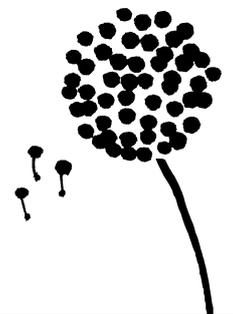


Footsteps

No.49 DECEMBER 2001

PEOPLE WITH DISABILITIES



TEARFUND

Action on disability

by Aisha Yousafzai, Maria Kangere and Sheila Wirz

A disability can result from many kinds of medical conditions and will limit the activities in which a person can participate. People with disabilities are frequently ignored by their communities. However, UNDP (United Nations Development Programme) figures suggest that, on average, 5% (1 in 20) of the population of most countries have either a moderate or severe disability.

There are many causes of disability. Medical help can improve certain disabilities – if it is available. Disabilities include:

- **physical** including disabilities at birth or from a later accident or illness, such as cleft palate, polio syndrome or spinal injury from a road accident
- **deafness or blindness** either from birth or disease
- **emotional** as a result of stressful experiences, neglect or abuse

■ **learning difficulties** resulting from brain damage.

Poverty or war may lead to a higher number of disabilities. In richer countries there may be more older people with the disabilities of old age.

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- Letters
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- Improving the quality of life
- Opening the door on disability
- Sharing skills in beekeeping
- Working with children with disabilities
- Bible study: knowing your true value
- Resources
- Epilepsy – a worldwide problem

Why should I work with people with disability?

When making plans, whether for health, education, housing, sport or leisure, we should remember this often forgotten minority. We must remember that 5% of people will have special needs and they should be able to participate alongside people without disabilities.

The link between poverty and disability

Poverty and disability together can create a vicious circle. Despite efforts in countries such as Uganda, people with disabilities frequently have reduced opportunities for education and employment, resulting in poverty. A recent World Bank report suggests that disabled people may account for one in five of the world's poorest people. The needs of poor people with or without disabilities are the same, including health, shelter, food and safety.

People with disabilities can become a dependent minority who are viewed negatively by the rest of their community. A lack of understanding about disability can lead to poor families

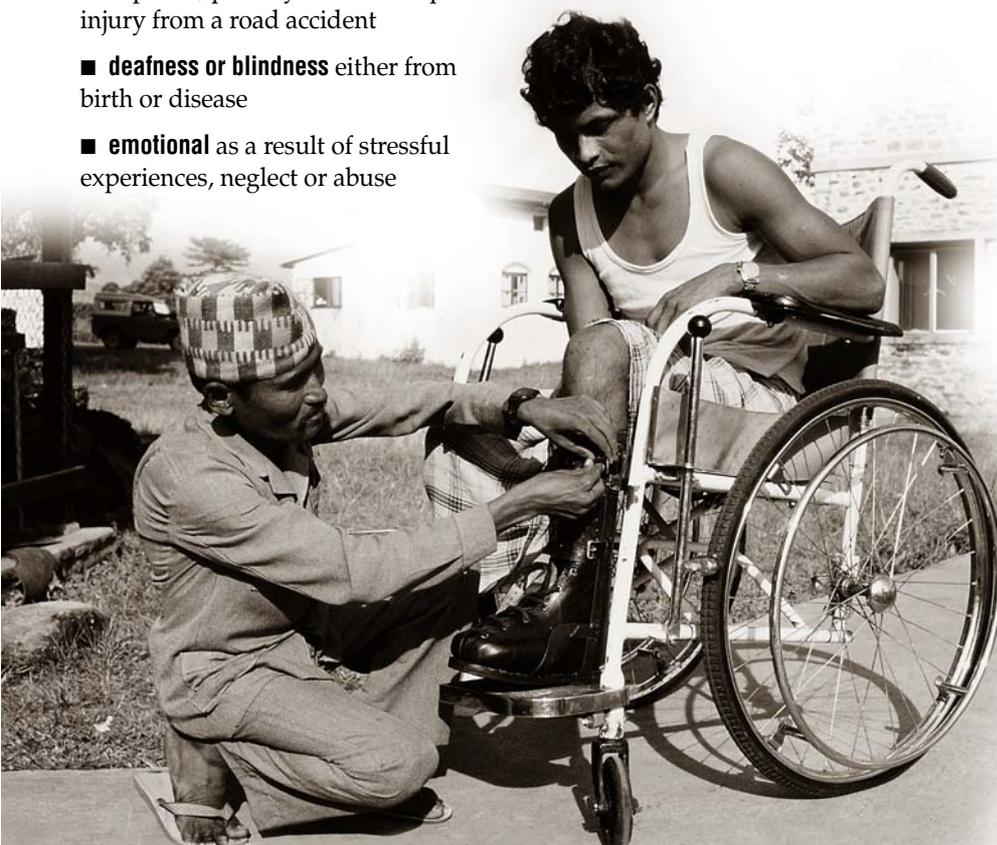


Photo: Greenleaf

Footsteps

ISSN 0962 2861

Footsteps is a quarterly paper, linking health and development workers worldwide. Tearfund, publisher of *Footsteps*, hopes that it will provide the stimulus of new ideas and enthusiasm. It is a way of encouraging Christians of all nations as they work together towards creating wholeness in our communities.

Footsteps is free of charge to individuals working to promote health and development. It is available in English, French, Portuguese and Spanish. Donations are welcomed.

Readers are invited to contribute views, articles, letters and photos.

Editor: Isabel Carter
PO Box 200, Bridgnorth, Shropshire,
WV16 4WQ, UK

Tel: +44 1746 768750
Fax: +44 1746 764594
E-mail: footsteps@tearfund.org

Sub Editor: Rachel Blackman

Language Editor: Sheila Melot

Administrators: Judy Mondon, Sarah Carter

Editorial Committee: Ann Ashworth,
Simon Batchelor, Mike Carter, Paul Dean,
Richard Franceys, Martin Jennings,
Ted Lankester, Simon Larkin, Sandra Michie,
Nigel Poole, Alan Robinson,
Rose Robinson, José Smith, Ian Wallace

Illustrator: Rod Mill

Design: Wingfinger Graphics, Leeds

Translation: S Boyd, L Bustamante, Dr J Cruz,
S Dale-Pimentil, T Dew, N Edwards, R Head,
J Hermon, M Leake, E Lewis, M Machado,
O Martin, J Martinez da Cruz, N Mauriange,
J Perry

Mailing List: Write, giving brief details of your work and stating preferred language, to: *Footsteps* Mailing List, PO Box 200, Bridgnorth, Shropshire, WV16 4WQ, UK. E-mail: judy.mondon@tearfund.org

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Tearfund is an evangelical Christian relief and development agency working through local partners to bring help and hope to communities in need around the world. Tearfund, 100 Church Road, Teddington, Middlesex, TW11 8QE, UK. Tel: +44 20 8977 9144

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Parents' views

Focus group discussions were conducted with mothers of children with disabilities living in Dharavi, an urban slum in Mumbai, India. The discussions were around the acceptance of disability in the community and within the family. Parents showed a great deal of concern about their children. 'We have brought our children into this world and must do our best to take care of them.'

However, there was a lack of understanding about disability and many parents invested a great deal of time, energy and money in seeking 'cures'. 'We came to Dharavi from our village to look for medicines to make my child better.'

In this group, the mothers were unable to see a child with disabilities becoming an independent adult: 'When his leg is better, everything will be fine – but if he does not get better, then what?' 'First we think our child should get better – learn to eat, learn to speak, learn to walk.'

More awareness is needed within communities. 'The man could not understand my son and beat him because he thought he was misbehaving.' More awareness is also needed to help families understand the disability and, more importantly, to understand their child's abilities.

investing a great deal of time and money in finding 'cures'. Community programmes can shift their focus towards children's 'abilities' rather than their 'disabilities'. Rehabilitation services can help change people's negative attitudes. For example:

- Providing appropriate aids to help people move about will allow greater independence and perhaps access to work.

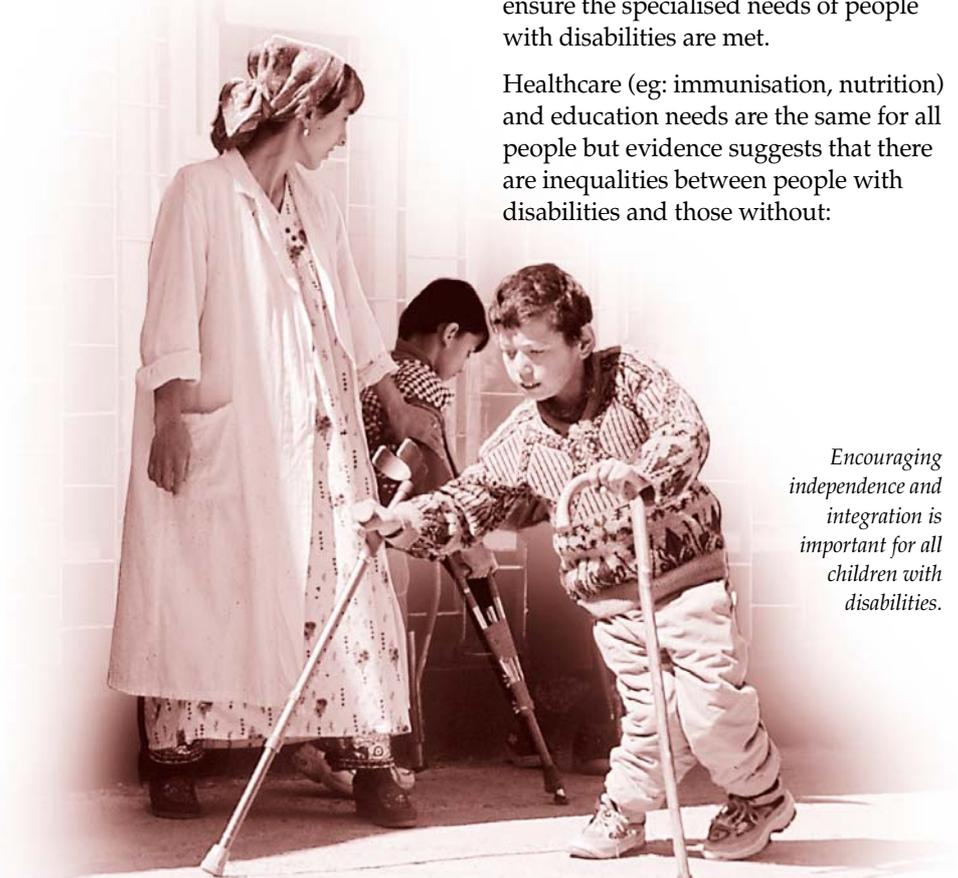
- Training in activities for daily living can decrease the dependency of children with disabilities and release their parent's time for other activities.
- Training in sign language enables deaf people to integrate with other people and become more confident, productive members of their community.

Future support and investment in specialised programmes is essential to ensure the specialised needs of people with disabilities are met.

Healthcare (eg: immunisation, nutrition) and education needs are the same for all people but evidence suggests that there are inequalities between people with disabilities and those without:

Encouraging independence and integration is important for all children with disabilities.

Photo: Geeff Crawford, Tearfund



- Children with disabilities are more likely to die young, be neglected or poor.
- Children with disabilities are more likely to be malnourished.
- In some countries 80% of children with disabilities under the age of five may die.
- Less than 2% of children with serious disabilities in developing countries receive an education.
- Women with disabilities are 2–3 times more likely to be victims of physical or sexual abuse.

These inequalities need to be addressed to meet the human rights needs of people with disabilities. Their needs must be met and their views heard.

Community Based Rehabilitation (CBR)

Work to rehabilitate people with disabilities used to be seen as the responsibility of religious and charitable organisations. Later, rehabilitation was seen more as a medical issue. However in the past 20 years the idea of Community Based Rehabilitation (CBR) has developed.

The World Health Organisation (WHO) encourages CBR to be combined with primary healthcare. However, this may give too much emphasis to medical care, as only 2% of people with disabilities in developing countries have access to appropriate rehabilitation services. In recent years there has been a move away from rehabilitation programmes towards a 'community development' focus.

There are many different ways of considering CBR. These include:

Home based programmes Trained community workers provide rehabilitation activities for children and adults with disabilities in their own homes. These usually include physical or mental activities to improve people's abilities. Most home based programmes also include training of family members (carers) in these activities.

Participating in community activities

People with disabilities should be included within community activities. There needs to be a change in people's attitudes towards disability. Children

Case study from Uganda



In Uganda (and many other countries) disability is often seen as a curse or punishment for parents due to their failure to please the ancestors. Some believe the birth of a disabled child shows the mother broke a taboo during pregnancy. This can increase the mother's feelings of helplessness after the birth of such a child.

In Uganda, many NGOs have been formed in the last 15 years to consider the needs of people with disabilities. The most important is the National Union of Disabled Persons of Uganda (NUDIPU). This is an NGO formed by people with disabilities which works for the equal rights and opportunities of all disabled people of Uganda.

NUDIPU's biggest success was its participation in influencing Uganda's constitution in 1995 to include disability issues. Children with disabilities are now recognised as a special category with rights for attention and help. Here are some of the positive steps that have been made in Uganda through NUDIPU and other NGOs' work:

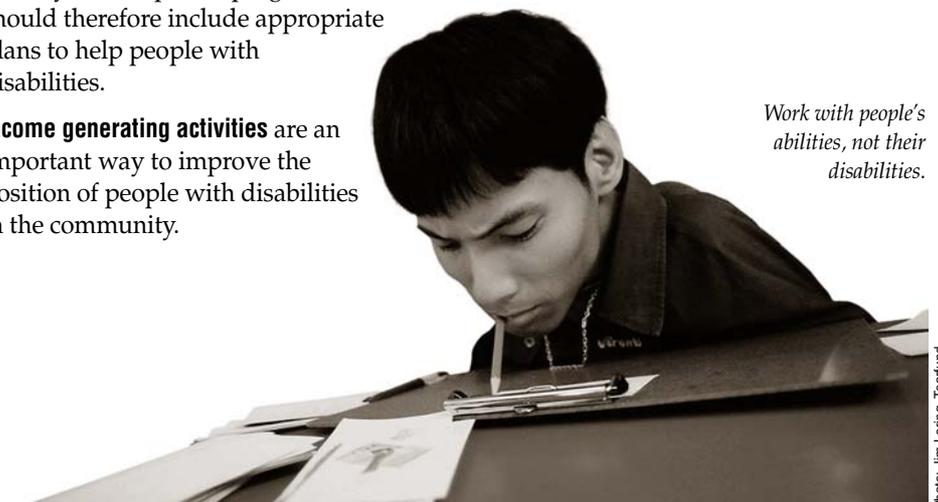
- There are five members of Parliament with disabilities; three with physical disabilities, one deaf and one blind. Their presence in Parliament has resulted in more policies that support people with disabilities. They have also improved awareness by providing positive role models.
- Uganda has universal primary education for all children. Within any family, up to four children get free primary education. Girls and children with disabilities receive priority. Now many more children with disabilities can attend schools near their homes. However, much still needs to be done to help children with different disabilities in schools so they can fully benefit from their education.
- A local government act ensures that people with disabilities are represented at all levels of local administration.
- Parents who abuse children through neglect are usually brought to local council courts. This has helped in protecting rights of children and encouraged members of the community to watch out for the rights of all children including those with disabilities.
- The mass media play a key role in sharing information about disability. Much effort has been made to sensitise the media about disability issues and the use of appropriate language. As a result, positive images have started to appear in local papers. For example, it is now common, in local newspapers, to see pictures of children writing with their feet because of a disability.

with disabilities need to be included in regular schools (whilst providing support to teachers to enable this).

Disability is linked to poverty There is a strong link between disability and poverty. Development programmes should therefore include appropriate plans to help people with disabilities.

Income generating activities are an important way to improve the position of people with disabilities in the community.

Disabled people's organisations are one way of encouraging community services. People who themselves have disabilities can provide appropriate assistance and inspiration to others with disabilities.



Work with people's abilities, not their disabilities.

Photo: Jim Loring, Tearfund

Attitudes towards disability are the main problem. Other people's views need to change and the best approach is by insisting on the human rights of people with disabilities.

Each of these viewpoints has supporters who believe passionately 'their' interpretation is 'correct'. However in reality, most CBR programmes recognise that they need to include most of these aspects in their programme activities.

The quality of life for many people with disabilities is improving slowly. Their communities are more likely to appreciate their needs and consult them before making decisions that affect their lives. People with disabilities are now better able to participate into society.

The struggle continues ...

Aisha Yousafzai is a Research Fellow at the Centre for International Child Health (CICH) where she has recently completed her PhD investigating the nutritional status of children with disabilities in Mumbai, India.

Maria Kangere is a physiotherapist who has been working with people with disabilities in a CBR programme in Uganda, currently doing research in disability at CICH.

Sheila Wirz is a senior lecturer at CICH and heads the disability programme. She has worked with and for people with disabilities and their families throughout her working life, in the UK and South Asia.

CICH
30 Guilford Street
London, WC1N 1EH, UK
Tel: +44 (0)207 9052122
Fax +44 (0)207 404 2062
E-mail: cich@ich.bpmf.ac.uk

Terms used

Nowadays certain terms are not normally used. These include 'handicap' and 'disabled people'. Even the term 'people with disabilities' is becoming questionable and '**activity limitation**' is recommended by WHO instead. The change in terms is generally to help improve attitudes. However, for the sake of understanding we have used the term 'people with disabilities' throughout this issue.



Photo: Richard Hanson, Tearfund

CBR programmes support parents in encouraging their children through home based programmes.

EDITORIAL

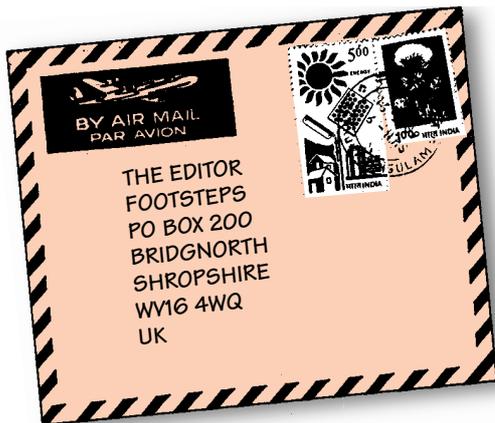
In this issue we look at a very complex subject. There are many different kinds of disability which range from minor ones that others may not notice, to life-threatening ones. In a few pages we are not attempting to give very much practical information. Instead, we have chosen to concentrate on our own attitudes to those with disabilities. Each one of us can change our way of thinking, our way of responding, our way of ensuring that people with disabilities are fully included in our communities. Many with disabilities have learnt to accept their situation, but they often find it much harder to cope with the attitudes of those around them.

Jesus always made time to talk with, to support and to fully accept people with disabilities, whether they were lame, blind, lepers or epileptic. Let's be honest with ourselves as we read through these articles. Are we aware of people with disabilities in our communities? Do we avoid them? Do we look down on them? Do we see them as someone else's responsibility? Are there children or adults kept out of sight because people find them an embarrassment? We are all made in God's image and all equally precious to him. People with disabilities are firstly people with **abilities**, people who value our love and our acceptance. If we ignore their views, their abilities and their potential, all of us are the poorer. In my previous church, there was a very special girl called Rachel. I used to help with playing music in the services. When we were rushing about before the service, getting things ready, Rachel would grab me and give me a big hug, reminding me about our real priorities. She couldn't sing but loved music. We always knew when our worship music was going well, because then Rachel would be on her feet, dancing and praising God.

Our next issue is a very special one as we celebrate 50 issues of *Footsteps*. We'll be looking at the impact of *Footsteps* and how all of us can assess and improve the impact of what we do. If you were sent a survey form with Issue 47 (sent to just 1 in every 20 readers) and haven't yet returned it, please find it and send it back urgently so your views can be included.

Isabel Carter





Networking to help people

I want to thank *Pas a Pas* for linking me with a partner who has encouraged me in my work with people with disabilities. He is Mr Robert Scott of the Global Campaign against Epilepsy. They want to work with health and development workers interested in epilepsy (see page 16).

I am a social worker with the vocational centre for the disabled. It is called CEPHAG and is a community rehabilitation programme for people with disabilities. We have workshops producing shoes and orthopaedic aids. All our walking equipment is made here. We have helped over 100 people with crutches, wooden legs, walking sticks and other equipment. We also make tricycles, so our centre holds a lot of potential and we would like to co-operate with other partners working in this area.

N'sekazi Ndongala Dele
CEPHAG
c/o Centre d'Accueil Missionnaire
BP 1041, Bangui
Central African Republic

GM crops – a Christian view

I write in response to the *Footsteps* issue on Biodiversity. As a Christian, there are very fundamental issues at stake when we consider the role of GM crops in development. Indeed, should they be happening at all?

God created the world and saw that it was good. He told mankind, through Adam, to take care of his creation – a job which unfortunately we have not been too good at. He was proud of the beauty of the flowers and birds that he made – greater

than anything that mankind has or will ever produce! When we manipulate genes in an artificial way, we are fiddling with the very building blocks of life itself and, in my opinion, in a very real way – playing God! None of us knows what may be in store as a consequence.

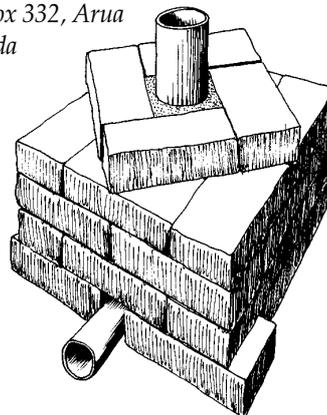
Alastair Taylor, Technical Advisor
Kulika Charitable Trust (Uganda)
Box 11330, Kampala
Uganda

Fire warning

Having read the article about the sawdust stove in Issue 46 we feel it is important to add a warning. Last year there was a fire caused by this sort of stove in Koboko in Uganda. The stove produces a great heat which can easily result in thatched roofs catching fire. Several people died and babies were burnt. There was much damage to furniture and other houses. The local government punished those living in the house where the fire started. The same situation occurred in Ingbokolo in RD Congo during the hot, dry season.

The solution is not to ban these stoves, but rather to find a safe solution. We recommend fixing a sheet of some fireproof material, such as metal or old corrugated iron, about a metre above the stove, to prevent the heat from rising to a thatched roof.

Malisi Ng'ota Abetaka
s/c Ongiergiu Nyai Bernard
PO Box 332, Arua
Uganda



Preventing violence against women

We are launching a project to unite people interested in opposing violence against women, and who want to share their experiences and contribute to producing a strategy which could be used by all

countries. It is called SOS Femmes Violées – Femmes Battues. We have made use of the 'advocacy cycle' from *Footsteps 45* in our planning. We plan to use electronic communication to link people.

We have opened a website and welcome opinions concerning this issue: www.ifrance.com/sosprog. Our e-mail address is: sosprog@yahoo.fr

Tété Enyon Guemadji-Gbedemah
Co-ordinator of ASSICCA

Preparing for retirement

The idea of 'retirement' simply means to stop working, either willingly or through necessity. In the Bible we read that: 'There is a time and season for every activity under heaven. A time to be born and a time to die. A time to plant and a time to harvest' (Eccl 3:1-2).

Likewise there should be 'A time to work and a time to retire'. Many workers with a regular job, only begin to think of retirement when it is just a few years away. However it is good to plan for retirement and how to use the extra time well. With no further income there will still be financial needs. Ideally workers should try and save, but this is often very difficult. Alternatively people should consider some other way of raising a small income after retirement and make time to plan for this.

No-one should believe they are essential. All of us should plan to leave work as we reach retirement age – including politicians and heads of state!

Thomas Ayan
PO Box 2981, Minna, Niger State
Nigeria

Drugs kill

We recently launched a quarterly leaflet called *Au Secours* (Help), on the subject of drugs. The first issue was called *Drugs Kill* and printed in French and English. We can provide copies to anyone interested. We would also appreciate more information about the fight against drugs.

Erasthon Bengeshya
Co-ordinator CECL
BP 384, Cyangugu
Rwanda
E-mail: info bukavu@bushnet.net

Income generating workshops for people with disabilities

by Susie Hart

In 1997 I spent three months at a L'Arche community in Kampala, Uganda. L'Arche is a Christian organisation that provides a lifelong family environment for people with learning difficulties, living together with one another and their carers. Many of their communities have craft workshops to provide income and useful activities for their members. When I arrived, equipped only with a small bag of candle making equipment, I found to my dismay there was no workshop and I was expected to start one!

I searched Kampala for improvised equipment and raw materials. I taught candle making to the residents and trained two of the staff and found local markets for the candles produced.

We devised various aids to help those with physical disabilities to participate as much as possible. However because candle making involves hot wax, some community members had to be excluded. The raw materials for the candles were expensive and had to be imported from Nairobi. This meant our products were usually restricted to more expensive retail outlets providing for tourists. These concerns encouraged me to identify a craft that allowed all community members to participate and which used readily available, cheap, local materials.

I found the answer in handmade paper products using the troublesome water hyacinth (a weed that spreads rapidly in fresh water). The plant was freely available for anyone to collect. The process of making paper from plant materials is simple, but involves various stages, each requiring different skills. This made it ideal, as each community member at L'Arche was able to participate in at least one of the stages. There were several weeks of experimentation with water hyacinth before we began to develop good quality

paper. Sadly this work has now been discontinued, though groups elsewhere successfully produce good quality products using water hyacinth.

However the candle workshop is still doing well and expanding. It provides a significant income for the community in Kampala. Considering the short time available for planning and establishing the work, maybe its success should be seen as the power of prayer! Many lessons can be learnt from these experiences however. Some are suggested below for any other group considering setting up such a project.

Planning

- Analyse the situation. What are the actual needs in the community? What impact will the project have? What other activities have been tried?



- Decide on the objectives of the project; who will benefit, resources needed and the time scale involved
- Carefully consider risks that may affect the project
- Plan how to monitor and evaluate the effectiveness of the project.

Participants

- Involve participants at every stage of planning, decision making and running the project wherever possible
- Be realistic about the abilities of the participants
- Choose crafts that will involve teamwork and full participation by all
- Consider how people will be paid for their work. Guaranteed wages may seem a good idea but they may produce dependency.

Marketing

- What demand is there for your products?
- Who are your likely buyers – local people, tourists, overseas market?
- What sale outlets will you use?
- What transport will you need?
- Will you rely on charitable buying? Be aware this is a kind of subsidy and may not be sustainable
- Consider the competition. Will your project put other people out of work?

Raw materials

- Are materials locally available from a cheap and sustainable source?
- What is the environmental impact of using such materials?
- Is recycled material an option?
- Networking – can you link up with a similar project to buy materials in bulk?

Skills

- What skills already exist?
- Are there local craft workers who can help with training or volunteer their help and advice?
- Train staff well in all aspects including technical, managerial, financial and marketing to maintain sustainability.

Susie Hart is trained in textiles and has experience of working with craft workshops for people with disabilities in both UK and Africa. Her address is: c/o Crowther Hall, Weoley Park Road, Sellyoak, Birmingham, B29 6QT, UK.

E-mail: andythevet90@hotmail.com

Community participation in improving quality of life

by Katharina Haller

One of the most important things to consider when supporting people with disabilities, is the need to encourage their family and community to help them find their rightful place in society. Medical help is not enough. The attitudes of family members, friends and the wider community are the engine that drives the whole process. This is an educational process in which the whole society should participate.

In the city of Medellín, Colombia, the Comité Regional de Rehabilitación de Antioquia (Regional Committee of Rehabilitation) or 'El Comité' is encouraging a method of community participation. They aim to build independent networks to improve the quality of life for people with disabilities. The committee was established 28 years ago. Last year nearly 20,000 people benefited from their support and training.

El Comité has worked together with the Department of Health to encourage the wider availability of medical expertise, especially in poorer areas. They have encouraged better co-operation between government and private organisations and continue to generate awareness about the need to respect, support and promote people with disabilities, emphasising their achievements and possibilities.

In 25 areas so far, groups of natural leaders have received instruction and training about the way to identify risks, manage disabilities and above all to look for any

required help, relying both on the resources of each community and their shared experience. Here is an example of the work of one such group.

Change agents in San Rafael

A census was carried out in San Rafael by the Happy Child Corporation in the 1980s which identified 110 people with disabilities. These people were evaluated by El Comité and the need to create a teaching support programme was noted.

Last year, El Comité developed a process of training change agents which linked together 25 people from this community. Some of the leaders of this new group then reproduced this training process with 30 interested youngsters and adults.

Both groups began working to raise the awareness of their communities. They also shared training in preventing disabilities and in rehabilitating people with disabilities. They targeted hospitals, schools and health centres as well as recreational, business and cultural activities. So far nearly 500 people have benefited from their awareness raising programmes. They have trained nearly 300 people in prevention and rehabilitation skills and guided 60 people in the management of their disability.

They are continuing their activities, encouraging networking and contacting other groups of change agents. They hope this networking will help strengthen their own local actions.

Katharina Haller has been a journalist for 30 years. She has worked with El Comité on several occasions as she says 'It is an organisation that you end up in love with!'

*El Comité, AA 50867, Medellín, Colombia
E-mail: comucomiter@epm.net.co*



Photo: Jim Loing, Tearfund

1 Problems and prejudices

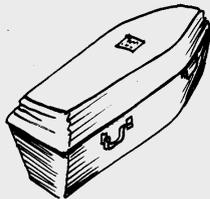
People with disabilities are often made to feel excluded from society. We use the image of a closed door to show that negative attitudes towards these people mean that they are not given the skills or the opportunities that can improve their quality of life. Sometimes children are hidden away behind a closed door.

Opening the door

Fatalistic attitudes

'Many of the children are abandoned. People believe in 'karma' and have a fatalistic viewpoint. They think children with disabilities should be left to die so they can come back as a better person. They don't understand they can be stimulated to achieve their full potential.'

(Christian Care Foundation, Thailand)



Lack of support

'People with disabilities are tolerated by their family and neighbours, but they are seen as having little value and little to contribute to the family or community.'

(World Concern, Lao PDR)



Shame

Social prejudice makes people with disabilities feel left out. They usually lack opportunities to play a part in the community.

'Family members feel abandoned. They isolate the child, even locking them away when guests visit the house.'

(Hezron Sande Likunda, Kenya – *Footsteps* reader)



Discrimination

Few opportunities are provided to integrate people with disabilities into the community. One example is discrimination during selection of employees.

The Christian Care Foundation in Thailand has trained a man with polio to use computers. 'He could live independently in the community, but there are no opportunities for him to do so.'



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2 Solutions

However, as these negative attitudes begin to change, the door begins to open. We can all have a role in making attitudes towards disability more positive.

Physical and mental development

Programme in Egypt developed by the United Nations Development Programme called *Ten Steps* which gives advice to parents on how to stimulate the development of their children.



Skills development

In Cambodia, 'Servants to Asia's Urban Poor' lobbies to get disabled children into mainstream schools. In Malaysia, Malaysian CARE runs a training centre to help disabled youths to build up their social skills.



Some social activities

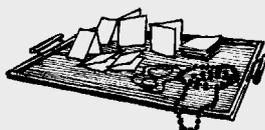
The Community Based Rehabilitation Service in Nepal always sets up awareness programmes in schools, churches and homes.



Create opportunities

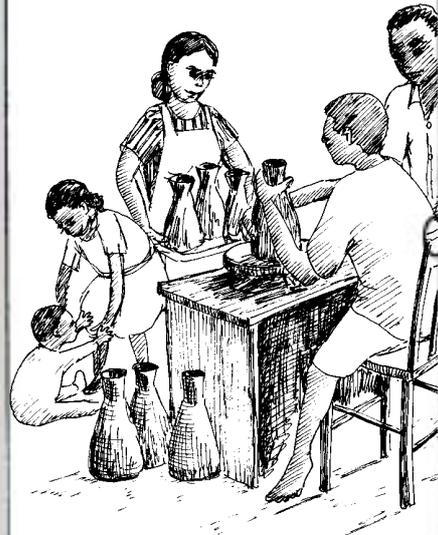
The Community Based Rehabilitation Service in Nepal always employs some disabled staff members.

Craft Aid Mauritius employ 120 people of whom a third have disabilities. They produce furniture, handicrafts, jewellery, bookmarks, gifts, sugar, flowers and honey.



3 God's viewpoint

Our goal should be the open door. An open door enables people with disabilities to live as God wants them to: without prejudice, and with opportunities to play a role in the community that uses their full potential.



Accepted

Created in God's image

Loved unconditionally

Part of the community

Valued

Discussion questions

- 1 What types of prejudice against people with disabilities exist in your community or country?
- 2 What should be the Christian attitude towards people with disabilities?
- 3 The first door shows some of the problems faced. The second door gives some solutions to these problems. Can you think of any other solutions? Can you think of some possible solutions to the prejudices you discussed in question 1?
- 4 What can you do to challenge prejudice against disability in the society in which you live: personally, as a church, as an organisation?
- 5 What can you do to help to include disabled people in your community: personally, as a church or as an organisation?

Sharing skills in beekeeping

by Michael Duggan and Paul Draper

Like many remote places in the world, the island of Rodrigues, 350 miles NE of Mauritius in the Indian Ocean, has a number of poor people with disabilities. The island is only eight miles by four miles in size with a rapidly growing population and few opportunities for work. People with disabilities had no hope of finding work with 90% unemployment on the island.

However the island has a good climate, varied vegetation and a good hard-working bee (*Apis mellifera*). In the past beekeeping was very popular and a lot of honey was produced. However, during the 1990s beekeeping declined like all other forms of agriculture. Beekeepers became discouraged; there was no leadership, no sharing of information and poor management.



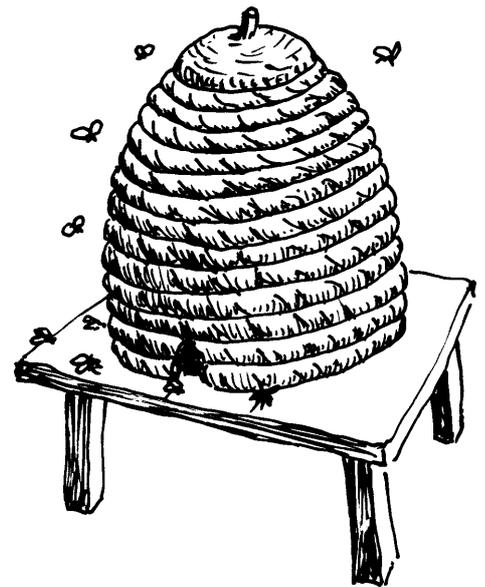
Thomas and his daughter Marylyne work together at Craft Aid offices.

Craft Aid, a local Mauritian organisation, set up a branch in Rodrigues in 1989. They started in a small way making cards and crafts. They quickly found many deaf or partially deaf children, destined for an unproductive life at home. They started a small school for them, which soon expanded to include partially sighted children as well. Their workshops grew and with them employment opportunities for people with disabilities. However, ideas were needed for new sources of income to enable the children to continue working when they left the school.

They decided to start processing honey and began looking for funding and expertise. A year later a beekeeper arrived, with experience of producing practical aids and tools for people with disabilities. With his advice, a processing department was established where people with disabilities could process and bottle honey. This would also be a centre that shared information and provided good quality beekeeping supplies for beekeepers on the island. Beekeepers would be paid immediately they brought their honey instead of perhaps waiting a year.

Problems

Various problems had to be overcome. There were many bee predators including chameleons, lizards, ants and termites. In addition, the island has to cope with extreme winds most years from November to March as it is in the



cyclone belt. There were also problems with processing the honey, including dirt, poor packaging and fermentation. If honey crystallised, local people believed this meant the beekeeper had put sugar in the honey.

Solutions were eventually found for all these problems but the island also has communication problems, so a plan was made to share information about good beekeeping practices.

Training

In the past our centre was criticised for not helping isolated people with disabilities, living far from roads. So we started a scheme to train these people at our centre in basic beekeeping. We set up a training centre with 12 hives, all made to modern designs and high standards and built in the Craft Aid workshops.

The aims were to:

- learn good beekeeping practices
- provide courses for disabled beekeepers or their dependents
- provide income to pay the wages of those employed in processing honey.

If the person with disabilities was unable to do the training course, we would train a member of their family who would then be responsible for involving them in the beekeeping. The whole family then benefited from the sale of the honey. Six monthly courses are run not just for people with disabilities and their families but for others as well. At the end of each course each trainee is provided

with a hive and colony of bees as long as they have prepared a proper fenced site at their home including a metal base (to prevent predators) and a water basin. They receive a loan to buy the necessary equipment which is gradually paid back out of the sale of honey. 'Outsiders' pay in full for the training and all their equipment and bees.

About 45 students have now attended the courses with most taking up the challenge to start beekeeping. The trainees and their families really benefit from the income raised, which can be quite substantial. They do not need to travel as we collect the honey frames and do the extracting, bottling and marketing for them. We encourage them to invest in equipment and supplies if they want to continue and grow.

Different abilities

Beekeeping can be usefully carried out by people with different abilities. As with almost all our work in Craft Aid, in order to be productive and competitive, we work in groups of people both with and without disabilities. This works well and they learn a lot from each other. Different operations can often be shared with other family members. For example, blind people can participate in activities such as frame cleaning and maintenance. People with hearing difficulties can usually work well with those with physical difficulties. People with learning disabilities can also help in many of the operations, working with someone without disabilities. Each person or group finds their own way of working. There are no set methods or rules.

Quality control

We now have nine people working full time in the honey bottling plant. We buy honey from 25 beekeepers on the island, of which 20 have people with disabilities within the family. Some have up to 60 hives, some have only one hive at present. All the honey we process has established standards of quality and packaging. Craft Aid have no difficulty in selling this honey. The income pays for our staff costs.

A beekeeper helps trainees with their new colonies of bees.

Sharing skills

The transfer of information continues. Help or advice is freely given. Beekeepers can buy good quality equipment and supplies from us, with the added benefit of a Master Beekeeper who visits once a year from the UK to advise and encourage in good beekeeping techniques.

However the response by the island's traditional beekeepers has been disappointing. They still use rum bottles, over-heat the honey and use dirty equipment.

The future

The entire project has so far proved very successful. It encourages high standards of beekeeping, better honey production of high quality honey, gives confidence to people with disabilities, encourages poor families often in desperate situations, but above all, produces income. A young beekeeper can earn an equivalent of two months' wages with the honey produced in the first year.

Several major threats remain; firstly what happens when the next cyclone hits the island? The hives can be tied down, but where will the bees feed if all the trees have been damaged?

The high quality of our honey means there is a good local market, particularly among the tourists, but new markets will be needed as honey production increases.

Finally, Rodrigues' bees seem free of diseases at present. If disease, particularly Varroa is introduced, it will be devastating for the island and its economy.

Paul Draper has been Director of Craft Aid since 1982. Michael Duggan has many years of experience as a Master Beekeeper. They can be contacted through Craft Aid, Camp du Roi, Rodrigues Island, Republic of Mauritius, Indian Ocean. Tel: 230 8311766, Fax: 230 8312276, E-mail: pdraper@intnet.mu

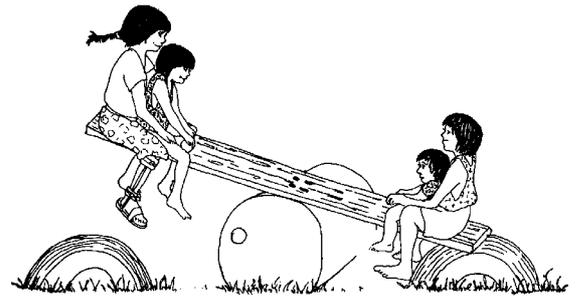
Useful information

More details on beekeeping and hive design can be obtained from Bees for Development, Troy, Monmouth, NP5 4AB, UK.
Tel: +44 (0)16007 13648
Fax: +44 (0)16007 16167
E-mail: busy@planbee.org.uk



Photo: Paul Draper

Working with children with disabilities



Having a child with disabilities is a challenge for all parents, whether they see the child as a punishment or, rightly, as a gift from God. Although most parents care for these children in the sense of keeping them warm, sheltered and fed, there is often little understanding of the importance and value of stimulating their development. It is easy to think that they can never respond or develop, but the experience of a centre for children with disabilities in North Africa shows that progress can be made.

Government-run organisations

There are a few government-run organisations that care for children with disabilities. These vary greatly in how they are run. Some places simply take children in, line them up against the wall and leave them there, without stimulating or teaching the children at all. With few inspectors, it is difficult to check on how well children are doing and on the effectiveness of the care they receive.

The centre

A group of parents who had children with disabilities, got together and thought about what they could do. Alone they felt isolated and helpless, but they realised that by working together, something could be done. Together they started a centre.



The centre now works with 18 children between the ages of 2 and 14, who have severe mental and physical disabilities. The children need a lot of help, so much of the focus at the centre is on physiotherapy work, such as helping them learn to sit and move. They concentrate on stimulating the main senses: sight,

sound, touch and smell. A group of staff also visit children in their homes providing healthcare and washing. A recent development is to look at the children's educational and social needs in addition to the physical care.

Though independent, the centre receives a certain sum from the government for each child attending. But there is very little money left for expansion and development, once salaries and running costs have been paid.

Teaching equipment

The centre copies existing pieces of equipment from the West and produces them locally. Imagination is used to produce equipment such as:

- touching (tactile) boards made from wood with various things attached such as a ball, a piece of scrubbing brush, kapok, which encourages children to touch
- an old unrepairable wheelchair converted into a shower chair by taking off the seat, putting a piece of wood on it and covering it with foam
- a trampoline made by sinking an old springy bedframe into the ground and covering it with a mattress
- a seesaw made from an oil-drum and a piece of wood
- hammocks, which are very safe for rocking in
- foam shapes covered with PVC: horseshoe shapes as seats, triangular shapes that the children can lie on, and tubular ones to play with
- stencils with bright shapes and colours to decorate the rooms.

Progress comes through small changes. For example, a child will start to touch a tactile board. A child in a swing will push herself off with her feet. A child will knock over a stack of bricks instead of just looking at it.



Photo: Jim Loring, Tearfund

Work and play

One of the biggest challenges at the centre has been to educate the staff about the idea of play. In a society where work is seen as all important, the idea of play simply does not exist in adult thinking. People do not see that play, either alone or in a group, is part of social development. When a new toy is introduced – for example a container with different shaped holes in the lid for



Physiotherapy exercises.

Discussion questions

Why might people think that children with disabilities cannot make progress? Is this the right attitude? If not, why not?

How important is it that the progress of children with disabilities is followed on an individual basis?

What can be done to help children with disabilities play a fuller part in your community? What role could you play as an individual, a church or as an organisation?

What local materials are available that could be transformed into appropriate toys for children with disabilities?

What kinds of support can you give to parents of children with disabilities, as an individual, church or organisation?

slotting shapes through – the staff will learn how to use it. Then they will give it to a child and expect them to know what to do with it. If they don't, the toy is seen as being no good. The staff have to be shown that the toy could be used in many ways. They could take the lid off and look inside, touch it, shake it, enjoy the colours and so on. They could forget the lid completely and put it on end.

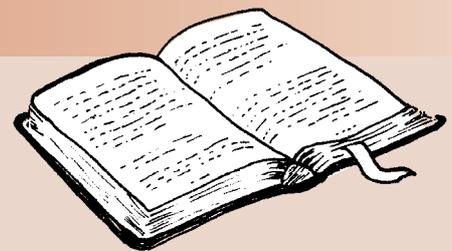
A whole change of attitude is needed so that the staff can really understand and enjoy 'play'. This also involves encouraging the children to explore toys. Some might not even touch one unless

they are encouraged. Believing that development is possible and realising how it can be encouraged, is part of the essential training that the staff need in order to be effective.

BIBLE STUDY

Disabilities: knowing your true value

by Alan Robinson



At a consultation on disability in Oxford 1998, it was said: 'We want our disabilities to be seen as part of the rich diversity that God has created. We want to be given the dignity that God has given us in our differences.'

Sadly, society in general so often overlooks the worth that God has given people with disabilities. In our planning, in our ways of working, we frequently fail to take into account the huge contribution people with disabilities can make.

Read Ephesians 2:10 and 1 Corinthians 12:7

We have all been made in the image of God – those with disabilities and those without disabilities. We have all been created for a purpose with something valuable to offer. All of us. God does not discriminate. People may discriminate, but God does not. People with disabilities have much to offer their communities, but like everyone they need an opening.

- *In our church, in our work, in our everyday life, how can we encourage those with disabilities to best use the gifts God has given them?*
- *Do we sometimes discriminate without really meaning to?*
- *What things in our society, in our culture, make it difficult for people with disabilities to reach their full potential? What could we do to improve the situation?*

Read Romans 5:1-11, 8:12-17

Jesus Christ died upon the cross so that we may be reconciled to God and know His perfect peace, whatever our physical condition. In Jesus Christ, all people can know their true value as sons and daughters of our Living God.

Alan Robinson works at Tearfund in the Latin America and Caribbean Team.

Sophal's story



by Rachel M Smith

Cambodia has one of the highest rates of people with disabilities in the world, partly a result of years of war and civil conflict. Nearly half of Cambodia's population is under the age of 18, so many people with disabilities in Cambodia are in fact children.

Difficult decisions

Many parents find it difficult to care for a child with multiple and severe disabilities. If one family member remains at home to care for the child, then there is one less person who can earn much needed income. With few rural support services, parents have difficult decisions to make and many will abandon the child to a government orphanage. In one orphanage located in the capital city of Phnom Penh, there are 60 children with disabilities out of a total number of 144 children.

Sophal has been living at a government orphanage for most of his life. He has severe epilepsy. Sophal does not have the ability yet to speak or to take care of his own basic needs. When I first met him, he sat tied in a chair for most of the day. The staff reported that Sophal had such severe seizures, they were afraid to let him play. Sophal often had large bumps on the left side of his forehead and continued to injure himself in the same place. How could we help Sophal?

Prosthetics in Cambodia

Many land mines still remain in Cambodia after the war. As a result, many of the services for the disabled have concentrated on providing artificial legs (prosthetics) and similar aids. One centre in Phnom Penh trained students to make these aids. They were asked to design something to help Sophal, using an

illustration from the book *Disabled Village Children* by David Werner.

The students were excited about the opportunity to help. It was a different challenge for them. They took the materials normally used for the prosthetic devices and moulded a 'helmet' to fit the exact shape of Sophal's head. The device was very lightweight and strong. It also matched the skin tone of Sophal so was not too noticeable.

Sophal's injury has finally healed. He walks around now and is beginning to

discover the world around him. I see his slightly crooked smile and I am grateful that people were willing to try something new in order to help Sophal.

Rachel M Smith works with the Disability Action Council (DAC) in Phnom Penh, Cambodia. This co-ordinates government, NGOs and international organisations working with and for people with disabilities living in Cambodia.

E-mail: rachel@council.d2g.com



The lightweight helmet designed for Sophal.

Photo: The Disability Action Council

Pezo

'The spirits had planned it.' Pezo would become one of those useless children who crawl around the ground all their life. She was born with a shortened tendon in her lower leg, extending her foot in such a way that she would never be able to walk.

When she was two, Pezo's mother brought her into the mission health centre on one of the rare occasions when a doctor was visiting. He examined the twisted foot and offered to operate and correct the deformity. But the family would have to travel 100 miles to the hospital, and the cost seemed too high. They stayed at home and worked in their fields. They had already been to the witchdoctor and he could do nothing. To them, it seemed pointless to fight the spirits.

Pezo continued to grow and crawl around. Her mother had a second baby girl. During the pregnancy they had increasing contact with the local mission nurse and trust began to grow. Then the mother found a patch of pale skin on her own face and was anxious in case it might be leprosy. The whole family travelled to the hospital to see the doctor. At the nurse's suggestion, the doctor delayed examining the mother until he had operated on Pezo's leg, putting it into plaster. Then he examined the pale skin on the mother's face and confirmed that she did not have leprosy. The family returned home, and Pezo began to stand on the plaster. It was a day of real triumph when she looked down at her baby sister and said, 'See, I'm bigger than you. I can stand!'

Pezo will always have a leg that is weaker and thinner than usual. After she recovered from the surgery she soon began to walk unaided. By the time she was old enough to go to school she was able to walk the six miles either way every day. She was able to take her full part as a productive member of the community.

Her parents recognised that God was more powerful than the spirits who surrounded them. Their friendly relationship with the staff of the mission health centre continued through the years. They often heard the good news of God's unfailing love, but continued to live in fear and bondage to those spirits.

Sandra Michie is a member of the Footsteps Editorial Committee and was a nurse in Zambia for 25 years.



Books Newsletters Training materials

A Curriculum Guide for Teaching Young Learning Disabled Children

by Robert Deller

This is a very useful and practical curriculum developed for those working with children who have mental disabilities. The curriculum uses a system of checklists to help identify what a child can do. An individual education plan can then be developed for each child, focusing on the skills that a particular child needs to learn. For example, physical skills include head control, learning to sit, learning to crawl, learning to kick a ball. The other categories are communication skills in developing language, fine motor skills, reading, writing and early number skills, self-help skills, and social development. The guide shows the reader how to teach skills in a simple step-by-step manner. Simple assessment checklists are provided. Ideas are also given for how to make useful teaching aids.

It is available in English and Arabic. The English version costs £16 (\$24) or (in Malaysia) RM 47. A **bank draft** payable to 'Malaysian Care' should be sent to:

Malaysian Care, Peti Surat 13230,
50804 Kuala Lumpur
Malaysia

E-mail: mcarespd@po.jaring.my
Website: www.mcare.org.my

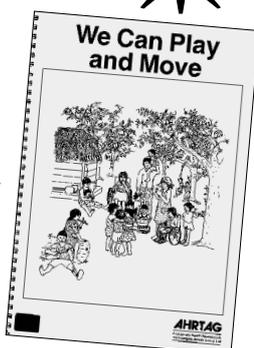
The Arabic version is available for £7 including postage, from:

ACT, BP 145, 1080 Tunis Cedex
Tunisia

We Can Play and Move



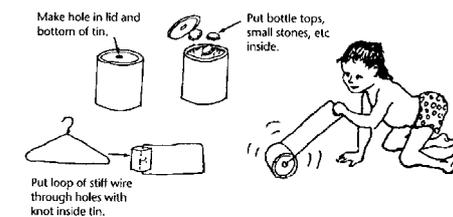
A very well illustrated manual showing activities to help disabled children learn to move through play. It is written in English but uses so few words it could be useful for readers in any



language. Single copies are FREE to developing countries; £6 (US \$12) elsewhere. It has recently been republished and is available from:

Healthlink Worldwide,
Farringdon Point,
29-35 Farringdon Road, London, EC1M 3JB
UK

Push-along noise toy



Disabled Village Children

An excellent and well illustrated guide for community health workers and families, written by the author of *Where There is No Doctor*. It has 654 pages packed full of practical and useful information. It is divided into three parts – working with the child and family, working with the community, and setting up workshops to produce aids, wheelchairs, braces and other equipment.

Highly recommended! It is available in English and Spanish and costs £14.75 including post and packing from:

TALC, PO Box 49, St Albans,
Herts, AL1 5TX
UK

E-mail talcc@talccuk.org

or \$25 from Hesperian Foundation,
1919 Addison Street, Suite 304, Berkeley,
California, 94704
USA

E-mail bookorders@hesperian.org

Urban Health and Development



by Beverley Booth, Kiran Martin and Ted Lankester

This is a practical manual for use in developing countries covering all kinds of issues which affect urban health. It is full of useful information for improving the quality of life for poor people in urban areas. This important book is available at a special half price introductory offer of £8 (US \$12) which includes surface postage. Single copies may be available

free to health workers in urban areas. Please write with brief details of your work to:

Health Manual Offer, PO Box 200
Bridgnorth, Shropshire, WV16 4WQ
UK

E-mail: roots@tearfund.org

HIV/AIDS fact sheets



A series of 19 fact sheets on all aspects about HIV/AIDS are now available from the UNAIDS website. They are available in four languages – English, French, Spanish and Russian – and several formats.

The World Health Organization (WHO)
Department of HIV/AIDS
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

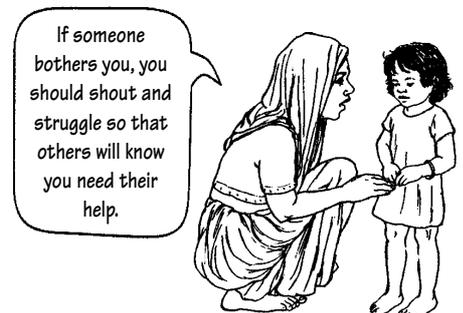
Website: www.unaids.org/fact_sheets/ungass/index.html

Helping Children who are Blind

by Sandy Niemann and Namita Jacob

Children who are blind need extra help as they learn to use their other senses (hearing, touch, smell and taste), particularly in the first five years of life. This is an excellent and comprehensive book full of practical and caring information. It is very well illustrated with plenty of low cost ideas for helpful resources. It contains information on understanding the degree of blindness, supporting children who are blind, learning activities, coping with everyday activities, safety, preventing sexual abuse, support at school and detailed charts on child development.

Highly recommended. It is available in English and costs £10.75 including postage from TALC (address above).



Epilepsy

A worldwide problem

There are an estimated 50 million people with epilepsy in the world. The majority of them (85%) live in the developing world, where there is often considerable discrimination due to ignorance about the condition and many difficulties in getting effective treatment. The Global Campaign against Epilepsy aims to overcome the medical and social barriers that affect the quality of life of those with epilepsy.

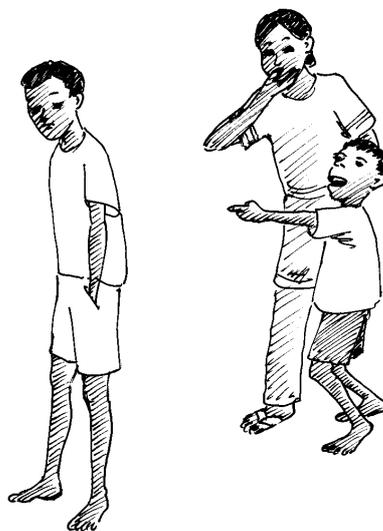
What is epilepsy?

Epilepsy is the name given to an imbalance of the nervous system that causes two or more seizures or fits. Seizures can range from very mild, affecting people's vision or attention for a few seconds, to major seizures with muscle spasms and lack of consciousness for a time. Epilepsy can start at any age, but usually either during childhood or in old age. There are more people with epilepsy in developing countries because malaria, meningitis, complications during birth and malnutrition lead to a higher risk of brain damage.

Social implications

Epilepsy is commonly misunderstood, partly because fits can be frightening to watch. It is often associated with the supernatural or demon possession. In countries such as Cameroon, India, Indonesia and Swaziland, people believe those with epilepsy are affected by evil spirits. In Uganda, epilepsy is believed to be contagious.

People with epilepsy are more likely to die young because of the risk of injuring



themselves during seizures. They also have a higher suicide rate, due to feeling isolated by their communities.

- Children with epilepsy in developing countries rarely receive an adequate education
- In China and India, people with epilepsy are rarely able to marry
- In the UK and US, laws prevented people with epilepsy from marrying until 20 or 30 years ago
- People with epilepsy find it much harder to find work.

Treatment

Effective medication can control seizures in most people. Yet despite this, three out of four people with epilepsy do not receive any treatment at all. This is largely due to a lack of finance. In Sub-Saharan Africa, there is only one neurologist for every four million people. Even when epilepsy is diagnosed and drugs are available, they are often expensive and of low quality. The

Discussion questions

Have your beliefs about epilepsy changed after reading this article? Could you help others change their views?

How many people do you know with epilepsy? What is their status within their community? Could you help change this?

Where can people obtain medical help for epilepsy?

What could the church do to improve the status of those with epilepsy?

majority of people turn instead to traditional healers. However, the treatment of epilepsy worldwide could be achieved, at a likely cost of \$5 per person per year.

The Global Campaign against Epilepsy

In response to these problems, a global campaign against epilepsy called 'Out of the Shadows' has been launched. The campaign aims to improve the treatment and prevention of epilepsy. It also aims to tackle the social stigma associated with the disorder in many countries. So far over 50 countries have joined the campaign. This is a vital first step since few countries yet have national policies for epilepsy. Information has been gathered from more than 1,200 representatives in over 100 countries. It is clear that, all over the world, the social consequences of epilepsy are usually more difficult to overcome than the seizures themselves.

Adapted from WHO Fact Sheet No 166.

Further information can be obtained from: Gregory Hartl, 'Out of the Shadows', WHO, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland

E-mail: hartlg@who.int

WHO home page: www.who.ch



Published by: Tearfund, 100 Church Rd, Teddington, TW11 8QE, UK

Editor: Dr Isabel Carter, PO Box 200, Bridgnorth, Shropshire, WV16 4WQ, UK

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