BEYOND 2015

DELIVERING ON THE AGENDA FOR PERSONS
WITH VISUAL IMPAIRMENT IN AFRICA

PROCEEDINGS OF THE 6TH AFRICA FORUM
SPEKE RESORT MUNYONYO, KAMPALA, UGANDA

4TH – 8TH OCTOBER 2015.
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FOREWORD

The 6th Africa Forum was held at the Speke Resort Munyonyo, Kampala, Uganda, from 4th to 8th October 2015. This was the second time that the Africa Forum was taking place in the country, Uganda having hosted the 2nd Africa Forum in 1999.

The Africa Forum is convened every four years by the Institutional Development Program (IDP), a program of the World Blind Union which works with organisations of and for blind people in Africa to strengthen their roles in empowering blind and partially sighted people in their countries and in advocating for their rights. The program is funded by the Canadian National Institute for the Blind, the Norwegian Association of the Blind and Partially Sighted, the Perkins School for the Blind and Sightsavers.

A total of 415 participants from 51 countries around the world registered for the 6th Africa Forum, making it progressively the largest and most successful in its history. The Forum brought together academics, researchers, educators, service providers, governments, international development agencies, parents and people who are blind or partially sighted to share experiences and exchange information and best practices towards improving services for blind people in Africa.

With the theme: “Beyond 2015: Delivering On The Agenda For Persons With Visual Impairments In Africa”, the 6th Africa Forum focussed on the new Sustainable Development Goals and the agenda for the millions of people who are blind or partially sighted in Africa. The Forum specifically sought to address four key areas; inclusive societies; education; livelihoods and partnership development.

The Program of the Forum consisted of a rich mix of sessions and activities, ranging from plenary keynote presentations to panel paper presentations, interactive sessions and seminars, workshops and training sessions. In addition, the Program provided exciting opportunities for participants to visit the exhibitions as well as interact and build professional relationships through its popular social and cultural events.

The 6th Africa Forum hosted the 2nd TechShare Africa Exhibitions – the exhibition component of the conference. 20 companies took part in the exhibitions. They included most of the leading brands in the world of technology for people with sight loss.

The 6th Africa Forum also attracted the largest number of concurrent events ever. These events consisted of organisational meetings and specialised trainings that took place prior and during the conference and which were built into the Program of the Forum. Of particular importance was the 8th General Assembly and related meetings of the African Union of the Blind.

As an intended objective of the Africa Forum to facilitate collaboration between the government of the host country and the local organisations working in the blindness sector, the 6th Africa Forum represented the greatest engagement between the local organisers and the Government of Uganda. Apart from the participation of the various
ministries and government agencies in the preparation of the Forum, Government Ministers presided over the Opening and Closing ceremonies of the Forum and chaired the plenary sessions of the conference.

In terms of the content of the conference, the 6th Africa Forum represented a substantial shift from the traditional paper presentations to interactive sessions. An increasingly larger number of specialised trainings, thematic workshops and seminars as well as issue-specific interactive sessions occupied a large part of the Program of the forum. A summary of these sessions has been provided at the end of these Proceedings.

The Africa Forum has been a source of mentorship for emerging blind and partially sighted leaders and professionals. The 6th Africa Forum provided greater opportunities for young and emerging blind and partially sighted practitioners to participate and contribute to the agenda of the conference by encouraging submission of presentations and including in the Program of the Forum several youth-related sessions. These Proceedings therefore consist of a mix of professional papers from accomplished researchers, academics and professionals as well as from emerging and young writers within the blindness field in Africa.

The Africa Forum has grown to become one of the largest conferences on disability in Africa and around the world. The progressive increase in the number of participants as well as organisations taking part in the Forum demonstrates its role in promoting the sharing of information, practices and experiences and in providing opportunities for partnership development and networking – key components of the Sustainable Development Goals. The successes and lessons from the 6th Africa Forum will form a basis for a bigger and better 7th Africa Forum.

Martin M. Kieti,
Coordinator – IDP
August 2016.
ACKNOWLEDGEMENTS

The Board of the Institutional Development Program wishes to express its sincere gratitude to the Government and people of Uganda for making the 6th Africa Forum a great success. Particularly appreciation to the Uganda National Association of the Blind (UNAB) for hosting and providing local leadership and administrative support in the planning and preparation of the Forum; to the Local Host Committee for its tireless work; to the local organisations and institutions that provided sponsorship, volunteers and other support resources; and to the many government Ministers and other senior officials who accorded the 6th Africa Forum the high profile it enjoyed.

The Board further acknowledges the work of the International Organising Committee, the Program Committee and the international marketing teams for their collective efforts to ensure that the 6th Africa Forum reached new heights in quality, organisation, content and participation.

Many thanks too to the exhibitors and international sponsors for making the 2nd TechShare Africa Exhibitions bigger and better and for enriching the social components of the Forum.

Finally, appreciation is expressed to the speakers, presenters and participants in general for their attendance, enthusiasm and feedback. Special thanks go to the organizations that chose to hold their specific activities within the program of the Forum. The 6th Africa Forum would not have been the success it was without their support.
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MegaVoice
Perkins Solutions
RTI Uganda
Saksham
Sci and Tech for Blind Nigeria Youth Project
Under The Same Sun (UTSS)
Zychem Limited
6TH AFRICA FORUM
FORUM PROGRAM OVERVIEW

SATURDAY 3RD OCTOBER 2015
PRE-CONFERENCE CLOSED DOOR MEETINGS
AFUB Board Meeting
ICEVI EXCO Meeting
NABP Partners Meeting

PARTICIPANTS REGISTRATION

SUNDAY 4TH OCTOBER 2015
PRE-CONFERENCE CLOSED DOOR MEETINGS
ICEVI EXCO Meeting
SRF Partners Meeting
IDP Board Meeting

PARTICIPANTS REGISTRATION
EXHIBITION SET-UP
OFFICIAL OPENING OF THE 6TH AFRICA FORUM
WELCOME COCKTAIL

MONDAY 5TH OCTOBER 2015
PLENARY SESSION (09:00 - 10:00 HRS)
Education For Children – The Time Is Now!

PANEL SESSIONS (11:00 - 12:30 HRS)
1. Putting The SDGs Into Action
2. Access To The Environment
3. Promoting Inclusive Societies
4. Access To Land, Housing and Sanitation
5. Promoting Eye Health Services
6. Training Program On Web Accessibility – I
7. Providing Services In Humanitarian Situations
8. Atlas Alliance Workshop On Media and Disability
WORKSHOPS AND INTERACTIVE SESSIONS (14:00 – 16:00 HRS)

1. AFUB Women Forum
2. Building Strong ICEVI Regions: Role of Centres of Excellence
3. Keeping in Step with UN 2030 Agenda for Sustainable Development
4. Hands-On Activities on Science and Mathematics with the STEM Kit
5. Strengthening The Rehabilitative Component Of Health System
6. Training Program On Web Accessibility – II
7. The Visual Challenges of Persons with Albinism in the Classroom
8. Atlas Alliance Workshop On Media and Disability

INTEREST GROUP MEETINGS (16:30 – 18:00 HRS)

ICEVI Africa EXCO Meeting
North African Blind Women Meeting

COCKTAIL BY INDEX BRAILLE (18:30 – 19:30 HRS)

TUESDAY 6TH OCTOBER 2015

PLENARY SESSION (09:00 - 10:00 HRS)

It’s Our Right, Act Now!

PANEL SESSIONS (11:00 - 12:30 HRS)

1. Challenges in the Education of Learners with Visual Impairments
2. Issues In Early Childhood Development and Education
3. Education and Technology
4. Education, Poverty Reduction And Social Inclusion
5. Promoting Braille Literacy in Schools
6. Awareness Seminar On Inclusive Publishing
7. Perspectives In Inclusive Education
8. Atlas Alliance Workshop On Media and Disability

WORKSHOPS AND INTERACTIVE SESSIONS (14:00 – 16:00 HRS)

1. Fundraising; What Works In Africa And What Is The Future Potential?
2. Mandate Of UNCRPD To Post 2015 Development Agenda
3. Youth Engagement and Leadership
4. Access To Environment And Transport Systems Situations In Africa
5. Early Intervention For Children With Multiple Disabilities
6. Assistive Technology And Reading Options For The Print Impaired
7. Enhancing e-Research Capacity Amongst Persons with visual impairment
8. Atlas Alliance Workshop On Media and Disability
INTEREST GROUP MEETINGS (16:30 – 18:00 HRS)

AFUB Western Regional Assembly
AFUB Southern Regional Assembly
AFUB Eastern Regional Assembly
AFUB Central Regional Assembly
AFUB Northern Regional Assembly

UGANDA CULTURAL NIGHT (18:30 – 20:00 HRS)

S.M.I ALUMNI MEETING (19:30 – 21:00 HRS)

WEDNESDAY 7TH OCTOBER 2015

PLENARY SESSION (09:00 - 10:00 HRS)

Employment And Economic Self-Reliance For People Who Are Visually Impaired In Africa

PANEL SESSIONS (11:00 - 12:30 HRS)

1. 8th AFUB General Assembly
2. Trends In Rehabilitation Services
3. Towards An Inclusive Employment Environment
4. Taking the Employment Agenda Forward
5. Promoting The Use Of Technology Among Visually Impaired Persons
6. Training Program On Inclusive Publishing – I
7. Teaching Mathematics To Learners With Visual Impairment
8. Supporting People Who Are Multiply Disabled With Visual Impairment

WORKSHOPS AND INTERACTIVE SESSIONS (14:00 – 16:00 HRS)

1. 8th AFUB General Assembly
2. ICEVI: The EFA-VI Campaign
3. The Challenges Of Braille Production In Africa
4. Developing And Delivering An Advocacy Agenda For Primary Eye Care
5. Basic Skills For Mathematics In Primary Schools
6. Training Program On Inclusive Publishing – II
7. IDP Youth Empowerment and Mentorship Initiatives
8. Strengthening Educational Outcomes And Impact

INTEREST GROUP MEETINGS (16:30 – 18:00 HRS)

AFUB 8th General Assembly

FORUM GALA (19:00 – 21:00)
THURSDAY 8TH OCTOBER 2015

PLENARY SESSION (09:00 - 10:00 HRS)

Strengthening Partnerships For Sustainable Development

PANEL SESSIONS (11:00 - 12:30 HRS)

1. Making Books Accessible To All
2. Increasing The Role Of Libraries In Promoting Access To Information
3. Moving Towards Unified English Braille – UEB
4. Promoting Knowledge Transfer For Africa
5. Building Partnerships For Regional Development
6. Training Program On Inclusive Publishing – III
7. Promoting Access To Information Through Mobile And Free Technology
8. Providing Services To People Who Are Deafblind

WORKSHOPS AND INTERACTIVE SESSIONS (14:00 – 16:00 HRS)

1. AFUB Youth Forum
2. Tackling the Book Famine In Africa: How the Marrakesh Treaty Works
3. Implementing Unified English Braille (UEB) Code in Anglophone Africa
4. AFUB’s Advocacy on Human Rights in Africa, Lessons and Way Forward
5. A Trainers’ Training on the Use of the SmartCane
6. Training Program On Inclusive Publishing – IV
8. Braille Direct from PDF/Word

INTEREST GROUP MEETINGS (16:30 – 18:00 HRS)

AFUB Board Meeting

KAMPALA NITE! (19:00)

FRIDAY 9TH OCTOBER 2015

REMOVAL OF EXHIBITIONS
CLOSURE OF FORUM SECRETARIAT
DEPARTURES
PRESENTATIONS
MONDAY 5TH OCTOBER 2015

DAY THEME:

PROMOTING PEACEFUL AND INCLUSIVE SOCIETIES FOR ALL

PLENARY PRESENTATIONS

PLENARY CHAIR

Hon. Sulaiman Madada
Minister of State for Elderly And Disability
Republic Of Uganda.

KEYNOTE SPEAKER

Dave Power
CEO, Perkins School for the Blind
USA.

CONTEXT SPEAKERS

Arnt Holte
President, World Blind Union
Norway.

Gertrude O. Fefoame
Global Advocacy Advisor, Sightsavers
Ghana.
EDUCATION FOR CHILDREN – THE TIME IS NOW!

Dave Power
CEO, Perkins School for the Blind
USA.

My name is Dave Power. I am the CEO of the Perkins School for the Blind and am also responsible for Perkins International. I want to talk to you about Education for Children for are blind or visually impaired, including those who are deafblind or have additional disabilities.

My message? The time is now for ALL of these children to receive an appropriate and high quality education – not just because it is their right, but also because they can all become productive and engaged members of our community, and contribute the growth of our economies.

But first, let me tell you a little about myself and the role Perkins plays in education.

I have been involved with the Perkins School for the Blind for 28 years – most of those years as a parent. My son who was born deafblind in 1987, and attended the Perkins School. Little did I know then that I would be running the Perkins organization.

The Perkins School for the Blind was the first school for the blind in the United States founded in 1829. It was the first to educate an individual who was deaf and blind nearly 150 years ago.

In the 1920s – almost 100 years ago – we began inviting teachers from countries around the world to come to our campus to learn how we educate children who are visually impaired – including those who have additional disabilities. This was the early work of Perkins International which has tackled the issue of “Education for All Children” largely by training teachers.

Today Perkins International continues its work on nearly every continent, and has helped build sustainable education programs for children in some 67 countries. Many graduates of our teacher training programs are here at the Forum. And we partner with virtually every organization you see in your brochure. For those interested in HOW we do our work I invite you to a workshop at 2 PM today where Perkins International staff and our local partners will talk about our work in Ghana, Kenya and other work in Africa.

The challenges of educating children who are blind or visually impaired – including those with multiple disabilities -- are well known.

- There are 46 M of these children in the world – 8.5 M in Africa
- Half of these children have an additional disability
- And most are not getting an adequate education – or any education at all
These children are – for the most part – not to be found in schools. They are largely invisible to the general public. Where are they? Most are at home. A large number are often in orphanages – even though they may have parents. Some are at schools – a so-called ‘inclusive’ setting – but are not getting the education they need because their teachers do not have the training to teach them.

And so the first thing we need to do is find the children and make sure they are a part of the system. To make sure they are ‘included’ in our educational programs.

But we also need teachers who are trained to teach these children?

What’s different about educating children who are visually impaired? The simple answer is that they miss the opportunity for ‘incidental learning’ that sighted children take for granted. To see what’s on the paper or the blackboard, to engage socially with their peers, to navigate freely in school buildings, to understand how to interact with others. The best educators in our field have identified nine areas of skill development that are critical for these children to learn in order for them to be successful. They are not just math and reading, but skills such as

- braille
- assistive technology
- orientation and mobility
- social interaction
- self-determination

Without these skills - often referred to as the Expanded Core Curriculum – children who are visually impaired will not realize their full potential as adults. And we will never tackle the unemployment rate of 70 percent or more.

Most of us are familiar with all of these. Many of you have spent much of your careers in organizations whose missions have been to tackle some aspect of these problems. And most of us are frustrated that no one is listening – no one is taking action.

But, last week in New York City – something special happened. The United Nations – and all 56 countries represented here at the Africa Forum – agreed to a common set of goals designed to make the world a better place by 2030 (that will be the 200th anniversary of Perkins). These are called the Sustainable Development Goals.

There are 17 of these goals that cover many issues designed to achieve a sustainable world economy, without poverty and pollution. It’s a lengthy document that most people have not read. But I want to share with you excerpts of four goals that I’m very excited about:

4.4 … increase the number of youth …who have relevant skills …for employment
4.5 ...ensure equal access to all levels of education and vocational training for ...persons with disabilities

4.C ... increase the supply of qualified teachers ... in developing countries ...

8.6 ... reduce... youth not in employment, education or training.

I had the opportunity to hear the UN Secretary General – Ban Ki Moon to speak about these goals last week. These are not optional and they don’t need to be ratified. It’s now every country’s job to determine how to achieve these goals.

And that is the opportunity and the challenge for everyone in this room. We need to help our government agencies and ministers of education develop actionable programs. We need to find better ways to measure progress. We need to attract new sources of funding by inspiring new donors to our cause.

And when we are successful, it’s going to be a whole new world for children who are visually impaired, including those with additional disabilities.
PANEL PRESENTATIONS

Putting The SDGs Into Action
Panel Chair: Jace Nair,
President, African Union of the Blind,
South Africa.

Access To The Environment
Panel Chair: Tracy Vaughan-Gough,
Social Inclusion Advisor, Sightsavers,,
United Kingdom.

Promoting Inclusive Societies
Panel Chair: Thomas Ongolo,
Director, International Programs, African Disability Alliance,
South Africa.

Access To Land, Housing and Sanitation
Panel Chair: Dr. Peter Obeng Asamoah,
Executive Director, Ghana Blind Union,
Ghana.

Promoting Eye Health Services
Panel Chair: Dr. Stanley Bubikire,
Head of Prevention of Blindness, Ministry of Health,
Uganda.

Providing Services In Humanitarian Situations
Panel Chair: Victor Locoro,
Lecturer, Kyambogo University,
Uganda.
INCLUSION OF PERSONS WITH DISABILITIES IN THE POST-2015 DEVELOPMENT AGENDA: POLICY AND PRACTICE IN KENYA

K. I. Laibuta

1 Introduction

1.1 General Overview

The UN (WHO) Report on Disability (as reviewed in December 2014) estimates that more than one billion people worldwide (comprising about 15% of the total world population) experience some form of disability. According to the 2009 population census in Kenya, Persons with disabilities number 1,330,212 representing 3.5% of her entire population that has since risen to about 44 Million. At the continental level, PWDs constitute an estimated 10% of Africa’s total population and are often relegated to the margins of society. The majority experience unsustainable livelihoods, poverty and limited access to education, employment opportunities, and quality health services. For this reason, they often suffer exclusion from mainstream society, stigma and discrimination, which undermine their personal worth and dignity. Children and women with disability are the most vulnerable amongst PWDs and often experience multiple discrimination on the basis of disability, gender, age and social status.

The UN Convention on the Rights of Persons with Disabilities requires States Parties to step up efforts to enable access to mainstream services and to invest proportional resources in programmes that unlock the vast potential of persons with disability. However, in the absence of sound policy and legislation, appropriate service delivery models and programmes that are initiated for PWDs yield short term benefits dependent on the political expediency of the day with no lasting commitment to the principles of equity, equality and inclusion that guarantee the protection and promotion of disability rights. While the Convention sets the universal standards to which all state parties aspire, the pressing need for appropriate policy and legislation on disability across the continent cannot be overemphasised.

1.2 The Reformed Constitutional Order in Kenya

The adoption of the UN Convention on the Rights of Persons with Disabilities in 2006 and the subsequent ratification by Kenya in 2008 ushered in a new era of heightened activity in the promotion and protection of disability rights. The promulgation on 27th August 2010 of the new Constitution, which domesticates the CRPD in accordance with Article 2(6), gave renewed impetus to the disability movement by providing an array of constitutional guarantees for the promotion and protection of disability rights in the context of a progressive and ambitious Bill of rights.
The appurtenant constitutional reforms in governance, policy and legislation resulted in far-reaching changes in service delivery models to ensure: (a) equalisation of opportunities and respect for the inherent dignity of PWDs; (b) adherence to international standards for the inclusion of PWDs in mainstream society; and (c) inclusive development. This paper focuses on critical areas for inclusion of, and access on an equal basis by, PWDs to the following: (i) health services; (ii) education and training; (iii) employment; (iv) sustainable dignified livelihoods; (v) information and the physical environment; and (vi) participatory leadership, all of which constitute a firm foundation for inclusion of PWDs in mainstream society.

2 Constitutional Guarantees for the Promotion and Protection of the Rights of PWDs

2.1 The Guiding Principles

The principles of (a) Progressive Realisation of fundamental rights and freedoms; (b) reasonable accommodation; (c) gender equity; (d) equality and non-discrimination; (e) equalisation of opportunity in all spheres of social life; and (f) universal design, among others, presuppose the existence of progressive policy and legislation. They constitute key pillars of Kenya’s constitutional guarantees for the promotion and protection of the rights of PWDs.

2.2 Policy and Legal Framework

The Constitution of Kenya (2010) provides a firm legal foundation for, among others:

(a) the National Disability Policy, which expresses the Government’s unequivocal undertaking to promote and protect the rights of PWDs in all spheres of social, economic and political life;

(b) the Special Needs Education Policy, which addresses matters relating to institutional capacity and special needs of children and learners with diverse forms of disability; and

(c) the Persons with Disabilities Act (2003), which provides for, among other things (i) the establishment of the National Council for PWDs (an advisory governmental agency that steers policy, legislation, plans and actions for the promotion and protection of the rights of PWDs); (ii) the establishment and management of the National Development Funds for PWDs; and (iii) the promotion and protection of a diverse range of disability rights, including accessibility, non-discrimination, equality before the law and the equalisation of opportunities in education, employment and health services, and inclusion of PWDs in mainstream society.

2.3 Constitutional Rights and Freedoms of PWDs
The Constitution of Kenya, 2010 domesticates international norms and standards for the promotion and protection of the rights of PWDs, including the CRPD (which Kenya has ratified), under and by virtue of Article 2(6), which provides: “Any treaty or convention ratified by Kenya shall form part of the law of Kenya …”. This elevates Kenya’s policy and legal framework to the standard of international Treaties and Conventions to which she is party, with or without enactment of domestic legislation in that regard.

Mere declaration of rights count for little unless there are effective mechanisms for enforcement. To this end, the Constitution provides accessible means for the enforcement of the rights and freedoms enshrined in the Bill of Rights. Article 22(1) guarantees everyone’s “… the right to institute court proceedings claiming that a right or fundamental freedom in the Bill of Rights has been denied, violated or infringed, or is threatened.” According to clause (2), proceedings to enforce the Bill of Rights may be instituted (a) in person; (b) by a representative of a person who is unable to bring an action in his/her own name; (c) by a person acting in the public interest; or (d) an association acting in the interest of one or more of its members.

In addition to the right to seek enforcement in judicial proceedings, the Constitution imposes a duty on all public officers to implement the rights and fundamental freedoms of all persons, including PWDs. Article 21(3) provides that “All State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities.” To this end, Article 21(4) mandates the State to “… enact and implement legislation to fulfil its international obligations in respect of human rights and fundamental freedoms”. Below are some of the constitutional guarantees that are of interest to us, and of which we have the right to seek enforcement:

Article 7(3)(b) obligates the State to promote the development and use of indigenous languages, Kenyan Sign language, Braille and other communication formats and technologies accessible to persons with disability. Equality of opportunity to access information is critical to inclusive development.

Article 27(1) guarantees the right to equality before the law and freedom from discrimination while sub-article (4) prohibits discrimination on the basis of disability. To give full effect to the realisation of the rights guaranteed under this Article, sub-article (6) obligates the State to “… take legislative and other measures, including affirmative action programmes and policies designed to redress any disadvantage suffered by individuals or groups because of past discrimination”.

Under Article 54(1), a person with any disability is entitled:

(a) to be treated with dignity and respect and to be addressed and referred to in a manner that is not demeaning;
(b) to access educational institutions and facilities for persons with disabilities that are integrated into society to the extent compatible with the interests of the person;

(c) to reasonable access to all places, public transport and information;

(d) to use Sign language, Braille or other appropriate means of communication; and

(e) to access materials and devices to overcome constraints arising from the person’s disability.

Article 54(2) mandates The State to ensure the progressive implementation of the principle that at least five percent of the members of the public in elective and appointive bodies are persons with disabilities. In addition, article 56 empowers the State to put in place affirmative action programmes designed to ensure that minorities and marginalised groups (including PWDs)

(a) participate and are represented in governance and other spheres of life;
(b) are provided special opportunities in educational and economic fields;
(c) are provided special opportunities for access to employment;
(d) develop their cultural values, languages and practices; and
(e) have reasonable access to water, health services and infrastructure.

Article 81(c) requires the electoral system to comply with the principle of fair representation for PWDs. Article 82(2)(c) requires that legislation ensures that voting at every election takes into account the special needs of PWDs. In addition,

(a) article 90(1) requires proportional representation in allocation of party list seats in the National and County Assemblies;

(b) article 91(1)(e) requires political parties to respect the right of all persons, including PWDs, to participate in the political process;

(c) article 97(1)(c) makes provision for nomination of PWDs to the National Assembly;

(d) article 98(1)(d) requires reservation of two sits in the Senate for PWDs;

(e) article 100(b) requires enactment of legislation to promote representation of PWDs in Parliament; and

(f) article 177(c) makes provision for representation of PWDs in County Assemblies.
Electoral legislation were enacted to give effect to articles 97, 98, 100 and 177 of the Constitution, so as to ensure political participation and fair representation of PWDs in the Senate, the National and County Assemblies. The County Government of Migori leads with the highest number of PWDs in the County Executive and Assembly. The County has realised the requirement that at least five percent of all appointive and elective offices be held by PWDs. This demonstrates the value of advocacy and the need for PWDs to actively participate in social-economic and political life.

Article 232(1) prescribes the values and principles of public service, which include (h) representation of Kenya’s diverse communities; and (i) affording adequate and equal opportunities for appointment, training and advancement, at all levels of the public service, of PWDs. The values and principles of public service apply to public service in all State organs in both levels of government and all State corporations. Accordingly, there is concerted effort to ensure the realisation of the five percent quota reserved for PWDs. To this end, disability mainstreaming constitutes a key indicator in the performance contracting of all State departments and agencies.

Finally, article 258(1) guarantees the right to institute court proceedings whether in person or by a representative to enforce the rights protected by the Constitution. Accordingly, the Constitution allows proceedings to be brought by any person, group of persons or organisations to enforce the fundamental rights and freedoms of another. What this means is that disability cannot stand in the way of enforcement of one’s rights. Sub-article (2) permits public interest litigation while sub-article (3) requires that the proceedings be undertaken without undue technicality of procedure and at no cost to the applicant.

2.4 Case Study of Migori County

The legal framework for inclusion and fair representation of PWDs in appointive and elective offices has started to bear fruit. Migori county is a fitting example and perhaps the only county government that has so far achieved the desired five percent representation of PWDs in appointive and elective offices. This demonstrates significant gains under the 2010 Constitution.

Migori county has a population estimated at one million of whom about 100,000 are persons with disabilities. Of the sixty two (62) members of the County Assembly, five (5) are PWDs. Three of them are elected while two are nominated. Accordingly, eight percent of the Migori County Assembly is comprised of PWDs. In addition, there is one County Executive Member with disability, who holds the Road, Transport and Energy portfolio. The number of PWDs employed in the County Executive make 2.5% of the total staff compliment.

3 Meeting Challenges Under the New Constitutional Order

The reformed constitutional order presents new challenges in service delivery attributable to: (a) the restructured service delivery models; (b) institutional reforms; and
(c) reform in policy, legislation and administrative procedures to accord with the devolved system of government. Despite these challenges, the 2010 Constitution and the restructured service delivery model offer the ideal platform for inclusive development under the post-2015 development agenda. This calls for appropriate programmes, plans and actions towards the realization of the rights of PWDs under the 2010 Constitution.

The functional assignment between the national and county governments pursuant to the fourth schedule to the Constitution requires policy review and legislation by both levels of government to align their service delivery to the new constitutional order. This requires effective change management and investment of time and resources to match the pressing need for full realisation of the basic entitlements of PWDs. The delay in restructuring of the service delivery model and the slow pace at which the national and county governments are undertaking review of policy and legislation to guide service delivery to meet the constitutional standards for the promotion and protection of the rights of PWDs was not unexpected. Indeed, change does not come overnight. The bulk of legislation that requires review and amendment to entrench disability rights is no mean feat.

4 Matching Policy with Practice

The national and county governments are presently in the process of formulating appropriate policy and legislation to guide suitable programmes and actions to facilitate the realisation of the constitutional rights of PWDs. In addition, civil society continues to advocate for the promotion and protection of disability rights. Indeed, a substantial number of programmes, including enterprise development are spearheaded by civil society and Disabled Peoples Organisations with the support of, among others, the National Development Fund for Persons with Disabilities.

Civil society plays a significant role in the promotion and protection of the right of access by PWDs of education, health services, employment opportunities and fair representation in elective bodies. In particular, Kenya Society for the Blind (KSB) has responded to the ongoing constitutional reforms and taken steps to realign its programmes with the new service delivery model for the benefit of persons with visual disabilities towards inclusive development. The following are only a few examples of what the society is doing to promote the inclusion of PWDs in the post-2015 development agenda in Kenya.

KSB has played a significant role in the development of a lobby and advocacy policy under the Ophthalmic Services Unit, Ministry of Health, which provides the guidelines for engagement with the government in the provision of eye care services. Recognising that 80% of blindness is avoidable, the Society undertakes a blindness prevention programme, which includes eyedrop production and distribution throughout the country at affordable cost.

In addition to eye care services, KSB undertakes rehabilitation of newly-blinded persons and runs a centre for adaptive technology, which equips persons with visual disability
with skills in computer applications and information technology, all of which are critical to independent living and engagement at the workplace.

The society continues to influence national policy in education, assessment and examination of visually impaired learners. As a result,

(a) the Kenya National Examination Council engages examiners and invigilators with skills in Braille to support candidates with visual disability;

(b) the choice of compulsory science subjects has been broadened to give learners with visual disability alternatives to subjects that require visual acuity; and

(c) candidates may submit their examination scripts in Braille without the need for transcription before marking.

5 Conclusion

The new constitutional order and the appurtenant policy, law and institutional reforms give renewed impetus to the efforts of state and non-state agencies to promote and protect the rights of PWDs. The restructured service delivery model dictates that national and county governments reposition themselves in an effort to deliver on the constitutional guarantees, which they are obligated to uphold. While these guarantees are the subject of progressive realisation, there are areas in which quick wins can be achieved. The following are some of the areas recommended for immediate attention towards short-term gains:

(a) the national disability policy framework (including the special education policy) should be reviewed to guide the formulation and implementation of suitable programmes, plans and actions designed to ensure the effective realisation by PWDs of all constitutional guarantees towards full implementation of the UN CRPD;

(b) the legislative framework be reformed by amendment of (i) the Persons with Disabilities Act, 2003; (ii) the Basic Education Act, 2012*; (iii) labour laws relating to employment and labour relations; (iv) health related legislation; (v) electoral laws; (vi) legislation on physical planning and the built environment; (vii) legislation on public transport; and (viii) legislation on access to information and information technology, only to mention a few;

(c) county governments do formulate function-specific policy and legislation to guide the promotion and protection of disability rights and to guide effective service delivery to PWDs on an equal basis;

(d) effective mechanisms be established to facilitate consultation and collaboration among (i) national and county governments; (ii) civil society...
organizations; (iii) disabled persons organizations; and (iv) the private sector, in
the promotion and protection of the rights and freedoms of PWDs;

(e) there be established in every county technical forums comprising of
representatives of (i) the national and county governments; (ii) the civil society;
(iii) disabled persons organisations; and (iv) local administration, to guide policy
and programmes for effective service delivery and the realisation of the rights of
PWDs at the devolved units of service delivery;

(f) there be established a mechanism for monitoring and evaluating the
status of (i) service delivery by state organs of basic education and health; (ii)
levels of employment of PWDs in both public and private sectors; (iii) the extent
to which PWDs are engaged in decision-making on matters that affect their
social, economic and political life; and (iv) the level of representation by PWDs in
elective and other national bodies;

(g) there be formulated a national masterplan for the promotion of disability
rights at national and county levels; and

(h) to aid in planning, a national census be undertaken to ascertain with a
reasonable degree of accuracy of the population of PWDs disaggregated on the
basis of gender, age, disability type, degree of disability, occupation and location;

(i) a national registration campaign be undertaken to create an accurate data
base on persons with disability and their special needs to facilitate appropriate
intervention and effective service provision; and

(j) budgetary allocation be enhanced to support (i) education and training of
PWDs; (ii) enterprise development; and (iii) social support of indigent and
severely incapacitated PWDs.

It should be borne in mind that the foregoing recommendations are by no means
exhaustive. However, their implementation would create a firm foundation for the
inclusion of PWDs in the post-2015 development agenda in Kenya. Consequently,
persons with visual disability stand to enjoy equal opportunity to realize their vast
potential in society. It is also my respectful belief that these recommendations would be
valuable to other jurisdictions towards the improvement of the livelihood and social
standing of PWDs in Africa.
TIME TO BE HARD: STRATEGIC LITIGATION AS A TOOL FOR REALIZING DISABILITY RIGHTS

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Abstract:

It is claimed and reported that three of the eight Millennium Development Goals (MDGs)² have been achieved prior to the 2015 deadline.³ Despite many successes, the poorest and most vulnerable people including those disadvantaged because of their sex, age, disability, ethnicity or geographical location are being left behind.⁴ To determine the impact of these achievements on the lives of persons with visual impairment may require a great deal of inquiry which is beyond the scope of this article. However, what is remarkable to note is the fact that a great deal of paper work has been done, laws and policies that seek to address the plight of persons with disabilities in general are in place while others are undergoing further reform in several African countries.⁵ It should be pointed out that some countries across Africa still maintain colonial laws which have since become out dated and inconsistent with international instruments such as the Convention on the Rights of Persons with Disabilities (CRPD).⁶

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² At the beginning of the new millennium, world leaders gathered at the United Nations to shape a broad vision to fight poverty in its many dimensions. Eight Millennium Development Goals (MDGs) were adopted to achieve this vision: these include eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability and, develop a global partnership for development.


⁵ In Uganda, the Persons with Disabilities Act was enacted in 2006, Persons with Disabilities Act 2003 of Kenya, the Social Assistance Act 2013 of Kenya, the Disability Act of Malawi and the Persons with Disabilities Act of Zambia.

⁶ United Nations Convention on the Rights of Persons with Disabilities (hereafter referred to as “CRPD”)
This paper identifies effective strategic litigation as the next and fundamental step in enhancing the rights of persons with visual impairment in Africa beyond 2015. It unfolds by presenting definitions and highlights of effective strategic litigation and proceeds to point out the objectives and limitations of this strategy in an attempt to paint a picture of hope and build confidence in advocacy. An attempt is made to demonstrate how this approach is gaining momentum and yielding fruit in a number of countries across the continent. In its conclusion, the paper attempts to front possible mechanisms for effective strategic litigation with a view of alleviating potential challenges.

A. Definitions:

i. Persons With Disabilities

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) defines “persons with disabilities” to include “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”7 This definition is inclusive of people with “visual impairment”8 for which in this article, the two terms are used interchangeably.

ii. Reasonable Accommodation

Article 2 of the CRPD defines reasonable accommodation to mean:

[N]ecessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

iii. Strategic Litigation

Strategic litigation is a method that can bring about significant changes in the law, practice or public awareness via taking carefully-selected cases to court.9 The clients involved in strategic litigation have been victims of human rights abuses that are suffered by many other people. In this way, strategic litigation focuses on an individual case in order to bring about social change.10 With strategic cases, although the initial

7 CRPD, Article 1.
8 According to the World Health Organisation, there are four levels of visual function: normal vision, moderate visual impairment, severe visual impairment and blindness. Moderate visual impairment combined with severe visual impairment are grouped under the term “low vision”: low vision taken together with blindness represents all visual impairment.
step is seeking to clarify an individual complaint before the court, in addition, the aim is
to obtain justice for a whole group which might potentially find itself in a similar or
comparable situation.

B. Objectives Of Strategic Litigation:

Oliver Lewis\textsuperscript{11} discusses the value of litigation in disability rights but briefly, the
objectives of strategic litigation include the following:

- Create progressive literature and jurisprudence which advances human rights
- Instigate reform of national laws which do not comply with international human
  rights law. Judicial decisions and pronouncements play a significant role in
  shaping and fostering legislative and policy reform by highlighting inadequacies
  as well as making binding recommendations.
- Ensure that laws are interpreted and enforced properly: The mandate of the
  judiciary among other things is to interpret laws. In this case, strategic litigation
  ensures that responsible authorities fulfil their obligations as prescribed by the
  law. In addition, individual officials that work for the State are made to account for
  their actions through strategic litigation.
- Document human rights violations by the judiciary
- Enable individuals to seek remedies for human rights violations
- Empower people with disabilities who have been victims of human rights abuses
  and rebalance the historic injustices against people with disabilities.
- Strategic litigation is an avenue for creating awareness among the general
  population. This is achieved through the media by way of writing and telecasting
  information relating to the progress of the case in court.

C. Who Can Litigate?

Individuals or groups of individuals whose rights have been violated or non-
governmental organisations with mandate to represent interests of people with
disabilities can bring cases to courts. Hence article 50 of the Constitution of the
Republic of Uganda provides:\textsuperscript{12}

\begin{enumerate}
\item Any person who claims that a fundamental or other right or freedom
  guaranteed under this Constitution has been infringed or threatened is entitled to
  apply to a competent court for redress which may include compensation.
\item Any person or organisation may bring an action against the violation of
  another person’s or group’s human rights. \textsuperscript{13}
\end{enumerate}

[accessed 27 September 2015]
\textsuperscript{11} Oliver Lewis, “Advancing legal capacity jurisprudence” (2011) 6 EHRLR 700-714, 713.
\textsuperscript{12} Article 50 of the Constitution of the Republic of Uganda, 1995.
\textsuperscript{13} See also Article 1 of the Optional Protocol to the CRPD in particular, states that “State Party to the
  present Protocol (“State Party”) recognizes the competence of the Committee on the Rights of Persons
Furthermore, article 137(3) of the Constitution provides that:

A person who alleges that—
(a) an Act of Parliament or any other law or anything in or done under the
authority of any law; or
(b) any act or omission by any person or authority, is inconsistent with or in
contravention of a provision of this Constitution, may petition the constitutional
court for a declaration to that effect, and for redress where appropriate.  

D. Case Study Of Strategic Litigation:

World over, litigation has been taken by people with disabilities in relation to five topics: improving services for people with disabilities; challenging the detention of persons with
disabilities; vindicating the right of patients detained pursuant to mental health
legislation to have access to the courts to pursue civil actions arising from their
detention; seeking the provision of postal voting for persons with physical disabilities;
and challenging the exclusion of deaf people from jury service.

In Africa however, very little has been done so far to embrace litigation in the disability
movement and this is attributable to a number of factors some of which are discussed
here in a latter section. The following are some of the cases that have resulted in
legislative and policy reform across Africa:

Simon Mvindi & 5 Others v the President of the Republic of Zimbabwe & 3
Others.

This case was a result of the 2008 disputed general elections in Zimbabwe. The six
applicants in this case who were predominantly people with visual impairment, alleged
that ballot papers were neither in braille, electronic format nor any other accessible
format. The electoral laws provided that if a voter required any assistance, such would
be provided by the Electoral Commission officials and police officers on duty at the
polling station.

with Disabilities (“the Committee”) to receive and consider communications from or on behalf of
individuals or groups of individuals subject to its jurisdiction who claim to be victims of a violation by that
State Party of the provisions of the Convention.”


16 This case is exhaustively discussed by Esau in Esau Mandipu, “A critical analysis of the legal and
institutional framework for the realization of the rights of persons with disabilities in Zimbabwe,” (2013) 1
African Disability Rights Year Book, 73-96, 95.

17 Sections 59 and 60 of the Electoral Act [Chapter 2:13]
The applicants argued that these provisions of the electoral laws infringed on their constitutional right to free expression of political will and the right to a secret ballot. In their view, the applicants preferred their freely chosen relatives or friends in casting ballots as opposed to polling and police officers. The court accordingly declared sections 59 and 60 of the Electoral Act null and void because they violated the principle of a secret ballot.

Legal Action for Persons with Disabilities v Attorney General & 2 others

The applicant in this case, complained of inaccessible buildings in Makerere University and within Kampala Capital City including the High Court and Ministry of Gender, Labour and Social Development. The applicants argued that failure by the respondents to make public buildings accessible to people with disabilities, contravened the provisions of the Constitution and “Persons with Disabilities Act.”

Both the disabled and none disabled citizens must equally enjoy their rights. But relying on the accommodation principle, even where the fundamental human right in question is not absolute, the respondent has a duty to demonstrate that it has put in place reasonable measures to enable the complainants enjoy their constitutional rights. Any limitations to the enjoyment of fundamental rights should be none substantial. It should be acceptable and demonstrably justified in a free and democratic society.

Although the applicants in this case lost on grounds that the orders they sought from court had a retrospective effect, the case lays a firm foundation for jurisprudential enhancement of disability rights in Uganda.

The famous cases of Law Advocacy for Women in Uganda v Attorney General, led to the nullification of several sections of the Divorce Act and the Succession Act that were discriminatory against women as well as harmful practices such as female genital mutilation which was considered cruel, inhuman, degrading and unconstitutional. In a way, women rights in Uganda have received a big boost and whenever any law or decision is taken anywhere, women issues have to be considered.

In the Gambia, the case of Purohit and Moore v the Gambia was helpful in shining a light on the wrongs of the legislative framework which was not fit for purpose in that country. The Complainants were mental health advocates, submitting the

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21 Purohit and Moore v the Gambia, Communication No. 241/2001 [2003].
communication on behalf of patients detained at Campama, a Psychiatric Unit of the Royal Victoria Hospital, and existing and ‘future’ mental health patients detained under the Mental Health Acts of the Republic of The Gambia.

The Complainants alleged that legislation governing mental health in The Gambia is outdated and that within the Lunatics Detention Act [LDA], the principle instrument governing mental health) there is no definition of who a lunatic is, and that there was overcrowding in the psychiatric unit, no requirement of consent to treatment or subsequent review of continued treatment. The African Commission held that:

In the instant case, it is clear that the scheme of the LDA is lacking in terms of therapeutic objectives as well as provision of matching resources and programmes of treatment of persons with mental disabilities, a situation that the Respondent State does not deny but which nevertheless falls short of satisfying the requirements laid down in Articles 16 and 18(4) of the African Charter.  

E. Factors To Be Considered In Choosing An Appropriate Forum Nationally, Regionally And Internationally:

- What remedies are available?
- How long will it take to get a decision?
- Will the mechanism hear testimony from victims? What evidence do they require?
- Is there already jurisprudence on the issue? If not, how amenable is it likely to be to developing new jurisprudence?
- Is there an option for settlement? What would the consequences of this be for the strategy and/or for publicity of the case?
- Are interim measures available?
- How are decisions enforced?

F. Limitations And Challenges Associated With Litigation:

i. Lack Of Accessibility, Reasonable And Procedural Accommodations:

The duty to provide reasonable accommodation is based on the human rights model of disability enshrined in the CRPD that requires states parties to fix their environments to accommodate the needs of people with disabilities. The object is not to ease the process for or favour people with mental disabilities during court proceedings. Rather, it is to enable them to participate fully in this process to the same extent as everyone else without having restrictions or limitations placed on their participation due to their impairment.

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22 Purohit and Moore v the Gambia, Communication No. 241/2001 [2003].

23 Bizchut, The right of persons with intellectual, psychosocial and communication disabilities to access to justice: Accommodations in the criminal process, supra note Error! Bookmark not defined., p. 7.
The Committee on the Rights of Persons with Disabilities has described the duty to provide reasonable accommodation as “an *ex nunc* duty”, which means that it is enforceable from the moment an individual with an impairment needs it in a given situation in order to enjoy her or his rights on an equal basis in a particular context.\(^{24}\) Reasonable accommodation seeks to achieve individual justice in the sense that non-discrimination or equality is assured, taking the dignity, autonomy and choices of the individual into account.\(^{25}\)

Despite the importance of providing reasonable and procedural accommodations, most jurisdictions in Africa including Uganda do not legislations that incorporate this obligation. As a result, people with disabilities are not able to access justice and participate effectively in court proceedings because judicial officers do not feel obliged to provide reasonable and procedural accommodations. Thus in its concluding observations in relation to the initial report of Kenya, the Committee on the Rights of Persons with Disabilities recommends that the State Party should define explicitly in legal instruments the duty of the judiciary to provide procedural accommodations for persons with disabilities in accordance with article 13 of the Convention.\(^{26}\)

**ii. Cost Implications:**

This can be looked at in three ways; cases are determined based on available and credible evidence – for this reason, an aggrieved party may require financial support to put together pieces of evidence to be relied on in support of his or her case. In addition, court fees have to be paid before a case is filed in court. Costs may also result as an award from court in which case a losing party must pay to the successful party.

**iii. Stigma And Stereotypes:**

This refers to negative attitudes and labels placed on people with disabilities by people involved in the administration of justice. Very few lawyers take instructions from people with disabilities due to stigma, stereotypes and the fact that this category of people may not be able to meet financial expectations of lawyers; this extends to the police, State Attorneys and judicial officers. In addition, human rights violations against people with disabilities tend to be covered up by communities or service providers, often in an attempt to protect the victims themselves. Consequently, rates of disclosure and reporting to the police are lower compared to those in the general population.\(^{27}\) All these factors negatively affect the progress and outcome of a case.

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\(^{24}\) CRPD Committee, General Comment No. 2, para. 26.


iv. Limited Awareness Among People With Visual Impairment About Their Rights And Existing Opportunities For Challenging Human Rights Violations.

Most people, including those with visual impairment assume that litigation is a preserve of lawyers and as such, they remain silent amidst human rights violations.

Time factor: Once a case is filed in court, it takes considerably a long time before it is finally determined depending on how the parties conduct themselves as well as the level of development in the judiciary.

v. Legislative Restrictions:

Some domestic laws strip of legal capacity of people with disabilities hence making them incapable of initiating litigation. In other African jurisdictions, disability rights are classified under non justiciable clauses which are normally found within the Directive Principles of State Policy and as such, they are neither binding nor enforceable against the State in any court, tribunal or administrative body. A typical example is the Zambian Constitution which provides in its Article 112(f) that “[T]he State shall endeavour to provide to persons with disabilities, the aged and other disadvantaged persons such social benefits and amenities as are suitable to their needs and are just and equitable.

vi. Failure By Some African States To Ratify And Domesticate The CRPD

States with a Monist constitutional arrangement can, in general, only ratify an international treaty after it has been approved by the legislature; whereas in Dualist states, the executive has the power to ratify. This difference conditions the resultant status of the treaty. In a Monist system, since the legislature will have approved the treaty, it automatically becomes part of the domestic law (indeed it may be deemed to be ‘higher’ precedent law). In Dualist systems, however a treaty remains unenforceable in the domestic courts, until such time as formerly incorporated by the legislature.

G. Conclusion

Despite the challenges and limitations associated with disability rights litigation, it is a step forward to the full realization of rights enshrined in the CRPD and other human rights legal instruments. Persons with visual impairment should therefore embrace this strategy as one of the tools for fostering the enjoyment of rights at an equal basis with others.

H. Recommendations

- Advocate for the ratification, domestication and implementation of the CRPD.
- Create networks with organizations directly involved in litigation
- Cause awareness campaigns on the enforcement of human rights
ADVANCING THE SEXUAL AND REPRODUCTIVE HEALTH RIGHTS OF VISUALLY IMPAIRED WOMEN IN AFRICA.

Alimata Abdul Karimu
Ghana.

Abstract

Sexual rights are recognized as universal human rights which include the right to choose a sexual partner, to control one’s own body, to experience sexual pleasure, to not be abused or violated, to freely choose contraceptive methods, have access to safe and legal abortions, have access to information about the prevention of sexually transmitted infections and comprehensive sexuality education (Runeborg and Anderson, 2010).

Nonetheless, the attitudinal, mobility and social challenges women, adolescent girls and youth who are visually impaired face restrict them from reaching sexual and reproductive health (SRH) services. This has led to some blind and partially sighted women having unwanted babies and adolescent girls and youth dropping out of school due to unplanned pregnancies. Even though a number of SRH programmes exist in the mainstream, they do not target women and girls who are visually impaired. Again, formal peer support networks are not readily available for adolescents and youth who are visually impaired to share useful SRH information.

This paper discusses sexual and reproductive health rights, challenges women and adolescents who are visually impaired encounter when accessing SRH services and proposes the introduction of the TeleLink and the Medical Companion concepts as one of the means to addressing this.

Statement of Scope

Sexuality is defined as an essential part of being human throughout life and includes sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. And that, sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.1

Sexual rights as human rights have been covertly or overtly expressed in various national laws, continental and international human rights instruments. For instance, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child, the Maputo Protocol and others. Scaaf points out that in the UNCRPD, the Articles on the rights to Health, liberty and security, freedom from exploitation, violence and abuse and respect for home and the family all recognise sexuality.2 Additionally, the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa requires state parties to advance the
reproductive health needs of all women and this is specifically expressed in Article 14 of
the Protocol.3

However, sexuality is one of the areas least recognised for women who are visually
impaired because of the complexities surrounding this field. These complexities
emanate primarily from two angles. The first is cultural attitudes around sex-related
issues and second, on the scale of preference for women who are visually impaired,
rights such as education, employment, transport and the like are more pressing than
issues around sexuality. However, the crux of the matter is that, it is a subdued or
neglected field for people who are visually impaired in general. This is deduced from
how Shakespeare views sexuality for persons with disabilities. According to him, it is a
field which has been in “distress, and exclusion, and self-doubt for so long that it was
sometimes easier not to consider it, than to engage with everything from which so many
were excluded”.4 (Paragraph 160). Women who are visually impaired are a significant
part of those “so many who are excluded”. From mainstream sexuality and sexual rights
activities in spite of all the human rights instruments that seek to protect and uphold
human sexuality and sexual rights.

Gomez asserts that, persons with disabilities have had their sexuality detached from
them, restricted in sex and marriage and have to endure sterilisation in order to curb
unwanted pregnancies and abuse.5 In the past, one of the ways people who were
visually impaired explored and discovered their sexuality was when they attended the
special schools (schools for the blind) or just shut up that part of their personality since
society succeeded in manipulating them to fit the labels placed on them, rejected them
because they did not fit into who society perceived to be a woman and society’s wrongly
associating the absence of vision is the absence of sexual feelings.

During the 1980s-1990s, sexuality education was not actually taught in Ghanaian
schools (in general), rather, it was embedded in the subject known as Home Science
where puberty and home management were taught. It used to be the practice that,
people who were visually impaired from age 13 or those who were blinded later in life
were denied admission into the schools for the blind for the blind for fear of them spreading sexual
knowledge. The authorities held the belief that, these adults might have already had
sexual experiences or knowledgeable about sexuality and would teach the other
students who were visually impaired already in the schools. Consequently, a number of
people who got blinded later in life around the 1980s-90s did not have access to
education and/or vocational training.

For those who were enrolled in the schools for the blind, talking about sex or even
mentioning it was a kind of taboo and young people needed not to use their lips in
pronouncing words associated with sexuality. When teachers or housemothers
(caregivers) and adults (referred to as seniors) wanted to speak with any of the older
persons about sex, menstruation and related issues, that conversation would happen
behind tightly closed doors. Those meetings normally started after 9:00 P.M., till
midnight where all the young children were presumed asleep.
However, a number of the students both young and old explored their sexuality as well as engaged in all kinds of sexual activities and uncovered their sexuality perhaps in the wrong manner. For example, a girl was touted as introducing masturbation in one of the special schools where I was. She and other girls were caught many times masturbating and fondling themselves. The term “fingering” was popularly used to describe the behaviour of the girls. Whenever they were caught fingering, they were also lashed very well. The perceived deviant behaviour of the girls raises useful questions today. Were they possessed by some evil spirit which needed exorcising? Or, could they have been lesbians or another sexual minority? Well, I guess we did not and still do not have opportunity to fully determine that.

Newell & Goggin and Gomez assert that, to be a person with disability even today connotes the absence of privacy, measured by cannot do than can do, having to be constantly appreciative and obedient or submissive among others. In this light, it was not uncommon for some staff (especially that resident) in the schools for the blind and family members to turn themselves into spies and secret agents who watched out to catch those having sex or deemed to have discussed things around sex and the like. Most gatherings of opposite or same sex people were misconstrued as a meeting to device ways to have sex without any authority seeing. So, it was a very common sight to see these spies and secret agents lurking in corners and sitting on banisters to listen to the conversations of students. Beside these, some of these spies and secret agents would also quietly enter and hide in the classrooms or dormitories where two or more students were in order just to wait, watch and grab someone having sex or the like.

Anybody who was caught engaging in any forms of sexual activities was properly caned and/or punished. If someone was caught twice or (the lucky ones) trice, the person was dismissed entirely from the school. The caning was also done at the general assembly of the whole students, teachers and non-teaching staff. Again, it was also common for those who ‘usually’ played with the opposite sex to be branded as “abofra boni” meaning a bad child. The younger children were constantly told not to play so much with boys because they would get pregnant but as to how the pregnancy would come, nobody could readily explain. But all these were covert and overt ways to suppress the sexuality of the women and men in the schools.

A 2015 report on Adolescent Women’s Need for and Use of Sexual and Reproductive Health Services in Developing Countries found that, between 10 and 50% of unmarried adolescent women in Africa, Latin America and the Caribbean are active sexually. In the light of this evidence, the students who were visually impaired were not in any way behaving abnormally neither were they deviant beings but were just behaving as all other adolescent women and men the world over.

Anything about sexuality was by word of mouth from seniors, friends or few of the workers who were termed “good” but not a holistic approach to sexuality. Some of the ladies got pregnant and were sent home with the gentlemen responsible. After some years, a few of the ladies and gentlemen dared to come back to school but were only readmitted into the handicraft section. Those who could not bear the shame of coming
back but had rich parents or guardians went to different schools. Some of the women who were visually impaired who became pregnant were also made to believe that, their pregnancies were due to the fact that they were too hard to control or because they did not conform to societal norms, “nature” has punished them. However, as the years journeyed on, I understood that, the perceived prevalence of sexual activities and pregnancies were not limited to the Schools for the blind alone, but also were they even more widespread in mainstream schools.

The 23rd September edition of the Chronicle Newspaper reports over 700,000 teenage pregnancies across Ghana in 2014 alone.8 Unsafe sex has also been ranked as the number two likely cause of disease, disability or death in very poor communities.9 Furthermore, single adolescent women from rich family backgrounds or who live in large cities and towns in the developing world, do not have adequate access to contraception and that 40% of all pregnancies occurring among 15 – 19 year olds in Africa are unwanted.7 It is therefore not a surprising or weird phenomenon looking back today that the adolescent women who were visually impaired became pregnant then and continue to be even now.

In addition, when I later worked for an organisation for the blind, I saw a number of young girls get pregnant and drop out of school. The worst part was that, sometimes, they tried abortion with very crude methods and drugs in order to gain education and in the long run some good livelihood. For instance, the yearly estimation of unwanted pregnancies stands at 80 million with 45 million terminations.10 In 2010, my office had to come in to save the life of one such young woman (who used a wrong abortion drug which resulted in severe complications and almost ended her life. For example, between 2.0 and 4.4 million adolescents in developing countries are projected to carry out abortions9 and a 2011 WHO report identifies pregnancy complications and childbirth to be the major reason of death for women aged 15 – 19 in low and middle income countries.11 For women who are visually impaired, the problem is, some of them get the wrong information from conversations they hear from friends. However, they do not have any means to verify the correctness of the information received since sexual and reproductive health information is not readily available in accessible formats.

**Principal arguments**

Sexual rights are recognized as universal human rights which include the right to choose a sexual partner, to control one’s own body, to experience sexual pleasure, to not be abused or violated, to freely choose contraceptive methods, have access to safe and legal abortions, have access to information about the prevention of sexually transmitted infections and comprehensive sexuality education.12 Again, Runeborg and Anderson citing WHO, state that, reproductive rights are based on the fundamental right of all couples and individuals to decide freely and responsibly over the number, spacing and timing of their children and to have the information and means to do so, as well as the right to attain the highest standard of sexual and reproductive health.12
The 1994 International Conference on Population and Development (ICPD), held in Cairo, Egypt indicated that, reproductive health care should promote individual rights such as the right to decide freely and responsibly; number and spacing of one’s children; and the right to a satisfying and safe sex life. But the right to a safe and satisfying sex life is often times a challenge for women who are visually impaired because of negative societal attitudes towards them when they want to access contraception and other reproductive health information. Reproductive health and sexual health are intertwined and both recognise the need to minimise the negative effects of sexual activities. These also aim to deal with inhibitions such as unequal access to health services, sexual exploitation and coercion, gender discrimination and violence and restraining laws in order to make it possible for all persons irrespective of age or ability to indulge in safe and satisfying sexual activities.

At the ICPD conference in 1994, governments agreed to provide “universal access” to reproductive health by 2015 in order to improve peoples’s health and well-being, population growth reduction and the promotion of sustainable development.

Even though majority of world leaders agreed on the ICPD document and its Programme of Action, other United Nations, International Planned Parenthood Federation conferences and more recently the 2014 beyond ICPD have all heralded the need for SRH services, accessing them is still a mirage for majority of women who are visually impaired on the continent.

A sizable majority of women who are visually impaired have a fair amount of knowledge on some contraception because of the HIV/AIDS pandemic and the ensuing projects, Radio and television programmes that were rolled out to help curb the menace, huge gaps still exist because of mobility, attitudinal and social challenges.

In addition, many existing mainstream SRH programmes do not target women and girls who are visually impaired and, formal peer support networks are not readily available for adolescents and young women who are visually impaired to share useful SRH information.

**Mobility**

One of the biggest problems associated with vision loss is the inability to move independently in unfamiliar places. This problem is compounded in most of Africa by haphazard siting of structures, a myriad of uncovered culverts and the lack of way finding tactile to enable people who are blind or have low vision move with relative independence from one point to the other.

**Attitudinal Challenge**

There is also stigma or some misgivings associated with persons with disabilities when they want to access items like condoms or safe sex options. For example, in a workshop organized for women who are visually impaired on empowerment, a woman
told us that, when she was pregnant with her first child and went to antenatal clinic, a seeing woman remarked that: “ooo! Who did this to this woman too”. Even though this woman who is visually impaired was legally married and wearing her wedding ring, the seeing woman felt the woman with visual impairment had an unfit body for mothering or fell short of normative identity. Women with disabilities have been labeled as asexual and unattractive and so, some friends and family members find it awkward to involve women who are visually impaired in discussions around sex. The absence of vision is often mistakenly equated to the absence of feelings which means no need for SRH services. Alternatively, some few men without visual impairment also see the absence of vision as a good opportunity to cheat. For example is when I was a trainer of trainers for the African Union of the Blind HIV/AIDS & SRH programme.

In one of the training sessions in Liberia (2009), a woman told a brave story of how she discovered her male partner’s dishonesty. She had fled to a neighbouring country because of the war then in Liberia. She got into a relationship with a local man. After some months of being together, they wanted to know each other carnally. But she insisted for the man to use condom. After initial resistance, the man agreed. When they were in bed, the man took the condom and pretended as if he was wearing it by making shuffles as if to open it up and put on his penis. After presumably wearing, he wanted to penetrate the woman. Well according to her, she reached out her hand a gently held her partner’s penis (as if to help. Then she discovered that, the penis was without a condom and then there was no sex and the man apologised but the relationship ended. This woman was knowledgeable, brave and quite determined otherwise, it would have been a different story now.

Social Challenges

In many an African cultures, sex is considered an act only for adults and therefore, young children need not mention it in anyway. In view of that, anything related to sexuality and SRH is frowned upon and dealt with in utmost secrecy. Again, there is limited privacy for women who are visually impaired who in most situations have to access SRH services in the company of very close relatives serving as assistants. This stems from the fact that, personal assistants or caregivers in parts of Africa are normally relatives or one’s own children which makes accessing SRH services with one’s daughter or son tricky for some people. This is perceived as an intrusion into the little privacy left for many a blind or partially sighted woman and therefore might want to opt out entirely. Furthermore, many women who are visually impaired have limited social networks because of negative attitudes towards disability in general. This reduces the ability of the woman who is visually impaired to get and verify useful information especially on sensitive areas as reproductive health or sexuality.

Safe Spaces

There is a conspicuous absence of a safe confidential digital platform for women who are visually impaired to discuss sensitive issues like SRH. Even though a number of online platforms exist, women who are visually impaired are unable to access them
easily because of web access challenges and sometimes the cost associated with internet connections. likewise, the low literacy rates of women who are visually impaired have contributed to excluding them from accessing and using effectively web-based and formal channels of information and communication. The World Blind Union citing the 2011 World Report on Disability in its submission to the CEDAW Committee on the education of women/girls in 2014 asserts that, “the chances of exclusion of women/girls with visual disabilities from education are many times higher than for men/boys with visual disabilities”. In this regard, majority of women who are visually impaired naturally fall out of or cannot benefit significantly from mainstream as well as disability specific programmes on reproductive health information because of lack of formal education. The lack of formal education inhibits their capacity to participate at two levels. That is, inability to understand and speak other languages either than their mother tongue or the inability to read Brailled or large printed materials.

**Economic**

The lower levels of education of women who are visually impaired which ultimately translates into no or very little vocational training preclude them from getting into the formal job market and as such lack economic resources and decision-making power. These limit them in making independent crucial choices in relation to their reproductive health, which impacts negatively on their entire well-being. For instance, it will be unlikely for an unemployed woman with visual impairment who depends on her family members or others for sustenance to ask the same people for funds for contraception.

**Recommendations And Conclusion**

The beyond 2015 ICPD conference outcome document acknowledges that there were gaps in executing the 1994 ICPD Programme of Action on SRH rights. Notably among these gaps was the prejudice against marginalised and excluded groups which also connotes women who are visually impaired. In order that women who are visually impaired access reproductive health services and information and begin to enjoy their reproductive rights found in regional and international human rights instruments, a confidential space and safe support to access these services should be made available to them.

TeleLink serves as a trusted space that will welcome women who are visually impaired to explore and discover their sexuality properly and the Medical companion service will enable them connect directly to access SRH services without fear and with confidence.

TeleLink refers to discussions delivered through teleconference for different groups of people around their interests with no cost to the participants and facilitators. TeleLink is aimed at providing information, continuous social and peer support for participants. A group normally comprises up to ten people who are linked together to chat around their interest for an hour in each session. In order to participate, members need to have a mobile or land line phone and the sessions are facilitated by volunteers. The volunteers ensure that everybody participates in the discussions irrespective of pace.
To enable the TeleLink platform to be adapted and used for and by groups of women who are visually impaired as a space to receive and discuss reproductive health issues and services, organisations and agencies of/for and working with the blind should lobby mobile network providers to allocate toll free lines as part of their corporate social responsibility solely for this purpose. Interested public medical service personnel should be sought to serve as volunteer facilitators who would give appropriate information and clarify misconceptions that participants may have relating to SRH services.

On another hand, organisations and agencies delivering services to people who are visually impaired should begin to recruit and build a volunteer corps to assist women who are visually impaired to attend medical appointments and access reproductive health services where required. This concept is referred to as “Medical Companion” and aims to provide human assistants (volunteers) for persons with disabilities to aid them attend medical appointments free from close family interference. This approach will be suited for women whose caregivers are mainly close family or relatives.

In conclusion, a number of arguments have gone against equipping young people with SRH information because issues relating to human sexuality and reproduction strongly hinge on peoples religious beliefs and ethics. Again, the notion that educating young people on their sexuality will encourage them to explore sex but research shows the contrary. A WHO world survey revealed that young people who had sexuality education or training did not indulge in early sexual activities or increased sexual involvement.17 Other research findings have further confirmed adequate knowledge on sexuality is not concomitant with young people’s sexual experimentation.17 Rather, “age-appropriate, comprehensive sexuality education that begins early (before young people enter adolescents) and is sustained can help young people delay sex and practice safer sex once they become sexually active.”17 (p29).

After Cairo 1994, various regional and international human rights bodies have expanded on and reiterated that, the right to health entitles everybody to SRH information and education on human sexuality. In this regard, introducing TeleLink to discuss reproductive health information and Medical Companions to assist women who are blind or partially sighted access medical facilities will enable them to take control over their sexuality and reproductive health rights, reduce unplanned pregnancies and equip them with the knowhow to enable them plan the spacing and number of their children. Knowledge on reproductive health and services will help women and adolescents who are visually impaired to go through education as well as enable them get employment at the long run.

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INCLUSIVENESS AS TESTED BY TIME

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Abstract

As the inclusion of people with disabilities becomes a feature of norms and values of civilization and modernity, there also rise subtle yet fundamental challenges to the fruition and sustainability of functional inclusiveness. As a result, a closer analysis of the intercourse between theory and practice reveals lasting disparities between the agreed notion of the public good and the pragmatism of being a core framework of public planning and implementation. The enthusiasm accorded to inclusiveness in national and international governance and development guiding documents therefore proliferates alongside a confusing reality of assets and liabilities. This may promote the stature of the disability movement to a revolution that catches attention but makes no gains. With examples of the process of domesticating the culture of inclusiveness in Malawi, this paper explores concurrently rising opportunities and challenges, and induces leadership in organizations of and for the eye-blind and partially sighted to enrich efficacy with a culture of quantitative and qualitative monitoring and evaluation in order to make appropriate strides in defending and promoting inclusiveness. An attempt is also made to highlight the need to safeguard the unity of purpose among people with disabilities, and to retain the direction wherein visually impaired persons will suffice for inalienable players in the socio-economic development of their communities.

1. Introduction

In Malawi, blindness (total or partial) is an evident reality of concern. It occurs and affects individuals and communities everywhere and anytime. Current estimates indicate that around 140,000 people, or approximately 1 per cent of the country’s population, are living with some form of visual impairment (Medical Council of Malawi). At the moment, however, Malawi practices disability inclusive culture which is primarily influenced by ethics of medical-charity disability model. Such being the case, the country’s blindness-inclusive drive is yet to incorporate and prioritise alleviation of poverty grossly nurtured by gender, literacy levels and cultural disparities in the society. As a result, progress is neither constant nor entirely premeditated. Worse still, unity of purpose among disability organisations is being compromised by a scramble for financial support nurtured by disability basket funding which exclusively target the country’s umbrella disability body. Premised on such a status core, this paper is meant to analyse inclusive development, and give a brief historical background to the inclusion of blind people and its progress in Malawi. Evident liabilities and assets are also explored in the paper. Finally, the paper suggests some recommendations that can enable steady and even growth of the blindness inclusiveness beneficial to Malawi and as a lesson to other African societies pregnated with similar disparities in social inclusion.
2. Inclusive Development

Development is a process of evolution and growth or advancement characterized by making purposeful changes premised on innovation and adoption intended to enhance progress (Oxford Dictionary). Inclusivity is therefore the obvious element of development in any truly democratic institution and society. It is however worth noting that inclusive development entails the inclusion of all beneficiaries and benefactors in and throughout the processes inherent in development and the entitlement to the consequent betterment. Thus, as Saxena, 2012, notes, development is inclusive only if and when “ALL GROUPS OF PEOPLE ESPECIALLY THE POOR AND THE DOWNTRODDEN AVAIL OPPORTUNITIES, SHARE THE BENEFITS OF DEVELOPMENT AND PARTICIPATE IN DECISION-MAKING”. in inclusive development:

- Change is agreed upon based on need.
- Change is consciously desired and therefore appropriately planned, dutifully implemented, and prudently monitored and evaluated.
- Progress is designed and measured in terms of both quantity and quality

Guided by the above-mentioned principles, inclusive development has the following characteristics (Saxena, 2012):

- Sustainable and stable economic growth. In the light of economic growth, the notion of inclusiveness contains “equity, equality of opportunity, and protection in market and employment transitions” in order to fully foster access to “markets, resources, and unbiased regulatory environment for businesses and individuals” (Commission on Growth and Development, 2008);
- Reduction of poverty and income inequality. Both the organization/country and the individual citizen are equal subjects of analysis.
- Growth of employment;
- Improvement in access to education and health services;
- Social recognition to all

Although these principles and characteristics of inclusive development are enough to enable any cognizant mind to reflect on Malawi’s development in view of citizens with disabilities as both benefactor and beneficiary of progress, it is pertinent to also assess Malawi’s performance using the rights-based approach (RBA) to development which is a crucial part and parcel of the International Bill of Rights. This is particularly important in a democratic society because, as noted by Mohamed, 2004, the RBA is a “conceptual framework for the process of human growth and development that is normatively based on international standards of human rights and operationally directed to promoting and protecting the human rights and fundamental freedoms”. It is based on five principles of development namely:
a. All people have right to development according to their own needs, ambitions and aspirations;

b. Leadership of any development process must lie with the people concerned;

c. All development actions must have an outcome oriented bias in favour of the most excluded and marginalized people such as the impoverished, women, Children, People affected/infected by HIV&AIDS, and persons with disabilities.

d. Achievements of any development action must be judged on the basis of human growth and development but not on mere outputs;

e. Development must be sustainable

3. Inclusion in History

Malawi comprises a population of people who are predominantly Bantu. Traditionally, the initiation schools of major ethnic groups of Yao, Chewa, Lomwe, Tumbuka, Ngoni and Sena practiced inclusive informal education. It was only the technical skills imparting structures of the system which could discriminate against blind people on the basis of the charity view of disability. blind people were however sidelined in that way because their society never understood eye sight impairment. For example, traditional folk tales of the day differentiated between “blind” people and “disabled” people. Blind people were arguably discriminated because leaders were unsure of their appropriate place in society. The discrimination of blind people was thus economic specific. Nevertheless, even in such a complex situation, some blind people distinguished themselves with interest in learning and abilities to master knowledge and skills so much that they were accepted as functional citizens.

The dawn of colonialism resulted in invalidation of the common agents of socialization. Formal western school and the church became dominant and influenced both the family and children’s peer groups. Unfortunately, the new order never embraced the blind in the manner similar to the dead past. For example, government schools never educated the blind through out the 73 (1891-1964) year duration of colonial rule in Malawi. The Universities Mission to Central Africa (UMCA) introduced formal schooling in 1861, but it was the Free Church of Scotland that tried and failed to introduce special needs education in 1900 (Banda. 1982). Finally, Lulwe and Chilanga special primary schools for the blind were respectively opened by South African Evangelical Church and the Dutch Reformed Church in 1950. Other than subsidizing teacher training for the blind in 1967, the state never assumed responsibility for the education of the blind until the enactment of a charity model-predicated Handicap Act of 1971 (Makoko & Chimutu. 2007:5). This piece of legislation regulated the situation of Malawians with disabilities until 2012 when the Disability Act was passed based on the principles of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD). During those 41 years, the blind fared worse off print-reading people with disabilities. More often than not, progress was irregular, slow and unsteady. For example, the late Godfrey...
Kamsemu became the first blind graduate of the University of Malawi in 1978. He was followed by David Njaidi in 1994. Ironically, however, although Kamsemu had successfully graduated as a lawyer, The University disallowed blind people to pursue Law studies until 2009. The essence and legacy of that imbalance limit blind people’s access to information, education and employment. This status implies abject deprivation of many blind people and the suffering consequent to the self-replenishing cycle of blindness and poverty.

Malawi Union of the Blind (MUB) was established in 1994 to serve as a mouthpiece of visually impaired persons. This development built on the introduction of multiparty democracy politics which let freedoms of association, speech and expression prevail. Internationally, the African Union of the Blind (AFUB) needed to strengthen itself with national organizations hence facilitating the birth of the MUB. Now, 21 years down the line, the MUB and blind Malawians find themselves pinned to the task of furthering the interest, visibility and contribution of the visually impaired in the country’s drive towards disability mainstreaming. This task is however marred with declining support. For example, there is a growing trend of economics of social exclusion disguised and publicized as a disability basket funding model which targets the Federation of Disability Organisations in Malawi (FEDOMA) as an umbrella membership body. Unfortunately, the umbrella body opts to disperse the funds by direct implementation of projects thereby sidelining affiliate disability organizations and their specialized expertise in unique types of disabilities. The disability basket funding thus eludes diversity and, so, minimally benefit the blind. In the final analysis of the trend, Malawian organizations of the blind are at risk of death due to scarcity of operational funds and, consequently, public attention.

In the year 2015 CE, blind Malawians are fundamentally at a crossroad characterized by rival elements of a mystifying reality. On one hand, there is an expanding theory of inclusivity innate in the principles of policy documents both internationally and partially locally. On the other hand, the practicality of disability mainstreaming is yet to be outcome oriented and evaluated in Malawi. Worse still, the minimal positive effect of the presently promising disability cognizant trend is never shared equally across the diverse categories of disability. This is so because the convenience of insensitivity to equality induces governments to concentrate their intervention on sections of society which are easy to reach (AccessJusticePost2015). So, being in the shade of an impairment which encumbers direct utility of the traditional print literacy, Blind Malawians find themselves mostly on the least considered beneficiaries of inclusive development. It is therefore imperative for current leaders of the blindness activism and advocacy movement to think out of the box in order to excel through the complexity of liabilities and assets as briefly relayed below.

4. Asset

In present Malawi, there are opportunities and factors which can be positively exploited by opportunistic blind activists. These include the following:
a. Increasing number of blind graduates/professionals since 1994. Chancellor College (a constituent of the University of Malawi) has a disability unit, and the yearly number of students with visual impairment has grown from two in 1994 to 25 in 2015 (Aubrey Tung'ande, Chancellor College Disability Unit). Moreover, Domasi College of Education and Mzuzu University enroll visually impaired learners since 1994 and 2012 respectively.

b. Existence of a Disability Act since 2012.

c. Malawi’s signing and ratification of the UN CRPD in 2007 and 2009 respectively. Advocacy for domestication and documentation of shadow reports can be based on Article 32 of the UNCRPD which highlights the responsibility of state parties to the convention to include people with disabilities in development programmes.

d. Malawian blind individuals and organizational linkage with other blindness establishments at international level hence the possibility of knowledge transfer and due learning.

e. Establishment of the disability department in the ministry responsible for gender, children, disability and social welfare. This serves as a disability inclusiveness focal point in the public sector. Advocacy for its recognition and due influence can be built on its existence.

5. Liabilities

Malawi’s socio-economic environment is equally filled with realities which impede inclusion of the blind and utility of evident assets and potential for inclusiveness. These factors include the following:

a. Conflicting semantic interpretation of disability and inclusivity associated terms. This is caused by lack of uniform language among advocates/activists. For example:

   i. There is difference in perception of terms integration, mainstreaming and inclusion hence being used interchangeably. In essence, Integration refers to arrangements which let mostly marginalized people access and participate in their environment in limited circumstances and reaction to a stated need. In terms of attitude, an integrated person with a disability features as the abnormal that has to be changed or rehabilitated to fit the “normal” society. No wonder that integration is viewed as negative mainstreaming. Inclusion entails provision of all necessary factors for everyone, regardless of difference, to access and participate in their milieu in advance of known need/s. Difference is appreciated as diversity, and systems are adapted to accommodate any person with a disability. Disability mainstreaming is a continual process characterized by flexible
techniques to advance inclusion by eliminating barriers that exclude persons with disabilities from equal and full participation in and benefit from society (Handicap International, 2009). The mainstreaming model has renowned sequential elements which include: organizational commitment, sensitization, workplace mainstreaming, programme mainstreaming, and policy mainstreaming. Misunderstanding and interchangeable use of these terms impede planning and monitoring of disability mainstreaming in Malawi.

ii. Internationally, the use of “disabled people” (meaning impaired people disabled by society – a term mostly used in developed countries influenced by proliferation of the social model) and “persons with disabilities” (human right model - implying that one is human first and secondly impaired – a term generally preferred by the developing world as provided in the UNCRPD) reflects disagreement and at times causes resentment. For example, during meetings on inclusive education, some lecturers of Universities of Malawi and Mzuzu observed that the difference in terminologies serves to make academic studies in disabilities unnecessarily difficult.

iii. A review of popular music indicates that some Malawians regard blindness as no disability. For example, Mzimu wa Soldier Udzagona, a song by a musician-turn-politician Lucius Banda, advocates for inclusion of marginalized people. The list of the marginalized sections of people, however, separates visual impaired people from persons with disabilities.

iv. Vernacular blind-referent terms such as wa/akhungu have encompassing semantic implications which include being visually impaired, sleepy and perpetually ignorant. In that way, verbal communication shapes a negative social reality which accelerates discrimination of people with little and/or no eye sight in Malawi. Adversaries of inclusiveness derive and magnify a sense of confusion from the linguistic mess and justify their nonparticipation in disability mainstreaming. For instance, during a Disability Right Fund briefing in February 2015, some civil society activists urged the disability movement to develop or embrace uniform referent terms to disability issues as a prerequisite to gain total support of the mainstream civil society.

b. Unreliable data collection and management systems. The state lacks up-to-date statistics on blindness. Instead of upgrading the data collection and management system, however, public officers resort to forge and publicise figures of beneficiaries of state provided services. Unfortunately, the misconduct backfires in different negative ways. First, it gives a wrong picture of the reality on the ground because the cooked figures tend to be highly inflated. As a result, the malpractice complicates advocacy for increased budgetary support for equalisation of opportunities. Secondly, cooked statistics create loopholes which
are in turn exploited by some public employees to benefit their relationships. For example, in 2014 some primary school head teachers discovered that special Needs directorate of the ministry of Education, Science and Technology inflates the population of learners with visual impairment. In view of automatic selection of successful primary school special needs learners to state-run secondary schools, the teachers simply registered their relationships as partially sighted candidates in order to secure their placement in high schools after their national examinations.

c. **Conflict of interest and so priorities among people with diverse disabilities.** The diverse nature of disability implies that individuals with a similar category of impairment share interests. Unfortunately, the disability movement projects rivalry in the quest to advance the dissimilar disability-category interests. As a result, anti-inclusive activists simply favour one disability group over the rest in order to divide and weaken the disability movement and, eventually, ignore the responsibility for inclusive development. For example, in present-day Malawi, accessibility in the build environment is reduced to creating ramps for the benefit of people with physical disabilities. In that order, the call for construction of glass windows for adequate classroom light to benefit learners with partial eye sight is generally ignored. This development is therefore in conflict with the notion of accessibility as implying the “design of products, programmes, the environment and services to be used by all persons to the greatest extent possible, without the need for adaptation and specialized design (Malawi Government Act no. 8 of 2012).

d. **Proliferation of the convenience of disability basket funding exclusively given to an umbrella disability organisation.** Even traditional supporters of the blind, like Sightsavers International – Malawi office, now prefer to ally themselves with the umbrella disability organisation and ignore blindness organisations like Malawi Union of the Blind, Hope for the Blind and Tithandizane Association. Unfortunately, the financiers never dare to monitor the management and use of the funds in relation to benefiting people with diverse disabilities according to demographics. Moreover, they overlook the fact that affiliation to umbrella organisations is voluntary, and some disability organisation prefer not to do so. Thus, the order in which the umbrella disability organisation receives and manages basket funding for all types of disabilities threatens the relevance and survival of organisations of the blind in Malawi.

e. **Disability inclusiveness is yet to acquire the status of a priority factor of economic growth and development.** Since disability inclusiveness was not part of the globally publicized 8 millennium goals, leading world powers never proclaim and/or reinforce disability inclusion as an inalienable good governance and development issue. This is so because the present-day world rarely monitors issues which are outside the contemporary universal agenda (AccessJusticePost2015). There are therefore no relationship and funding strings attached to disability inclusiveness in development partnerships between the
developed world and the developing countries. As a result, development partners of Africa are yet to make inclusiveness as a key good governance issue, and countries like Malawi merely sign disability inclusive instruments but hardly elevate disability inclusiveness into a key development priority at domestic level. That being the case, like the rest of people with disabilities, visually impaired people simply hope that the Post-2015 Sustainable Development Goals will make a positive difference.

f. Refusal to recognize disability in general and blindness in particular as a crosscutting issue. Some local financing entities regard blindness as so small a minority issue to warrant funding in the context of social responsibility. For example, in July 2014, Press Trust declined to support MUB income generation and sustainability scheme because the latter focuses only on the defense and promotion of the rights of blind people.

g. Voicelessness of the blind due to multifaceted stereotypes and the consequential stigma. In Malawi, poverty is both a cause and consequence of disability. However, a worldwide dissect of the disability conundrum reveals that higher disability rates exacerbate higher illiteracy rate, meager nutritional status, “lower immunization coverage, lower birth weight, and higher rates of unemployment,” (CBM – inclusion made easy). With an impairment which prevents direct access to print paper, blind people are automatically worst hit by illiteracy which as stated above, serves as an enslaving power. Thus, the majority of blind people lose self confidence and esteem to marginalization due to poverty and impairment. The resultant passiveness impedes advocacy for inclusion of blind people at family and village community levels.

6. Recommendation

An in-depth assessment of the situation of Malawians with disabilities easily show that there is a long way to go before the marginalized blind people acquire meaningful empowerment and eventually participate in the country’s development as first-class citizens. Below are some of the measures that can enable speeding up the process of nurturing meaningful inclusion of people with disabilities in general and those with eye sightlessness in particular:

- Expanding the disability mainstreaming model to include the school as a standard agent of socialization. nurturing disability inclusiveness through standard agents of socialization such as the school, religion, media and traditional culture will conquer attitude as a barrier to disability inclusiveness. for example, incorporating basic disability right lessons in primary and secondary curricula will promote the recognition and use of humanely correct language referent to people with disabilities. It will also enable members of society to embrace and familiarize themselves with inclusion, and to participate in growing/perfecting disability inclusiveness culture both as a human right factor and a practice based on the social model of disability. Luckily, some African traditional schools still function and
include people with disabilities. The formal school is therefore at liberty to embrace the inclusive mechanisms which guide the informal education institutions.

- Developing standard reference documents for disability related terms which get updated as the disability concept evolves. This will promote the use of inclusively acceptable terminologies for the society in general, and uniformity among disability right activists and so amplify the voice for inclusion. Furthermore, standard terminologies will help data gathering institutions in formulation of questionnaire, data collection and comparison. At the moment, this is hardly possible. For example, during a presentation of HIV-AIDS status in Malawi in November 2014, Dr. Mvula of National statistics office lamented over difficulties in collecting disability related data due to varying definitions of disability, different data collection methods, poor identification processes and cultural shame in disclosure of impairment.

- Development and use of result/impact oriented monitoring and evaluation instruments. Such instruments should highlight success based on the efficacy of blindness-visible indicators in terms of output and outcomes. This will enable activist individuals and organizations assess and critic performance on the ground rather than provision innate in policy documents which simply gather dust in office shelves (Munthali 2011). The basis for this proposition is that the “basket for all” which politicians and technocrats of the state machinery cherish and popularize have failed marginalized citizens. For example, Malawi government statistics indicate that 83 per cent of the country’s population access safe water (Water Aid, Malawi office). The data, however, never shows the percentage of persons with disabilities who have access to clean and safe water. Similarly, recognition for diversity in the multifaceted disability movement is a must. Equal treatment is no way and how for enabling people with different disabilities. That being the case, reliable monitoring should also include developing and publicizing shared measurement mechanism for assessing whether or not and/or to what extent service providers are honest, transparent, visible, communicative and open to perspectives from other interested parties. For instance, at the moment, deputy director of special needs directorate in the ministry of Education, Science and Technology is visually impaired. Unfortunately, the state machinery often uses this fact to silence visually impaired people who critic and expose the underperformance of the ministry in quality education service provision. The state thus exploits the right-based legitimacy of employment for the blind to discredit the provision of checks and balances by the blind. This is retrogressive because, as many other scholars argue, consensus on an intended end should never serve to discredit criticism of inappropriate means of achieving a common goal (Vandemoortele. 2012:3).

- Disability mainstreaming in the gender equity drive because women with disabilities live in double discrimination based on impairment and gender stereotypes. The evident bidirectional link between disability and poverty triples the intensity of marginalization and discrimination (Sieng Sok Chann). A consented effort to
mainstream disability in gender equity issues and vice versa will be both proactive and efficient in terms of time and money.

- Incorporating a right based approach in both advocacy for and monitoring/evaluation of disability/inclusive development. This requires blindness movement to twin the social model and the human right model in order to equalize opportunities. The goal will therefore be to pin society to the responsibility for identifying and removing disability-general and specific barriers on one hand, and empower the blind citizen with the audacity and ability to proclaim entitlement (Cordeiro. 2012:3).

- Researching into and publicizing the cost of exclusion on society. In present-day Malawi, a fallacy of “expensive inclusion versus cheap exclusion” is shared by the majority and generally influences decision-making. It is therefore advisable for blindness organizations to debunk such misconceptions by providing contrary facts. For example, CBM uncovers the lasting effects of disability exclusion by analyzing these three elements of economics of disability: “direct cost of treatment and rehabilitation, including associated travel and service fees; income foregone by the person with a disability who is unable to access employment; and income and other costs lost by those supporting or caring for people with a disability.” The latter two elements can be averted by meeting the cost of quality inclusive education. Furthermore, the cost of treatment and rehabilitation (1st element) is often even exceeded by the contribution made by a functional citizen with disability to society.

7. Conclusion

The wind for disability inclusion has reached Malawi, but it is not yet raining. In theory, the country signs and even ratifies international instruments which promote inclusion. It has also started to supplement them with very narrative policy documents that innately portray good will and intent. Unfortunately, there is no widespread disability mainstreaming practice vertically or horizontally established in both the public and private sectors. As a result, programme and project outputs hardly include disability mainstreaming indicators. Worse still, disability is recognized but as a reality without diversity. This pities most categories of impairment. For being unable to read print, blind people find themselves least considered for inclusion in education and employment. This status core also causes an internal struggle for attention and support among disability organizations. This then defeats the unity needed by persons with disabilities in order to advocate for an inclusive Malawi.

In the light of that reality, Malawi needs to embrace and make use of the spirit and practice of the 2015 inclusiveness agenda. First, the state has to promote disability inclusion with emphasis on quality. Secondly, blind people have to learn to be visible advocates both as members of the disability movement and, more importantly, as a section of impaired people with specific needs and solutions. Blind people and organizations have to advance their case using both the human right and social models of disability in order to proclaim both equality and indispensability.
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Africa has always been continent of spiritual and religious context with its primal religion upon which other religious faiths irrespective it being Muslim, Hinduism or any other religious faith. This fact has been supported in the contact of the Christian faith by who has stated in that “...in more recent years, it has been shown that Christianity has spread most rapidly in ‘societies with primal religious systems’ (Walls, 1978), in (Kwame Bediako, 2000: 21) “...Christianity was introduced in Africa in the 19th century and forms a reasonable percentage of our religious lives in Africa. For instance, 71% of Ghanaians are Christians, (2010 census).

The World Book Encyclopaedia estimates that in 2002 Christians formed 40% of the population of Africa, with Muslims forming 45%. Some of the leading countries in Africa with high Christians population include Nigeria, Ghana, Ethiopia, South Africa, Kenya, Uganda, Tanzania, Angola and Madagascar.

Members of the Christian faith institute churches. A church is a biblical word for “assembly”... ‘Church’ can be described as a community of people who are united by the love, death and crucifixion of Jesus, and who serve Him and exercise love for humanity as they anticipate His imminent return. (Acts 2:42-47). (Kigame; Disability And Cultural Barriers To Participation In Church Life).

Although the focus of this paper is Christianity, the principles expressed in the paper will apply to other religious faiths for the inclusion of persons with disabilities and other marginalized groups.

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (UNCRPD Article 1).

The Situation:

There has been an observation that there are not enough PWDs in churches. Research and anecdotal account has revealed that, generally PWDs are not able to participate in church activities; they are not recognized and accepted. Historically, they have been marginalized, their voices unheard and their gifts and contribution ignored.

Ecumenical Disability Advocates Network, a World Council of Churches programme and their partners such as Sightsavers and CBM is one of the initiatives which seek to address the situation. EDAN was established in 1998 in Hal and Zimbabwe after the 8th
World Council of Churches Assembly. The purpose among other things is to work with churches, theological institutions and similar bodies for inclusion of all persons including persons with disabilities. It involves among other things, advocating, reviewing of policies and removal of barriers - unhealthy attitudes that segregates, demoralize or frustrates PWDs.

Sightsavers is an international organisation working with partners in developing countries to eliminate avoidable blindness and promote equality of opportunities for persons with disabilities. The focus on this part of our collaboration is to work with Churches and theological institutions to enhance inclusion of persons with disabilities.

With illustrations from the Bible, the paper would discuss God’s creation which embraces diversity. It would then discuss the different models of disabilities and how it has impacted on the plight of persons with disabilities in programmes initiated by the church with examples from Ghana. The rights-based approach will then be introduced and used to engage the shift from charity to rights-based programming to enhance inclusion.

The Church for all: The Christian tradition confesses that creation is a wilful act of love. God calls each and every one of us into being. The purpose of our being is to respond to the loving relationship that God offers to each and every one, which is best expressed in the biblical notion of communion. Affirming that being created is an expression of God’s love means that in the eyes of a loving God there are no categories of human beings divided according to status, race, gender, age or ability.

If ‘church’ exercises love for humanity then why does the church to a large extent continue to perpetuate the negative practices of viewing disability from a negative perspective? Contrary to expectation, in the church, persons with disabilities are treated as incapable of living a full human life; interacting with other people on equal terms. In worst case scenario, they are ridiculed, bullied and abused. For example the BBC publication on 28th July, 2015, 21 by Sophie Morgan, Presenter and campaigner, (BBC Ouch - The country where disabled people are beaten and chained) the barbaric act was done by a church though usually not by the traditional major denominations. Overall we as persons with disabilities are excluded from our churches.

“The Church is by definition a place and a process of communion, open to all and inviting all people without discrimination. It is a place of hospitality and of welcome” (The Church is made up of many members, all of who bring different contributions to the whole. Some parts are perceived to be stronger, others are perceived to be weaker. “In Paul's language the body has parts of which those who consider themselves to be superior are ashamed; parts they rather would cover up (1 Corinthians 12:23). God has so arranged the body of Christ, however, that precisely these parts become indispensable. Therefore they are to be especially honoured and respected, and their essential contribution is to be acknowledged (12:24). This confirms that God’s creation is diverse and in the diversity and abilities, each has a role which indispensable in the functioning in the body of Christ, the church. Persons with disabilities are much more
than their impairment which causes the limitations, whether it is Down syndrome, blindness, cerebral palsy, or any other.

Models of Disability and Impact on Programmes by Church

Disability has gone through an evolution of models from medical, Expert or Professional, The Tragedy and/or Charity and the more widely accepted, the Social Model, this influence development initiatives.

The medical model is presented as viewing disability as a problem of the person, directly caused by disease, trauma, or other health condition which therefore requires sustained medical care provided in the form of individual treatment by professionals. In the medical model, management of the disability is aimed at a "cure," or the individual’s adjustment and behavioural change that would lead to an "almost-cure" or effective cure. In the medical model, medical care is viewed as the main issue, and at the political level, the principal response is that of modifying or reforming healthcare policy.

The Expert or Professional Model of Disability:

This model has provided a traditional response to disability issues and can be seen as an offshoot of the medical model. Within its framework, professionals follow a process of identifying the impairment and its limitations (using the medical model), and taking the necessary action to improve the position of the disabled person. This has tended to produce a system in which an authoritarian, over-active service provider prescribes and acts for a passive client.

The Tragedy and/or Charity Model of Disability:

It depicts disabled people as victims of circumstance who are deserving of pity. This, along with the medical model, is the models most used by non-disabled people to define and explain disability.

All over the world and in particular in Africa, religious bodies and for that matter The Church has been instrumental in providing different services with the view to alleviate the plight of persons with disabilities. The interventions include, establishment of hospitals, schools, rehabilitation centres, and provision of scholarships for further studies, Donations and support to schools for persons with disabilities in the form of equipment, materials and funds. Others include funding projects and programmes of Disabled Peoples’ Organizations (DPOs) and individuals. Some examples of development initiatives in Ghana include, training of sign language interpreters especially for church work by the Church of Christ; establishment of residential schools for the visually impaired in Akropong and WA by the Presbyterian and Methodist Churches respectively. The first integrated programme for visually impaired persons and later the first higher education for the deaf were by the Presbyterian Church at the Presbyterian Training College in Akropong Akuapem. Some churches have also established special ministries for the deaf such as Church of Christ and Pentecost
Church. Agogo Hospital established by the Presbyterian Church has a specialty of eye. Individuals with disabilities were also trained as minsters of the church.

While these interventions have gone a long way in reducing barriers Most of the programmes and interventions were established with the medical and tragedy model approaches. With the misconception that the person with disability is needy, is not capable and is being fixed or being helped as a gesture of sympathy, PWDs do not have a voice in the projects which are established for them in a rights-based way; they are not the key decision makers even if they are involved. In most cases, they have no voice at all.

Most of the institutions are segregated, perpetuating the wrong impression that PWDs are not to be part of mainstream programmes. Policies for the church are not inclusive of PWDs so their concerns are not incorporated into the mainstream church programmes. There is still negative attitude that do not enhance inclusion; for instance, most persons with disabilities are not engaged in the plans and programmes in a constructive way.

The church still think people have disabilities because of their sins or that of their families. Many still think disability is caused by the evil spirit and so individuals are tortured or taken through inhuman and degrading experiences with the view of forcing the spirit out of the body. Many such persons go through extreme abuse as was the case of the BBC report.

Using the approach of the medical model, the church’s view of Persons with disabilities is that the individual is ‘sick’ Healing is therefore the first thing that often comes to mind. There are healing programmes specifically organized and advertised for the blind, death and cripple etc. to come for healing. Usually, if one is not healed, it is interpreted the person does not have faith. Such churches have no place for that individual’s participation. Such narrow attitude about healing does not leave room for the manifestation of God’s power through scientific inventions. Furthermore, PWDs are thought of in most cases as not capable of leading and often, they are not in the centre of development. People might offer donations as a gesture of sympathy and not empathy. They are not expected to complain because the church is doing them a favour as described in the tragedy model of disability.

Disability considerations are not usually part of mainstream planning of the church so accessibility issues are not considered in planning of church projects and activities. In recent years, there are situations where ramps are constructed to provide access; however, because there is Limited understanding and failure of consultation, the outcome is reduced or even useless. For instance, if a church constructed a ramp because they have observed challenges a physically disabled member faces. There was no consultation with the individual or experts so the ramp was built not to specification and has become useless. In today’s use of a projector during services, while it enhances accessibility to groups such as deaf persons, the church is moving
away from reading or describing what is on the screen hence, visually impaired, members who forgot their spectacles and those who are illiterates are all losing out. In addition to the above, PWDs experience unhealthy attitudes from both the leadership and membership. These causes segregation, demoralization or and frustration. For example, children with disabilities are not usually allowed and encouraged to participate and lead general children groups activities except if the theme of a month is on disability.

Some 'Sunday School' teachers do not even accept them in the classes particularly those who are autistic or cerebral palsy; reason being that they are too troublesome. Both parents of such children and the children themselves cannot therefor come to church. Blind children may not be sacked, but the class are not organized in an inclusive way; they do not gain the same level as non-disabled children.

Language used during prayers is discriminatory as the church prays the devil must become blind, deaf, crippled etc. so the devil will not be able to attack them. Such psychological abuses are enough to deter persons with disabilities, their families and friends from remaining in the church.

The non-disabled members feel superior, use derogatory language and seem to know more about the individuals with disabilities than themselves. Because of this attitude of charity approach, lack of recognition and inclusion, the church has less than 1% of the population being PWDs. Through those attitude, have sacked God’s creation away and not given them Christ.

The Shift

The social model of disability sees the issue of "disability" as a socially created problem and a matter of the full integration of individuals into society. In this model, disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment. Hence, the management of the problem requires social action and is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life. The issue is both cultural and ideological, requiring individual, community, and large-scale social change. From this perspective, equal access for someone with an impairment/disability is a human rights issue of major concern and therefore offers a model suitable for a rights-based approach.

This approach is a conceptual framework for the process of human development that is normatively based on international human rights standards and for that matter, operationally directed at promoting and protecting human rights. Essentially, a rights-based approach integrates the norms, standards and principles of the international human rights system into the plans, policies and processes of development contained in treaties and declarations. Church and her activities focus on human development and therefore it is essential that its operations conform to international human rights standard including the CRPD, its related national frameworks and policies. The principles of equality and equity would place the PWD in the centre of affairs at both the
policy and practice levels. When human rights approaches are adopted and implemented, it would automatically demand accountability from duty bearers who will in turn ensure effective inclusion of PWDs in the fabric of the church and the society.

Empowerment as a principle of rights-based approach demands the participation of PWDs not only in the issues that affect PWDs specifically, but participation in all aspects of the church and the society. The necessary exposure, skills gained from participation and recognition giving to PWDs as they to deliver their respective roles in the church and society at large will build their Self-assertiveness and self-confidence. Thus, they will be able to contribute meaningfully to the growth of the church and their society. They have talents and skills to support themselves and others.

In addition to the above, rights-based approach affirms that all citizens are entitled to the resources that satisfy their basic needs. In implementing rights-based approaches to development in the church, Policy and operational guidelines will set aside the resources that would be used to provide needed skills of PWDs to enhance their participation as well as provide the accessible facilities that will be the vehicle of effective participation not only by them by all members of the church. Additionally, every citizen – rich and poor – has the right to information and participation in the development process. Participation, by putting beneficiaries in charge of development is now widely recognized in development circles because local ownership and participation are fundamental to sustainable improvements.

- There is the need to institute ‘Affirmative Action’ that would protect the rights of marginalized persons with emphasis on vulnerable groups especially the extreme discriminated groups within the disability sector as a principle of the church.
- Training institutions need to incorporate disability studies so ministers gain awareness and skills on disability and lead the congregation by example.
- Accessibility in terms of environment, information, communication are put in place
- Women, children and youth groups ensure their counterpart with disabilities and other minority groups are included using rights-based approach.

Conclusion

In the 21st Century, discrimination faced by PWDs in the church must discontinue. There are enough human rights and development instruments to guide the change. Attention must be given to a theology of disability as established features of the systematic theological enterprise. The CRPD has to be used as the guiding tool to achieving inclusion of PWDs and a systematic approach towards achieving provisions of the Sustainable Development Goals (SDG) must be a priority with the focus to Goal 16- Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels in addition to other provisions on the development plan.
HARNESSING THE SYNERGIES OF THE GENDER MOVEMENT IN MAINSTREAMING WOMEN WITH DISABILITIES.

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Women the world over experience some form of discrimination based on gender. The gender movement has made significant gains especially in the last two decades partly due to the Beijing platform of actions. However one of their most vulnerable constituents, women with disabilities, have not made quite the same level of progress, and it is in this light that the paper will explore the issue of harnessing the synergies of the Gender Movement to mainstream the issues of women with disabilities.

According to the World Health Organisation more than 1 billion people globally have a disability and of this, more than half are female. Specifically, it is estimated that one in five women live with disabilities and the prevalence of disability is higher among women than men (19.2 versus 12 per cent) \(^{28}\). Over 200 million women with disabilities live below the poverty line\(^{29}\). Women account for 64% of the world’s population who are blind; they make up 75% of cataract cases, yet they are much less likely to receive cataract surgery than men. Women and girls with disabilities are twice as likely to experience gender-based violence as women and girls without disabilities, and face greater obstacles in reporting abuse and accessing support\(^{30}\).

In developing countries, women with disabilities often experience ‘double discrimination’, where gender-based inequalities are exacerbated by stigma around disabilities. When compared with men with disabilities, women with disabilities are more likely to experience poverty and isolation, and tend to have lower salaries and be less represented in the work force. Even in countries with a relatively high standard of living, women with disabilities are more likely to be poor or to have a lower standard of living than men with disabilities\(^{31}\).

Sightsavers’ work in the disaster-prone region of Satkhira in Bangaldesh has shown that women with disabilities are more vulnerable to the impacts of disasters than men for a variety of reasons. Women, including those with disabilities, are expected to carry out daily tasks such as washing clothes and gathering food and supplies which put them at greater risk of catching water-borne diseases due to floods and waterlogging.\(^{32}\)

Cultural beliefs mean that women cannot move within the community the same way as men do – for example, a man with disabilities might be able to stay at a neighbour’s

\(^{31}\) Ibid
\(^{32}\) http://www.sightsavers.org/document-library/satkhira/
house in emergencies, but it is seen as unacceptable for a woman to do so. This may also mean that while men can be physically carried in an evacuation, this is not considered possible for women. These beliefs impact on women’s ability to access information on disaster preparedness – and other forms of support or training – as their families may not consider it acceptable for them to travel.\footnote{ibid}

The lack of separate spaces for women at shelters is also a major cause of vulnerability, particularly for pregnant women and adolescent girls. This is due to security concerns and high levels of sexual violence, which is common at shelters. The risk of abuse in their home is also raised as evacuees from other areas move into their villages.

While it is well-recognised that girls face barriers to receiving education on the basis of their gender, the barriers faced by children with disabilities receive less attention. Having a disability more than doubles the chance of never enrolling in school in some countries. There are strong commonalities in the types of discrimination faced by girls and by children with disabilities, and work to ensure girls access a good quality education could also be harnessed to ensure children with disabilities receive an education on a par with their peers.

Girls and children with disabilities may face similar attitudinal barriers in accessing education, such as beliefs that it is a waste of money to educate them, or that they are not able to learn effectively. Due to high levels of stigma and discrimination, both groups experience much higher levels of bullying, intimidation and violence than boys or children without disabilities. Other barriers include inaccessible transport systems or long distance travel to the nearest school; the lack of suitable separate and accessible sanitation facilities; and lack of appropriately-trained teachers.

The Beijing Platform for Action and the outcome of the twenty-third special session of the Commission on the Status of Women, recognize that women with disabilities face additional barriers to achieving gender equality.

Harnessing the synergies of the Human Rights (HR) treaties, such as the CEDAW, CRC, Maputo Protocol to promote the inclusion of women and girls with disabilities in the SDGs and development discourse has become even more important if we are to achieve “leaving no one behind.

The analysis of roles, responsibilities, constraints, opportunities and needs of women and men in all areas and in any given social context is referred to as gender. Gender roles are learned behaviours in a given society, community or other social groups. They influence which activities, tasks and responsibilities are perceived as male or female.

Globally, persons with disabilities, no matter the gender are subject to discrimination because of their disabilities; however women with disabilities are at a further disadvantage because of the combined discrimination based on gender and disability. A fact supported by research conducted by Sightsavers, “The Voices of the
Marginalised” and aptly captured in the words on a girl with disability as reported by the researchers on the project:

“[People] said she was the result of her parents’ sins. People called her deaf and mute and neglected her. She cried a lot at times. Because she was disabled and poor, she couldn’t study … Generally; in our country girls are neglected. If they are disabled there is no end to their suffering”

The double discrimination faced by women and girls with disabilities have even been observed and incorporated in legal instruments such as the UNCRPD, CRC, CEDAW and the Maputo protocol in Africa just to mention a few. Thus there is the need for women and girls with disabilities to first and foremost be made aware of these provisions in the various instruments, and for those who are already aware of these provision, to be reminded, be empowered to actively engage in their implementations and monitoring, an ensure that the intent of these provisions come alive and are seriously considered in all developmental programmes.

The inclusion of women and girls with disabilities is essential for the realisation of gender equality and empowerment of women, which is essential to the achievement of the internationally agreed development goals, including the sustainable development goals (SDGs). The double discrimination faced by women and girls with disabilities places them at higher risk of gender-based violence, sexual abuse, neglect, maltreatment and exploitation. Furthermore global literacy rate is as low as one per cent for women with disabilities34.

Thus there is the need to pay the much deserved attention to this session of particularly marginalised population. For instance in Bangladesh, where a participatory research of the “voices of the marginalised” was conducted, the rate of disability runs at more than 30 per cent, majority of whom are women.35 This represents a significant equity challenge and a critical group that need to be included for the success of any development agenda. In terms of economic cost, the cost of disability as a result of lost income in Bangladesh due to a lack of schooling and employment for persons with disabilities and their carers is estimated at US$1.2 billion annually, or 1.7 per cent of gross domestic product.36 It has been estimated that developing countries experience from 12 to 20 per cent of their population as non-productive due to disability37. Older people too experience disproportionate levels of poverty and marginalisation. These older persons however may not consider themselves to have a disability – considering the challenges they face, for example failing sight and mobility, as natural results of ageing. Most of the disadvantages older people experience strongly mirror those of persons with disabilities. We live in a rapidly aging world, where by 2030, 16.6 per cent of the world’s population will be aged 60 and over38, emphasising the need for inclusion.

35 http://www.sightsavers.org/voices-of-the-marginalised/
36 ibid
37 http://worldpopulationhistory.org/map/1/mercator/1/0/25/
In spite of the clear links between gender and disability, they have persistently been treated separately in development discourse. Feminists without disabilities continue to treat disability as a side issue, an optional addition and in no way part of the mainstream academic or political debates. The disabled people's movement – while many and sometimes the majority of its activists are women - is still informed by political and theoretical debates which strangely side-line women's experiences and issues.

Currently women and girls with disabilities within DPOs, and other groups: are mostly marginalised. However, achieving equality for people with disabilities depends on an empowered civil society that actively demands rights, transparency, and accountability from the government. For Disabled Peoples Organizations (DPOs) to be most effective in their advocacy, they must include the diversity of the disability community, and tap into the power of disabled women leaders.

DPOs should be gender sensitive, gender considerations should not be treated as a good to have item, treated separately or as an afterthought, but should be built into disability organizations' general way of thinking and working. This builds stronger organisations, add more perspectives and uplift all together. By addressing exclusion within DPOs, we gain knowledge of how to tackle other exclusions beyond the organisation.

Drawing on the various provisions to work toward better mainstreaming of women and girls with disabilities the CRPD is a very useful instrument in this regard. For instance from the preambles:

(p) Concerned about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status,

(q) Recognizing that women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation,

(s) Emphasizing the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities,

40 http://www.awid.org/sites/default/files/atoms/files/changing_their_world_2_-_disabled_women_and_their_struggle_to_organize.pdf
41 http://www.miusa.org/resource/tipsheet/gendermainstreamingDPOs
42 ibid
Also article 3 - General Principles states that, “The principles of the present Convention shall be”:

(g) Equality between men and women;

Article 6 of is a key milestone in the elevation of human rights issues for women with disabilities in the international human rights discourse.

Article 6 – Women with disabilities

1. States Parties recognize that women and girls with disabilities are subject to multiple discriminations, and in this regard shall take measures to ensure the full and equal enjoyment by them of all their human rights and fundamental freedoms.

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

Women and girls with disabilities need to be conversant with these provisions and be empowered to work together with state parties ensure that these become a reality. Because in terms of human rights provisions the UNCRPD provides solid grounds for women and girls with disabilities to advocate for the realization of their rights.

This is not enough to ensure that women and girls with disabilities fully enjoy fundamental rights and freedoms as the rest of the society under the United Nations (UN) human rights undertakings. Therefore, to effectively raise self-confidence and increase power and authority for women with disabilities, there is need to incorporate human rights issues concerning women and girls with disabilities in the general human rights working systems of the United Nations (UN) so that the international human rights system appear to benefit this uniquely vulnerable group.

One way of achieving this is to work with the champions of various interest groups especially the feminist groups, after all women and girls with disabilities are a constitute of the feminist group and the valuable lessons gained by the gender movement should put them in a unique position to appreciate the peculiar position of girls and women with disabilities.

From the discussion above, it is obvious that the gender perspective of disability needs to be highlighted and addressed to enable the majority of persons with disabilities who are women to uptake their rights as spelt out in the various human rights instruments.

In order to increase the visibility of issues related to women and girls with disabilities and their rights, there is the need to rely on existing normative frameworks for the empowerment of women and the empowerment persons with disabilities, as well as experience in those fields, to create the opportunity to discuss the empowerment of
women with disabilities and their participation as agents and beneficiaries of development.

The Maputo Protocol, is a pioneering and legally binding instrument that marks the being of the promotion and protection of the rights of women on the African continent. Again in this instrument, special recognition is given to the issue of women with disabilities.

**Article 23 provides Special Protection of Women with Disabilities**

“The States Parties undertake to:

a) ensure the protection of women with disabilities and take specific measures commensurate with their physical, economic and social needs to facilitate their access to employment, professional and vocational training as well as their participation in decision-making;

b) ensure the right of women with disabilities to freedom from violence, including sexual abuse, discrimination based on disability and the right to be treated with dignity.”

Similarly, drawing on the provisions in the Convention on the Rights of the Child (CRC), which is built on the 4 main general principles of non-discrimination, best interest of the child, optimal development and the voice of the child also recognise the need to protect children with disabilities and by extension the girl child with disability

Article 23 is specifically concerned with disabled children, in recognition of their vulnerability to segregation and discrimination. It states:

1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

Similarly Article 23 (2) recognizes the right of the disabled child to special care and makes the provision for same. Article 23(3) provides for effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities.

With the 2030 Agenda for Sustainable Development coming into effect, 2016 presents an unprecedented opportunity to bring the countries and citizens of the world together to embark on a new path to improve the lives of people everywhere.43

This new agenda is based on 17 goals, including a stand-alone goal on gender equality and the empowerment of women and girls (SDG 5). This particular global goal clearly recognizes the importance of women’s empowerment as a prerequisite for ending poverty, with a specific focus on their economic empowerment.

However, for the goals to be reached in the spirit of leave no one behind, there is the need to pay particular attention for women with disabilities so as to ensure that all constituents of this provision.
INFORMATION AND SOCIAL RE-AWAKENING: THE VISUALLY IMPAIRED WOMAN AND HER QUEST FOR EXCELLENCE

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Abstract

There are over two hundred and eight-five million blind and partially sighted persons in the world and visually impaired African women constitute a significant proportion of this population. Goal Three of the Millennium Development Goals (MDGs) provides African states the opportunity not only for social inclusiveness in terms of policy target, but also a platform to empower women, including the visually impaired ones. Though, disadvantaged, they have the ability to see with what the author calls the "Third Eyes" (which is the inner eye). This paper uses a qualitative method to espouse the pivotal role of information for transformation in changing perception/attitude. The objective of this paper is to stir-up zeal and reawaken a social consciousness to the opportunities available to them, as well as impact the visually impaired woman to spur her in the actualization of her potentials, using information to change societal perception especially in the post 2015 agenda.

Introduction

Women who are blind or low visioned, not only have the disadvantage of not being able to see, they miss out on the very fundamental parts of early and advanced education, experience difficulties with employment or means of economic independence and are doubly vulnerable to abuse and other negative social vices. According to the WHO fact sheet, 10% of the world’s women are disabled and this number has continued to increase due to several factors especially in developing countries including Nigeria. Poverty fuels most of the challenges confronting these women. The United Nations in 2011 reported that women with Disabilities are amongst the poorest of the poor (UN Reports 2011). The lack of access to vital services and empowerment programs contributes to their marginalization and exclusion, perpetuating a cycle of poverty. It’s a known fact that, a woman’s empowerment immensely benefits not only them but also their children’s education and other family needs.
The concept of the “Third Eyes” simply means that blind/visually impaired women are endowed with rich potentials and gifts which if efficiently harnessed and maximized will enable her achieve fulfillment and also contribute to improving the lives of their children and developmental processes. Globally in history, women have been seen to play pivotal roles in emancipation movements like the American Civil Rights movement (1960s/70s). Women’s movement has evolved through different phases and continues to evolve. There has been 4 major global conferences to address issues affecting women with each highlighting specific issues of that decade. Highlights of these conferences include:

**Mexico City Conference of 1975**

An important facet of the meeting in Mexico City was that women themselves played an instrumental role in shaping the discussion.

The Mexico City Conference was called for by the United Nations General Assembly to focus international attention on the need to develop future oriented goals, effective strategies and plans of action for the advancement of women. To this end, the General Assembly identified three key objectives that would become the basis for the work of the United Nations on behalf of women:

- Full gender equality and the elimination of gender discrimination;
- The integration and full participation of women in development;
- An increased contribution by women

The Conference responded by adopting a World Plan of Action, a document that offered guidelines for governments and the international community to follow for the next ten years in pursuit of the three key objectives set by the General Assembly. The Plan of Action set minimum targets, to be met by 1980, that focused on securing equal access for women to resources such as education, employment opportunities, political participation, health services, housing, nutrition and family planning.

This approach marked a change, which had started to take shape in the early 1970s, in the way that women were perceived. Whereas previously women had been seen as passive recipients of support and assistance, they were now viewed as full and equal partners with men, with equal rights to resources and opportunities. A similar transformation was taking place in the approach to development, with a shift from an earlier belief that development served to advance women, to a new consensus that development was not possible without the full participation of women. The forum played an important role in bringing together women and men from different cultures and backgrounds to share information and opinions and to set in motion a process that would help unite the women’s movement, which by the end of the Decade for Women would become truly international. The Forum was also instrumental in opening up the United Nations to NGOs, who provided access for the voices of women to the Organization's policy-making process.
Copenhagen World Conference in 1980

The second world conference on women, was held to review and appraise the 1975 World Plan of Action. An important milestone had been the adoption by the General Assembly in December 1979 of the Convention on the Elimination of All Forms of Discrimination against Women, one of the most powerful instruments for women's equality. The Convention, which has been termed "the bill of rights for women", now legally binds 165 States, which have become States parties and obligates them to report within one year of ratification, and subsequently every four years, on the steps they have taken to remove obstacles they face in implementing the Convention.

Nevertheless, the Conference came to a close with the adoption of a Programme of Action, albeit not by consensus, which cited a variety of factors for the discrepancy between legal rights and women's ability to exercise these rights, including:

- Lack of sufficient involvement of men in improving women's role in society;
- Insufficient political will;
- Lack of recognition of the value of women's contributions to society;
- Lack of attention to the particular needs of women in planning;
- A shortage of women in decision-making positions;
- Insufficient services to support the role of women in national life, such as cooperatives, day-care centers and credit facilities;
- Overall lack of necessary financial resources;
- Lack of awareness among women about the opportunities available to them.

To address these concerns, the Copenhagen Programme of Action called for, among other things, stronger national measures to ensure women's ownership and control of property, as well as improvements in women's rights to inheritance, child custody and loss of nationality. Delegates at the Conference also urged an end to stereotyped attitudes towards women.

Nairobi Conference: "The Birth of Global Feminism"

The movement for gender equality had gained true global recognition as the third world conference on women, The World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, was convened in Nairobi in 1985. Many referred to the Conference as the "birth of global feminism". An international force unified under the banner of equality, development and peace. In keeping with the view that all issues were women's issues, the measures recommended by the Nairobi Forward-Looking Strategies covered a wide range of subjects, from employment, health, education and social services, to industry, science, communications and the environment. In addition, guidelines for national measures to promote women's participation in efforts to promote peace, as well as to assist women in special situations of distress, were proposed. The Nairobi Conference had introduced a wider approach to the advancement of women. It was now recognized that women's equality, far from being an isolated issue, encompassed every sphere of
human activity. Therefore, women's perspective and active involvement on all issues, not only women's issues, was essential if the goals and objectives of the Decade for Women were to be attained.

Beijing Conference: Legacy of Success

While the efforts of the previous two decades, starting with the Mexico City Conference in 1975, had helped to improve women's conditions and access to resources, they had not been able to change the basic structure of inequality in the relationship between men and women. Decisions that affected all people's lives were still being made mostly by men. Ways had to be sought to empower women so that they could bring their own priorities and values as equal partners with men in decision-making processes at all levels. However, it was with the next in the series of conferences, the Fourth World Conference on Women held in Beijing in 1995, that a new chapter in the struggle for gender equality can truly be said to have begun.

The fundamental transformation that took place in Beijing was the recognition of the need to shift the focus from women to the concept of gender, recognizing that the entire structure of society, and all relations between men and women within it, had to be re-evaluated. Only by such a fundamental restructuring of society and its institutions could women be fully empowered to take their rightful place as equal partners with men in all aspects of life. This change represented a strong reaffirmation that women's rights were human rights and that gender equality was an issue of universal concern, benefiting all. The legacy of the Beijing Conference was to be that it sparked a renewed global commitment to the empowerment of women everywhere and drew unprecedented international attention. The Conference unanimously adopted the Beijing Declaration and Platform for Action, that was in essence an agenda for women's empowerment and stands as a milestone for the advancement of women in the twenty-first century. The Platform for Action specified twelve critical areas of concern considered to represent the main obstacles to women's advancement and which required concrete action by Governments and civil society:

- **Women and poverty**;
- **Education and training of women**;
- **Women and health**;
- **Violence against women**;
- **Women and armed conflict**;
- **Women and the economy**;
- **Women in power and decision-making**;
- **Institutional mechanisms for the advancement of women**;
- **Human rights of women**;
- **Women and the media**;
- **Women and the environment**;
- **The girl child**.
The introduction of gender mainstreaming called for the re-examination of society in its entirety and its basic structure of inequality. The focus was, therefore, no longer limited to women and their status in society but was committed to restructuring institutions and political and economic decision-making in society as a whole. The Beijing Conference was considered a great success, both in terms of its size and its outcome. It was the largest gathering of government and NGO representatives ever held, with 17,000 in attendance, including representatives of 189 governments. The NGO Forum held parallel to the Conference also broke all records, bringing the combined number of participants to over 47,000. In Beijing, NGOs had directly influenced the content of the Platform for Action and they would play an important role in holding their national leaders accountable for the commitments they had made to implement the Platform.

Most remarkable for the first time was the participation of women with Disabilities at The Beijing Conference, where over 200 participants mobilized support for their issues and gave information about the needs of women with Disabilities and the need for their mainstreaming. Knowledge they say is power and information is transformational. For an optimum delivery of the agenda of the Sustainable Development goals beyond 2015, visually impaired women in Africa will have to expose themselves to knowledge and information that will enable them change the negative narrative and societal perceptions about them, through self discovery, personal development to utilize and improve given gifts and talents/potentials and strive towards excellence in all endeavours and to make contributions to developmental processes in Africa.

Attempting to define Excellence, it simply means the possession of good quality in an unusual degree and is all about constant improvement. In the quest to attaining excellence by the visually impaired woman, she must be open to constant improvement and advancement in her journey to self actualization. This is a mindset that must be inculcated. Excellence is a way of life; hence it affects everything you do. When you choose to sit down with what is right, you have a story to tell. “On aspiring to be ‘number one’: “We, in the UAE, have no such word as “impossible”; it does not exist in our lexicon. Such a word is used by the lazy and the weak, who fear challenges and progress. When one doubts his potential and capabilities as well as his confidence, he will lose the compass that leads him to success and excellence, thus failing to achieve his goal. I require you, youth, to insist on number one.” Sheikh Mohammed bin Rashid Al Maktoum (My Vision P1). Some myths associated with excellence include:

- You have to compromise your values to grow
- You must have a lot of money before you can achieve excellence.
- Only top/rich people deserve quality

Over years, visually impaired women have been subjected to demining negative social vices conditioning them to compromise and accepting certain circumstances as the norm for survival. However, it is time for visually impaired women to awake and begin to chart the course of their lives by been part of the conversations and decision making processes leveraging on existing systems like the United Nations Commission on the
Status of Women (UNCSW) and other women led Organizations within and outside of the African continent.

Steps to Achieving Excellence:

1. Discovering self and Defining your assignment: identifying what she wants to do?
2. Find your core: after knowing your purpose, mission and vision. Have that one thing, that no matter the threat, you won’t touch it, sit with it, do not trade it for anything. Examples of core values include: honesty, integrity and so on.
3. Imbibe the mind set of excellence: “Striving to be very good at what she does and working to be the best”
4. Exposure: She must participate in trainings, conferences, workshops both national and international, to enable her network with other women and leverage on existing systems, research and information in advancing their quest for inclusion and mainstreaming in developmental frameworks. Most crucial in building capacity is mentorship. Established visually impaired women, must consciously strive to mentor the younger generation, instilling right values, boosting a healthy self esteem and encourage their active involvement and contributions to processes, ceasing opportunities for growth. We cannot joke with the place of experience. Mentors, serve as guides and provide information. She must expand her mind, keep in order to achieve excellence in her chosen field. She must Ensure that tomorrow; she know something she didn’t know today.
5. Practice and persistence: excellence cannot be achieve at once, but it is doing better than you did yesterday, practice and persist on excellence till you get there.
6. Encourage feedback.
7. Celebrate small successes: take note of little achievement and celebrate it.

Conclusion/Recommendation

It is important to note that, excellence can be achieve only if; Care more than others think is wise; Risk more than others think is safe; Dream more than others think is practical; Expect more than others think is possible and standing with your values and not compromising.

It is important for blind and visually impaired women to develop themselves to be excellent. Knowledge can be taught, but attitude takes a while to be touched. Excellence motivates with Disabilities need to be specifically targeted and their specific needs included in development planning and frameworks crucial to economic, social and environmental sustainability.

Recommendation

I recommendation that mentorship systems should be put to help build the capacity of younger generation of visually impaired women for an optimum maximization of
opportunities for a balance development and actualization of the sustainable development goals.

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HOLISTIC APPROACH IN “GETTING TO ZERO”: INCLUSION OF THE BLIND IN HIV/AIDS PROGRAMMING IN AFRICA

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ABSTRACT

Despite global efforts in combating HIV/AIDS through the MDGs, The African continent has been most affected by the pandemic. Sub-Saharan Africa has the highest infection level, the lowest level of access to care, and the least economically stable. Persons with Disabilities including the Blind make up significant proportion of the population in Africa, however, many of them have been excluded from conventional HIV programming, despite having similar or increased rates of exposure to HIV risk factors. Combination of poverty and disability makes it very difficult to access health care. Unfortunately, the vast majority of HIV and AIDS programmes lack the training, resources and commitment necessary to accommodate the needs of the Blind. The epidemic in each region of the world is influenced by specific risk factors that are associated with it’s spread and the responses that have evolved are important in developing policies and programs to effectively address the specific needs of Blind people. The qualitative research method was employed through desk reviews of HIV/AIDS articles, journals and study-reports related to the topic. The aim of the workshop is to encourage the expansion of efforts to reach the blind with strategic HIV/AIDS intervention. I recommend that existing HIV organizations must modify their programming to better integrate the needs of Blind people in this era of Sustainable Development, more efforts should be channeled towards increasing knowledge on the usage of Condom by the Blind, improve access to information and uncompromised service delivery. Beyond 2015, it is critical to sustain current HIV prevention and care efforts so that further ground is not lost.

Acronyms

AIDS; Acquired ImmunoDeficiency Syndrome
ART; Antiretroviral treatment
ARV; Antiretroviral
HCV; Hepatitis C Virus
Objective

To increase awareness and emphasize the need for strategic inclusion of the Blind in HIV/AIDS intervention in Africa.

Introduction

HIV/AIDS is one of the most important global public health issues in our time, and perhaps, in the history of mankind. In Africa, AIDS is one of the top causes of death. While only comprising slightly under 15% of the total population of the world, Africans account for nearly 70% of those who live with HIV and are dying of AIDS. Africa has the greatest burden of HIV/AIDS worldwide. In 2012, roughly 25 million people were living with HIV, accounting for nearly 70 percent of the global total. In the same year, there were an estimated 1.6 million new HIV infections and 1.2 million AIDS-related deaths. As a result, the epidemic has had widespread social and economic consequences, not only in the health sector but also in education, industry and the wider economy (www.avert.org/hiv-aids-sub-saharan-africa). For years, many governments in Sub-Saharan Africa denied that HIV infection was an issue, which stunted their ability to stem the progress of AIDS. Now, many have begun to work toward solutions. the global response to HIV/AIDS has recently seen a substantial improvement, as funding has come from many sources, largely the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the US initiative known as PEPFAR.

In recent years, HIV interventions have evolved in response to demographic shifts, changes in resources, changes in clinical profile of the epidemic, advances in technology, scientific breakthroughs, and alteration in the environment resulting in a decline of the epidemic in some parts of the world. Scientific discoveries have revealed that Sexually Transmitted Diseases (STDs) and most recently, Hepatitis C Virus (HCV) have fueled new HIV infections. Many people living with HCV do not know they are infected and the most common risk factor of acquiring HCV remains injection drug use with HCV prevalence estimate in persons who inject at 40% and higher (New York State of Health).

According to the latest World Report on Disability, 15.6 percent of the world’s adult population is reported to be disabled with an estimated 80 percent of persons with disabilities living in the developing world (United Nations 2006; Frontera 2012). PWDs have often been overlooked in the context of HIV risk, prevention, and services as it is commonly assumed that PWDs are not at risk for HIV. However, there has been a growing recognition that persons with disabilities are indeed at risk for HIV, in fact, they
have been found to be at equal, if not greater, risk for HIV compared to non-disabled persons (Groce 2004; Fritz, Morojele and Kalichman 2010).

The World Bank and Yale University’s global survey on HIV and AIDS effectively debunked the myth that persons with disabilities are sexually inactive and therefore not at high risk of HIV infection (Groce 2004). Rather, the survey found that HIV and AIDS represented a significant threat to persons with disabilities, with prevalence comparable and in some places higher than rates found in the overall population (Shisana et al. 2009; Touko et al. 2010). Further, numerous reports have clearly documented that persons with disabilities are not included in HIV outreach efforts, national HIV strategic plans, HIV-related services, and in general HIV prevention campaigns (Groce 2004; Yousafzai et al. 2004).

Disability and HIV and AIDS was launched in 2007 by the African Decade of Persons with Disabilities. The campaign advocates for making HIV policies and programs inclusive and equal in access to HIV information and services (African Decade of Disability 2000-2009)

For the purpose of this paper, discussions are limited only to the Blind/Visually Impaired people in Africa due to the specificity of the Conference. The World Blind Union (WBU) reports that there are 285 million blind/visually impaired persons in the world and a significant proportion of that population are in Africa.

The meaning of “Ending AIDS” varies from place to place, hence, approaches employed in the control of the spread of HIV/AIDS must be tailor-made to our distinct demographics and politics.

Factors that Increases the vulnerability of the blind/visually impaired to HIV include:

**Poverty or Economic factors:**

Poverty is synonymous with Disability, due to high levels of unemployment and the lack of meaningful means of economic livelihood they suffer. A study done in Swaziland, Botswana, and Namibia found that four factors – extreme poverty, intimate partner violence, income disparity, and low levels of education in one or both partners – provided at least a partial explanation for the HIV prevalence in adults from 15 to 29 years old. The HIV rate was 17.1% within the group of women possessing at least one of these factors, compared to a 7.7% rate in the general female population. Approximately 26% of young women with 2 factors, 36% of women with 3 factors, and 39.3% of women with 4 factors were HIV positive (AIDS in Africa; http://www.medwiser.org/hiv-aids/around-the-world/aids-in-africa/).

Lack of access to HIV and SRH Information: Most conventional IEC HIV materials are produced in printed brochures, flyers, stickers and pictorials which are highly inaccessible Due to the peculiarity of being blind or visually impaired.
Poor access to medical care and health facilities:

The most obvious challenge to the AIDS pandemic is the lack of funding for medical facilities and treatment distribution in many African countries. Health Facilities and pharmaceuticals are expensive; patents on many drugs add to the problem of discovering cost effective alternatives. There are also not enough health care workers and this is partly due to lack of adequate training available.

Many individuals in their respective communities either rely on “folk” remedies to try to heal, or they simply live with no care at all. In an attempt to get care in locations there is an option to do so, when family members get sick with HIV (or other sicknesses), the family often ends up selling most of their belongings in order to provide health care for the individual. This starts a negative cycle, as the family often ends up in a long-term situation without necessary provisions for life…in addition to a gravely ill family member.

Fortunately, despite barriers, research and development of affordable treatment continues. For example, the University of KwaZulu-Natal performed a study in which scientists of South Africa mutually cooperated with scientists of America to invent an AIDS gel which has 40% of success in women (CAPRISA 2010). This drug is groundbreaking. The government revealed enthusiasm to expand the drug’s availability. Eventually it will become available to other people in Africa and abroad. Currently, the FDA within the United States is examining the drug to assess its approval for use in the US.

Substance Abuse:

Substance users, particularly Injection Drug Users (IDUs) have impacted the spread of HIV, STDs, viral hepatitis and related health diseases. According to the report of the New York AIDS Institute, The most common risk factor of acquiring HCV remains injection drug use with HCV prevalence estimate in persons who inject at 40% and higher. Many people living with HCV do not know they are infected.

Low knowledge on Condom Use and Safe Practices:

There is a low knowledge on the use of the condom particularly the female condom which increases chances of infection or re-infection amongst the Blind.

Sexual Abuse:

Political instability, and conflict raging throughout different regions in Africa, also increase rate of sexual abuse and the Blind are twice as vulnerable. A study conducted in Nigeria to determine HIV prevalence and Sexual Behaviour amongst Persons with Disabilities showed that, HIV prevalence was at 2% but higher in the females with Disabilities at 2.4% than males at 1.4% (ENR 2015). They also experience sexual violence that put them at risk for HIV.
Stigma and Discrimination:

Stigma and Discrimination remains one of the major challenges confronting PWDs including the Blind in Africa. Persons who are blind and found to be HIV positive tend to suffer double discrimination and the fear of this, prevents some blind people from participating in HCT to know their HIV status or seek services if needed.

Equalize It; HIV/AIDS AND Sexual Reproductive Health Project for Blind and Visually Impaired Adolescents and Youth, Southwest, Nigeria.

The Nigeria Association of the Blind (NAB) implemented a 2-year project with funding from the Africa Union of the Blind (AFUB). The project began with 3 pilot states in Southwest region of Nigeria and was later scaled up to cover 3 additional states in the same region.

The aim of the project was to reduce the incidence of HIV/AIDS amongst blind/visually impaired adolescents and youth through sensitization programs and promote their mainstreaming into HIV/AIDS and SRH services and programmes. 50 blind/visually impaired youths were trained to be Peer Educators and remarkably, over 4000 blind adolescents and youths within the 6 states were reached with information about HIV/AIDS within the 2 year period. More remarkable, was that information manuals were transcribed into Braille, audio and large print formats, And translated into 3 major Nigerian languages (Igbo, Hausa and Yoruba) and distributed to participants during outreach session. 250 of them had HCT services and were knowledgeable of their status.

Public dialogues with HIV/AIDS and SRH programmers, service providers and Government agencies working in this area were engaged, media advocacy amongst other activities all effort directed towards raising awareness about the need to mainstream the blind in intervention programmes in Nigeria.

Getting to Zero:

World AIDS Day has been observed on 1st December each year since 1988 and is one of the longest-running disease awareness and prevention initiatives of this kind in the history of public health. It is an opportunity to reflect on the global epidemic that has claimed 30 million lives over the past 30 years, to take stock and to strategically move forward.

From the period 2011-2015, World AIDS Day has adopted the bold theme: ‘Getting to Zero. Zero new infections, Zero discrimination, and Zero AIDS-related deaths.’ These words directly quote the United Nations Secretary-General Ban Ki-Moon in June 2011 which he prefaced with, “Today we have a chance to end this epidemic once and for all. That is our goal”. The vision of a world with zero HIV infections, zero discrimination and zero HIV-related deaths has captured the imagination of diverse partners, stakeholders
and people living with and affected by HIV. The scale of the epidemic is greater now than ever before. However, the continuing rise in the number of people living with HIV does not simply reflect ongoing new infections but is also a result of increasing survival associated with treatment (i.e. treatment success).

The annual number of new infections each year has been slowly declining with 2.5 million infections in 2011 (a 20% reduction since 2001). The number of people dying from AIDS-related causes has decreased substantially from a peak of 2.2 million in 2005 to 1.7 million in 2011. despite the daunting reality of almost 7,000 new infections and 4,600 deaths across the world each day, there is growing evidence that the course of this epidemic is nevertheless changing and starting to head in the right direction.

In furtherance of this ambition of “Getting to Zero”, Methods of prevention, education, outreach screening, Health care as well as service delivery and related support services, Sexual Health promotion including comprehensive health education, prevention and treatment of STDs should be a focus.

1. **Know your HIV status:**

2. **Receive ARVs without interruption**: Treatment as Prevention Approach (PREP&PEP): Studies have shown that uninfected people who take the Pre-exposure Prophylaxis (PREP) or Truvada can greatly reduce their own risk of infection and if infected people take their ARVs and knock down the virus to undetectable levels in the blood, they rarely transmit it to their sexual partners.

   Using Pre or Post Exposure Prophylaxis (PREP or PEP) is not a substitute for condoms but it provides that extra layer of protection. The PREP is a targeted biomedical intervention to facilitate “health care as prevention,” a six-pronged intervention for people who are HIV-negative and at high risk for infection. The intervention includes a once daily pill; periodic HIV testing; periodic STD screening; counseling about the use of condoms to prevent STDs; education about harm reduction options; and, counseling to promote adherence to the once-a-day PREP medication. On the other hand, the PEP offers the possibility of preventing HIV transmission when potential exposure to HIV has already occurred.

   Treatment for an exposure is urgent and length of treatment is 28 days. It is key that all emergency departments in health/medical facilities have ARV medications available on site. A person that seeks PEP may have ongoing high risk behaviors that would warrant a discussion on risk reduction measures including PREP. With the Treatment as Prevention Strategy, UNAIDS predicts that, the strategy will end the HIV/AIDS epidemic as a global health threat by 2030 (UNAID 2014).

   For the treatment as prevention strategy to work, people must know their HIV status, receive appropriate medical care, and take ARVs regularly such that their HIV becomes undetectable.
3. **Promote Comprehensive SRH Education and Screening for STDs and HCV:**

**I. STDs:** One in four adolescents will have a viral or bacterial STD, with the number rising to one in two sexually active people having an STD by age 25 (NY; AIDS Institute). Reproductive and sexual health are key health issues for adolescents and young adults. Providing accurate and comprehensive information to protect the health of adolescents and young adults and prepare them for responsible decision making is a public health responsibility. Since many STDs are asymptomatic, screening is key for detecting and treating STDs so as to prevent adverse outcomes and transmission.

**II. HCV:** To ensure timely HCV diagnosis and access to HCV care and treatment, continued funding to expand screening and linkage to care programs and to integrate HCV care and treatment into primary care settings is essential.

4. Increase Information and knowledge on Use of both the male and female Condom.

In order to achieve an encompassing success in our ambition of “Getting to Zero”, priorities must be set for a strategic involvement of visually impaired persons in Africa and efforts must be made to expand HIV, STD, HCV screening and testing, treatment, promotion of the availability of PREP&PEP, Improving access to care, retention in care, and treatment adherence for those infected.

If each infected person transmits the virus to less than one other person on average, at that rate, the epidemic will gradually fade.

**Strategies for Inclusion of the Blind in HIV Intervention Programs in Africa:**

1. HIV/AIDS, STDs & HCV IEC materials must be offered in different accessible formats (Braille, Large Prints, Audio, demonstration models) and in variety of languages, to meet the needs of different categories of vision impairment.

2. Providing easily accessible HCT services by bringing such services geographically closer to Blind/visually impaired people through community outreaches and also delivered through home-based care.

3. Training blind/visually impaired people as peer educators (Train the Trainers; TOT) and engaging them both within the Blindness community and the mainstream.

4. Promote Condom use amongst the Blind through adequate information and trainings adapted to address their peculiarity (use of Condom demonstration models, male & female phalux).
5. Create support groups or network of Blind people living positively, to enhance their access to support services, treatment and care, and reduce stigma, discrimination and other associated health disparities.

6. Designing and promoting quality education and training of health care and support service providers, and building their capacity for quality improvement in the delivery of HIV/STD/HCV care and prevention to the Blind.

Conclusion and Recommendations:

HIV/HCV/STD are significant public health concerns impacting the Blind and contrary to widely held beliefs, they are sexually active and some engage in risky sexual practices. We must embrace, empower and drive change in the fight against HIV, sexually transmitted diseases, viral hepatitis and stigma and discrimination amongst the Blind in Africa. We must accelerate efforts towards ending the epidemic by employing a holistic approach.

Some recommendations proposed are:

1. Conduct of More research on HIV/AIDS prevalence and incidence amongst the Blind to generate data for an informed evidence based HIV intervention.

2. Efforts should be made for the development of priority intervention programmes for visually impaired persons in Africa, who are also most at risk like the LGBT and IDU population.


4. Organisations of Persons with Disabilities (OPDs) should heighten effective community partnerships with persons infected and affected, community-based health and human service providers, advocacy groups, research entities, and other governmental and related non-governmental agencies to inform the development of policies and strategic programmes targeting the Blind population.

5. Developing innovative service delivery and financing systems, and ensuring the quality of services delivered, meets the specific population, specific prevention or support service for the blind who are at higher risk of infection or already infected with need for support or linkage to care.

6. The Blind must continue to utilize many forms of media including social media to heighten public awareness on the need for the mainstreaming of Persons with visual impairment in HIV/STD/HCV interventions and in Removing barriers to accessing and remaining in care.

The world is embarking on a Fast-Track strategy to end the AIDS epidemic and have a ‘generation free of AIDS’ by 2030. To reach this visionary goal after three decades
of the epidemic. Countries will need to use the powerful tools available, hold one another accountable for results and make sure that no one is left behind. We must ensure an efficient delivery of this agenda to Persons with Visual Impairment in Africa beyond 2015.

We must add HIV/AIDS to the list of diseases conquered by our society, and today we are saying “we can, we must and we will end this epidemic! Governor Cuomo.

References:


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Ne Groce 2004; HIV issues and People with Disabilities: A Review and Agenda for HIV and AIDS, Nora Groce Publications – Centre Publication-University College London. www.ucl.ac.uk/lc.../nora_groce_publications

New York State of Health www.nystateofhealth.ny.gov

PREP/PEP www.health.ny.gov/prep

NYS Youth Sexual Health Plan www.health.ny.gov/community/youth/development


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THE SUCCESSES AND CHALLENGES OF CREATING SUSTAINABLE NATIONAL ACCESS TO TAILOR-MADE EYE-GLASSES IN UGANDA.

Wolfgang Gindorfer,
Light For The World,
Uganda.

Slide 1

The Successes and Challenges of Creating Sustainable National Access to Tailor-made Spectacles in Uganda

Africa Forum
Kampala - Uganda
4th – 8th of October 2015

Slide 2

VISION 2020 - THE RIGHT TO SIGHT

Targeted diseases are:

- Cataract
- **Refractive Errors**
- Glaucoma
- Childhood Blindness
- Low Vision
- Onchocerciasis/River Blindness
- Trachoma
- Diabetic Retinopathy
- Age Related macular degeneration
REFRACTIVE ERRORS

Magnitude

517 million uncorrected presbyopes

+ 153 million people with uncorrected distance Rx

= 670 million people

does blind or vision impaired

simply because

they don’t have

a pair of glasses

UNCORRECTED REFRACTIVE ERRORS

Aim:

Establish accessible and affordable high quality refractive and optical service delivery for people with URE according to Durban declaration acting as a model for other Nations under the umbrella-ship of the disability section of the MoH
Objectives for Training:

- Training 74 OCOs in refraction during 6 weeks courses ✓
  (62 trained – 12 to be trained (2016 & 2017))

- Training 3 spectacle technicians (6 – months course) ✓

- Training of Optometrists – 4 years Bachelors degree at Makerere University (Started 25th of August 2014) ✓

- Optometrists: Recognition of profession and inclusion of cadre in Government payroll (In process)

Objectives on service provision:

- Functional distribution centre – Kampala ✓

- National optical workshop in Government hospital Entebbe Presently housed for interim period within Grade “A” ✓

- Providing school eye health in 8 pilot districts and Entebbe ✓

- Provision of quality refraction equipment to all the 62 trained OCO/Refractionists ✓

- Network between OCO/Refractionists & optical workshop ✓
ACHIEVEMENTS

- Objectives on awareness and sensitization:
  - Joint health education with health education dep. MoH: ✓
    - Self vision testing sites (Vision corridors)
    - Information flyers
    - Radio messages
    - Fact sheets
  - Awareness raising, lobbying & advocacy ✓
  - Sensitization sessions for District authorities ✓
  - Awareness for community initiatives (CBR, VHT, PHCW) ✓
Slide 9

Distribution Centre & Office of LFTW & BHVIF
Training of Ophthalmic Clinical Officers (OCOs) in Refraction
National central optical workshop + Training of spectacle technicians (3)
Trained OCOs in Refraction after completion of 10 courses (62)
District Programme Interventions of NIURE 2014 till 2017
Seeing is believing (SIB) Child eye health interventions

Slide 10

NATIONAL IMPACT

- One National optical workshop for country-wide distribution
- Almost nationwide coverage of OCO/Refractionists on District level providing refractions and affordable tailor-made optical corrections
- In 2014 19,595 refractions done, 5,111 spectacles dispensed out of which 2189 have been produced by National optical w/shop
- District programs scale-up school eye health and outreach services
- Integration of eye health in district health & education sector plans
ROLE OF MoH

- Selection & placement of OCO/Refracionists at regional/district hospitals
- Approval of training curriculum & certification of safe practise after passed examination in collaboration with (LFTW & BHVF)
- Integration of national optical workshop incl. staff and other NIURE activities within Entebbe Government hospital and the MoH
- Assessment and approval of suitable health education material
- Inclusion of Optometrists in public service, deployment and career path

CHALLENGES

- OCO/Refracionists often assigned other duties in general health care
- OCOs more likely to be promoted as SCO and not SOCO = local brain-drain
- Ban of 2nd hand specs – but still outlets without proper exam. & refraction
- Awareness on eye diseases & URE is still low amongst the population (VHT)
- Eye care resources don’t meet demands of a vastly growing population
- Negative attitude is found culturally towards the use of a spectacle (proud appearance, showing off, spectacles damage sight etc.)
Slide 13

CONCLUSIONS AND LESSONS LEARNT FOR SUSTAINABLE DEVELOPMENT

- One National optical workshop serving government demand of tailor made spectacles using coded frames and courier services
- SEH activities part of SH included in training curriculum at TTCs
- URE part of appliance policy of MoH to include clinically viable spectacles (frames and lenses) resulting into tax exemption
- SEH & outreaches part of district health & education sector plans

Slide 14

CONCLUSIONS AND LESSONS LEARNT FOR SUSTAINABLE DEVELOPMENT

- NIURE advocacy tools (incl. VC) integrated within MoH education
- Ownership of URE & SEH activities – support supervision by NECC
- National coverage through trained & equipped OCO/Refractionists
- Formal recognition of optometrists & inclusion into public service
IMPLEMENTING NGDOs

Light for the World (LFTW)

Brien Holden Vision Institute Foundation (BHVIF)

NIURE is also a pilot programme of the ICO Task force on URE

Thank you for your kind attention
INTEGRATION OF PRIMARY EYE CARE INTO PRIMARY HEALTH CARE IN SOUTHERN AFRICA: EXPERIENCES FROM MALAWI, MOZAMBIQUE AND ZIMBABWE

Bright Chiwaula
Programme Manager, The Trust Project, Sightsavers Malawi.
Malawi.

Slide 1

Integration of Primary Eye Care into Primary Health Care in Southern Africa: Experiences from Malawi, Mozambique and Zimbabwe

Advancing Healthy Communities – Affordable, Accessible and Quality Eye Care in Malawi, Mozambique and Zimbabwe: Human Resources for Eye Health

Bright Chiwaula
Programme Manager, The Trust Project, Sightsavers Malawi

Slide 2

OUTLINE

- Advancing Health Communities Background
- Goal and Objectives
  - Human Resource Development (HRD)
  - Service Delivery
  - Resource Mobilisation
  - Advocacy
- Achievement
- Impact
- Lessons
- Challenges
- Recommendations
AHC Background

- Blindness significantly contributes to the macro-economic costs of a country.
- Blindness and visual impairment result in lower quality of life and contribute to increasing poverty levels.
- About 80% is preventable and treatable blindness.

GOAL

- Contribute to poverty eradication and the prevention of avoidable blindness by year 2020 in Malawi, Mozambique and Zimbabwe.

Overall Specific Objective

- To improve the quality and quantity of cataract and other eye care services for a population of 8 million people in Malawi, Mozambique and Zimbabwe.
**Slide 5**

**Focus Areas**

The project focused on:

1. Capacity building of mid-level training institutions
2. Enhanced performance and productivity of mid-level eye care personnel in the target countries
3. Resources mobilised to promote sustainable eye health programmes
4. Effective collaboration between actors involved in eye care human resource development in Southern Africa

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**Slide 6**

**HUMAN RESOURCE DEVELOPMENT FOR EYE CARE**

**Background**

- It is widely acknowledged that health workers, as an integral part of health systems, are a critical element in improving health outcomes.

- The human resource challenges were both acute and complex
  - Only 42 ophthalmologists for a population of 44 million mostly based in the urban

- To meet the V2020 targets, WHO has recommended the training of mid level eye care staff where there are insufficient ophthalmologists in the country.
  - HR existing output levels would take many years to come anywhere near the numbers of health staff needed to provide minimum standards of service delivery

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Programme Strategy

HRD Objective:
• Three mid-level training institutions are able to provide comprehensive training for mid-level cadres in their respective countries.

Outcomes
• Improved infrastructure and equipment in training institutions to facilitate learning and treatment
• Standardised training curriculum and materials developed and in use
• Training Institutions attracting and training the target numbers of Mid-Level cadres set up to completion and graduation

Partners

Key programme partners
• Mid-level training institutions:
  – Malawi College of Health Sciences
  – University of Lurio – Nampula and
  – Health Science Institute of Beira in Mozambique
  – Parirenyatwa School of Ophthalmic Nursing in Zimbabwe

Collaborating partners
• Ministry of Health
  o District and Central Hospitals
• Light For The World
• Help Age International
• International Association for Prevention of Blindness (IAPB)
• Eye Health Advocacy Groups in the 3 countries
Programme Activities

In Malawi, training was provided by Malawi College of Health Sciences.

- **Upgrading of the training institution with equipment and learning materials**
  - Equipment Audit
  - Equipment provided – theatre and diagnostic equipment; drugs and consumables; reference books and Toyota Hiace 15 seater Minibus.

- **Provision of scholarships**
  - Cataract Surgeons – 18 trained and deployed
  - OCO Scholarships – Target 30 trained and deployed

Human Resource Development

- **Building capacity of the faculty**
  - Recruited an ophthalmologist as a Technical Advisor
  - Exchange visit to Zimbabwe
  - Continuous professional development of faculty members

- **Curriculum review**
  - Consultations with the wider stakeholders including sister colleges
  - Benefitted from the Regional Best Practices workshop
Impact

• **Malawi College of Health Sciences has improved its capacity to deliver programmes**
  - The college has adequate teaching and learning materials
  - The college is now producing the cadre of Cataract Surgeons
  - Position of Technical Advisor has been introduced

• **Provision of equipment, kits and consumables improved quality of teaching and training**
  - Equipment procured for training institutions and teaching hospitals enable students to experience using equipment during and after graduation
  - Textbooks procured by all students not only EC sponsored
IMPACT

• All district hospitals have well qualified OCO/s providing services
  – MOH deployment Policy
  – improved access to quality and quantity eye health services in the Southwest Zone and the country as a whole
Slide 17

**Impact**

- **Improved collaboration and cross fertilisation of ideas between colleges:**
  - A draft training curriculum from Malawi College of Health Sciences was adapted by the Nursing Council of Zimbabwe for use with OPNs.
  - The revised curriculum for MCHS has taken on board rural attachments model learning from Zimbabwe.

Slide 18

**Challenges**

- The sustainability of scholarship provision remains an issue as the government is expected to take on this responsibility.

- Gender dimension affected by limited pool of female students in Mozambique and Malawi.

- Absence of specialized maintenance technicians on eye health in the Ministry of Health structure.
Lessons Learnt

- The project addressed a critical need in the eye health sector
  - Reduced waiting list at district and provincial hospitals

- Provision of basic equipment and learning materials creates a conducive learning environment and motivates students which increases their commitment to learning
  - Teaching hospitals benefitted from the training equipment and improved their service delivery

- Rural attachments to district hospitals expose students to real issues on the ground.

RECOMMENDATIONS

- The government should ensure that enough eye health cadres at different levels are trained and are appropriately deployed to areas of need to ensure good quality eye care services are offered in Malawi.

- In Zimbabwe, innovative strategies are also required to address the unacceptable cataract surgery backlog (60,000 per annum) including to continue to train government medical doctors in cataract surgery, as well as advanced clinical nursing officers (CNOs).

- The MoH should ensure that human resources development and staff training of eye care professionals are included as priorities in national training strategies, and, as a priority, continue to decentralize the training of ophthalmic technicians in Mozambique.

  - Existing eye care cadre should be sufficiently motivated, providing them with enough working equipment; career progression and promotion opportunities and incentives
Eye Health Service Delivery in the AHC Programme

Expected Outputs:

- Reduced cataract surgical backlog
- Improved access to eye care services in project areas
- Increased the coverage for eye care services including cataract services
Mozambique as Case Study Country

- Mozambique has a population of 22.4 million (2010) with 11 provinces
- AHC programme areas:

<table>
<thead>
<tr>
<th>Province</th>
<th>Nampula</th>
<th>Sofala</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>4,400,000</td>
<td>1,812,811</td>
</tr>
<tr>
<td>Blindness %</td>
<td>7.1 (≤ 50 years)</td>
<td>1.3 (≤ 50 years)</td>
</tr>
<tr>
<td>Access to eye care services</td>
<td>12,257</td>
<td>17,711</td>
</tr>
<tr>
<td>Cataract surg</td>
<td>779</td>
<td>620</td>
</tr>
</tbody>
</table>

AHC Programme Strategy in Mozambique

**Human Resources**

- Deployment of 60 new graduated Técnicos de Ophthalmologia in the district health facilities
- Advocacy to increase number of ophthalmologists from 2 to 6 (Achieved)
- Training of primary health care (PHC) personnel in primary eye care (PEC) (166)
- Refresher training of eye care staff in provision of eye care services
AHC Programme Strategy in Mozambique

Community mobilization
- Community sensitization and screening
- Involvement of community leaders in mobilization, particularly for cataract services
- Use of combined strategies to get patients to access eye services (static eye unit + satellite outreach)
- Production of IEC materials including a map of health facilities and districts offering eye care services

Others:
- Supply of equipment and drugs for cataract surgeries and other OM (ocular morbidity) in the districts;
- Develop appropriate monitoring and assessment tools for the project including the client satisfaction questionnaire on cataract, cataract outcome monitoring tool;
- Supervision of the mid-level eye cadres by ophthalmologists
**Impact**

*Increased access at primary and secondary eye care through:*

- Increased number of district health facilities with eye care service provision (5 to 35)
- Increased number of patients seen and treated due to eye care conditions (29,968 to 334,871)
- Increased in coverage for eye care services including cataract services (2.8% to 30.8%)

---

**Impact**

*Increased coverage to cataract surgery through:*

- Increased number of cataract surgeries (1,399 to 10,095)
- Increased access to cataract surgeries in communities covered by the AHC Programme (56%)
- Improved percentage of surgical positive outcome (12.5% to 77%)
Challenges

- Assessing cataract surgery outcomes
- Assessing the impact of service provided by PEC workers
- Gender inequity in access to eye care services
- Deficient provision of eye care drugs by the MoH

Lessons Learnt

- Provision of transport for patients from community to hospital for surgery
- Engaging local authorities and traditional healers increased the uptake for eye health services
- Mobilization is critical aspect and should be given relevance in futures plans for service delivery
**Recommendations**

- Gender study should be conducted within Nampula province to reduce the high gender discrepancies in accessing eye care services.

- Engagement of hospital ophthalmic departments to advocate for integration of PEC into PHC.

- Inclusion of eye care content in the general training curriculum of PHC & community health workers package.

- Regular provision of eye care drugs.
ZIMBABWE EXPERIENCES ON COMMUNITY MOBILISATION IN THE AHC PROJECT

Adonis Faifi
Programs Manager, HelpAge
Zimbabwe

Slide 1

Zimbabwe Experiences on Community Mobilisation in the AHC Project

Presented by Adonis Faifi (HelpAge Zimbabwe Programs Manager at the 6th Africa Forum.

Outline

- Key Objectives of Community Mobilisation
- Key strategies and Interventions
- Role of VHWs
- Impact of strategies and Interventions
- Challenges and lessons learnt
- Recommendations
Objectives

The Community Mobilisation component of the AHC Project was mainly carried in Zimbabwe. The main objective for Community Mobilisation was to promote sustainable eye health programmes focusing on specifically on:

- Improving access to eye care/health services
- Strengthening the integration of Primary Eye Care (PEC) to Primary Health Care (PHC)
- Strengthening referral systems
- Increasing community engagement in eye health and supporting policy issues.

Key strategies

- Engaging/meetings with local leadership at community level.
- Having sensitisation meetings with responsible authorities such as the Ministry of Health and Child care (MoHCC) at District, Provincial and National level.
Key Interventions/Activities

- Training of Village Health Workers/cataract case finders on PEC.
- HelpAge Zimbabwe coordinated the Training of VHWs while Ophthalmic Nurses focused on the technical aspects of the eye (anatomy, different eye conditions), VHW Trainers-referrals, Community Sisters-PEC/PHC Integration.
- VHWs are volunteers motivated by (bicycles, T-Shirts, Uniforms, Training, sometimes groceries)
- Training Nurses at Rural Health Centres on PEC (MoHCC)
- Training of Community leaders on PEC (MoHCC)
- HAZ held Sensitisation meetings with District Health Executives (DHEs) and Provincial Health Executives (PHEs) to integrate PEC into PHC in their budgetary plans.
- Discussing CM in National Prevention of Blindness Committee at national level.
Definition of VHWs

- Community based cadres that work closely with Ministry of Health and Child Care (MoHCC) to mobilise communities on a number of programmes (Maternity, Immunisations etc)
Slide 9

**Key Interventions/Activities cont’**

- Mobilising communities for pre-screening and eye camps
- Formation and training of champions in eye health
- Development of IEC materials in local languages (Posters, Banners, pamphlets)
- Development of promotional materials (T-shirts, Hats)
- Commemorations of World Sight Day (WSD)

Slide 10

**Role of VHWs**

- VHWs raise eye health awareness in their communities.
- Encourage people to seek early treatment
- VHWs don’t do diagnosis functions but refer to health centres for diagnosis and management
- Discourage people from using harmful traditional medicines
- Demystify some cultural beliefs and practices.
Key Interventions/Activities

- Commemoration of International Day for Older persons.
- Media engagement
- Community Radio Listening Club in Malawi to help increase Community involvement in eye health and increase uptake of eye care services.

Impact of key strategies and Interventions

- A District in Zimbabwe now has included eye health issues in its district plan and budget including actions to mobilise communities.
- Eye care services demand increased.
- VHWs now mobilise communities to seek eye health service at an earlier stage of an eye health condition.
- Misconceptions on causes and treatment of eye health conditions demystified.
Impact of key strategies and Interventions

- The programme surpassed the target for people accessing eye care services and the number of cataract operations conducted.

- Over the five year program period, 1,014,075 people accessed improved eye care services against a target of 795,000, representing over achievement of 28% of the set target.

- A total of 27,441 cataract operations were conducted against a target of 25,000, representing over achievement of 10%.

Impact of Key Strategies and Interventions

- the action trained 1,461 health workers in PEC out of a target of 650, representing an over-achievement of 124%.

- Training of health workers on PEC has resulted in increased number of people seeking eye care services at district hospitals and change in health seeking behaviours from harmful cultural beliefs and practices.

- 95,237 patients against a target of 70,400 were referred between different levels of care in the health systems, an over achievement of 35%.
Challenges and Lessons Leant

- Majority of people use harmful home remedies sometimes prescribed by traditional health practitioners before visiting health facilities.
- More women use traditional medicine than men due to lack of financial resources, depend on men.
- Engagement of community leaders is very effective in community mobilisation because they command authority.
- Working with media is very effective (because of wider readership and the amount of people that listen to radio and watch TV).

Recommendations

- Need to train THPs on eye PEC
- Promote collaboration between government, civil society and local leadership to raise awareness and address myths and misconceptions on eye conditions through strengthening community structures, community mobilization, sensitization and the involvement of traditional health practitioners.
**Recommendations Cont.**

- Replicate, scale up and support successful strategies to mobilise and sensitise communities on eye health prevention, care and treatment such as training of local leaders and village health workers on eye health, formation of champions in ageing, health centre committees addressing eye health.
- Behaviour change communication (BCC) activities and materials for PCNs, VHWs and local leaders should be prioritized to raise awareness on eye health and promote eye health seeking behaviour amongst the population.
INTEGRATION OF PRIMARY EYE CARE INTO PRIMARY HEALTH CARE IN SOUTHERN AFRICA: EXPERIENCES FROM MALAWI, MOZAMBIQUE AND ZIMBABWE

Dr Douglas Lackey
HelpAge Regional Advocacy and Policy Advisor
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Kenya.

Slide 1

Integration of Primary Eye Care into Primary Health Care in Southern Africa: Experiences from Malawi, Mozambique and Zimbabwe

Advancing Healthy Communities – Affordable, Accessible and Quality Eye Care in Malawi, Mozambique and Zimbabwe: Advocacy Component

Dr Douglas Lackey
HelpAge Regional Advocacy and Policy Advisor
East, West & Central Africa Regional Development Centre, Nairobi

Slide 2

Background

• The key objective of the AHC Programme advocacy component was to promote the inclusion, scale up and replication of the innovative approaches and good practices developed by the programme in regional, national and district plans and budgets, particularly related to HReH, service delivery and community mobilisation.

• The advocacy component had two main dimensions. The first focused at the regional level and the second at national/district level with the participating countries. It was led by HelpAge International, in collaboration with Sightsavers and IAPB.

• In addressing the key objective of eye health inclusion and prioritization in regional policy and strategic frameworks, advocacy opportunities were identified at global, continental and regional level.
Continental and regional advocacy opportunities

Post-2015 AU Africa Health Strategy
• Regional advocacy team undertook policy analysis of reference to eye health in the current AU Africa Health Strategy 2007 – 2015. There was no reference to eye health in the strategy. The consultative processes in development of the post-2015 AU African Health Strategy which is planned for 12th November in Lusaka.

SADC Integrated HIV, SRH, TB and Health Strategy 2016 - 2020
• SADC is now starting its consultative process for the development of a new integrated Integrated HIV, SRH, TB and Health Strategy 2016-2020. The first consultative meeting was held in September with representatives from SADC Member States, UN agencies, development partners and selected CSOs.
• A broader consultative meeting including with CSOs is planned for 15th – 16th October, and it is critical that CSOs representing disability, eye health and ageing are actively engaged to ensure that the new SADC strategy is inclusive of these key thematic areas.

SADC Regional Eye Health Strategy
• Regional eye health team recommended that SADC develop a regional eye health strategy, particularly focused on strengthening human resources for eye health. It produced a position paper and policy brief outlining the recommended components of such a regional eye health strategy.
• Key aspects are:
  o Strong national and local political leadership to build political support and ensure sufficient funding for effective and responsive eye care
  o Specialist mid-level eye health workers, for example ophthalmic nurses/clinical officers who can fill some of the rural eye health need, and community health workers playing a major role in primary eye health care
• All three AHC programme countries have or are near having national eye health strategies. However, not all SADC members states do and a SADC regional eye health strategy could be a valuable guide for that development process at national level.
National eye health strategy

- A key advocacy strategy at national level was establishing eye health advocacy groups in each programme country.

- This innovative approach brought together civil society organisations which were keen to see eye health issues prioritised in health policy, strategies and programmes, along with government technical officers and the media.

- The eye health advocacy group concept will be the theme of a workshop on Wednesday entitled Building Partnerships for Advocacy on Eye Health.

- The main advocacy objective addressed by the six eye health advocacy groups related to the objectives of the AHC programme and the priority eye health issue of integration of primary eye care into primary health care in relation to the three thematic areas of human resources, service delivery and community mobilisation.

What is Primary Eye Care?

- Primary care for eye health refers to promotion of basic preventive and curative treatment for common eye conditions through primary health care and involves:
  - Prevention of avoidable blindness and visual impairment
  - Identification with treatment or referral of individuals with treatable causes of blindness prevention
  - Diagnosis and treatment of conditions that may lead to visual loss, and the rehabilitation of the irreversibly blind

- It is anchored in the community and

- Delivered by the health workforce in conjunction with community members, up to and including services at the front-line primary health care facilities.
Eye Health Advocacy Groups

- Evidence-based advocacy strategies were developed with data and information on eye health needs gathered at community, primary health care and referral levels and from district and local government stakeholders.
  - Key findings of the data collected included:
    - Shortage of ophthalmic nurses and their continuing education
    - A lack of resources for equipment and essential ophthalmic medicines
    - Budgeting development and negotiation processes do not usually include eye unit participation, hence the exclusion of the eye health interventions in district health plans and budgets including necessary ophthalmic medicines on the essential drugs list

- AHC programme good practices and innovative approaches were documented as part of the evidence base, as a link between the programme and advocacy components.

National Eye Health Stakeholder Meetings

- Recommended advocacy messages on policy and programme actions to achieve PEC/PHC integration were developed in the form of position papers and policy briefs and presented at national stakeholder meetings in Malawi and Zimbabwe, mainly representing key government health officials at national and provincial levels plus CSOs and the media

In Malawi national stakeholders agreed to some the following areas:
- Develop standard operating procedures (SOPs), guidelines and training materials for primary eye care
- Orient existing staff in PEC and include it in pre-service curriculum
- Mobilise communities for PEC through electronic and print media such as radio listening clubs, and behavior change materials that address priority eye conditions
National Stakeholder Action Plan

In Zimbabwe stakeholder recommendations were:

• **Develop a clear career progression mechanism and adequate renumeration, especially for ophthalmic nurses** to help achieve staff retention and motivation, particularly at the district and PHC levels

• **Establish a national schools vision screening programme** and integrate eye programmes with other outreach programmes at all levels, such as Expanded Program for Immunisation

• **Establishment of optometry posts** in government service

• **Prioritise sensitizing local leaders** and training village health workers on eye health, formation of champions in ageing and eye health, ensure health centre committees address eye health

Conclusion

• **Commitments were made to implement the recommendations stemming from the national stakeholder meetings**, which became plans of action to achieve integration of PEC into PHC, as a result of the initiatives of the eye health advocacy groups

• **In all three countries the advocacy groups were successful in getting eye health interventions included in district health plans and budgets** in the programme areas, such as training for service providers on eye health, including community health workers, and community-level blindness prevention campaigns

• **Eye health advocacy and policy influencing can be very effective** at regional, national and provincial/district levels as demonstrated by the AHC Programme, if it is focused on priority eye health issues, evidence-based, strategic and structured in its approach with advocacy messages documented and delivered in effective ways including by those who are have been directly affected by visual impairment
Thank You
TUESDAY 6TH OCTOBER 2015

DAY THEME:
ENSURING EQUITABLE QUALITY EDUCATION AND LIFELONG LEARNING FOR ALL

PLENARY PRESENTATIONS

PLENARY CHAIR
Hon. Dr Kamanda Bataringaya, Minister of State for Primary Education, Republic Of Uganda.

KEYNOTE SPEAKER
Eliya Limbani Nsapato
Chief Executive Officer, Africa Network Campaign on Education for All (ANCEFA) Zambia.

CONTEXT SPEAKERS
Gopal Mitra
Program Specialist (Children With Disabilities), UNICEF, USA.

Lord Collin Low
President, International Council For The Education Of Children With Visual Impairments - ICEVI
United Kingdom.
IT’S OUR RIGHT, ACT NOW!

Eliya Limbani Nsapato
Chief Executive Officer, Africa Network Campaign on Education for All (ANCEFA)
Zambia.

Slide 1

This presentation attempts to set the tone for ensuring that the just-adopted SDGs (SDG 4) tackle the right to education for persons with disabilities, especially those with visual impairments.

Among others it reviews the SDG #4 goal & targets, addresses the barriers to inclusive education and offers recommendations.
#0.1. The Good News is that the blind people have courage, faith & are action-oriented (Jericho Story)

- They reached Jericho; and as he left Jericho with his disciples and a great crowd, Bartimeus — that is, the son of Timaeus — a blind beggar, was sitting at the side of the road.

- When he heard that it was Jesus of Nazareth, he began to shout and cry out, 'Son of David, Jesus, have pity on me.'

- And many of them scolded him and told him to keep quiet, but he only shouted all the louder, 'Son of David, have pity on me.'

- Jesus stopped and said, 'Call him here.' So they called the blind man over. 'Courage,' they said, 'get up; he is calling you.'

- So throwing off his cloak, he jumped up and went to Jesus.

- Then Jesus spoke, 'What do you want me to do for you?' The blind man said to him, 'Rabbuni, let me see again.'

- Jesus said to him, 'Go; your faith has saved you.' And at once his sight returned and he followed him along the road. (Mark 10,46-52, Catholic Online)

---

#1. The transformative SDG Agenda puts inclusion in front

- **Education 2030**: “Ensure inclusive and equitable quality education and promote life-long learning opportunities for all” (SDG #4)

- Education, the **fundamental human right**, is the main **driver of development** and an **enabler of the other 16 SDGs** in the 2030 Agenda for Sustainable development.
Slide 5

Africa Network Campaign on Education For All

#2. According to SDGs, Nations must meet 7 education targets by 2030

<table>
<thead>
<tr>
<th>N</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes</td>
</tr>
<tr>
<td>4.2</td>
<td>By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education</td>
</tr>
<tr>
<td>4.3</td>
<td>By 2030, ensure equal access to all women and men to affordable and quality technical, vocational and tertiary education, including university</td>
</tr>
<tr>
<td>4.4</td>
<td>By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent work and entrepreneurship</td>
</tr>
<tr>
<td>4.5</td>
<td>By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations</td>
</tr>
<tr>
<td>4.6</td>
<td>By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy</td>
</tr>
<tr>
<td>4.7</td>
<td>By 2030, ensure that all learners acquire knowledge and skills needed to promote sustainable development, including among others, through education for sustainable development and sustainability, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture’s contribution to sustainable development</td>
</tr>
</tbody>
</table>

www.ancefa.org

Slide 6

Africa Network Campaign on Education For All

#2.1 There are three means of implementation for SDG #4

<table>
<thead>
<tr>
<th>N</th>
<th>Targeted means of implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.a</td>
<td><strong>Build and upgrade education facilities</strong> that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all</td>
</tr>
<tr>
<td>4.b</td>
<td>By 2020, substantially <strong>expand globally the number of scholarships</strong> available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries</td>
</tr>
<tr>
<td>4.c</td>
<td>By 2030, substantially <strong>increase the supply of qualified teachers</strong>, including through international cooperation for teacher training in developing countries, especially least developed countries and small-island developing States</td>
</tr>
</tbody>
</table>

www.ancefa.org
3. Scale of SDG challenge requires Urgent Action! = Yes, Act Now!

- 124 million children and youth are denied primary and lower secondary school, majority of them in developing countries.
- 250 million children can’t read or write as 757 million adults are illiterate with one fifth of them in Africa, where less than 40% of children show learning capabilities at Grade 5.
- 25.8 million primary school teachers required by 2030: Africa will need to create 2.2 million new teaching positions by 2030 while filling about 3.9 million vacant positions.
- The annual cost of achieving universal pre-primary, primary and secondary education in low and lower middle income countries by 2030, is projected to increase from US$149 billion in 2012 to US$340 billion, on average, between 2015 and 2030. At current funding levels, there is an annual financing gap of US$39 billion over 2015-2030 (UNESCO, 2015).
- Most countries in Africa provide less than 6% of GDP and/or 20% of public expenditure on education.

In general in Africa access at all levels of education is limited

<table>
<thead>
<tr>
<th>Level</th>
<th>Access indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-primary</td>
<td>On average less than 20% children have access</td>
</tr>
<tr>
<td>Primary</td>
<td>Enrolment stands @ 79%, around 30 million children out of school</td>
</tr>
<tr>
<td>Secondary</td>
<td>With GER @50% completion rate is only 29.5% in lower secondary and 13.9% in upper secondary</td>
</tr>
<tr>
<td>Tertiary</td>
<td>Enrolment stands @ 7%, women making up only 30%</td>
</tr>
<tr>
<td>TEVET</td>
<td>Access averages 9.6%; ranging from 2.6% to 18.3%</td>
</tr>
<tr>
<td>Adult &amp; youth literacy</td>
<td>Adult literacy @ 64%; youth literacy @74% translating to 191 million illiterate adults &amp; 47 million illiterate youth; more than 50% of illiterate are women</td>
</tr>
</tbody>
</table>

Slide 9

#3.2 West Africa has lowest scores on UNESCO Education Development Index (EDI)

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Slide 10

#3.3: Countries with projected highest illiterate population should pull up their socks

<table>
<thead>
<tr>
<th>N</th>
<th>Country</th>
<th>Year projected</th>
<th>Adult illiterate population (’000)</th>
<th>Youth illiterate population (’000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nigeria</td>
<td>2015</td>
<td>42,127</td>
<td>9,434</td>
</tr>
<tr>
<td>2</td>
<td>Ethiopia</td>
<td>2015</td>
<td>29,280</td>
<td>6,222</td>
</tr>
<tr>
<td>3</td>
<td>DRC</td>
<td>2015</td>
<td>14,948</td>
<td>4,848</td>
</tr>
<tr>
<td>4</td>
<td>Tanzania</td>
<td>2015</td>
<td>8,353</td>
<td>2,376</td>
</tr>
<tr>
<td>5</td>
<td>Burkina Faso</td>
<td>2015</td>
<td>6,758</td>
<td>2,076</td>
</tr>
<tr>
<td>6</td>
<td>Mozambique</td>
<td>2015</td>
<td>6,173</td>
<td>1,237</td>
</tr>
<tr>
<td>7</td>
<td>Niger</td>
<td>2015</td>
<td>6,072</td>
<td>1,880</td>
</tr>
<tr>
<td>8</td>
<td>Kenya</td>
<td>2015</td>
<td>5,872</td>
<td>1,268</td>
</tr>
<tr>
<td>9</td>
<td>Mali</td>
<td>2015</td>
<td>5,814</td>
<td>1,631</td>
</tr>
<tr>
<td>10</td>
<td>Cote D’Ivoire</td>
<td>2015</td>
<td>5,399</td>
<td>1,372</td>
</tr>
</tbody>
</table>

Source: UIS, May 2013
#4. The SDGs cannot be achieved without addressing disabilities

- Based on projections in the 2011 World Disability Report which estimated that people with disabilities comprise 15% of the global population, more than 1 billion people have disabilities. According to Perkins, more than 8 million children and young adults in Africa are visually impaired, with around half of them having an additional disability (Perkins.org).
- UNESCO EFA Global Monitoring Report (2010) estimated that more than one third of children out of school are those with disabilities constituting around 20 million worldwide and at least 10 million in Africa.
- Exclusion from education perpetuates the vicious cycle of disability and poverty.
- According to Handicap International (2015) disability is both a cause and a consequence of poverty, which is illustrated by the fact that 80% of people with disabilities live in developing countries. People from the poorest wealth quintile, women, and older people have a higher prevalence of disability.

#5. Hope for success lies in the fact that there is growing interest & activism around inclusive education towards 2030.

MAGDALINE’S STORY (Source: Perkins.org)

- Magdaline who is deafblind, is a typical 7-year-old playful, curious and always smiling. But just a few short years ago, she was too frail to eat and unable to communicate.
- Desperate and overwhelmed, Magdaline’s mother brought her to the Kilimani Deafblind Unit in Nairobi, Kenya, which Perkins International has supported since early 2000s. It was there that Magdaline began to thrive-blossoming into an intelligent and independent student who loves to interact with her family, teachers and peers. Magdaline’s story shows what is possible when a child is simply given a chance.
#6. The winding road to success will require removing various barriers

1. Lack of appropriate legal and policy framework & failure to enforce existing framework
2. Lack of resources- trained teachers, teaching and learning materials, and accessible disability-friendly infrastructure and technology
3. Discrimination -heightened by gender inequalities
4. Lack of disaggregated data for planning and targeting (based on sex, age, location and type of impairment)
5. Lack of understanding and comprehension regarding the exact meaning of inclusive education, and how it differs from integration.
6. Lack of parental support & community encouragement
7. Poverty
8. Inadequate funding & accountability
9. Poor coordination
10. Inadequate champions and weak advocacy especially among CSOs

#7. Act, Act, and Act Now

1. Political will to implement SDGs & prioritize inclusive education
2. Address legal and policy gaps by adhering to UN Convention on the Rights of People with Disabilities and other legislations;
3. Tackle poverty with due attention to people with disabilities
4. Increasing funding for education to tackle shortages of resources such as Assistive devices, trained teachers and other materials
5. Improve data collection on disability to ensure targeting
6. Involve and ensure active participation of people with disabilities in national governance
7. Strong partnerships, collaboration, coordination
8. Regular monitoring of funding and programs responding to people with disabilities
9. Raise awareness to tackle discrimination in education and society
10. More and better advocacy especially by NGOs
11. Parental support
12. Self-faith, courage, action – like the blind man from Jericho
### #8. Final words

- Disability is not inability
- Nothing about us, without us
- Inclusive Education is Our Right, Act Now
- Can we achieve the SDGs? YES, WE CAN!

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### Slide 16

**THINK ABOUT THE FUTURE!**

**THINK POST 2015**

[Image of children with text: Quality Public Education For All is a Basic Right: Make it Happen Now!!!]
PANEL PRESENTATIONS

Challenges in the Education of Learners with Visual Impairments
Panel Chair: Prof. John Okech,
Professor, Kyambogo University,
Uganda.

Issues In Early Childhood Development and Education
Panel Chair: Marianne Riggio,
Coordinator, Education Leadership Program, Perkins,
USA.

Perspectives In Inclusive Education
Panel Chair: Dr Praveena Sukhraj-Ely,
Director: Persons with Disabilities, Promotion of the Rights of Vulnerable Groups,
National Department of Justice and Constitutional Development, South Africa.

Promoting Braille Literacy in Schools
Panel Chair: Fred Haga,
Head of Special Education, Ministry of Education,
Kenya.

Education, Poverty Reduction And Social Inclusion
Panel Chair: Gertrude Fefoame,
Global Advocacy Team, Sightsavers,
Ghana.

Education and Technology
Panel Chair: Nafisa Baboo,
Education Consultant, Light For the World,
South Africa.
INCREASED ACCESS AND PARTICIPATION OF CHILDREN WITH DISABILITIES IN ECDE

Kanjodo Thomas
Sightsavers, Malawi Country Office
Malawi.

Children with disabilities who receive good care and developmental opportunities during early childhood are more likely to become healthy and productive adults. However, despite the significant positive developments in special needs education and early childhood development in Malawi, majority of children with disabilities (CWDs) do not have access to early childhood development and education (ECDE) opportunities (MoGCDSW, 2014). This has, in part, been attributed to limited community participation in education and insufficient awareness among service providers on how they can address the needs of families who have CWDs. Additionally, the institutional capacity to address the needs of children with special needs has also been identified as a major factor that limits access to developmental opportunities for children with disabilities.

Early Childhood Development and Education (ECDE) can help lay foundations for lifelong learning and participation while preventing developmental delays and disabilities (WHO, 2012). However, parents of CWD in Malawi often struggle to provide the necessary stimulation and support for their children (Kelly et al., 2012). Formal ECDE is provided through community-established, NGO-supported Community Based Childcare Centres (CBCCs), but many lack a permanent physical structure, good learning and play materials, adequate food and water supplies and trained caregivers. Nationally, only 40% of children aged 3-5 years attend one of the 11,000 CBCCs (MoGCDSW, 2014) and CWD are a much smaller proportion. The national training programme fails to provide caregivers with practical skills for including CWD. Being disabled more than doubles the chance of never enrolling in school, but for CWD, good quality inclusive ECDE can be a gateway to primary school enrolment and completion. CWD who receive good care and developmental opportunities during early childhood are more likely to become healthy and productive adults (UNICEF, 2014).

Lack of access to quality ECDE for CWD is the result of educational supply and demand factors. In terms of supply, parents of CWD often lack the capacity and confidence to support CWD at home due to lack of necessary support and services. Similarly, CBCC caregivers lack the capacity and confidence to support CWD in CBCCs. In terms of demand, parents are often reluctant to send CWD to CBCCs due to concerns about CBCC capacity. Communities can also be resistant to the inclusion of CWD in CBCCs. Although MOG has overall responsibility for ECDE, district-level MOG staff play a minimal role in ECDE for CWD. This can be explained by lack of funding, although MOG funding for ECDE has increased. It can also be explained by the lack of an enabling policy framework. First, there is a need for legislation to regulate the provision of ECDE services (Government of Malawi/UNICEF, 2009). Second, there is a need for specific guidance on the inclusion of CWD in ECDE. While INGOs are significant investors in ECDE, their work needs a stronger disability focus.
Parents of CWD need to acquire the skills and confidence to support CWD at home. These parents, with other community members, also need to support the enrolment of CWD in CBCCs. At the same time, CBCCs need to become more inclusive for CWD. For example, CBCC staff must adopt appropriate pedagogic approaches; the physical environment of CBCCs needs to be accessible; and CBCCs need appropriate toys and resources. All children, not just CWD, will benefit from these changes. Necessary support structures for ECDE also need to be in place. In particular, government extension workers (Child Protection Officers, Community Development Assistants, Social Welfare Assistants, Health Surveillance Assistants) must acquire the skills and knowledge to facilitate good quality ECDE for CWD in homes and communities. There also needs to be greater collaboration between Ministry of Gender, Children, Disability & Social Welfare, Ministry of Education, Science & Technology and Ministry of Health to ensure CWD and their families access ‘joined up’ services. At national level, ECDE training organisations need to be strengthened, while MOG needs to carry out its mandate more effectively in collaboration with other stakeholders.

We chose to set up a small-scale model to test what works, rather than launching immediately at national scale. Our community-based model of ECDE provision for CWD in Chikwawa District of Malawi involves a wide range of community stakeholders, while building the capacity of the national ECDE training system to promote inclusive ECDE throughout Malawi as well as advocating with government. Rather than focus on ECDE provision alone, we introduced the community, system-building and advocacy components to increase the project’s sustainability and potential for replication. Also, rather than working outside government structures, we realised it was vital to draw on government resources and expertise for the same reason.

This discussion paper lays a foundation for a presentation which will be made during the 6th Africa Forum whose theme is: Beyond 2015; Delivering on the Agenda for persons with visual impairment in Africa. It will also highlight some of the innovative activities that lead to improvements in the access of children with disabilities into CBCCs, as a result of a project which involves community volunteers, parents of children with disabilities, training institutions, health care and educational professionals. The project is aimed at galvanizing community participation and creating a set of tools to improve the identification, referral and screening of children and supporting these children’s access to local CBCCs and transition to primary schools.

Through the strategic direction and interventions which Sightsavers has adopted in implementing an Integrated Early Childhood Development & Education (IECDE) under the auspices of the Strengthening Early Childhood Development and Education for disabled children in Malawi, a multi-sectoral approach is used to build capacity of community and government structures, training institutions, partner NGOs and other NGOs to deliver quality ECDE for CWDs in Malawi. The interventions range from development of simplified check-lists to define quality; development of multi-sectoral training materials; to development of policy-guidelines and strategies that are realistic for both grass-roots and national level ECDE service provision. In support to Malawi’s
ECD system which is guided by the National Policy on Early Childhood Development (2006) and the National Strategic Plan for Early Childhood Development (2009-2014), as well as other plans and guidelines, Sightsavers collaborates with District level NGO departments and NGOs though ECD Networks.

REFERENCES


Ministry of Gender, Children and Social Welfare (2009); National Strategic Plan for Early Childhood Development (2009-2014), Lilongwe


World Health Organisation (2012): Developmental Difficulties in Early Childhood; Prevention, Early Identification, assessment & Intervention in low and middle income countries
A SITUATIONAL ASSESSMENT OF EARLY CHILDHOOD EDUCATION PROGRAMME FOR CHILDREN WITH VISUAL IMPAIRMENT IN KANO STATE OF NIGERIA

Abubakar Isa Ibrahim
Department Of Special Education, Bayero University, Kano, Nigeria.

Abstract

The objective of this study is to assess the early childhood educational programme for children with visual impairment in terms of the physical structure of their learning environment and personnel of the school/centres here in Kano state. The study is a survey research in which 25 special education schools were involved as the population and 12 schools selected using the cluster sampling technique as a sample size. 60 respondents were derived (5 respondents) from each school. A questionnaire was used as an instrument for data collection; simple percentages were employed as a statistical instrument to analyze the data. The findings indicate that, ten (10) out of the twelve (12) schools/centres were not initially designed to meet the educational needs of children with visual impairment, as most of the schools are unstructured, and most of the teachers not qualified to handle children with visual impairment especially in early childhood education settings. The researcher recommends the needs for government to design special education school/centers that serve the needs of visually impaired children and provide schools with professional (special education teachers) as well as those who undergo early childhood education training or schools. Finally, more instructional materials are needed.

Background Of The Study

The early childhood stage is the period when human beings are dependent on their parents and siblings for their basic needs and positive responsive relationship with others (peers and adults) for their survival. Other needs of the children include emotional, security and social integration and cognitive skills. Young children’s developmental processes might have negative effects, especially with early undernutrition, deprivation of care, and of responsible parenting and ill-treatment, EFA Monitoring Report (2007). The U.S National Association for the education of young children delineates age bracket of early childhood as “before the age of eight”.

According to the Early Childhood Education Assessment Consortium of the Council of Chief State School Officers (ECSSO, 2005) Early learning standards are those that “describe expectations for learning and development of young children across the domains of health and physical well being; approaches to learning, language development and symbol system; and general knowledge about world around them” (ECSSO, 2005). Early childhood education is a general term that describes a diverse range of programs from day care to pre-school to others. There is evidence to suggest that early day-care may actually be a detriment rather than a benefit to young children.
Longer stay at home with a single caregiver is argued to be more intellectually stimulating. The child who stays at home is also more likely to benefit from breastfeeding far longer, which is of great advantage to the child.

Some of the long-term benefits of early childhood education in quality pre-schools include greater parental involvement, fewer referrals to special education or remedial services, higher grades, better social skill and greater ability to focus. Some studies also show that children attending preschool are more likely to graduate and pursue higher education and be well integrated socially as an adult. These children may also be less likely to commit illegal acts and tend to earn more money cited from research into head start schools conducted in the 1980 (Gilliam & Zigler 2004)

Early childhood education for children with visual impairment is indeed an extension of regular education, which is tailored or seeks to meet the unique needs of the child, which is not readily provided for in the regular education set up. Limited vision can have a strong impact on a child’s ability to understand concepts, learn language, move about freely with confidences, and develop and grow in a variety of ways. Sighted children learn by looking at the whole picture before exploring the parts. Many visually impaired children experience the world the other way round. The child may have to rely on what she/he can touch, feel, or hear and, in doing so; he/she may be getting unconnected pieces of information.

The 1990 World Conference on Education for all held in Jomtein, Thailand, reiterated that early childhood education in most developing nations is restricted to areas of screening and in most cases is the informal type, done during enrollments into public schools. Moreover, they are mainly for psycho-educational purposes in terms of physical, visual, hearing, cognitive and language disorders.

Children whose special needs happened to be in the cognitive domain, which is not readily visible, are hardly considered in this dimension. Indeed, this calls for concerted efforts to make a reality the establishment of such delivery models in both rural and urban parts of Nigeria to save the future of the Nigerian special need children, which has always been bleak (UNESCO 1999).

Visual impairment is a generic term used in describing different forms and ramifications of visual pathologies. Teresa (2006) defined it as a range of vision loss, including low vision. Saskatchewan (2003) considers visual impairment as a significant loss of vision, even though the person may wear corrective lenses.

Visually impaired children, according to Abosi and Ozoji (1985), are “those children and adults who are totally blind, partially sighted and low vision” Baraga (1976) argues that the blind are those who can perceive light only through their senses of seeing. While partially sighted or low vision children are those who have limitation in distance vision, but are able to see objects or materials when they are within a few inches or at a maximum of two (2) feet away.
Statement Of The Problem

There are indications that some early childhood education centres in Kano are not initially meant to be centres for early childhood educational programmes. There may be lack of learning facilities that will meet the needs of visually impaired early childhood education. Most of the teachers might have not obtained any qualification in the area of early childhood education or special education.

Objectives Of The Study

1. To investigate whether the learning facilities are appropriately structured to meet the early childhood educational needs for children with visual impairment.
2. To investigate whether the teachers are qualified enough to run early childhood educational programme for children with visual impairment.

Research Questions

1. Does the learning environment have an appropriate structure which provides early childhood education for children with visual impairment?
2. Are the teachers qualified to handle children with visual impairment, especially in early childhood education?

Research Design

A research design is a general plan for conducting the research. The research design for this study is a survey study in which opinions were sampled with assessments made to existing facilities, material and personnel, for early childhood education programs for children with visual impairment.

Population and Sample

The population for this study consists of all special education schools offering early childhood education programme in three senatorial districts of Kano state. They are; Kano North, Kano Central and Kano South totally 25, which include 221 teachers and 3626 students. Population is the natural existing collection of an entity, such as group of human beings or non-human objects (Maiwada 2005).

Sample Size

Sample size of four (4) special education schools were randomly selected from each senatorial districts constituting twelve (12) sample sizes. Five teachers were also randomly selected out of twelve schools as respondents constituting sixty (60) respondents. A sample is a portion of the population being studied drawn through a definite procedure, very often the target population is so large or is spread over a very large area and time and available human and material resources are limited, that is, it is impractical to reach every member of the target population (Bichi 2004).
Sampling Techniques

The researcher employed two sampling techniques, thus, cluster sampling and simple random sampling techniques, in the selection of respondents out of the total population. Cluster sampling is a means of obtaining a sample from a population by taking a simple random sample of clusters, with an observation obtained from each of the sampled cluster (Awotunde, Ugundulunwa and Ozoji 2002).

Research Instruments

The instrument used in this research involved a structured questionnaire.

Data Collection Procedure

In an attempt to find out all the necessary and vital information from the respondents, questionnaires were distributed by the researcher to all the sixty respondents, and interviews were applied to the visually impaired teachers.

Data Analysis Procedure

The responses collected for the research were analyzed in percentages.

Analysis And Presentation

Research Question One: Does the learning environment have an appropriate structure which provides early childhood education for children with visual impairment?

Table 1: level of responses (N=60)

<table>
<thead>
<tr>
<th>S/ N</th>
<th>Column</th>
<th>Agreed responses</th>
<th>Percent age</th>
<th>Disagreed response</th>
<th>Percent age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Your school was initially designed for educating children with visual impairment.</td>
<td>15</td>
<td>25%</td>
<td>45</td>
<td>75%</td>
</tr>
<tr>
<td>2</td>
<td>Your school entrance provides smooth accessibility for the visual impaired children.</td>
<td>15</td>
<td>25%</td>
<td>45</td>
<td>75%</td>
</tr>
<tr>
<td>3</td>
<td>Your school have flat surface, not curved or sloppy and wide corridor to accommodate children with visual impairment</td>
<td>15</td>
<td>25%</td>
<td>45</td>
<td>75%</td>
</tr>
<tr>
<td>4</td>
<td>Your school provide a convenient playground for children with visual impairment</td>
<td>0</td>
<td>0%</td>
<td>60</td>
<td>100%</td>
</tr>
<tr>
<td>5</td>
<td>The school environment is conducive for effective teaching and learning activities</td>
<td>20</td>
<td>33.3%</td>
<td>40</td>
<td>66.7%</td>
</tr>
</tbody>
</table>
The above table explains that the result obtained from column No.1 indicates that only fifteen (15) subjects, which is equals to twenty five percentage (25%) of the respondents, responded by agreeing that their school was initially designed for educating children with visual impairment. While forty five (45), which is equivalent to seventy five percent (75%), disagree with the view.

On column No2: fifteen (15) subjects, or twenty five percent (25%), responded by agreeing that their school entrance provide smooth accessibility for the visually impaired children, while forty five (45) or seventy five percent (75%), disagree.

Column No 3: fifteen (15) subjects or twenty five percent (25%) responded by agreeing that the school has a flat surface to accommodate children with visual impairment. On the other hands, forty five (45) or seventy five percentages (75%) disagree.

Column No.4: the whole sixty (60) respondents or hundred percent (100%), responded that their schools do not have a convenient play ground for visually impaired children.

The last column No.5 twenty (20) subjects, or thirty three point three percent (33.3.%), responded by agreeing that the school environment is conducive for effective teaching and learning activities, while forty (40) or sixty-six point seven percent (66.7%) disagree.

**Research Question two**
Are the teachers qualified to handle children with visual impairment, especially for early childhood education?

**Table 2: level of responses (N =60)**

<table>
<thead>
<tr>
<th>S/N</th>
<th>Column</th>
<th>Agreed responses</th>
<th>Percent age</th>
<th>Disagreed response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>You have obtained one of these certificate (NCE, ND, HND or Degree) in special education or early childhood education</td>
<td>20</td>
<td>33.3%</td>
<td>40</td>
<td>66.7%</td>
</tr>
<tr>
<td>7</td>
<td>You have handled children with visual impairment.</td>
<td>18</td>
<td>30%</td>
<td>42</td>
<td>70%</td>
</tr>
<tr>
<td>8</td>
<td>You have stayed with visually impaired children for at least two years.</td>
<td>20</td>
<td>33.3%</td>
<td>40</td>
<td>66.7%</td>
</tr>
<tr>
<td>9</td>
<td>You are of the opinion that children with visual impairment require to be in a pre-primary school.</td>
<td>18</td>
<td>30%</td>
<td>42</td>
<td>70%</td>
</tr>
<tr>
<td>10</td>
<td>You are of the opinion that employing qualified teachers and providing enough teaching materials only, is enough to satisfy educational needs for children with visual impairment.</td>
<td>35</td>
<td>58.3%</td>
<td>25</td>
<td>41.7%</td>
</tr>
</tbody>
</table>

The results obtained from column six (6) reveal that, twenty (20) or thirty three, point three percent (33.3%) responded that they have obtained one of the listed certificates.
related to special education/ early childhood education. On the other hand, forty (40) or sixty six, point seven percent (66.7%) has not.

Column No. 7 portrays that eighteen (18) subjects or 30% answered that they have handled children with visual impairment, while forty two (42) or seventy percent (70%) disagreed.

Column No. 8 Twenty (20) subjects which is equals to thirty three, point three percent (33.3%) stayed with visually impaired children for a good two years, while forty (40) or sixty six point seven percent (66.7%) disagreed.

Column No.9: eighteen (18) subjects or thirty percent (30%) agreed that children with visual impairment are required to be in pre-primary education. While forty two (42) subjects who are equals to seventy percent (70%) answered that, visually impaired are not required to be in pre-primary education.

Column No 20: indicated that thirty five (35) respondents which is equals to fifty eight percent (58%) responded by agreeing that enough teachers and teaching materials only are sufficient for educating children with visual impairment. While twenty five subjects or forty one percent (41%) disagreed with this view.

**Discussion Of The Findings**

**Table 1:** Going by the findings obtained from the collated data in table one (1) above most early childhood education programmes for children with visual impairment in Kano state are run in an unstructured learning environment. A greater percentage, i.e. seventy eight point three (78.3) of the schools/centres were not well physically structured to meet the need of the education of children with visual impairment. Only twenty one point seven percent (21.7%) were clearly designed for educating visually impaired children.

This finding is in line with Mba (1980) who carried out a survey in some developing countries with particular reference to Africa and confirmed that many countries their Nigeria inclusive, have very negligible or no facilities for children with visual impairment. This is also in line with findings conducted by Dantata (1999), on *situational analysis on early childhood education special need children in Nigeria*. She indicates that facilities and services for pre-school infants in Nigeria are very scanty.

**Table 2** depicts a clear picture of the qualification of teachers, and the result obtained shows that sixty three percent (63%) of the responses of the subject were not qualified to handle children with visual impairment, especially in an early childhood education setting. Only thirty seven percent (37%) of the responses show that they possess some qualification related to special education/early childhood education.
The above finding agreed with Ntukiden (2000) who revealed that among the major problems facing the administration of special education programmes in Nigeria include the absence of qualified personnel to work with special need children. The finding also agreed with the survey study conducted by UNICEF/FGN (1990), which shows that inadequate specially trained teachers is the next to the scarcity of funds, as factors militating against the special education programme in Nigeria.

**Conclusion**

Early childhood education for children with visual impairment is one of the best ways to assure the child a smooth transition into the primary school. It is also a critical factor in the child’s subsequent transition to adulthood, influencing both social skills and behavioral choices. It has been found that enriched early childhood experiences permanently enhance children’s competence in every-day life, that is, their ability to meet social expectations advance appropriately in school, avoid begging in the street and have high aspirations for themselves. Therefore, the main problems include, poor learning environment for those visually impaired children. The teachers are not sufficiently qualified to handle children with visual impairment.

**Recommendations**

1. The Kano State Government should participate fully and more actively in Early Childhood education for special needs children, particularly, children with visual impairment: in setting up special school/centers for under-privileged children and providing more access in case of visually impaired children.

2. Government should support the training of pre-primary school teachers/ caregivers to upgrade their knowledge and skills on current early childhood education concepts and practice. More provision of early childhood education services and facilities for visually impaired children is also needed.

**References**


AN APPRAISAL OF MAJOR CONSTRAINING ISSUES IN THE EDUCATION OF CHILDREN WITH VISUAL IMPAIRMENT IN NIGERIA

Okoli, Bibiana Ifeoma
Department of Special Education, University of Ibadan, Nigeria.

ABSTRACT

A review of some perennial problems faced by children with visual impairment in the Nigerian education system was made, their implication on the quality of training received by these persons and possible solutions were exposed. The paper is of the view that education for children in Nigeria has not holistically put into consideration the peculiarities of children with visual impairment. It holds that most of the schools for children with special needs, especially the visual impaired, are established and controlled by Faith-Based Organizations (FBOs) and Non-Governmental Organizations (NGOs). These schools are few and are not evenly distributed within and around the country. They are mainly primary and secondary schools, leaving out nursery school which is the bedrock of early childhood education. This sometimes results into comparative advantage for their peers who have access to early childhood education. Even where the primary level of education exist for this unique set of learners, their locations, planning, infrastructure and environment are not friendly which often lead to difficulty in mobility. Furthermore, the curriculum, resources, equipment and materials needed to meet the unique needs of these children are evidently inadequate. Also, professionals, special educators, itinerant teachers and service providers that are needed for effective evaluation and total training of these children are not enough or lacking in quality. This ultimately hampers the effectiveness and efficiency of teaching-learning process. Consequently, this paper holds that no teaching and learning process would be interesting and successful without a planned curriculum, sufficient and skilled human capacity, especially when the interest of visually impaired are being considered. This cannot be achieved in isolation and as such partnership with stakeholders should be encouraged to properly fund education for persons with special needs.

Introduction

The National Policy on Education (NPE) emphasizes equality of educational opportunities to all Nigerians irrespective of any real or imagined disabilities (FNG 2004). In addition, this policy guarantees free education of children with special needs at all levels, thus, implying the provision of facilities that would ensure inclusive education or integration of special class and units into ordinary/public classes under the Universal Basic Education (UBE) programme.

Children with special needs are children with a variety of different disabilities, health and mental health conditions that require special interventions, services, or support. These children have been diagnosed to require special attention and needs different from their normal counterparts. Among these groups are those with disabilities which include
those with hearing impairment, visual impairment, intellectual disabilities, gifted and
talented, learning disabled, orthopedic and physically handicapped.

Children with visual impairment, for instance, have unique educational needs, which can
appreciably be met using a team approach of professionals, parents and counselors. Visual impairment is a generic term used to describe any problem that affects the sense of sight such as hindering an individual from making use of his or her natural vision. These include low vision, partial sightedness and total blindness. In other words, visual impairment is a condition in vision that even with correction adversely affects a person’s educational performance. Visual impairment can be as a result of a number of causes including: a genetic condition, difficulties at birth, malnutrition, infections, diseases, excessive exposure to x-ray, blood incompatibility (RH factor), trauma or accidental injury among others.

Public education systems in Nigeria face a number of challenges such as outdated curricula; short supply of textbooks and other instructional materials; and student/teacher ratios that are well above approved specified levels. Evidence abound that private participation in education can improve effectiveness of public education in developing countries in a cost-effective manner and without compromising equity. In addition, a number of studies demonstrate that private participation can encourage the public sector to improve the quality and efficiency of public schools. Competition among providers of services can lower costs and improve responsiveness to the needs of consumers (Emunemu, 2008).

Method

The study undertook a desk review of relevant documents on child education, education of the disadvantaged child with particular emphasis on visually impaired children in Nigeria. Face content analysis procedure was preliminarily undertaken to appraise key issues bordering on the thrust of the research. This was followed by side-by-side issues analysis of some documented actionable social, cultural and policy items strategic to the research thrust across Nigeria and the West African region. The scope was not limitless: it covered only challenges perceived by children with visual impairment of early school age and this review considered, observed and documented challenges in educating visually-impaired children through the periods between the advent of the European presence in Nigeria (1900) to date. Results obtained from this study were thematically documented and discussed.

Historical Perspectives and Thematic Issues of Challenge

Missionary impact on education in Nigeria dated back to 1840. Before this time, persons with visual impairment were maltreated like most primitive societies in the world. The western education was not concerned with Special Education in Nigeria until a century later. Before the Christian missionary activities in Nigeria and in other parts of the world, individuals with disabilities, especially those with intellectual disabilities were viewed as less than human. They could therefore not be deserving of any meaningful education
from the same society that denied them their reality of existence. This situation was not true of Nigeria alone. The case is same in the great city-state of Sparta. The Spartans had tremendous respect for warriors but had no sympathy for individuals with disabilities (including the visually impaired): hence, it was normal in Sparta either to eliminate children with disability or expose them to death at the top of Mount Taygetus. Such children in the report of Nwazuoke (2010) were neglected and neglected to waste away. Resultantly, majority of them died painfully and slowly. It is therefore safe to assume that during this period in Nigeria, persons with special education needs existed but their educational and other needs were not addressed by the society because of the prevailing cultural belief in which they were seen as having less than human character (Okoli, 2012). The darkness that enveloped persons with disabilities in the pre-Christian era began to give way with the coming of the Christian missionaries.

Society generally considers persons with visual impairment as “good for nothing” and normally discriminates, maltreats and ostracizes them (Gearheart, 1980, Eleri, 1996). Abang (1983) views that societal attitude towards those with visual impairment tend to be mainly indifferent, whether among the literates which includes special educators and the non-literate. Any of the achievements of the visually impaired are seen by the society as “counting for nothing”, that they may have made those achievements with the help of evil spirits. As a result many visually impaired prefer to sit back and become dependent on relatives for almost everything.

More importantly, children with visual impairment like their counterparts with other kinds of disabilities start schools very late as a result of lack of knowledge of special education by their parents or guardians, shopping from one healing center to another, from one church to another, and so on. Entrance to schools therefore is usually too late. This is unlike their sighted counterparts who have the opportunity of beginning school at their formative age which is from the pre-nursery to the nursery level of education.

**Assess Rate of Educational Institutions to Children with visual impairment across Nigeria by Geopolitical Zones**

<table>
<thead>
<tr>
<th>Zone</th>
<th>Name of Existing Special School/Institution</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
<td>Open Education Centre Scheme, Maiduguri Borno State, Nigeria</td>
<td>1</td>
</tr>
<tr>
<td>North West</td>
<td>Kano School for the Blind Kano Kano State, Nigeria</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>School for the Blind, Sudan Interior Mission Kano State, Nigeria</td>
<td></td>
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<tr>
<td></td>
<td>Katsina School for the Blind C.O C. E. O. Katsina Local Government Katsina State, Nigeria</td>
<td></td>
</tr>
<tr>
<td>North Central</td>
<td>Oturkpo Blind Men`s Workshop C.O Oturkpo L. G. E. A, Oturkpo, Benue State, Nigeria</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>St. Francis` School for the Deaf And Blind, P. O. Box 43</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Organization</td>
<td>Address</td>
</tr>
<tr>
<td>----------</td>
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<td>---------</td>
</tr>
<tr>
<td>Vandeikya, Benue State, Nigeria</td>
<td>Gindiri School for Blind Children, Church of Christ in Nigeria, P. O. Barakin-Ladi Via Jos, Plateau State, Nigeria</td>
<td></td>
</tr>
<tr>
<td>Gindiri, Gindiri Via Jos Plateau State, Nigeria,</td>
<td>School For Blind Children, Gindiri Gindiri Via Jos Plateau State, Nigeria,</td>
<td></td>
</tr>
<tr>
<td>Jos Plateau State, Nigeria</td>
<td>Widows Comfort Orphanage Ministries, Race Course Lay out Bauchi road, Jos P.O. Box 13054, Jos, Plateau State, Nigeria</td>
<td></td>
</tr>
<tr>
<td>Children of Mary, No.4 Road K, Opp. Court Premises, G.R.A., Otukpo, Benue State, Nigeria</td>
<td>Kwara State School for the Blind, P.M.B 1474 Ilorin Kwara State, Nigeria</td>
<td></td>
</tr>
<tr>
<td>South East</td>
<td>Special Education Centre, Oji River Enugu, Enugu State, Nigeria</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Special Education Centre, Orlu, Imo State, Nigeria</td>
<td></td>
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<tr>
<td></td>
<td>Special Education Centre for the Blind, Afara Umuahia, Abia State, Nigeria</td>
<td></td>
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<tr>
<td></td>
<td>Ebonyi State Special School for the Blind, Iboko Izzi L.G.A, Ebonyi State Nigeria</td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td>Special Education Unit C.O H. E. A. School, Agodi, Ibadan, Nigeria</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Nigeria Farmcraft Centre for the Blind, P. O. Box 21004 Ikeja, Lagos, Nigeria</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pacelli School for Blind Children, No. 10 Ajao Road, Surulere, Lagos, Nigeria</td>
<td></td>
</tr>
<tr>
<td></td>
<td>School for Handicapped Children, Shagamu-Remo, Ogun State, Nigeria</td>
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<td></td>
<td>Ondo State School for the Blind, Ondo Ondo State, Nigeria</td>
<td></td>
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<tr>
<td></td>
<td>Marcus Garvey Uhuru Library, C.O O. Y. S. C. E. Ila-Orangun, Osun State, Nigeria</td>
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<td></td>
<td>Oyo State Blind Centre, P. O. Box 174, Ogbomoso, Oyo State, Nigeria</td>
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<td></td>
<td>School for Handicapped Children, Ijebu-Ode, Ogun State, Nigeria</td>
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<td></td>
<td>Iwo Baptist College Special Unit, Oke-Ode, Iwo, Osun State, Nigeria,</td>
<td></td>
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<tr>
<td></td>
<td>School for the Handicapped, P. O. Box 100 Ikirun, Osun State, Nigeria</td>
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<tr>
<td></td>
<td>Youcare 2, Adewale Adegun Avenue, Karaole Estate, Ifako, Ijaiye, Agege, Lagos, Nigeria</td>
<td></td>
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<tr>
<td></td>
<td>Great Relief for Orphans and Widows, 6 Okuneye Street, Behind Aris Hotel, By Hostel Bus Stop. Egbe-Ikotun Lagos, Nigeria. P.O.Box.3752.Marina,Lagos</td>
<td></td>
</tr>
</tbody>
</table>
Key Issues and Discussions:

Below are the issues unveiled by the study as they affect education of children with visual impairment in Nigeria. These issues are observably not limited to the study area.

**Educational Curriculum:** The curriculum used by most schools in Nigeria does not incorporate the activities of children with special needs. Curriculum developers should therefore plan the learning experiences in such a way that the unique needs of the children are adequately addressed. Schools should make conscious attempts within the framework of the curriculum to address in a differential manner, the learning needs of each child. As Corbett (2001) puts it, differentiation means using many teaching styles and sharing specialist skills. The roles of supportive staff such as sign language interpreters for children with hearing impairment and other ancillary staff should be spelt out in the curriculum. The curriculum of the gifted and talented should be enriched and accelerated in order to challenge them. Also, the curriculum of the intellectually and learning disabled should be watered down.

**Gross Human and other Resource Deficits:** There is also a major challenge facing the education of persons with visual impairment. Professionals including special educators working with persons with visual impairment and similar category of individuals do not often have requisite knowledge and expertise on how to cater for their needs in order to enhance their educational capability. Even in the primary and secondary school where they are being integrated, the teaching/learning resources are not enough. Most of them are obsolete and there are little or no skilled manpower. Most of the prescribed text books in the schools and colleges are in ink print which students with visual impairment cannot read. The process of having this in Braille is not only time consuming, but expensive.

**Architecture:** There is no friendly infrastructure to support special education in most African countries. Some of the few integrated schools are not well structured to suit and enhance performance of persons with impairment. So it becomes difficult for children with visual impairment, for instance, to access materials and opportunities with their counterparts.

**Fund:** Funding of education particularly special education is so far directly upon the responsibility of the government in the form of provision of good infrastructural facilities, teachers’ salaries and educational materials, grants and scholarships, subsidies for the procurement of specialized equipment, materials and technology. This also includes
provision of specialized sporting facilities. The provision of these are so far grossly less than optimal and regrettably based on the sympathetic grounds that visually impaired constantly deal with the challenges of discrimination and injustices. Funding and support of education of persons with visual impairment should be a matter of right and not privilege.

At home with the fact that in the past, appreciable improvements have been made in giving face lift to some existing special schools in Nigeria (e.g. Pacelli School for the Blind, Lagos; Aperin School for the Handicapped, Ibadan; Girls’ High School Akabo, Emekuku Boys’ High School, Owerri, Ijokodo High School, Ibadan), a lot more still needs to be done by government and successive governments. Regrettably, of all these, there is no nursery school for children with visual impairment which is the bedrock of early childhood education. As a result, their peers who have easy access to nursery education have better educational foundation.

The Way Forward

There are a number of hindrances for instance to the establishment of nursery school for children with visual impairment like other children with special needs.

1. **Parents:** Parents of children with visual impairment like other parents of children with disabilities face a lot of psychological, socio-economic and emotional problems because of the condition of their children. They find it difficult to expose their children to learn with their peers.

2. **Government:** Funding of education generally in Nigeria is the exclusive prelude of government. However, funding of special education does not receive similar and commensurate attention. This causes huge financial burden on parents in the training of their wards with such condition. Although, the depth of such burden is dependent on the nature of impairment, majority of the parents, as reports show, are low class members of the society. Again, there are assertions that it takes at least thrice the cost of training a ‘normal’ child to train a child with special needs. The government at the federal, state and local levels should provide enough funding for the inclusion and creation of nursery education for children with visual impairment.

3. **Awareness and Societal Awareness:** The attitude of the society towards children with visual impairment is not only excruciating but also pessimistic and vicious. Parents and their children with disabilities are seen as ungodly and sinners who are being punished by the gods by sending such a child to the family. Although, this belief is still sustained in pockets of communities and regions, the society in general still has negative attitudes towards these unique individuals. This calls for individual and societal attitudinal change.

4. **Empowerment of Special Educators:** Most special schools have unqualified teachers who do not have the training and methodologies needed to teach
children with special needs. Qualified graduates in special education should be employed in school for persons with special needs. Hence, right persons with skills/expertise should be empowered to train children with special needs. For instance, upon graduation of a prospective trainer (e.g. from Federal College of Education (Special), Oyo), graduates in this institutions should be encouraged, empowered and motivated with immediate employment.

Conclusion

Nigeria and indeed most developing societies have had perennial educational challenges at both conventional and non-conventional levels. The growing number of persons with special needs calls for a re-strategizing of our educational plans and backed up by strong political will. The worsening global economic/financial crunch appears to be hitting hard on different sectors especially on those sectors/subsectors which are not always part of the mainstream discourse like in the special education sub-sector especially the education of the visually impaired. Challenges which arise from cultural, societal, financial and parental factors have been identified and synergy appears to be the option left in addressing this myriad of issues. Public and private based institutions, individuals, donor agencies, governments at all levels are encouraged to undertake an integrated approach towards addressing this age-old plight of the visually-impaired in the interest of peace, stability and fairness.

REFERENCES


EMPOWERMENT OF PERSONS WITH DISABILITIES TO ACCESS INFORMATION AND KNOWLEDGE

Jaco Du Toit
Communication Specialist, UNESCO East Africa Office, Kenya.

Slide 1

Empowerment of Persons with Disabilities to Access Information and Knowledge

Slide 2

UNESCO considers education, science, social science, culture and communication and information as the means to achieve the ambitious objective of its founding charter:

"Since wars (inclusion) begin in the minds of men, it is in the minds of men that the defences of peace must be constructed."

UNESCO Constitution, 1946
Women and young girls
Elderly people
Children
People affected by natural disasters
People affected by conflict and war
Poor people

Common challenges – different solutions

Poverty, exclusion
Illiteracy
Lack of life-long learning opportunities
High cost
Limited services
Digital divide
Unemployment
Others

Who are the most affected and vulnerable?


141 countries have already ratified the UN Convention
79 countries have already ratified optional protocol

Articles linked to UNESCO’s mandate:
5. Equality and non-discrimination
6. Women with disabilities
8. Awareness-raising
9. Accessibility
21. Freedom of expression and opinion and access to information
24. Education
27. Work and employment
29. Participation in political and public life
30. Participation in cultural life, recreation, leisure and sport
31. Statistics and data collection
32. International cooperation
UNESCO’s approach

One of the scenarios for empowerment
Few concrete examples...

Major documents, studies and reports published recently

UNESCO World Report 'Opening New Avenues for Empowerment: ICTs to Access Information and Knowledge for Persons with Disabilities' (February 2013)

Joint report 'The ICT Opportunity for a Disability-Inclusive Development Framework' (September 2013)

Model Policy on Inclusive ICTs in Education for Persons with Disabilities (February 2014)
The UN Partnership to Promote the Rights of Persons with Disabilities

Promoting the Rights of Persons with Disabilities in Uganda
UNESCO – UNICEF

Policy recommendations for UNESCO’s Member States on accessible, adoptive and affordable ICTs in education for Persons with Disabilities:

- National/regional education and information policies
- Linkages with other policies
- Existing Open Educational Resources
- Open document format
- Web accessibility standards
- Impact and sustainability issues
- Successful cases studies at grassroots level

http://unesdoc.unesco.org/images/0021/002197/219767e.pdf
The Model Policy is an adaptable model designed to assist Member States to promote the effective use of inclusive ICTs in education for learners with disabilities.

**Guiding principles:**
- Social inclusion oriented approach
- Reasonable accommodation of special needs
- Active and effective involvement of learners with disabilities

**Critical Aspects:**
- Multi-stakeholder engagement and participation;
- Cross sectorial and inter-governmental agency co-operation and co-ordination;
- Multi-level policy objectives;
- Progressive policy implementation based upon prioritisation of strategic actions;
- Continuous monitoring and evaluation of policy implementation and achievement of targets and milestones.

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Model Policy for Inclusive ICTs in Education for Persons with Disabilities

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SYSTEM LEVEL
- Include ICTs as a tool to enable participation and increase educational opportunities and inclusion for learners with disabilities

ORGANISATION LEVEL
- Educational organisations and all professionals working with them are encouraged to support the use of ICTs to ensure integration and improve learning opportunities

LEARNER LEVEL
- Include ICTs as a tool to support learning and improved outcomes across different educational and lifelong learning settings

Research and development activities that foster the efficient use of ICTs in education

This implementation of the principles of effective education and training involves the use of ICTs in all educational settings

Data for policy making and evaluation is collected
A unique opportunity for strategic debate and action oriented partnerships among various stakeholders

An opportunity to collaboratively seek, identify, analyze, share, and create effective and durable solutions

An open virtual space established for the promotion of the UN Convention on the Rights of Persons with Disabilities

Other Knowledge communities:
(i) 2013 WSIS+10 Review;
(ii) Open Educational Resources (OER);
(iii) Open Access (OA), and
(iv) Gender Equality in Free and Open Source Software (FOSS).
Accessible ICTs and personalized learning for students with disabilities

- The report summarizes the multi-stakeholder discussion organized by UNESCO in cooperation with Microsoft in Paris from 17 to 18 November 2011.
- It is now available in English, French, Spanish, Russian, Arabic, Chinese and Portuguese languages.
- The discussion focused on challenges and practical solutions for promoting personalization through technology in the classrooms for students.
- Successful case studies and recommendations show how educators and students could use existing technological solutions in classrooms, and how UNESCO’s ICT Competences Framework for Teachers could be applied for teachers’ capacity building on issues related to the accessibility.
- The key recommendations on practical solutions for the use of accessible ICTs contained in the report target teachers, policy makers and administrators.


Slide 16

Accessible digital office document project

http://adod.idrc.ocad.ca/
THE ICT OPPORTUNITY
FOR A DISABILITY-INCLUSIVE
DEVELOPMENT FRAMEWORK

The consultation outlines the most impactful ICTs for social and economic activities currently...

**Primary education**
- **WEB SITES**
  - TV set & services
  - Other & Emerging technologies

**Secondary education**
- **WEB SITES**
  - Mobile device & services

**Tertiary, professional, lifelong education**
- **WEB SITES**
  - Mobile device & services
The consultation also recommended the following actions to expand the ICT opportunity to all persons with disabilities:

### THE WAY FORWARD

<table>
<thead>
<tr>
<th><strong>CSOs</strong></th>
<th><strong>Advocacy to Policy Makers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOVERNMENT</strong></td>
<td><strong>Enabling Environments</strong></td>
</tr>
<tr>
<td><strong>PRIVATE SECTOR</strong></td>
<td><strong>Price, Training, R&amp;D, Employment</strong></td>
</tr>
<tr>
<td><strong>UN SYSTEM</strong></td>
<td><strong>Operational Activities, Monitoring and Evaluation, Policy Analysis, Mobilization Campaigns</strong></td>
</tr>
<tr>
<td><strong>DPOs</strong></td>
<td><strong>Training, Raising awareness</strong></td>
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<td><strong>International Standardization Bodies</strong></td>
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<td></td>
<td><strong>R&amp;D Promotion</strong></td>
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<td></td>
<td><strong>Raising Policy Makers Awareness</strong></td>
</tr>
</tbody>
</table>
Summary

Secondary schools in Uganda are faced with an ever-increasing demand to implement a curriculum based, largely on the traditional academic subjects – English, Social Studies, Mathematics and Science. The pressures put on the teachers to ‘produce results’ in these traditional subjects are overwhelming. These pressures originate from the parents and the school owners, run down to the Head teachers who transfer them to the teachers. At every step down the ladder, the pressure is more than doubled, so that by the time it reaches the teacher, it is almost unbearable. With the introduction and induction of IT in secondary schools, teachers have become torn between toeing the traditional line or going with the contemporary IT wave. Therefore, this article presents some of the major challenges faced by the induction of IT education to students with visual impairment into the Secondary School curriculum in Uganda and these include; Results pressure, because the goodness of a secondary School in Uganda is gauged by how well its candidates perform at the National Examination called U.C.E and U.A.C.E, Absence of trained teachers; Most teacher training institutions in Uganda don’t integrate computer literacy for students with visual impairment into their curriculum, non-compulsory discipline, absence of equipment; power among others.

Introduction

Inclusion may be defined as an educational provision that brings together all children to participate in ordinary schools or centres of learning (Charnet, 2006). Advocates for inclusion claim that it can enable children with special needs to experience the same social environment with their ordinary peers and to acquire skills necessary for social inclusion in society.

Some studies for instance Allan et.al, (2009) however indicate that children with visual impairment in inclusive settings may experience a challenge of being misunderstood by their ordinary peers, may lag behind with regard to social and emotional development (Stinson and Whitmire, 2000). It is also widely known that some children with visual impairment do not develop speech and listening skills at the same rate as the ordinary children and hence, may communicate in away that is not clearly understood by their listeners.

In Uganda, inclusion was adopted as a component of universal primary school education (UPE) provision in 1997. In this policy, government undertakes to provide free
education for four children in each family. Priority during enrollment of the children is
given to children with disabilities. As a result of this provision, many children with visual
impairment have been enrolled in ordinary schools at different levels.

The Governments of Uganda designed the ICT policy and introduced ICT as a
compulsory subject for students taking arts subjects at the senior secondary level.
Sadly, this new ICT initiative has not included students with visual impairment.

Therefore, Secondary schools in Uganda are faced with an ever-increasing demand to
implement a curriculum based education, largely on the traditional academic subjects of
English, Social Studies, Mathematics and Science. With the introduction and induction
of ICT in secondary schools, teachers have become torn between toeing the traditional line or going with the contemporary ICT wave.

In Uganda, most teacher training institutions don’t integrate computer literacy for
students with visual impairment into their curriculum and yet provision of ICT training to
students with visual impairment will help in providing alternative methods of learning,
increase their competitiveness in the job market, increase their access to information,
and, reduce dependence syndrome among them.

Findings

The significant findings are well elucidated below;

Results Pressure: The goodness of a secondary School in Uganda is gauged by how
well its candidates perform at the National Examination called U.C.E and U.A.C.E done
after 4 years for ordinary and 2 years for Advanced level of secondary education. In a
bid to impress, Head teachers of secondary schools force teachers to fore-go all co-
curricular activities like gardening, home economics, crafts, physical education etc and
force them to put all emphasis on drumming examinable material into students' heads.
The students will not be given any time to engage in non-examinable disciplines. The
Ministry of Education policy emphasizes co-curricular engagement but the pressure on
the teachers from the parents, the community and the school owner’s overrides all
professional and policy reason.

Non-Compulsory Discipline; Computer education is not compulsory at secondary
school level and so teachers and school owners look at teaching computer to students
with visual impairment as a waste of time, teaching a subject that is not compulsory
more over to students with visual impairment and yet it is very difficult to them due to
lack of knowledge on how to teach such category of students. The teachers forget one
very important thing and this is by the time these students grow up, computer will be a
way of life.

Absence of trained teachers; Most teacher training institutions in Uganda don’t
integrate computer literacy for students with visual impairment into their curriculum. This
means that when teachers qualify, they are computer-illiterate. How can a computer-
illiterate teacher be expected to teach Students any IT? Such a teacher will not be able to appreciate the importance of IT in a student’s life.

Absence of Equipment; Poverty, the inability to manufacture computers in the country and high transport costs are some of the few factors that come into play to make computer hardware unavailable in most Uganda schools. The computers for students with visual impairment have to be adapted with reading software’s such as; JAWS, Dolphin pen, among others and most schools in Uganda cannot afford to buy, let alone maintain even one computer set. The few that own them do not have enough for their students. In most schools the ratios stand at 1 computer to 10 students. The students will crowd around the machine, each eager to lay a little finger on the keyboard. The struggle degenerates into quarrel and later into a fight as the muscular ones subdue the weak ones. The teacher will be forced to spend more time arbitrating than imparting knowledge.

Power; Power distribution is still very poor especially to the rural areas in Uganda. Schools that would consider buying computers are forced to abandon the idea because of lack of power. Also, Uganda’s power is rather unstable or low in areas. This means that damage to computer hardware will be considerable. In areas, low power means that the machines will not be able to perform. Power charges are another power setback in Uganda. Computers are heavy power guzzlers and power tariffs in Uganda are rather high. Rural schools look at a computer power bill as wastage of valuable financial resources.

Finally, the development of computer education in secondary schools in Uganda requires a bilateral cooperation between the Government and the key players in the education sector. One thing is certain: Computer is about the most fascinating gadget to the contemporary child with visual impairment. Remember most of the children with visual impairment were born into the computer age. It is part of them. Let us do everything possible to accord them the opportunity to learn how to use the computer and this will brighten their future.

References


FUNCTIONAL EDUCATION FOR CHILDREN WITH VISUAL IMPAIRMENT AS AN ANTEDOTE TO POVERTY REDUCTION: PERSPECTIVES OF PRIMARY SCHOOL TEACHERS IN OYO STATE, NIGERIA

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Abstract

Education of persons with visual impairment in Nigeria is functional education in that literacy education is designed alongside with functional skills which include vocational skills. However, the present educational system is observed to be producing graduates who solely depend on white collar jobs rather than practicing vocational skills that could meet their ends, thus, increasing unemployment rate and poverty in the country. This study takes a look at the situation from grass root level of education by examining the perspective of the primary school teachers towards this matter. Using a descriptive survey approach, twenty five teachers were randomly selected from five selected primary schools for children with visual impairment across Oyo State.

The findings revealed that majority of the teachers agreed that children with visual impairment can earn good living from their vocational skills later in life, but 36% of the teachers are not interested to encourage the pupils to learn the skills. Factors such as lack of suitable market for vocational products, negative societal attitude to products made by persons with visual impairment, and lack of human and material resources and well-equipped vocational workshops in schools are the reasons for their responses.

One of the recommendations made is that stakeholders in the country and international donors should assist in providing well-equipped vocational workshops in all primary schools for children with visual impairment in the state. Schools are also requested to collaborate with rehabilitation workshops to organize periodical exhibition and invite members of the public, in order to create a marketing platform for their products. Finally, primary school teachers are advised to encourage pupils with visual impairment to learn various vocational skills as much as they have the capacity to do so in order to prepare them for the challenges ahead.
Introduction

Poverty has been an intercontinental phenomenon affecting many nations of the world. This explains the reason why leaders of many nations across the globe gather at different fora to reach treaty on how to overcome this cankerworm. Such treaty are mostly in form of policies, frameworks and action plans which are goal oriented; an example of which is the Millennium Development Goals which was set in year 2000 with a time lag of 15 years. These goals, though encapsulated other sector, but was a broad vision to fight poverty in its many dimensions (United Nations, 2015). Globally, a review of the progress made so far in actualizing these goals reveal that although significant achievements have been made on many of the MDG targets worldwide, progress has been uneven across regions and countries, leaving significant gaps. Millions of people are being left behind, especially the poorest and those disadvantaged because of their sex, age, disability, ethnicity or geographic location. As a result, targeted efforts will be needed to reach the most vulnerable people.

In Nigeria, efforts are being made in compiling data to report the achievement made on these goals, however, the last report of 2013 revealed that progress on MDG 1 - 'Eradicate extreme poverty and hunger', has been low with respect to the target of halving the USD 1 a day poverty prevalence. As at 2013, the poverty rate was still at 62.60%, and it is not likely that the 2015 target of 21.40% have been met going by certain indices such as daily increase in the rate of unemployment in the country. It was, reported however, that there is a much better outlook for hunger reduction. Given the consistent progress in the past decade and the current efforts through the Agricultural Transformation Agenda, it is possible that the 24.0% of under-five children that was underweight would have been brought down to 17.85% by this year 2015 (Federal Republic of Nigeria, 2013).

As good as these goals and as highly promising as those efforts geared towards its achievement are, it is obvious that persons with disability among the disadvantaged group are still left behind and targeted efforts have to be put in place to enable them measure at par (United Nations, 2015). There is no other better way to reduce poverty among this group of individuals than giving them quality and functional education which would make them self-reliant. No doubt, education is the backbone of any development; as no nation can rise above the level of its education. Perhaps this reality of the matter has been recognized by government and other stakeholders in educational policy for persons with special needs in Nigeria, that is why the educational programmes for individuals with disabilities in Nigeria was designed in line with the developed countries where literacy education side by side with functional skills are being given to individuals with disabilities. This practice of education is referred to as functional education.

Functional education according to Ocho (2005) is the process through which individuals are made participating members of their society. It enables them to become capable of living in the society and to contribute towards it economic development. This shows that a functional education system takes cognizance of the competencies to enable them be self-reliant.
Contextually, functional skills are all those skills a student needs in order to live independently. Since, the final goal of special needs education is for students with special needs to gain as much independence and autonomy as possible irrespective of their disability, all skills that makes a student be independence are referred to as functional skills. Basically, these skills can be classified into: life skills, academic functional skills, community based learning, social skills, as well as vocational skills (About.com, n.d.). For example, life skills includes the daily living skills such as toileting, feeding, etc. while academic functional skills are skills that complement the academic skills.

In the Nigeria context, educational programmes for persons with visual impairment were designed not only limited to literacy but also include vocational and daily living skills which equip them with functional skills right from primary school for the challenges ahead. To this end, a holistic look at their education makes it a functional education. However, it is important to state that not that their curriculum is different from their sighted counterparts, rather, they are to be taught with the regular curriculum which should be adapted in addition with the functional skills which includes vocational skills, daily living skills, typewriting, braille reading and writing, music, etc. However, the focus of this paper is on the vocational aspect of the functional skills. The justification for this focus is the alarming rate of the unemployment among persons with disabilities, particularly those with visual impairment, which engenders poverty; as well as the need to make targeted efforts towards this menace as recommended by the United Nations.

Statement of the Problem

Yearly, tertiary institutions in Nigeria turn out graduates with visual impairment in various disciplines such as law, language, education, etc. with little or no job in the labour market for them to earn a good living. For instance, Federal College of Education (Special), Oyo, Oyo State, Nigeria – an institution that has the highest concentration of students with disabilities in Nigeria, graduates over 100 students with visual impairment with the Nigeria Certificate in Education in the last five years (Federal College of Education (Special), Oyo, 2014).

Observations and experience have shown that majority of the graduates with visual impairment could not secure a good job for living. Vocational skills which is to equip them with skills to earn independently as designed in the educational programme was found not being taught right from primary level by some schools (Nkangwung, Abilu & Odewenwa, 2015). As a result, some of the students are not taught these skills while majority of those who were taught are not practicing it to earn living.

Primary school teachers who are one of the stakeholders in education of persons with visual impairment need to be questioned on this subject. There is need to examine their position on this vocational skills. Hence, this study examined the perspective of primary school teachers towards the vocational aspect of functional education for children with
visual impairment in an effort to understand how and where efforts need to be concerted in order to reduce poverty rate among individuals with visual impairment.

**Purpose of the Study**

The main purpose of this study is to examine the perspective of primary school teachers towards functional education for children with visual impairment in Oyo State Nigeria. Specifically, the study intends to:

i. Determine whether all primary schools for children with visual impairment in Oyo State are teaching vocational skills to their pupils with visual impairment.

ii. To examine the interest of the teachers in those vocational skills; and

iii. To establish what structural adjustment would the teachers want in the teaching process.

**Research questions**

1. Are pupils with visual impairment in Oyo State being taught vocational skills alongside the literacy education?

2. Are the primary school teachers of children with visual impairment interested in the vocational skills?

3. What structural adjustment would the primary school teachers want in the teaching process?

**Methodology**

Descriptive survey research design was used in the study to examine the perception of primary school teachers towards vocational aspect of functional education for children with visual impairment in Oyo State.

**Participants**

Out of the total of fifty primary school teachers in Oyo State, surveys were distributed to twenty-three (23) randomly selected teachers from five selected primary schools where children with visual impairment are being taught. These schools are:
<table>
<thead>
<tr>
<th>S/N</th>
<th>Name of Schools</th>
<th>Total no of Samples</th>
<th>Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Visually Impaired</td>
</tr>
<tr>
<td>1</td>
<td>Omoyeni Basic School for the Visually Impaired, Orita-Aperin, Ibadan, Oyo State</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>2</td>
<td>Community Primary School for the Handicapped, Iyi-Iroko, Amuloko road, Ibadan, Oyo State</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>School for the Handicapped, Iyana-Church, Ibadan, Oyo State.</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Twobis Nursery and Primary School, Ojoo, Ibadan, Oyo State.</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Oyo State School for the Blind, Ogbomoso.</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>25</td>
<td>19</td>
</tr>
</tbody>
</table>

**Instrument**

The study used a researcher-made questionnaire titled “Perspectives of teachers towards functional education of children with visual impairment” The questionnaire has two sections, A and B. Section “A” sought information on demographic data of the respondents while section “B” contains ten items on their perspectives towards teaching vocational skills to children with visual impairment. Some of the items are with Yes or No options while some are open-ended questions. The instrument was peer reviewed by experts in research, statistics visual impairment to establish the face and content validity. The reliability was established by conducting a test-retest and the reliability coefficient got was 0.66 was obtained which considers the instrument reliable for this study.

**Results**

**Research Question One:** 1. Are pupils with visual impairment in Oyo State being taught vocational skills alongside the literacy education?

This research questions focuses on the number of schools teaching vocational skills, number of the skills the pupils are being taught and how often the skills are being taught.

*Table 1: Frequency count of schools teaching vocational skills*

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>100%</td>
</tr>
</tbody>
</table>
The above indicates that only 3 (60%) schools are teaching the vocational skills out of the selected sample.

**Table 2: Distribution of vocational skills being taught**

<table>
<thead>
<tr>
<th>Skills</th>
<th>Number of Schools</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weaving</td>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td>Knitting</td>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td>Tie &amp; Die</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>Beads making</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>Leather works</td>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td>Computer Operation</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>
The result above revealed that only 2 schools are teaching skills in weaving, knitting and leather works, 1 school is teaching tie and die, 3 schools are teaching beads making while none of the schools teaches computer operation and any other functional skills.

Table 3: How often are the vocational skills being taught?

<table>
<thead>
<tr>
<th>Duration</th>
<th>Number of Schools</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Thrice in a week</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Twice in a week</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Once in a week</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>Occasionally</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>20%</td>
</tr>
</tbody>
</table>

This results shows three (3) schools offer vocational skills once in a week, 1 school teaches it occasionally while the skills are not being taught in 1 school.

Research Question Two: Are the primary school teachers of children with visual impairment interested in vocational skills?
Table 4: Frequency distribution of interest of teachers of children with visual impairment in functional skills

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
<td>64%</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>36%</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>

The results above indicate that 36% of the teachers are not interested in the vocational skills while 64% are interested.

**Research Question Three: What structural adjustment would the primary school teachers want in the teaching process?**

Responses on these questions were grouped into four domains: number of periods, content of the skills, materials used in teaching, and settings where the skills are being taught.

Table 5: Frequency distribution of adjustment needed in vocational skills

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periods</td>
<td>4</td>
<td>16%</td>
</tr>
<tr>
<td>Content</td>
<td>12</td>
<td>48%</td>
</tr>
<tr>
<td>Materials</td>
<td>7</td>
<td>28%</td>
</tr>
<tr>
<td>Settings</td>
<td>15</td>
<td>60%</td>
</tr>
</tbody>
</table>

The table above revealed that 15(60%) of the teachers are of the opinion that an adjustment should be made in settings where the vocational skills are being taught, 7(28%) request that adjustment be made in terms of materials used in the teaching,
12(48%) are in agreement that the content of the skills being taught need to be expanded and well defined while only 4(16%) teachers request that modification be made in the number of periods the skills are being taught.

**Summary of Major Findings**

The findings of this study can be summarized as:

i. Not all primary schools are teaching vocational skills to pupils with visual impairment in Oyo State, Nigeria.

ii. Weaving, knitting, tie & die, leather works, and beads works are the only skills being taught to pupils with visual impairment, though at variance.

iii. None of the primary schools teach skills on computer operation.

iv. Not all primary school teachers have interest in the vocational skills.

v. Majority of the teachers recommend adjustment in content of the skills and the settings where the skills are being taught.

**Discussion**

The result of the study revealed that not all primary schools for children with visual impairment in Oyo State are teaching vocational skills. The implication of this is that there is no common practice on what is obtainable in each school. This perhaps is because there is no clear cut adapted curriculum and assessment on those vocational skills for children with visual impairment at primary school level. The available general curriculum on cultural and creative arts in primary school across the state is not practical oriented and does not really capture those vocational skills which are lucrative. Each school teaches based on the resources (human and materials) available to them. This result establishes the findings of Nkangwung, Abilu and Odewenwa (2015) who found that not all students with visual impairment in tertiary institutions have skills in arts and craft vocation.

In addition, the study revealed that not all primary school teachers of children with visual impairment are interested in the vocational skills. Although, 64% of the teachers are interested, however, the 36% of those who are not interested is significant to be reckoned with. This result is not unconnected with a number of factors such as: lack of market to sell their products as well as low patronage of the society on produces made by persons with visual impairment owing to low confidence in durability and quality of the products. It was recorded that majority members of the society prefer to buy products made by sighted individuals, if they have the knowledge that it was produced by persons with visual impairment, even when those products are inferior to what an individual with visual impairment has produced. These factors perhaps made some of the teachers to lose interest in the practice of those vocational skills and even to encourage teaching pupils with visual impairment.

A summary of comments on structural adjustment of the vocational skills revealed that primary school teachers are of the opinion that the content of the skills being taught
should be expanded to include skills in poultry keeping, setting of tiles, metal works, piggery and other lucrative skills. In addition, 60% of the teachers are of the opinion that the classroom instruction setting is not the best setting where these pupils should be taught, rather, each school should have a well-equipped vocational workshop built on the same compound where the pupils can go during their periods to learn any skill of their choice, rather than teaching them in the classroom where necessary equipment and materials are not in place. Others teachers opined that the skills should be taught twice in a week and quality modern raw materials should be used in any of the products.

**Recommendations**

Based on the findings of this study, it is recommended that:

i. Government, non-governmental organisations, international bodies, and private individuals should assist in provision of vocational workshops in all primary schools for children with visual impairment in order to promote the quality of instruction in vocational skills.

ii. Periodical exhibition should be organized by the schools in conjunction with vocational rehabilitation centres and members of the public should be invited in order to create a marketing platform for products manufactured by persons with visual impairment across the state.

iii. The content of the skills being taught should be expanded to include tiles setting, poultry keeping, piggery, etc.; as these are more lucrative in present days.

iv. Schools in conjunction with vocational rehabilitation centres should ensure products should be produced, packaged, and branded in conformity with the national standard.

v. The Nigeria Association of the Blind, Nigeria Association of Special Education Teachers, and other stakeholders in education of persons with visual impairment should gear concerted efforts towards advocacy in order to change the orientation of the society on products manufactured by persons with visual impairment.

vi. Primary school teachers are advised to encourage pupils with visual impairment to learn various vocational skills as much as they have the capacity to do so in order to prepare them for the challenges ahead.

**Conclusion**

It has been established that children with visual impairment can actually live on the vocational aspect of functional education later in life provided they are taught the lucrative ones right from primary school level. This study concludes that all primary
school teachers should show positive interest towards these vocational skills and should encourage pupils to learn it provided there is avenue to market the products.

References


STIMULATE TEACHER’S INTEREST IN BRAILLE READING AND WRITING

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Kenya.

Introduction

The most important commitment to provision of quality basic education in recent decades is the worldwide movement for Education for All, which was initiated in Jomtien in 1990 and reaffirmed in Dakar in 2000.

It came up with the education goals that were internationally agreed upon. These goals were meant to ensure that the learning needs of all children, youth and adults are met by 2015. However, it is clear that the Education for All (EFA) agenda and the education-related Millennium Development Goals (MDGs) will not be achieved by 2015. The world is therefore looking beyond 2015 with new ideas on how to achieve the earlier targets and much more.

However, it is clear that the Education for All (EFA) agenda and the education-related Millennium Development Goals (MDGs) are unlikely to be achieved by 2015. The world is therefore looking beyond 2015 with new ideas on how to achieve the earlier targets and even much more.

As we look beyond these targets, there is need to address the new challenges, and come up with strategies that can address the drawbacks of yesterday and at the same time create options for today’s hitches. This should be done as we consider the most ultimate goal which is to reach the most marginalized and give more emphasis to equity, quality and learning.

It has been realized that access to schools is not the only drawback to basic education. There are other factors which include but not limited to education system, resources and teacher’s competence to handle learners with special needs. This eventually brings disparity among the learners who are already in schools.

In order to achieve the new targets, there is need to empower the teachers, and put out a plan for continuous professional development and support. Central to the achievement of all education targets, equity, quality education and learning for all are:-

- Teachers who are well trained, professionally qualified, valued and have decent remuneration.

In this context, governments should increase investment in teacher education. This education should take into consideration the emerging issues and should aim at finding solutions to the past and present challenges.
One of the strategies that ought to be considered is on the part of improving the quality of teacher education in line with Inclusive Education requirements. It is well known that Inclusive Education requires a multi-skilled labour force that will complement the multi disability and special needs groups put together in an inclusive setting.

In this case, for the teachers to be able to teach learners who are blind effectively, they ought to learn Braille. This will enable them to communicate effectively with learners. Learning braille will give an opportunity to the teachers to understand what the learner is communicating, first hand without using a mediator. In this case the teacher can understand the learner’s weakness and strengths and be able to act on them in good time.

A more viable means to achieve this is to incorporate this component in the teacher training curriculum. Current trends in teacher training shows a slow but an improved curriculum, in terms of inclusion of special needs education component.

In Kenya, in the 1970s, only a topic on child’s study was being taught in the Primary Teacher Education. However more recently, the content has been improved to include an area on the Children with Special Needs.

The content could further be improved through inclusion of practical subjects such as braille and sign language. This will enable the graduates to come out already equipped to handle learners with special needs.

**My Story**

I wish to share my experience as teacher for learners who are blind before and after I learnt Braille.

I was posted to a teacher training college with trainees who are blind. It was my first encounter with learners with Visual Impairment. My first lesson was a “bad experience”.

The moment I started talking, the visually impairment learners would also start writing! When I pause for them to complete writing they would also pause to wait for me to start talking. The noise from the braille machines was strange to me in an environment where I expected total silence.

After the lesson, I headed straight to the dean of curriculum to request to be given another class since I did not know how to handle this class. Fortunately or unfortunately, the learners had been distributed in all the classes. The dean told me I had to be patient otherwise the other option would be for me seek transfer to another college.

I chose to stay and convinced myself that I **Can Do It**. I was focused and there was no turning back. As I discussed with the learners on how to handle the matter, I started understanding their needs as braille users. I continued to interact with them and I
gained more experience from marking the debrailed exam papers. I realized that there were some limitations that I needed to overcome in order to give these learners the best and this encouraged me to learn braille.

I needed to learn the skills as well as how to handle them in class. I enrolled at Kenya Institute for Special Education to take up a diploma course that included learning Braille. Friends and colleagues discouraged me noting that I was taking a lower level course instead of a higher level. I consider my decision to continue with my course my best choice ever. No regrets.

**Lessons learned**

It is always important for the teachers to marker the learner's paper/work directly rather than depending on the services of transcriber to debraille. I would occasionally receive complains from the learners that some of the points were not marked and after cross checking with a different braille reader I discovered that sometimes the transcriber would leave some portions not debrailed. This is what motivated me to learn braille and I have never regretted. I mark my papers directly and with that I am able to know at once the learners strengths and weakness and handle them promptly.

From my experience when the learners discover that you are able to assess their worker even during the lesson just as you can do to those using print, they are motivated and this enhances their contribution in class and eventually good performance. They also build trust in you as a teacher.

This experience also helped me to change my teaching approach. Before I did not know that once you have written braille you cannot go back on the same sentence and add a point or a word. This is very common when using print as you just put a sign of ‘omitted’ word or sentence. It is important to note that unless the teachers have experience in braille they will continue taking this for granted hence they end up confusing the learners.

When a teacher knows braille, he/she will know in advance what is possible to be written in braille and what may not. With this advance knowledge, one can do adaptations before going to class and be able to advise the learners accordingly during the lesson.

**Conclusion**

The need to give my best to all learners is what motivated me to learn braille and from my experience I can testify that it is worthy. Since this may not happen to all the teachers, I call upon the governments and the ministries concerned to make a viable plan to have this component included in teacher training curriculum. As teachers, we need to serve all learners equally hence the need to learn their way of communication.
References

UNESCO, 2014: *EFA Global Monitoring Report 2013/14*


The goal of a National Plan for Inclusion of children with disabilities should be to promote their education and comprehensive development as a matter of right. It should focus on promoting education, improve accessibility, develop quality health assistance and forge strong partnerships among those who put forward inclusive initiatives and embrace equality. Such a National Plan should have the following objectives:

1. Knowledge increases as it becomes accessible through provision of learning opportunities and resources

2. Schools are made physically accessible for integration of all children with disabilities through child preparatory services, making schools accessible where teachers are welcoming

3. Sports and leisure opportunities for children with disabilities are created, modified and adopted in inclusive environments

4. Cooperation with different Ministries provides adequate, effective and appropriate access of children with disabilities to all health care, education, transport and other services as a matter of right and entitlement.

5. Remedial and preventive early intervention and therapeutic services are expanded, created and promoted

6. To ensure that students have further educational/training opportunities for their inclusion, skill development and career advancement.

7. To ensure community participation, parents involvement and acceptance by the education and support system at all levels of education

8. To use available community resources, regular facilities of schools and school administration with adequate and earmarked allocation of resources to enhance educational opportunities for all children.

1. Overall Objectives

The National Strategy has identified the following Overall Objectives:
1. Inclusive education principles are practiced by all education providers in region of the country with special schools for children with disabilities playing a strong role as support providers

2. Empowerment of the communities through strong awareness programs which aim at building advocates to ensure that dignity, respect and the well being of visually impaired people are protected and enforced

3. To increase responsiveness towards improving environmental conditions for children with disabilities so that access can be granted in equal basis with others

4. Cooperation among stakeholders is established, nurtured and maintained in order that services provided for blind and visually impaired people are more effective and have better quality

5. Influencing all the legislations, notifications and guidelines to make all the relevant policies and programs and inclusive and accessible

6. Strengthening cooperation with key ministries to ensure that some of their services become available for visually impaired and blind students.

7. Establishing collaboration with international organizations for sharing resources

2. Specific Objectives

To achieve these Overall Objectives, the National Strategy has identified the following specific objectives:

1. Resource centre is established and become main stakeholder for the inclusion of children with disabilities in their communities.

2. Resource rooms are established in the regular schools where significant number of children with disabilities are enrolled

3. All children with disabilities are assessed, medically checked up, provided appropriate intervention, assistive, mobility and educational devices

4. Schools are encouraged to use latest technology

5. Regular schools and students are equipped and prepared for educational inclusion and access to further educational possibilities is granted

6. Capacity of regular schools’ teachers is developed in respect of handling children with all type of disabilities
7. To introduce preschool preparation courses aiming at integrating children into mainstream schools on appropriate school age

8. Ongoing community awareness initiatives are identified and programs are strengthened

9. To equip communities to be able to develop attitudinal awareness with the intention that they become capable to identify barriers that lead to isolation and segregation of people with visual disabilities

10. To influence behaviours that can affect long term system changes, policies and decision making through strong advocacy

11. Knowledge increases as it becomes accessible through provision of learning opportunities and resources in accessible format

12. All children with disabilities are provided educational material in accessible format with special focus on Braille, large print and audio material

13. Sports teachers are imparted adequate orientation and training as regard specific needs of children with disabilities while participating in inclusive sports and games

14. Remedial and preventive early intervention activities/services are expanded, created and promoted

15. Supporting and collaborating with grass roots organizations so that they become key awareness and advocacy actors

3. Actions

The National Strategy should propose following multipronged actions to achieve these objectives:

3.1 **Resource centres** are equipped to produce and make accessible reading material available for students attending mainstream schools; provide assistive, educational and mobility devices; provide technological support, provide all special equipment, devices and software, computer skills, access to computers, use of total communication, accessible books, facilities of assessment and counselling to all students and other stakeholders; and library support in accessible format.

3.2 **School Environment**: All schools are inclusive with accessible classroom, facilities, sports grounds, assembly hall, practical rooms with accessible built environment, signage and audio signal wherever possible.
3.3 Human Resources: A team of qualified resource teachers are appointed for managing the resource centre, resource classes and resource rooms. All teachers are imparted adequate orientation as regard specific needs in terms of meeting specific needs of children with different disabilities and combination thereof, use of technology and books in accessible formats, modification of teaching and evaluation methods and means of ensuring learning of all children with disabilities in school environment.

3.4 Sports, Recreation and leisure activities: Availing services of specially qualified sports teachers, imparting orientation to regular sports teacher as regard specific needs of children with disabilities, modification of sports equipment, importance of inclusive sports, need for participation of such children in all sports, leisure and entertainment activities, allocation of special budget, modification of sports facilities and motivation of fellow students in this regard.

3.5 Parents' Participation: The National Strategy also includes orientation of parents as regard specific needs of children, importance of family support, involvement of parents in school management committee, financial incentives to parents, formation of parents groups, counselling of parents, need based orientation of parents and inviting parents while developing the national strategy etc.

3.6 School Administration: All administrative heads of schools, education department and other services provides are imparted orientation as regard special needs of children with disabilities, nature and extent of special available from Government and other funding sources for meeting specific needs, understanding of legal provisions as regard enrolment, assessment and certification of such children, allocation of special budget for reasonable accommodation, making special provisions for access and accessibility, and special approaches to evaluation of such children and procedure for conducting examination etc.

3.7 Initiative of National Government: Governments have a great role to play in ensuring enrolment and retention of all children with disabilities in special as well as regular schools. One developing country has even gone beyond developing a National Strategy and has modified the laws related to education to ensure legislative support to inclusive and appropriate education. It has taken the following measures in this regard:

- Amendment to Right to Education Act for making admission of children with disabilities to all schools mandatory, allocation of earmarked resources for making education of such children completely free
- Including children with disabilities in the national campaign on education for all with specific allocation for children with disabilities.
- Enacting a national law on disability with a specific provision for ensuring education of children with disabilities as a legislative mandate
Constituting a National Monitoring Committee on monitoring of education of children with disabilities

Constituting a National Committee on developing guidelines on ensuring education of all children with disabilities under all modes of education.

Introducing a national scheme on providing educational devices, mobility aids, technologically supported devices and adaptation of regard educational devices completely free of cost to non-affording children with disabilities.

The concerned Ministry of Education also needs to coordinate with the Ministry of Health for ensuring medical support, therapeutical intervention, assessment, early intervention and health education; with Ministry of Social Justice for extending concessions, entitlements and scholarships and other need based support to such children; with Ministry of Women and Children with identification of such children, early intervention and mother's education; with Ministry of Skill Development to plan skill development as a part of education system, provide adequate for making skill development inclusive and extend need based support; with Ministry of Transport to make the public transport system accessible, affordable and disabled friendly; with Ministry of Public Works to develop guidelines for making school and public places accessible, ensure implementation of guidelines; with Ministry of Broadcasting to project positive image about children with disabilities and to create awareness about various program and initiatives on education of such children.

4. A Glaring Example

The Ministry of Education in a developing country has developed a National Strategy on Inclusive Education which the support of an International Non-Governmental Organization, ICEVI, national level organization working for persons with visual impairment and other stake-holders. This is one of the most comprehensive and well developed strategies. This has already been implemented over the last 2 years. The most striking achievement is that this strategy has already been evaluated by an independent group of professionals. The evaluation has focussed on various aspects including suitability of a school for the blind as resource centre, quality & relevance of available services, SWOT analyses of services, nature of services to be promoted for children with additional disabilities, need for creating a resource group of teachers, planning IEPs for children, seeking cooperation of other schools in the process, providing orientation to the teachers working at resource centre, introducing vision assessment and rehabilitation, teaching math, science and geography to students, curriculum adaptation, support of family members and development of staff capacity.

5. Lesson for Africa

As socio-economic conditions in West Asia region are very similar to that in Africa region. Any strategy, policy or legislation that has developed in developing countries in
West Asia can be easily adopted for most countries in Africa region with regional modifications.

The representatives of the participating countries are most welcome to further examine effectiveness, appropriateness and efficacy of a national level strategy for promoting appropriate education. The National Governments in Africa region are most welcome to evolve and implement such national strategy. The ICEVI shall be very happy to guide any country in Africa region to evaluate their existing strategy and to evolve and effective and appropriate national level strategy as regard education of children with disabilities with the objective of "Holding each child with disability with hand and leading her into life through appropriate and affordable education"
1. Beginning of Residential Education:

The residential education began in South Asia during 1887 with establishment of First School for the Blind at Amritsar in India. The concept of residential education continued to grow at a very slow pace all over Asia with establishment of a few special schools for persons with disabilities in the different countries. Most of these schools were established either by missionaries or the parents of such children. Some schools were established by Special Teachers and international funding organizations as well. However, all these schools were run on charity basis, either with support of public donations or with Government grant. The Government Departments which provided such supports were named as Departments or Ministries of Social Welfare, signifying charitable approach to running of such schools.

2. Shift to Integrated Education:

The first initiatives on admission of children with disabilities to the regular schools can be traced to early 1960s in some countries. In Asia, these initiatives were taken in Nepal, Sri Lanka, Thailand and India. Such initiatives were again taken by the parents and special educators who received their training in developed countries and observed progress of such children in the regular schools. The impetus to this approach came with the celebration of the year 1981 as International Year of Disabled Persons. The first systematic international initiative to this concept came from Salamanca Declaration with the adopted during 1995 and Dakar Declaration of 1996. Many countries around world adopted Salamanca Declaration and started planning implementation of inclusive education.

3. Beginning of Integrated Education in Gujarat:

A true beginning of integrated education in Gujarat was made during 1981 with 11 children with the support of an International Funding Organization. The Government of India provided support to this initiative during 1986 by sanctioning a grant of US $ 2,000 for enrollment of 8 children with visual impairment in the regular schools. Today, after 29 years, this small number has increased by 6000 times with a grant allocation of Rs. US $ 10 million!!

3.1 Universal Coverage: Today in Gujarat, there are more than 45,000 children studying under inclusive education, mostly supported by Ministry of Human Resource
Development as well as Department of Education. The coverage has increased from only visually impaired children to children with categories of disability. To support this concept further, the Department of Social Justice & Empowerment, Govt. of Gujarat has launched a statewide scheme of Community Based Rehabilitation with the target of covering each and every person with disability by the year 2010.

3.2 Education for All: Unparallel growth of inclusive as well as residential education in Gujarat establishes that it is possible to promote all the mode of education as complimentary to each other. It establishes that a coordinated approach that involves Govt, educational organizations, NGOs and support system with appropriate utilization of existing schemes and infrastructure may achieve the target of “Education for All”. The other factors, which contributed towards success of inclusive education in Gujarat, include establishing a system for monitoring of progress, allocation of adequate resources, adoption of the policy by different stakeholders & State machinery, promoting educational approaches under the auspices of education system per se.

3.3 Comprehensive Approach: The Gujarat has adopted a comprehensive approach to early intervention, inclusion at levels of education, retaining residential education where essential, adequate support system, promotion of social communication as a mandatory component, ensuring community participation and use of community resources, and revamping the existing machinery to provide scope for adoption of new approaches.

Gujarat took lead in implementing the scheme of inclusive education through a Govt. controlled autonomous professional entity known as Gujarat Council for Educational Research and Training. The GCERT took a bold initiative of taking a professional person on deputation from an NGO as Coordinator and that made difference in expansion of the concept of inclusive education. It also sought support of UNICEF for conducting a door-to-door survey in selected blocks for the identification of children with disabilities. To support the movement of inclusive education, the Commissioner of Person with Disabilities convened meetings of senior officials of Departments of Education, Health, Social Justice & Empowerment and Rural Development to share various provisions of Persons with Disabilities Act and assign responsibilities to these Departments as regard implementation of relevant provisions. These sensitisation meeting resulted into issuing of notification by the Department of Education as regard admissions; by the Health Department for issuing of disability certificates; by Department of Social Justice regarding travel concessions and provision of scholarships; and Department of Employment reserving 3 percent seats in polytechnic, Industrial Training Institutes and colleges of Engineering.

3.4 Advocacy: The High Court of Gujarat also made a very significant contribution towards promotion of education of persons with disabilities. It delivered a very significant judgement in case of Palak Jain versus Union of India directing the State Govt. to issue appropriate notification reserving 3 percent seats in the medical colleges. This judgement by implication meant that the persons with disabilities are eligible to get admission in all educational institutes. This judgement stands confirmed by the

4. Shift to Inclusive Education:

Another initiative that is going to promote inclusive education in the State of Gujarat at a large scale is starting of Foundation Course with the approval of Rehabilitation Council of India and under the auspices of a University. The District Primary Education Programme in Gujarat took the lead of deputing 3 regular teachers from each block for a Foundation Course of 3 months duration. Already 1500 regular teachers have been trained in this programme. These teachers are now playing a very significant role in promotion of inclusive education of children with disabilities in Gujarat.

Outstanding Performance: Gujarat, which has excelled in promotion of all modes of education, is now taking a quantum leap in the promotion of inclusive education. Under Sarva Shiksha Abhiyan (Education for All Campaign), about 1,25,000 children with disabilities have already been admitted in the regular school. Recently, the SSA has sanctioned the following education and rehabilitation material for these children:

- Distribution of 25,000 Early Learning Kits to children with mental retardation
- Provision of 25,000 Braille Books to blind students attending regular schools.
- Provision of 8,000 low vision kits to children with low vision
- Provision of Large Print Books to 8,000 children with low vision
- Provision of mobility and assistive devices to all the children with disabilities in Gujarat enrolled in the regular schools.
- Orientation to 25,000 regular teachers in disability related aspects.
- Deputation of selected teachers from regular schools to the Foundation Course.

5. Inclusive Schools

Gujarat is now taking a quantum leap in this respect as the Department of Primary Education has already granted recognition to 3 dedicated inclusive as regular schools with focus on meeting educational needs of children with disabilities. If the momentum in this regard is maintained, the day is not far when every regular school would become inclusive and every child with disability will be having access to appropriate education in the State of Gujarat to begin with and the whole country in the coming years.

Amendment to RTE: The Government of India took a bold initiative of amending the Right to Education Act, 2008 during August, 2012 ensuring coverage of children with disabilities under the system of free and compulsory education. This amendment has already been passed by Parliament and it ensures that a child with disability has a right to free and compulsory primary level education. The amendment also validates all the provisions of the Persons with Disabilities Act, 1995 in respect of ensuring education of children with disabilities under all modes of education. This amendment mandates that Government is duty bound to provide complete support including provision of assistive devices, promoting teacher education, ensuring research, provision of teaching learning
material and providing all need based support services to each and every child with disability. To ensure effective implementation of education of such children under the RTE, the MHRD has taken the following 3 initiatives:

- Establishing the National Monitoring Committee on Education of Children with Special Needs including Children with Disabilities
- Establishing a Task Force for Monitoring Education of Children with Disabilities at national level
- Establishing a Committee on Developing Guidelines as regard Education of Children with Disabilities under RTE at the elementary level.

The National Monitoring Committee has reviewed the progress and decided to constitute a Task Force to monitor the progress. The Task Force has already met twice and is in the process of reviewing extent of coverage of children with disabilities under various existing schemes. The Committee on Evolving Guidelines has already met twice and the draft guidelines are being evaluated. The biggest challenge for all the State Governments and NGOs is to ensure effective implementation of this amendment and ensure admission of children with disabilities in the regular schools, both private and Government. Thus with the effective implementation of this Act, every school, public as well as private, shall be inclusive. While an excellent beginning has been made, it is going to be a big very challenging to achieve this objective of making each and every school truly inclusive, accessible, welcoming, and disability friendly.

6. Challenge for Africa:

The experience of promoting all mode of education in India and subsequently seeking legislative support in making each and every school inclusive establishes that ultimate goal of any National Government should be making every school inclusive and opening the doors of these schools to each and every child, including children with disabilities. If this very encouraging beginning can be made in a vast country like India, there is a great scope of replicating this experience with regional modifications in various countries in Africa region. ICEVI shall be glad to extend any support and provide guidance in this regard. The participants are also most welcome to plan a visit to India and other countries in West Asia and observe this new initiative on promoting inclusive schools. The initiative can be easily terms as "Inclusive Learning Revolution".
WHY IT IS DIFFICULT TO MOVE FROM A POLICY OF SPECIAL SCHOOLS TO A POLICY OF INCLUSION

Susan Bam
Chairperson of the Early Childhood and Education Committee, Blind SA
South Africa.

Blind SA, the largest consumer organisation of blind people in South Africa, provides services through 5 committees of which the Education committee is one. This committee was formed in 2005 and in the first few years the members had to work through many policies to see where they could make a difference in the education of visually impaired learners. These days our aim is more on the individual learner.

In South Africa the government is committed to inclusive education, but they are not yet geared for it. We have 22 schools for visually impaired learners in our country. It is very difficult to move from an education policy of special schools to inclusive education. The committee visits mainstream schools to help and give advice with the inclusion of a visually impaired learner. We would even blindfold the learners and teachers, so that they can experience a feeling of blindness. We would play games with the learners, but the visually impaired learner would be included.

In May 2009’ a Child Disability Care workshop was held at the Children’s Memorial Institute in Johannesburg. The President of Blind SA and I represented the Education committee. The theme was: ROAD MAP TO SUCCESS FOR THE CHILD WITH VISUALLY IMPAIRMENT.

Our President, Cathy Donaldson and Heila Naudè spoke on the advantages of a special school. Patricia Preyser spoke on mainstreaming. She is the mother of a blind boy. It was good to hear the pros and cons of both sides. These three speakers spoke well and motivated their view points and beliefs very strongly. In South Africa it is only the child from a wealthy family who can benefit from inclusion at this stage. The Preysers have put their son in a private school. They did not like the idea of putting their son in a special school for the blind and they did not want him to be associated with other blind children. In his G11 and G12 year he was put in Prinshof. This is one of our best special schools and the reason was that it became too expensive for them to pay his braille textbooks. We help learners in mainstream schools, who do not cope, because of their vision, to get into a special school, if the parents prefer it.

A Facilitators Course was held in June 2009: My husband and I attended the course on behalf of the Education committee. The presenter of the course was Willie Erasmus, a clinical and childhood psychologist, who has a practice in the Cape. At this stage the learners who benefit from this concept are those whose parents can afford it.

A facilitator is someone who received training in the management of a disability. He is used in a mainstream school. For a blind learner the facilitator will teach Braille, mobility and all the extra knowledge and skills he requires. The learner will follow the same
curriculum as the sighted learners and the teacher of the class will teach the whole class together, but for special needs, the facilitator will be there for the blind learner.

At Willie’s practice they make use of trained facilitators to assist autistic, ADHD, Blind and CP learners.

I must be honest, at this course I agreed for the first time, that blind learners can go to a normal school. Many of you are against facilitators and I can understand why. Often it will happen that the learner becomes too dependent on the facilitator and that defeats the purpose. Unfortunately, in South Africa, especially in our government schools, we have very big classes. One will find in a G1 class 40 learners and I have even heard of 120 learners in a class. The solution would be to use a facilitator in these big classes. The facilitator can withdraw himself from the learner gradually physically and mentally. In the end the learner would then be totally independent and become fully mainstreamed. The advantage of this is, that a facilitator is well trained and the task of teaching skills does not fall on the teacher, who has more than enough to cope with.

The facilitator can also assist in the general class with other disabilities and even with learners without disabilities. This indicates to all learners in the classroom, that there is full inclusion. Our Education department feels that facilitating will be too expensive to take them on board. Countries like New Zealand, the U.K., Canada, the USA, Belgium and Denmark are very much in favour of using facilitators. At this stage I am not sure about Australia. I know that they used facilitators at a stage.

We help with the assessing of visually impaired learners to see what assistive devices they need and where necessary, we would assist in procuring these devices. In 2014 we helped a visually impaired G12 learner, who needed one to one tutoring, with her school and transport fees. She could not attend a mainstream school or School for the Blind, because she was traumatised. The committee administers a Learners Assistance fund to provide financial support to learners in special cases.

We assist multi disabled learners but blindness must be one of the disabilities, to get into appropriate homes or schools, where necessary. A mother of a child of 2 and a half phoned me. The little girl is blind, she cannot walk and she cannot talk. So often we think that parents just want to dump these children at a home or a school. This mother could not go to work, because nobody wanted to look after this child. No nursery school wanted to enrol her. We got a place for this little girl in a home for children with disabilities. She goes home every weekend. One has to be very careful in placing a multi disabled child. In many cases they cannot come and tell you what is going on in the home or school.

In 2014 we were also helping a deaf-blind 40 year old gentleman to write g9, because he wanted to write G12. This project was not a success, because he met a lady friend and became very serious. In a way, one can understand it. I think they feel so isolated in this world, that when they fall in love, it is perhaps more important than anything else.
We were so motivated by the ICEVI conference in India in 2013 that we know it could have worked.

We negotiate with government and other authorities to ensure that visually impaired learners at all times receive quality education. After the Apartheid years a strong emphasis was put on the right of an individual. Even in schools for the Blind teachers were not forced to learn Braille. Some blind learners came into contact with our Education Committee. They failed their G12 exams, because the scribes, who were used for them, had not been trained. These learners never had the opportunity to learn Braille, although they were in a School for the Blind. In March of 2009 at an Education Committee it was noted that very few teachers in Schools for the Blind know Braille. In some of these schools no teacher had any knowledge of it. It happens that when work has to be marked, a class mate has to read the Braille answer to the teacher. Teachers could not be forced to learn Braille.

Our previous braille authority, Braille SA, had a meeting in May 2009, attended by a delegation from Botswana. I was very impressed with Botswana’s legislation for Braille. Every teacher in a school for the Blind has to know Braille. If he is not interested to learn it, he is sent back to a normal school.

A Braille SA conference was held in October, 2011, in Worcester. Delegates from different schools were very unhappy about various aspects of Education. It was suggested that a delegation of Braille SA should go and see the Director General of the Department of Education to discuss these issues with him.

Amongst these problems were:
- There had been a Capacity building workshop in March of that year. Everybody was motivated and waiting for a follow up, but nothing materialized.
- The Minister of Basic Education had instructed in 2011 that teachers have to know Braille in schools for the Blind by 2014. The question was asked if a written notice was sent out to schools in connection with this matter. How will the department enforce this?
- What about an extra Braille period in schools?
- Although exam papers are adapted, the memoranda are often not.
- Why are blind teachers not allowed to mark external papers?
- Teachers who teach a specific subject should be used for the Debrailing of such papers.
- Will learners in special classes under the new curriculum receive sufficient training to qualify for some vocational certification at the end of grade 9?

On the 7th of December 2011, we had an appointment with the Director General, Mr. P.B. Soobrayan, of the Department of Education. It was proposed that a memorandum of understanding be established with the sector in which all aspects of the capacity building will be outlined, including when, where and by whom. Training will be conducted in key areas such as the new UEB code, Braille competency, curriculum, adaptation and all other areas related to delivering a quality curriculum at schools for
Visually Impairment.

For every issue there was a solution and an answer. At that stage I thought the problem lay with the district offices, those people who have to implement the policies. I had the impression that the Head Office of the Education Department did not have the necessary close relationship with their district offices. There are those people at Head office who are working hard and who will do their utmost to help, but they are individuals in a big network. Most of the time these hard working people have too much work on their hands.

I felt very pessimistic about the final outcome of that meeting. As far as the Education Department was concerned, it sounds easy, but in truth we know that it is not. In South Africa a new curriculum for Education was implemented in 2012. At this stage only 5 of the 22 schools have material for G12. Teachers themselves have to type it on to the computer and print it in braille.

A member of the Executive of SABA (the South African Braille Authority), Derick Greeff, wrote on SABA’s e-mail list a year ago that he had attended a conference where a senior official of the Western Cape Education Department responded on questions on the teaching and availability of braille in schools.

He explained that braille is taught to learners up to grade three to develop their literacy skills. From there, electronic devices are provided by the Education department on which all documents and textbooks provided by the publishers are loaded. They will use them up to grade twelve for study purposes. It was emphasized by the official at the meeting that it was important to the department to first develop the literacy and numeracy skills of the learners before moving on to the electronic devices. Derick wrote on the list and I quote: “This is a consolation indeed but, in my view, will not encourage the learner and, in later life, to read braille at all.”

In an article in the Star By Michelle Jones, she writes:

“HELP ON HAND: New devices to convert printed text to Braille are being used successfully at two Western Cape schools. The Athlone School for the Blind in Bellville South and the Pioneer School in Worcester have received the devices. an e-Braille portable computer, a device for scanning and reading printed text, and a portable MP3 player so that blind users can listen to audio books. They were piloted two years ago and the department has since expanded the use of the technology in the two schools. Fletcher Fisher, Athlone’s principal, said the machines each cost about R57 000. The cost benefit of this is huge, especially (compared with) the traditional cost of producing Braille books.”

Schools find it difficult to load the machines with material, because the publishers are unwilling to give them the electronic format.
Many of you will think this is a solution. To me it would have been a solution, if the Education department could use this method in conjunction with Braille books. Very few learners will have the opportunity after G12 to afford a machine like this. Another problem is whether the Education department will have enough funds to provide every learner from G4 to G12 with a E Brailler like this? How much knowledge does a learner at the end of G3 have about Braille, especially for technical material such as maths and science?

Many countries are using English as a first or second language. We all know that there are words that sound the same, but are spelled differently. I know children. If they are going to listen to a passage, most of them are not going to make the effort and go back to every word they do not know how to spell.

Were you ever in a meeting where a blind person had to give a talk, where he has his points on his laptop and he is using a speech program? He would speak and then listen with his ear phones for the next point on his computer. Everybody is waiting for what he is going to say. Later you sit on the edge of your chair and it feels like you want to help him out of his misery. I am not against speech programs. I myself am using one at work, but I feel Braille should have its rightful place in a blind learner’s life and the learner has the right to it.

The RNIB revealed fewer people are using its Braille library. Steve Tyler, head of planning at the RNIB, said the body was worried about the decline of Braille, but that it was putting more resources into teaching products and electronic Braille.

He said: “We do see threats to the system but it is still at the heart of what we do because of its literacy and educational value.”

The Education Committee proposed to the SABA in May 2014 that they institute legal action against the Department of Basic Education.

Between September 2014 and February 2015, at the request of the South African National Council for the Blind, the South African Braille Authority and Blind SA’s joint request, rights organisation Section27 visited 20 of the 22 special schools for visually impaired children in South Africa. They interviewed staff and pupils at these schools and asked them about what they experienced working and learning there.

They left almost every school shocked by what they heard and saw. The process as a whole was enlightening, frustrating and emotionally taxing on them. As a totally blind former pupil at Arthur Blaxall School for the Blind in Pietermaritzburg, Silomo Khumalo in particular struggled to come to terms with the conditions at the schools that have, in many cases, clearly deteriorated since he matriculated in 2006. Pupils battle to learn. For example: without braille pupil/teacher support materials, without assistive devices and without teachers capable of reading and writing braille. I am pleased to report that from 2014 some provinces are arranging Braille courses for teachers in Schools for the
Blind, but in the Eastern Cape a private company, Pickford’s, was awarded a tender to present this training to teachers and they had absolutely no experience or knowledge of braille teaching. The instructors sent to instruct teachers could not read or write braille themselves.

Most schools do not have access to mobility instructors and pupils therefore learn to find their way around by “bumping and falling”. As a result, some pupils cannot even find their own way to the school gate successfully after spending several years at the same school.

Many of the problems experienced by schools for pupils with visual impairments, just as in other special schools, are the result of systemic failures within the provincial and national departments of education and are therefore symptoms of bigger structural problems. These problems include a lack of clear policy guidance for educators, a failure to implement the white paper, a general lack of expertise within the departments of education about teaching pupils with disabilities, and a failure to budget adequately for this purpose.

The difficulties faced by children with disabilities in gaining access to education are a national shame. Visiting the schools and talking to pupils and staff reveals that, despite these awful circumstances, some visually impaired children still manage to excel in their studies thanks to the valiant efforts of teachers.

May be you will understand better now what a battle it is to move from a policy of special schools to a policy of inclusion. If the Education department cannot solve the problems of the learners of 22 schools, how are they going to manage if all our learners are located all over the country in 500 or a thousand different schools? We will keep fighting for the rights of our learners. They are the next generation. If they receive quality education now, they would want quality education for those who come after them.
WEDNESDAY 7TH OCTOBER 2015

PROMOTING ECONOMIC SELF-RELIANCE, EMPLOYMENT AND DECENT WORK

PLENARY PRESENTATIONS

PLENARY CHAIR

Hon. Mwesigwa Rukutana
Minister of State for Youth, Labor, Employment and Industrial Relations,
Republic of Uganda.

KEYNOTE SPEECH

Dr Praveena Sukhraj-Ely,
Director: Persons with Disabilities, Promotion of the Rights of Vulnerable Groups,
National Department of Justice and Constitutional Development,
South Africa.

CONTEXT SPEAKERS

Myra Houtondji
Youth Leader, Benin Association of the Blind
Benin

Sreepura Mitra
Consultant, United Nations Partnership to Promote the Rights of Persons with
Disabilities (UNPRPD)
USA.
EMPLOYMENT AND ECONOMIC SELF-RELIANCE FOR PEOPLE WHO ARE VISUALLY IMPAIRED IN AFRICA

Dr Praveena Sukhraj-Ely,
Director: Persons with Disabilities, Promotion of the Rights of Vulnerable Groups,
National Department of Justice and Constitutional Development,
South Africa.

Good morning colleagues. As mentioned, it is unfortunate, but due to certain unforeseen circumstances, His Excellency Doctor Aubrey Webson, is unable to attend the Forum to deliver this key note address. I was approached by the Forum organisers to prepare and deliver this address, and I must admit that I found the task to be quite daunting. Firstly, because I don’t think I could adequately fill the big shoes of Doctor Webson and secondly because I would have loved to have more time to prepare my presentation. However, I strongly believe that everything happens for a reason so you are stuck with me for the next 20 minutes.

When I was approached to deliver the address, I was told that I was best suited to give this key note as I am an African, I am a disability activist and that it was felt that I am not afraid to raise what may otherwise seem to be controversial issues and furthermore, I am a visually impaired women who has had to personally face challenges in the world of work and the broader economy. In the circumstances, I endeavor to set the scene for the parallel sessions that are going to follow throughout the day on employment, economic self-reliance and decent work with an aim to stimulate debate in the subsequent sessions, provide some solutions to challenges that exist and finally provide some motivate on to other visually impaired persons to help overcome the realities of unemployment, of incorrect employment placements and of being economically dependent on the State and other sources.

In Africa, as is the case in many other developing regions, employment and economic self-reliance pose severe challenges for persons with visual impairments. The World Blind Union has found that the employment situation for blind people has not changed in the last 30 years. The unemployment rate is still extremely high despite the increasing trend toward the principles of inclusive education and inclusive societies. Statistics show that blind people are getting better jobs. For example, the number of sheltered workshops have declined, however, the percentage of blind people getting jobs hasn’t changed all that much, which is disappointing in light of international trends. It is believed that this is related to the following key factors:

1. Certain myths and stereotypical beliefs and attitudes maintained by employers are what perpetuate these circumstances. Some of these are: employers state although they really do want to employ persons with visual impairments, there are just no visually impaired persons who have the necessary skills and qualifications to perform the job; employers feel that it would just be impossible for persons with visual impairments to manage to perform in the work environment because of the fast moving pace of the business; that blind people
cannot work, because if they themselves were blind they wouldn’t be able to work; that it will be very costly to employ a person with a visual impairment etc, etc. It is these stereotypes and myths that need to be expunged. It is often the case that the State, and also the private sector, have good intentions as regards providing employment for persons with visual impairments, however, they do not have the necessary knowledge and information to make this intent a reality.

2. Visually impaired persons do not have the necessary skills and confidence to enter into the labour market of the business environment to become economically self-reliant. These skills range from education, literacy, mobility, communication, independent living, self-confidence and social etiquette. All these skills combined are what equip visually impaired persons with the prowess to enter into the world of work and broader economy. Hence, one cannot lose sight of the link between education and the host of other skills which provide the foundations for persons with visual impairments to be gainfully employed and moreover be employed in positions for which they have the necessary educational qualifications. It is often the case that visually impaired graduates are employed in positions of call center agents even if they hold bachelor’s degrees because there is a lack of confidence and information on both the part of the employer and visually impaired persons themselves.

3. It is the case that blind and even more so deaf blind people are the most difficult group to secure employment as compared to persons with other disabilities due to the fact that employers feel that it is easier to employ persons with other disabilities as it is perceived that there are fewer reasonable accommodations that need to be made. As a result quotas, if there is any, are met, but aggregation according to different disabilities is not met. This is especially so in the area of vocational streams of employment.

What initiatives need to be taken to help resolve this situation?

1. The foundations begin at a young age. Parents, family and the community have an integral role to play to ensure that visually impaired persons are given the opportunities to be equipped with the education and continuum of skills essential for them to thrive in the employment sector.

2. Visually impaired children have to go to school, and moreover should receive an appropriate quality education. Inclusive schooling with appropriate educational support will pave the way for inclusive employment for visually impaired children.

3. It must be embedded in the minds of visually impaired children at an early age that they have the potential and the responsibility to be equal participants in the economic sphere of society. The notion of placing sole reliance on a social pension and be dependent needs to be stopped immediately as it creates an illusory safety net for persons with visual impairments as they begin with the mindset that they will be looked after by the state or others.
4. It is vital that persons with visual impairments are given career counseling whilst at school level. It should not be presumed that because a person is blind or low vision that there are certain types of jobs that they can perform. Yes, naturally, they cannot be bus drivers, or brain surgeons however, they must be counseled and assessed to determine what areas of work they have an interest in. For example, preconceived notions that all graduates become lawyers, all matriculants can become call centre agents as was done in the past, or that blind people could only be placed in sheltered workshops to do cane weaving or to become switchboard operators.

5. NGOs need to become more proactive and join hands and build partnerships and networks to alleviate the challenges of unemployment and economic dependence of persons with visual impairments. A clear example now is the partnership between ICEVI and the WBU as it can be ensured that, when persons with visual impairments are at an age to enter into the job market and the broader economy, they are educated and equipped with the various social, mobility, independent living skills etc.

6. Greater awareness and sensitization need to be conducted to conscientise employers to the fact that persons with visual impairments can actually perform work functions that sighted employees can. Concepts like reasonable accommodations can be a bit daunting and misunderstood by employers as they feel that they will not be able to get their work done because the PWVI will create a burden on the work processes as they will need to provide them with costly equipment and make lots of concessions. In this regard several advocacy tools should be utilized to ensure that messages depicting PWVI in the workplace do not single out rare exceptions of examples of PWVI who are succeeding in the job market. Depictions should rather be show cases of numerous visually impaired people in different job settings, hence, illustrating that having PWVI in employment is the rule and not the exception. Also, with recent developments in technology screen reading software are now supplied free or at lower costs than was previously the case, and this should be brought home to employers.

The World Blind Union has developed project aspiro to provide solutions on how to overcome the challenges surrounding employment. The focus is not one-sided but multi-dimensional. These include:

1. The roles and responsibilities that have to be assumed by blind people themselves;
2. What the educators and service providers can do to ensure that people are receiving the education and necessary skills to be employed and moreover, be retained in employment;
3. How can the friends and family encourage and re-enforce those skills;
4. How to address the misperceptions and attitudes held by employers as regards capabilities of persons with visual impairments; and
5. What is meant by reasonable accommodations etc.

The concept of economic self-reliance has been recognized for more than 30 years. It is unfortunate but despite the good intentions of the NGOs who have tried to initiate such projects in very many instances, many of these projects have proved to be unsustainable. This is because they resonate with the charity model. The initial thought by the NGOs has been “please can we be awarded the funds to enable us to initiate this project”. Once the funding is awarded, the next step is to report to all its members that they are doing this project for example, bead weaving and detergent making in x community. All that is done is the training on how to do the bead weaving and how to make the detergents. The crucial elements of imparting certain essential soft skills are bypassed. Skills on how to build self-confidence, self-esteem, create self-awareness, empowerment, entrepreneurial skills, financial management, social skills, mobility, independent living skills etc. are not built into the programme.

As a result persons with visual impairments are unable to thrive and succeed in the competitive inclusive economic environment. There are certain good practice models that indicate that these types of economic empowerment projects can work in Africa and other developing regions, however, these are clearly currently the exceptions rather than the rule. NGOs and DSO’s tend to take charge of projects in its initial stages, and then prematurely exit the project resulting in unempowered PWVI and unsustainable projects giving rise to continued reliance of PWVI’s on social pensions and assistance of family members.

Furthermore, inclusive programmes is currently the way to go. We may clearly need some preparation to equip PWVI’s to compete in the inclusive economy. We cannot, however, continue to exist in isolation within segregated economic empowerment programmes. This is even more prevalent as it relates to the empowerment of women and youth as there is such stiff competition for funding and resources of women and youth in general that women and youth with disabilities have to really excel to share in that very limited pie. We need to get out of our shells and latch onto what exists in the mainstream. We need to collaborate with other mainstream community based programmes in order to boost economic self-reliance among PWVI.

Majority of women and youth with visual impairments have to find a way to penetrate the vocational economy as majority are not exposed to appropriate educational facilities and support. In these areas the role of the organisations for and of the blind are very critical. They are essential in playing a key advocacy role to boost the development and inclusion of PWVI in the various employment streams. They need to create room for role models and mentoring in order to empower PWVI. They need to drive policy change to influence systems and processes in Ghana, Ethiopia, Kenya, South Africa. Not merely to be occupied but to learn from role models.

What is meant by Decent Work? Whilst maybe bringing in an income, Begging is not decent work. Another highly controversial issue that is prevalent in many countries is that PWVI are made to work in sheltered workshops where they are given a minimum
wage so that they are not disqualified from receiving a disability social pension. This is clearly exploitation. There are other instances where parents of PWVI are even required to pay a fee to these work centres to allow PWVI to come to work at the center every day. This is clearly unacceptable. We need to look at social security systems that are actually suppressing people rather than assisting them. It prevents them from aspiring to earning a higher income as they are so conditioned into receiving the disability social pension. This, believe it or not, is even the case in Canada. There are various disincentives to working in the broader economy and open labour market as if you earn above a certain wage, your disability social pension will be taken away. Australia has an exemplary system as it is immaterial how much you earn as you still receive the disability social pension.

To round up this address, I think it could help to briefly highlight some of the challenges I experienced as a visually impaired woman in South Africa. I was fortunate to receive a formal education albeit at a special school for the blind. I matriculated in 1995 and proceeded to an inclusive tertiary education environment. The transition from a segregated school setting to an inclusive tertiary setting was traumatic to me, as I did not have the social skills or the self-confidence to comfortably interact with sighted students. Further, the educational support at the tertiary education environment was non-existent as compared to that which I received in the special school setting, and the technology needed to succeed was not available.

Despite these challenges, with the help of family and friends, and my own determination, I obtained a Bachelor of Social Science Degree in 1998, a Bachelor of Law Degree in 2000, a Masters degree in Political Science in 2002 and a PhD in Inclusive Education in 2008. I must add that I obtained 19 distinctions during my time at university and obtained my Master’s Degree Cum Laude and my PHD before the age of 30. I also received various Deans Commendations and was selected as a member of the International Honours Golden Key Society.

When I left university in 2002 with my 3 degrees at the time, and an exemplary academic record, No One, No One in the open labour market wanted to employ me. I was called for second and third rounds of interviews however, I was never able to land the job. It was almost as if all my studying was going to be for nothing. When this happened, I had two choices, one to just sit back and wait for someone to assist me, or the other to take the initiative myself and see what I could do to help myself in this situation.

After thinking about it for a few months, I decided if no one was going to employ me, I was going to employ myself, so I went to the Bar, no I don’t mean THAT Bar, I mean the Bar to be trained as a barrister, or an Advocate of law as it is referred to in South Africa, I served pupillage and passed the national bar examinations as an Advocate. I then began practice as an Advocate. It was very difficult as attorneys did not feel so comfortable to brief a 24 year old blind woman Advocate.
Despite this, I persevered and pushed my way through so that professionals in the legal fraternity were forced to recognize me. I even tutored other university students in commercial law whilst at the Bar to supplement my bar income. Eventually, I was recognized by the South African Law Reform Commission and I was employed as a Senior State Law Adviser in 2006 and am now employed as a Senior State Advocate in the National Department of Justice where my primary focus is promoting the rights of vulnerable groups.

I hope that this brief narration of my story indicates to you, especially those persons with visual impairments present at the Forum here today, that you are one of the key advocates to help close the gaps caused by unemployment in Africa. You need to take the initiative and not wait for society to make concessions for you. You need to push your issues onto the agenda to ensure that persons with visual impairments are taken seriously and included in the open labour market and the broader economy. You need to be proactive as it is your life at the end of the day and as much as society needs to be inclusive, the buck stops with you.

Thank You!
PANEL PRESENTATIONS

Trends In Rehabilitation Services
Panel Chair: James Sambian,
Ghana National Association of the Deaf,
Ghana.

Towards An Inclusive Employment Environment
Panel Chair: Sarah Akinola,
Team Manager, Agricultural Bank of Nigeria,
Nigeria.

Making the Employment Agenda Forward
Panel Chair: Taylor Snook,
Project Officer, Perkins,
USA.

Promoting The Use Of Technology Among Visually Impaired Persons
Panel Chair: Richard Anguyo,
Executive Director, Uganda National Association Of The Blind,
Uganda.

Facilitating Civil Independence and Freedom of Choice
Panel Chair: Juliana Kivusu,
Executive Director, Kenya Society for the Blind,
Kenya.

Teaching Mathematics To Learners With Visual Impairment
Panel Chair: Martin Okiyo,
Africa Coordinator, ICEVI,
Kenya.

Supporting People Who Are Multiply Disabled With Visual Impairment – MDVI
Panel Chair: Angela Affran,
Coordinator For Africa, Perkins International,
Ghana.

Strengthening Educational Outcomes And Impact
Panel Chair: Dr. Nandini Rawal,
Treasurer, ICEVI,
India.
1. Community Based Rehabilitation:

1.1 Traditional Definition of CBR: "CBR is a goal-oriented, individual need based, cost effective and result-oriented strategy of providing time bound and appropriate services within the community, with its active participation, involvement and with fullest use of its resources. CBR strategy aims at confidence building of the community, bringing out efficiency of individual and promoting active participation, involvement and integration of the individual in community live. It seeks Community participation at the planning, execution, management and Monitoring of CBR programme. It ensures community's support to protection of human rights, equal participation, equity, social justice, equal participation and complete development of the individual".

1.2 Status of CBR: Though CBR is currently practised in more than 90 countries and is part of many national strategies, most CBR programmes follow a vertical approach, which mostly focuses on a single sector or domain: health, for example, and often with an exclusive focus on physical rehabilitation; or education, with an exclusive focus on pre-primary and primary school inclusion; or livelihood, with an exclusive focus on income generation activities. People’s needs are multi-dimensional and human development requires well-being in different domains including health, education, livelihood, and the social as well as physical environment. To ensure people with disabilities have the possibility to lead full and fulfilling lives with dignity, CBR needs to adopt a multi-sectoral comprehensive approach addressing the key domains of well-being.

1.3 CBR Joint Position Paper: In 2004, the ILO, UNESCO and WHO updated the first CBR Joint Position Paper to accommodate the Helsinki recommendations. The updated paper reflects the evolution of the CBR approach from services delivery to community development. It redefines CBR as “a strategy within general community development for the rehabilitation, poverty reduction, equalization of opportunities and social inclusion of all people with disabilities” and promotes the implementation of CBR programmes “…through the combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services”.

The Joint Position Paper recognizes that people with disabilities should have access to all services which are available to people in the community, such as community health services, and child health, social welfare and education programmes. It also emphasizes human rights and calls for action against poverty, and for government support, and development of national policies, all leading to inclusion of persons with disabilities in the mainstream of social life.
1.4 **CBR Guidelines:** Community-based rehabilitation (CBR) was initiated by the World Health Organization (WHO) following the Declaration of Alma-Ata in 1978. It was promoted as a strategy to improve access to rehabilitation services for people with disabilities in low-income and middle-income countries, by making optimum use of local resources. Over the past 31 years through collaboration with other UN organizations, nongovernmental organizations and disabled people's organizations, CBR has evolved into a multi-sectoral strategy to address the broader needs of people with disabilities, ensuring their participation and inclusion in society and enhancing their quality of life.

1.5 **Purpose of CBR Guidelines:** The purpose of these guidelines is to provide support on how to initiate a CBR programme or how to strengthen an existing CBR programme. The target group for the Guidelines is CBR managers as well as personnel from local and international NGOs, government ministries, development organizations, primary health care programmes, education programmes and organizations of people with disabilities. They are designed as a practical guide to strengthen the delivery of CBR and promote inclusive development as a life cycle approach.

1.6 **CBR matrix:** According to these guidelines, a comprehensive multi-sectoral CBR programme should cover the key domains of well-being: health, education, livelihood, social and the empowerment of people with disabilities and their families. In light of the evolution of CBR into a broader multi-sectoral development strategy, a matrix was developed in 2004 to provide a common framework for CBR programmes. The matrix consists of five key components – the health, education, livelihood, social and empowerment components. Within each component there are five elements. The first four components relate to key development sectors, reflecting the multi-sectoral focus of CBR. The final component relates to the empowerment of people with disabilities, their families and communities, which is fundamental for ensuring access to each development sector and improving the quality of life, enjoyment of human rights for people with disabilities and their inclusion in the mainstream of social life.

CBR programmes are not expected to implement every component and element of the CBR matrix. Instead the matrix has been designed to allow programmes to select options which best meet their local needs, priorities and resources. In addition to implementing specific activities for people with disabilities, CBR programmes will need to develop partnerships and alliances with other sectors not covered by CBR programmes to ensure that people with disabilities and their family members are able to access the benefits of these sectors and attain appropriate inclusion.
2. Status of CBR In South Asia

2.1 Initiation of CBR in South Asia: The first beginning in South Asia can be traced to establishing of a Rural Rehabilitation Centre for the Blind during 1973 at Madurai with the financial support from PL-480 grant of the U.S.A. A nationwide project was launched in India during 1983. Over the last 31 years, it was implemented across 270 blocks covering a population of 8 million. This project was upgraded as CBR and was implemented in Bangladesh, Nepal, Sri Lanka and Afghanistan. A large number of funding agencies including Sight Savers, CBM, DANIDA, NORAD, ActionAid, Miseoror, Oxfam and South Asia partnership came forward to support CBR projects in South Asia. A group or professional also formed CBR Network (South Asia) which established a Central Secretariat at Bangalore and promoted CBR in all member countries. The Bangalore University also came forward to Post Graduate Diploma, Diploma and Certificate courses in CBR.

2.2 Major Impetus: The major impetus came with the establishment of CBR India Network during Asia Pacific Conference on CBR held at Bangkok during 14-16 December 2009 where CBR Asia pacific CBR Network was constituted. The participants from India also established CBR India Network and convened a national conference on CBR during 2011.

3.3 Translation of Guidelines: The WHO CBR Guidelines were also released in the National Seminar. The CBR India network also decided to get the guidelines translated
into Hindi, the national language and getting summary of guidelines translated into all regional languages. The guidelines have already been translated into Hindi, Bangla and many other national languages in South Asia.

3.4 Global CBR Congress: The Network also hosted first CBR Global Conference at Agra during 26 - 28 November 2012 where the CBR Global Network was established and Agra Declaration was adopted. This conference was attended by more 1300 participants from all over the Globe including a large number of participants from Africa.

3.5 Contribution of South Asia: Thus South Asia has contributed significantly towards promotion of concept of CBR. Most striking achievement is that most countries in South Asia are now promoting and following CBR Guidelines and the summary of the same is available in all leading regional languages. The Government of India with the support of CBM is planning to adopt CBR in mission mode and that would ensure very large funding by the Government for the promotion of CBR. There are strong initiatives on promotion of CBR and components thereof in Bangladesh, Nepal, Afghanistan, Pakistan and Sri Lanka. South Asia region leads the world in respect of implementation of concept of CBR and components thereof.

4. Implementation of Components of CBR Matrix:

It is very difficult to identify any initiative on CBR in South Asia where all the 5 components and 25 sub-components have been implemented in totality. As these components in the developing world are covered by different Ministries and Departments, it is difficult to have one single window or single mechanism for the implementation of all components in totality.

4.1 Health: On analysis of extent of implementation of health components, one observes that in most countries, many initiatives on prevention and cure of disability, health care and certification have been taken. The limitation however comes in providing affordable healthcare to persons with disabilities, providing them therapeutical services, especially in the rural, hilly & tribal areas. The National Government have not been able to ensure identification and assessment of all persons with disabilities. Even providing a certificate a disability to persons with incurable disabilities is very limited. Similarly, many countries in South Asia are not in a position to provide good quality assistive and mobility devices.

4.2 Education: In South Asia, Education for All is mere a slogan than a reality for most children with disabilities. While many countries in South Asia have adopted legislations, have evolved policies and have introduced programs, the coverage of such children is minimal. Most countries have not even able to conduct surveys, identify children or offer child preparatory services. The schools in most countries are not accessible. Textbooks are not available in accessible format and teacher have yet not been oriented as regard specific needs of children with disabilities. Even the child preparatory and parent counselling services are not adequate. The schools in most countries are not ready to take such children in the fold of inclusive education.
4.3 

Livelihood: Livelihood is part of CBR because “It is essential to ensure that both youth and adults with disabilities have access to training and work opportunities at community level”. The learning of knowledge and skills begins in the family at an early age – children watch and learn how to do things from parents and other family members. Children with disabilities should also be encouraged to learn, participate and make a contribution in the family. Likewise, disabled family members of working age should be assisted and encouraged to develop skills and start or return to work. A CBR programme that does not address the skills development and livelihood needs of youth, adults and senior citizens with disabilities in a community is incomplete and limits the sustainability of other efforts.

The livelihood component, like every other component of the CBR matrix, has very strong linkages with the other components. There are necessary linkages between efforts to promote and facilitate livelihood in CBR and efforts to enhance access to health care, education services and social opportunities. An individual with a disability needs to be healthy and may need an assistive device in order to work. Future work opportunities are greatly enhanced for children and youth who have access to primary and secondary education, as well as opportunities for skills training. Likewise, a person with a disability who is working is empowered and better able to obtain the necessities of life, maintain a family and participate lifelong actively in the social, cultural and political life of his/her community.

Even this component in most countries in South Asia is not very strong. Most countries have yet not introduced program on skill development, micro credit, support services or marketing facilities which are essential for ensuring success of livelihood initiatives. India has recently established Skill Development Council, Ministry of Skill Development and Sector Skill Council, covering persons with disabilities in all these initiatives. This initiative needs to replicated in all the countries which are keen on extending livelihood support to persons with disabilities.

4.4 Social Component: In many countries, the special schools and Ministries of Social Welfare have succeeded in creating awareness about the specific social needs of persons with disabilities. Some attempts have also been made on promoting sports, games and athletics for persons with disabilities in special as well as inclusive mode. However, initiatives as regard "Providing Personal Assistance" and "Access to justice" are not very strong. All organizations of the people with disabilities and those promoting community based rehabilitation and other services need to ensure implementation of these components.

4.5 Empowerment Component: The sub components of Empowerment are mostly cross cutting issues. Once other components are strengthened, these sub components get implemented automatically. Various countries in South Asia however need to promote Disabled People's Organizations and Self Help Groups to ensure people's participation in their own empowerment. Some countries like Bangladesh have strong self help
groups and micro credit groups for the non-disabled. All these countries need to make concentrated and planned efforts on promoting these components.

4.6 Relevance for Africa: The analysis of various components of CBR Matrix establishes that while promotion of all the components is essential, it is virtually not possible to promote all the components in all the countries simultaneously. However, it should be possible to introduce these components in a phased manner spread over couple of years. The point however stands that all the CBR component are very relevant, appropriate and could make the implementation of CBR programs more effective if all these components are implemented in a planned manner. The second major submission is that the CBR strategy was always very relevant to most countries in Africa, it is relevant even today and it the most efficient and cost effective alternative of reaching the unreached people with disabilities in various countries in Africa.
PROMOTING EMPLOYABILITY AND EMPLOYMENT OF PERSONS WITH DISABILITIES THROUGH INCLUSIVE BASED CAREER/TECHNICAL VOCATIONAL EDUCATION AND TRAINING (TVET) PRACTICES IN KENYA

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Abstract

ADDa Kenya advocates for skilled, innovative & responsive workforce of PWDs through inclusive career/vocational training & increased retention in public & private sector employment. This presentation demonstrates a holistic, aspirational & a practical experience on inclusive competency based career/TVET practice that creates employment in Kenya. It gives an overview of experiences, challenges, learned lessons & future plans on a 3-year (2014-2016) Learn4Work EmployAble project funded by EDUKANS, piloted in Kenya, Rwanda, & Ethiopia & coordinated by Light for the World regionally & ADDa Kenya locally. The overview mirrors on: (1) Project case in Kenya & partnerships with TVETs, government departments, disability organizations & employers. (2) Project management structures (core team & project steering committee) (3) Concerns related to the concept buy in & project initiation in Kenya, (4) intrigues in identification, assessment, pre-placement interventions, placement of 200 PWDs (visually impaired, hearing, physical & the intellectually impaired) in training & support, either in self &/or open market employment. (5) Creating inclusive model career/TVET institutions that embrace disability inclusive procedures. (6) Improving linkages between Career/TVET institutions & Labour market, (7) interacting with government departments responsible for policy formulation & implementation, (8) Sensitizing employers and agencies helping in self-employment, (9) Celebrating diversity in career/TVET inclusive training & workplace accommodation in different ways (10) Documenting good practices & a framework of action for replication/scaling up of similar projects in Kenya & elsewhere.

1. Introduction

Mantz Yorke defined employability as something about the capacity of the graduate to function in a job, and is not to be confused with the acquisition of a job, whether a "graduate job" or otherwise. He further implied that the curricular process may facilitate the development of prerequisites appropriate to employment, but does not guarantee it. Employability is a set of achievement – skills, understanding and personal attributes – that makes graduates more likely to gain employment and be successful in their chosen occupations, which benefits themselves, the workforce, the community and the economy. Employability is complex in that it goes well beyond the simplistic notion of key skills, and is evidenced in the application of a mix of personal qualities and beliefs, understandings, skillful practices and the ability to reflect productively on experience.
Inclusion is about people with or without disabilities experiencing the same thing at the same time and sharing that experience. For persons with disabilities to have the same experience with other students/employees, physical, Institution, attitudinal, information or communication and technological barriers have to be reduced.

EmployAble is a programme that aims to develop practices on inclusive vocational education, training and employment in Rwanda, Kenya and Ethiopia. In these countries there are good policies, but there are few-if any good practices, and as a result there are few youngsters with a disability that find their way into vocational training center’s and enter as qualified workers into the labour market.

In accordance with the UN Convention on the Rights of Persons with Disabilities, the EmployAble programme aims to promote equal opportunities for youth with disabilities with disabilities in vocational education, as well as relevant and decent deployment. In each of the three countries there are at least two TVET centers that will become model institutions, and also a number of companies that will both provide input on the quality of the TVET education as well as provide internship and placement opportunities. During the three year programme at least 625 youngsters with disabilities will be followed closely by capturing their stories to elicit the barriers they face, good practices they have noted and to foster practical discussions on what is needed to make inclusion work for persons with disabilities in both technical education as well as in self employment or job placement in the open market jobs.

The EmployAble programme uses a partnership approach. In total it has identified four key partners, and a group of more than 15 stakeholders consisting of local training institutes, companies, government bodies and disabled people’s organisations. The role of Light for the World Netherlands in this programme is to coordinate the activities, provide the necessary oversight and document lessons learned. The key partners are Ethiopian Centre on Disability and Development (ECDD), Agency for Disability and Development in Africa (ADDA) and Umbrella of Organizations of People with Disabilities in the Fight against HIV/ AIDS and in Health promotion (UPHLS). Technical partner from the Netherlands is Groenhorst International, member of the Aeres Groep providing capacity building in agricultural training.

This report will give an overview of the KENYAN CASE of the programme objectives, achieved results so far and activities implemented. It will attention to the lessons learned and constraints.

2. Programme Design

*Overall and specific objectives*

The overall objective of the EmployAble programme is to see persons with disabilities in Kenya: -

a) Being trained in appropriate and relevant skills in mainstream technical and agricultural training institutes, and
b) Be sustainably (self) employed in many different sectors in society.

The specific objectives of the EmployAble programme are:

a) Quality vocational training and decent (self) employment of at least 200 youth with disabilities in each country (625 youth with disabilities in total);
b) Documentation of stories of these youth as well as the experiences of collaboration between TVET providers and other stakeholders in the labour market;
c) Sharing of lessons learnt with a broad group of stakeholders and policy makers with the aim to promote the development and/or implementation of appropriate policies.

3. Theory of Change

EmployAble is in essence an action research programme. It is very distinct of more traditional development programmes.

There are three arguments for not following a conventional programme approach. First, the ability to effectively tackle inclusion is distributed across a range of interacting players (e.g. youth with disabilities themselves, TVET institutes, community based rehabilitation organisations, government ministries, private sector). And the different stakeholders all have different pieces of the puzzle. Second, there is no unanimous agreement across all the stakeholders about the problem (exclusion of young persons with disabilities) and what to do about it. Lastly, there is a level of uncertainty among the stakeholders on how to achieve the best results in a given context, Knowledge is still evolving and practices are not yet wide spread.

To enable this, EmployAble is applying a Problem-Driven Iterative Adaptation (PDIA) approach, giving attention to the following five notions:

**Emphasis on solving particular problems in specific local contexts.** The problem is that there are barriers that young persons with disabilities face in terms of accessing and acquiring TVET training and employment. The specific local context is the ‘pilots’, the two to three TVET institutes and several companies in Kenya.

**Engaging a broad set of stakeholders for assuring viability, legitimacy and relevance.** These stakeholders are TVETs, private sector companies, DPOs, as well as government bodies.

**Creating active learning mechanisms and iterative feedback loops.** The learning has been based on the findings through the monitoring tools and instruments to track change at various levels. The findings have been discussed in national fora and during the regional exchange meetings and international forums like this one.

**Creating an authorizing environment.** A project steering committee (PSC) provides an authorizing environment in Kenya and is able to monitor progress in the
‘pilot’, debate issues that require follow up in terms of required policy changes, and provide leadership.

Managing in an adaptive, collaborative and decentralized manner. Mainly done by exerting influence, rather than control, by facilitating the process of working together. Utmost importance is that there is clarity on roles, activities and accountability. Therefore the memoranda of understanding that are signed with the stakeholders is so important

Practically this means that EmployAble has embraced the Theory of Change that is depicted on Fig. 1

4. Project Achievements

In March 2014, a 3-year (2014-2016) project dubbed Employable kicked off, with an aim to offer quality vocational training and decent (self) employment of at least 200 youth with disabilities in Kenya.

The core project partners included Baraka Agricultural College, Kabete Technical training Institute as TVETs and Techno Brain Ltd, Stantech Motors and Toyota Kenya Ltd as commercial enterprises. As part of the core team, the special TVETs like Karen Technical Training Institute for the Deaf and SIKRI vocational Training center for the Blind and Deaf were involved with a specific role of awareness creation and sensitization to the partners as well as empower the partners in their area of disability.
expertise, and undertake reverse inclusion (include other persons with disability into their institutions.)

The implementation process began 4 months late by formalizing core partnerships with the identified mainstream partners and identification of potential stakeholders, not limited to Disabled Persons Organizations (DPO’s) and Government agencies like the Ministry of Education, Science and Technology – TVET Doctorate, and the Department of Social Services under the Ministry of Labour. Actual implementation started in June 2014. In one year six months a lot has been achieved as indicated below.

Achievements in the second year (*2015 in progress*) are notably:

a) Foundation of the project has been put in place in a solid way with a comprehensive operations manual, M&E tools and system, recruitment and capacity building of the project officer and functioning in a multi-stakeholder environment was often a new experience.

b) Project stakeholders have really embraced the EmployAble Project. This is visible through the fact that organizations signed the memorandum of understanding (MOU), which spelled out responsibilities and their participation in activities. In a few cases some stakeholders were hesitant to sign the MOU, though they committed themselves to participate in project activities including being part of the core team.

c) High level of marketing of EmployAble both at international and national level (e.g. Dutch companies, ILO, UNESCO, and ENLBA). Through this, internship possibilities, in-house training, scholarship opportunities, possibilities of collaboration were established. Awareness was raised about the project and the need for inclusion of youth with disabilities in TVETs.

**Result 1.1: Set-up of inclusive TVET model in 2-3 TVET institutes/country in Kenya,**

<table>
<thead>
<tr>
<th>No</th>
<th>Activity Description</th>
<th>Target by 2016</th>
<th>Realised 2015</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accessibility audits at TVETs</td>
<td>2</td>
<td>2</td>
<td>Continuing students are been used to ensure accessibility adjustment is done according to accessibility standards</td>
</tr>
<tr>
<td>2</td>
<td>Accessibility monitoring in TVETs</td>
<td>Continuous</td>
<td>Continuous</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Training of TVET staff</td>
<td>175</td>
<td>153</td>
<td>First phase – awareness training about disability and inclusion and BTEC Training, &amp; second phase which has began include training of TVET trainer in Basic Kenya sign language,</td>
</tr>
<tr>
<td>4</td>
<td>Adjustment of infrastructure, equipment and materials of 3 TVETs</td>
<td>2 TVETs</td>
<td>On going.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Purchase of assistive devices</td>
<td>Continuous</td>
<td>65 students</td>
<td>Braillers, Braille Kits, Braille Paper, White Canes, Wheelchair, Repair of Crutches</td>
</tr>
</tbody>
</table>
Under this result, a lot of time was invested in signing of MOU with the core team partners, awareness creation and sensitization of the management teams, trainers and staff of TVET institutes and carrying out accessibility audits in 2014. Some of the core team partners like Kabete Technical Training Institute, Toyota Kenya Ltd and Stantech Motors have not yet signed the MOUs but are equally active in their participation. Activities like identification, selection, assessment and placement of potential students with disabilities, psycho social support, purchase of assistive devices and adjustment of infrastructure began early in 2015. Adjustment of Infrastructure included physical adjustment -ramps, renovation of toilets and bathrooms, installation of JAWS (reading software for the visually impaired), provision of sign language interpreters as a temporary measure, training of the TVET trainers in Kenya sign language as a sustainable measure, provision of accessible materials, for example transcribed notes into braille for the visually impaired.
**Result 1.2: Institutional-based social and financial support structure for youth with disabilities to be enrolled in 3 TVET model institutes**

<table>
<thead>
<tr>
<th>No</th>
<th>Activity Description</th>
<th>Target 2016</th>
<th>Realised September 2015</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Financial support &amp; scholarships for students with disabilities</td>
<td>Kenya Shillings 20,567,750</td>
<td>Kenya Shillings 410,700</td>
<td>Linking students with disabilities with organizations offering scholarship is ongoing: HELB, NCPWD, County education funds, Subsidies from TVET Institute, Celebral Palsy of Kenya, well wishers, support from families</td>
</tr>
<tr>
<td>3</td>
<td>Identifying potential students with disabilities</td>
<td>Continuous</td>
<td>Continuous-500</td>
<td>This activity has taken place in partnership with NCPWD, DPO’s representatives and members. Some of the members of DPOs have fast-tracked the identification of potential students with disabilities through role modeling</td>
</tr>
<tr>
<td>4</td>
<td>Selection and testing of students with disabilities</td>
<td>208 (104 male, 104 female)</td>
<td>108 (66 male, 42 female)</td>
<td>Ongoing activity through assessment of their interest and skills by core team</td>
</tr>
<tr>
<td>5</td>
<td>Psycho-social support for students with disabilities</td>
<td>continuous</td>
<td>continuous</td>
<td>Done during identification &amp; assessment and will be continuous during the training, internship placement &amp; actual employment</td>
</tr>
</tbody>
</table>

**Result 1.3: 208 youth with disability enrolled in the TVET model institutes and facilitated to join the labour market.**

These activities were looking at the link between TVET and employers

<table>
<thead>
<tr>
<th>No</th>
<th>Activity Description</th>
<th>Target 2016</th>
<th>Realised September 2015</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Career Counseling set up/improved</td>
<td>Continuous</td>
<td>Continuous</td>
<td>Done concurrently with identification during assessment and as the students undertake training.</td>
</tr>
<tr>
<td>2</td>
<td>Soft skills and entrepreneurship training</td>
<td>Continuous</td>
<td>Continuous</td>
<td>Entrepreneurship skills are impacted within the mainstream TVET in most of the course work</td>
</tr>
<tr>
<td>3</td>
<td>Training of employers and employment agencies</td>
<td>Continuous</td>
<td>Continuous</td>
<td>Awareness creation is underway before 2015 ends</td>
</tr>
<tr>
<td>4</td>
<td>Mobilising support for start up tool/capital for self employment for students with disabilities</td>
<td>Continuous</td>
<td>Continuous</td>
<td>With a few graduates interested in setting up businesses, partnership with Mama Kazi has enhances possibilities for access to start up capital.</td>
</tr>
</tbody>
</table>
**Result 2.1: Standards/guidelines for inclusive TVET and practical labour market informed approaches developed and implemented in the model institutes.**

<table>
<thead>
<tr>
<th>No</th>
<th>Activity Description</th>
<th>Target 2016</th>
<th>Realised September 2015</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Research on employment of Graduated students with disabilities.</td>
<td>1 research report</td>
<td>1 research report</td>
<td>Research has been finalized and has been presented to the core team and the PSC team to enable the partners address the identified gaps through the Employable implementation</td>
</tr>
<tr>
<td>2</td>
<td>Training and development Inclusive standards to teachers.</td>
<td>Continuous</td>
<td>Continuous</td>
<td>Preparation for development of Gender equity and social Inclusion</td>
</tr>
<tr>
<td>3</td>
<td>Training and development of hands-on and labour market approaches with teachers.</td>
<td>Training of 2 trainers in BTEC</td>
<td>2 teachers trained in BTEC</td>
<td>Training of trainers in BTEC by Groenhosrt College. 3 modules we completed by 2015</td>
</tr>
<tr>
<td>4</td>
<td>Interaction with Dutch TVE students</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Lizzie Kiama of This-Ability Consulting, Keziah Njiru, a graduate in Poultry production and Employable Project Officer, in March 2015
Result 2.2: A framework for delivering inclusive education and competent trainee/workforce within technical education and training developed, shared and validated.

<table>
<thead>
<tr>
<th>No</th>
<th>Activity Description</th>
<th>Target 2016</th>
<th>Realised September 2015</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Workshops for sharing, validating of inclusive standards with TVET management and government officials.</td>
<td>0</td>
<td>0</td>
<td>Not yet started</td>
</tr>
<tr>
<td>2</td>
<td>Workshops for sharing and validating labour market informed methods and standards with TVET management and government officials</td>
<td>0</td>
<td>0</td>
<td>Not yet started</td>
</tr>
</tbody>
</table>

These activities will be undertaken in 2016, jointly with partners

Result 3.1: The capacity of involved 3 TVET institutions to include and collaborate with the actors in the labour market is improved by practice and exchange, and shared with other relevant stakeholders.

<table>
<thead>
<tr>
<th>No</th>
<th>Activity Description</th>
<th>Target 2016</th>
<th>Realised September 2015</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bi-annual newsletter about the project</td>
<td>6 Newsletter done by LFTW</td>
<td>1 Newsletter by LFTW</td>
<td>2014 Newsletter was shared with Kenyan partners as well as regional and International partners</td>
</tr>
<tr>
<td>2</td>
<td>Exchange and learning visits/meetings</td>
<td>Continuous</td>
<td>Continuous</td>
<td>Several webinars and Skype meetings have actualized</td>
</tr>
<tr>
<td>3</td>
<td>Mid term Evaluation for learning and sharing learnt lessons</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
Result 3.2: Relevant stakeholders collaboration and inform/invoke others. A Project Steering Committee (PSC) in Kenya comprising of relevant stakeholders is formed at national level to oversee the development, learning, adaptation and scaling up of the models.

<table>
<thead>
<tr>
<th>No</th>
<th>Activity Description</th>
<th>Target 2014/15</th>
<th>Realised September 2015</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Set up and functioning of a PSC (Project Steering Committee)</td>
<td>1 PSC</td>
<td>1 PSC</td>
<td>PSC has been constituted to oversee implementation of project activities</td>
</tr>
<tr>
<td>2</td>
<td>Information meeting with broad group of stakeholders</td>
<td>Continuous</td>
<td>Continuous</td>
<td>Meeting with a broad group of stakeholders has been actualized and is a continuous activity</td>
</tr>
<tr>
<td>3</td>
<td>Regular interaction and feedback with relevant Ministries</td>
<td>Continuous</td>
<td>Continuous</td>
<td>This activity is on track</td>
</tr>
</tbody>
</table>

Kenya Business and Disability Network Breakfast Meeting, in March 2015

Project steering committee meeting in Kenya, October 2014 (activity 3.2.1)

Core team members in a meeting, February 2015
Result 4.1: The lessons learnt are documented and shared especially within the Learn4Work network of grantees and partners, as well as with other actors and networks (like ILO, Light for the World, CBR networks).

<table>
<thead>
<tr>
<th>No</th>
<th>Activity Description</th>
<th>Target 2016</th>
<th>Realised</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Documentation of model development and lessons learned</td>
<td>3 annual report</td>
<td>1 annual report</td>
<td>The M&amp;E workshop in Rwanda in November 2014 put a firm foundation to track lessons learned</td>
</tr>
<tr>
<td>2</td>
<td>Three inter-country exchange visits</td>
<td>3 Events</td>
<td>5 Events</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Participating in Learn4Work events and international conferences</td>
<td>3 Events</td>
<td>1 Event</td>
<td>Participation in the International Learn4Work Conference in 2014</td>
</tr>
</tbody>
</table>

Participants of the EmployAble M&E workshop in Gashora, Rwanda (activity 4.1.2)

EmployAble kick-off workshop in Nairobi, April 2014 (activity 4.1.2)
5. Challenges

a) Acquisition of scholarship by students with disabilities has not been evidently easy, with zero access in 2014, and substantial scholarship in 2015. Therefore, access to scholarship/bursaries to a student with disabilities is possible but not guaranteed. Through the learning agenda of ‘Partnership around scholarships to secure financial support for students with disabilities’, more insight this specific challenge.

b) Lack of pre-placement services to equip the individual to gain useful and necessary skills for inclusion in a vocation institution in the mainstream frustrates the individual to complete training.

c) Upkeep costs, transport and accommodation for students with disabilities accessing the Institutes that do not have boarding facilities

d) Un-sensitized employers and agencies helping in self-employment will always make wrong assumptions that reduce the job retention rates at work place and reduce self employment opportunities to them.

e) Changing/transferring already sensitized and motivated senior management team member/s of the TVET Institute has demonstrated a slow down in the inclusion process

f) Some parents do not approve of their youth attending the mainstream TVETs due to difficulties they may face, and therefore necessary to sensitise parents/guardians and the community at large prior to placement

g) Screen reading software that does not give access to pretest and online examinations for the visually impaired in ICT and any other course limits and excludes the visually impaired from achieving his/her potential

h) It has been found that trainers at the TVET have tight schedules and training them in value added skills for inclusion like the Kenya sign language, Braille etc. has not been easy.

6. Lessons Learned

a) The private sector organizations/Institutions seemed to embrace disability inclusion faster than the government Institutes. This was contributed by past experiences in dealing with disabilities issues, overall policies and systems within the institutes, and the general attitude of the management and staff towards inclusion

b) Interaction with the members of DPOs (Disable Persons Organizations) and the regional officers of the National Council for Persons with Disabilities and linking them to the mainstream institutes supported identification and assessment of potential students with disabilities for placement in training. It also resulted to potential
students approaching the mainstream institutes by themselves and being assisted in training.

c) Awareness creation and sensitization is a continuous exercise, which should be blended with role model of PWDs who are believers of inclusion. This worked out where some negative existing committees within the vocational institutes were empowered and upgraded to take up the role of Disabilities Mainstreaming Committees charged with disability inclusion role and to advise the management on why and how to consider inclusion at every level of the institutions activities.

d) Kenya BTEC trainees (trainers in TVET) have trained more than 100 students, and a few have began to utilize their skills through setting up poultry businesses. There is evident of knowledge transfer and self-employment sustenance.

7. Unexpected Results

a) **Kenya Business and Disability Network.** A joint membership platform aimed at challenging companies and employers through awareness concerning the relationship between inclusion of people with disabilities in the work place and business success.

b) **Presence of EmployAble project representation at the Employer’s challenge Project Advisory Board.** An initiative by UNDP, Microsoft, Ministry of Devolution and Kenya Private Sector Alliance KEPSA) with an aim to create 50,000 new jobs and enterprises for youth every year in Kenya. ADDA takes an advisory role in regard to necessary interventions on inclusion of youth with disabilities in this process

c) **The Competency Based Education and Training (CBET) Framework for Kenya.** Due to EmployAble project ADDA has been involved CBET, which is a framework, which has been developed to support efforts aimed at enhancing the establishment of an internationally competitive workforce in Kenya. The framework is one of the key elements in unifying Technical and Vocational Education and Training (TVET). There will be national competency standards set in consultation with the industry, national quality standards for instructions and assessment using a competency-based approach, and national certification.

8. Future Strategies

Involvement of local, national and regional partners and different stakeholders has brought about exchange of invaluable information in relation to inclusion at the mainstream TVET and linkages on creation of decent employment. The following strategies are proposed however they require enriching during this forum.
a) Important to invest on baseline studies/surveys to capture gaps and possible interventions as a link to project design, project implementation monitoring and evaluation in order to reduce high levels of assumptions at the project design level.

b) Develop well thought identification, assessment and intervention mechanisms of potential trainees with disabilities prior to placement into the inclusive training institutions and or employment.

c) Undertake accessibility audits at the vocational institutions in totality and implement interventions.

d) Capacity building of instructors and support teams on disability inclusion in a mainstream training institution.

e) Working closely with relevant Ministries, government departments, and other stakeholders in different disabilities to reinforce training of trainers/Instructors in Sign language interpretation, Braille & low vision support services, right at the onset of inclusive training and before teaching practice.

f) Undertake accessibility audits at the companies to employ PWDs in and implement interventions.

g) Encourage linkages between the vocational training institutions, the employers/companies and facilitate job placement and follow up support services.

h) Initiate a private/public sector lead Business and Disability Network to challenge companies and employers through awareness concerning the relationship between inclusion of PWDs in the work place and business success with an aim to foster the development of a workforce culture that is respectful and inclusive, promoting accessible workplaces, hiring, retention and professional development of PWDs.

9. Conclusion

A well designed career/vocational training programme backed up with individual needs assessments, rehabilitation/habilitation interventions and employment linkages/support services e.g. on the job training (apprenticeship/internship), counseling, job search assistance, and job placement support services, will develop or restore the capabilities of people with disabilities to compete in the labour market and facilitate their inclusion at work place.

At the heart of all these is the changing attitudes at the career and vocational training institutions in the mainstream. Change of attitudes at the workplace and persons with disabilities themselves. Unemployment among persons with disabilities in our nations is both an outcome of limited employment opportunities and lack of employable skills, which is compounded by the negative stereotypes, discrimination and the demands of the labour market.
Increasing the number of viable employment positions and the quality of career/vocational training for persons with disabilities will offer an opportunity to build future talent and contribute to the nation’s development.

10. References


PROMOTING EQUITY IN THE EMPLOYMENT SPACE

Bunei Loice Chelangat
Standard Chartered Bank Kenya Limited
Kenya.

A job for a visually impaired person in Africa is hard to come by. If you grab one then you count yourself actually very lucky. The challenge comes when the society is full of prejudice, attitude, stereotype assumptions, discrimination, the list is endless.

This is evident even from education provision whereby a blind child is not taken to school, and if one is lucky to go to school the enrollment is very low and the entry is usually late. Most of educated persons with visual impairment started school attendance not at the right age but a bit late or even very late.

This kind of discrimination has gone to the employment sector. You find that companies, organizations and governments do not have the boldness to employ blind people. They have the fear of the unknown. They just look at the blindness in the person without knowing that above that blindness there is great abilities and capabilities in that person. When job interviews are conducted and a blind person is among the interviewees, they are usually told that the vacancy was not advertised for blind people to apply and that they should wait for next time, a next time that shall never be.

Blind people lack opportunities and that is why we have most of them advancing their career in teaching. In Kenya most educated blind people are teachers, the only job that was made accessible for a blind person. This is the case in most of our countries in Africa and even across the globe. If a blind person can deliver in teaching it is the same way they will deliver in other organizations.

However there are organizations which have come out boldly and took the challenge. Using my own experience, I work for an international bank here in Kenya. This is a good example of breaking such barriers of unemployment for visually impaired people. It is not employing a blind person just for the sake of it, but because they have qualifications for the job and they are able to deliver. I do the same work just like my sighted colleagues, I compete with them in terms of performance and I do better than them. They have also treated me like one of their own and not as a blind colleague.

I was recently crowned the best employee of the quarter and this has been a source of motivation for me. I am working even harder so that when the year ends I also get the employee of the year award. With such support and motivation we the visually impaired community can work independently without sympathy and make a difference in our societies and even live a decent life.

This is 2015 and the Sustainable Development Goals have not yet been achieved. I am looking forward for a continent where unemployment for persons with visual impairment
is a thing of the past. Let us all come together to deliver on the agenda for persons with visual impairment in Africa.

Recommendations

- Train people with visual impairment on job interviews,
- Advocate for more jobs for persons with visual impairment
- Make use of UN convention on rights for persons with disabilities
- "Let us all go out and show-case our capabilities, “Disability is not Inability”, and “Blindness has no Barriers.”
**CHALLENGES EXPERIENCED BY PERSONS WITH DISABILITIES IN MAINSTREAM EMPLOYMENT IN ZAMBIA**

Hamanyanga Miyoba  
Senior Lecturer And Head Of Department  
Zambia Institute Of Special Education

**Abstract**

This research was carried out in Lusaka the capital city of Zambia to assess the challenges faced by persons with disabilities in mainstream employment. The research employed three methods namely: focus groups; one to one interviews; and documentary analysis. The research design was predominantly qualitative. Random sampling was used to select respondents from persons with disabilities in employment; their supervisors; disabled persons organisations; international Labour Organisation; and Ministry of labour. Workers with disabilities and their supervisors were selected from the following sectors: Government, quasi government and private. Findings indicate that, most persons with disabilities are not aware of any labour laws or employment act that protects them. Most people interviewed were of the view that, no labour laws or an act of parliament that protects them in employment, thereby affecting persons with disabilities contribution to development. The general notion among persons with disabilities is that every challenge faced by persons with disabilities mainly depended on the disability they were living with. These challenges range from inaccessibility of places of work on the part of the persons with disabilities on wheel chairs and problems of communication for the deaf. All in all, the environment they work in is not inclusive.

**Background and Introduction**

The Government of the Republic of Zambia (GRZ) has been including data on persons with disabilities in the national census data since 1969. According to the 2000 Census data out of a population of 9,400,000 persons in the country, 2.7 percent of these are persons with disabilities.

**Literature review**

Disability is recognized as the consequence of the interaction of the individual with an environment that does not accommodate that individual's differences and limits or impedes the individual's participation in society (Basingstoke, and Macmillan, 1990). The largest proportions of the persons with disabilities are self-employed with the most common occupation being agriculture, making up about 81 percent (Central Statistical Office, 2000).

Historically, disability has been considered to be a personal condition residing in the individual. Basingstoke, and Macmillan, 1990 argue that, as an individual deficit, the status of “being disabled” has been viewed as the natural cause for some people being
unable to attend a regular school, get a job or participate in social life. When disability is perceived in this way, society’s responses are restricted to only one of two paths: individuals can be “fixed” through medicine or rehabilitation (medical approach); or they can be cared for, through charity or welfare programmes (charity approach). According to this old model, the lives of persons with disabilities are handed over to professionals who control such fundamental decisions as where they will go to school, what support they will receive and where they will live (Basingstoke, and Macmillan, 1990). Basingstoke et al, further asserts that, over the past few decades, there has been an important change in the way disability is understood. The focus is no longer on what is wrong with the person. Instead, disability is recognized as the consequence of the interaction of the individual with an environment that does not accommodate that individual’s differences and limits or impedes the individual’s participation in society. This approach is referred to as the social model of disability. The Convention on the Rights of Persons with Disabilities endorses this model and takes it forward by explicitly recognizing disability as a human rights issue.

In 1996, the government initiated the Disability Act of 1996 which led to the establishment of the Zambia Agency for Persons with Disabilities (ZAPID). The 1996 Disability Act has since been repealed and replaced with the 2012 act on disability no. 6. This was followed by the disability policy which was launched by Ministry of community development (GRZ) in 2014.

In May 2008, Zambia signed the UN Convention on the Rights of Persons with Disabilities followed in September 2008 with the signing of the Optional Protocol, Disabilities, U. N. (2008), with full ratification in December 2009. Disability is also included in the Zambian Poverty Reduction Strategy Paper, the Fifth National Development Plan and other policy documents such as the National HIV/AIDS and TB policy. Unfortunately, persons with disabilities are placed in the category of vulnerable people which also includes women, children, and elderly persons GRZ (2003). This type of grouping does not address the specific challenges faced by disabled persons in accessing formal employment in Zambia.

The World Bank estimates that persons with disabilities make up 20 percent of the world’s poor due to limited education and employment opportunities (Elwan, 1999). In addition, In World Bank Report of (2008) Ann Elwan finds a strong bidirectional link between poverty and disability, especially in developing countries. She argues that, while, poverty can increase disability rates due to poor nutrition, limited access to health services and adverse conditions, disability can also increase rates of poverty through lower rates of literacy, malnutrition, few immunizations, and lower birth-rates as well as limited access to and flexibility in employment (Elwan, 1999). This link between poverty and disability has been well documented and it is widely recognized that poverty causes disability and disability causes poverty, particularly in resource limited settings.

According to the WHO (2009), just like in Kenya, the numbers of persons with disabilities in Zambia are increasing. For some time, the government has adopted a number of laws and policies pertaining to persons with disabilities. For Kenya, these
laws are contained in the 1969 constitution of Kenya, the current draft constitution, and the Persons with Disabilities Act (2003), which are a comprehensive law covering rights, rehabilitation and equal opportunities for people with disabilities. The law thus requires both the private and public sector employers to reserve 5% of the jobs for disabled persons. Similarly, Zambia also has The Constitution and The Persons with Disabilities Act of 2012. However, a report to The International Labour Organisation (ILO) by the Institute for Human Rights at Abo Akademi University, Finland (2008) suggested that both the constitution and Disabilities Act are lacking some clauses with regard to persons with disabilities. As such the disabled are compromised in the workplace.

For instance, Part 1(5) of The Constitution of Zambia regulates that the official language of Zambia shall be English. When considering the contemporary trend of recognising and supporting the specific cultural and linguistic identity of persons with disabilities, including sign languages and deaf culture, the status of sign language in the Constitution is absent.

Research questions

This research set out to explore the Zambian situation, focusing specifically on the following three questions:

1. What challenges do disabled persons experience in mainstream employment?
2. What is the impact of policy and practice on their work life histories?
3. What extent do the organisations of disabled people promote the employment support of disabled people?

Methodology

In order to answer the research questions, the study used a qualitative method to collect data. The study selected participants from disabled employees’ supervisors, managers, Government officials from Ministry of Labour and personnel from the disabled groups organisations from whom experiences in employment was drawn as well as the role of DPO’s in fostering employment among persons with disabilities. Qualitative research was used because this type of research methodology is particularly concerned with understanding the meanings that we ascribe to our day-to-day mundane experiences. Its sensitivity to the ordinary aspects of our lives makes it distinct from quantitative methodologies, whose focus is on abstraction and prediction of reality.

Sample Selection

The target population was drawn from Lusaka the capital city of Zambia. Purposive sampling was used to select an inclusive and diverse range of respondents. Fifteen disabled persons in formal employment from three sectors namely: private, quasi governmental organisations and Government were selected. They were randomly
selected from a data base of persons with disabilities in formal employment within Lusaka catchment area.

One member from five disabled persons organisations was randomly selected each representing the five forms of impairment (i.e. physical, sight, hearing, intellectual and learning difficulties).

Three supervisors and three managers from the private, quasi government and government institutions were interviewed. In addition, the study also selected one senior government official from the district office, provincial office and Ministry of Labour headquarters in Lusaka province.

In total, the respondents were 28 and all of the respondents were conveniently located in Lusaka and they were persons with disabilities employees and supervisors of staff of disabled persons organisations who are versed or have passed and present experiences in mainstream employment, playing different roles. Therefore, the contributions of each one of them helped realise the research aims and address the three research questions.

The overall procedure was backwards mapping and was in two phases. Phase one, focus group discussions; phase two, one to one semi-structured interviews. Documentary analysis was performed concurrently alongside both phases. Data collection started from the ‘bottom’ and data was analysed as the research progressed. The reason for this is that the researcher liked to hear experiences of the persons with disabilities employees before interviewing the policy makers who are Government officials from Ministry of labour.

The Phase 1 of the study was held with 5 persons with disabilities employees per workplace. The reasons for conducting one focus group discussion for persons with disabilities employees per workplace was for them to have a sense of freedom to say what their experiences are without being defensive. They also felt that they were not competing with other colleagues in an event of a mixed focus group discussion in the workplaces.

Focus Group Discussion (FGD) was adopted because the real strength of focus group discussions is not simply in exploring what people have to say, but in providing insights into the sources of complex behaviours and motivations (Morgan & Krueger 1993). The investigators understand the culture and have a very good command of the languages spoken in Lusaka province. They were therefore sensitive to all forms of expressions and built on ideas that are half expressed. Most importantly, the Principal investigator was not seen as an outsider because persons with disabilities employees and Government officials were identify themselves with him more than any other person without a disability.

Phase 2 featured individual interviews with three managers, three supervisors, five staff of disabled persons organisations and three Government officials. One to one semi-
structured interviews obtained a more honest and open discussion. The Government officials were free and comfortable to share sensitive information in a one to one situation.

In addition, some researchers have described the interview as “intimate” (Johnson 2001), “deep” and personal, indeed, some have used the term “in-depth” specifically to emphasise these things.

During the documentary analysis, investigators examined policy documents and personal appraisers. Documentary analysis, in this instance, acts as a basis for triangulation, basis for comparison/contrast and encourage ingenuity (Robson, 2002).

Ethical issues

Since the three methodological procedures brought the private lives of respondents into the public domain (Gubrium and Holstein 2001), assurances and practices of trustworthiness, confidentiality and anonymity from the investigators and research assistants were vital to protect their positions. A fuller interpretation of ethical conduct goes beyond such assurances and practices. In addition, the principal researcher ensured that the research assistants paid particular attention to sensitive data in the way it was collected and stored during the course of the study. The principal researcher ensured relevant training was given to the field researchers in order to assure all group members before starting a group discussion that data from each individual member was only accessed and safely stored in one place. Every effort was made to ensure their anonymity. Issues of gender were strictly adhered to in order to interact freely and without prejudice with both female and male participants.

Data Analysis:

In order to arrive at what both respondents said and what was meant in the investigators own view and what they said and showed as non verbal or verbal expressions, methodologies of analysis were used namely: thematic, content and narration. Making sense of data that was collected was an ongoing process. This is owing to the fact that backward mapping was used which required us to do analysis as the research progressed. This meant transcription of data was done concurrent.

Furthermore, documents were analysed by thematic frameworks. Thematic analysis focuses on identifiable themes and patterns of living and/or behaviour (Aronson, 1994). In addition to thematic methodology, content analysis was used in order to describe and explain aspects of the world about individuals based on documents (Robson 2002). Narration method of analysis was utilised on few identified cases from the disabled persons in employment. Connelly and Clandinin (1990) noted that, humans are storytelling organisms who, individually and collectively, lead storied lives. Thus, the investigators analysis of the lives of individuals was based on the individual life and experiences persons with disabilities in employment.
Findings

This study sought to assess the challenges faced by persons with disabilities in mainstream employment in Zambia. The major findings show that all persons with disabilities face a lot of challenges. However, these challenges are related to the type of disability the specific individual has. What was uniform among all the respondents was that the employment wasn’t inclusive; the building structures posed a challenge to them. They also all faced a challenge of discrimination and stigmatisation in the workplace. These findings were not only among the people in the focus group discussions, those that are directly affected, but also among the directors of the various organisations that are meant to represent the persons with disabilities.

The study also established that persons with disabilities were not aware of any labour laws or employment act that is there to protect them. The study found that the laws that were available did not have any clauses that cater for the persons with disabilities, there are no special provisions for persons with disabilities in the Zambian labour laws, making it difficult for them to seek legal redress when aggrieved in employment. The employment act covered everyone in employment and not specifically persons with disabilities. As such, persons with disabilities find it pointless to belong to unions as a way of airing their grievances because they feel unions only look at the general interest of the people or conditions of service and not specific conditions of service for persons with disabilities. In a nutshell, there is no such a union that is assigned to specifically look at the disabled interests and air their grievances. Furthermore, it was also established that United Nations Convention on the Rights of Persons with Disabilities document is just an international document outlining the rights of the disabled have but this document is still non functional in zambia.

The findings from the participants that took part in the focus group discussions indicate that they are all aware of organisations that were formed to represent them. However, when it came to the help these organisations render to persons with disabilities, the responses were mixed. Most of them acknowledged that these organisations help persons with disabilities find employment, have placement programmes, rehabilitations programmes and also create an enabling environment in employment. One outstanding case was that of the deaf association were it was argued that the deaf association does not assist its people find employment and does not find them interpreters during job interviews, meaning they have to find their own interpreter and meet their own costs. As for directors of the various organisations, they all responded positively, claiming that their various organisations give help to persons with disabilities before and during employment. All of them claimed that their various organisations found employment and also disseminated information to persons with disabilities.

Furthermore, it was established that all the respondents both from the focus group discussions and various organisations felt that a lot needed to be done by government and other NGOs in order to meet the challenges faced by persons with disabilities in employment. All the respondents feel that government should increase its funding to organisations that deal with persons with disabilities and also come up with deliberate
policies. Respondents from the focus group discussions argued that the organisations representing them should not only look at capacity building but also advocate for the rights of persons with disabilities in employment like placement programmes. They also feel that organisations representing the persons with disabilities should be run by persons with disabilities because they understand and know what they need.

However, the study also established that some organisations that deal with persons with disabilities have gone an extra mile in trying to meet some of the challenges faced by persons with disabilities. In particular, the International Labour Organisation has provided support both to various organisations that deal with persons with disabilities and to government so that their needs are met. The International Labour Organisation also facilitates the adaptation and use of the code of practice for managing disability in the workplace. All this could be attributed to the fact that ILO does not have to wait for funding from government as it is a partner to government.

Study limitation

Like every research, the investigators encountered problems during preparations for data collection. Due to the fact that the study was conducted in the wet season, the investigators found it difficult to reach all areas because the roads were inaccessible.

Another limitation was the transportation of participants of focus groups. The investigators collected participants from their offices and took them back. This costed the research considerable amount of research time. This also meant that those who could not be reached within the specified time were left out.

Conclusion

The study was conducted to assess challenges persons with disabilities face in mainstream employment. It established many pertinent issues regarding the problems they are facing in mainstream employment.

solutions to the challenges faced by persons with disabilities in mainstream employment do not only rest upon government, but starts with an individual by advocating for the next persons rights, helping the next person to be heard. But most importantly government and all stakeholders should work towards ensuring that persons with disabilities are protected and their rights are respected in mainstream employment in Zambia so that the employment environment is suitable for all.

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EMPLOYMENT: THE AGENDA FOR PEOPLE WITH VISUAL IMPAIRMENT BEYOND 2015

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Abstract

Employment is a human right for everyone, and a critical factor for the socio-economic emancipation of disabled persons, including those who are visually impaired.

According to the Irish Commission on the Status of People with Disabilities (1996), “Work is an important part of belonging and participating in society. ..., work is a valuable social outlet, taking people out of the house to become part of a wider community.........”. In other words, apart from would-be employment opportunities providing income for sustaining livelihoods, access to the same is critical for inclusion and mainstreaming of persons with visual impairment in society and development processes.

Despite their hard-won educational attainment, visually impaired persons continue to grapple with the strains of unemployment within a fiercely competitive and thin formal labour market. This too, is the case within the informal and nonformal employment arenas. Visually impaired persons in low- and middle-income countries are not only exposed to the same factors that cause poverty and unemployment for others; they also face barriers that limit equitable access to health care, education, skills development, social participation and other services - further reducing their chances of securing what the ILO terms “decent work”.

According to the UN, 80% to 90% of persons with disabilities of working age in developing countries are unemployed; whereas in industrialized countries, the figure is between 50% and 70%. In most developed countries the official unemployment rate for persons with disabilities of working age is at least twice that for those who have no disability. The situation can only be more appalling for persons with visual impairment as they are one of the more marginalised disability categories. We therefore need to strategically position ourselves within the 2030 Agenda for Sustainable Development, which articulates employment in focus area 11, and alluded to in 8 and 9.

The Scope

This paper intends to generate debate so that Forum participants share information and experiences in this field. The paper expounds on the challenges blind people face in accessing employment in Africa, with Uganda as a sample country; as well as the interventions that have been attempted by the African Union of the Blind (AFUB), the Government of Uganda, national disabled people’s organisations (NDPOs) and other actors. The paper is generated with insights from secondary data compiled by the World
Blind Union (WBU), AFUB, Uganda’s Equal Opportunities Commission (EOC), International Republican Institute (IRI), Uganda National Association of the Blind (UNAB), National Union of Disabled Persons of Uganda (NUDIPU) and other national and international agencies.

Ultimately, the paper comes up with practical solutions for opening up employment opportunities to blind persons – suggesting the critical roles of various actors – governments, civil society, Disabled People’s Organisations (DPOs) and the private sector alike.

**Principal Arguments**

A myriad of studies conducted on this subject, including NUDIPU and IRI in Uganda, attest to the following:

- Employers think visually impaired persons are slow, inefficient and incapable of delivering work results;
- Visually impaired persons are still discriminated against by their families and communities;
- The public thinks Visually impaired persons are wasted and useless;
- Several would-be employees with visual impairment have inadequate relevant educational and training qualifications;
- Places of work and related facilities are highly inaccessible due to long distances and unfriendly physical environment;
- There is general high unemployment in Africa and Uganda;
- Slow implementation of disability-friendly national, regional and international legal and policy regimes by governments is today’s norm, usually with the excuse of resource constraints;
- Leaders of organisations of/for blind and partially sighted persons have limited awareness of existing friendly legislation and policies. To this end, their advocacy initiatives aimed at lobbying employers and government for employment are still inadequate; several individual persons with visual impairment are not assertive and lack the fortitude to seek for employment opportunities.

In a study conducted by IRI in 2011 in Uganda, it was revealed that certain employers were apprehensive of employing PWDs because they had strong conviction that some of them (PWDs) could not easily be moved between jobs within the same organisation, making organizational routine processes like delegation of duties and transfers difficult. Some private sector employers also feared employing PWDs for fear that they could easily get accidents and become more disabled, making the organisation incur more costs for compensation.

In many African countries (Uganda inclusive), governments and other development actors contend with the task of how to remove the physical and socio-cultural barriers that undermine inclusion of visually impaired persons in the economic mainstream. In Nigeria, a research study conducted on the problems Persons with Disabilities (PWDs)
face in relation to employment revealed that, on the whole, PWDs were denied employment due to cultural beliefs against them. Of the employers sampled for the study, less than 3% were employing PWDs (Osuala, 1993).

In a South Africa study conducted in 2003 by Gillian Marescia, an associate in the disability division for Drake Recruitment, it was ascertained that the real obstacle lay with employers. Many were still hesitant to take on employees with disabilities because they believed they may create problems in the workplace. There was also the assumption that this type of appointment would incur cost as the workplace is changed to become disability-friendly.

**Uganda’s Existing Interventions**

In a bid to respond to the unemployment challenge faced by persons with disabilities, including those who are blind and partially sighted, Uganda has embarked on and instituted a number of legislative, policy, institutional and programmatic measures. Some of them include:

1. **Provisions in the National Constitution; that is:**
   
   - Article 21.(1) “All persons are equal before and under the law in all spheres of political, economic, social and cultural life and in every other respect and shall enjoy equal protection of the law”.
   
   - This is strengthened under the same Article 21. (2), which states that “Without prejudice to clause (1) of this article, a person shall not be discriminated against on the ground of sex, race, colour, ethnic origin, tribe, birth, creed or religion or social economic standing, political opinion or disability”.
   
   - Government further demonstrates its commitment to non-discrimination under Article 32(1) of the same Constitution “............... , the state shall take affirmative action in favour of groups marginalised on the basis of gender, age, disability or any other reason created by history, tradition or custom, for the purpose of addressing imbalances which exist against them”.
   
   - Article 35(1) reiterates that “Persons with disabilities have a right to respect and human dignity and the state and society shall take appropriate measures to ensure that they realise their full mental and physical potential”.

   These, and other friendly provisions in Uganda’s National Constitution, can be utilised by blind and partially sighted persons to ensure that they are not discriminated against in the employment sector.

2. **Uganda ratified the UN CRPD in 2008 and is therefore bound by its provisions. Specifically, Article 27 of the Convention makes it incumbent on governments to ensure that PWDs access work and employment.**
3. Uganda’s Income Tax Law has provision for incentives to employers (specifically, 2% tax reduction of their would-be annual tax remittances) for those who have at least 5% of their workforce reserved and filled by employees with disabilities.

4. The Persons with Disabilities Act and Disability Policy of 2006 have strong provisions on the need for PWDs to access, acquire and retain employment.

5. The Public Finance and Management Act, 2015 has provision for gender and equity compliance required of all ministries, departments, agencies and local governments in their annual Budget Framework Papers (BFPs) and Ministerial Policy Statements (MPSs) before they can access funding from National Treasury. The said BFPs and MPSs will annually be assessed by the Equal Opportunities Commission (EOC) for their gender and equity compliance, before the EOC recommends to the Ministry of Finance, Planning and Economic Development (MoFPED) to issue a gender and equity compliance certificate. This came into force in Financial Year 2015/2016.

6. The National Council for Disability Act, 2003; and the Equal Opportunities Commission Act, 2007 have established the NCD and EOC, both bodies charged with, among others, monitoring the extent to which laws, policies and programmes are targeting disadvantaged populations. Both bodies have complaints handling mechanisms, which blind and partially sighted persons who are denied work and employment on grounds of their disability can make use of for purposes of mediation, arbitration, etc, including referral to the courts of law.

7. Government and some civil society actors are implementing a community based rehabilitation in several districts. This strategy to community development targets PWDs, including those who are visually impaired; and socio-economic rehabilitation is key in the interventions.

8. On realising that majority of PWDs are in the informal employment sector, government established a special grant for PWDs, which is always contained in the national budget. It is given to beneficiaries in all districts to set up group income-generating projects. It has so far been implemented since Financial Year 2009/2010.

Specific Needs of Persons with Visual Disabilities

The above interventions notwithstanding, persons with visual impairment are still faced with several encumbrances in accessing and retaining work and employment. For prospective employees with visual disabilities to appropriately position themselves for any looming opportunities, it is critical that we acknowledge certain shortcomings; and therefore need for necessary interventions in order to be more competitive and marketable for employment. Over time, studies and field reports by government
agencies and civil society organisations (CSOs) have identified critical need for the following:

- Career guidance, counselling, Vocational training and skills development;
- Information on career development, employment opportunities and livelihoods in most accessible formats;
- Provision and training on use of assistive devices and technology, including screen-readers and other adapted devices at training and work places;
- Business management training and access to capital;
- Wider and deeper training in orientation and mobility, including route training, white cane usage, role and application of personal assistants / guides;
- Intensified advocacy for accessible transport systems and venturing into the use of guide dogs;
- Appropriate support during application for jobs, selection, interview, recruitment, placement, induction and in-service training programmes.

Recommendations

The above suggested interventions notwithstanding, public bodies (individual governments, African Union and UN agencies); civil society (international, regional and national NGOs; DPOs, as well as organisations of/for blind and partially sighted persons); and the private sector; all have roles to play to ensure that persons with visual disabilities access and retain employment, while performing like their sighted workmates.

1. The Role of Governments and Other Public Agencies

- Governments should institute incentive-oriented quota systems in public sector employment for complying employers; say, tax rebates and holidays, wage subsidies for defined periods, meeting the cost of reasonable accommodation and devices.
- Policies and mechanisms should be established to provide for employment of Persons with Disabilities in the public and private sectors through affirmative action, incentive schemes and programmes.
- Disability-friendly laws and policies should be fully implemented where they exist.
Governments should ensure that reasonable accommodation is provided to Persons With visual Disabilities in the workplace, including a friendly physical workplace, access to and use of adapted technologies.

Employees, including those with visual impairment, should be protected against slavery, servitude, forced or compulsory labour and workplace harassment.

Governments should amend or enact laws to end discrimination at work, employment and higher/professional education on grounds of visual disabilities;

Governments should always provide information on career development, advancement and livelihood opportunities in most accessible formats.

Governments should plough more resources in community-based approach to rehabilitation as it encourages participation of persons with visual impairment in their communities and enhances development of their self-esteem.

Governments, AU and UN agencies need to set aside some scholarships for higher/professional/technical and vocational education for visually impaired workers and job seekers.

Governments should safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment.

2. The Role of Civil Society

DPOs need to intensify their policy advocacy campaigns, including efforts geared at implementing existing disability-sensitive laws and policies. This includes the Sustainable Development Goals (SDGs), UN CRPD; as well as regional and national legal and policy regimes.

International/regional/national NGOs, as well as DPOs and organisations of/for visually impaired persons need to invest in enhanced awareness campaigns among employers on the productivity, talents and potentials of persons with visual disabilities to dispel the stereotypes.

CSOs need to invest in skills development programmes for persons with visual disabilities to increase and level their competitiveness with their sighted counterparts.
• CSOs should also dedicate resources to provision of information on career development, advancement and livelihood opportunities in most accessible formats.

• CSOs need to promote research on new avenues of work, self-employment ventures, safety, productivity, assistive devices and technology to maximise the productivity of persons with visual disabilities and dispel employers’ negative apprehensions.

• Set up project initiatives for effective access to general technical and vocational guidance programmes, placement services, vocational and professional rehabilitation, job retention, career advancement and return-to-work programmes.

• CSOs should plough more resources in community-based approach to rehabilitation as it encourages participation of persons with visual impairment in their communities and enhances development of their self-esteem.

• Sensitise Persons With visual Disabilities to exercise their labour and trade union rights on an equal basis with others.

3. The Role of the Private Sector

• The private sector, particularly microfinance institutions, need to invest in self-employment programmes for persons with visual disabilities.

• Employers need to practise equal opportunities and ensure equal pay for equal work so that visually impaired employees are not unfairly discriminated against in this regard.

• Employers need to invest in skills development programmes for persons with visual disabilities to increase and level their competitiveness with their sighted counterparts.

Conclusion

As espoused in Article 27 of the UN CRPD, employment is a right. Persons with visual disabilities need the space/opportunity to fend for themselves. For this to happen, their levels of professionalism, job competitiveness and social outlook are key in the protracted agenda of social inclusion. The same is argued regarding the need for accommodative laws, policies, programmes, practices, customs and attitudes within government, civil society and the private sector. All actors need to work together to combat poverty and the dependence burden among the innumerable persons with visual disabilities who are unemployed. They need support to fend for themselves, start and raise productive families; as well as contribute to the building of nations!
The ball is in our hands; and the time is now!
TECHNOLOGY TRANSFER AS A VEHICLE OF ICT ACCESSIBILITY FOR ALL

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1. Introduction

There is no single definition for technology transfer around the world; but the following can be a good starting point. First, it is the transfer of new technology from the originator to a secondary user, especially from developed to developing countries in an attempt to boost their economies. Technology transfer also means assignment of technological intellectual property, developed and generated in one place, to another through legal means such as technology licensing or franchising. Finally, this is the process by which basic science research and fundamental discoveries are developed into practical and commercially relevant applications and products. The first is the most appropriate definition for this paper; although the second is also not far from what we want.

With that understanding, technology transfer is enshrined in the UN Convention on the Rights of Persons with Disabilities (2006), which offers a clear-cut obligation for northern countries (Western Europe and North America) to transfer technology to their southern counterparts in Africa. More specifically, article 32 (b) promotes international co-operation in regard to facilitating and supporting capacity building, co-operation in research and access to scientific and technical knowledge, and sharing of accessible and assistive technologies as well as technology transfers.

Building on that background, this paper argues that it is an obligation of African countries to attain accessibility of ICTs for all using technology transfer. It is worth emphasizing right from the outset that such is more preferable than begging for financial aid (loans and grants) from their northern counterparts. However, before going into details of how that can be possible, let us look at the historical perspective of technology transfer. We shall then examine how technology transfer can assist African countries to attain accessibility of ICTs for all and finally give a conclusion.

2. The Historical Perspective of Technology Transfer

As examined in this section, there have been several attempts towards technology transfer over the years. Fuchs & Horak (2008) gave the following six strategies for dealing with the global digital divide, which are also the strategies that northern countries have advanced for transferring technology to southern countries of Africa:

   i. Wait and see, market and technological development will cheapen access. Scholars who agree with this view argue that the digital divide will go away on its own as more and more people continue adopting ICTs. For example, Compaine (2000) contends that: “The early adopters pay higher per unit costs that reflect lower production volumes of manufactured products -such as Personal
Computers - or start-up costs of services, such as Internet access via cable system. But as production builds, unit costs decline, product costs decline and manufacturers are able to lower prices.” Indeed this is what has happened in most developed countries, where ICTs have diffused to the point of near universal access following the provision of free computers, Internet connections and training in ICTs at libraries, schools, cyber cafes and community telecentres. However, this is far from the reality in Africa that is plagued by poverty and thus obtaining anything related to ICTs is considered expensive.

ii. By entering into markets and competition, third world countries will be able to leapfrog directly into information societies. According to Davison, Vogel & Harris (2000), technology leapfrogging means the implementation of a new and up-to-date technology in an application area in which at least the previous version of that technology has not been deployed. In developed economies, newer versions of technology are often used to upgrade older versions, but this is not possible in developing economies where older versions of technology, say electricity, telephone and TV are not widespread. For example, the diffusion of broadband connectivity has been possible and faster in western countries (through Digital Subscriber Lines and cable modems) due to fixed telephone wirelines that had been built over a long time. However, wireless technology offers a slim chance of ensuring broadband connection, only that it is likely to be more expensive for majority of third world populations.

iii. Attracting foreign capital will increase wealth for all and access in developing countries. The argument is that liberalizing telecom and Internet sectors in Africa will attract investment from large international corporations, which will result in economic growth that benefits all and lowers Internet and phone prices due to competition. This is a flawed argument as economic growth caused by western investments in ICT markets only benefit western corporations and a small local elite, but does not assure access for all to ICTs and their benefits.

iv. Technologies for the third world. The argument here is for transporting old computers from rich to poor countries as means for solving the global digital divide. This is unfair because it transforms the third world into a dumping ground for electronic waste, just as it has been for other forms of waste such as atomic waste and used clothes.

v. The third world does not need technology. The argument here centers around catering for basic problems like poverty, health issues and illiteracy in developing countries; not ICTs that are considered a luxury. People who front this argument forget that access to ICTs is a right to which nobody should be denied.

vi. An integrated strategy combining the global redistribution of wealth, educational and health programmes, digital literacy programmes; public and free access to computers and technologies, open source technologies, and computers for the third world. This came after realising that all the five strategies discussed earlier
do not see the inter-connectedness of technology access, social factors, uneven development, human rights and global capitalism. The strategy therefore shows the modern society as capable of affording a modest income, social security, literacy and free access to computers and the Internet for all humans.

3. How African Countries can Use Technology Transfer to Attain Accessibility of ICTs

Accessibility is a measure of the extent to which a product or service can be used by a person with a disability as effectively as it can be used by a person without that disability. This definition connotes the closeness between accessibility and disability; yet many governments are reluctant to embrace the latter as an integral part of society. That is where the nub of the problem is. Persons with disabilities are often regarded a minority and therefore nothing can be done to reverse their challenges emanating from ICTs. Perhaps dynamics will change when more and more countries get confronted with aging populations. This is already the trend in Japan, the US and many European countries where the baby-boomers of the mid 1940s are in or about to reach their retirement. The irony is that these would like to continue with their lives uninterrupted by inaccessible ICTs when they develop visual, hearing and physical disabilities that come with old age. This is where technology transfer comes in handy, forcing manufacturers to design ICTs that can answer the outcries of this category of people.

Technology transfer can also become a true vehicle of accessibility of ICTs for all if technology manufacturers are convinced to address disability limitations without tagging them to old age. This is unfortunately hard in Africa where manufacturers of ICTs are few and far between. But there are developers of proprietary assistive technologies elsewhere around the world, who can achieve this through provision of generic versions of their products that are downloadable free of charge. Two examples can suffice, including a generic version of Window-Eyes and a basic version of Mobile Speak in the name of Nokia Screen Reader that users with visual impairment can install on their computers and mobile phones respectively provided they have access to the Internet.

Technology transfer also requires massive use of ICTs, which African countries can realise through massive training of their disadvantaged populations in digital skills and providing them with affordable equipment. So far something has been done to this effect through universal access projects that have provided computers and Internet connectivity at community centres, public libraries and cyber cafes.

African countries can also benefit from technology transfer by encouraging the development of relevant web content locally. For example, reading materials constitute one big constraint in Africa, which can be sorted through collecting and providing electronic versions of books via web sites. The same argument goes for education and entertainment movies, which can be developed and distributed via specific web sites in many countries around the world at little or no cost.
Technology transfer also goes hand in glove with policy reforms to embrace international accessibility standards. Some of the accessibility standards are found in the UN Convention on the Rights of Persons with Disabilities, especially articles 9 and 21, which can be domesticated in the laws and policies of various countries. The World Wide Web Consortium (W3C) guidelines can also be adopted as the standards for website development, supported by Authoring Tool Accessibility Guidelines (ATAG) and User Agency Accessibility Guidelines (UAAG).

In addition, laws on procurement can be modified to take care of accessibility of ICTs. A good example is section 508 of the US Rehabilitation Act of 1973 (as amended in 1998), which requires federal agencies to ensure that the electronic and information technology they develop, procure, maintain or use allows federal employees with disabilities to have access and use of information and data that is comparable to that which federal employees without disabilities get, unless such requirement imposes an undue burden.

The question of accessibility of ICTs can also be answered by the technology transfer projects that have been implemented around the world under the guise of philanthropy. One good example is a Texas-based Computers for the Blind, which has been providing accessible affordable computers to persons with visual impairment in the US for over 25 years. According to Holton (2014), these are refurbished computers preconfigured with screen readers, screen enlargement software and a suite of other essential software applications for just $110 for a desktop with a monitor or $160 for a notebook PC.

Finally, technology transfer as a vehicle for accessibility for all may become effective if primary beneficiaries of particular technologies are involved in deciding their procurement. Taking the example of persons with visual impairment, accessibility can be greatly enhanced by procuring Apple computers and mobile phones that have assistive technologies (VoiceOver and ZOOMS) integrated in their operating systems. This strategy is generally cheaper than obtaining computers and mobile phones before they are installed with expensive proprietary assistive technologies. In the same vein, accessibility of ICTs via technology transfer can benefit greatly from an argument that the creation of features that make products useful for Persons with Disabilities should normally make them convenient for everyone else (Tusler, 2005; Shneiderman, 1999; Goggin & Newell, 2007). Indeed many technologies designed for Persons with Disabilities have ended up benefiting others as well. These include remote controls that can be operated without looking at them (appropriate for blind people), which are appealing to anyone who likes watching movies in the dark; cell phones with large visual displays and enough contrast for users with low vision, which are helpful to people in dim light to read the information; Automatic Teller Machines that use voice prompts, large prints, simple fonts, high contrast, labels with icons or graphics, and progress displays to make them easier to use by people with vision loss, which can be useful for semi-literate persons.

4. Conclusion
This paper has attempted to define technology transfer and has demonstrated its use as a vehicle for attaining accessibility of ICTs for all. However, the historical perspectives given in this paper show that the strategies of technology transfer tried out in third world countries have hardly been of benefit to ordinary users of ICTs. Maybe the strategies suggested in this paper can offer something different.

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CHALLENGES FACED BY THE VISUALLY IMPAIRED GIRL CHILD IN ACCESSING ALL-ROUND EDUCATION IN UGANDA

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Introduction

This paper will focus as much as possible on the subject matter mentioned above, that is to say “Challenges Faced by the Visually Impaired Girl Child in Accessing All-Round Education in Uganda”.

Whereas the author of this humble presentation wishes to focus on the plight of the blind girl child of Uganda, she is fully aware and appreciative of the overall socio-economic and political challenges faced by persons with disability worldwide and she wishes to say that she cares about them so much.

Education is now globally recognized as a birth right for every child. This is supposed to mean the same thing for the blind girl child as well, because they are also children, hence is entitled to the same quality of education like their other brothers and sisters.

The understanding of all-round education in this case is a reference to formal and informal education that adequately prepares the visually impaired girl child to confidently face the challenges of her day. It involves impartment of skills, the right attitudes and knowledge.

Great strides have been made in Africa to enhance the quality and access to education for “all children”, evidenced by universal primary and secondary school education in Uganda. In the case of blind children, they have underperformed in the effort to redeem the promise of greater access, adequate and quality education which is their birthright.

I wish to salute the Inclusive Education policy that Uganda has adopted, however, allow me humbly poke a few holes in our darling piece of legislation: the regulatory requirement of placement of the visually impaired children in the mainstream public school, alongside their sighted peers (inclusive education) is not definitely the final piece in the puzzle.

As long as the training and motivation of teachers of the blind is appallingly inadequate, particularly in its thinking of blindness, and its deficiency of requirements for the mastery of the alternative skills of blindness, and its inadequacy of student teaching and internship opportunities, and the wide-spread negative community attitude, the dream of accessing quality, relevant and adequate education for the blind children of Africa will remain forever a disillusionment.
Instead it appears that the policies we make have contributed to a certain extent, to apparent demise of appropriate education for blind children; and has led to major shortcomings in the education of blind children including the failure of the public schools to teach Braille, white cane usage, and positive attitudes about blindness.

Global Snapshot

Globally, there is a growing awareness among stakeholders in education that great barriers still persist regarding access and quality of education for blind children. According to Mr. Homer Page, the then director of National Federation of the Blind of Colorado, “(blind children) are not receiving quality education which can prepare them to compete in the demanding high tech economy and society of the 21st Century. They are not learning to use and trust the alternative techniques which blind persons MUST HAVE if they are to be successful. They lack self-esteem which is so essential to them if they are to become mature, responsible and productive adults. My question is therefore, If we cannot access what is a must have, what is our fate?

Africa Perspective

The African situation is even more worrying. There is an acute lack of data about the visually impaired children. Without up to date data, how can our governments effectively plan and deliver much needed services to the vulnerable members of the community.

Available data, however, offers estimates. For instance, in South Africa, half-a-million children with disabilities are estimated to have been shut out of South Africa’s education system, Human Rights Watch report 2015.

The same report notes: “The South African government needs to admit that it is not providing quality education to all of its children – in fact, no schooling at all to many who have disabilities,” said Elin Martinez, children’s rights researcher at Human Rights Watch, and author of the report

If South Africa is the Super power of Africa; and this is the state of the head of the fish, what could the tail be like?

Uganda Perspective

A study conducted by Uganda Society of Children with disabilities revealed that, despite the positive policy, environment for learners with disability (the visually impaired inclusive), there still remains significant barriers to education for these children.

Challenges facing the visually impaired Girl Child in Uganda

 Whereas a catalogue of these barriers affecting visually impaired girl child from accessing all-round and quality education come with the very nature of the handicap,
most of them are things society can do to better the lives of their own members. Men have gone to the moon, what is that they cannot do for us, God with us?

1. Socio- Cultural Barriers

It is generally perceived in Africa that a blind child is a misfortune; probably a kind of punishment from the gods. In Uganda, it is normally blamed on the woman. Whereas a mother will never throw away the fruit of her womb, no matter what, the paternal clan of the father may quickly reject a blind child. It becomes a “waste of resources” to educate such a child.

The situation is more grievous for the girl child since girls in general are principally regarded as sources of dowry in rural Ugandan communities, hence the status of a blind girl child does not only merit education but is also a great value loss to them, as no man may come to ask her hand in marriage, hence loss of dowry and grandchildren. As such, these socio cultural dimensions have limited access to education for the visually impaired girl child.

In our African culture, the general attitude of our society today, towards the blind girl child has changed a little positive. The community responses range from outright reject to being treated with sympathy. What the visually impaired girl child needs to succeed in school and in life in the communities is empathy and love.

Many of the visually impaired children do not receive adequate life skills and other important informal trainings their other siblings receive from their parents. For instance, they are not taught how to accomplish certain family chores like cooking, ironing cloths, knitting etc. for fear of exposing them to harm. This is partly so because of the ignorance of their parents. Unfortunately, this has denied the children vital life skills and education for a fruitful community life.

Closely related to this is the inadequate sex education for visually impaired girl child in communities and sometimes in school. In many Ugandan communities, girls at a certain age are brought together and given sex education. Unfortunately, this is often done to the exclusion of the blind girl child because of the erroneous belief that they do not experience sexual desires and therefore they won’t be married.

2. The School factors

Most public schools in Uganda have very few qualified and well-motivated special needs teachers. The teacher education and training process has now come under intense scrutiny and criticism from many researchers and policy analysts. This is because the learning environment and methods of instructing the blind do not prepare the visually impaired children adequately enough to favorably compete with their sighted colleagues in the open society.
Teachers ought to teach the blind with a professional attitude but this is not so in most schools in Uganda. Bad attitude reinforces negative actions, hence creating a barrier in accessing quality all-round education.

Most schools lack good sanitary facilities such as toilets, bathrooms etc. that cannot be easily accessed by the visually impaired girl child hence affecting their studies greatly. In addition, sanitary towels are not provided for these children that make them shy out in case they experience the body changes that eventually makes them fear to be at school and even sometimes drop out of school.

Some teachers have an irrational fear of blindness and make it look as though the blind learner may infect the others with blindness. This poisons the thoughts and attitudes of their sighted class mates hence creating social barriers towards accessing quality education for the visually impaired learners.

Many schools lack teaching and learning materials such as braille machine, embosser to mention that hardens the life of a blind girl child hence making it so tough to be in an inclusive setting.

This unhealthy atmosphere is so pervasive that blind children and their parents do not, for all practical purposes, have any educational options, except for a few scattered specialized schools for the blind, which can only be accessed by a few.

**Physical Access**

Many schools have quite an unfriendly environment for the visually impaired. They are inaccessible to learners, particularly those with physical disabilities. Some school buildings have multiple floors but no elevators, others have bathroom stalls too narrow for wheel chairs and some have doors too heavy to open. Some school compounds especially the walk ways are designed with thorns and barbed wires which is not friendly to a blind girl child. For a blind girl child with a physical disability, the challenge can even be more wanting.

3. **Emerging negative social trends.**

The danger of HIV infection and Sexual abuse of blind girl child has become very real. Due to the risk of contracting HIV, associated with the regular girls, selfish men have now turned their attention to blind girls because it is known that most of them are virgins and safe from HIV and STDs. The men have taken advantage of blind girls, impregnated and or infected them with the deadly HIV, thus killing their education aspirations.

**Economic Constraints:**

Poverty is one of the biggest barriers to access to all round education for the blind girl child. The few schools for the blind are hard to access for visually impaired children.
Since it is generally noted that the cost of educating visually impaired child is more than that for their sighted counterparts, most parents choose to educate the other children.

**In a nutshell**, indeed it is not possible for the author of this humble presentation to exhaust all the road blocks thrown in the academic path of blind girl child. This presentation is designed to give you a snapshot and challenge your mind to think even more and do something about the plight of the visually impaired girl child in particular and persons with disability in general. Therefore, I wish to suggest a few solutions for tackling some of the challenges mentioned above.

**Recommendations**

The most important intervention action in addressing the above challenges is a conscious and sustained effort to change and inform a positive attitude. There ought to be a mind-set change. With the right attitude, so much will change in the positive direction in the education of blind girls.

We clearly need to re-think our approach to teacher education for the blind, and motivation of those in the field. More qualified special needs teachers should be recruited in the available schools. Equip schools and blind learners with the necessary teaching and learning materials. Our instruction approach in schools should go beyond simple academic content but provide what the blind child must learn to be able to succeed in life.

I therefore call upon governments across Africa and world over to increase funding for the education of children with visual impairment, prioritize the collection of data on children with disability for better planning and service delivery if we have to create a truly fair society. Governments should also strengthen local education ordinances and enforcement mechanisms. However, it should be noted that excellent policies without action are meaningless.

Conclusively allow me close my humble presentation with these words that: “Where there is the will, there is the way.” Surely you can help out the blind girl child access all-round education if you truly will.

**I SAY ALL THIS FOR GOD AND MY COUNTRY.GOD BLESS YOU ALL.**

Note: The presenter has tried to consult and use materials from others sources to develop this presentation. Of particular help has been the works of Mr. Homer Page, the Chairman of the National Federation of the Blind of Colorado. I am grateful for the help I got.
ALTERNATIVE, INCLUSIVE APPROACH TO TEACHING MATHEMATICAL COMPUTATIONS USING THE CRANMER ABACUS

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Introduction

An abacus is a rectangular frame of thirteen (13) or fifteen (15) rods, each with five beads in two portions separated by a separation bar. The upper portion has one bead while the lower portion has four beads. It is a device that is used by visually disabled children for doing basic mathematical calculations (Mani, 1997).

Efficient use of the abacus using the conventional means (as has been presented and taught so far) require mastery of a number of prerequisite skills. Key among these are; memory of multiplication of tables of numbers 1-20, understanding the concept of compliment of a certain number with respect to the union specified, demonstration of the correct figure placement and movement rules for each set of operations and memory of the squares of numbers between one(1) and twenty five(25). These rules have never been mastered by over 90% of the users of the abacus in classroom setups to enable effective use of the same. The abacus is yet to be popular among school children in developing countries though it is one of the efficient devices in carrying out arithmetic calculations(Mani, 1997).

The Alternative Approach Of Teaching Mathematical Computations Using The Cranmer Abacus is a new, inclusive way of teaching mathematics to learners in an inclusive environment as it caters for both the sighted and those who may have lost sight. This method has been developed by Mr. Ogweno Evans Odhiambo, a Kenyan High School teacher of mathematics. This method uses the abacus exactly the same way as the conventional way of teaching mathematics to learners who are sighted.

Whereas the developer has tested the alternative approach with various teachers and learners and found the method to be both efficient and effective, (ICEVI REPORT 2014), the approach has never been officially piloted and documented.

The report on Adaptive Mathematics Training conducted at CEMASTEA from Monday 11th –15th August 2014 indicated that there was need to develop, explore, pilot and possibly adopt new, inclusive way of using the Cranmer abacus as a means of improving on the performance of learners who are visually impaired in Mathematics.

Presented in this write-up, is an overview of the procedures of using the Cranmer abacus using this new, inclusive approach:

Addition
Addition will take the conventional way of addition as done on the print copies as well as Braille copies. That is numbers of corresponding place values will be added respectively.

In the number 14 + 23, three will be added to four and twenty added to ten.

**Setting the numbers and answers on the Abacus.**

The following examples will be used:
1) 12 + 6
2) 35 + 36

**Example I**

12 + 6
12 + 6: in setting this numbers, 12 is set to the extreme left, a rod is skipped for the operation sign and 6 set immediately after as shown.

![Fig 3.1 12 + 6](image)

**Example II**

To work the number 35 + 36, 35 is set to the extreme left, a rod skipped for the operation sign and 36 set immediately after as shown.

![Fig 3.2 35 + 36](image)
To work out $35 + 36$
- Add 6 to 5 to get 11; set 1 to the extreme right,
- Carry 1 and set it on the next rod.
- Clear both 6 and 5.
- Add 3 to 3 to get 6
- since you are dealing with the tens, of set this on the tens rod.

You now have a final answer of 71 as shown

\[ 235 + 6584 \]

This could be worked on as follows;
- Add 4 to 5 to get 9. Set this to the extreme right
- Clear both 5 and 4
- Add 8 to 3 to get 11
- Set this 1 on the 2\textsuperscript{nd} rod and carry 1 to the next rod clear both 8 and 3.
- Add 5 to 2 to get 7.
- Set this on the 3\textsuperscript{rd} rod and clear both 2 and 5.
- Finally you remain with 6 to be set on the 4\textsuperscript{th} rod. The final answer is 6819

\section*{Multiplication Of Numbers}

The setting of numbers for the purpose of multiplication basically remains the same as would be done for the preceding operations. The multiplicand is set to the extreme left of the Abacus, a rod is skipped for the operation sign then the multiplier is set. The right hand side of the abacus is left for setting the answer.

The following examples will be used to explain the process of multiplication.

\subsection*{When the multiplier is a one digit number}

These types of operations are relatively easy. The following shall be used as examples.

1. $12 \times 5$
2. $45 \times 6$

\subsection*{Example 1}

$12 \times 5$
- Set 12 to the extreme left of the Abacus
- Skip a rod then set 5
- Multiply 5 by 2 to give 10
- Set 0 on the 1\textsuperscript{st} rod and carry 1 to the ext rod.
- Clear 2.
- Now multiply 5 by 1 to give 5.
- Set this on the 2\textsuperscript{nd} rod.
· Clear 5 and 1. You now have a final answer of 60 as shown below.

![Image 1](image1.png)

Fig 5.1  \[12 \times 5 = 60\]

**Example 2**

**45 x 6**
Set 45 to the extreme left of the Abacus
· Skip one rod for the operation sign then set 6.
· Multiply 6 by 5 to give 30.
· Set 0 on the extreme right and carry 3 to the next rod.
· Clear 5.
· Now multiply 6 by 4 to give 24.
· Set 4 on the 2\(^{nd}\) rod by setting 5 and clearing 1.
· Carry 2 to the next rod.
· Clear both 6 and 4.
· The final answer is 270 as shown.

![Image 2](image2.png)

Fig 5.2  \[45 \times 6 = 270\]

**Note:**
The presentation of this approach was a practical demonstration session and not a paper presentation as such. For this reason it is not possible to write each step of each
of the operations presented. Just a sample of the same has been given here. Some video clips of the same can be accessed on you tube. Simply type *kok Gwen* on you tube to view.

**Basic Facts On Mathematics And The Learner With Visual Impairments In Kenya**

In Kenya, Learners who are blind generally undertake the same mathematics curriculum with adaptations on particular areas of the subject (KIE, 2010). Adaptations focus on but may not be limited to graphic content omissions, diversity in approach to teaching and learning as well as adaptation of teaching and learning resources. An abacus is a key resource in the teaching and learning of mathematics for the learner who is blind, for it is one of the most effective alternatives to pen and paper manual calculations used by learners who are sighted (ibid).

The performance in Mathematics among learners who are blind has been consistently low compared to learners who have sight. At times the discrepancy in an individual learner’s results in mathematics compared to other subjects has been so huge that questions arise as to what exactly happened with the mathematics results (ICEVI, 2014). Two major reasons have been fronted: differences in the methodology used to teach learners who are blind and apparent incompetencies of both the teachers and learners in the use of alternatives and in particular the abacus as a tool of manual calculation (ibid).

**Conclusion And Way Forward**

It is my wish to pilot and document on the effectiveness of this new, inclusive approach. I call upon all friends and colleagues to support to realise the dream.
TECHNIQUES OF TEACHING BASIC MATHEMATICS TO LEARNERS WITH VISUAL IMPAIRMENT

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Preamble

Mathematics plays a vital role in day-to-day activities of mankind. This is because mathematics cultivates thinking and reasoning skills. This makes mathematics teaching and learning compulsory right from primary level to higher levels to develop computation skills, improve logical thinking so as to make learners play their role in society.

Mathematics has often been considered beyond the capacity of blind learners to master. Many students who are blind have missed being taught or learning mathematics because its content is rich with visual concepts and information.

Learners with Visual Impairment (Low Vision, congenitally blind and acquired blindness) have different ways of learning and presenting data. The teacher should adjust their teaching methods and assess a learner with visual impairment in multiple ways i.e (Large print, Audio and Kinesthetic).

A good mathematics teacher for learners with visual impairment has to design tasks, assign problems and other activities that stimulate thoughts and mental activity in order to lead the learner to construction of ideas.

Teaching of mathematics to learners who are visually impaired

• **Competency in appropriate mathematics braille notation.** The teacher should know and understand appropriate braille notations and how to teach the same.

• The teacher should know how to manipulate abacus for calculations and how to teach it to learners who are blind.

• As much as the syllabus is adapted, the teaching methodology should also be adapted.

• Teachers must vet keenly the mathematic text books, related teaching and learning materials and other assistive devices (the teacher must be competent in using these materials).

• Mathematics teachers should avoid rote teaching to learners who are blind by merely giving formulae to perform mathematical operations (e.g area of a
rectangle is length multiply by width) but instead they should be taught how to derive and use the formulae.

- Group discussion and group teaching is the best teaching approach to learners with visual impairment.

- Mathematics teachers should embrace concrete learning and hands-on manipulation.

- Marking of class work and examination must be done by teachers competent in mathematics as a subject and also braille notations. Be keen in understanding why a learner has got the answer he/she put down. Do not merely cancel or mark it right.

**Teaching aids for learners with visual impairment**

As vision plays a predominant role in the assimilation of ideas for sighted learners, learners with visual impairment understand ideas well when taught using hands on experiences with real materials including shape, size, heights and weights. Teachers should use mostly kinesthetic (tactile learning) in teaching mathematics to learners with visual impairment ("This is a learning style where learning takes place by the student carrying out physical activities rather than listening to lecturers or watching demonstration.")

Improvisation of teaching aids is key to the teaching of mathematics. This is because sophisticated teaching aids demand huge resources.

- Vision enables a sighted learner to simultaneously perceive all parts of an object in its totality and in its relationship to other objects.

- The visually impaired learners has to rely on sequential observations (only part of an object can be felt at a time) and the entire image has to be “built up” out of the components.

N/B: Relationships with other objects can be lost entirely – the child should be assisted to relate object with others.

The following should be considered in preparation or availing teaching aids to learners with visual impairment.

- The concept of tactile attraction must be emphasized in preparing teaching aids for learners with visual impairment.

- If a learner has limited skills in discriminating near similar texture, the teaching aid should have distinct differences in texture.
• The texture selection depends on the mental maturity of the learners with visual impairment.

• Learners should be exposed to the teaching aid prior to the lesson.

• Teachers should guide learners who have problems in identifying items.

**Basic principles in developing tactile diagrams / graphics**

• Make tactile graphic as clear as possible always have the reader in your mind when preparing tactile maps and diagrams.
• Keep in mind the knowledge level, skills base and age level.
• Use age appropriate language
• Write down and explain about the features in the diagrams/graphics before the child starts having a feel of the diagrams.
• Omit unreferenced or irrelevant sections of a map, diagram or graph so that original shapes and textures can be presented on a larger and clearer scale.
• Edit /proofread the graphic with your fingers (not your eyes) before the learner starts using it.

**Other techniques**

• Math teachers should verbalize everything to learners who are blind and be precise with your language. Avoid completely visual language( this, there, here)
• Relate various mathematical concepts and applications to activities a blind student enjoys.
• Mathematics teachers should make sure that multi-sensory learning/teaching approaches are constantly used.
  o  (Auditory – hearing)
  o  (Visual – sight [for low vision])
  o  (Kinesthetic – touch)
• Its very important for all visual impairment students to use as many senses as possible when learning maths concepts
• When given a problem the learner should write it, listen to it, tactually explore it and where possible move their body through space.

**Conclusion**

The unique educational needs of all students with visual impairment cannot be met in a single environment, even with unlimited funding.
It is critical that a team approach be used in identifying and meeting the needs of teaching and learning mathematics. The team must include the teachers teaching mathematics and have expertise in educating learners with visual impairment.
The teacher should constantly use the 6"p" – Principles
Thus: Prior
Proper
Planning
Prevent
Poor
Performance

The teacher should always be a devoted member of the teamwork.
He/she believes in:

- Coming together is a beginning
- Keeping together is progress
- Working together is success
TEACHING OF MATHEMATICS AND SCIENCE AT THE SENIOR HIGH LEVEL - THE SITUATION OF VISUALLY IMPAIRED LEARNERS IN GHANA

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Introduction

Mathematics and science is the bedrock of critical thinking. Visually impaired learners in Ghana pursue mathematics and science at the basic level in the inclusive and special schools. At the senior High level, Mathematics, Science, English Language, and Social Studies which are called core subjects are compulsory for all students in addition to three elective subjects of the student's choice. Learners with Visual impairment unfortunately are exempted from studying Mathematics and Science at the senior high level.

Reasons for this situation has been blamed on;

1. The perception that Mathematics and Science are subjects rich with visual concepts and hence beyond the capability of learners with visual impairment to master.

2. The assumption that the braille codes are not sufficient enough to represent the more complex operations central to higher mathematics and science

3. Lack of specialized facilities to teach/study mathematics and science at the higher level

4. Limited number of trained subject teachers and resource teachers to teach learners with visual impairment mathematics and science at the higher level.

5. Apprehension of both science and mathematics teachers and learners with visual impairment and the paranoia of examination in the subjects

6. The notion that learners with visual impairment lack the opportunity to see things in groups, note sets and acquire Mathematics and Science linguistics by seeing quantity, magnitude and number of symbols, and it will be difficult to handle simple Mathematics and Science operations

The aforementioned reasons permitted all tertiary institutions in Ghana to grant mathematics and science exemption to learners with visual impairment seeking admission into the tertiary institutions.

In the year 2010, the teacher training colleges that absorb over 80% of blind learners were upgraded to tertiary level and begun to award Diploma certificates instead of the
hitherto teacher certificate “A.” Consequently, the entry requirement to the teacher training colleges were modified. Again, the few universities that absorb learners with visual impairment have also modified their entry requirement in the same year. This situation has posed a challenge to blind learners as they do not offer mathematics and science at the senior high level.

Though the Ghana Blind Union (GBU) in collaboration with the Special Education Division (SpED) wrote to the tertiary council for the waiver of mathematics and science as requirement for the blind students, education dynamism is pointing to the fact that times have changed and mathematics and science should be accessible to blind learners at the higher level.

To arrest the situation, SpED in collaboration with the Royal Dutch Visio, an NGO from the Netherlands trained special educators together with Mathematics and Science teachers drawn from 6 out of the 7 Senior High Schools in the country. A total of 24 science and mathematics teachers and 150 resource teachers benefited from the one week training programme nationwide. This training encouraged SpED and the Ghana Blind Union to organize stakeholders meeting and in spite of the hurdle, blind learners were introduced to mathematics and science at the senior high level in 2012/2013 academic year. The Educational authorities were lobbied to hold off examinations until learners had reached a level that was deemed to be examinable.

Key Achievements

1. All students with visual impairment at the senior high level in Ghana are now introduced to mathematics and science subjects

2. Science and Mathematics teachers in almost all the integrated senior high schools now have skills on how to teach students with visual impairment the subjects. In some instances, the teachers share experiences and ideas with other colleagues from other integrated schools

3. For the first time, visually impaired learners took part in Mathematics in the external examination organized by the West Africa Examination Council in June 2015 on optional basis

4. Likewise for the first time learners with visual impairment took part in Science in the external examination organized by the same body in September 2015

Challenges

- There is lack of appropriate Mathematics and Science equipment for use by both teachers and visually impaired learners. Though teachers are improvising, specialized equipment will have been of immense help to the study of the subjects.
• Learners at the Basic School level are still apprehensive about the learning of Mathematics and Science as a result of the non-continuity of the study of the subjects at the higher level in the previous years. Consequently, visually impaired students have limited knowledge in the basic skills in mathematics and science to build on at the senior high level.

• Few of the teachers returned from the training and decided to adopt lukewarm attitudes towards the teaching of the two subjects. Only 2 Senior High Schools out of the 6, registered their students to write the West African Senior School Certificate examination this year.

• Some of the resource teachers in few of the integrated Senior High Schools were not committed in supporting the Mathematics and Science teachers to teach the students effectively.

• There has not been any follow up training apart from the one week training by the Royal Dutch Visio.

• For those students who registered to take part in the external examination this year, the West African Examination Council (WAEC) did not modify the questions in these two subjects for them. Actually, WAEC even forgot that some learners with visual impairment were registered to write these subjects.

Conclusion/way forward

The beginning of every innovation is characterized by challenges. The Ministry of Education, Ghana Education Service, West African Examination Council and other stakeholders in education should adopt a pragmatic approach to encourage both teachers and learners with visual impairment to embrace the teaching and learning of Mathematics and Science at the Senior High School Level.

1. There is a need for follow-up trainings to constantly refresh science and mathematics teachers’ knowledge on the modern ways of teaching visually impaired students the subjects at the senior high level

2. There should be various review meetings to assess progress made and develop strategy to improve the performance of teachers and learners

3. It is necessary to link up with countries advance in the teaching of Science and Mathematics at the higher level to tap their experiences. This can be done through running of exchange programmes and online courses for the teachers

4. Educational authorities should ensure that modern specialized equipment is procured and provided to enhance the teaching and learning of science and mathematics in the schools. This may require some advocacy and pressure from organizations of BPS persons and other stakeholders.
5. Platforms should be created for teachers to learn and share experiences among themselves. This could be established by the educational authorities or the teachers themselves.
TEACHING LEARNERS WITH VISUAL IMPAIRMENT AND SELECTIVE MUTISM IN AN INCLUSIVE SETTING

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Introduction

People with visual impairment exhibit divergent social traits just like those without visual malfunctioning. Some could be introvert and some extrovert, some could be friendly and some unfriendly, some brave and some timid, some could be shy and some audacious etc. these behaviours can go to the extreme as situations sometimes demand.

At age three, a child is expected to have acquired the necessary vocabulary to be a “sophisticated talker” from parents and those in the environment. A child is expected to understandably communicate with people around him. Instead, a child can restrict himself to communicating with parents and sometimes others in the household alone. He’ll keep mute in other social environment such as school. The decision calls for concern, more especially stakeholders in the education of persons with visual impairment since anything that inhibits maximum achievement of all learners is seen as an obstacle to the achievement of the teacher.

Montessori’s play-way method of teaching is highly recommended for pre-primary school education. In this method, rhymes, poem, literacy and numeracy are usually converted into songs and pupils recite it after the teacher to sustain learner’s interest and make learning permanent. This has more relevance in the education of learners with visual impairment who has lost vision and greatly depends primarily on the sense of hearing for information acquisition.

A child with visual impairment and selective mutism who will not speak in the school due to excessive social anxiety or shyness starts to lag behind in classroom. It is then imperative stakeholders to put in the necessary strategies to help blind with selective mutism learn at their full capacity and to overcome social anxiety disorder and excessive shyness.

What is Selective Mutism

Selective mutism is a childhood condition characterised by inability of a child to speak in some “selected social environments”. This inability to speak is not due to any form of disability neither associated with speech production nor connected with lack of the
language being used in such environment. It is traced to the fact that the child is suffering from social phobia which makes him or her to keep mute in the environment he or she has tagged “frightened” especially in social gathering where there are strangers. The child might be noticed discussing freely with his or her mother or having a free flow communication with people around his or her home. Once the child noticed the presence of stranger, he/she keeps mute. The condition is characterised by excessive shyness, anxiety and fear.

According to the American Psychiatric Association (APA, 2014), selective mutism is a rare type of anxiety disorder whose main distinguishing characteristics is the persistent failure to speak in specific social situations such as schools or among playmates where speaking is expected, despite speaking in other situations. Their inability to talk is neither due to anatomical nor physiological malfunctioning of none of the organs of speech. Child Mind Institutes (2014) submits that children with selective mutism can be exceptionally and excessively loquacious in the privacy of their homes but unable to speak at all in social gathering such as schools.

Even though selective mutism is a rare disorder with its prevalence ranging from 0.47 to 0.76 percent of the population based on pooled case studies from Western Europe, the United States, and Israel, Wong (2010), it was first identified in the 19th century when Kussmaul named it *aphasia voluntaria* in 1877 to describe the condition where individuals would voluntarily not speak in certain situations. In the early 1930s, the disorder was renamed elective mutism, again emphasizing the elective or voluntary nature of the persistent failure to speak.

The current *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)* diagnosis describes the condition as selective mutism, with the word “selective” emphasizing the select situations characterized by failure to speak rather than the intentional withholding of speech as previous terms implied, (Wong, 2010).

Selective mutism should not be confused with Autism Spectrum Disorder (ASD). ASD covers a set of developmental disabilities that can cause significant social, communication, and behavioural challenges. People with ASD process information in their brain differently than other people. Similarly, a child who has not been talking in the first month of school attendance cannot be yet referred to as having selective mutism. The disorder must be present for a minimum of one month of school attendance before a child can be said to be suffering from selective mutism.

**Inclusive Education**

Inclusive education is based on the simple idea that every child and family is valued equally and deserves the same opportunities and experiences. Inclusive education is about children with disabilities – whether the disability is mild or severe, hidden or obvious – participating in everyday activities, just like they would if their disability were
not present. It’s about building friendships, membership and having opportunities just like everyone else.

**Why is Inclusive Education a Better Option?**

Inclusive education is beneficial to both pupils with special needs and those without special needs. The following are the benefits as stressed by Kidstogether (2010):

**Benefits of Inclusion for Students with Disabilities**

1. Friendships  
2. Increased social initiations, relationships and networks  
3. Peer role models for academic, social and behavior skills  
4. Increased achievement of IEP goals  
5. Greater access to general curriculum  
6. Enhanced skill acquisition and generalization  
7. Increased inclusion in future environments  
8. Greater opportunities for interactions  
9. Higher expectations  
10. Increased school staff collaboration  
11. Increased parent participation  
12. Families are more integrated into community

**Benefits of Inclusion for Students without Disabilities**

1. Meaningful friendships  
2. Increased appreciation and acceptance of individual differences  
3. Increased understanding and acceptance of diversity  
4. Respect for all people  
5. Prepares all students for adult life in an inclusive society  
6. Opportunities to master activities by practicing and teaching others  
7. Greater academic outcomes  
8. All students needs are better met, greater resources for everyone

**How is Selective Mutism Diagnosed?**

American Speech-Language- Hearing Association (ASHA, 2015) opined that a child with selective mutism should be seen by a speech-language pathologist (SLP), in addition to a pediatrician and a psychologist or psychiatrist. These professionals will work as a team with teachers, family, and the individual. It is important that a complete background history is gathered, as well as an educational history review, hearing screening, oral-motor examination, parent/caregiver interview, and a speech and language evaluation.

The educational history review seeks information on:
- academic reports
- parent/teacher comments
- previous testing (e.g., psychological)
- standardized testing

The hearing screening seeks information on:

- hearing ability
- possibility of middle ear infection

The oral-motor examination seeks information on:

- coordination of muscles in lips, jaw, and tongue
- strength of muscles in the lips, jaw, and tongue
- The parent/caregiver interview seeks information on:
  - any suspected problems (e.g., schizophrenia, pervasive developmental disorder);
  - environmental factors (e.g., amount of language stimulation)
  - child's amount and location of verbal expression (e.g., how he acts on playground with other children and adults)
  - child's symptom history (e.g., onset and behavior)
  - family history (e.g., psychiatric, personality, and/or physical problems)
  - speech and language development (e.g.,
    - how well does the child express himself and understand others)

The speech and language evaluation seeks information on:

- expressive language ability (e.g., parents
- may have to help lead a structured story
- telling or bring home videotape with child
- talking if the child does not speak with the SLP)
- language comprehension (e.g., standardized tests and informal observations)
- verbal and non-verbal communication (e.g. look at pretend play, drawing)

**Characteristics of Children with Selective mutism**

- Social Anxiety Disorder (9 out of 10 children with Selective Mutism have this)
- Difficulty being away from parents (Separation Anxiety)
- Some form of speech or language problems
- Daytime wetting or bed wetting (enuresis)

**Symptoms of Selective Mutism**

The American Psychiatrist Association (APA, 2015) stated these as the symptoms of Selective Mutism (SM):
a. There is a consistent failure to speak in specific social situations (in which there is an expectation for speaking, e.g., in class at school), despite speaking in other situations.

b. The problem interferes with educational or occupational achievement or with social communication. In other words, the person is failing in school (or being held back), can't move ahead in their job, or can't create strong social relationships with friends or significant others.

c. The duration of the disturbance is at least 1 month (not limited to the first month of school).

d. The failure to speak is not due to a lack of knowledge of, or comfort with, the spoken language required in the social situation. (People who have difficulty speaking the language because they simply don’t know it wouldn’t qualify for this disorder.)

e. The disturbance is not better accounted for by a Communication Disorder (e.g., Stuttering) and does not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder.

**Implication of Blindness and Selective Mutism on a Child with Vision Impairment**

In the primary stage of learning where rhymes and poems are being taught, they are usually taught using montessori-play-way method. The pupils are required to repeat whatever the teacher says, and like play they learn. A child with visual impairment is disadvantaged with his or her inability to see and observe the teacher dramatizing. 

Imitation is meant to complement listening for effective learning. It has really proven to be effective in the kindergarten and pre-primary classes. But for a child with mutism, the social anxiety in him does not permit him to imitate whatever the teacher says. Therefore, a child with vision impairment and selective mutism is double-disadvantaged.

Isolation: A child with selective mutism will definitely keep to himself or herself in school or in other places he or she feels insecure. Therefore, he or she might be lacking the advantage of learning from peers. In addition, he or she might become an object of bullying and/or teasing.

According to Mental Health Information Committee (2012), a child with selective mutism’s learning can be affected. The child won’t be able to ask questions or ask for help. Teachers can find it hard to assess the child’s learning needs. The child will not be able to take part in group work or learn important presentation skills. Over time, problems at school can affect the child’s self-esteem, make anxiety or depression worse or make the child feel isolated. Children in these situations sometimes refuse to go to school.
What Treatments are Available for Children with Selective Mutism?

American Speech-Language- Hearing Association (ASHA, 2015) stated that the type of intervention offered by an SLP will differ depending on the needs of the child and his or her family. The child's treatment may use a combination of strategies, again depending on individual needs. The SLP may create a behavioral treatment program, focus on specific speech and language problems, and/or work in the child's classroom with teachers.

A behavioral treatment program may include the following:

- Stimulus fading: involve the child in a relaxed situation with someone they talk to freely, and then very gradually introduce a new person into the room
- Shaping: use a structured approach to reinforce all efforts by the child to communicate, (e.g., gestures, mouthing or whispering) until audible speech is achieved.
- Self-modeling technique: have child watch videotapes of himself or herself performing the desired behavior (e.g., communicating effectively at home) to facilitate self-confidence and carry over this behavior into the classroom or setting where mutism occurs

If specific speech and language problems exist, the SLP will:
- target problems that are making the mute behavior worse;
- Use role-play activities to help the child to gain confidence speaking to different listeners in a variety of settings; and help those children who do not speak because they feel their voice “sounds funny”.
- Work with the child’s teachers includes:
  - encouraging communication and lessening anxiety about speaking;
  - forming small, cooperative groups that are less intimidating to the child;
  - helping the child communicate with peers in a group by first using non-verbal methods (e.g., signals or cards) and gradually adding goals that lead to speech;
  - working with the child, family, and teachers to generalize learned communication behaviours into other speaking situations.

References


MONITORING OF VULNERABLE CHILDREN IN INCLUSIVE EDUCATION: A CASE STUDY ON CHILDREN WITH VISUAL IMPAIRMENT ACCESSING EDUCATION IN AN INCLUSIVE EDUCATION ARRANGEMENT

Phoebe Katende And Mugote Godfrey
Africa Centre For Development Impact.
Uganda.

Indicators To The Monitoring Of Vulnerable Children In Inclusive Education - A Case Study Of Visually Impaired Children In Kamuli District.

This tool is subjected to children in Kiwolera Army Primary School which has an annex for the blind run by four teachers qualified in the field of special needs education who also teach in the mainstream classes. There are 24 children and the school has a total enrollment of 782 pupils. The student study from the mainstream from day one and are supported to benefit from the inclusive setting. The teachers in the mainstream identify a gap, this may be orientation, safety, teasing by other children, limited braille skill, mobility etc. the teachers in the resource centre together with the mainstream teachers work hand in hand to address the learning challenges.

The tool and its indicators

Inclusive Education Monitoring Tool.

<table>
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<tr>
<th>Name: Namukose Lovisa Kamuli</th>
<th>District: Kamuli</th>
<th>Class: P.3.</th>
<th>Age: 10</th>
<th>Sex: Female</th>
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<td>Village: Lulyambuzi</td>
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<table>
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<tr>
<th>Indicators of IE for children with visual impairment.</th>
<th>1st Assessment</th>
<th>2nd Assessment</th>
<th>3rd Assessment</th>
<th>4th Assessment</th>
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<tbody>
<tr>
<td>1. Medical confirmation of a child’s disability</td>
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<tr>
<td>2. Access and use of white cane</td>
<td>0</td>
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<tr>
<td>3. Child moves to and from school/dormitory independently.</td>
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<tr>
<td>4. Attitudes of other teachers towards children with visual impairment</td>
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<tr>
<td>5. Access to braille paper</td>
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<td>6. Braille Grade Verses Expected level.</td>
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<td>7. Orientation in school</td>
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<tr>
<td>8. Safety of school environment</td>
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<tr>
<td>Use of assistive technology</td>
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<td>9. Writing frame</td>
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<tr>
<td></td>
<td>Description</td>
<td>Score</td>
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<td>10.</td>
<td>Perkins Brailler</td>
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<td>11.</td>
<td>Jot a Dot Machine</td>
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<td>12.</td>
<td>Type writer</td>
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<tr>
<td>13.</td>
<td>Computer</td>
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<td>14.</td>
<td>Child participates in tests</td>
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<td>15.</td>
<td>Child to child activities in class</td>
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<td>18.</td>
<td>Social and economic support at home</td>
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<td>19.</td>
<td>Exit strategy plan</td>
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<tr>
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<td>Exit of termination of support</td>
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<td></td>
<td>Total score</td>
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Note that typically the scores are 0 out of twenty on the first assessment.

The original thinking was to have a total score of 20 multiplied by 5 to give a percentage of 100%. Each score was either to be yes (score 1) or no (score 0). This has been modified to capture the progress within the activity. At school level the score is 0-5 for each indicator.

- 0 = No skills
- 1 = Very weak almost no progress.
- 2 = Weak a slight improvement
- 3 = Fair, There is progress although at limited scope and high chance of further improvement
- 4 = Good – There has been progress and child is almost working independently
- 5 = Very good, the child has reached a state of working independently in an inclusive setting.

These 10 students have been assessed between the period of three to four years and these are the latest records done quarterly. Progress depends on individual children and in the three years the child can score up seventy and above. Currently seven out of ten pupils have scored seventy and above after having started with zero scores.

Each of the twenty (20) indicators is explained below.

1. **Medical confirmation of child’s disability**
   The first step is to confirm the child’s disability, and in this sample of 10 children none of the children had been confirmed medically to have a visual impairment. The first
assessment score was 0. The second assessment all children with the support of the school and parents are assessed by the Ophthalmologist who comes at intervals after recommendation of the assessment of the Ophthalmic Clinical Officer. They all scored five out of five for medical assessment. This is when they are confirmed to benefit from the annex services.

2. **Access and use of white cane**
The children tend to come with no mobility device, even here the assessment score is zero. The children undergo an intensive training in the proper use of a white cane and in 4 months’ time they are able to effectively utilize the device leading to independent living scoring 4.

The current (3rd) assessment shows that results of last year's assessment shows that, 6 out of 10 children had scored 4 out of 5. The 4 students have scored 5 out of 5. Three years of training leads to an appropriate way of child using white cane

3. **The child moves to and from school/dormitory independently**
After enrolling children in school, the new entrants are availed with a series of training among them is the O and M training during the orientation week with a cardinal purpose of equipping them with knowledge to understand all vital installation on the school compound targeting both the ones who commute from home to school and those who reside at the unit. The children who come from home to school daily get knowledge of the mobility root to and from school. Once they attain the skill minimal assistance is sought from their sighted peer’s like informing them of obstacles along their way to and from school.

4. **Attitudes of other teachers towards Children With Visual Impairment**
When children with visual impairment are identified and enrolled for school, teachers the chief academic drivers feel challenged. As a result, numerous questions arise about the possible appropriate approaches to be employed in the teaching and learning processes in an inclusive setting. They also have challenges how they can support children to contribute in the course of their lessons. This results to a number of them developing a low opinion towards this category of learners. It is important to note that as time goes on; their attitude gradually changes having realized that these through the support from the unit performer just like their class mates. Through interaction with these children while in and out of class, they are eventually recognized as other children in the school.

The current assessment stops at score 4 for all the 10 children. This is because the children curiosity to learn and continuous sensitization in school, brings about a change in the teachers opinion towards this category of learners. It is difficult to score five because year after year new teachers are deployed to school.

5. **Access to Braille paper**
This is mostly availed to these learners by Non-Governmental Organizations like Sight Savers. This has enabled them to access quality education.
The third assessment of this year they have scored five out of five. The challenge is sustainability as government is not fully involved in providing braille paper and in the near time the score can go back to zero if there are no donors.

6. Braille grade verses expected grade
The pupils come without any knowledge as regards to Braille literacy. Due to the exhaustive training given to them through their teachers they progress on from grade one in the first year of their learning. Progressing through the lower primary class levels, the aspect of contracted Braille is taken on and by primary four, they are at the level of grade two and this is when they are expected to learn independently in class and almost get no support from the resource room. The exit plan from braille training is arranged depending on the child’s learning ability.

The scores are 9 children scoring four out of five and are from primary four to seven. One student in primary five scored 3 out of five. They do not score five especially those in primary five, six and seven classes. They tend to offend some braille rules like separating certain upper word contractions ( and the)

7. Orientation in school
Inclusive education gives an opportunity to learners with visual impairment to attend school. As a strategy to have a sizable number of children joining and enjoying schooling, landmarks and shorelines are set on the school compound in the vicinities of key installations. This facilitates easy movements within the school compound leading to a sense of free interaction with their sighted peers. When such a learner reaches to such a stage, he or she scores 5.

The current score is 9 pupils scoring 4 almost at independent living. Only one scored 5 out of 5. This child started learning when quite young and the parents have also supported the child training

8. Safety of school environment
This is always realized from the efforts of the specialist and regular teachers and other members of staff plus the prefects body who ensure that the compound is free of dangerous objects that might injure the child. The score is at four out of five this is because some engineers came and excavated gravel as they were constructing a nearby road to the school and took long to cover the holes where the gravel was excavated. The school is not fenced as herdsmen bring their cows for grazing.

Assistive technology

9. Writing hand frame (Marburg)
This is used to enhance Braille writing skills to a school beginner in primary one or any other child who gets blind in the cause of his or her education programme. This begins right from primary one to four. eight children have mastered the use of the hand frame as they all score 5 out of 5, there is one scoring 4 one scoring 3 but in primary three.
These children took long to master the position of the braille dots, this is why they scored low.

10. Perkins Brailler
This enables a learner to write his or her Braille notes with ease. Training commences in primary four probably third term, so that by primary five the pupil has appropriate Brailing speed as a result of being conversant with the key board layout. Six have scored four out of five, one three out of five and three one out of five. Those who have scored one are in primary three and four where the use of a perkins Brailler is not fully applicable and the one in primary five has just started learning as she has just got a Perkins Braille. All together the school has 9 functioning Perkins Braillers and some are used by teachers to help in the Brailling of the children’s work.

This is a note taker with six keys Perkins Brailler arrangement on its top. And can be used by young children to prepare them for the Perkins Brailler use in future. All the 10 scores are at 0 out of 5 due to non-functionality of the machines and inability to acquire the spare parts.

12. Typewriter
Typewriting skills are initiated to children in primary three for the reason that they are fully aware of the alphabet and are able to work on a number of English words. By primary five, the individual learner is able to type out work in ordinary print and submit it to the teacher. These typewriters obtained from the United Kingdom have made inclusive education (in Kiwolera Army Primary School and annex for the blind a UPE school) a reality. The teachers are able to follow up on their children’s progress as far as performance is concerned and provide the support required. This is because transcribing is minimized so all teachers access work. Three who acquired this skill went to secondary and they went away with their type writer to support their secondary education.

The score is at one for all the 10 as the school has just got the machines last year and the ten understand the key board navigation but have not yet started typing independently. One year is required to learn the key board and the second is for mastering typing and formatting among others.

13. Computer
Apparently the indicator cites zero score for all pupils because the computers were not being used as the school did not have electricity. Of recent, electricity has been extended to the institution by the district education department through the school facilities grant (SFG). The computers got from Sight Savers Uganda are to be installed and this is when training and assessment will begin.

14. Child participates in tests
Children are able to take on full participation in the monthly, termly and end of year tests. The progress sheets generated avails us with knowledge to tell how the individual
is performing so that extra support is planned, especially for pupils not performing well. This extra support has made them excellent classroom achievers. The score is 4 out of 5 for the 10 students. Previously they never used to participate in tests.

15. Child to child activities
This is when children provide academic and social support to each other. For example, the sighted read work written on the chalkboard for the visually impaired, making sure that the child’s devices like glasses, Perkins Brailler are taken care of in case they are forgotten by a fellow child, giving chance to children with severe low vision to draw near the chalk board in order to copy what they are unable to see from a distance among others. The score is 4 out of 5 for nine students and 3 out of 5 for one student. This is due to the counseling sessions for both sighted and none sighted children and they appreciate each other weaknesses and strengthens and support each other appropriately.

16. Parents attitudes towards child
Most parents when the children come to school they have a low opinion about children with Visual Impairment. When the children come to school, they interact with other parents, the children move independently and some perform well in class. The result is that different attitudes are exhibited by the parents as a result. The parents association has been key in encouraging parents to appreciate their children’s impairments.

One scored 5 out of 5, four scored 4 out of 5, four of them scored 3 out of 5 and one scored 2 out of 5.

The five parents scoring less than four are assessed based on how the children appear when they return to school from their holidays, they rarely attend school visitation days and meetings to check on their children’s performance and other school programmes.

17. Child’s confidence and attitude
The unit encourages children with visual impairment to yield a spirit of confidence first of all among themselves as the visually impaired and to the rest of their non-visual impaired peers. This has been attained because of the counseling and guidance services provided, encouraging them to freely mix and take frequent interaction with the ordinary peers and advising them to learn new ideas from the different circles basing from their surroundings.

Five scored 5 out of 5 and five scored 4 out of 5.

The peer support, safety of compound, counseling, independent mobility, and examples of model students where the head boy is visually impaired and the teachers appreciate them. Nabirye Oliver a former student was also a prefect.

18. Social and economic support at home
Because of the children’s impoverished families, the social economic status is low. This is so because most of them live with grandparents whose economic base is low as they are no longer economically active due to old age.

The score is, one scoring 5 out of 5, two scoring 4 out of 5, two scoring 3 out of 5, five pupils scoring 2 out of 5.

19 Exit strategy plan
This is expected to be carried out as early as primary four and five latest when a learner is issued with a manual typewriter, Brailer paper and a Perkins Brailler to aid his or her education prospects in any school of enrollment. This has partly been achieved because of the major equipment's like manual type writes which are no longer being manufactured, inadequate Perkins Braillers,

The score is 5 pupils scoring 4 out of 5, 4 scoring 3 out of 5, and one scoring 2 out of 5. Those scoring 4 almost have all the skills and are almost attending lessons and carrying out day to day activities independently. The rest still require training.

20 Exit or termination of support
Termination of support is in most cases is applicable to those students with Visual Impairment who have reached in primary five and seven. For this to be able carried out, the individual should be conversant with Braille, availed with equipment like Braille paper, a manual typewriter, a computer where applicable and a Perkins Brailler. This can give a child a great opportunity to study in any school and will achieve just like any of his or her ordinary peers. An example is the blind students attending secondary education and those at the universities and other institutions of higher learning.

Currently 3 students are learning independently in an inclusive setting, two are in primary seven and one in primary five. They are leading in their classes. The rest still need further preparation.

Importance of the tool:

1 To help teachers assess and monitor children’s performance at all levels of school and classroom activities.
2 It gives an opportunity to the unit and school managers to understand the situation at the child’s home and the community hence, taking appropriate action for effective support.
3 Helps to tell if children’s Braille grades if are low and why they are low in view of the fact that we already have the bench marks.
4 Acts as a check list especially in deterring the child’s mobility skills and telling what is missing on the school compound.
5 Gives opportunity to teachers to ponder over the future of the child’s situation and thus get possible support to address the identified challenges.

4.1 Challenges:
1. The insufficient assistive technology to aid the learning of children with visual impairment.
2. The school time table makes it difficult for teachers to carry out effective pupils assessment as little or no room is reserved to enable special needs education teachers carry out the activity.
THURSDAY 8TH OCTOBER 2015

STRENGTHENING PARTNERSHIPS FOR SUSTAINABLE DEVELOPMENT

PLENARY PRESENTATIONS

PLENARY CHAIR

Hon. Nyombi Thembo  
Minister of State for Communication (ICT)  
Republic Of Uganda.

KEYNOTE SPEAKER

Prof. Ruth Okediji  
Professor of Copyright Law  
University of Minnesota, USA

CONTEXT SPEAKERS

Richard Orme  
Chief Executive Officer, DAISY Consortium.  
United Kingdom.

Dr. Penny Hartin  
Chief Executive Officer, World Blind Union  
Canada.
Thank you very much honourable speaker, fellow panellists, colleagues and friends.

The theme of this morning’s session is “Strengthening partnerships for sustainable development”. I am going to tell you about what partnership has meant to the DAISY Consortium over the last 20 years, what it means to us today, and how our achievements have come about through collaboration and working together with others. And how these partnerships are most important as Marrakesh comes ever closer.

There is a saying that the best things come in threes. This is a story in three parts, three stages of strengthening partnership for sustainability.

The DAISY Consortium is an organization creating the best way to read and publish, for everyone. We are committed to equal access to information and knowledge regardless of disability; a right confirmed by the UN Convention on the Rights of Persons with Disabilities.

Over the last few days you have heard references to the DAISY Consortium as the acknowledged global expert organization on accessible books to persons who are blind, and our members provide hundreds of thousands of books to hundreds of thousands of people. But the mission to make books accessible goes back much further than DAISY.

During the Great War in Europe in the early 20th century, the public were moved by images of soldiers returning from the fighting, blinded by poisonous gas and explosions. This lead to the growth of libraries for blind people in many countries. In the UK, where I am from, Captain Ian Fraser, who had been blinded by a bullet in the battle of the Somme, came up with the idea for books recorded on gramophone records. The RNIB Talking Book service celebrates its 80-year birthday next month, having brought pleasure and enjoyment to many thousands of people, including my grandmother.

The system that my grandmother used for her talking books was based on a system of magnetic tape cassettes. It was a good solution. The libraries in different countries also had systems that worked well, but each one was different to the next, using a different type of cassette tape. This means that each country needed their own talking book players. This was inefficient and expensive.

In the 1990s many libraries for the blind were thinking about moving from cassette tapes to the CD. If things took the same course as before, each country would create a new way of storing the books on CD, and again, history would repeat itself with books that were incompatible with the systems used in the neighbouring country.
The libraries decided to work with each other and so the DAISY Consortium was born.

Libraries and organisations of blind people together defined a new standard for digital books and this was adopted around the world. Production systems were created to make the books, but rather than being developed in each country, the cost was shared. Companies developed talking book players, knowing that there were customers in multiple countries that would be able to use them. Training courses could be shared, and yes, even books could be shared between countries, because they all used the same standard.

The partnership was a great accomplishment, and I hope that many people here in the conference have benefited from the success of the DAISY standard.

However, however... despite the great efforts of the special libraries, still only a small fraction of books that are published ever make their way into a format accessible to someone who is blind. This is because producing a book from scratch is hard work, and many libraries began to talk with publishers about them helping more with the process.

This brings me to the second stage of partnership in the story I am telling. By libraries for the blind collaborating with publishers, more accessible books are being created than ever before. Publishers are providing libraries, such as Bookshare, with electronic versions of books, which can then be quickly turned into braille, or provided as e-text. This means more books, more quickly, into the hands of readers.

And in many countries now, titles are produced as eBooks and made available for purchase or loan through public libraries. At the beginning these did not work with screen readers, but DAISY Consortium members worked together with the publishers and the technology companies, to understand the issues and solve them.

As a result of this my friend John told me that one day he was listening to a programme on the radio, and they were discussing a new book that had just come out. Before the discussion was finished, John had bought the book and was reading the book on his mobile phone. He said that previously he may have had to wait for two years for a book to be available in braille, but now he was reading it in less than two minutes.

Accessible eBooks are now available to blind people on the day they are published, realizing the vision of “same book, at the same time, at the same price”. Publishers are now partners in creating accessible books, and blind people are their customers, with the choice of more than a million titles to choose from.

Libraries for blind people still have an essential job to do, for customers who are not able to use the technology, or for complex books that need more work to make them properly accessible. But through this partnership the reading choices that blind people have is unprecedented since the invention of the printing press.
And so to the third part of my story. At the last Africa Forum I would not have been able to relate John’s experience to you, since accessible eBooks were not available to him at that time. John lives in country where he can use special libraries and also buy eBooks on the internet. John knows that he is one of the lucky ones, that 80% of the world’s blind people don’t have the options that he has.

This is why the DAISY Consortium established the Developing Countries Alliance, headed by Mr Dipendra Manocha from Delhi.

Whilst the specialist libraries continue to collaborate with each other, and with the publishing industry, the DAISY Consortium is acutely aware that most countries do not enjoy the benefits of a well-stocked specialist library for blind people. The DAISY Consortium, working with a range of agencies such as WIPO, UNICEF, UNESCO, USAID, Nippon Foundation and others, is bringing the benefits of accessible reading and publishing to new places around the world.

In our experience, we have found that no one organization in any country has the resources, expertise and reach needed. As Penny said, “please do not try to do this on your own.” So collaboration between organisations, and with government and publishers is needed.

And in Africa, as elsewhere in the world, we see the growing importance of mobile phones as a gateway to reading. Through our partnerships with technology companies, blind people can use the Android smartphone they already have in their hand to read books. With UNESCO’s support the DAISY Consortium has been running sessions at this conference to show options for accessible reading using a variety of devices. This is revolutionary and I hope that one of your learnings from this conference is that accessible and low cost technology is not a dream of tomorrow, it is here today.

Sustainable partnership here means taking what has been developed already, and adapting it to local conditions. It is about avoiding creating a special solution for a country that is inefficient and unsustainable, but builds on the lessons learned and the resources already developed. It is about creating a vision of what access to books can look like in your country in three years’ time, and then organizations in your country working together to reach that goal. It is about collaborating with other developing countries who are on the same journey to share experiences and skills.

Imagine a world where books shared between countries are in a familiar format and can be used with the same systems. Because of the work of the DAISY Consortium to develop technical standards this is possible. And with Marrakesh this will become a reality.

Imagine a world where access to books was not solely dependent on the limited resources of small organisations. Because of the partnership with publishers and technology companies more accessible books are being produced everyday than ever before.
Imagine a world where countries with fewer resources can learn about the most efficient ways to produce accessible books, and contribute them to a global library where the books are created to a common standard. Because of the partnership between organisations concerned with providing accessible books this is happening too.

We stand on the brink of a new dawn of accessible knowledge and learning. The opportunity is there to transform access to books in your country. As Ruth said "We are in an era of unprecedented hope."

So to conclude this message of partnership for sustainable development.

Because of the Marrakesh Treaty, because of the collaboration between libraries, with technology companies and publishers, and between countries, because of these strengthening partnerships, the future of is full of hope and promise.

Thank you.
PANEL PRESENTATIONS

Making Books Accessible To All  
Panel Chair: Dr. Penny Hartin,  
CEO World Blind Union,  
Canada.

Increasing The Role Of Libraries In Promoting Access To Information  
Panel Chair: Elie Kamate,  
Country Director, Sightsavers,  
Mali.

Moving Towards Unified English Braille – UEB  
Panel Chair: Cathy Donaldson,  
President, Blind SA,  
South Africa.

Promoting Knowledge Transfer For Africa  
Panel Chair: Dr. S.K. Tororei,  
Commissioner, National Land Commission,  
Kenya.

Building Partnerships For Regional Development  
Panel Chair: Terje Iversen,  
Director for International Development, NABP,  
Norway.

Promoting Access To Information Through Mobile And Free Technology  
Panel Chair: Diane Bergeron,  
Executive Director - Strategic Relations and Engagement, CNIB,  
Canada.

Providing Services To People Who Are Deafblind  
Panel Chair: Razaq Fakir,  
University of the Witwatersrand,  
South Africa.
ICEVI

… is the International Council for Education of People with Visual Impairment

- a global association of individuals and organizations that promotes equal access to appropriate education for all children and youth with visual impairment so that they may achieve their full potential.

An important objective of our current strategy is to:

"harness the power of information and communications technology to enable blind and partially sighted children and young people to be included in mainstream schools alongside their sighted peers and acquire the specialist literacy skills they need to make their way in the world".
Slide 3

The need

- Despite the 2015 Millennium Development Goal of universal primary education, too many blind and partially sighted children are out of school.
- Across the lesser developed world we know that too many children with visual impairment experience poor education due to the lack of books they can read need in braille, audio or larger print.

Slide 4

The opportunity

- In developed countries technology has opened up amazing opportunities for children with sight loss, and this is beginning to happen in developing countries too.
- Now is the time to harness proven technologies to bring books, learning and opportunities to thousands of visually impaired children in less privileged areas, and provide them with lessons and skills that will transform their life opportunities.
From the Unicef website

“For many children, assistive technology constitutes a necessary precondition for them to enjoy and practice their rights. Children’s use of assistive technology can also contribute to preventing future poverty by enabling them to participate in education, a gateway to better income opportunities.”

Slide 6

Working together

and the DAISY Consortium
The model

• “Visionary Learning through Technology” is a model based on three elements that combine to deliver success for visually impaired learners in diverse settings:

✓ kit
✓ confidence
✓ content

Kit:
“A device I can use”

• once a child has access to reading technology, a world of learning and opportunity opens up to them.
• this could be a smartphone, eReader, tablet, braille notetaker, or computer.
• a visually impaired child will be able to read books, and write their own schoolwork. This facilitates learning and greater communication and interaction within the classroom... and beyond
Confidence:
“Skills that help me learn”

• children with sight loss benefit enormously from becoming proficient in reading and accessing information independently through accessible technology.

• parents and teachers must also learn about accessible technology, and ensure that the young learner is supported and encouraged on their journey.

Sightsavers NVDA training session in Sierra Leone

Content:
“Books I can read”

• Reading is the gateway to education. But for a child with sight loss, very little is available in audio, braille or large print. If the books they need can be provided in a structured digital format, then children can read independently with their reading device.

• Not only published books, but also classroom resources provided by the teacher. Our projects will provide textbooks, as well as training for teachers and publishers to make their materials accessible to visually impaired learners.

• The content should be made available by a suitable distribution mechanism that means that the books be provided to the learner quickly and efficiently.
Outcomes

• children will have their own device that suits their individual needs, that make information accessible using audio, large print and braille.
• learners will have new skills and confidence that will transform their independence and future life chances
• there will be infrastructure and policies that provide easy access to accessible books and learning on a scale these young people have never experienced.

What can you do?

• Use this framework, work with us to establish projects with expert support and with education ministry as partners
• Start local, then scale up to district or national service
• Realise the potential for individual children and transform education provision
Next steps

• Identify existing good practice
• Develop circa four more pathfinder projects
• Funding and commitments to deliver
• Engage high level champions

• Questions?
• Can you help?

Contact: Richard Orme rorme@outlook.com
THE DEVELOPMENT OF LIBRARY SERVICES FOR BLIND AND PARTIALLY SIGHTED CHILDREN IN AFRICA.

Alimata Abdul Karimu
Ghana.

Abstract

The psychological, physical and social development of children has a direct impact on their overall development and on their life stages. However, the successful completion of all these developmental stages for children who are blind or partially sighted is sometimes challenging in various aspects because of the lack of adequate critical childhood services to support parents or guardians and the children themselves. One of such critical area is library services for blind and partially sighted children. Book reading would enable children who are blind or partially sighted increase their vocabulary, conceptualise their environment as well as aid them in acquiring social skills.

This paper discusses the concept of the Vision Australia Feelix Library for children who are blind or partially sighted in the context of the Marrakesh Treaty and postulates how to introduce the concept across Africa.

Statement of scope

Libraries exist across the globe to fulfil different purposes which also meet the needs of people across the ages. There are a number of libraries including academic, public, special and national libraries among others. The term library comes from the Latin word “Liber” meaning book1 and has over the years survived its connotation of being a place where knowledge is sought. Books have been described by Myers (author of children’s books and illustrator) like a channel that leads children to their futures. This is because, the stories they read help them construct their worldview, relationships and where they would want to be.2 The different stories found in the books enable children to envisage or encounter other people like them either in different cultural settings or similar to theirs. This enables them to appreciate their culture and that of others. Book reading also enable children increase their vocabulary, conceptualise their environment as well as aid them in acquiring social skills.

The right to access information for persons who are blind or partially sighted is enshrined in Articles 19 and 27 of the Universal Declaration of Human Rights, the Convention on the Rights of Persons with Disabilities and Article 17(C) of the Convention on the Rights of the Child particularly requires state parties to: “encourage production and dissemination of children’s books”.3

Principal Arguments

The psychological, physical and social development of children has a direct impact on their overall development and on their life stages.
However, the successful completion of all these developmental stages for children who are blind or partially sighted is sometimes challenging in various aspects because of the lack of adequate critical childhood services to support parents or guardians and the children themselves. One of such critical areas is library services for children who are blind or partially sighted.

Majority of children who are blind or partially sighted are unable to read the same books at the same time with their peers, parents or guardians because age-appropriate Braille books are not available for them. Even when books are transcribed into Braille, they are most often not adequately suited for the child who is blind or partially sighted. According to the World Blind Union, printed books that get transcribed into accessible formats for the print disabled the world over constitute or is between one and seven percent.4

Even for adults who are blind or have low vision, getting access to published works in accessible formats has been an arduous task as a result of copyright restrictions for a very long time and lack of commitment and goodwill on the part of authorities responsible for the development of libraries in most parts of Africa. Normally, it is tertiary academic institutions that have some relatively good library facilities which in most cases do not adequately meet the needs of the student who is blind or partially sighted. On the other hand, agencies working in blindness service delivery are confronted with multitude of what can be referred to as pressing needs such as education, employment, advocacy to break societal and attitudinal barriers to disability so much so that, very little is devoted to developing tactile library services for the child who is blind or partially sighted. But in the positive spirit of the 'leave no one behind' in the Sustainable Development Goals and in the mist of the Marrakesh Treaty air blowing fresh, it is essential that appropriate library services for children who are blind or partially sighted are equally placed on planning agendas of library advocates in order not to leave them behind.

In addition, many African governments commit very little funds to general library development. For example, a 2011 study by the Electronic Information for Libraries in Ethiopia, Ghana, Kenya, Tanzania, Uganda and Zimbabwe found that, 96% of municipal authorities do not fund libraries.5 Similarly, the total funds for all libraries in South Africa (including their capital works) for 2015/16 is R121.5 million.6

Specifically, the estimated transfers from the Department of Arts and Culture to the South African Library for the Blind for capital works projects are:
Medium-term expenditure estimate is R1000.
2014/15 R2165
2015/16 R4645;

For Blind South Africa, using the same categories:
Medium-term expenditure estimate R1000;
2014/15 R1345, etc.
Additionally, five provinces namely: Eastern Cape, KZN, Mpumalanga, North West and the Western Cape have allocations from the community library services grant to develop library services for persons with visual impairment in 2015. It is worth noting that, even though national budget lines exist for libraries in South Africa within the Departments of Basic Education and Arts and Culture, the allocation of funds for example to disability is heavily dependent on provincial competence which is further handed down to local governments.

In addition, library facilities for children who are blind or have low vision are scarce in Africa. Most children who are blind or partially sighted go through their early school stages reading only few books transcribed by their school’s Braille services or created tales put together for them in order to introduce them to Braille reading but not actual books. Even where these children have access to actual reading books in Braille, they are often times not accompanied by the tactile forms of the pictures found in the stories. However, since children form mental imagery of the things they see in their reading, it is imperative to enable them touch “improvised” versions of the objects they have read about. Connecting their tactile experience to the stories would enable them to conceptualise and understand their environment properly. This in turn assists the child who is blind or partially sighted to remember and relate the mental images of places, people and cultures to real life situations. Roethler and Henderson have argued that, the imagery that book reading creates in the minds of children usually have the tendency to remain with them throughout their life cycle.

Even though tactile books for children exist internationally, they are seldom found in most of Africa. In order to maximise the benefits of the Marrakesh Treaty and get on truck to ending the “book famming” that exists in the world of the child who is blind or partially sighted, organisations of and for the blind and agencies and libraries working in book production for the blind has to begin to explore and develop tactile book forms evident in the Feelix early childhood Library concept for children who are blind or have low vision.

**Recommendations and conclusion**

The Feelix Library is described as: “a unique resource that provides stories to the very young child who is blind or vision impaired in Braille, tactile form, audio as well as accessible to print readers” according to Louise Curtin, Manager of the Vision Australia Feelix Library. The Library is opened to members from 0 to 7 year olds who experience vision loss, their parents, guardians, schools and other family members or mentors. The books are produced in very simple language, double-spaced for easy reading, with pictures and tactile models of the pictures in the stories for the kids to hold. The idea behind this is to help the kids form mental imagery of the things talked about. Parents, guardians, schools and other caregivers are expected to provide the kids with the real items to enable them experience reality as much as possible and practicable.
The Braille picture book, CD recording of the story, handmade tactile book and improvised tactile materials are put together in a suitcase like container and called Feelix kit. The kit is then sent to children who are blind or partially sighted upon request.

The Feelix concept ensures that the child is exposed to Braille at an early stage by reading the Braille books and conscientise the family on Braille. Again, the audio recording of the book enables the child to develop his/her listening skills, attention span and brain. As the child listens to the recording, his/her brain expands to create new links and strengthen existing ones. Various studies have also shown that, students who are academically good and zealous learners were those exposed to book reading before preschool.

Interested organisations, agencies and libraries can liaise with Vision Australia’s Feelix Library to better acquaint themselves with the production processes or begin networking to establish rapport for books sharing since the Marrakesh Treaty is here to open the door for institutions that have large numbers of accessible anthologies to make available to blind and partially sighted persons in low income countries.

As organisations of and for the blind, we cannot afford to postpone or defer library services for the child who is blind or have low vision till they become adults nor can we only provide audio or digital books. Making appropriate library services available to children who are blind or partially sighted at the very young age is a mark of an inclusive society.

References


Benefits of Early Reading – Why teach Your Child to Read.
MARRAKESH AND BOOKSHARE: ENDING THE BOOK FAMINE

Jim Fruchterman,
CEO, Benetech,
USA.

Introduction

There is a global book famine for people with visual impairments. Ending that book famine is now well within reach. This article outlines the path to providing equal and independent access to books for the community of people with visual impairments. Central to this journey is reaching the unreached: the great majority of people, especially in less developed economies, who have never had independent access to books.

The DAISY Consortium of libraries serving people with print disabilities (visual, learning, and physical disabilities that interfere with reading traditional print) outlines this goal as “making the same book available for everyone at the same time without extra cost.” In the United States, we are getting close to reaching this goal. Now, we have to extend this to the entire world!

The keys to reaching this bold goal are three major innovations: in law, in technology, and in implementation. These innovations have already been demonstrated to work in some countries, and I believe they are ready to be extended to the world.

Furthermore, Benetech, the nonprofit that operates Bookshare, currently the largest specialised library for people with visual impairments in the U.S., is ready to extend our reach to the rest of the world, with a special focus on reaching the unreached in developing economies.

Innovation in Law

The first critical innovation is a globally effective copyright exception. The difficulty of obtaining permissions to create accessible versions of books in some countries has been a large part of the book famine. And cross-border permissions are even more difficult.

Luckily, the advocacy of the World Blind Union and other organisations in the VI (vision impairment) field have led to the negotiation and signing of the Marrakesh Treaty by over 80 countries in 2013. In order for the Treaty to go into effect, ratifications are needed by 20 more countries. We expect this to happen in 2016.

In short, the Marrakesh Treaty makes it legal for an individual with a visual impairment, as well as educators, schools, and organisations serving this community, to create accessible copies of printed materials without needing to obtain permission. You can simply make a book available in braille, large print, audio, or ebook format, if it is
needed by a person with a print disability (although this article focuses on people who are blind or have a visual impairment). In the great majority of countries, you will be able to do this for free. Furthermore, it will be possible to provide a copy of that accessible book to the people who need it in other countries that have ratified the Marrakesh Treaty.

The Marrakesh Treaty is an incredible breakthrough for our field as it provides the legal innovation needed. If your country hasn't ratified it already, I encourage you to join with your national World Blind Union affiliate to help advocate for this!

**Innovation in Technology**

The second critical innovation is the advancement of technology that eases the process of creating accessible books and consuming them (that is, reading them). Thanks to the technology industry as well as the DAISY Consortium, these advances have already occurred.

The power to create accessible books is now in the hands of just about everyone with access to a computer. It's easy to scan a printed book into text file with OCR, or to record a book with a recording application. And this kind of technology is freely available or inexpensive.

Standardised formats have been aligned to make it simple to share accessible books across devices and the world. Audio books are all in MP3 formats. Text ebooks are in common formats like EPUB or DAISY.

These standardised formats can now be read on specialised devices designed for people with visual impairments or with the standard PCs, tablets, smartphones or even feature phones and inexpensive MP3 players. Braille and large print physical books can be easily produced from digital master copies.

Essentially, it should be possible for every blind or visually impaired person in the world to have a device that allows them to read independently.

**Innovation in Implementation**

The third critical innovation is revolutionising the ways accessible books are produced and distributed.

Crowdsourcing is an example of a new approach to accessible book production. Until recently, human-narrated audio books had to be produced almost exclusively in purpose-built recording studios. Now, more and more audio books are being produced in homes with high quality, yet increasingly affordable, recording equipment. Our library, Bookshare, was initially created by blind people scanning books for themselves, and then sharing them legally with other members through the Bookshare website. A single individual contributed over 3,000 scanned books to Bookshare the year it was launched!
Next, it is now possible for the publishing industry to directly benefit people with visual impairments. Publishers are now standardising a format that is very close to the DAISY format, the leading disability-specific content format. The barrier that was preventing publishers from engaging with the community has now fallen, and many publishers are willing to help.

Lastly, the traditional approach of circulating physical media through postal channels has had huge limitations in terms of meeting the needs for books. Digital technology means that it is simple to deliver an accessible book anywhere in seconds via the Internet. It is also easy to make multiple copies of the same title for almost no cost.

**The Impact of These Innovations**

These parallel innovations are coming together to end the book famine. By making it legal, technically feasible, and operationally practical, it will become possible to get accessible books to the people who need them most.

Cross-border sharing is an example of a new implementation option made much more practical through legal and technical innovation. It is increasingly legally possible through copyright permissions, and eventually through widespread implementation of the Marrakesh agreements. The technology already makes it as easy to deliver a digital accessible book to one country as another, assuming the legal and operational aspects are addressed.

These innovations, especially when working together, drive the cost of providing accessible books down dramatically. Services to people who are visually impaired are traditionally underfunded. However, it is now possible to imagine solving the book access problem with funding that is within practical reach.

Ultimately, universal design, combined with these innovations, may enable us to completely abandon the system of specialised accessible books. As the ebook displaces the traditional printed book in the publishing industry, we reach a turning point. Amazon.com, the largest bookseller in the United States, announced that it has been selling more ebooks than printed books since 2011.

The ebook, unlike the printed book, is intrinsically as accessible to a person with a disability as a person without one. It is ironic that anti-copying technology on ebooks often has the effect of locking out the most natural customers for ebooks, people with visual impairments. George Kerscher is the DAISY Consortium's Secretary General, and one of the world’s top experts in accessible books. He and I coined the term “soundproofing the book” for this unfortunate practice. Our goal is to ensure that commercial ebooks are fully accessible to people with disabilities with the Born Accessible campaign. Our motto is “If it’s born digital, it should be born accessible!” Of course, this last innovation isn't fully developed, even in the United States, which has the most advanced ebook publishing industry.
Bookshare: An Example of the Three Innovations Working at Scale

Thanks to these innovations, the book famine has effectively been ended for students with visual impairments in the United States. For example, Bookshare has made a promise to all American students with print disabilities: if you need a book for your education, and we don't already have it in our collection, we will get it and add it. Of course, with 385,000 titles already in our collection, the odds are very high that a person with a visual impairment will find that the specific book they need is already available.

The success of the Bookshare model has been made possible by combining all of the innovations described above. The Marrakesh Treaty was modeled after the U.S. copyright exception, and Bookshare was probably the most commonly cited example in the negotiations of what the Treaty would make possible.

Reaching the Unreached

As you can see, these innovations make solving the book famine possible globally. It is possible to meet the needs of a single blind person for a given book today. But, to truly have “the same book available for everyone at the same time without extra cost,” we will need to cooperate more across borders. Once an accessible book is created, it shouldn't be necessary for somebody else to duplicate that work. That was the dream behind the creation of Bookshare. And, that dream is ready to become a reality globally.

The Bookshare Offers

Bookshare has two key offers to make to the field of education for students with visual impairments. The first is access to the existing Bookshare collection. The second is assistance in building a national collection in a place where the infrastructure doesn't yet exist.

Our first offer is to make Bookshare available to students today. Bookshare is being used by visually impaired people in more than 50 countries. Thanks to funding from the U.S. government and key donors, we can effectively subsidise the cost of providing Bookshare. In countries classified as Low or Low-Middle Income by the World Bank, Bookshare is US $10 per year. And, if affording these modest fees is a challenge for students in these countries, we could probably find funding to underwrite these services.

Our existing collection of more than 200,000 titles available worldwide is very strong in English and Spanish, and is quite useful for English speakers and students in higher education. At present, Bookshare does not have the most important textbooks needed for primary and secondary education outside the U.S. However, given that English is an important language of instruction in higher education in many countries, many of Bookshare’s higher education titles are useful worldwide. For many educators, the existing Bookshare collection will be an important secondary resource of English
language literature. However, in some countries, it may simply be the only significant source of accessible books.

The second offer addresses the most important need of students with disabilities, especially those in primary and secondary education. These students need their locally important educational and vocational content, in their mother tongues. Since these titles are different in each country, or even at the state or provincial level inside countries, this is a problem that needs to be addressed locally. But, Bookshare has a bold offer to help with this challenge.

Thanks to new and existing funding from donors in wealthier countries, Bookshare is offering to partner with up to three interested and engaged countries to lend the Bookshare infrastructure for free for a period of two years. We will look for in-country partners who share our commitment to providing books to those with print disabilities. Our focus is on reaching students in Low or Low-Middle Income countries that have ratified the Marrakesh Treaty.

Here are the key elements of this offer, for these countries:

Free Bookshare library membership for all schools, educators and students, for the purpose of solely serving students with print disabilities, especially students with visual impairments, including availability to over 200,000 English and Spanish ebook titles.

We will add 125 local books from the country to the Bookshare collection that are not already there. We will need copies of the print books that are scannable using optical character recognition (or we can work with local publishers to obtain digital copies). This will include the top 50 children's titles, the top 50 literature titles, and the top 25 primary and secondary textbooks needed by students with disabilities.

We will also create teacher training materials in the form of webinars to help educators learn how to enroll students in the service, how to utilise assistive technology for reading the books, and how to add scanned books to the Bookshare library.

At any point, any organisation in the country meeting the Marrakesh definition of an authorised entity will be free to access master copies of all materials added to Bookshare under that country’s national copyright exception. We do not want partners to be locked in to working with Bookshare indefinitely, especially if a country is able to later create its own national digital accessible library infrastructure.

We at Bookshare want to help make more books available. We are happy to talk to leaders in the field of educating students with visual impairments in any country about how to do this. We are confident we will be able to find greater cross-border support for these efforts, given the priority the world has placed on the issue through the Marrakesh Treaty.
Conclusion

Ensuring that people worldwide with visual impairments have access to the books they need for education, vocation, and social inclusion is now within reach. The legal, technical, and implementation innovations that will make this possible have already been developed and proven. The digital ebook is especially important for advancing this cause with the full range of formats, including braille, large print, and audio.

As a nonprofit agency organised with a global charter to serve people with disabilities, helping end the book famine is a central mission objective for Benetech. We look forward to helping the field advance this shared goal of full equality of access to books.
THE UEB, WHAT AND WHY?

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Background:

In 1992 the International Council on English Braille (ICEB), described later, embarked on a project to research and develop the Unified English Braille code (UEB), a braille system that was unified, unambiguous, had representations for print characters for which no symbols existed in pre-unified braille, and should have as little impact as possible on the literary braille code that people knew and read every day. Let us look at exactly what that means.

What does it mean when we say that the code has been unified?

It means that there is now just one braille code for literary braille (novels, magazines, that kind of thing), maths and computer material. In pre-unified braille there were greatly differing codes for these texts. Different braille symbols were used for the same print characters depending on the type of material. Let us look at a few examples. In a novel both opening and closing brackets were represented by a lower g. In maths dots 1-2-6 was used for an opening bracket and dots 3-4-5 for the closing bracket. In computer braille dots 1-2-3-5-6 was used for an opening bracket and dots 2-3-4-5-6 for a closing bracket, while those symbols were used for square brackets in maths. In a novel a fullstop (period) was represented by dots 2-5-6, while in computer braille it was dots 4-6. If you wanted to write an e-mail address in a literary text, such as a magazine article, you first had to switch to computer braille mode with dots 4-5-6, dots 3-4-6 and then, to switch back to literary braille again, dots 4-5-6, dots 1-5-6.

To complicate matters even further, there were two very different maths codes used in the UK and in the USA and there were also two very different computer codes used in those two countries. In South Africa we used a maths code based on the UK maths code and we used the American computer braille code. There were also differences in the way contractions were used in different countries. We would contract the ed in reduce and freedom, but in the USA and New Zealand they did not. Something like "par. 1.1" would be brailed in three different ways in South Africa, the UK and the USA.

What does it mean when we say the code is unambiguous?

It means that in UEB you are never in doubt as to what a symbol means. In pre-UEB a closing square bracket would be the same as a closing round bracket followed by an apostrophe, an ellipsis was the same as three apostrophes, a dash was the same as two hyphens, an asterisk would be equal to inin in print. Thus, if for some reason you needed to write fem*e, it would be the same as feminine.
For which print characters did pre-UEB braille not make provision?

Well, for many, but some of the most common ones are: the at sign, backslash, bullet, copyright, trademark, yen, euro, curly braces, angled brackets and diacritic characters.

What was the impact of the UEB on pre-UEB braille?

The impact on literary braille, that which most people read, leisure reading, novels, magazines, has been minimal. Nine contractions and sequencing (the unspaced writing of words like "for the") have been discontinued, no new contractions have been created and a few punctuation marks have changed. According to a study done by the United Kingdom Association for Accessible Formats the vast majority of braille readers with no prior knowledge of or exposure to the UEB could read non-technical material with little or no difficulty. But unifying the code, making it unambiguous with little impact on literary braille, greatly impacted the symbols used for technical material such as maths and science.

What has been achieved by implementing the UEB?

Now all these differences and ambiguities are a thing of the past. We have unified all these differences into one unified braille code. A bracket is now always the same, irrespective of whether you are reading a novel, a maths book or a book on computer programming. If you are writing a magazine article and wish to include e-mail or website addresses, it is no longer necessary to switch to computer braille mode and back again; you simply use the same braille symbols as in the rest of your article. A fullstop is always dots 2-5-6, in novels, in an ellipsis, as a decimal point, in maths, in e-mail or website addresses. Because the code is Unified, it is much easier for a new learner to learn it; because the code is unambiguous, automated print to braille and braille to print translations are a lot more accurate. Books produced in the same unified code can now be sourced from other countries where UEB is used, greatly improving access to braille literature. To summarise the features of the UEB:

- Only one code is used for normal and technical texts.
- In UEB there are symbols for which provision was not made in pre-UEB.
- UEB does not allow ambiguity.
- The way in which UEB symbols are constructed will always let you know where one symbol ends and the next begins.
- The UEB is much easier to learn and teach than pre-Unified braille.
- UEB represents the original print text faithfully.
People sometimes complain about the extra clutter introduced by the UEB. The reason for this clutter is because the UEB makes it possible to distinguish among typeforms such as underlining, boldface and italics, but braille producers often disregard the UEB guideline which states that the use of these typeform indicators is optional. They should only be used where they are functional, such as in an examination paper where the candidate is required to perform some task with underlined text and another with text in boldface, or in a language book in which different typeforms are used to indicate different parts of speech. Once producers master these guidelines, readers should experience significantly less clutter.

The tool box:

The UEB lets me think of a big tool box full of tools for all kinds of purposes. You don’t have to know it all; you don’t have to use it all; you use what you need. Yes, it is vast, it has a rich set of symbols and features with over 400 symbols having been assigned, but don’t be intimidated. If you don’t need something, don’t use it. If you need something, you are sure to find it in the tool box.

Why do we sometimes talk of the UBC and at other times of UEB in South Africa?

UEB is an acronym for Unified English Braille. That is the official name that ICEB assigned to the new, unified code. However, in South Africa we have unified the braille codes of all ten our local official languages in accordance with the principles of the UEB, so we tend to talk about the UBC (Unified Braille Code), because we refer not only to English braille. Applying the same principles this could also be achieved in other countries where languages other than English are spoken. The codes for those languages could be likewise unified according to the principles of the UEB.

Status of the UEB (UBC) in South Africa

We recognized the advantages of the UEB at an early stage in South Africa. Already in the ’90s we began publishing supplements to braille magazines in the UEB and we held workshops introducing users to the code. We also arranged awareness campaigns and gathered feedback from braille readers. In the early years of this century we began publishing complete magazines in the UEB. When ICEB adopted the UEB as a standard in 2004, South Africa was one of the first countries to adopt the code in May of that year. We started projects to adapt the codes of our local languages according to the principles of the UEB. In 2007 we commenced with training courses to bridge the gap from pre-Unified to Unified braille and our braille authority decided to roll out the UEB in schools from the beginning of 2008 using a phased approach. During 2014 the South African Braille Authority, SABA, resolved that from the beginning of 2015 only UBC must be produced by braille production houses and that only the UBC must be taught and used in schools. The code is now fully implemented in South Africa. For more information about braille related matters in South Africa, visit the SABA website at http://www.sabrailleauthority.org.za.
The UEB in Africa:

The braille instructor of Blind SA (the largest consumer organisation of the blind in South Africa) has conducted a number of UEB training sessions in Namibia where the transition to that code is in progress. With the assistance of George Bell of the UK Zimbabwe is working on the transition also. Delegates from Botswana have attended several meetings of our braille authority with the aim to become more familiar with the UEB in order to implement it in that country. Nigeria has long been a member country of ICEB, represented by Jean Obi who introduced the UEB to Nigerians where some transition has taken place. Ghana will be adopting the UEB in 2016.

The UEB and technology:

The Duxbury braille translation system has for a long time already had the ability to translate print into UEB and to convert UEB into print. The developers of the free braille translator, LibLouis, are at an advanced stage in the development of its UEB translation facility. Various manufacturers of assistive devices, such as Freedom Scientific, AI Squared, HumanWare and others, have embraced the UEB and have built support for the UEB into their devices. Very commendably Apple have also provided support for UEB on their iPhones and iPads.

The International Council on English Braille (ICEB):

ICEB has eight member countries, namely the USA, Canada, the UK, Ireland, Nigeria, South Africa, Australia and New Zealand, countries where there is a substantial use of English braille. The most important tasks of ICEB include the promotion and maintenance of the UEB, writing manuals and so on. Countries where substantial use is made of English braille and that have braille authorities are welcome and encouraged to apply for membership of ICEB. For more information about ICEB and the UEB, see the ICEB website at http://www.iceb.org.

Conclusion:

From the above it is clear that the pre-unified braille code is lagging far behind modern developments in printing and technology and that the UEB has been designed to keep pace and to provide accurate braille representation of the printed word. As all ICEB member countries have now adopted the UEB, more and more material will be produced in this code. For these reasons and for all the other benefits of the code highlighted above, it is strongly recommended that countries where English braille is used, should adopt the UEB. This would provide access to international resources of material in a unified braille code. ICEB is keen to support such countries with their transition wherever possible. As mentioned earlier, we have adapted all local codes in South Africa according to the principles of the UEB. The same is currently happening in countries such as the Philippines and Mongolia. The big advantage of this is that these codes of other languages are the same as the UEB except for their own contractions; punctuation, symbol construction, numbers, maths symbols are all the same and would
eliminate confusion. As we have done this adaptation for 10 languages in South Africa, we have much expertise in this regard and we would gladly assist and advise other countries embarking on similar projects.
KNOWLEDGE BASED DEVELOPMENTAL PARTNERSHIPS IN ORGANISATIONS OF/FOR THE BLIND

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Abstract

The purpose of this paper is to promulgate the relevance and possibility of inter-organisation knowledge and skills acquisition, transfer and verifiable utility among institutions of the blind in Africa. It is premised on experience of Institutional Development Program (IDP) 2015 Professional Fellowship in which I, a Malawian, was placed at BLIND Inc in Minnesota, USA, to give and take appropriate lessons according to context. The paper therefore focuses on promoting mutual benefit from the sum of knowledge researched and determined by organisations through partnerships propelled by a plain perspective of internship and social network.

Targeting both qualitative and quantitative advancement, the paper highlights adaptable trends of managing technology, processes, people and due linkages which facilitate meaningful creation and/or adoption, organising, application and transferring of knowledge, skills and values (U.S. Strategic Command Knowledge Transfer Office, 2009). With reference to contemporary assets and liabilities of practicality, the paper asserts that regulated knowledge sharing is possible. It proposes start-up ways of networking for knowledge sharing and management. Finally, the paper suggests that up-to-date knowledge management and transfer will advance decision making, problem solving and positive competition hence improving learning and performance in organisations of and for the blind.

1. Introduction

As a means of furthering efficacy and professionalism among graduates of Senior Management Institute (SMI), World Blind Union’s Institutional Development Program (IDP) organized a professional fellowship for leaders in blindness organisation in 2015. The purpose of such an arrangement was to “contribute towards strengthened policy frameworks and improved services for blind and partially sighted people in Africa by facilitating the acquisition, application and transfer of knowledge, skills and attitudes among leaders and managers of agencies providing services to blind people in the continent” (Keti. 2015). I, Latim Matenje, Malawi Union of the Blind (MUB) programmes manager, was one of four pioneer IDP professional fellows in 2015. For purposes of promoting the spirit of knowledge management culture, this paper is prepared and presented to give a summative view of the importance of inter-organisational knowledge transfer. Based on lesson gained from the professional fellowship experience, the paper highlights the benefit realised from formal and informal knowledge transfer between organisations of the blind, obvious assets and liabilities a Malawian organisation faces in pursuit of knowledge management culture which includes inter-organisational
knowledge transfer, and a suggestion on how to steer the knowledge mechanism effectively.

2. Background

One aspect of modernity is ever-increasing volume and flow of information. This reality is however a mere reflection of a continually increasing speed of socio-economic and technological development. This then implies that change is inalienable and must, therefore, be managed in the existence of an organisation. Planned changed enables organisations to “solve problems, to learn from experience, to reframe shared perceptions, to adapt to external environmental changes, to improve performance, and to influence future changes” (Cummings and Worley. 2004”1). Members of an organisation thus need to learn to manage knowledge in order to let their institutions remain relevant and practical.

Knowledge management refers to “creating, organizing, applying, and transferring knowledge to improve performance, organizational learning, and innovation” (U.S Strategic Command Knowledge Transfer Office. 2009:1). This necessitates continued learning through refresher courses, networking for sharing skills and knowledge, and internship arrangements for learning from both theory and practice on top of instructions formally provided by established academic institutions. As alienation of people with eye blindness continues to rage, however, there is little-to-no opportunity for blind (totally eye blind and partially sighted) Africans to benefit from available mainstream mechanisms for continued learning and professional growth. Nevertheless, some blind Malawians have had that opportunity from efforts of some international organizations of the blind. For example, since 1992, The IDP conducts an SMI course to provide leaders and managers in organisations of and for the blind with operational capacity to improve and optimize their organizational practice in the field of disability in development and so facilitate social transformation towards meaningful inclusivity.

To nurture refresher education for the SMI graduates, the IDP organized a professional fellowship for blind Africans to learn from a participant observation experience. This internship program placed leaders of African blindness organisations in counterpart institutions of the developed world. The aim was to facilitate learning through knowledge transfer as “the process to extract and transfer tacit knowledge and/or facilitate learning explicit knowledge (KTM_Toolkit – California). In essence, the transmitted knowledge has to be learnt and usable in an appropriate context. Thus, other than formal acquisition of knowledge and skills, the fellows were expected to acquire professional, personal and social attitudes and perspectives to boost proactiveness in lobby and advocacy propelled by the right based approach to democratization and inclusive development. The fellowship was objectively meant to steer the fellows with aptitude eagerness for::

- Identification of personal and organizational development priorities within a knowledge and skills transfer mix
• acquisition of knowledge, skills and attitudes, through a work placement, to enable the realisation of the identified personal and organisational priorities
• application and transfer of the knowledge, skills and attitudes so acquired towards the attainment of the personal and organisational priorities and the ultimate improvement of services for people with disabilities

Under the 2015 professional fellowship, I was placed at BLIND – Blind: Learning In New Dimensions - Incorporated in Minneapolis, Minnesota, United States of America (USA) between 7th April and 15th July. BLIND Inc (Incorporated) provides blindness adjustment training services to enable independent living of blind and partially sighted people. Key courses offered by the centre include Communications (Braille and Assistive Technology), Cane Travel, Home Management, Industrial Arts, seminar (Philosophy of Blindness), English Language Learners (ELL), career choice and development, and children, youth and adult summer programmes.

Since the BLIND Incorporated belongs to National Federation of the Blind (NFB), I interacted with the membership of the organization. Outstanding examples of such incidents include the board meeting of NFB Minnesota chapter held on 18th April, the 2015 semi-annual convention of NFB Minnesota chapter held on 16th May, and the 2015 NFB national convention held at Orlando in Florida between 5 and 10 July 2015.

3. Relevance of Inter-organisational Knowledge Transfer

Knowledge acquisition, process and utility is so much a part of human development that it determines maturity. But, as social beings, people need and are characterized by inclination to cohesion, and mutual understanding and coexistence. This necessitates the management of knowledge. As part of knowledge management culture, inter-organisational knowledge transfer is important because it endows individual organizations with a steady information and communication update mechanism through networking and internship. Blindness organizations therefore need to effect knowledge transfer systems because:

1. There is need-turn-pressure for organizations of the blind to serve as a custodian/consultative establishments on blindness issues to society. Majority of Africans are yet to understand blindness and blind people. Blindness organizations can only serve the African continent with the passion and knowhow to include blind people if and when they are constantly upgrading their understanding of visual impairment in the ever-changing world. Achieving a renowned consultative status will, additionally, help blindness organization justify the cause of their fundraising initiatives. This is especially important in Malawi, where both governmental and nongovernmental financial support for the blind is in decline.

2. There is need to conduct advocacy and lobby programmes/projects based on up-to-date and adequate information. Inter-organisation knowledge transfer networks provide room for continued learning which results in making informed
decision about pertinent issues and appropriate modalities of lobby and advocacy.

3. Knowledge sharing Strengthens relationships between organization because of their mutual commitment to common values. Organisational interdependence through knowledge transfer promotes understanding and unity among institutions. That kind of cohesion can easily be enhanced to forge inter-organisational collaboration in other areas. In turn, the resultant collaboration promotes social networking arrangements among organizations. To enhance fast flow of information, however, social networking promotes user preference for technology, and the use of technology makes easy processes of knowledge management.

4. Inter-organisational knowledge sharing is cost effective. It decreases Operational cost by preventing needless duplication of research work once carried out by an organisation’s strategic partner. For example, an organization of the blind in a country whose blindness demographics are changing from being predominantly young to being primarily elderly (like present-day Malawi) can acquired some knowledge on consequentially emerging blindness issues from an organization whose country’s blindness population is substantially aged (like the U.S.A).

5. Inter-organisation knowledge transfer promotes positive competition and productivity in a work environment. For instance, comparison of performance outcome can inspire an organization to strive to get better result than its counterpart institutions which conduct the same project. This is so because, in order to improve comparability, performance indicators are shared and disseminated as set by project developers and reported by project beneficiaries. The competition therefore serves an organization to fashion its focus on building the capacity to analyse and boost own function, performance and achievement levels.

6. Knowledge transfer enables learning from experience which is more pertinent than the classroom or academic instructions. Sharing knowledge emanating from hands-on experience gives the best of data to managers and decision makers. In the end, realism is safeguarded and enhanced during programme/project planning and implementation.

7. It promotes self assessment at both individual and organizational levels. Knowledge transfer in form of exchange programmes serves as an eye opener to the essence and difference between perspective and perception. For example, during my stay in Minneapolis, I heard of a continual lobby scenario involving Blind INC. Officers of this centre used to fundraise for skills development of blind people as a means of enhancing employability. 70 per cent unemployment rate of blind people was repeatedly quoted for purposes of validating their quest for funding. But their donors once questioned the outcome of their training since the unemployment rate remained stagnant (70%) for years. This observation
influenced the BLIND INC to conduct a research into the cause of the constant unemployment. The research showed that the majority of unemployed blind people were “seniors” who were generally retired and the loss of their eyesight was due to old age. As a result, the centre adjusted its unemployment statistics by equating workforce and employment opportunities. From reading my reports on life with BLIND Inc, MUB reveres the incident as a contribution to its development. Thus, my participation in the IDP professional fellowship has contributed to MUB’s development in the sense of improving its problem-solving and ability to foresee and cope with changes in its external environment.

8. Knowledge transfer awakens consciousness to assets and liabilities prevalent in one’s society. Such awareness prepares people and organizations of the blind to safeguard gains. For example, I was surprised to learn that it required a judicial determination to let blind people look after their own children in the United States. Disallowing blind people to raise their children is, however, unimaginable in present-day Malawi. Nevertheless, the knowledge about the plight of the blind in the U.S.A serves Blind Malawians to cherish their right to raise children jealously.

4. Ready asset

Regarding establishment of knowledge transfer systems, there are the following opportune factors for blindness organisations to take advantage of in present-day Malawi:

i. Increased volume, flow and speed of information transmission.

ii. The idea of global village enhances the spirit of adaptability. It is thus easier today to convince conservative people into embracing foreign ideas and innovations.

iii. The prevailing concept of post 2015 millennium agenda promotes both flexibility and novelty in the quest of an inclusive society. People are keen on avoiding the repetition of disability exclusion evident in the much publicized eight millennium goals. The post-2015 agenda spirit thus encampases and promotes both the social model of disability and the human right approach to disability inclusion.

5. Evident Liabilities

Based on the current situation in Malawi, organisations of and for the blind have the following challenges to confront in the struggle to cultivate and reap from inter-organisational knowledge transfer:

a. High illiteracy rate among blind people. Illiteracy entrenches ignorance, and ignorance is, as noted throughout history, an enslaving power. Illiteracy thus fosters rigidity and slows progress especially in the context of appreciating the value of human resource and knowledge management in comparison to having money.
b. Rigid organizational culture. The founder/promoter member syndrome is still dominant in organizations of the blind. This results in reinforcement of the traditional rivalry between age and youth. The rivalry encumbers free flow of information hence limiting the appreciation for and sharing of knowledge. Moreover, age often overpowers youth, and the latter falls with novelty and vibrance.

c. Decreasing funding for blindness organizations. In Malawi, development partners prefer to fund the federation of disability Organisations (FEDOMA) rather than individual, disability specific organizations. This kills initiative because people and organizations generally see no value of planning with no potential of purchasing power. The scarcity of monetary resources therefore invalidates the worth of quality human resource as a factor for organizational development. Unfortunately, the being demean people are the most important factor in the development and sustenance of knowledge management culture.

d. Unwillingness to share knowledge. Some people yield influence from being specialist in one or more fields of expertise. They often decline to share knowledge due to the fear of losing their individual worth in the institution. As a result, these people deliberately stifle the development of knowledge management culture in an organization.

6. Way Forward

As shown above, examination of the efficacy and rationale for knowledge management reveals more advantages than disadvantages of embracing the culture. Thus, in spite of challenges to be encountered in setting and maintaining knowledge management systems, it remain certain that organizations of the blind have to adapt and utilize inter-organisational knowledge transfer mechanisms. The outstanding question thus ends up being “how to do it?”

Effecting knowledge transfer involves creating conducive intra-organisation and inter-organisational environments for knowledge management culture. There are therefore many ways of effecting knowledge management culture in general and inter-organisation knowledge transfer in particular. Questions regarding how and when to effect knowledge transfer systems depends on need and capacity. But to serve the purpose for which this paper is written, the creation of a versatile internal environment is highlighted with emphasis on human resource as the key factor. Along that line of thought, the following points provide an approach for creating an environment where knowledge transfer will flourish and have impact:

1. Developing knowledge/skills acquisition and retention mechanisms as part and parcel of organizational culture. The aim is to ensure that accumulated institutional knowledge remains usable despite departure and recruitment of employees. Examples of such mechanisms include:
Employing blind people on merit. Blindness organisations should refrain from effecting organizational underperformance through affirmative job creation for unqualified blind people. Similarly, nepotistic favour for relationships of blind people should never influence recruitment of staff. It is crucial that hiring, promotion, and compensation decisions are made with cognisance of quality professionalism. This is so because only quality human resource can promulgate inter-organisational knowledge transfer as part of fruitful knowledge management culture. Even in the context of coaching the personnel, only qualified staff members can contribute to the design of an appropriate strategic training manual and development processes (Noe. 2010:1). Similarly, the trainees need prerequisite knowledge to enable them benefit from the coaching schemes.

Documentation, storage and utility of reports on meetings, seminars and trips. This requires blindness organizations to get rid of the tradition of qualification for meeting attendance based on the position one holds in the establishment. One should be sent out on merit especially the ability to take note of proceedings and resolutions and the eagerness to share the experience with the organization.

Developing and using a systematic exit mechanism for employees and members. This entails providing a conducive environment in which a predecessor coaches the successor. For example, Dick Davis has been working in blindness adjustment training organizations from 1972. He intends to retire from BLIND INC in 2016. To facilitate continuity of innovation, productivity, efficiency and marketability, Mr Davis has, since 2014, been purposely imparting his vast knowledge and skills to younger members of staff in BLIND INC.

Embracing and promoting research as inalienable part of conduct and performance assessment in an organization. The age of confining the responsibility for conducting research to academic institutions is long gone. In fact some scholars openly declare research as the best responsive, collective reflection and assessment mechanism to ensure effective organization learning and knowledge management in the evidently complex world (Smith & Lyles. 2003:73). A blindness organization thus needs to be able to conduct research into blindness and related issues in order to boost the worth and degree of expertise that responds to need, urgency and emergency. Research helps organizations, at least, to

Have something to offer in the context of knowledge transfer/exchange arrangement. The norm is that one should both give/teach and take/learn.

Prioritise issues proactively. Due to dormancy in situation analysis, some organizations are disconnected from issues which affect the majority of blind people especially in the rural areas. For example, Malawi’s blindness
organizations never campaigned for an inclusive disaster and Risk Management policy until January-February 2015 floods which affected people with disabilities in southern Malaw. This was the case in spite of sharing common knowledge that Chikwawa, Nsanje and Phalombe districts have a high population of blind people, and they are the most flood risk area in the country. As a result, the reactive scheme to gather data about blind victims of the flood took longer than needed hence missing out on some relief oppbeneficiary lists.

- Maximise potential to reach out to partnership arrangement with both researchers and data users. In fact, there is a symbiotic link between knowledge exchange and research. This is so because, as observed by Irvin Gold (2003:2), “linkage and exchange activities enhance the relevance of applied research and its potential use.” In essence, “linkage and exchange” is about connecting organizations thereby enabling mutual understanding and appreciation of goals and expert traditions, mutual influence on work and outcome, and formation of mutually beneficial partnerships.

3. Conducting a situation analysis to inform the knowledge transfer plan and implementation. The analysis will help to establish

- Areas of interest in the knowledge transfer business
- Potential strategic allies in the knowledge transfer arrangement.
- Obvious opportunities, challenges, and mitigation measures to the risk posed by the challenges.

4. Effecting A continual scheme to empower members and beneficiaries of organization with functional literacy. This demands organizations of and for the blind to:

- Ensure ongoing advocacy-lobby campaign for quality inclusive education in favour of the blind. High illiteracy levels among blind people is one problem which disturbs the governance and vibrance of blindness organizations. In the case of Malawi, there are just too few blind people with functional education for the blindness organization to be active and amplify voice at grassroots level. This has to change if at all organizations like MUB are to achieve the activism which steer and safeguard the voice and connectivity enjoyed by NFB and American Council of the Blind (ACB) in U.S.A.

- Promote reading culture among blind people. The majority of educated blind Malawians are contented with certificates they acquired from school. They therefore end up losing their intellectual wisdom to detachment from contemporary developments. This relaxation and consequent diminishing intellect ability eventually influence the kind and quality of human resource such individuals make. No wonder that, unlike what happens in Malawian blindness organization offices, the morning meetings at BLIND INC include
sharing information on recent developments in blindness issues. Thus, after
the most thorough review of business, such Malawian blind professionals fall
off qualification levels that fit common company’s staffing and human
resource planning strategies.

- Promoting inclusive economic empowerment in favour of the blind. In present
day Malawi, blind people are generally excluded from cash flow
arrangement aimed at financing the survival and thrive of the poorest of the
poor. Formally educated blind people are generally confined to the teaching
profession which is one of the least paying occupations in the country. In fact
there are blind graduates who lack employment due to their choice to study
tertiary courses other than education/teaching. As a result, the majority of
blind people hardly afford the cost of sources of information like newspapers,
radios, television, and computer and internet access. They end up not feeding
their blindness organizations with the information needed to promote effective
knowledge management systems. Similarly, they cannot afford the cost of
meetings and communication to share news on recent development about
blindness. To equip their members with the confidence that money endows
people with, Malawi’s blindness organizations must lobby for employment
quotas for people with disabilities. In that quest, reference can be made to the
7% disability employment rate mandated by the federal law with consequent
result oriented enforcement mechanisms in present-day U.S.A. Furthermore,
blindness organizations have to prove the inefficiency of current public sector
and private sector finance mechanisms by providing evidence of the
exclusion of the blind especially in rural areas.

As already noted, it is extremely important to consolidate inter-organisation knowledge
transfer arrangements by strengthening intra-organisation knowledge management
framework. Below is a sample framework as developed by the Knowledge Transfer
Management toolkit – State of California:

I. Identifying knowledge type. Knowledge can be either tacid of explicit. Tacid
knowledge is Difficult to access, capture and share as individuals carry it in
their heads on a subconscious level and may not communicate it often. It is
considered valuable knowledge as it may provide context for experiences,
ideas, people and places. Explicit knowledge is Easy to capture and store in
databases and documents. Examples include policies, procedures, and
manuals.

II. Identify the knowledge to be captured, reason it must be captured, and its
holder.

III. Determine an appropriate type of knowledge transfer management method.
This should be followed by efforts to develop and monitor a knowledge
delivery plan and schedule.
IV. Share and transfer knowledge with receiver/s through planned transfer strategies.

V. Consumption. This implies absorbing the knowledge and putting it into practice.

VI. Retain/archive the knowledge and methods used for lessons learned/best practices and future purposes.

VII. Maintenance. Ensure active knowledge is maintained with updated information.

VIII. Distruct. Depending on the sensitivity level, destroy the knowledge once it is deemed obsolete.

7. Conclusion

The complexities of the world beyond 2015 necessitate enhancement of knowledge acquisition, processing and application. Achievement of such knowledge management culture is very demanding in terms of money, time and size of personnel. From my participation in the 2015 IDP professional fellowship, I recommend establishment of regulated knowledge sharing and management systems in and among organizations of and for the blind. The arrangement of the knowledge management mechanisms and systems should be guided by the nature and order of the context in question. It is therefore advisable for blindness organisation to familiarize themselves with knowledge management skills in order to determine the most suitable plan for inter-organization knowledge transfer and intra-organisation knowledge management.

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IMPROVING SERVICES IN A SUSTAINABLE WAY- FROM IDEA TO REALIZATION

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Introduction

Sustainability is often used various ways and different meanings. Many organisations and partners are using the word sustainability,

Is there a magic recipe? Are there different ways to cook to get a nice plate?

We would like to know who has experience on sustainability?
Who wants to share a success story in a minute?
Who wants to share a challenge in a minute?

With their activities Royal Dutch Visio is building up expertise, within existing structures and involving different kind of stakeholders.

Before the start we are looking how it will continue after Visio is gone.

Example: Implementation plan

After training sessions we ask participants to make an implementation plan, so they and we know what they are going to do with what they learned during the training. We give follow up on these implementation plans.

Another example is the leadership training. Directors of different partners came together to enhance their management and leadership skills, because implementing new developments also need leaders that support and create the conditions to do so, with or without Visio

Support

One of the organisations we are partnering with is HIVE Uganda Limited. Visio has supported HIVE Uganda. And now Ojok will explain more about HIVE Uganda.

HIVE has double meaning, it refers to the house of the bees and is an abbreviation of Human Input with Value to Environment. HIVE is using a dual approach

Providing training in beekeeping and honey harvesting to the beneficiaries.
Train in O&M skills
Give start up kits to the trainees
Follow up training on the spot, both in beekeeping as in O&M
Marketing of the products

Why we call it a dual approach. After harvesting the honey HIVE is buying the honey in one place and marketing the products. 10% is kept behind for administrative reasons, the rest is given to the beneficiaries.

The main success over the last 3 years:
With some small support we managed to reach up to 38 beneficiaries
It supports positively to enhance self esteem (example Jenny)

Key Challenges

How to get a good balance between demand and supply
How to face the competition
How to become not the victim of your own success by saturating the market.
Value addition to the product

Food for thought

Different experiences learn that there is no single way to guarantee sustainable realization. We could identify some key factors:

1. Ownership of the beneficiaries
2. Identify all the resources there are, even if they are small
3. Recognize the input of all persons.
4. Partnership: Networking and collaboration have a lot of power
5. Change of mindset
MANDELA WASHINGTON FELLOWSHIP INITIATIVE.

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Disclaimer

The government of the United State or any agency representing it, or Irex have not endorsed the conclusions or approved the content of this publication. Though sponsored by “USAID and the Young Africa Leaders Initiative”, The contents are the responsibility of Ejiro Sharon Okotie; Fellow of the 2015 Mandela Washington Young Africa Leaders Initiative (YALI) and do not necessarily reflect the views of “USAID or the United States government”.

Abstract:

The Mandela Washington Fellowship (MWF) is the flagship program of President Obama’s Young African Leaders Initiative (YALI) that aims to further empower and foster young African leaders through academic coursework, leadership training, mentoring, networking, and follow-on support. MWF is geared towards outstanding young leaders that have several years of professional experience and a proven record of accomplishment in leading and promoting positive change in their organizations, institutions, or communities. The objective of this paper is to, raise awareness about the MWF/YALI programme amongst blind and partially sighted youths in Africa, by sharing my experience, how they can participate and benefit from the opportunities and most importantly, utilize the platform in stirring a culture of inclusive practices in the minds of these emerging young leaders on the continent, who are spearheading change and advancing the sustainable Development Goals (SDGs) in Africa.

Introduction:

There were 1.2 billion youth aged 15-24 years globally in 2015, accounting for one out of every six people worldwide.1 By 2030, the target date for the sustainable development goals, the number of youth is projected to have grown by 7 per cent, to nearly 1.3 billion. In Africa, the number of youth is growing rapidly. In 2015, 226 million youth aged 15-24 lived in Africa, accounting for 19 per cent of the global youth population. By 2030, it is projected that the number of youth in Africa will have increased by 42 per cent. Africa’s youth population is expected to continue to grow throughout the remainder of the 21st century, more than doubling from current levels by 2055 (United Nations 2013 World Population Prospects: The 2012 Revision. 1POPFACTS, No. 2015/1 May 2015). According to another survey, 89.7% of people under 30 lived in emerging and developing economies, particularly in the Middle East and Africa. Source: The World’s Youngest Populations, Euromonitor International, 2012. This is no different for youths who are blind or partially sighted. According to the World Blind Union (WBU), there are 285 million blind and partially sighted persons in the world
and youth make up a significant proportion of these ever growing population (World Blind Union).

Youth can be a positive force for development, when provided with the knowledge and opportunities they need to thrive. In particular, young people should acquire the education and skills needed to contribute in a productive economy. Among the greatest challenges facing many countries today are inadequate human capital investment and high unemployment rates among youth. Young African Leaders Initiative (YALI) is a signature effort to invest in the next generation of African leaders. Nearly 1 in 3 Africans are between the ages of 10 and 24, and approximately 60 percent of Africa’s total population is below the age of 35. President Obama launched YALI in 2010 to support young African leaders as they spur growth and prosperity, strengthen democratic governance, and enhance peace and security across Africa.

Through YALI, the United States is investing in an emerging generation of African leaders by committing significant resources to enhance leadership skills, bolster entrepreneurship, and connect young African leaders with one another, the United States, and innovative leaders in the private, civic, and public sectors. YALI programs include the Mandela Washington Fellowship for Young African Leaders, YALI Regional Leadership Centers, and the YALI Network provide interconnected avenues of opportunity for young Africans to grow their leadership skills (yali.state.gov).

The United States Agency for International Development (USAID) is proud to be part of this presidential initiative and works closely with the Department of State and the U.S. African Development Bank (USADF) on program implementation.

In addition to U.S. government resources, YALI has brought together the resources of hundreds of partners from private sector companies, civic organizations and NGOs, and national and regional public sector entities to support young Africans. Our partners are enthusiastic supporters of YALI and see the great potential in advancing youth leadership opportunities in Africa that promote growth and strengthen Africa-based business and entrepreneurship, civil society, and public administration.

**Mandela Washington Fellowship (MWF):**

The Mandela Washington Fellowship for Young African Leaders is a program of the U.S. government and is supported in its implementation by IREX. The fellowship brings 500 dynamic young African leaders, ages 25-35, from across the continent to the United States for 6 weeks of leadership training and mentoring at twenty U.S. universities and colleges in three areas: business and entrepreneurship, civic engagement and public administration. However, in 2016, the number has been doubled to 1000 promising Young African Leaders will be selected for the 2016 Mandela Washington Fellowship and application opens on October 1, 2015 and closes November 11, 2015.
In Nigeria, 186 young leaders including youths with Disabilities (3 blind and partially sighted Fellows) have participated in the fellowship since 2014 and have continued to champion processes of positive change and development in the country functioning in different sectors. An Association was established to sustain the values of the fellowship and to provide a platform for further engagement with other Nigerian youths who were unable to participate in the fellowship but are doing innovative things and contributing to the growth of their communities and the country at large.

Being selected as a 2015 Fellow was a life transforming experience for me. Meeting with other bright minds from different countries, enabled me learn improved ways of engagements learning from successes and also analyzing the peculiar challenges in our respective countries and devising holistic approaches in tackling such challenges. I also got a chance to learn from seasoned American experts, visiting their organizations to learn best practices in strategic development as well as building a huge network of resources. The MWF afforded me the opportunity to promote Disability Rights and Issues particularly issues affecting Women/girls who are blind and partially sighted, bringing their issues to the front burner and raising awareness amongst other fellows on the need to incorporate Disability issues in their work as a means of promoting inclusion as we all work towards the attainment of the Sustainable Development Goals (SDGs).

The most significant impact of the MWF on my personal and professional life include:

- Acquired skills for Grant/Proposal writing which enabled me secure 2 Grants from the US Department of States and the US mission in Abuja, Nigeria totaling $14000.
- Acquisition of self advocacy skills which has tremendously helped me in my personal life as well as advancing my work particularly in the implementation of my InspireLife project aimed at building a healthy self esteem of young visually impaired girls.
- Improvement in my public speaking skills.
- The Leadership Development Plan (LDP), which is one of the tools of the Fellowship, enabled me have clarity of my set goals, set mile stone objectives and action steps both in the short and long term in achieving them.
- A strong Mentorship programme which has helped to build my professional skills.
- Efficient pool of resources and networking opportunities amongst others.

**Project Activities for the Fellowship includes:**

- A 6-week Academic and Leadership Institute: Fellows are placed at U.S. colleges and universities for academic institutes. Institutes will focus on skills development in one of the three tracks: Business and Entrepreneurship, Civic Leadership, or
Public Management. New in 2016 will be a specialized Institute on Energy. Institutes will take place from mid-June to late-July 2016.

- A Summit with President Obama in Washington, DC At the conclusion of the academic and leadership institute.

- An optional 6-week U.S. Professional Development Experience: Approximately 100 Fellows will be selected for the U.S.-based Professional Development Experience (PDEs), which takes place after the 6 weeks Academic Institute aspect of the fellowship.

- Activities in Africa: Fellows will have the opportunity for continued professional development after they return to Africa, including networking opportunities, internships with institutions in the public, private and non-profit sectors, one-on-one mentoring with industry leaders, travel grants, access to seed funding, and community service activities.

It is a merit-based open competition and Applicants are not discriminated against on the basis of race, color, gender, religion, socio-economic status, disability, sexual orientation or gender identity. After the deadline, all eligible applications will be reviewed by a selection panel. Chosen semifinalists will be interviewed by the U.S. embassies or consulates in their home countries.

If selected for an interview, applicants must provide a copy of their passport (if available) or other government-issued photo identification to verify eligibility.

Who is Eligible to Apply?

- Young African leaders who are between the ages of 25 and 35 at the time of application submission, although exceptional applicants younger than 25 will be considered.
- Are not U.S. citizens or permanent residents of the U.S.
- Are eligible to receive a United States J-1 visa.
- Are proficient in reading, writing, and speaking English.
- Are citizens and residents of Sub-Saharan African countries.

YALI Leadership Regional Centers:

In July 2014, President Obama announced the creation of YALI Regional Leadership Centers in Africa. Three regional centers: East African center located in Nairobi, Kenya, Southern African center located in Pretoria, South Africa, the West African regional center in Accra, Ghana, and most recently an additional 1 centre in Dakar commenced activities to build on existing institutional capacity in Africa and provide high quality training, mentoring, and networking support to a greater number of young leaders than can be reached through the Mandela Washington Fellowship. The Centers will reach exceptional young leaders between the ages 18 and 35 from a wide range of
backgrounds and diverse experiences. Each Regional Leadership Center will be run as a public-private partnership, capitalizing on the energy and dynamism of the private sector, the knowledge of African and American institutions, and the programmatic and educational resources of the U.S. Government.

The Regional Leadership Centers will: Provide Quality Leadership Training, Support Entrepreneurship Enhance Professional Development and Networking, as well as obtain internships and mentorships.

Young leaders from across sub-Saharan Africa are encouraged to learn more about and apply to the Regional Leadership Center in their region.

**YALI Network**

The YALI Network provides you email updates and opportunities to collaborate with young leaders across Africa. Join the network through the various social media platform and also benefit from the YALI online courses; YALI Learns and other YALI Learns activities geared towards spurring growth and development in different communities and countries across the African continent. Programmes such as the Africa for Her campaign, YALI Goes Green and the YALI Campaign Challenge have been taking place on this huge network of brilliant young Africa leaders across the continent.

**Partnerships**

The YALI programmes deeply encourages partnerships and collaborations at all levels to ensure sustainability of the programme particularly at the regional levels. USAID is eager to collaborate with the private sector to achieve the greatest degree of transformational and sustainable impact. Some areas of partnership to be considered, though not limited include:

- Host Center Participants for Professional Development Opportunities.
- Lend the Expertise of Your Organization’s Leaders & Staff:
  - Lend expert trainers and mentors to support professional development activities at the Centers, and/or make resident or visiting company VIPs available for guest lectures, roundtable discussions, and panels on topics applicable to Regional Leadership Center participants.
  - Provide Access to Leadership Development Resources.
  - Offer In-Kind Contributions to Support Access: hotel rooms, flights, and local transportation to support the participation of young leaders from all countries across sub-Saharan Africa.

YALI participants have leveraged this support and gone on to start youth-driven organizations and networks, advise their governments, and establish new and vibrant
businesses — all showcasing the extraordinary talent and promise of the young leaders who are transforming the African continent and their communities.

**Informational Resources**

exchanges.state.gov: for information on other U.S. Department of State exchange opportunities.
yali.state.gov or email africanleaders@usaid.gov: To learn more about YALI, including how to apply for YALI programs or become a partner.
U.S. Department of State Young African Leaders Initiative

**Conclusion and Recommendations**

Inadequate investment in the health and education of young people limits their ability to reach their full productive potential and to contribute to economic development. The importance of investment in youth for a full realization of the sustainable development goals (SDGs) particularly blind and partially sighted youths, will be evident in their active involvement in youth led networks like YALI, to ensure an effective mainstreaming of their issues in all facets of development and also playing crucial roles in providing information about blindness and the positive functionalities breaking negative stereotypes and perceptions held by members of various societies. The need to be specifically targeted and their specific needs included in development can never be overemphasized.

The Mandela fellowship represents the extraordinary promise of an emerging generation of entrepreneurs, activists, and public officials. The Fellows have access to professional development opportunities, mentoring, networking and training, and seed funding to support their ideas, businesses, and organizations.

**Recommendations**

I therefore, recommend that, blind and partially sighted youths must seize opportunities to not only participate in the YALI programmes running in different countries in sub-saharan Africa but also network, partner and collaborate with other youth led organizations to promote the needs of blind and partially sighted persons and to ensure their inclusion in all developmental frameworks in the actualization of the Sustainable Development Goals (SDGs).

In Nelson Mandela’s words “We can change the world and make it a better place, but it is in your hands!”
HOW TO HARNESS MOBILE TECHNOLOGY FOR SERVICES OF PERSONS WITH VISUAL IMPAIRMENT IN AFRICA

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East Africa Centre for Disability Law and Policy, Uganda.

Introduction

Although mobile technology conventionally encompasses telephony and the Internet, hand-held devices used as note takers, e-book readers, cameras and Mp3 players can be added to the list. This paper will mainly focus on mobile telephony and mobile Internet, examining how these can be harnessed for the benefit of persons with visual impairment in Africa. It is worth noting right from the outset that there is exponential growth in the spread of both technologies around the continent, which is responsible for lots of changes in the service industry. For example in 1999 only Egypt, Morocco, Senegal and South Africa had mobile phone coverage rates of over 40 percent; but by 2008 over 65 percent of the African population had access to mobile phone coverage, with 93 percent in North Africa (Algeria, Egypt, Libya, Morocco and Tunisia) and 60 percent in sub-Saharan Africa (Aker and Mbiti, 2010). This exponential growth stems from the fact that wireless networks are relatively cheaper to install than wired ones.

However, depending on different perspectives, mobile technology may spell a bright or bleak future for users with visual impairment. On the bright side, using an economic perspective, Aker and Mbiti (2010) identified five potential mechanisms through which mobile phones can provide benefits to consumers and producers in sub-Saharan Africa. First, mobile phones can improve access to and use of information, thereby reducing search costs, improving co-ordination among agents and increasing market efficiency. Second, this increased communication should improve firms’ productive efficiency by allowing them to better manage their supply chains. Third, mobile phones create new jobs to address demand for mobile-related services, thereby providing income generating opportunities in rural and urban areas. Forth, mobile phones can facilitate communication among social networks in response to shocks, thereby reducing households’ exposure to risk. Fifth, mobile phone-based applications and development projects have the potential to facilitate the delivery of financial, agricultural, health and educational services. On the bleak side, the advent of mobile technology spells social exclusion through the specialty and cost of the hardware and software suitable for persons with visual impairment in Africa.

These introductory remarks are followed by tackling how feasible mobile technology is for persons with visual impairment, followed by explaining the challenges that make mobile technology a source of exclusion for the same group of people in Africa. Then we shall propose some remedial actions and finally some concluding remarks.

1. The Feasibility of services for Persons with Visual Impairment Via Mobile Technology
Persons with visual impairment getting services via mobile technology platforms is a reality hard to sweep under the carpet. Already, Internet banking, reading or listening to the news online and ordering for books and groceries online are some of the services available to this group of people elsewhere around the world, moreover in the convenience of a home. Imagine these are often far cheaper than those offered offline; and ensuring web accessibility is the cardinal prerequisite! Fortunately there is a plethora of interface design guidelines that web developers can use to design accessible web sites. The common ones include Research-Based Web Design and Usability Guidelines, and Web Content Accessibility Guidelines (WCAG 2.0). The only pitfall is that interface design guidelines do not carry the force of law; therefore their implementation is largely optional.

Remote sighted help is another service feasible for persons with visual impairment. Perhaps not many have explored how a mobile phone or mobile Internet facility can be used for this purpose. But Holton (2015) reported that many iPhone users with visual impairment have been using a video FaceTime or Skype call with friends for brief sessions of sighted help — to find a hotel room door or to help set the controls on a washer or dryer. On another note, a study was carried out in 2011 that revealed situations where many persons with visual impairment in Uganda use mobile phones to make calls and text messages requesting friends to help them find their way in some complex city streets. Beyond those two possibilities, Holton (2015) reported that an iOS app called Be My Eyes offers even a more professional service of remote Sighted Help in any part of the world. This pairs sighted volunteers with visually impaired individuals who would appreciate a bit of remote assistance through a two-way audio and one-way video connection using the opentok/tokbox video platform. The volunteer can view your environment through the higher-resolution rear-facing camera and you can converse with him or her when the connection is established. The app is free both to download and to use.

Another service that is feasible for persons with visual impairment via mobile technology is Telemedicine. This is where delivery of healthcare is done remotely by health practitioners using Internet-enabled hand-held devices to communicate with their clients at home (Bowe, 2007). With such devices doctors can conduct dialogues with patients, ask questions and provide health tips and reminders on a daily basis. Small portable or wearable devices are also used to automatically monitor the health of patients and report back results to the doctors. Also, patient to doctor video conferencing technologies can help the health professionals to examine the patient, test blood pressure, monitor medication intake and observe wound healing. Furthermore, persons with visual impairment can participate in online patient support groups that may improve their mental states, give them access to health information and reduce their frequency of visits to the doctor. Moreover, access to online patient support groups has the potential of turning individuals into well-informed consumers who can even strive for the prevention and early treatment of several health conditions!
2. The Challenges of Mobile Technology That Make It a Source of Exclusion

- Lack of assistive technologies (screen readers and screen magnifiers) is a common challenge among persons with visual impairment in Africa. This hinders their effective use of mobile phones, computers and the Internet. It is worth noting that such dedicated assistive technologies as Mobile Speak and Mobile Magnifier used on mobile phones and JAWS For Windows and ZoomText used on computers are expensive; therefore out of reach for most persons with visual impairment in Africa who are often unemployed or lack government subsidies dedicated to procuring assistive technologies. In the same regard, most screen readers lack local language support options, which render them unusable for persons with visual impairment having little or no education.

- The specialty associated with mobile technology used by persons with visual impairment is another unique challenge. This is manifest through the incompatibility between mobile technology and assistive technology. All these introduce the kind of specialty and rarity that restrict acquisition of suitable hardware and software. For example, most feature phones are incompatible with screen readers and screen magnifiers, compelling persons with visual impairment to shop for expensive smartphones on which to install such assistive technologies. Furthermore, of recent some manufacturers of mobile phones, say Nokia, have caused even further complications for persons with visual impairment by phasing out the Symbian Operating System in favour of the Windows Platform. It is vital to note that the former was compatible with Mobile Speak and Mobile Magnifier, which is not the case with the Windows Platform. Finally, the advent of touchscreens has posed yet another challenge of rendering many phones unusable for persons with visual impairment. This is because touchscreens are incompatible with many existing screen readers and screen magnifiers on the market.

- Lack of digital skills is another source of exclusion. Everyone requires a set of digital skills in order to use the Internet, which Van Deursen and Van Dijk (2011) classified into medium and content related skills. They broke these skills down into four subcategories including Operational skills – a set of basic skills needed for using Internet technology; Formal skills – navigation and orientation skills relating to the hypermedia structure of the Internet; Information skills – the actions via which users try to fulfil their information needs; and Strategic skills – the capacity to use the Internet as a means of reaching particular goals and for the general goal of improving one’s position in society. Both operational and formal skills can be learned in a training institution while information and strategic skills are acquired gradually through social networks developed over time. Unfortunately, the social exclusion suffered by many persons with visual impairment in Africa renders them unable to find the right institutions for training in operational skills or viable networks for the accumulation of formal skills.
Many organisations in Africa tend to exclude electronic services appropriate for persons with visual impairment in the variety they offer to the public. This is so because persons with visual impairment are considered an unviable segment of the market. Then even tend to ignore the fact that some of their clients who are not visually impaired may need information regarding schools where to take their children with visual impairment, medical facilities with the latest eye-care services, and shops that sell assistive equipment. Compounding this challenge even further are service providers who do not use the W3C guidelines to make their web sites accessible; although these have become the defacto global standards for web accessibility. This inadvertently pushes away many would-be beneficiaries who are visually impaired. the challenges of web inaccessibility include web sites with unlabeled edit boxes and buttons on forms, text embedded in images, unclear and undescriptive headings, scrolling or blinking text, and having no alternative texts for images and applets (Marincu and McMullin, 2004). On the other hand, the Web content Accessibility Guidelines 2.0 cover a wide range of recommendations based on four principles -- perceivable, operable, understandable and robust – that lay the foundation for accessing the web by all people regardless of sensory, physical or cognitive abilities (Caldwell, Cooper, Reid & Vanderheiden, 2008).

3. How to Mitigate the Challenges Associated with Mobile Technology:
As explained below, this paper suggests several efforts that can be undertaken to solve or mitigate the challenges listed above.

i. Persons with visual impairment in Africa can obviate the challenge of assistive technology by obtaining computers and mobile phones with screen readers and screen magnifiers already integrated in their operating systems. By far VoiceOver and ZOOMS are the best examples in this regard since they come preinstalled on iOS and MacOS platforms. Freeware and Open Source Software, including Thunder Speech Reader and NVDA (Non-Visual Desktop Access) are other options worth considering. But we need to note that screen readers and screen magnifiers in these two categories can hardly offer more than basic operations on computers and mobile phones.

ii. For the specialty and rarity associated with mobile technology used by persons with visual impairment, it is vital to determine what someone wants to use the technology for. For example, it is possible to make phone calls to different people using a conventional phone rather than a sophisticated one if that is all the person wants to use a mobile phone for. In such circumstances, the speed dial facility enables someone to call a number of different contacts with a single button press; ‘voice dialing’ enables a preset phone number to be dialed from a voice command; and Phones with relatively large, well-spaced out buttons will enable someone to move around the controls by touch and memory. On another note, it is possible to procure an e-book reader from an ordinary store and use it straight from the box provided the person has some awareness of its general accessible features.
iii. For the challenge of digital skills, persons with visual impairment should endeavour to get formal training from Information and Communication Technology specialists. However, the continent suffers a dearth of specialists capable of offering such training to this category of people, which calls for blindness organisations to be the ones to take on the responsibility of organising the relevant trainings for their members. Government ministries, departments or agencies in charge of offering ICT services can also be useful in furthering this endeavour.

iv. For the tendency of inaccessible web sites, persons with visual impairment, with the support of blindness organisations, can set up groups of experts that should monitor accessibility on the Internet. In other parts of the world experts of that nature are usually tasked with checking the accessibility of web sites manually, rather than relying on automatic checkers like A-Prompt, WebExact and LIFT. Similar groups of experts can be set up in African countries to monitor accessibility of the web and mobile phone services. This may enable those who cannot use sight to also get substantial benefit from mobile technology services by simply listening to the feedback given via Interactive Voice Response Technology. Finally, the groups of experts can also advocate for specific services to be included in the online menus of various service providers. Some of such services include Internet banking and making orders for a variety of goods online, which only require making web sites compatible with keyboard navigation and input rather than restricting them to the use of the mouse.

Conclusion

This paper has demonstrated that mobile technology can be harnessed for services of persons with visual impairment. It has also discussed the challenges involved in this endeavour, which can only be mitigated through careful considerations of technologies people may choose to use, the digital skills required for such technologies and making web sites accessible.

This paper can also be useful as an advocacy tool if service providers should be persuaded to consider persons with visual impairment as one of the communities to which they can extend coverage. For example, persons with visual impairment in Africa still suffer from a book famine and lack web sites on which to perform digital transactions such as Internet banking, ordering for groceries and reading or listening to the news with no accessibility restrictions.

REFERENCES:


SUMMARY OF WORKSHOPS, SEMINARS AND INTERACTIVE SESSIONS

Training Program On Web Accessibility – I

Dipendra Manocha, DAISY Consortium, India.

This training was sponsored by UNESCO and conducted by the DAISY Consortium. Target audience for this training were people engaged in developing websites and software applications to orient them to the web accessibility barriers and the best practices for making information available to all.

Atlas Alliance Workshop On Media and Disability

Anne Nyeggen, Atlas Alliance, Norway.

This was a training to build the skills of communications and media workers as well as people working in the disability sector in developing content and working with the media for positive portrayal of disability.

AFUB Women Forum

Odette Juimo, Vice President, African Union of the Blind, Cameroon.

The AFUB Women’s Forum will bring together women from AFUB member countries including women’s representatives from each of the five AFUB regions. The agenda included reports from women regional representatives of the women’s committee; strategies for partnership and resource mobilisation; women’s Action Plan and election of the chairperson and vice chairperson of the Women’s Committee.

Building Strong ICEVI Regions: Role of Centres of Excellence

Hans Welling, Royal Dutch Visio, Netherlands.

The workshop sought to expound on ICEVI’s development of Centres of Excellence to play catalytic roles within the countries in ways ranging from promoting advocacy campaigns at the national and provincial levels to create a demand for education of children with visual impairment, all the way to developing a mechanism to produce assistive devices at affordable rates.
Keeping in Step with UN 2030 Agenda for Sustainable Development

Dave Power, Angela Affran & Marianne Riggio, Perkins International, USA.

During this workshop session, Perkins International Staff shared program priorities, highlights of strategic plan and examples of successful work in the region with valued partners. Through these partnerships, innovative work in early intervention, school services, transition, teacher training and leadership development has created positive change for children with visual impairment and multiple disabilities in the region.

Hands-On Activities on Science and Mathematics with the New STEM Kit

Sariat Adelakun, University of Birmingham, UK.

This workshop introduced participants to the use of the special Science, Technology, Engineering and Mathematics (STEM) Kit designed for teaching science and mathematics to students with visual impairment by sighted teachers in mainstream schools in Nigeria.

Strengthening The Rehabilitative Component Of Health System

Ronnie Graham, IAPB Africa, South Africa.

In this seminar, leading specialists from the International Agency for the Prevention of Blindness – Africa presented and answered questions on how each cadre addresses the rehabilitative component of health system strengthening. The theme of the presentations was how eye health workers - from the ophthalmologist to the optometrist, mid-level worker, PEC worker and Community health worker, address issues of unavoidable blindness.

The Visual Challenges of Persons with Albinism in the Classroom

J. Waithera, K. Seif, P. Senkoro, Under the Same Sun (UTSS), Tanzania.

This workshop tackled the issue of how persons with albinism see generally and the challenges they face in the classroom setting specifically. The workshop also addressed specific questions such as: how low is the vision of the average person with albinism? When is Braille an appropriate learning system? What are the reasonable accommodations that can be provided to persons with albinism in the classroom setting?
Awareness Seminar On Inclusive Publishing

Dipendra Manocha, DAISY Consortium, India.

This one-day seminar targeted senior management or decision makers from Publishing houses, libraries and governmental agencies working on education or publishing. The program focused on the need for accessibility in publishing, barriers that cause inaccessibility, opportunities in the digital era for providing accessibility to all, guidelines for preparing accessible content and best practices.

Fundraising: What Works In Africa And What Is The Future Potential

Arnt Holte, WBU President, Penny Hartin, WBU, CEO, Jace Nair, AFUB President,

This seminar aimed at facilitating a discussion on which fund raising methods work globally and may be transferrable, verses what is possible within developing African nations for civil society organizations struggling to conduct their humanitarian work despite lack of funding.

Mandate Of UNCRPD To Post 2015 Development Agenda

Dr. Victor J. Cordeiro, WBU, India.

The key objective of this workshop was to facilitate the participants to understand and internalise the overview and mandate of UNCRPD with specific articles of development in relation to focus areas of post 2015 development agenda.

Youth Engagement and Leadership

Charles Mossop and Diane Bergeron, CNIB, Canada.

This session would examine 5 practices of leadership that resonate with youth; discuss how to build on assets; and provide the participants an opportunity to share their experiences in the area of youth engagement and leadership within their own organizations.

Access To Environment And Transport Systems Situations In Africa And The Way Forward

Martin Abel-Williamson, WBU, New Zealand.

The seminar would focus on the work of the WBU working group on Access to Transport and the Built Environment and how its current work can progress barrier-free design in Africa.
ICEVI: Methodologies For Early Intervention And Working With Children With Multiple Disabilities

K. Ferrell & L. Piccione, ICEVI, Argentina.

During this session, qualified professionals enumerated the methodology of early intervention as well as assessment of children with visual impairment. In addition, experts who are directly providing training to teachers of children with multiple disabilities shared educational activities that can be practiced to bring out the best in visually impaired children who have multiple disabilities will speak.

Awareness Seminar On Assistive Technology And Reading Options For The Print Impaired

Dipendra Manocha, DAISY Consortium, India.

Target audience for this half-day seminar included persons with print disabilities, teachers, trainers and organizations working with persons with disabilities. The seminar focused on an overview of assistive technologies for the print impaired and their role in education, employment & recreation; alternative formats available for reading material and sources of accessible content.

Training Program On Inclusive Publishing

Dipendra Manocha, DAISY Consortium, India.

A hands-on training of two days duration for people engaged in preparing books in publishing companies, libraries, government, schools/colleges and not-for-profits to give them knowledge and skill of producing digital content that conforms to international standards and is accessible to everyone including people with disabilities. The training included production of digital files conforming to EPUB3 and DAISY standard using open source and popular tools used in publishing. Computers would be required for all participants.

ICEVI: The EFA-VI Campaign

Dr. M.N.G. Mani, ICEVI, India.

This interactive session outlined the guiding principles of the campaign, current status worldwide, specific activities of the campaign in the Africa region and the future plans. Members of the Executive Committee of ICEVI, the Global Task Force of the Campaign and practitioners at the national level participated in this interactive session.
The Challenges of Braille Production In Africa

D. Merriman, Braillo Norway, Norway, and R Mwanzi, KIB, Kenya.

This was a follow up workshop to a Regional Braille Production Workshop held in Kenya. The aim of the workshop was to facilitate the sharing of experiences among a wider spectrum of producers of Braille on issues relating to the production of Braille.

Delivering An Advocacy Agenda For Inclusion In Primary Eye Care

Dr D. Lackey, HelpAge EWCARDC Office, Kenya.

This was a practical workshop where participants were taken through the various steps in developing and delivering an advocacy agenda for inclusion of Primary Eye Care within the national Primary health care systems.

Basic Skills For Mathematics In Primary Schools

A. Buurmeijer & P. Wijen, Royal Dutch Visio, Netherlands.

During this workshop, Royal Dutch Visio would demonstrate how to teach mathematics to visually impaired pupils. The workshop would give insight and tools for anyone interested in teaching mathematics.

IDP Youth Empowerment and Mentorship Initiatives (Emerald Hall)

Martin Kieti, IDP, Kenya.

This workshop brought together participants and mentors from the three countries where the IDP was implementing a model youth empowerment project (Kenya, Nigeria and Malawi) as well as the Youth Camp to share experiences and suggest recommendations on how youth programs may be strengthened. Presentations were made from the three countries and from the Camp.

AFUB Youth Forum

Jace Nair, AFUB, President, South Africa.

This seminar targeted youth from AFUB member countries and youth representatives from each AFUB region. The agenda included the development of a Youth Action Plan; and election of a Youth Executive Arm.
Tackling the Book Famine In Africa: How the Marrakesh Treaty Works

Thomas Ongolo, Africa Disability Alliance, South Africa.

This workshop provided an opportunity for national members in Africa to explore the possibilities of creating a library network to work under the auspices of the Marrakesh Treaty cross-border sharing facility. It will particularly explore low cost start-ups. The workshop will be facilitated by an expert team organized by AFUB Marrakesh team.

Implementing Unified English Braille (UEB) Code in Anglophone Africa

Dr. P. M. Ajuwon, Missouri State University, USA.

This two-hour interactive session took participants through the basics of the newly-developed Unified English Braille (UEB) code. The session aimed to: promote and facilitate the uses, teaching, and production of Braille, in line with established guidelines of the International Council of English Braille (ICEB).

AFUB’s Advocacy on Human Rights in Africa, Lessons and Way Forward

P. Anomah-Kordieh, AFUB, Kenya.

The purpose of the Seminar was to share the lessons learnt and the success stories of the Regional Human Rights Project for the Visually Impaired in Africa; use the opportunity to raise awareness on CRPD as a tool for advocacy and also raise concerns on the ratification and domestication of the CRPD.

A Trainers’ Training on Promoting Safe Independent and Dignified Mobility with the SmartCane

A Mitra, Saksham TrustDr. R. Paul, Assistive Technologies Group, IIT Delhi, India

The workshop sought to introduce participants to the new SmartCane and included a review of basic White-cane mobility techniques. The workshop particularly targeted O&M experts, special educators, rehabilitation officers or social workers engaged in mobility training and/or support.

Touch The World – The Power Of Tactile Graphics

Dr. Jaroslaw Wiazowski, Harpo, Poland

The goal of this workshop was to present a variety of methods and techniques to create and present graphics to people with visual impairments. Some general guidelines to create quality tactile renderings were explained followed by practical exercises. The participants were also given an opportunity to work with high and low tech solutions to create their own tactile images.
Braille direct from PDF/Word

Björn Löfstedt, CEO & Owner, Index Braille AB, Sweden.

This workshop aimed at introducing participants on how, with Index-direct-Braille they may emboss a standard PDF/Word document consisting of headers, text and bullet lists; allowing for the demand for a Braille editor to be minimal or non-existent.
SDG ADVOCACY TOOLKIT - DISABILITY INDICATORS

Now is the time to act

Please share this list of disability indicators – developed in partnership by the UN, IDA and IDDC – with your National Statistical Agency. These indicators intend to measure the progress made for persons with disabilities in the implementation of the Sustainable Development Goals.

General Comments:  

A) Disaggregate all relevant targets by disability  
B) Use specific indicators below:

1.1 - Percentage of persons with disabilities below $1.25 (PPP) per day

1.3 & 10.4 - Percentage of persons with disabilities covered by social protection, or percentage of persons with disabilities receiving benefits

1.5 & 11.5 - Percentage of deaths from persons with disabilities among all deaths due to disasters  
- Percentage of injured/missing/ relocated/evacuated persons with disabilities among all injured/missing/ relocated/evacuated due to disasters

3.2 - Under-five mortality rate for children with disabilities

3.8 - Percentage of persons with disabilities receiving needed health services  
- Percentage of persons with disabilities receiving needed assistive technologies  
- Proportion of households with persons with disabilities facing catastrophic health expenditure  
- Proportion of households with persons with disabilities facing impoverishing health expenditure

4.5 - Primary and secondary school net attendance ratio for children with disabilities  
- Percentage of teachers in service who have received in-service training in the last 12 months to teach students with special educational needs

4.a - Percentage of schools (primary, lower and upper secondary) with adapted infrastructure and materials for students with disabilities

5.2 - Percentage of women and girls with disabilities subjected to physical and/or sexual violence
5.6 - Percentage of women and girls who make decisions about their own sexual and reproductive health and reproductive rights, disaggregated for persons with/without disabilities

6.1 - Percentage of population using safely managed drinking water services, disaggregated for persons with/without disabilities

6.2 - Percentage of population using safely managed sanitation services, disaggregated for persons with/without disabilities

8.5 - Unemployment rate, disaggregated for persons with/without disabilities

10.2
- Percentage of positions in public institutions (national and local legislatures, public service, and judiciary) held by persons with disabilities
- Voting turnout as a share of voting-age population disaggregated by disability
- Percentage of government websites which meet the ISO/IEC 40500:2012 of accessibility for Web content
- Percentage of population owning a mobile phone, disaggregated for persons with/without disabilities
- Percentage of population with disabilities with internet access, disaggregated for persons with/without disabilities

11.2 - Percentage of public transport vehicles meeting the minimum national standards for accessibility by persons with disabilities

11.7 - Percentage of public buildings meeting the ISO 21542:2011 standards on accessibility and usability of the built environment
- Percentage of public green spaces (parks and recreational facilities) meeting the minimum national standards for accessibility by persons with disabilities

16.9 - Percentage of children under 5 whose births have been registered with civil authority, disaggregated for children with/without disabilities

17.18 - Percentage of countries with data for all disability related indicators and disability disaggregation of the SDG framework, in the last 5 years
Disability Indicators for the SDGs

The sustainable development goals (SDGs) and targets in the outcome document agreed by UN Member States on 1 August 2015\(^\text{44}\) includes seven targets which explicitly refer to persons with disabilities (see Annex). At the March meeting of the inter-governmental negotiations on the outcome document for the UN Summit to adopt the Post-2015 Development Agenda, Member States indicated that indicators must directly respond to the goals and targets and their level of ambition; must not undermine or re-interpret the targets; and must cover all targets and give equal weight to all targets. Therefore, the targets which explicitly refer to disability must include disability related indicators.

An additional six SDG targets refer to persons in vulnerable situations (Annex) - which include persons with disabilities according to the outcome document for adoption at the UN Summit on the Post-2015 Development Agenda. In addition, several other targets are universal targets, and thus must also be achieved for persons with disabilities. Two other targets address discrimination (Annex), which is a key cause of unequal access to opportunities and services for persons with disabilities.

The following sections present selected indicators relevant to monitor, review and follow-up these SDG targets at the global level. At the national level, additional indicators may be needed to implement the disability-related SDG targets.

**Indicators for SDG targets addressing disability/persons with disabilities**

Monitoring the seven targets mentioning disability will require specific disability indicators and disaggregation of indicators by disability.\(^\text{45}\)

In particular, the indicators for targets 4.5 and 8.5 should be disaggregated for persons with/without disabilities. In addition, for target 4.5, an indicator on inclusion is needed to ensure equal access. It is not enough for children with disabilities to enrol/attend school - access to education for all requires that teachers have the capacity to teach students with special educational needs. Therefore the following indicator is proposed: ‘Percentage of teachers in service who have received in-service training in the last 12 months to teach students with special educational needs’ (this indicator is also linked to targets 4.c and 10.2).

\(^{44}\) Transforming Our World – Finalised Text for Adoption (1 August). Available at: https://sustainabledevelopment.un.org/post2015

\(^{45}\) Current guidelines to collect data on persons with disabilities are available at: http://www.un.org/disabilities/default.asp?navid=13&pid=1515#current
4.5 by 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples, and children in vulnerable situations

4.6 **Indicators**
- disaggregate indicators for this target, as well as for other targets under SDG 4, for persons with/without disabilities (e.g. Primary school net attendance ratio for children with disabilities; Secondary school net attendance ratio for children with disabilities)
- Percentage of teachers in service who have received in-service training in the last 12 months to teach students with special educational needs

8.5 by 2030 achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

**Indicator**
- Unemployment rate, disaggregated for persons with/without disabilities

For targets 4.a, 11.2 and 11.7, which refer to accessibility by persons with disabilities, the indicators can be based on existing ISO standards for accessibility to buildings or minimum national standards of accessibility by persons with disabilities. The Convention on the Rights of Persons with Disabilities refers to universal design, but there is not an operational currently used international definition of accessibility/universal design. Countries tend to either use existing ISO standards or make their own assessments of accessible schools, accessible public buildings, and accessible transport according to national standards. Therefore, the following indicators are suggested for these targets:

4.a **build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all**

**Indicator**
- Percentage of schools (primary, lower and upper secondary) with adapted infrastructure and materials for students with disabilities

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46 73 countries collected information on disability in recent labour force surveys and other surveys including a labour force module; 98 countries collected information on disability in their last census – this information can be cross-tabulated with employment data typically collected in census.
11.2 by 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons

**Indicator**
- Percentage of public transport vehicles meeting the minimum national standards for accessibility by persons with disabilities

11.7 by 2030, provide universal access to safe, inclusive and accessible, green and public spaces, particularly for women and children, older persons and persons with disabilities

**Indicator**
- Percentage of public buildings meeting the ISO 21542:2011 standards on accessibility and usability of the built environment
- Percentage of public green spaces (parks and recreational facilities) meeting the minimum national standards for accessibility by persons with disabilities

For target 10.2, social and economic inclusion can be monitored with the indicators proposed in this note – there is no need for extra indicators. But for monitoring political inclusion, the indicators below are suggested. In addition, it is suggested to include indicators on mobile phone ownership and internet access by persons with disabilities, as these tools empower persons with disabilities and promote inclusion (these indicators are also related to target 9.c).

10.2 by 2030 empower and promote the social, economic and political inclusion of all irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

**Indicators**
- Percentage of positions in public institutions (national and local legislatures, public service, and judiciary) held by persons with disabilities\(^{48}\)
- Voting turnout as a share of voting-age population disaggregated by disability\(^{48}\)
- Percentage of government websites which meet the ISO/IEC 40500:2012 of accessibility for Web content\(^{49}\)
- Percentage of population owning a mobile phone, disaggregated for persons with/without disabilities\(^{50}\)
- Percentage of population with disabilities with internet access, disaggregated for

\(^{47}\) The ISO 21542:2011 standards on accessibility and usability of the built environment can be used as guidance for the school building(s).

\(^{48}\) May also be included under target 16.7

\(^{49}\) The ISO/IEC 40500:2012 standards are also known as the Web Content Accessibility Guidelines 2.0, developed by World Wide Web Consortium.

\(^{50}\) This indicator is a disability disaggregation of the suggested indicator for target 5.b in the List of proposals released by the IAEG-SDGs on 7 July 2015.
persons with/without disabilities

Target 17.18 can be easily monitored with an indicator which will cause no extra data collection burden on countries:

**17.18** by 2020, enhance capacity building support to developing countries, including for LDCs and SIDS, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, **disability**, geographic location and other characteristics relevant in national contexts

**Indicator**
- Percentage of countries with data for all disability related indicators and disability disaggregation of the SDG framework, in the last 5 years

**Indicators for other disability relevant SDG targets**

SDG targets which mention persons in vulnerable situations and universal SDG targets both include persons with disabilities; targets on discrimination are relevant for persons with disabilities (Annex 1). Since disaggregating all these may represent an excessive burden to countries, it is suggested to disaggregate data by disability status for a smaller set of targets, those targets for which there is urgent need for action for persons with disabilities:

- > 1.1 (poverty)
  e.g., Percentage of persons with disabilities below $1.25 (PPP) per day

- > 1.3 and 10.4 (social protection)
  e.g., Percentage of persons with disabilities covered by social protection; or
  Percentage of persons with disabilities receiving benefits

- > 3.2 (under-five mortality rate)
  e.g. under-five mortality rate for children with disabilities

- > 3.8 (health coverage and financial risk protection)
  e.g., Percentage of persons with disabilities receiving needed health services,

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51 This indicator is a disability disaggregation of the suggested indicator for target 17.8 in the List of proposals released by the IAEG-SDGs on 7 July 2015.
52 The ILO Social Security Inquiry database has data for this indicator for 171 countries.
53 These indicators are included in the WHO Disability Action Plan (http://www.who.int/disabilities/actionplan/en/).
54 Data for this indicator was collected in past World Health Surveys (2003-4) and disaggregated for disability. It is currently being collected and will continue to be collected through the WHO Model Disability Survey (MDS) and the Study on Ageing and Adult Health (SAGE). The MDS and SAGE, as the World Health Survey, are both sample surveys with nationally representative populations and weighted to the national populations.
Percentage of persons with disabilities receiving needed assistive technologies;\textsuperscript{53}
Proportion of households with persons with disabilities facing catastrophic health expenditure;\textsuperscript{12} Proportion of households with persons with disabilities facing impoverishing health expenditure;\textsuperscript{53, 54}

\textgreater 5.2 (violence against women)
e.g., Percentage of women and girls with disabilities subjected to physical and/or sexual violence

\textgreater 5.6 (sexual and reproductive health)
e.g., Percentage of women and girls who make decisions about their own sexual and reproductive health and reproductive rights, disaggregated for persons with/without disabilities

\textgreater 6.1 (access to water)
e.g., Percentage of population using safely managed drinking water services, disaggregated for persons with/without disabilities\textsuperscript{55}

\textgreater 6.2 (access to sanitation)
e.g., Percentage of population using safely managed sanitation services, disaggregated for persons with/without disabilities

\textgreater 1.5 and 11.5 (impact of disasters)
e.g., Percentage of deaths from persons with disabilities among all deaths due to disasters

\textgreater 16.9 (birth registration)
e.g., Percentage of children under 5 whose births have been registered with civil authority, disaggregated for children with/without disabilities

\textbf{Annex. References to disability and disability relevant targets in the outcome document ‘Transforming Our World – Finalised Text for Adoption (1 August)’}

\textbf{Preamble}

19. We reaffirm the importance of the Universal Declaration of Human Rights, as well as other international instruments relating to human rights and international law. We emphasize the responsibilities of all States, in conformity with the Charter of the United Nations, to respect, protect and promote human rights and fundamental

\textsuperscript{55} Data on access to water and sanitation was collected in past World Health Surveys (2003–4) and disaggregated for disability. This information with the possibility of disaggregation for disability is currently being collected and will continue to be collected through the WHO Study on Ageing and Adult Health (SAGE).
freedoms for all, without distinction of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, disability or other status.

23. People who are vulnerable must be empowered. Those whose needs are reflected in the Agenda include all children, youth, persons with disabilities (of whom more than 80% live in poverty), people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants. (…)

25. We commit to providing inclusive and equitable quality education at all levels – early childhood, primary, secondary, tertiary, technical and vocational training. All people, irrespective of sex, age, race, ethnicity, and persons with disabilities, migrants, indigenous peoples, children and youth, especially those in vulnerable situations, should have access to life-long learning opportunities that help them acquire the knowledge and skills needed to exploit opportunities and to participate fully in society. (…)

**Targets addressing explicitly persons with disabilities and their needs**

4.5 by 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

4.a build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

8.5 by 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

10.2 by 2030, empower and promote the social, economic and political inclusion of all irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

11.2 by 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons

11.7 by 2030, provide universal access to safe, inclusive and accessible, green and public spaces, particularly for women and children, older persons and persons with disabilities

17.18 by 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by
income, gender, age, race, ethnicity, migratory status, **disability**, geographic location and other characteristics relevant in national contexts

**Targets mentioning persons in vulnerable situations**

1.3 implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the **vulnerable**

1.4 by 2030 ensure that all men and women, particularly the poor and the **vulnerable**, have equal rights to economic resources, as well as access to basic services, ownership, and control over land and other forms of property, inheritance, natural resources, appropriate new technology, and financial services including microfinance

1.5 by 2030 build the resilience of the poor and those in vulnerable situations, and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

2.1 by 2030 end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round

6.2 by 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

11.5 by 2030 significantly reduce the number of deaths and the number of affected people and decrease by y% the economic losses relative to GDP caused by disasters, including water-related disasters, with the focus on protecting the poor and people in vulnerable situations

**Universal targets**

1.1 by 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day

2.1 by 2030 end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round

3.2 by 2030 end preventable deaths of newborns and under-five children

3.8 achieve **universal** health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all
4.1 by 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.

4.2 by 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

4.3 by 2030 ensure equal access for all women and men to affordable quality technical, vocational and tertiary education, including university.

4.6 by 2030 ensure that all youth and at least x% of adults, both men and women, achieve literacy and numeracy.

5.2 eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation.

5.6 ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences.

6.1 by 2030, achieve universal and equitable access to safe and affordable drinking water for all.

7.1 by 2030 ensure universal access to affordable, reliable, and modern energy services.

9.c. significantly increase access to ICT and strive to provide universal and affordable access to internet in LDCs by 2020.

11.1 by 2030, ensure access for all to adequate, safe and affordable housing and basic services, and upgrade slums.

16.7 ensure responsive, inclusive, participatory and representative decision-making at all levels.

16.9 by 2030 provide legal identity for all including birth registration.

**Targets addressing discrimination**

10.3 ensure equal opportunity and reduce inequalities of outcome, including through eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and actions in this regard.

16.b promote and enforce non-discriminatory laws and policies for sustainable development.
Follow-up and review

74. Follow-up and review processes at all levels will be guided by the following principles:

(…) 

g. They will be rigorous and based on evidence, informed by country-led evaluations and data which is high-quality, accessible, timely, reliable and disaggregated by income, sex, age, race, ethnicity, migration status, disability and geographic location and other characteristics relevant in national contexts.

(…)