monitoring procedures alongside a number of project visits. • Agree targets or qualification for exit – including all partners (local deliverers, local professionals, Disability Africa, funders).

OUTCOME PHASE 2 (5 - 6 years)	ACTION Use Phase 1 to develop Inclusive Community Health & Social Care Programme
Buildings – Centres of activity and 'outreach'	<ul style="list-style-type: none"> Identify existing local resources which could act as 'bases' for agreed programmes. Schools, local community centres etc. Construct facilities as required – opportunities for local social enterprise. Encourage existing services to have targets for inclusion of disabled children and to have high visibility. Identify community volunteers to support disabled young people and their families with a range of services. Work with local schools and support them to include disabled young people. Develop positive links with city hospitals and create 'satellite' health programmes for disabled young people in Gunjur and Kawama. Improve access to healthcare for disabled children and their families. Devise a Promotion strategy for the project. Recruit volunteers and staff as they are identified. Continue to develop appropriate training modules. Create a hub within the community – services, information, events.
Community support for disabled young people and their families.	
Specific Health, education and welfare projects	
Monthly Surgery by doctor from local city hospitals	
Training for volunteer community health and social care workers.	
Families of disabled children are identified. Services including play, physiotherapy, emotional support, health checks and day care for disabled young people and their families.	<ul style="list-style-type: none"> Promote programmes, training opportunities & events. Recruit community health professionals – city hospitals as hubs. Recruit teaching and support staff – develop an approach and capacity that will at once include disabled children while increasing quality for all children. Use play as a means for inclusion – play & youth schemes. Recruit young people from the community as play & youth workers, possible exchange programme: The Gambia/Zambia/UK.

EXIT STRATEGY PHASE 3 (2 YEARS)	ACTION
Secure future funding including local government support	<ul style="list-style-type: none"> Social care projects will always need community support. Establish and foster effective working relationships through the community that include fundraising from private sources, local authority and social enterprise to sustain projects. Employ and establish a local figurehead for inclusion to maintain strong links with partners and good practice (The Gambia/Zambia/Europe). Maintain an effective exchange. Maintain and promote the profile of the project as sustainable. Develop opportunities for replication in other areas/countries.
Strengthen local management structure and skill-base including strong oversight and audit processes	
Establish 'trainer training' programmes to ensure longevity of skill-base	
Handover management of any UK-run local Disability Africa infrastructure (office, staff etc) to 100% Gambian/Zambian management.	

HOW WILL WE KNOW THE TEMPLATE HAS BEEN SUCCESSFUL?



- There will be a range of new health and social care programmes and facilities supporting disabled young people in the two communities.
- A range of local stakeholders will be engaged in developing and delivering the services.
- There will be a significant number of people trained in both communities to include disabled young people and some members of the community will have become trainers themselves.
- The communities will demonstrate a greater propensity to include disabled young people in community life. Disabled young people will have non-disabled friends and they will report wider opportunities for socialising, education and employment.
- Non-disabled young people will volunteer to support their disabled peers to access social opportunities such as play or youth projects.
- Parents of disabled children will report feeling better supported, less isolated and will identify new services which have been of benefit.
- Local government, National government, health and education professionals will actively engage in service development.
- Income streams will be identified or generated to sustain projects.
- Projects will become increasingly locally 'owned' and run.



WHAT DO WE NEED?



We are attempting a comprehensive and new way to improve the lives of disabled children in Africa. To do this, we need funding for the template which is described in the previous page.

This funding could be pledged across the life of the project for specified aspects of each phase or as 'one off' grants for a particular element such as an individual building or training programme.

We would be delighted to meet and discuss how you might like to support the work of Disability Africa.

Please contact:

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Alternatively you could write to us at:

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Please help Disability Africa to support African Communities to improve the appalling circumstances for disabled children.





SUPPORTING OUR PROGRAMME

By supporting our programme you will help to dismantle barriers which prevent the full inclusion of disabled young people in African society and provide a wide range of services to improve their lives in very practical ways.

Most importantly, you will create a model which can be used over and over again.

Thank you



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