DISABILITY AND REHABILITATION STATUS

REVIEW OF DISABILITY ISSUES AND REHABILITATION SERVICES IN 29 AFRICAN COUNTRIES

DISABILITY AND REHABILITATION TEAM

WHO - GENEVA

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ABBREVIATIONS USED IN THIS DOCUMENT

ADL	Activities of daily living
ADD	Action for Disability & Development
AIFO	Italian Association Amici di Raoul Follereau
AVSI	Association of Volunteers Overseas
CBM	Christoffel Blinden Mission
DAR	Disability & Rehabilitation Team
HI	Handicap International
ILO	International Labour Organization
MBEC	Ministry of Basic Education and Culture
MHE	Ministry of Higher Education, Vocational Training, Science and Technology
MOE	Ministry of Education
MOF	Ministry of Finance
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services
MOL	Ministry of Labour
MOLHW	Ministry of Labour & Human Welfare
MOSA	Ministry of Social Affairs
MOSW	Ministry of Social Welfare
MRLGH	Ministry of Regional, Local Government and Housing
NAD	Norwegian Association of Disabled
NUDIPU	National Union of Disabled Persons of Uganda
OURS	Organised & Useful Programme
SCF	Save the Children Fund
SIDA	Swedish International Development Agency
USDC	Uganda Society for Disabled Children
WHO	World Health Organization

Foreword

This report is based on information related to disability issues and rehabilitation services, provided by 29 countries of Africa. We shall like to thank all these countries for their collaboration.

This report is a result of close collaboration between Regional Office of WHO in Africa, the different WHO representatives in different countries and the Disability and Rehabilitation (DAR) team in WHO/Geneva.

We hope that the information presented in this report will stimulate an assessment of existing gaps and definition of new policies and strategies in providing equal opportunities to all disabled persons in Africa as foreseen in the United Nations Standard Rules. We believe that sharing of information in this report will promote strengthening of networking and inter-country cooperation in Africa.

We also hope that it will stimulate interest in other countries of Africa, not included in this report, to collect and provide similar information related to disability issues and rehabilitation services, for future updating of this report.

It is hoped that this report will be useful in focusing the attention on needs for rehabilitation services and the existing gaps in Africa, for the monitoring of a plan of action for **African Decade of Disabled Persons (2000 – 2009**).

Thanks are expressed to Governments of Norway and Sweden for their valuable support for the preparation of this report.

We shall like to thank Dr. Massimo Giannellli and Dr. Sunil Deepak for the compiling this report from the information provided by the countries.

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INTRODUCTION

The information used for preparing this report has been collected in different ways and at different periods of time.

Information about 33 countries was collected during 1997 and 1998, when four inter-country workshops on the Role of Community-Based Rehabilitation (CBR) in Primary Health Care were held in Africa with the aim of supporting the countries in Africa to develop CBR programmes to ensure a better quality of life for all persons with disabilities (PWDs). All countries participating in these workshops were requested to compile a module about information on the situation of rehabilitation services and the status of existing policy and legislation related to disability in their countries.

The thirty-three (33) countries were: Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Congo Brazzaville, Eritrea, Ethiopia, Gabon, Guinea, Guinea Equatorial, Ivory Coast, Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Rwanda, Senegal, South Africa, Swaziland, Tanzania, Tchad,Togo, Uganda, Zambia, and Zimbabwe.

Unfortunately, the information provided by 9 countries (Angola, Benin, Guinea, Côte d'Ivoire, Lesotho, Mali, Niger, Tchad and Togo) was not available for preparing this report. Thus information from only 24 countries was available for this report.

In addition, a "Needs Assessment Survey" of disabled people in Liberia, carried out by an NGO, was provided by the WHO Regional Office for Africa. This information provided by an NGO has also been included in this document.

On the basis of these twenty-five (25) country reports, a draft document was prepared, '*Disability and Rehabilitation Status – A review of disability issues and rehabilitation services in 25 African countries'*. In May 2000, this draft document was sent to the 25 countries included in the report for corrections and for additional information.

The same draft document was also sent to the remaining nine countries, whose information was not included in the report. They were asked to provide updated information to WHO/DAR for completing this report. Among these countries, information has been received only from Tchad, and this has been included in the present document.

In November 2002, an inter-country meeting for French-speaking African countries was organised in Benin and additional information from Angola, Democratic Republic of Congo and Togo were received and were added to this report, bringing the total to 29 countries.

This document is organised in *three parts*:

(A) Part 1 - A global **review** of the information provided by different countries in Africa to analyse the general trends and to identify any special developments.

(B) Part 2 - The **country profiles** of the 29 countries providing information in a standard format.
(C) Part 3 - A **summary table** of the information provided in individual country profiles.

The information collected from the different countries, presented under the country profiles, can be grouped into the following *eight broad categories*:

1) *Demographic situation*: This comprises data on the country's size, population and geographic features that influence the provision/delivery of rehabilitation services. It also includes figures on the most recent national or local disability survey, if any, or an estimate of the number of persons with disability according to age, sex and type of disability, and the five most common causes of disability.

2) *Legislation*: This includes relevant information on the Disability Act and/or Laws, and National Policies on disability issues adopted by the Governments.

3) *Ministries' involvement*: This describes the Ministry which, has the highest responsibility for providing services to persons with disability and their families; information is also given on the other ministries involved in disability issues and the inter-sectoral co-ordination which might take place in the country.

4) *Nongovernmental Organizations (NGOs)*: It includes the main NGOs providing rehabilitation services in the country, the areas covered by those services and information about any specific target population groups (e.g. children, blind persons, deaf persons, etc.). It also provides information about the extent of co-ordination of NGOs activities by the Government services.

5) *Disabled People's Organizations (DPOs)*: This includes the main DPOs, specific groups of persons with disability they represent and their involvement in policy development and management of services to persons with disability. It also includes information on any National Forum/Committee on disability in the country.

6) *Community-Based Rehabilitation (CBR)*: A description of CBR activities in the country is provided. It includes information on the geographical area involved, on CBR workers (the training they received, whether they are paid personnel and/or volunteers) and figures on number of persons with disability served.

7) *Support services*: This includes information about any financial support to persons with disability and/or their families. It covers any financial assistance /allowances/ disability grants or disability pensions provided by the Governments, special support services rendered to persons with disability (e.g. interpreters for the deaf persons, any material produced in Braille, personal assistants to physically disabled persons, etc.) as well as the provision of assistive devices. Comments on the general accessibility of the physical environment to persons with disability have also been provided.

8) *Research and evaluation*: this includes comments on: a) any research conducted in the countries that has influenced services for persons with disability; and b) any inter-country collaboration in Africa related to disability and rehabilitation.

Thus this report is based on information collected at different times and occasions, and in different ways. In spite of this, it is hoped that it will stimulate countries to review the information provided and provide updates to WHO/DAR for improving it. It is also hoped that countries from Africa, not included in the present report, will be able to provide information, so that their country profiles can be added to this report.

CAUSES OF DISABILITY

The countries were asked to list the most important causes of disability in their countries. Out of the 29 countries, 8 countries didn't provide information about this subject.

The most frequent single cause of disability identified in this review seems to be 'road accidents', identified by more almost 60 percent of the countries, who answered this question. On the other hand, the importance given to certain disabling diseases may be linked to their social impact, stigma and visibility as, for example, with polio and leprosy.

Some of the information provided may not be based on any survey and could represent the social importance of an issue rather than its numerical importance. For example, one of the countries has mentioned only one common cause of disability, that is, epilepsy.

The main causes of disabilities identified by the countries can be sub-grouped in the following categories, according to their importance:

1. **Infectious diseases**: Infectious diseases seem to be the most common cause of disability among the countries considered for this report. In this group, the most common causes mentioned by more than 50 percent of countries, are *poliomyelitis and leprosy*. Other important causes mentioned by about 15 percent of countries include – *meningitis, measles, onchocerciasis and malaria.*

2. **War, trauma, accidents:** This is the second most important cause of disability in this review. The most common cause among this group, mentioned by 60 percent of the countries is 'road accidents'. The second most important cause in this group is wars, mentioned by one third of all the countries. Other important causes, mentioned by about 15 percent of countries include land mines and work related accidents.

3. **Congenital and non-infectious diseases**: These causes of disability come third in the importance given to them by the countries. The most common cause mentioned by more than 50 percent of countries is congenital malformation. This is followed by epilepsy, mentioned by more than 15 percent of the countries. Finally, less frequent causes, mentioned by about 10 percent of the countries include ageing, psychiatric illness and sickle cell anaemia.

4. **Poverty, and health services related causes**: The most common cause mentioned by more than 20 percent of the countries is disability due to faulty injections and wrong treatment. Other causes mentioned under this group include poverty and lack of adequate medical services.

LEGISLATION

Countries were asked to provide information about any national policies developed specifically for disability issues and about any specific laws dealing with issues like health care, rehabilitation, education, employment, social benefit, etc. for persons with disability.

In December 1993, the "**Standard Rules on the Equalisation of Opportunities for Persons with Disabilities**" were adopted by the *United Nations General Assembly* through resolution 48/96. These rules offer an instrument for policy making at national level . They also provide a basis for technical and economic cooperation among States, the United Nations and other international organizations.

Countries adopting a national policy about disability, may also have a national committee on disability and rehabilitation for co-ordinating all the related activities. Some countries can have a national policy on disability but this may not be accompanied by specific laws and decrees for their implementation. On the other hand, some countries do not have a document on national policy about disability, but they may have specific laws and decrees related to disability issues.

The participants at the first inter-country workshop on the role of CBR, held in Cotonou (Benin) in October 1997 recognised that the majority of states in the sub-region had not adopted specific policies or programmes related to disability. The recommendations made at this workshop included the following – specific policies and programmes for disabled persons should be adopted and strengthened; sufficient resources should be allocated for educating the public and for implementing the UN Standard Rules.

The analysis of information provided by the different countries shows the following:

Countries with specific national policy and/or significant specific laws on disability:
These include Botswana, Cameroon, Ethiopia, Gabon, Madagascar, Mozambique, Namibia, South Africa, Tanzania, Tchad, and Zambia.
Two other countries, Eritrea and Senegal, have prepared National policies on disability, which are awaiting endorsement.
Democratic Repulic of Congo reports about a national plan for visual impairments.
Finally, both Uganda and Zimbabwe have specific disability policies as part of the General Health Policy.

Countries where national policy on disability is being prepared: These include Burkina Faso, Central African Republic, Rwanda and Swaziland.

Countries without a specific national disability policy: These include Angola, Burundi, Equatorial Guinea, Kenya and Togo.

Information not available from Liberia, Malawi and Mauritania.

MINISTRIES' INVOLVEMENT & INTERSECTORAL COLLABORATION

Rehabilitation is a process aimed at enabling people with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels; providing them with the tools to change their lives towards a higher level of independence. To effectively answer the different rehabilitation needs of disabled persons, like health, assistive appliances, education, employment, transport, etc., different ministries need to be involved.

Countries were asked to name the different ministries involved in disability issues, if they had a lead ministry responsible for disability and rehabilitation and finally, if they had any multi-sectoral committees promoting inter-sectoral collaboration.

A. In a *majority* of countries, the **Ministry of Social Welfare (MOSW)** or the Department of Social Welfare is the lead ministry for disability and rehabilitation. Sometimes, the same Ministry may also be responsible for other sectors like labour, community development, health, gender, war victims, etc. Countries where the Ministry/Department of Social Welfare is incharge of disability and rehabilitation activities include: Angola, Burkina Faso, Burundi, Cameroon, Central African Republic, Congo Brazzaville, Democratic Repulic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Kenya, Mozambique, Namibia, Swaziland, Uganda and Zambia.
   Among these countries, only Democratic Repulic of Congo, Kenya, Namibia and Uganda mentioned the presence of a *multi-sectoral committee* with the role of promoting inter-sectoral collaboration. Many countries reported a lack of inter-sectoral co-ordination and collaboration among the different ministries involved in disability and rehabilitation.

B. In some countries, the **Ministry of Health (MOH)** is the lead ministry, co-ordinating all activities related to disability and rehabilitation issues. These countries include Botswana, Tanzania, Tchad, Togo and Zimbabwe. In Swaziland, it is the Ministry of Health and Social Welfare, which is the lead ministry. Among these countries, only Botswana was reported as having a multi-sectoral committee to co-ordinate activities with other ministries and to promote inter-sectoral collaboration.

C. In a *few* countries, different ministries including MOH and MOSW are involved but there is **no lead ministry**, with the role of co-ordinating different activities. These countries include Madagascar, Rwanda, Senegal and South Africa. None of these countries mentioned the presence a multi-sectoral co-ordinating committee.

D. Finally, **no information** was available for the following countries: Liberia, Malawi and Mauritania.

DISABLED PEOPLE'S ORGANIZATIONS (DPOs)

United Nations Standard Rules emphasise that persons with disabilities, and their parents, guardians, advocates and organizations, must be active partners with States in the planning and implementation of all measures affecting their civil, political, economic, social and cultural rights. Rule 18, of the Standard Rules proposes that
"*States should encourage and support economically and in other ways the formation and strengthening of organizations of persons with disabilities, family members and/or advocates*."

In the majority of the countries covered under this report, there are organizations of disabled people, which are involved in awareness building, advocacy, networking, etc. Often, Governments involve them in the planning of national policies and some times they also implement field activities. In some cases, DPOs representing different disabilities join together under an umbrella organization, to co-ordinate their actions and add greater impact to their advocacy activities.

The following **table** presents a summary of information about *presence and roles of DPOs in different countries*:

Country	No. of major DPOs	Umbrella org.	Collaboration with Government
Angola		ANDA	
Botswana	4		In policy development
Burkina Faso	Many	FEBAH	
Burundi	1	UPHB	
Cameroon	4		In policy development
Central African Rep.	2		
Democratic Republic of Congo	2		
Equatorial Guinea	2		In policy development
Eritrea	3		In policy development
Ethiopia	6		In policy development
Gabon	12		
Kenya	8	UDPK	
Madagascar	2	UNAHM	
Mozambique	11		
Namibia	9		In policy development
Rwanda	13		In National rehab plan
Senegal	Many		Policy development & field activities
South Africa	6		In policy development
Swaziland	4	FDPS	In policy development
Tanzania	Many		In policy development
Tchad	11		Policy development & field activities
Uganda	6	NUDIPU	In policy development
Zambia	6		Policy development & service management

No information about DPOs was received from the following countries: Congo Brazzaville, Liberia, Malawi, Mauritania & Zimbabwe

NON-GOVERNMENTAL ORGANIZATIONS (NGOs)

(National & International)

Countries were asked to provide information about national and international NGOs present in the country with activities related to disability and rehabilitation. Countries were also asked about the main activities of the NGOs and if these activities were being co-ordinated in some way.

Traditionally, religious NGOs have been involved in providing care services and running institutions for persons with disabilities in many countries.

From the information provided by the countries, the following general trends emerge:

1) The presence of many NGOs, including religious NGOs, which manage institutions and care services in most of the countries.
2) Precise information about the NGOs and their activities are often not available.
3) Some NGOs are involved in supporting community based rehabilitation (CBR) activities.

Some countries provided information about collaboration with *international NGOs* for activities related to disability and rehabilitation. These include:

- Eritrea, collaborating with AIFO and NAD for CBR programme;
- Gabon, collaborating with HI and CBM for provision of technical aids and assistive devices;
- Madagascar collaborating with HI for assistive devices;
- Mauritania, collaboration with AIFO for CBR programme;
- Senegal, collaboration with the Red Cross or IFRC for CBR programme;
- Swaziland, collaborating with SCF for CBR programme;
- Togo, collaborating with Handicap International and Christtofen Blinden Mission.
- Uganda, collaborating with NAD, ADD, AVSI and OURS for training of community workers, income generation activities and supply of mobility aids;
- Zimbabwe, collaboration with the Red Cross or IFRC for CBR programme.

Country	National NGOs active in disability & Rehab activities	Areas of activities
Angola	3	
Botswana	Many	Vocational training, education
Burkina Faso	6	Services for disabled children
Burundi	3	
Cameroon	Many	Rehab. institutions, care services
Central African Republic	6	
Equatorial Guinea	2	
Eritrea	4	Rehab. institutions, care services
Ethiopia	11	Rehab services in urban areas
Gabon	2	Assistive devices, care
Kenya	14	Complement the governmental activities

Country	National NGOs active in disability & Rehab activities	Areas of activities
Madagascar	Many	Vocational training, health care, education
Mozambique	Some	Complement and support Governmental activities
Namibia	Few	Vocational training, Rehab. Institutions, care services
Rwanda	7	Support Governmental activities
Senegal	8	Rehab. Institutions, care services, support Governmental activities
South Africa	4	Community based rehabilitation (CBR)
Swaziland	5	Education, orthopaedic appliances, vocational training, community based rehabilitation
Tanzania	5	Rehab institutions, care services
Tchad	Many	
Uganda	2	Training, assistive appliances, income generation activities
Zambia	5	Assist disabled children and adults

For the following countries information is not available: Congo Brazzaville, Democratic Republic of Congo, Liberia, Malawi, Mauritania & Zimbabwe.

COMMUNITY-BASED REHABILITATION (CBR)

CBR is a strategy within community development for the rehabilitation, equalisation of opportunities and social integration of all Persons/people with disability (PWDs).The community-based approach to disability and rehabilitation has been adopted by several governments in Africa and they have National Policies on CBR. However, there are only a few national programmes of CBR among the twenty-six countries covered under this report.

There is no national programme where *multi-sectoral* CBR activities cover the whole country. In most cases, under the national programmes, pilot CBR projects have been started in some areas of the countries. Some of these CBR programmes receive technical and other support from international NGOs. Some of them focus only on one specific sector of activities such as health-related activities, vocational training courses or inclusive education-related activities. The *table* on the next page provides some information about these CBR programmes.

A few countries, for example, Gabon, Mauritania, and Senegal report that national CBR programmes were started in the past but have been *discontinued* due to financial and/or organizational problems. Togo reports that CBR programme is difficult to start because of lack of resources.

Two countries, Burkina Faso and Congo Brazzaville, reported that they are *planning* to start national CBR programmes.
Another group of countries report that they have no national programmes of CBR but *NGOs* manage some CBR projects in limited areas of the countries. These include Angola, Burkina Faso, Central African Republic, Ethiopia, Rwanda, and South Africa.

Finally, another group of countries do not have any national CBR programme. These include the following: Burundi, Cameroon, Equatorial Guinea, Liberia, Madagascar, Malawi, Tchad and Zambia. No information about CBR projects managed by NGOs in these countries was available.

During the inter-country workshop held in Benin in October 1997 the following factors had emerged as the major difficulties in starting national CBR programmes:

1. Lack of competence / training;
2. Weak involvement of the community / insufficient information;
3. Difficulties related to the adoption of the policy and the programme / lack of co-ordination;
4. Insufficiency of infrastructures;
5. Lack of a political will.

The recommendations of the participants of this workshop included strengthening of referral service support for rehabilitation and integration of CBR programmes in the primary health care system.

Existing National CBR Programmes*

Country	National CBR Programme	Comments
Botswana	Has a national programme of CBR under MOH	Activities covering mainly health related activities with CBR workers paid by Government.
Democratic Republic of Congo	CBR started in 2001	
Eritrea	The national CBR has six pilot areas in all the six regions, under department of social welfare.	Multi-sectoral programme; ADL, vocational training and inclusive education; Has a national team of CBR; supported by AIFO and NAD.
Gabon	Pilot CBR in an area of Libreville in 1995. *Interrupted* due to lack of resources.	
Kenya	CBR pilot under MOH covering 7 districts.	With technical support from Uppsala university, London university and SIDA
Mauritania	National CBR started in 1989 with technical support from WHO. *Interrupted*.	Initially supported by AIFO
Mozambique	Pilot CBR projects covering small areas in different regions of the country under MOSW.	
Namibia	National CBR started in a pilot area of 10 villages in Tsandi division.	
Senegal	National CBR started 1988; *interrupted* due to lack of resources.	Initially supported by the Red Cross or IFRC.
Swaziland	National CBR started in 1990, covering all regions of the country except one.	With support from SCF.
Tanzania	A national CBR covering 40 pilot villages under MOSW.	Started with support from ILO; focusing on income generation activities.
Uganda	CBR program covering 13 pilot districts while special education activities cover all 39 districts.	Multi-sectoral programme with paid CBR workers and community volunteers; has national steering CBR committee

* Information provided is updated up to September 2000 for Eritrea, Gabon, Mozambique and Uganda.

Zimbabwe	National programme in eight (8) pilot districts in 1988 and then gradually expanded.	Originally started by the Red Cross or IFRC then passed to Government.

SUPPORT SERVICES

Countries reported that support services are provided by the social, health, education, information, labour and environment sectors. The nature and role of support services differ from country to country.

Some governments provide grants to NGOs and DPOs working for people with disability. This is the case in Burundi, Cameroon, Central African Republic, Ethiopia, Rwanda, Tanzania and Zambia.

In most countries, the *social sector* provides social and financial assistance to PWDs in the form of disability grants, social pensions for victims of the war, financial compensations to employees injured at work and care grants. In Eritrea, personal assistants to physically disabled persons are subsidised both by the government and nongovernmental organizations. Some countries have set up social development funds or trust funds to provide social support (e.g. Kenya).

H*ealth sector* support focuses on specialized rehabilitation services, early detection of disabilities and a health information system. These activities are mainly city-based. Uganda has reported the development of a core rehabilitation package at the district level.

The *educational sector* provides special education programmes, for example, in Kenya and Botswana; in the latter, resource classrooms for children with mental disabilities and hearing impairments have been organized. Special schools for the deaf have been set up in Ethiopia, Tanzania and Uganda, whereas in Gabon education programmes for PWDs are provided by DPOs and NGOs. The information about educational support in the country reports, is still mainly in terms of 'special education' and not 'inclusive education' and this may be an area for CBR programmes for future development.

Material production in Braille is made available in several countries, either through the government (Congo, Ethiopia, Namibia, Senegal, Tanzania, and Zambia) or through NGOs or DPOs, as in Kenya and South Africa. Mozambique receives material in Braille from external sources while it is not available at all in Botswana, Equatorial Guinea and Rwanda.

Several countries train sign language interpreters, either through public training as in Botswana, Congo, Ethiopia, Senegal, Swaziland and Zambia, or through NGOs and DPOs, as in Equatorial Guinea and Kenya, or through both (government and non-governmental organizations) as in Rwanda and South Africa. Often, interpreters for the deaf are only available at central level, as in Congo, Equatorial Guinea and South Africa.

Support services in the *environment sector* focus on the improvement of the physical accessibility of buildings. In general, it can be remarked that the accessibility of the physical environment is very poor in all countries; most of the buildings in towns are inaccessible to PWDs and even more so in rural areas. A lot still needs to be done to improve this aspect.

The *employment and income generation sector* places emphasis on skills and vocational training programmes, job placement of PWDs, and accessibility to funds for setting up income generating activities. In Angola, Ministry of Social Affairs is involved in vocational training and income generation. In Burkina Faso, Kenya and Uganda, training of disabled people in vocational skills is wholly financed by the government. In addition, in Uganda, a number of PWDs were employed by the state in the 1970s as sheltered workers. In Gabon, vocational training is provided by non-governmental organizations. In Tanzania, the CBR programme is focusing mainly on income generation with support from ILO.

Apart from the above mentioned support services, the social and/or health sector also provide assistive devices such as hearing aids, visual aids, prosthetics, orthotics and wheelchairs, even though a tremendous backlog in the provision has been reported by all countries. Three different ways for allocating devices have been indicated:

a) In some countries the provision of assistive devices is free of charge to all users through the government or external donors, religious institutions, DPOs and NGOs. This can be seen in Congo, Kenya, Gabon, Madagascar, Mozambique and Swaziland (in Swaziland, only orthotics are provided completely free of charge). Countries reported that the involvement of non-governmental organizations in the management of most support services needs to be co-ordinated.

b) In other countries, service users are required to contribute while governments are still responsible for the larger portion of the cost of orthotics and prosthetics. This is the case in Rwanda, Senegal, South Africa and Uganda.

c) Finally, users may be asked to pay for the assistive devices, according to their own income, which means that the provision may range from free of charge to full cost. This is the case in Burkina Faso, Cameroon, Eritrea, Ethiopia and Zambia.

Many countries reported that their *orthopaedic workshops* and maintenance and repair services are either centralised and not serving the population in rural areas, or completely lacking. Botswana, Equatorial Guinea and Eritrea indicated that a maintenance and repair service for assistive devices, is regularly supported by the government. In Uganda, on the other hand, maintenance of wheelchairs is the responsibility of parents of PWDs. In South Africa, such a service exists but is not well co-ordinated: some hospitals provide it, but the majority do not. The Governments of Mozambique and Swaziland provide devices (prosthesis and wheelchairs) and repair services through CBR programmes.

INTERNATIONAL COLLABORATION

International and regional collaboration on disability and rehabilitation among African countries has good potential for development and strengthening. Six countries have expressed desire for increased collaboration: Central African Republic, Congo, Equatorial Guinea, Madagascar, Mozambique and South Africa. For eleven (11) countries, no information is available about their international collaboration.

Five countries have indicated inter-country collaboration as members of the African Rehabilitation Institute (ARI), namely: Botswana, Ethiopia, Namibia, Senegal, Uganda and Zambia. The African Rehabilitation Institute was conceived by the Organization of African Unity (OAU) for the purposes of capacity building and research in rehabilitation. It collaborates with governments utilising the available expertise in the countries. ARI has a ?Technical Advisory Committee composed of members from governments and NGOs. It is responsible for identifying priorities and monitoring rehabilitation programmes.

Kenya, Tanzania and Uganda indicated informal international collaboration on exchange of information, training and development of CBR.

CONCLUSIONS

Following are the main conclusions that may be drawn from a general analysis of twenty-six reports about the disability and rehabilitation status in Africa. It is clear that much still needs to be done and greater attention should be paid to advocacy, prevention of disability, provision of rehabilitation services and health promotion.

- Preventable and/or curable diseases like polio, leprosy, etc. continue to produce significant number of disabilities. Road accidents are an increasing cause of the disabilities. Many new cases of disability are due to war and landmines.

- There is need for developing National Policy on disability along with related laws and decrees for implementing the policy in many countries.

- Co-ordination among different ministries involved in the provision of services to PWDs is often weak or even absent. Co-ordination through a national inter-sectoral committee of rehabilitation has been useful in some countries.

- DPOs are still weak and fragmented in many countries. Their involvement in policy development and management of services to PWDs needs to be strengthened.

- Networking among government sectors and NGOs is poor. Some countries have promoted partnerships and complementary activities between governmental services and the NGO managed services.

- Many governments have accepted the multi-sectoral CBR strategy at National level. How ever, this is not always accompanied with implementation of CBR programmes in the countries. Often, the CBR activities may be limited to a few pilot areas or to specific sectors. In some instances, there are only NGO-managed CBR projects. Lack of resources for starting or sustaining CBR programmes is a problem in many countries.

- Provision of referral rehabilitation services is mainly limited to central and intermediate levels, while few services are accessible at community level.

- The general accessibility of the physical environment to PWDs seems to be poor in almost all the countries considered in this review.

The regional and international collaboration among different countries in Africa needs to be strengthened.

PART TWO: BRIEF COUNTRY REPORTS

ANGOLA[1]

Total population	12.000.000
People in rural areas	No data
N° of PWDs	305.284 in 2002

✓ **Causes of disability**

✓ **Common disabilities associated with**:

✓ **Legislation**
Lack of national policy for promoting community based rehabilitation services.

✓ **Ministries involved**
Ministére de l'Assistance et Réinsertion Sociale (MINARS), Ministry of Health, Ministry of Old Cmbatants and war veterans.

✓ **NGOs**
Angolan League for rehabilitation of physically disabled (LARDEF), AMIGA, LICUDA and Handicap International. Lack of coordination between different stake-holders.

✓ **DPOs**
National Association of Disabled Angolans (ANDA)

✓ **CBR**
Currently, there is no national CBR programme. There is some development of comunity activities related to landmine victims, vocational training, etc., however community activities are not carried out in an integrated manner.

✓ **Support services**
MINARS is involved in supporting disabled persons and families through vocational training, etc.

✓ **Research and evaluation**

[1] Added in December 2002

BENIN[2]

Total population	6.200.000
People in rural areas	70%
N° of PWDs	Estimate 434.000

- ✓ **Causes of disability**

- ✓ **Common disabilities associated with**:

- ✓ **Legislation**
  A national policy on CBR exists.

- ✓ **Ministries involved**
  Ministry of Family, social protection and solidarity.

- ✓ **NGOs**
  Geneve Tiers-Monde (GE TM), Fondation Liliane, Terre des Hommes, A.F.O.M., Handicap International

- ✓ **DPOs**

- ✓ **CBR**
  Managed by Ministry of Family, social protection and solidarity. Started as pilot project in 2 zones in September 1989 in collaboration with French National Liason Committee for rehabilitation of Disabled (CNFLRH). Success of these initial experiements have resulted in gradual extension of CBR programme in many other areas. At present it covers Comé, Cotonou II, V & VI, Akpro-Missérété, Toffo, Zou, Borgou and Atacora (in 27 out of 80 administrative units).

- ✓ **Support services**

- ✓ **Research and evaluation**

[2] Updated in December 2002

BOTSWANA

Total population	1.5 million
People in rural areas	66.2% of PWDs' population in 1991
N° of PWDs	10 % according to WHO criteria

✓ **Causes of disability**

No data

✓ **Common disabilities associated with**:

Seeing; mobility; hearing and speaking; mental illness.

✓ **Legislation**

The National Policy on care for PWDs was approved and adopted by the government in 1996; presently it is in the process of being implemented.
There are no known laws or acts specifically for disability. However, different types of legal orders include PWDs.

✓ **Ministries involved**

Office of the President (which provides political leadership and support in the provision of services for PWDs); Ministry of Health; Ministry of Education. The responsibilities under the following 3 Ministries are still to be implemented: Ministry of Local Government, Lands and Housing; Ministry of Labour and Home Affairs; Ministry of Works, Transport and Communications. Co-ordination is facilitated through a multisectoral National Co-ordination Committee on Disability that is chaired by the Deputy Permanent Secretary of the Ministry of Health and attended by senior government officials from all sectors.

✓ **NGOs**

There are a number of organizations, which mainly offer vocational skills and education. Co-ordination is through the Botswana Council for the Disabled (NGO) and the Rehabilitation Services Division for PWDs (MOH).

✓ **DPOs**

There are four organizations in the country. They are involved in policy development mainly through consultations with government ministries.

✓ **CBR**

At the central level there is a CBR Programme Unit under the Rehabilitation Division for PWDs (MOH). The national programme started in 1981 and the services provided are, among others: audiology and speech, physiotherapy, orthopaedic rehabilitation and referral services. CBR workers are paid by the government and the training received in CBR is either external or internal; it is provided mainly during workshops and seminars organised by the MOH.

✓ **Support services**

The government provides education (there are resource classrooms for children with mental disabilities and hearing impairments) and trains teachers as interpreters for the deaf. Botswana does not produce any materials in Braille. Wheelchairs and hearing aids are provided free of charge at government facilities. Prosthetics and visual aids (the latter only available in one hospital) are provided, at government facilities, at a minimal cost. Checks in and maintenance of wheelchairs are granted by the Orthopaedic Workshop, which is under the Rehabilitation Services Division (MOH).

✓ **Research and evaluation**

A population census with a strong component on disability was done in 1991.
Also, Botswana is a member of the African Rehabilitation Institute.

BURKINA FASO[3]

Total population	11 million (1996)
People in rural areas	No data
N° of PWDs	2% (1996)

✓ **Causes of disability**

Meningitis; polio; sequel of injection; measles; malnutrition (vitamin A and Iodine deficiency); congenital / perinatal diseases; leprosy.

✓ **Common disabilities associated with**:

Seeing; mobility; hearing and speaking.

✓ **Legislation**

A National Policy on Disability is being finalised. A law, related to disability, was adopted in 1986 with respect to health, education, public transportation, environment and tax system.

✓ **Ministries involved**

Ministère de l'Action Sociale et de la Famille[4]**;** Ministry of Health, Ministry of Education and Ministry of Employment are all involved in disability issues. The private (mostly religious) sector has a very strong impact on disability domain.

✓ **NGOs**

There are six main organizations in the country. They look after all types of disabled persons, especially under 14s. There is a lack of co-ordination among the organizations and with the government. International NGOs include Handicap International and ADD.

✓ **DPOs**

There are 60 associations covering all types of disabilities. La Fédération Burkinabé des Associations pour la Promotion des Personnes Handicapées (FEBAH) is the umbrella body which co-ordinates all of them.

✓ **CBR**

Currently, there is no national CBR programme (it is being finalised). In the country, in three zones pilot CBR projects are run by NGOs.

✓ **Support services**

The government helps PWDs, especially children, providing food and clothes; it also promotes employment and prevention (illness and injuries at work). Assistive devices are purchased or free of charge according to the income of the individual.

✓ **Research and evaluation**

[3] Updated in Decmber 2002

[4] *Ministries* in Italic have the main responsibility for disability issues in the country.

Burkina Faso networks with Togo and Senegal to improve the exchange of professionals and to decrease the cost of technical devices on the market.

BURUNDI[*]

Total population	6.087.951
People in rural areas	93%
N° of PWDs	Estimated 5-8%

✓ **Causes of disabilities**

Meningitis, polio, sequel of injections, measles, malnutrition, Vitamin A & Iodine deficiency, leprosy, war (including land-mines), accidents, congenital defects and psychiatric disorders.

✓ **Common disabilities associated with**:

Seeing, hearing, mobility, multiple disabilities.

✓ **Legislation**

There is no disability Act / Law or National Policy on disability issues. However the constitution, based on principles of non discrimination and equality, protects PWDs as individuals.

✓ **Ministries involved**

Ministère de l'Action Sociale et de la Promotion de la Femme; Ministry of Health. The former has the main responsibility for disability issues and co-ordinates intersectoral activities.

✓ **NGOs**

There are three organizations in the country; their activities are co-ordinated by the Department of Social Affairs.

✓ **DPOs**

UP.H.B. (Union des Personnes Handicapées) is the Organization that looks after all disabled persons. There is no National Forum / Committee on disability in the country.

✓ **CBR**

There is no CBR programme in the country.

✓ **Support services**

Government provides subventions to private centres and allowances for injuries at work (through the National Institute of Social Security).

✓ **Research and evaluation**

No research influencing services for disabled persons has been conducted.

[*] Information updated up to September 2000

CAMEROON[*]

Total population	14.439.000 in 1998
Age distribution	44.3% below 15 yrs, 3.2% above 65 yrs
People in rural areas	Over 80%
N° of PWDs	10% according to WHO criteria

✓ **Causes of disability**

Leprosy; polio; onchocerciasis; accidents (road and work); children diseases; consequences of injections and medical therapy; sickle cell anaemia.

✓ **Common disabilities associated with**:

Mobility; hearing; seeing; mental illness.

✓ **Legislation**

Cameroon has a 1983 law supporting education, vocational training and socio-economic integration of PWDs and management of the environment. The law has been enforced with two further decrees in 1990 and 1996. Through the latter, a national committee on disability has been set up; it is an advisory body which co-ordinates actions related to PWDs.

✓ **Ministries involved**

*Ministry of Social Affairs***;** MOH; MOE; MOL . The MOSA works closely with and co-ordinates other ministries.

✓ **NGOs**

There are many private institutions for rehabilitation spread all over the country, and the Ministry of Social Affairs supervises all of them.

✓ **DPOs**

There are four organizations and they take part in the establishment of policies and in the management of services for PWDs. The Ministry of Social Affairs provides their activities with technical supervision.

✓ **CBR**

Currently, there is no national programme implemented in the country.

✓ **Support services**

Government subsidises NGOs and private institutions; also provides disability allowances and pensions. Assistive devices are given free of charge or purchased according to income.

✓ **Research and evaluation**

An impact assessment of the activities carried on by the Ministry of Social Affairs was done in 1994. No information is given on the inter-country collaboration.

[*] Information updated up to September 2000

CENTRAL AFRICAN REPUBLIC[*]

Total population	3.4 million
People in rural areas	66% of PWDs in 1988
N° of PWDs	37.808 in 1988

✓ **Causes of disability**

Acquired diseases (65%); congenital diseases (12%); accidents (11%); other (12%).

✓ **Common disabilities associated with**:

Mobility; seeing; hearing.

✓ **Legislation**

There is no National Policy on disability. A bill with respect to protection of disabled persons will be discussed in the near future.

✓ **Ministries involved**

Ministère des Affaires Sociales de la Promotion de la Famille et des Handicapés.

✓ **NGOs**

There are six organizations in the country and they are supervised by the government.

✓ **DPOs**

There are two organizations in the country promoting advocacy, education and social integration of PWDs. One of the two is subsidised by the government.

✓ **CBR**

There is no national CBR programme, mostly due to financial constraints. Few CBR projects are run by NGOs in the country.

✓ **Support services**

Government gives subventions to associations and organizations dealing with disabled persons. There are no special support services for PWDs. Assistive devices are imported from abroad, with the exception of prosthesis and orthosis, which are produced in the country by NGOs.

✓ **Research and evaluation**

A national census is conducted in the country every ten years. There is no involvement in international collaboration.

[*] Information updated up to September 2000

CONGO – BRAZZAVILLE

Total population	1.912.432 in 1984. Estimated to be 3.6 million in 2000
People in rural areas	No data
N° of PWDs	No data

✓ **Causes of disability**

Leprosy; polio; sickle cell anaemia; malaria.

✓ **Common disabilities associated with**:

Seeing; mobility; hearing and speaking.

✓ **Legislation**

There is a 1992 law on protection, promotion and education of PWDs but it is still without a decree of enforcement. Also, issues related to disabilities have not been taken into account in the implementation of the National Health Plan.

✓ **Ministries involved**

*Ministère de la Solidarité Nationale, des Sinistrés et Victimes de Guerre***.** Other public institutions and government-controlled bodies are involved in disability issues, such as CNSS, CHU, the health centre for leprosy R. Poaty and the national psychiatric service.

✓ **NGOs**

No information available.

✓ **DPOs**

No information available.

✓ **CBR**

There is currently no CBR programme in the Congo. A national programme will be launched and will take place in 1999 – 2001 covering 11 regions of the country.

✓ **Support services**

The government provides interpreters for the deaf and material in Braille. Devices are given free of charge by charities and other associations. A lack of repair services for wheelchairs is claimed. However, most of special support services rendered to PWDs are at central level.

✓ **Research and evaluation**

The Congo doesn't take part in any inter-country collaboration. No research influencing services for disabled persons has been conducted.

DEMOCRATIC REPUBLIC OF CONGO[4]

Total population	60.000.000
People in rural areas	No data
N° of PWDs	4.200.000 in 2002

- ✓ **Causes of disability**
  Infectious diseases (polio, leprosy, onchocercosis, trypnosomiasis, meningitis, etc.), nuturitional and degenerative diseases (konzo, HTA, gout, rheumatoid arthritis, diabestes, vitamin A deficiency, etc.), accidents and trauma, war injuries, poisoning, congenital and obstetrics.

- ✓ **Common disabilities associated with**:
  Motor, visual, auditory, mental (related especially to the war) and social

- ✓ **Legislation**
  A national plan for visual impairments has been prepared while the primary health care (PHC) services have been reorganised for promoting integration of CBR in PHC.

- ✓ **Ministries involved**
  Ministry of social Affairs and labour (MSAL), Ministry of Health, Ministry of education, Ministry of national defence and police, Ministry of human rights. An inter-ministerial coordination committeee also exists.

- ✓ **NGOs**

- ✓ **DPOs**
  Fédération Congolaise des personnes handicappées, Syndicat des personnes Handicapées at MSAL.

- ✓ **CBR**
  A national programme of CBR has been started in November 2001

- ✓ **Support services**

- ✓ **Research and evaluation**

[4] Added in December 2002

EQUATORIAL GUINEA

Total population	406.151
People in rural areas	62%
N° of PWDs	0.5%

✓ **Causes of disability**

Polio; leprosy; accidents; congenital diseases; others.

✓ **Common disabilities associated**:

Mobility.

✓ **Legislation**

There is no disability Act / Law or National Policy on disability issues.

✓ **Ministries involved**

Ministère des Affaires Sociales et de la Condition Féminine is the only one responsible for disability issues.

✓ **NGOs**

There are two organizations in the country; there is not yet co-ordination with governmental services.

✓ **DPOs**

There are two organizations in the country and they are involved in policy-making and services management of services for PWDs. There is no National Forum / Committee on disability.

✓ **CBR**

There is no programme run in the country.

✓ **Support services**

Government provides disability allowances. Interpreters for the deaf are formed by the Red Cross only at central level. Material in Braille is not available. Wheelchairs are donations from the government and the Red Cross; also, they both take care of the repair services.

✓ **Research and evaluation**

Research on disability has not been conducted in Equatorial Guinea. Also, the country is not involved in inter-country collaboration.

ERITREA[*]

Total population	2.7 million (rough estimation)
People in rural areas	80%
N° of PWDs	5-7%

✓ **Causes of disability**

War (including land mines), diseases and ageing, accidents, congenital defects and psychiatric disorder.

✓ **Common disabilities associated with**:

Mobility, Seeing, Hearing-speech, Learning, Chronic fits, Strange behaviour, Leprosy, Multiple

✓ **Legislation**

In 1998, with involvement of all concerned ministries, representatives of DPOs and communities at grass-root level, drafted first National Policy for disabled people. Awaiting endorsement.

Though the Government had not developed a specified National Policy for the disabled persons, certain issues are cited in the Micro Policy Programme with respect to care and participation.

✓ **Ministries involved**

The Ministry of Labour and Human Welfare (MoLHW) is responsible for disability issues. All the other ministries concerned are also responsible for providing services to PWDs and formulating policies regulation research, training, monitoring and evaluation of activities by regional offices, which implement policies and regulations and plans of action developed at national level.

At peripheral level, co-ordination takes place among all the Ministries through local government. The local office of MoLHW is responsible for the integration of children with disabilities in special school and on referral of PWDs for treatment. MoH is involved in training about different disabilities for the local supervisors in the field.

✓ **NGOs**

There are four national NGOs operating in the country. They provide deaf children with education, cater for leprosy patients and other types of disabled persons. Monasteries also take care of some persons. Support received from international organizations like WHO, UNICEF, AIFO & NAD. The government co-ordinates, assists and facilitates the work of NGOs in planning and implementing programmes.

[*] Information updated up to September 2000

✓ **DPOs**

There are three organizations in Eritrea; they represent PWDs in the committee set up to design the national policy. MoLHW coordinates.

✓ **CBR**

The CBR national programme started as a pilot project in 1996. It was successful in addressing the needs of PWDs, and therefore the Government replicated the programme in all six zones of country. The constraints encountered are: 1) lack of adequate health facilities & referral services. 2) Local supervisors are running the programme on a voluntary basis in addition to their regular work. 3) The low level of education of supervisors. 4) Nomadic life condition of some population groups. 5) War with neighbouring country.

✓ **Support services**

The Government provides financial support to war disabled persons and blind students. Personal assistants for physically disabled persons are subsidised both by governmental and non governmental organizations. The Ministry of Education produces text books in Braille. The government, supported by international donor organisations, finances the initial outlay as well as the maintenance of assistive devices for PWDs who cannot afford to pay; it charges a minimum price for those who can pay.

✓ **Research and evaluation**

A study on disability has been conducted in the country in 1992; it has identified that 80% of the total PWDs were living in rural areas. Health centres and hospitals have been constructed in all zones but for specialized medical treatment, persons have to come to the cities.

In 1998, evaluation of CBR programme in Debub region was carried out.

In 1999, a national survey has been started on social and economic conditions of disabled people. Reports of this survey, not yet finalized.

ETHIOPIA

Total population	53 million in 1994
People in rural areas	88.5%
N° of PWDs	1.8%

✓ **Causes of disability**

Low standard of living; malnutrition and undernourishment; natural and man made disaster; accidents; leprosy; polio.

✓ **Common disabilities associated with:**

Seeing; hearing; mobility; multiple disabilities.

✓ **Legislation**

Government proclaimed "The rights of disabled persons to employment proclamation" in 1994, to protect them against employment discrimination. Government also launched the developmental social welfare policy in November 1996: disability is treated with respect to care, education and employment.

✓ **Ministries involved**

Ministry of Labour and Social Affairs. Under this Ministry the Rehabilitation Affairs Department at central level is in charge of providing rehabilitation services for PWDs. Ministry of Health and Ministry of Education are also involved in addressing disabled peoples' needs. So far there is no co-ordination of rehabilitation services in the country; however there is indirect co-operation between government and NGOs.

✓ **NGOs**

There are many organizations involved in rehabilitation services in the country. There are eleven major NGOs. They deliver services to all types of disabled persons even though most of them focus their services in urban areas and their coverage is very much limited.

✓ **DPOs**

Numerous associations and self help groups of PWDs have emerged in the country. There are six which are well known and which are involved in the formulation of policies and proclamation related to disability issues.

✓ **CBR**

Historically, CBR was initiated in 1983 with a pilot project in two provinces. At the moment, there are few CBR programmes both run by NGOs and the governmental institutions. The exact number of people they serve is unknown but such services are spread all over the country even though located in towns. As a result, the majority of disabled persons in the rural areas are left unaided.

✓ **Support services**

The Ministry of Labour and Social Affair provides financial, technical and material aids to associations, individuals and families of PWDs. There are interpreters for the deaf and four deaf schools in the country, supported by governmental and non governmental organizations. There are schools for the blind and material in Braille is produced by DPOs. Wheelchairs and other devices are distributed to the needy either free of charge or according to the income of the individual. This service is provided by the government and some NGOs.

✓ **Research and evaluation**

Appropriate research for PWDs has not been conducted in the country so far. As for inter-country collaboration, Ethiopia is a member of the African Rehabilitation Institute and an affiliate member of Rehabilitation International.

GABON[*]

Total population	1.350.000
People in rural areas	85%
N° of PWDs	data not reliable

✓ **Causes of disability**
Polio, epilepsy, accidents, congenital malformations.

✓ **Common disabilities associated with**:
Mobility; seeing; hearing; mental illness.

✓ **Legislation**
There are several decrees related to PWDs with respect to social protection, National Day of Disabled People, education of deaf/dumb, and the set up of a National Committee for Co-ordination of CBR. A law was adopted in 1996 on social protection related to education, care, prevention, employment and training of disabled persons.

✓ **Ministries involved**
Ministry of Social Affairs; MOH; MOE. La Caisse Nationale de Securité is also involved.

✓ **NGOs**
There are four NGOs (two international, HI and CBM; two national, Fondation Horizons nouveaux & SOS Handicapés). They are only present in Libreville. They provide technical aids and raise awareness on the physical accessibility of the environment.

✓ **DPOs**
There are 12 organizations in Libreville. A few of them are present in the regions. They focus on education of children with disabilities and counselling.

✓ **CBR**
A national CBR programme was started in 1995 in one area of Libreville, covering 110.000 inhabitants. It has been carried on by the government together with local NGOs and DPOs, and the technical support of WHO. After the initial training, funds were not available and the project didn't start.

✓ **Support services**
The government provides PWDs with financial support and technical assistance (wheelchairs, glasses, crutches, etc.). DPOs and NGOs provide vocational training, education and assistive devices (wheelchairs in particular).

✓ **Research and evaluation**
A survey about disabled persons was carried out in 1997. The data from this survey are still not available.

[*] Information updated up to December 2002

KENYA

Total population	Projected population of 29 million
People in rural areas	No data
N° of PWDs	About 2.9 million according to WHO estimate

✓ **Causes of disability**

Accidents (road and domestic); malaria; measles; congenital diseases; leprosy.

✓ **Common disabilities associated with**:

Mobility; seeing; hearing; mental illness.

✓ **Legislation**

There is no law, which deals with disabled persons per se. However the constitution, based on the principles of non discrimination and equality, protects PWDs as individuals.

✓ **Ministries involved**

Ministry of Culture and Social Services (responsible for disability issues); Ministry of Health (responsible for provision of preventive, promotive ,curative and rehabilitative services). The former co-ordinates the National Committee for Rehabilitation whose members include: MOH; MOE; MOL; Office of the President; DPOs and NGOs. The main role of this body would be to co-ordinate activities related to disabilities and to implement the policies related to the same.

✓ **NGOs**

There are a number of NGOs with 14 major ones. In terms of co-ordination with government services, the NGOs usually supplement what the government does; at the same time the government provides personnel to some of the NGOs. There is also an exchange of information between the two parties.

✓ **DPOs**

There are various organisations (eight main ones) and most of them are involved in unilateral activities pertaining mainly to their type of impairment. United Disabled Persons of Kenya (UDPK) is a recent national umbrella organisation comprising most of the main organisations.

✓ **CBR**

The Ministry of Health started implementing a CBR programme in 1990 through support from SIDA. The programme was initially piloted in three districts as a component of Primary Health Care; now it is in four other districts. The capacity building of people working in the programme has been achieved through the collaborative efforts of Uppsala University, London University, Ministry of Health and SIDA.

✓ **Support services**

The government provides PWDs with: education, assistive devices, vocational training and job placement. DPOs grant interpreters for the deaf and material in Braille.

✓ **Research and evaluation**

There has been an initiative in inter-country collaboration between Kenya, Uganda and Tanzania. No information about research in disability is available.

LIBERIA

Total population	2 million
People in rural areas	No data
N° of PWDs	16.4%

✓ **Causes of disabilities**

a) Acquired (91,5%) : trauma (55,9%) [including accidents (12,7%) and war related (43,2%)] and disease (35,6%) [including poliomyelitis, leprosy and filariasis].
b) Congenital (3,5%);
c) Others (5%).

✓ **Common disabilities associated with**:

Mobility (60,2%); seeing (23,9%); hearing/speaking (6,8%); multiple disabilities (0,9%); others (9,1%).

✓ **Legislation**

No information available.

✓ **Ministries involved**

No information available.

✓ **NGOs**

No information available.

✓ **DPOs**

The National Union of the Organizations of the Disabled (NUOD), umbrella body set up in 1995, represents 20 groupings of disabled persons. Its prime role is to keep the disabled unified, advocate for their rights and improvement and also to establish programmes and intervention strategies in which they would be the principal beneficiaries and participants.

✓ **CBR**

No information available.

✓ **Support services**

No information available.

✓ **Research and evaluation**

No information available.

MADAGASCAR[*]

Total population	15 million
People in rural areas	80 %
N° of PWDs	7-8%

✓ **Causes of disability**

Polio; stroke; leprosy; congenital diseases; malnutrition; drug and alcohol consummation; Alzheimer's disease, cerebral palsy.

✓ **Common disabilities associated with**:

Mobility; hearing; seeing; mental illness.

✓ **Legislation**

The government voted a law in 1998 which guarantees equal rights to PWDs; a decree to enact the law is being prepared. service for co-ordinating the care of disabled persons has been set up; its main task is to develop a national policy to address the following: prevention and early detection of disabilities, and promotion of CBR.

✓ **Ministries involved**

Ministry of Population and Ministry of Health play the main role in addressing disability. There is a lack of intersectoral collaboration.

✓ **NGOs**

They include religious congregations, parents' associations, cultural and sporting associations and Handicap International. They provide PWDs with vocational training, education, free health centres and assistive devices.

✓ **DPOs**

UNAHM (Union des Associations d'Handicapés de Madagascar) and IKORIANTSOA, as the main organizations which supported the law on equal rights for PWDs.

✓ **CBR**

There is no CBR programme in the country. However, the catholic organisations involve communities in addressing the needs of disabled persons.

✓ **Support services**

The government provides PWDs with a little support in terms of care, disability allowances, prosthesis and orthosis. Services for the deaf are provided by the Norwegian mission, whereas services for the blind and wheelchairs are provided by donors.

✓ **Research and evaluation**

Research has recently been done on orthosis for clubfoot. There is not yet collaboration with other countries.

[*] Information updated up to September 2000

MALAWI[*]

Total population	10 million people
People in rural areas	No data
N° of PWDs	Estimated 8.3%

✓ **Relevant information**

It is estimated that only about 11% of PWDs have access to medical rehabilitative care. Vaccines have reduced the occurrence of several childhood diseases, particularly the occurrence of measles and polio. Despite these remarkable achievements enormous health problems remain unsolved. Absolute levels of mortality have remained unacceptably high.

[*] Information updated up to September 2000

MAURITANIA

Total population	No data
People in rural areas	No data
N° of PWDs	100.000

✓ **Causes of disability**
No data available.

✓ **Common disabilities associated with**:
mobility (37%); seeing (27%); hearing/speaking (20%); mental illness (14%); multiple disabilities (0.2%).

✓ **Legislation**
No data available.

✓ **Ministries involved**
No data available.

✓ **NGOs**
No data available.

✓ **DPOs**
No data available.

✓ **CBR**
As a national programme, CBR started in 1989 with WHO technical support, financial support from an NGO (AIFO) and DPO intervention. Achievements: education of disabled children, rehabilitation care (medical and technical), integration of PWDs in the work market. Unfortunately, the programme has been interrupted more than once due to financial and organisational constraints.

✓ **Support services**
No data available.

✓ **Research and evaluation**
No data available.

MOZAMBIQUE[*]

Total population	17 million
People in rural areas	No data
N° of PWDs	Estimated 5.8%

✓ **Causes of disability**
War; landmines; accidents; consequences of malaria, meningitis and poliomyelitis.

✓ **Common disabilities associated with:**
Mobility; seeing; hearing. Mental disability is also common.

✓ **Legislation**
There are several laws and decrees in support of disabled people's rights (included in the constitution of 1990). It is the Government's duty to promote and enforce assistance to PWDs through rehabilitation services and education. A specific policy for persons with disability has been approved in June 1999.

✓ **Ministries involved**
Ministry of Social Welfare; Ministry of Health; Ministry of Education; Ministry of Culture, Youth and Sport; Ministry of Labour. A real collaboration is lacking (irregular meetings and seminars are held).

✓ **NGOs**
None of them is independent. They provide the government with technical support.

✓ **DPOs**
There are eleven (11) organizations of disabled persons of which, five (5) have been formed recently.

✓ **CBR**
There is a CBR national programme run by the Ministry of Social Welfare since 1993. It is implemented all over the country (in small areas) and covers more than 2000 PWDs.

✓ **Support services**
The government provides disability allowances; education for children and some devices (plus reparation) through the CBR programme; prosthesis; visual and hearing aids. Wheelchairs and other devices come from other sources (churches, DPOs, etc.), even if Government also produces these in small quantities. There are interpreters for the deaf while material in Braille is received from external sources. No subsidies to PWDs are paid.

✓ **Research and evaluation**
Neither inter-country collaboration nor research in disability are carried on in Mozambique.

[*] Information updated up to October 2000

NAMIBIA

Total population	1.401.711 in 1991
People in rural areas	No data
N° of PWDs	3.11%

✓ **Causes of disabilities**

Epilepsy.

✓ **Common disabilities associated with:**

Seeing; mobility; communication.

✓ **Legislation**

The national policy on disability, recently adopted by Parliament, suggests that legislation known as the Disabled Persons Act will be proposed. It will make provision for the establishment of a National Council on Disability. The council shall monitor and evaluate the implementation of the national policy.

✓ **Ministries involved**

Ministry of Lands, Resettlement and Rehabilitation; Ministry of Health and Social Services; Ministry of Regional, Local Government and Housing; Ministry of Basic Education; Ministry of Higher Education, Vocational Training, Science and Technology. All Ministries belong to the Technical Working Committee at the national level. This is a platform for consultations which is composed of representatives of various governmental and nongovernmental organizations.

✓ **NGOs**

There are very few organizations which train PWDs in vocational skills and run care centres.

✓ **DPOs**

There are 9 organizations; they are involved in the development of the national policy on disability through consultations. Services provided to PWDs by DPOs are mainly capacity building oriented.

✓ **CBR**

The government has adopted CBR as the main strategy for the implementation of programmes on rehabilitation, equalisation of opportunities and integration of PWDs. The national CBR programme is currently being piloted in Tsandi division and covers about 10 villages.

✓ **Support services**

The government provides disability grants and social pensions. The following special support services and assistive devices are either granted to PWDs by the Government or by nongovernmental organizations: material in Braille, interpreters for the deaf,

wheelchairs (complex and lengthy process to obtain them), hearing aids, visual aids, prosthetics.

✓ **Research and evaluation**

A national survey to determine the population of PWDs was done in 1991, however, this was restricted to identification and not to needs' analysis.

Namibia is a full member of the African Rehabilitation Institute and may, on a formal basis, collaborate with membership countries on rehabilitation and disability issues. It has also been formally collaborating with South Africa on policy issues. A number of informal collaborations were and are being undertaken with Ghana, Malawi and Zimbabwe.

RWANDA[5]

Total population	8 million
People in rural areas	No data
N° of PWDs	7-10% (WHO estimate) 0.58% (Handicap International in 1995) 1.83% (Christoffel Blinden Mission in 1997)

✓ **Causes of disability**

The war in 1994 has been the major cause of disability in the last years; epilepsy is also reported as an important cause.

✓ **Common disabilities associated with**:

Mobility; seeing; hearing; mental illness.

✓ **Legislation**

A National Policy on disability is in the process of being established by the MOH. There are no laws or decrees with respect to disability.

✓ **Ministries involved**

Different ministries are involved in different fields related to disability: MOH, Ministry of Gender and Social Affairs, MOE, MOL, Ministry of Transport and Defence, Ministry of Finance, Ministry of Justice, Home Office. No information is given on specific collaboration within the government.

✓ **NGOs**

There are seven organizations in the country; they work together with the government, especially with MOH, MOE, MOSA and Home Office.

✓ **DPOs**

There are thirteen organizations working together with MOSA on the development of a National Programme on Disability Prevention and Rehabilitation. There is a national federation of these local DPOs.

✓ **CBR**

There is not yet a national programme but CBR activities are carried on by NGOs, DPOs and Ministry departments.

✓ **Support services**

The government gives subventions to centres, associations and national NGOs which deal with PWDs. Public health services are at a minimal cost. Disability allowances are provided. Centres and interpreters for the deaf are supported both by the Government and religious institutions. No material in Braille is produced. Devices are at a minimal cost.

[5] Updated till December 2002

✓ **Research and evaluation**

Three surveys on disability have been carried out by the government and NGOs in 1994, 1996 and 1998.

Concerning international collaboration, DPOs are part of an International Federation and take part in annual forums and seminars.

SENEGAL[6]

Total population	8.5 million
People in rural areas	60%
N° of PWDs	10% of population in 1988.

✓ **Causes of disability**

Accidents (road and work); landmines; polio; diabetes; onchocerciasis; congenital diseases.

✓ **Common disabilities associated with**:

Mobility; seeing; hearing and speaking.

✓ **Legislation**

A national policy has been elaborated and it is now in the process of being validated. There are no explicit laws or acts on disability. However, a decree supports education of disabled children since 1984.

✓ **Ministries involved**

Different ministries have different responsibilities: MOH; Ministry of Family, Social Action & Solidarity; MOE; MOL. There is a lack of intersectoral collaboration.

✓ **NGOs**

There are a number of organizations in the country (eight main ones).They all have an advisory involvement in policy making and provide materials and technical support in the implementation of services to PWDs.

✓ **DPOs**

There are several organizations that are involved in policy development and management of services to PWDs.

✓ **CBR**

Currently, there is no national programme. One CBR programme was started in 1988 by the Red Cross but has been suspended due to financial constraints.

✓ **Support services**

The government provides pensions for war invalids, financial assistance to PWDs (in terms of rehabilitation services and assistive devices), and subventions to associations dealing with disabled persons. Interpreters for the deaf and material in Braille are available through DPOs.

✓ **Research and evaluation**

[6] Updated till December 2002

Senegal carries on research in appropriate technologies. Also, it is a member of the African Rehabilitation Institute.

SOUTH AFRICA

Total population	37.859.000
People in rural areas	43%
N° of PWDs	Disability prevalence of 4.7% in 1995

✓ **Causes of disability**

Violence, accidents, poverty, lack of information, unhealthy lifestyles and environmental factors.

✓ **Common disabilities associated with**:

Seeing; mobility; hearing and speaking; mental illness.

✓ **Legislation**

The Green Paper on the Integrated National Disability Strategy was published in 1996 for public comment and afterwards has been transformed into a White paper. The Department of Health is developing Policy Guidelines on disability prevention and a national policy on rehabilitation. There is no explicit act nor law concerning disability. As is the case with many aspects of South African society, services for disabled people were mainly catering to the needs of white clients. The new government is doing everything possible to make services accessible to all groups.

✓ **Ministries involved**

Ministry of Health; Ministry of Education; Ministry of Welfare; Ministry of Labour.
The office of the Executive Deputy President has opened the "Office on the Status of Disabled Persons", which is responsible for ensuring that all the ministries commit resources in order to change conditions of disabled persons. A co-ordinating structure is being formed to ensure that co-ordination also takes place at the operational level.

✓ **NGOs**

There are four organizations active in the disability sector, and the health services are delivered through a PHC system supported by about 3000 clinics. The Department of Health has established a subdirectorate for disabilities at national level, which is charged with the duty of liaison with NGOs. This function is also established at provincial level, which ensures that there is co-ordination with NGOs involved in the provision of rehabilitation services.

✓ **DPOs**

There are six main organizations represented in structures, which are involved in policy-making. The National Co-ordinating Committee on Disability was established in 1993 to serve as a co-ordinating and advisory body to the government on disability matters. Membership falls within three main categories, namely: government departments, national disability service/welfare organisations and national DPOs.

✓ **CBR**

Currently, there are 3 existing CBR programmes, whose services are mainly provided by the nongovernmental sector.

✓ **Support services**

Adult disabled persons and the families of disabled children receive grants from the government. Interpreters for the deaf, only available at national level, are provided both by the government and DPOs. Sign language training is made available by the government while material in Braille is produced by DPOs. Wheelchairs and other devices are mainly supplied by hospitals and the government is responsible for the larger portion of the cost. Maintenance service is not well co-ordinated; some hospitals provide a repair service, but the majority do not.

✓ **Research and evaluation**

Limited and not co-ordinated disability research has taken place. It tends to focus on the health and/or social welfare aspect of disability. No formal inter-country collaboration agreement has been entered into.

SWAZILAND

Total population	965.859 in 1997
People in rural areas	Ranging from 68% to 95% according to different regions
N° of PWDs	No data

✓ **Causes of disabilities**

No data

✓ **Common disabilities associated with:**

Mobility; seeing; hearing; mental illness.

✓ **Legislation**

The Federation of the Disabled of Swaziland is in the process of developing a national policy on disability. Currently there are no acts nor laws on disability in the country.

✓ **Ministries involved**

Ministry of Health and Social Welfare; Ministry of Home Affairs; Ministry of Education. No information available on intersectoral collaboration.

✓ **NGOs**

There are five organizations operating in the country. Two of them are donor funded, one is privately owned and one receives subventions from the Government. They provide education, prosthesis and orthosis, vocational training, physiotherapy, establish CBR projects and promote the integration of disabled children.

✓ **DPOs**

There are four organizations plus an umbrella body, called the Federation of Disabled People in Swaziland. Its role comprises: advocacy, fund raising, running regular meetings, influence the policy formation and linking the different disabled associations.

✓ ***CBR***

A national programme was started in 1990 as a joint venture between the Ministry of Health and an NGO (Save the Children Fund). CBR is now implemented in all regions except one (Shiselweni).

✓ **Support services**

The Ministry of Health and Social Welfare, through the Department of Social welfare, provides public (financial) assistance. Braille literature is produced by an NGO. Assistive devices such as wheelchairs, hearing and visual aids, are provided either by charity organizations or by the Government. Disabled persons generally have to pay for their prosthesis themselves. Funds are also allocated through the CBR programme for provision and maintenance of devices.

✓ **Research and evaluation**

In 1993 an evaluation exercise was undertaken for the CBR Programme established in 1990. No information has been given on international involvement of Swaziland.

TANZANIA

Total population	30 million in 1996
People in rural areas	Majority of people (no percentage is given)
N° of PWDs	According to WHO estimate it is between 2.7 to 3 million

✓ **Causes of disability**

No data

✓ **Common disabilities associated with**:

No data

✓ **Legislation**

Three different laws have been enacted on PWDs in 1982:
1) regarding vocational training and employment; 2)concerning care for disabled people who are unable to care for themselves (primary responsibility is given to the family); 3) regarding provision for compensation to a worker injured at work.

✓ **Ministries involved**

Ministry of Health; Ministry of Education; Ministry of Labour and Youth Development. There is no established clear mechanism of the activity co-ordination of different ministries involved in rehabilitation.

✓ **NGOs**

There are a number of organizations providing rehabilitation services in the country (there are five major ones). Their activities in general are not well co-ordinated.

✓ **DPOs**

Major associations of disabled persons (which is a large number) are members of the National Committee/Advisory Council (as stipulated by an Act of 1982) together with representatives of different ministries. The role of the Committee is to advice and assist the government on matters related to employment and training of disabled persons.

✓ **CBR**

Even though the majority of existing rehabilitative services are hospital/institution based, a CBR national programme was initiated in the country between 1986 and 1992. The programme, essentially vocational training oriented, is a joint venture between the Government on the one hand and the International Labour Organization and the Irish Government on the other hand. It covers 40 villages and about 3000 disabled persons are involved. Social workers fully involved in the programme are employed by the government.

✓ **Support services**

Tanzania does not provide financial support to disabled persons. However, NGOs and other caring services are given modest grants by the government. Direct financial payment is only made as compensation to an injured employee while at work. There is a governmental deaf school and a printing press for Braille literature. The problem of lack of adequate funds on the part of the government is making it difficult for to fulfil its obligation of supporting disabled persons with assistive devices. PWDs who cannot manage to live on their own or cannot be cared for by their family are being cared for in religious institutions.

✓ **Research and evaluation**

No research on disability has been undertaken so far. There is no formal inter-country collaboration; however, there are a few bilateral understandings between the Government and other bodies, e.g. the Irish Government.

TCHAD[*]

Total population	6.268.621 (1993)
People in rural areas	No data
N° of PWDs	According to WHO estimate it is 6%

✓ **Causes of disability**

Polio, leprosy, consequences of injections and medical treatment, congenital malformations, road and work accidents, war, infections not treated properly, onchocercosis, glaucoma, trachoma, childhood diseases.

✓ **Common disabilities associated with**:

Learning, mobility, hearing and vision.

✓ **Legislation**

Decree no. 136/PR/MCFAS/94 of 6 June 1994, instituted the National Day of Disabled Persons all over the national territory.

With a law on 4 December 1995 (377/MEN/DG/95), school fees abolished for all children with disability in all Governmental schools; in private schools, they can benefit from reduced costs but the decision about amount of reduction is left to the individual schools.

L'Union Nationale des associations des Personnes handicapeés du Tchad (UNAPHT) has been started, which is consultative organ for co-ordination of all activities related to persons with disability.

✓ **Ministries involved**

Ministère de l'Action Sociale et de la Famille; Ministère de la Santé Publique is the lead ministry which coordinates and collaborates with other ministries, which include: Ministère des Enseignements de Base, du Secondaire et de l'Alphabétisation; Ministère de la Culture, de la Jeunesse et de la Promotion des Sports; Le Ministère de l'Intérier, de la Sécurité et de la Décentralisation; Ministére de la Fonction Pulique, de la Modernisation et de la Promotion de l'Emploi.

✓ **NGOs**

There are a number of NGOs providing rehabilitation services in the country. Their activities coordinated by Ministry of Social Action & Family.

✓ **DPOs**

Eleven (11) organizations of disabled people have the authorisations from the Ministry of Interior, Security and Decentralisation for their work and they collaborate actively in elaboration of plans and implementation of activities for persons with disability.

[*] Information updated up to July 2000

Ministry of Social Action & Family provides technical assistance to their activities.

- ✓ **CBR**

At present there is no project of community based rehabilitation in the country.

- ✓ **Support services**

The Service of Support to Disabled People (SAPH) supports the organizations of disabled people.
The Government also provides assistance and invalidity-pensions to disabled persons and to the victims of war, in Tchad. Tricycles, wheel-chairs, prothesis, orthosis, crutches and walking sticks are provided by the Government, free of cost, to the persons with disability.

- ✓ **Research and evaluation**

There has not been any activity of evaluation or research by the Ministry of Social Action & Family.

TOGO[7]

Total population	2.223.800
People in rural areas	No data
N° of PWDs	350-400 Thousand

- ✓ **Causes of disability**

- ✓ **Common disabilities associated with**:
  Blind (27%), hearing and speech impairments (10%), physical disabilities (31%), intellectual impairments and mental (7%) and others including multiple impairments, epilepsy, etc.

- ✓ **Legislation**
  There is no specific legislation to facilitate CBR implementation.

- ✓ **Ministries involved**
  Ministry of Health

- ✓ **NGOs**
  Two main international NGOs (Handicap International and Christtoffen Blinden Mission) are involved in rehabilitation projects and work along with some local partners (SIRAIB, CBRA, SEFRAH)

- ✓ **DPOs**

- ✓ **CBR**
  Though the Ministry of Health had organised a meeting on implementation of CBR, it has been difficult to start this programme due to lack of financial resources and difficulties in motivating the staff to work for CBR.

- ✓ **Support services**

- ✓ **Research and evaluation**

✓

[7] Added in December 2002

✓ *UGANDA*[*]

Total population	20 million
People in rural areas	Over 90%
N° of PWDs	5.8%

✓ Causes of disability

Disease (including leprosy); war and civil unrest; accidents; AIDS (it is separated from the diseases because of its impact and the Nation's response); ageing; genetic factors.

✓ Common disabilities associated with:

Moving; seeing; hearing/speech; learning difficulty.

✓ Legislation

After a survey conducted in 1965 which revealed that there were 650 000 disabled persons in the country, the Government adopted a policy in 1966 to address the technical needs of disabled persons.
The constitution of 1995 includes articles that protect PWDs against discrimination and guarantee representatives in Parliament.
Ministry of Health has developed policy on disability under general health policy with standards & guidelines on provision of rehabilitation services. Simplified information about the standards are presented in a document, "District Rehabilitation Package", distributed in all districts. A document on guidelines will be printed and plan s to strengthen district rehabilitation services in 10 districts in the first phase (2000 – 2002).

✓ Ministries involved

Ministry of Gender and Community Development is the lead ministry; Ministry of Health; Ministry of Education; Ministry of Labour; Ministry of Physical Planning (responsible for ensuring physical accessibility mainly to new public buildings).
Ministry of Gender and Community Development co-ordinates the different ministries in the implementation of rehabilitation services through a committee; it is composed of representatives of ministries including Ministry of Finance, and the National Union of Disabled People. Planning meetings are held on a quarterly basis to review and shape activities rendered to PWDs. A CBR steering committee has also been formed.

✓ NGOs

The NGOs active in the country are NAD, USDC, ADD, AVSI, OURS, Lion Aid Norway, German Relief association & NUDIPU. These are involved in: 1) training community workers; 2) training disabled people in managing income generating activities; 3) provision of mobility appliances and 4) financial support of income generating activities of PWDs. Some organisations work through the structure of the Ministry of Gender and Community Development and this has made it possible for the Ministry to co-ordinate their services. Those with independent structures from the government, are participants of the collaborative meetings at which plans for

[*] Information updated up to September 2000

implementation are made and the government is knowledgeable on the quality of their activities.

✓ **DPOs**

There are six organizations, which run specific programmes for their members. They are consulted on any major policy issue by the government and in that way are involved in policy development on rehabilitation services. The National Union of Disabled Persons of Uganda (NUDIPU) is the umbrella Organization has branches in forty five districts of the country. It is represented by 5 members in the parliament and plays the role of advocacy in the provision of services for PWDs. The government has started a process in consultation with the Union to establish a National Council for disabled persons.

✓ **CBR**

The CBR government programme covers 13 districts out of 39 serving about 35 000 disabled persons. The activities carried on are: public awareness; training; referral to medical, educational, vocational and social services, production of appropriate aids; and joint venture in provision of income generating programmes.

There are CBR workers paid by the government; disabled persons, their families and CBR committee members are volunteers. They have received formal CBR training ranging from six months to two years. There is national steering committee of CBR.

Special needs education covers all the forty five districts of the country.

✓ **Support services**

Training of disabled people in vocational skills is partially financed by the state, while families of beneficiaries are also expected to contribute to this (it is fully financed by the Government, only for the very poor families). A number of them were employed by the government in the 1970s as sheltered workers. The training programme for the deaf is supported by the National Association of the Deaf. Wheelchairs are provided by orthopaedic workshops both private and governmental; they are sold for subsidised prices and their maintenance is the responsibility of the family of PWDs. Prosthetics are made at one national orthopaedic workshop and four regional workshops at major regional hospitals and also acquired at a subsidised price.

✓ **Research and evaluation**

A needs assessment was carried out in 1991 and an evaluation on CBR programme was done in 1995. Limited surveys have been carried out for hearing impairment and deafness and some other limited surveys are planned by MoH. An evaluation of rehabilitation of persons disabled by land-mines was carried out in beginning of 2000. A population census is planned for 2001, during which a survey on PWDs will also be carried out.

Uganda is involved in inter-country collaboration with Kenya and Tanzania in areas of training and evaluation of CBR programmes; it has recently ratified an African Rehabilitation Institute.

ZAMBIA

Total population	9.1 million in 1990
People in rural areas	60%
N° of PWDs	0.76%

✓ **Causes of disability**

Occupation, domestic and road accidents; nutritional deficiencies; epidemics; limited access to medical facilities; liberal use of modern and traditional medicines, epilepsy.

✓ **Common disabilities associated with:**

Mobility; seeing; hearing; mental retardation.

✓ **Legislation**

A national policy was developed in 1998 and its implementation will be co-ordinated by the Zambia Agency for PWDs. In 1996 the government enacted two Acts to protect PWDs from discrimination in respect of social benefits and amenities.

✓ **Ministries involved**

Ministry of Community, Development and Social Services; Ministry of Health; Ministry of Education; Ministry of Higher Education Science and Technology;
There has been a lack of intersectoral co-ordination.

✓ **NGOs**

There are five organizations, which are well distributed in all the nine provinces of Zambia. They cater for both children and adults irrespective of gender.

✓ **DPOs**

There are six organizations. They are involved in policy development and management of services to PWDs mainly through liasing and consultations with government ministries.

✓ **CBR**

There are several CBR projects operating in the country.

✓ **Support services**

They are not adequate in comparison with demand. Even when they are available most of the beneficiaries can not afford the economic price. The Government provides grants to DPOs; skills and vocational training; provision of technical mobility, hearing and visual aids; interpreters for the deaf; material in Braille. Subsidised equipment is also available to those that cannot afford the price through the Medical Social Worker.

✓ **Research and evaluation**

Although no explicit statistics exist on disability in Zambia, some user tailored needs assessment surveys have been done though on a very small scale.

Zambia is currently co-operating with the United Nations, the International Labour Organization, the African Rehabilitation Institute, the Southern African Federation of the Disabled, and the Pan African Federation of the Disabled in finding ways for improving the welfare of PWDs in societies. The co-operation includes financing of programmes, exchange of information and harmonisation of strategies aimed at addressing the needs of PWDs. There is, however, a need for strengthening this co-operation.

ZIMBABWE

Total population	10.4 million in 1992
People in rural areas	No data
N° of PWDs	In 1981 a survey revealed 276.000 PWDs in 23 districts.

✓ **Causes of disability**

No data

✓ **Common disabilities associated with:**

Seeing; mobility; hearing and speaking; mental illness.

✓ **Legislation**

Since independence in 1980, the Government has pursued a policy of "Equity in Health" and adopted Primary Health Care as the desirable method to execute that policy.

✓ **Ministries involved**

Ministry of Health and Child Welfare. It decentralised and expanded the rehabilitation system by developing services at primary level (Rural Health Centre) and quaternary level (Central Hospitals / Institutions). A two-way referral system has been set up as a link of the different levels.

✓ **NGOs**

No information available

✓ **DPOs**

No information available

✓ **CBR**

The first CBR project was initiated by the Zimbabwe Red Cross Society in 1982 and later handed over to the Ministry of Health and Child Welfare. It adopted the concept of CBR on a national scale in 1988. The first phase was the implementation of eight pilot projects in each of the eight provinces. The programme then gradually expanded to more districts within the provinces.

✓ **Support services**

No information available

✓ **Research and evaluation**

No information available

PART THREE: SUMMARY TABLE

COUNTRY	DEMO - GRAPHICS	CAUSES of DISABILITY	LEGISLATION ON DISABILITY	MINISTRIES INVOLVED	CBR PROGRAM	SUPPORT SERVICES FOR P.W.D.	INTER-COUNTRY COLLABORATION
Angola 2002	**Population: 12 million, no. of Pwd-305.284**	**No information**	**Lack of national policy on CBR**	**Ministere de l'Assistance et Reinsertion Sociale, MoH, Ministry of old combatants & war veterans**	**No national programme, only local NGO run activities without coordination**	**MINAR involved in vocational training and income generation.**	**No data**
Botswana 1997	Population: 1.5 million. No. of pwd: 10% (WHO estimate).	no data	A National Policy was adopted in 1996 (in the process of being implemented). There is no explicit legislation on disability.	Office of the President, MOH, MOE. Coordination is through a multisectoral National Coordination Committee on Disability chaired by MOH.	There is a national program since 1981.	Government provides education, interpreters for the deaf, and assistive devices which are free of charge (prosthetics and visual aids are at minimal cost). Material in Braille is not available.	Member of the African Rehabilitation Institute.
Burkina Faso 1997	Population: 10.178 million in 1994. No. of pwd: 140 163 in 1985.	meningitis;polio; measles; malnutrition (vit. A and Iodine deficiency); congenital / perinatal diseases; leprosy.	A National Policy is in the process of being finalized. A law was adopted in 1986 with respect to: health, education, public transport and, environment.	*M. of Social Welfare & Family* , MOH, MOE, MOL. The former co-ordinates all governmental actions. The private sector (mostly religious) has a strong impact on disability domain.	A national program is being finalised. There are two CBR projects run by NGOs.	Government provides food and clothes. It promotes, also, employment and prevention (illness and injuries at work); assistive devices are given freely or by buying according to income of the individual.	Network with Togo and Senegal.

Burundi 2000	Population: 6.087.951; rural pop. 93%; No. of pwd: 5-8%	Meningitis, polio, injections sequel, measles, malnutrition, vit. A & iodine deficiency, leprosy, war, land-mines, accidents, congenital, psychiatric.	There is no National Policy nor explicit laws/decrees on disability. Constitution based on equality & non-discrimination protects PWDs also.	*M. de l'Action Sociale et Promotion de la Femme,* MOH. The former co-ordinates inter-sectorial activities.	There are no CBR programs in the country.	Government subsidises private centers. The National Institute of Social Security provides indemnities for injuries at work.	no data
Cameroon 2000	Population: 14.439 million in 1998. No. of pwd: 10% (WHO estimate)	leprosy; polio; onchocercias is; injuries (road and work); children diseases; sequelae of medicine administratio n.	There is a law of 1983 with respect to pwd which has been enforced with 2 following decrees in 1990 and 1996.	*M. of Social Affairs*, MOH, MOE, MOL. They work closely to each other. The MOSA supervises and coordinates DPOs and private institutions.	There are no programs in the country.	government subsidises NGOs and private institutions; also provides disability pensions and allowances. Assistive devices are given freely or by buying according to the income.	no data
Central African Republic 2000	Population: 3.4 million. No. of pwd: 37 808 in 1988.	acquired diseases (65%) ; injuries (11%) ; congenital diseases (12%); other	There is no National Policy. A bill with regars to disability will be discussed by the parliament.	*Ministère des Affaires Sociales de la Promotion de la Famille et des Handicapès*	There is no national program. Few CBR projects are run in the country by NGOs.	Government subsidises associations dealing with pwd. There are no special support services for pwd. Assistive devices are received from abroad (exception for orthosis and	no

		(12%).				prosthesis).	
Congo-Brazzaville 1998	Population: 3.6 million in the year 2000.	leprosy; sick cell anemia;polio; malaria.	There are laws of 1992 on protection, promotion and education of pwd (decrees to enforce them are lacking).	*M. de la Solidarité National, des Sinistrés et victmes de guerre*. Other public institutions and government-controlled bodies are involved.	A national programme will start in 1999 covering 11 regions of the country.	Government provides material in Braille and interpreters for deaf. Devices are given freely by charities and other associations. Support services are mostly centralised.	no
Eritrea 2000	Population: 2.7 million. No. of pwd: 5-7% (estimated)	war (including land mines); diseases and ageing; injuries; congenital deseases; psychiatric disorders, leprosy.	1st national policy on disability drafted in 1998, awaiting endorsement. Some specific issues are in micro-policy programme for care and participation of pwd.	M. of Labour and Human Welfare; MOH;MOE. A coordination among the 3 takes place through local governments on the integration of children with disabilities and the referral of pwd for treatment	Pilot CBR programme started in 1992. A national program started in 1996. Although successful, it presents some constraints.	Government finances & supports activities related to assistive devices for pwd, material in Braille and financial support to blind students and war disabled. International support from WHO, UNICEF, AIFO & NAD.	No information provided.
Ethiopia 1998	Population: 53 million in 1994. No. of pwd: 1.8%.	low standard of living; malnutrition; natural and man made disasters; injuries; leprosy; polio.	A developmental social welfare Policy was launched in '96. A 1994 Proclamation protects against employment discrimination.	*M. of Labour and Social Affair*, MOE, MOH. No coordination of rehabilitation services; indirect cooperation between the Government and NGOs.	A national program was started in 1983. There are few other CBR programs run by NGOs and mostly located in towns.	Government, DPOs and NGOs provide financial assistance, school for blind and material in Braille, interpreters for the deaf and devices (given freely or by buying according to income).	Member of the African Rehabilitation Institute and affiliate member of Rehabilitation International.
Gabon 2000	Popul. 1.3 million 1993. 27% rural pop.No. of pwd: 12 015	polio, epilepsy, accidents, congenital malformation	A law was adopted in 1996 with respect to: care, education, prevention,	*M. of Social Affairs* , MOH, MOE. La Caisse Nationale de Securité is also involved.	A CBR project started in 1995 with training in one area of Libreville - due	Government provides pwd with financial support and technical assistance. 12 DPOs & 4 NGOs provide	no data

	in 1985 (unrel- iable data)	s.	employment, training of pwd.		to lack of funds, project never took-off.	vocational training, education and assistive devices (wheelchairs in particular).	
Kenya 1997	Population: 29 million (projected). No. of pwd: 10% (WHO estimate).	injuries (road and domestic); malaria; measles; congenital diseases; leprosy.	There are no laws related to pwd. However, the constitution is based on principles of non discrimination and equality.	M. of Culture and Social Services, MOH. The former coordinates the National Committee for Rehabilitation.	A national program was started jointly by MOH and SIDA in 1990.	Government provides education, assistive devices, vocational training, and job replacement. DPOs grant interpreters for the deaf and material in Braille.	Network with Uganda and Tanzania.
Liberia 1998 source: CRID	Population: 2 million. No. of pwd: 16.4%.	war; injuries; polio; leprosy; filariasis.	no data	no data	no data	no data	no data
Madagascar 2000	Population: 15 million. No. of pwd: 7-8%	alcohol; Alzeimer; drug; congenital diseases; polio; stroke; leprosy; malnutrition, cerebral palsy.	A law on equal rights for pwd has been voted in 1998; a decree to enact it is being prepared.	M.of Population, MOH. There is a lack of inter-sectorial collaboration	There are no programs in the country.	There is a small governmental support in terms of care, allowances and devices. Services for deaf and blind and wheelchairs are provided by NGOs and donors.	no
Malawi 2000	Population: 10 million. No. of pwd: 8.3% (esimated)	Vaccines have reduced cases of childhood diseases like polio & measles	no data	no data	no data	11% of PWDS have access to medical rehabilitation services	no data

Mauritanie 1998	No. of pwd: 100 000	no data	no data	no data	A national program was started in 1989 with WHO technical support and NGOs financial support.	no data	no data
Mozambique 2000	Population: 17 million. No. of pwd: 5.9%.	war (including land mines); injuries; consequences of malaria, meningitis and polio.	There are several laws and decrees in support of pwd.'s rights (constitution of 1990). National policy on disability approved in June 1999	*M. of Social Welfare*, MOH, MOE, MOL, M. of Culture, Youth and Sport. There is no intersectoral collaboration.	There is a national program run by MOSW since 1993. It is implemented all over the country.	Government provides disability allowances, education, prosthesis, visual and hearing aids, interpreters for the deaf. Assistive devices come from the private sector though Government also produces in limited quantity.	no
Namibia 1998	Population: 1.401million in 1991. No. of pwd: 3.11%.	epilepsy.	A National Policy, recently adopted by Parliament, suggests that a legislation will be proposed. At the moment, there is no explicit act nor law on disability.	*M. of Lands, Resettlement and Rehabilitation*, MOHSS, MBEC, MHE, MRLGH. All Ministries belong to the Technical Working Committee at the National Level.	There is a national program covering about 10 villages in the country.	Government provides disability grants and social pensions. Material in Braille, interpreters for the deaf and assistive devices are granted either by the government or by the non-governmental sector.	Member of the African Rehabilitation Institute.
Rwanda 1998	Population: 7.6 million. No. of pwd: 10% (WHO) 0,58% (HI)	war; epilepsy.	A National Policy is in the process of being established. There is no explicit legislation on disability.	MOH, MOSA, MOE, MOL, M. of Transport and Defence, M. of Finance, M. of Justice, Home Office.	There is no national program. CBR activities are carried on by NGOs, DPOs	Government finances centres, associations and national NGOs; there are interpreters for the deaf; material in Braille is not available.	DPOs are part of an International Federation and take part to annual fora

	1,83% (CBM)				and ministry depart.	Assistive devices are at a minimal cost.	and seminars.
Senegal 1998	Population: 8.5 million. No. of pwd: 10%	injuries (road and work); landmines; polio; diabetes; onchocercias is; congenital diseases.	A National Policy is in the process of being validated. There is no explicit legislation on disability.	MOH, M.Family, Social Action & Solidarity, MOE, MOL . There is no intersectoral collaboration.	The Red Cross started a CBR project in 1988 that has successively been suspended.	Government provides disability pensions and subventions to associations. Material in Braille and interpreters for deaf are provided by DPOs.	Member of the African Rehabilitation Institute.
South Africa 1997	Population: 37.859 million Prevalence of disability in 1995: 4.7%	violence; injuries; poverty; lack of information; unhealthy lifestyles; environment al factors.	The Department of Health is developing a National Policy on rehabilitation and policy guidelines on disability prevention. At the moment, there is no explicit legislation on disability.	MOH, MOE, MOL, MOSW. The "Office on the Status of Disabled Persons" ensures that all ministries commit reources for pwd's needs. A coordinating structure is being formed to ensure coordination also at the operational level.	There are 3 CBR projects in the country; they are mainly carried on by the non-governmental sector.	Government and non-governmental sector provide disability and care grants, interpreters for the deaf and material in Braille. Wheelchairs and assistive devices are mainly supplied by hospitals and government is responsible for the larger portion of the cost.	No formal intercountry collaboration agreement have been entered into.
Swaziland 1998	Population: 965 859 in 1997.	no data	A National Policy is in the process of being developed. At the moment, there is no act nor law on disability.	*M. of Health and Social Welfare*, Home Affairs; MOE.	A national program was jointly started in 1990 by MOH and Save The Children Fund in all regions except one.	Government provides financial assistence; material in Braille is produced by a NGO. Assistive devices are provided either by charity organizations or by the government. Prostheses are at full cost.	no data

Tanzania 1997	Population: 30 million. No. of pwd: 10% (WHO estimate).	no data	There are 3 laws of 1982 on a) vocational training and employment; b) care ; c) injuries at work.	*M. of Health*, MOE, M. of Labour and Youth Development. There is no established coordinating mechanism of the activities.	A national program was started in 1986. It covers 40 villages and about 3 000 pwd.	There is a deaf governmental school and a press for Braille. NGOs are given modest grants by the government. Provision of devices is difficult due to financial constraints.	Network with Uganda and Kenya; bilateral understandin g with the Irish Government.
Tchad 2000	Population 6.268.621 (1993); PWDs: 6% (WHO estimate)	Polio, leporsy, injections & medical treatment, traffic & road accidents, war, onchocercosi s, glaucoma, trachoma, child infections	Decree in 1994 for national day of disabled persons; 1995, law for abolishing school fees for children with disability in Gov. schools and less fees in private schools.	*Ministére de l'Action Sociale et de la Famille*, MOH, MOE, Ministry of culture, youth & sports, Min. of interior, security & decentralisation, Ministry of public function, modernisation & employment.	No CBR programme/proj ect in the country.	Service of Support to Disabled People (SADH) supports orgnisations of PWDs; assistance and invalidity pension to disabled persons and war victims; free trycycles, wheel-chairs, mobility aids, etc.	No international collaboration at present for disability.
Uganda 2000	Population: 20 million No. of pwd: 5.8%.	diseases including leprosy; war; injuries; ageing; genetic factors.	National Policy adopted in 1966. Developed policy on disability under general health policy; standards & guidelines on rehab services prepared.	*M. of Gender and Community Development* MOH, MOE, MOL, MOF. The former coordinates all ministries through a committee composed of representatives of ministries and NUDIPU.	There ia a national program covering 13 districts out of 39 and serving about 35 000 pwd. Have a national steering committee on CBR	Vocational training is financed partly by the government. Training program for the deaf is supported by a DPO. Wheelchairs and prosthetics provided by private and govern. sectors for subsidised price. One national and four regional ortho.workshops.	Network with Kenya and Tanzania in training and evaluation of CBR programs. Also, the country is member of the African Rehabilitation Institute.

Zambia 1998	Population: 9.1 million in 1990. No. of pwd: 0.76%.	injuries (work, domestic and road); nutricional deficiencies; epidemics; limited access to medical facilities;epilepsy.	A National Policy was developed in 1998. Also, there are two acts of 1996 against discrimination of pwd.	*M. of Community, Development and Social Services*, MOH, MOE, M. of Higher Education Science and Technology. There is no coordinating body.	Several CBR projects are present in the country.	The government provides grants to DPOs; skills and vocational training; interpreters for the deaf; material in Braille; assistive devices (which are free of charge for those who cannot afford the econimic prise).	International co - operation with UN agencies, African Rehabilitation Institute and African Federations of Disabled.
Zimbabwe	Population: 10.4 million in 1992.	no data	no data	*M. of Health and Child Welfare.*	CBR was started in 1982 by the Red Cross. It became a national program in 1988.	no data	no data