

12 Case studies

12.1 Individual case studies

This set of six studies may be used with a variety of participant groups, to learn about the lives of disabled people in different countries and examine what barriers they encountered and how they overcame them, as well as their on-going problems. Participants may be able to identify parallels with (and differences from) their own experience, or that of disabled people in their country, and maybe will find ideas for action. The case studies may be used to stimulate discussion about the role of disabled people and their organisations in working on issues which affect the lives of disabled people. They may be edited or shortened as required.

Oxfam acknowledges the valuable contribution of Action on Disability and Development, whose staff supplied the first four case studies in this section, and all the case studies in section 12.3.

12.1.1 Shapla, Bangladesh

Mahfuja Akhter Shapla, now 18 years old, was born in a village in Bangladesh. Her family's income was less than \$2 a day. Clean water and nutritious food were in short supply, and the children were not immunised against common childhood diseases. Shapla contracted polio at the age of 3; it affected both her legs. Unable to walk, and not provided with crutches or callipers, she had to be carried to school by her mother. Other children teased her, and she gradually lost confidence in herself because the teachers discouraged every initiative that she tried to take. Eventually she stopped going to school, and her mother was left worrying about her future. Since Shapla's family were not aware of the cause of her disability, her mother was blamed, and the girl was regarded as a burden to her family. Her parents separated as a result.

When Shapla was a little older, she joined a self-help group in her village, supported by ADD (Action on Disability and Development). The group made her aware of the rights of disabled people, and gave her confidence to take part in meetings and decision-making. She was encouraged to return to mainstream education and learn computer skills. She has now completed her secondary education, and with the help of ADD she has established a computer training centre for young people. She supports her mother and young brother, who have no paid work, although her mother runs an informal school in their community, with Shapla's help.

Shapla says: 'I feel proud, because I am a disabled woman running a computer centre. There is no competition in this area. I train many non-disabled people, as well as disabled students. It has involved me in the community. I now attend more disability groups and I have been elected as the secretary of our federation. I would like to support many more disabled people in income-generating activities, and I want to participate in the regional and national disability movement, to establish the rights of disabled people in Bangladesh.'

(Case study adapted from *The ADDvocate*, Issue 13, Spring 2002), published by Action on Disability and Development (ADD))

12.1.2 Mamadou, Mali

Mamadou Mahi Coulibaly lives in the town of Ségou. His father, a jeweller, took him out of school to train as an apprentice with one of his own former apprentices. Mamadou quickly learned the trade, and after three years he went to work with his father.

‘In 1995 I was approached by a friend to join an association of disabled people that was being formed. At first I couldn’t see any point in it. I had not experienced any problems because of my disability. My father gave me responsibility when I was very young; this obliged the rest of the family to respect me, and I learned to value my own abilities. But my friend kept on insisting. That night I gave it some thought and I decided to join. I joined the association to exchange ideas with others. It has been a space for me to think about what it is to be disabled; for example, different people have different levels of impairment. Now when I meet other disabled people, I tell them that joining a group can open up your mind and change your ideas.’

Mamadou began working for himself as a jeweller, but could not make enough profit to enable him to buy raw materials and therefore take on orders. ‘When I joined the association I didn’t expect money, but in 1999 I got a loan to help me to expand my business. I had not considered taking a loan from anywhere before joining the group. I was too poor to take a loan from a credit and savings organisation whose interest rates were too high, and I was scared of handling money. But now I have had one experience, a good one, it has given me the confidence to consider expanding a bit further.’

‘Before I got the loan, I had to do a 45-day literacy course in Bambara, the language that everybody here uses for trading; and a five-day course in business management and accounting. When I got the loan, I bought raw materials and extra tools. I had to repay it within one year, which I have done. Now I can take orders, and I also send things to my sister, who lives in Nieno. She sells them for me and sends me the money.’

Mamadou has now taken on an apprentice of his own, who is also disabled. ‘Disabled people are often stuck sitting around, with no purpose. My door is open to anyone who would like to be trained in the jewellery trade.’

(Case study adapted from an interview conducted by an ADD staff member in 2000)

12.1.3 Lao Sonn, Cambodia

Dr Lao Sonn, 52 years old, was blinded by a bomb explosion while hoeing in a field in 1976.

‘This happened during the early months of the Pol Pot regime. I was formerly a doctor in the provincial hospital and a surgeon in the army. The explosion caused injuries to my upper body and total blindness to both of my eyes. In the past, I just stayed in the house, not going anywhere, and feeling sad about my situation. I didn’t want anybody to see my condition, as I was afraid that they would ridicule me.

‘One day, the staff of ADD came to our village and gathered all the disabled people to meet together. For twenty years I had been hoping for someone, or some organisation like ADD, to assist me. We formed an association in 1998, and my life became more hopeful. I am more confident in myself and happier to participate in life. We help each other to solve problems, such as acquiring crutches and other prosthetics. The group also gives me inspiration and counselling support.

‘I was divorced from my wife after being disabled, because her family looked down on me. She still comes once in a while to check on me, but she cannot and will not live with me. That occasionally angers me, and it drives me to teach my two sons well, so that they can have a good future.

‘I used to live in a small house with my parents. Later I was able to build my own house, and now my son and daughter-in-law live with me. This son works for an NGO. My other son is a teacher. I take pride in the fact that despite my visual impairment I was able to tutor my children through primary school and high school.

‘I now walk around the village by myself and communicate with others. I know how to lead a group and how to conduct meetings. There are nine other members in my group, but one [the sole woman member] died last month; she was 76 years old and in poor health. There are other people in the community with minor disabilities, such as those who lost a finger, and a few others who have not been willing to join. We have a credit programme, which is also open to non-disabled people.

‘I have accepted my disability and become used to it. My daughter-in-law helps to take care of the house, and I continue to do the cooking myself. I am raising five chickens, which I hope to profit from. I plant apple trees around my house and harvest the fruit to be sold in the market. Even though I am blind, I can do things like everyone else, and I take pride in that fact. My family treats me well, and I think the community respects me because of my capacity.’

(Case study taken from an interview with an ADD staff member)

12.1.4 Françoise, Burkina Faso

Françoise Diarra lives in Banfora, Burkina Faso. She struggled to get through school, because her parents did not think that it was worth sending her. So she wrote to an aunt who had moved to France, and the aunt agreed to support her until she had completed her education. Françoise trained as a secretary, but has not been able to get regular employment.

‘They think that if you can’t walk, you can’t work in an office – that you can’t do anything. And then they pity you. I don’t want pity, I want to show what I am capable of. In my last work placement I think I at least changed people’s thinking. The boss wasn’t sure whether to take me on, but I was able to show him that being disabled didn’t prevent me from doing my job. I encouraged people there not to fear for me, thinking that I couldn’t manage, or worrying that I would fall down the stairs.’

Unable to make her living from office work, she had the idea of setting up a project to make and sell *soumbala* – black spice balls. She invited other women in her DPO to collaborate with her. Four decided to join her venture. They all invested the same small amount each month, until they could buy a special bowl for preparing the seeds.

‘We needed to keep the rest of the money back, to buy seed stock throughout the year. So we could not afford to buy the fuelwood that we needed. I went to a wood merchant in the town and explained our situation. He gave us a stock of wood and told me to come back when we ran out. I think he took pity on us, but also he wanted to help because we showed our capacity and our determination to do something with the little money that we had.’

‘Our business is successful. I use the money that I make to repair my tricycle, to send my younger son to school, and to support the other one in his mechanic apprenticeship. You know, there are things that we can do that people who aren’t disabled can’t do: we have courage that they don’t have.’

(From an interview with an ADD staff member in 2000)

12.1.5 Annya, Abkhazia

Annya became disabled after the war between Georgia and Abkhazia. She and her family were threatened and forced to leave their town of Sukhumi after being caught hiding in a neighbour's house.

She writes: 'After the initial shock of becoming disabled and losing my old life and home and surroundings, I started to re-assess things. I have always been positive, and even though everything had been taken, I saw that I still had life. It was difficult at first – particularly when my mother died, a year after being forced to leave Sukhumi. I was treated as a second-class citizen. I taught German to other children and adults, but no one paid me money, because I was disabled and I wasn't considered to be of enough worth to be paid.

'I wanted to help my family and the people whom I saw around me. I didn't know how, until I heard about the Disabled Women's Group in Zugdidi. I went along. They needed an English-speaking interpreter. After a while, a job opportunity presented itself. It was my first job interview. I never thought I would get paid work, because I was a disabled person. I gave everything I had. I got the job on my own merit. I was very proud. And now I see that my life has even more meaning and purpose than before. I am a disabled person. I have a cause. I "belong" to an oppressed group. I can work hard and long.'

(From an interview with an Oxfam staff member)

12.1.6 Caroline, Kenya

I was born with cerebral palsy in the Machakos district of Kenya. I am able to walk but not to speak. As a child it was difficult for me to attend physiotherapy sessions regularly, because of the nature of my father's job: he got transferred from town to town very often.

Eventually my mother and I went back to our rural home in Mt Elgon district. I stayed there, but life was difficult for me, because my sisters had begun school and I was home most of the time on my own, only with a cousin. In 1985 my father moved to Nairobi. He met a doctor who told him that he could treat me. So father came home to take me to that doctor, who gave me some medicines. After I took them, I went into a coma for five days; then I had convulsions and I did not sleep for four days. My parents took me to another doctor. He gave me some other medicine and I stopped having convulsions; but I was weak, so I stayed in Nairobi for six months. Afterwards I went back home. Many people were not interested in becoming my friends, for fear that they might become like me. But my family was friendly to me.

Then in 1989 my father moved to Nakuru, and he and my mother decided to take me to school. The first days in school were difficult for me, because I was not able to use a pencil to write. So that time I hated myself, because I was wishing to write like any child in that class. But my teacher tried his best. He cut wood into small pieces and wrote the letters of the alphabet on them. He taught me how to write my name, and I learned a lot of things. I was able to read and write. But I wished to have a computer, so that it would be easy to write without the help of someone else; because when I used the small pieces of wood to write things, I needed someone to help me by writing everything down on the paper or in the book. Sometimes it was difficult to get someone to help me, and it was hard for me to get a computer, until in 1999 I met someone from Germany in school. She made a communication board for me. It helped me a lot: it meant that I could communicate with anyone, although I am speechless. My friend has also assisted me in another way: she sent a computer for me. It was brought by other friends from Germany. They trained me how to use a computer. I have even had a chance to represent my school in certain seminars, and I am glad to say that I can now operate a computer.

My life is just to show you an example of how far a little help given to a disabled person can do wonders in their life and in the life of others, and in developing the whole world.

(Reproduced with permission from 'Disabled in Kenya' by Caroline Sakura; with acknowledgements to Susanne Klug and Astrid Keller.)

12.2 Disabled refugees and internally displaced people: case studies with questions

This set of case studies was used in an Oxfam workshop where participants were a mix of expatriate staff and local NGO employees in Eastern Europe, working with refugees and displaced people. All the participants were non-disabled. The workshop aimed to make NGO staff aware of the following:

- the existence of disabled people among the refugee/displaced population;
- the responsibilities of NGOs in respect of disabled people's rights;
- reasons why those responsibilities are often not met;
- the types of problem that disabled people may face as part of the refugee experience (in particular, becoming subject to the control and charity of others, and being excluded from decision-making and resource allocation).

Each of these situation studies is based on the real experiences of a disabled refugee or displaced person; only the names and personal details have been changed. It is important to encourage workshop participants to see the disabled people themselves as the first source of information and possible solutions. What resources and strategies did they use before the current crisis to organise their lives?

12.2.1 Hassan

Hassan is affected by polio and uses a wheelchair. He and his family fled from his home town, where he had his own small business repairing clocks and watches. His family are Emina, his 73-year-old mother; Sanja, his wife, who walks with crutches, also as a result of polio; and their seven-year-old son, Amir. After an exhausting six-day journey, the family arrive at a refugee reception centre (a school sports-hall) and are accommodated there for a week. During this time Hassan forces himself to eat and drink only the bare minimum, because the toilets are inaccessible (his wheelchair cannot pass through the narrow door), none of his family is strong enough to carry him in, and mostly the other refugees in the centre are too caught up in their own problems and trauma to help him regularly. He can't drag himself across the floor, because it is wet and filthy: the plumbing system backs up because it is not designed to deal with so many people using it. On the occasions when Hassan has managed to get someone to help him, he found it humiliating and painful, as they did not know how to lift him properly. He is also worried that he might develop a urinary-tract infection, which could lead to serious health complications.

- Questions**
1. What immediate problems are Hassan and his family facing?
 2. What rights-related issues are raised by their predicament?
 3. How might their problems be resolved? What could your NGO/ agency do? Who else might be mandated and able to assist?
 4. What further problems do you think they may have to deal with?

- Suggested answers**
1. Lack of appropriate hygiene and medical resources to meet basic needs.
 2. The rights to life, health care, adequate living standards, dignity, and control.
 3. Ask Hassan what he needs and wants. Possibilities include: widening the toilet door (he will be able to tell you the correct dimensions); solving the toilet back-up problem and keeping stalls clean; providing a portable toilet chair (or having a simple one made); arranging for Hassan to see a doctor; putting him in contact with the local disabled people's organisation; providing hygiene supplies.
 4. What type of accommodation will they be allocated when they move from the reception centre? Will it be accessible? Will the authorities try to move them to an institution? Will the family be split up? If Hassan becomes ill, he may be left too weak to work, or may even die. He is the family breadwinner; without him the family will become impoverished and dependent on the State or aid agencies.

12.2.2 Suada

Suada is a deaf person. She is a single mother of a seven-month-old baby. She lost her husband when their home was attacked two months ago, and she escaped to the other side of the country, leaving everything behind. She is now living alone with the baby. Most nights she makes herself stay awake all night long, because otherwise she will not hear when the baby is crying to be fed. In addition to that, she has a problem when she takes the baby to the local clinic for a check-up. She cannot hear when her name is called by the receptionist, so she misses her turn and has to wait hours and hours in the unheated waiting room. She gave the receptionist a note, asking her to put her name up on a piece of paper when it was her turn, or to come and get her, but the receptionist says she is too busy to do this.

- Questions**
1. What do you think are the causes of Suada's problems?
 2. What rights-related issues are raised by Suada's situation?
 3. What possible solutions can you identify? What could your NGO/agency do? Who else might be mandated and able to assist?
 4. What other problems do you think that Suada might encounter as a female head of household who is displaced and deaf?

- Suggested answers**
- 1 Having to leave behind her possessions when she fled; lack of simple basic resources; the receptionist's attitude; the clinic system, which ignores the needs of the deaf community; social isolation.
 - 2 The child's right to health and health care; Suada's right to accessible information.
 - 3 Ask Suada what she needs and what she wants. Possibilities include: vibrating alarm (or other enabling aid available locally) to wake her when the baby cries; moving to shared accommodation with a woman or family willing to help; sign-language interpreter; contact with other deaf people in the community and/or organisation of deaf people; contact with local women's group; meeting with clinic director to discuss accessible information systems.
 - 4 Grief over the loss of her husband and home; isolation, no one to communicate with; access to aid may be limited if she has no way to find out about it; how will she be able to communicate her needs? As a lone woman with a child to support, she is particularly vulnerable to abuse and exploitation; as a deaf woman she is likely to face discrimination when she tries to find employment.

12.2.3 Milica

Milica is a refugee from Osijek who fled to Serbia with her 10-year-old daughter, Vesna. Milica has muscular dystrophy. She and her daughter were accommodated in a refugee hostel when they arrived, and the State-run home-help service provided her with two hours of assistance a day. When all the refugees from the hostel were moved to other places, a social worker decided to transfer Milica to an institution for people with learning difficulties in another town, and to move her daughter to an orphanage in the town where they had first arrived, so that she could continue attending the regular school.

- Questions**
1. What problems are Milica and Vesna facing? Do you think the child is being properly looked after? Why? Why not? Do you think Milica is getting the type of assistance that she needs? Why? Why not?
 2. Did the social worker resolve the basic problems in the most appropriate way?
 3. What rights-related issues are involved?
 4. What possible solutions to the current situation can you identify? What could your NGO/agency do? Who else might be mandated and able to assist?

- Suggested answers**
1. Separation from each other, which will increase the trauma they have already gone through as refugees; the possibility of abuse in institutions; the abuse of rights and freedoms. Vesna needs to be with her mother, who has raised her for 10 years already; Milica's daily life will be severely restricted in the institution, and she may become confined there indefinitely if her problem is seen as resolved. Her special physical needs are unlikely to be cared for in an institution for people with learning difficulties.
 2. No, the social worker's response did not take into account Vesna's and Milica's rights and needs.
 3. The rights to life, family life, protection, dignity, control.
 4. Ask Milica (and Vesna) what they need and want. How did they manage before? What resources do they need in order to return them to that situation? Find accommodation to keep the family together. Arrange for assistance as needed (Milica will tell you what, how often, etc.). Arrange contact with a local women's group and disabled people's group or community group who can assist with these things. Ensure that the mother receives the humanitarian aid to which she is entitled and that she is enabled to participate in other programmes (for example, trauma-support group, seed-distribution programmes).

12.2.4 Flora

'I am from a village in the Drenica region of Kosovo, but I've been in Pristina for six months now. I've been in several places since arriving in the city. The first two months I was with a family, but had to leave as agreed. Then another family hosted me in a caravan for two weeks, but there was no water, so a doctor found me this apartment. When I first came here, they were still building the flat, so it was totally messy with the labourers continuing their work. We had to leave our homes. I came alone with the children. When I found this place, I was so happy that I started clearing it myself, although the owner had told me he would get people to do that for me. I was just so happy to have my own place.'

'I am 35 years old and had worked as a nurse since the age of 17. My disability started six years ago. My daughter is 9 years old, and my son 6 years old. My husband is dead.'

Q: Do you know what happened to your home?

A: I visited my village four days ago. My home has not been destroyed, but it has been locked and is totally empty.

Q: Are your children going to school here?

A: Both the children are good pupils and have began their schooling here again, but because of the recent shocks they have suffered they are under observation and don't attend the school full time.

Q: Did you have relatives here in Pristina?

A: No, not originally. My sister is here now with her family; they live on the other side of town, but she spends a lot of time here with us to help me out. Her home (in another village in the same region) was totally destroyed.

'My physical condition is deteriorating. Up to a month ago I was able to move around using crutches, but I no longer have the strength. The association donated my wheelchair, and it was one of the happiest days of my life. It was my sister who brought it round, so I didn't meet them at first. But because I'd been so happy I wanted to meet them, know them. Then I met Amir in the street, and he brought me to the centre. It was a big and happy day for me to see the centre and to meet people with disabilities there. Then Blerim asked me if I'd want to join the association, and I've been going back as often as possible. Blerim told me about the centre's work. It's great. In fact I wanted to know if they had a similar centre in the Drenica area at home, and so now I know that there is indeed a branch of the association there, it's just that I didn't know about it. So when I go back home, I want to be more

involved with that branch because now I know what disabled people need and how important it is to help people as I was helped. I know what my situation was and I know the happiness I felt when they brought me a wheelchair, and I would like to help this organisation to help others. I can't wait to go back home and start. I will do so as soon as the basic conditions are ready.

'I had planned to go there three weeks ago. I got as far as the bus could take me, but I couldn't get a car to the village. But finally I managed to get there four days ago. That's when I found that the house had been looted. It's better to live in your own house, but my home is far, and it's difficult for the children.'

Q: What about your living conditions here?

A: The most difficult things are the stairs; then it's hard to provide food for ourselves. People who are working find it difficult to provide for their families – and I have no income. The children are very young. They want to continue their education and they've been ill, and I need money to buy medication because they are good pupils, and they've been studying and I want them to continue their studies. As you can see, the space we're living in isn't very big, and the doors aren't accessible for my wheelchair. We don't have hot water: I must boil the hot water that we use for cleaning dishes and things.

'I would like to be active when I get home, because I personally know 14 people there who have disabilities. You know, although it's important to have help from your family when you are disabled, it's even better to help yourselves and help each other. That's the most difficult thing for me right now: knowing that I need my family's help. My sister helps me a lot, but I would like to be more independent, because I have my life and she has hers: she has her own family, her own children.'

12.3 Case studies of social and political action by disabled people

12.3.1 Grassroots representation in Cambodia

Cambodia has the second highest per capita rate of disability in the world, caused by malnutrition, land mines, and the breakdown of immunisation campaigns and medical services – a legacy of the regime of the extremist communist group, the Khmer Rouge, in the 1970s. Since 1991 international aid has focused on rehabilitation. Despite real progress since then, Cambodia still faces a huge task of rebuilding its social, legal, and economic structures. Cambodia has one of the world's highest proportions of amputees, due to the indiscriminate laying of land mines, which are still a threat today. As a result, disability was first understood as a health-related issue, despite disabled people being among the most marginalised citizens and disproportionately among the poorest in the country.

Action on Disability and Development (ADD) established a programme in the capital city, Phnom Penh, in 1995. ADD development workers began by visiting individual disabled people in their homes, working closely on a one-to-one basis with them to assess their needs. Often ADD staff met with disabled people who were isolated, grossly neglected by their families, and forced to live in appalling conditions; because of the deeply religious culture, disability is often perceived as punishment for a person's sins in another life, or as his or her personal destiny. ADD staff had to work with patience and sensitivity in order to convince disabled people of their own worth and their rights. After working with individuals, ADD went on to address wider social issues, focusing on the discrimination and prejudice that disabled people face within their communities. Disabled people were encouraged to form self-help groups – the first such groups in Cambodia. These are important forums for disabled people to meet with other disabled individuals for social and economic purposes.

'I didn't know anybody else with a disability in my village; we never met. Only after ADD came to the village was I aware of the other disabled people.' (Kor Morn, Lompaing Ream village)

ADD organises training for self-help groups in skills such as leadership, so that each group becomes self-sufficient and ADD can move into a new area and start new groups. More recently these groups have been joining forces to form federations of self-help groups, which are more powerfully equipped to effect social and political change.

At the national level, another international organisation had established the Cambodian Disabled People's Organisation (CDPO) in 1995, but it lacked a democratic structure, and local groups felt that the CDPO did not represent them. They did not feel involved, because there was no system at village level for individual groups to influence the actions of CDPO. When CDPO hit a funding crisis in 2001, a Reforming Committee was founded to debate how best to move forwards. It included many disabled people's organisations in Cambodia which were not previously involved with CDPO. The Committee decided to restructure, reorganise, and re-launch CDPO, with the following new principles:

- To be democratic, with leaders and representatives elected by disabled people.
- To be accountable to members.
- Not to deliver services, but to campaign for these services to be provided by the government.
- To build a representative and inclusive movement.
- To provide a unified voice for disabled people

ADD has always taken a rights-based approach to disability and has worked hard with groups of disabled people in order for disability to be understood as a social issue, not a health issue. 'Progress towards anti-discriminatory legislation continues, but at a slow pace,' reports Srey Vanthon, ADD's Programme Manager in Cambodia.

The struggle of the disability movement in Cambodia shows that, while it is always difficult for disabled people to fight for their rights, these difficulties are amplified in a political and social climate such as Cambodia. It takes time to develop a movement that is democratic and effective, and sometimes there are fundamental flaws in the development process. What is evident from the disability movement in Cambodia is that external intervention is not always successful; the voices of disabled people need to be heard from the grassroots level.

12.3.2 The Soroti Agricultural and Craft Association of the Blind, Uganda

In Uganda, a country where two-thirds of the population live in poverty, people with visual impairments are severely disadvantaged: they are isolated within their communities, or they have families to support, and they lack skills because education and training courses for blind people simply do not exist. They have a great need to learn the skills that will enable them to lead independent and respected lives.

After the National Resistance Movement came to power in 1986, civil war in Eastern Uganda forced hundreds of people to flee from the town of Soroti and the surrounding regions to Sudan, leaving behind terrified and displaced blind people. People such as Angela Sifrosa, who had worked hard for years to become proud owners of farmland, had their houses, food, and crops burnt.

However, the blind people of Soroti managed to find enough food to survive until the civil war ended and the refugees returned. A group of people with impaired vision were able to get places on an agricultural training course, something that had been denied them when they were younger. After they had graduated from the course, in 1992, they decided to unite in order to take action: the Soroti Agricultural and Craft Association of the Blind (SACAB) was born.

The group, which included Angela Sifrosa and John Stephen Okello, now had the knowledge and skills necessary to farm successfully and independently. Angela and her friends were determined to show others that 'blind people can be independent'. But they had no land of their own. 'If we continue asking for help, will you be able to go on assisting us for all those years? We think it is better for you to give us land whereby we can try to do something for ourselves. We have the skills,' argued John Stephen, presenting their case to the local district authority. After a long fight, SACAB were eventually given the land that they needed in order to establish themselves.

The members of the group were malnourished and exhausted and had to clear the land of a high, dense scrub with their bare hands. They desperately needed extra resources. In 1995 Action on Disability and Development was approached by SACAB, who asked for help to make their vision for the Association a reality. SACAB wanted to do more than simply produce enough food to live on; their vision was to give training to other blind people in independent living and agriculture; and to raise the profile and status of blind people within their community and to give others new opportunities. They themselves

had overcome the odds and wanted to provide the very things that were lacking in the Soroti region: essential training and education for the blind.

A grant from ADD enabled them to buy four oxen, a plough and some tools. SACAB now farms a variety of crops, including millet, maize, beans, and tomatoes, together with 40 goats, in addition to the original oxen. SACAB trains blind people of all ages in agricultural skills, which include the handling of crops and livestock, cooking, collecting firewood, and reading and writing Braille. Basic accommodation is provided for the trainees by the Association, which is paid for by the local authority of the sub-county of each trainee. The aim is for graduates of the SACAB courses to run their own independent courses for other blind people on their return to their villages, which creates a new unity between blind people and dispels isolation and poverty.

‘We are free now,’ says Angela, who now teaches Braille at SACAB and attends council meetings regularly, where she lobbies hard for the districts to contribute to the trainees’ fees. This is a continuing problem, because some districts refuse to pay the full fees. Angela is active and respected within the wider community of Soroti. John Stephen Okello is now the Training Manager of SACAB, and also teaches Braille.

SACAB is an example of how disabled people are able to break free from the confines of social exclusion and escape the disenfranchisement caused by poverty and conflict. Their achievement demonstrates how disabled people do not need or want charity, but support to enable them to develop sustainable, independent lives. Disabled people have the right to freedom and independence, and they will fight for these rights with dignity to become newly empowered members of their communities.

12.3.3 Election monitoring and the right to vote in Ghana, Bangladesh, and Zambia

In 2000, Action on Disability and Development (ADD) launched a project in Ghana to enable disabled people to vote in the national elections freely and fairly, and to train as accredited election observers. This ground-breaking project provided disabled people with the information and resources that they needed to bring about a new political equality for the first time in their history.

'People with disabilities comprise at least ten per cent of the population of developing nations. Yet they remain largely invisible to the decision- and policy-makers who design and implement government programs.' (International Foundation for Electoral Systems (IFES))

In many countries, disabled people can't and don't vote, for two main reasons:

- Inaccessible polling booths, long queues, and the lack of tactile ballot papers (for blind and partially sighted people) mean that disabled people are excluded from the voting process by physical circumstances.
- As the vast majority of disabled people have never been able to vote, it is assumed (by both disabled and non-disabled citizens) that people with impairments don't have the right to take part in the democratic process. They are excluded by negative attitudes and lack of awareness.

ADD worked with disabled people's organisations in Ghana to gain the vote for disabled people in the 2000 Presidential and Parliamentary elections. Success in this venture encouraged similar projects in Bangladesh and Zambia in 2001. Further to this, ADD worked in partnership with the US-based International Foundation for Electoral Systems (IFES) to train disabled people as election monitors. It was the first time that disabled people had observed elections in all three of these countries.

Workshops were held to raise awareness and educate disabled people about the electoral process and their right to vote. Dramatisations and music were performed by groups of disabled people, and the message was carried further by advertisements, posters, television features, and printed t-shirts. Press conferences were held, and there was an overall positive reaction from the national press in each of the countries. The BBC World Service carried a feature on the work that was taking place in Bangladesh, which included an interview with a disabled man who said, 'The significant volume of media coverage has raised the level of awareness of the issues relating to disabled people to a new height.'

Extensive discussions were held with electoral officials to ensure that disabled people had fair access to the electoral process. This included securing permission for blind people to be accompanied in the polling booth by a person of their choice, making the booths accessible, and allowing people who could not stand for long periods to ‘jump the queue’ in order to cast their vote.

Disabled people were trained to serve as accredited election monitors, responsible for ensuring not only that the elections took place freely and fairly, but that the needs of disabled people were met, and that they were able to vote independently and privately. ADD and IFES trained and co-ordinated the teams of election monitors to develop skills and strategies to deal with the possible negative reactions of non-disabled people. The aim was to build the confidence of the new election monitors.

Throughout Ghana, Bangladesh, and Zambia more than 400 disabled people trained as election monitors for the first time. ‘Our presence at polling stations was at first met with surprise, then acceptance.

The observation effort led to a greater awareness about disability,’ reported Mercy Apoe, of the Ghana Association of the Blind. David Adeenzekangah, of the Electoral Commission of Ghana, commented: ‘We gave accreditation for their participation with pleasure and joy. That, for the Commission, and Ghana, was a great historic event. I am told it was also a first-time event in the world!’

‘People said they never knew that a blind person could observe.’
(Gladys Waadi, Ghana Association of the Blind)

Appointing disabled people as election monitors, and campaigning for disabled people’s right to vote, has had a significant impact on the attitudes of mainstream society towards people with disabilities. The leadership of disabled people’s organisations has been developed, and the disability movement as a whole has been strengthened. When disabled people have the right to vote, and are able to exercise this right, it promotes citizen participation from all sectors of society and strengthens democracy where it is fragile.

ADD sees these ventures as just the beginning of major social and political change, brought about by and for disabled people.