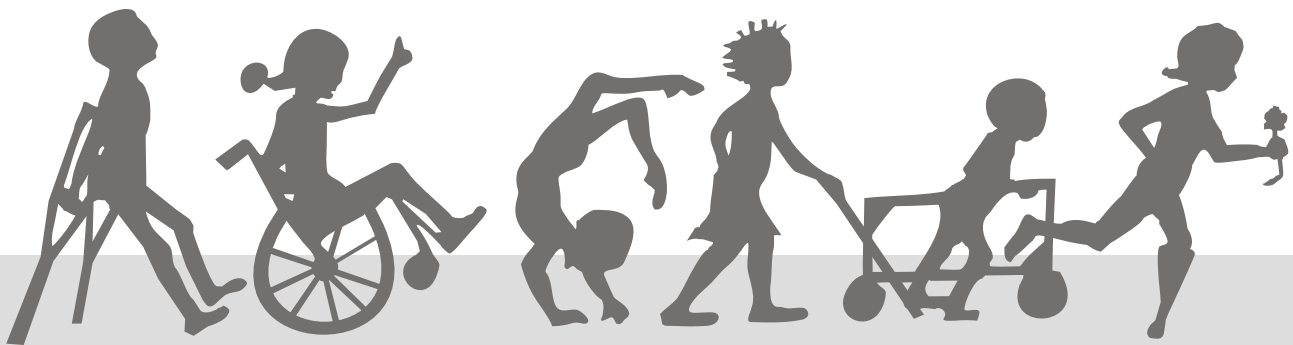


Behinderung und internationale Entwicklung

Disability and International Development





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Impressum/Masthead

**Behinderung und internationale Entwicklung
Disability and International Development**

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Für blinde und sehbehinderte Menschen ist die Zeitschrift im Internet erhältlich./For persons with visual impairment, an electronic version of the journal is available at www.zbdw.de

Redaktionsgruppe/Editorial Board

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Gestaltung/Layout

Amund Schmidt

Druck/Print

Druckerei Nolte, Iserlohn

Bankverbindung/Bank Details

Bank für Sozialwirtschaft
Konto-Nr./Account number: 80 40 702
BLZ/BIC: 370 205 00 / BFSWDE33
IBAN: DE19 3702 0500 0008 0407 02

Die Zeitschrift *Behinderung und internationale Entwicklung* wird von *Behinderung und Entwicklungszusammenarbeit* e.V. (bezev) herausgegeben.

Editor of the journal *Disability and International Development* is *Behinderung und Entwicklungszusammenarbeit* e.V. (bezev).

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ISSN 2191-6888



Editorial

Liebe LeserInnen,

die UN-Konvention über die Rechte von Menschen mit Behinderungen (BRK) hat aus globaler Sicht seit ihrem Inkrafttreten am 3. Mai 2008 spürbare Auswirkungen für Menschen mit Behinderungen. Sie stellt einen Meilenstein in der Umsetzung ihrer Rechte dar. Obwohl bis zur vollständigen Umsetzung der Konvention noch ein langer Weg zurückzulegen ist, kann man bereits feststellen, dass sie viel in Bewegung gebracht hat.

Auf internationaler Ebene nehmen die Inhalte der BRK immer stärker Einfluss auf die Millenniumsentwicklungsziele. Aber auch in Deutschland gewinnt das Thema Behinderung in der internationalen Zusammenarbeit an Bedeutung. Die Notwendigkeit der Einbeziehung behinderter Menschen wird von immer mehr Organisationen und Institutionen erkannt. Der Verband Entwicklungspolitik deutscher Nichtregierungsorganisationen (VENRO) hat Menschen mit Behinderungen in seine neue Strategie der nächsten Jahre mit aufgenommen. Außerdem ist festzustellen, dass immer mehr Nichtregierungs- und staatliche Organisationen beginnen, ihre Projekte und Programme für Menschen mit Behinderung zu öffnen.

Die international ausgerichteten Artikel *Gefahrensituationen und humanitäre Notlagen* (Artikel 11) und *Internationale Zusammenarbeit* (Artikel 32) haben in den Nationalen Aktionsplan zur Umsetzung zur BRK der Bundesregierung Eingang gefunden, der im September 2011 veröffentlicht worden ist. Über die darin genannten Maßnahmen hinaus hat das *Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung* (BMZ) mit der konkreten Erarbeitung einer Strategie zur Inklusion von Menschen mit Behinderungen in die deutsche Entwicklungspolitik und –zusammenarbeit begonnen, die im Herbst 2012 vorgestellt werden soll.

Mit dieser ermutigenden Entwicklung für die Rechte von Menschen mit Behinderungen weltweit schließen wir ein ereignisreiches Jahr ab. In der vorliegenden Ausgabe finden Sie Beiträge zu verschiedenen Themen, die kulturelle, inklusive sowie rechtliche Fragestellungen aufgreifen.

Ihre Redaktionsgruppe wünscht Ihnen ein frohes Weihnachtsfest und ein glückliches und erfolgreiches neues Jahr!

Ihre Redaktionsgruppe

Dear Reader,

Since the coming into force of the UN Convention on the Rights of Persons with Disabilities (UN CRPD) on 3rd May 2008 it had already tangible impact on the lives of persons with disabilities. It represents a milestone for their rights and though it is still a long way until its full implementation, the UN CRPD already led to many promising developments.

At international level the UN CRPD increasingly influences the Millennium Development Goals. Also in German context the disability dimension gains ground within the sector of international development. The imperative to include persons with disabilities into international development gradually gets more and more accepted among German institutions and organisations. The German umbrella organisation of non-governmental organisations (VENRO) incorporated persons with disabilities into their forthcoming multiannual strategy. Additionally more government bodies include persons with disabilities into their projects and programmes.

The international articles of the UN CRPD *Situations of Risk and Humanitarian Emergency* (article 11) and *International Cooperation* (Article 32) found their way into the German National Action Plan of the German federal government, which was published in September 2011. In addition to the objectives set out in this action plan the *Federal Ministry for Economic Cooperation and Development* (BMZ) started developing a strategy for the inclusion of persons with disabilities into German development cooperation. It shall be presented in the second half of 2012.

With these encouraging developments for the rights of persons with disabilities we can conclude an eventful 2011. In this journal issue you will find contributions on cultural, inclusive and legal topics in view of international development cooperation.

The editorial board wishes you a Merry Christmas and a prosperous new year.

Your editorial board



Non-medical Representations of Disability in KwaZulu-Natal, South Africa

Jill Hanass-Hancock

Little is known about the social interpretations and perceptions of disabilities in KwaZulu-Natal, South Africa. Yet this interpretation influences the way that people seek health as well as the way in which a person with disabilities and family members will be treated or stigmatised by others. This paper attempts to address this gap. It is based on a study conducted between 2005 and 2007, which inquired into the social representations of disability within KwaZulu-Natal. The study used a grounded theory approach and a mixture of purposive and snowball sampling. Twenty-five participants who were either *disabled* themselves or who worked with people with disabilities were included in the study. The results indicate that people explain disability through a variety of concepts based on the understanding of natural causes or supernatural powers. In addition the concepts of vulnerability and protection are believed to influence the likelihood of a person developing a disability.

Introduction

Internationally disability is acknowledged as an *evolving concept* that "results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others" (United Nations 2008: 1). Attitudes are linked to our understanding and interpretation of impairments or features perceived as abnormal¹. This interpretation influences the way a person is treated by others as well as the way health and other services are chosen. On the one hand, health professionals might complain about a delay in seeking medical support and in some instances this delay might cause an impairment that would have been less serious if medical and rehabilitative support had been available earlier. On the other hand, traditional ways of dealing with disability (including impairment) and abnormality might be a way of counselling a family or a person through a particularly difficult time of life. In KwaZulu-Natal very little is known about the way people interpret *abnormalities* or *impairments* and consequently we know little about the notions that guide health-seeking behaviour in regards to disability and abnormality. This paper is an attempt to describe these notions.

Different notions around disability prevail in different cultures (Neubert/Cloerkes 1994) and it is widely accepted that disability is more than a medical phenomenon but also a social construction (Neubert/Cloerkes 1994; Flick 1998; Flick et al. 1995; Holzer/Vreede/Weigt 1999; Üstün et al. 2001). What is perceived as normal or abnormal is related to the norms and value system within a particular society or cultural setting. Dederich (2007) explains that norms

are created through socio-cultural values. Social norms structure the expectations of people towards others and tend to predict behaviour. They structure the way people communicate with each other when they perceive a condition as out of the *ordinary*, how they react to this perceived *abnormality* and if and how they intervene. The cultural interpretation of a specific condition can differ markedly between people in different social positions (patient, health care professional), educational backgrounds and social contexts (*traditional, modern*). However, within a specific cultural group common concepts, also known as social representations, evolve and these structure what is generally believed to be *normal* or *abnormal* as well as *right* or *wrong*. These social representations are not static but can change over a period of time (Dederich 2007).

Moscovici (2001; 1995; 1961) first introduced the theory of social representations in 1961. Social representations are generally understood as reflecting social knowledge that has evolved in a particular cultural or social group (Moscovici 1961). Flick (1995) describes them as systems of values, ideas and behaviours, which have two functions. They help the individual to structure and organize the environment and they enable communication between members of a particular society, as they provide a code for social exchange and a code for labelling different aspects of the world (Flick et al. 1995).

The little we know about social representations of disability and disease in KwaZulu-Natal indicates that these are based on a variety of notions and concepts. Ntombikile and Mazibuko (1989) interviewed parents of children with cerebral palsy in KwaZulu-Natal and found that



they used different professionals, such as health care workers, faith healers and traditional as well as spiritual healers. As a consequence, parents were sometimes confused about the mixed messages they received (Mazibuko 1989). Conducting research into mental health care in the same province, Mkize (2002) found that people did not access national health care as they preferred to consult spiritual healers. Therefore the diagnosis of the condition by a health care professional was often delayed. Particularly if bewitchment or *ukufa kwabantu* was suspected there was a delay in seeking "relevant mental health care" (Mkize 2002). In her book – *Body and Mind of Zulu Medicine* (1977) – Ngubane gives a very detailed description of the interpretation of diseases within, what she calls, *Zulu-Cosmology*. She explains that Zulu-speaking people divide diseases into either occurring naturally or in relation to supernatural powers (Ngubane 1977). Although she does not use the terms disability or impairment, her description includes diseases that lead to severe impairments. These conditions were usually attributed to supernatural powers such as sorcery (Ngubane 1977). Apart from Ngubane's detailed descriptions of disease interpretation there is little available that provides an understanding of the interpretation of disability in Kwa-Zulu-Natal. This understanding is however crucial to be able to understand people's choices in seeking *health care* and responses to those who are *different*. The paper attempts to fill this gap.

Methodology

The study was conducted between 2005 and 2007 in KwaZulu-Natal, South Africa. The aim of the study was to collect data on the cultural construction of disability and the interweaving patterns of stigmatization between HIV/AIDS and disability.

The study used qualitative me-

thods and a grounded theory approach. It included 25 participants who were selected using

Table 1: Profile of participants

Inter-view	Details	Area
1	Woman with hemiplegia and in wheelchair, provincial manager of DPO	eThekweni (urban)
2	Mother of child with severe learning disabilities, CBR consultant	eThekweni (urban)
3	Mother of child with severe learning and physical disabilities, manager of DPO	eThekweni (urban)
4	Man with spinal injury, in wheelchair, paralysed through gunshot	eThekweni (urban)
5	Mother of child with severe learning difficulties, manager of day-care centre	eThekweni (urban)
6	Visually impaired man, teacher at High School	eThekweni (urban/rural)
7	Business man, visually impaired	eThekweni (urban/rural)
8	Deaf woman	Ugu DC (urban)
9	Man with spinal injuries, in wheelchair, CBR consultant	Sisonke DC (rural)
10	Woman, teacher at day care centre	eThekweni (urban)
11	Woman, teacher for children with learning disabilities at High School	eThekweni (urban)
12	Mother of child with severe learning disabilities, township	eThekweni (urban)
13	Man, occupational therapist of Hospital	Ugu DC (rural)
14	HIV positive woman	Ugu DC (urban/rural)
15	Nurse in Claremont clinic, sexual educator	eThekweni (urban)
16	Man with albino condition	eThekweni (urban)
17	Man with cerebral palsy	Umkhanyakude (rural)
18	Man with loss of hearing and AIDS	Umkhanyakude (rural)
19	AIDS patient caregiver	Umkhanyakude (rural)
20	Man, traditional healer	eThekweni (urban/rural)
21	Young woman with albino condition,	eThekweni (urban)
22	Priest and caregiver	eThekweni (urban)
23	Woman, traditional healer	eThekweni/ Empangeni (urban/rural)
24	Woman with slight cerebral palsy, who was victim of sexual abuse from a young age	eThekweni (urban)
25	Man with leg amputation who was also HIV positive	eThekweni/ Bothas Hill (urban/rural)



theoretical and snowball sampling. The participants were sampled from three groups: people with disabilities, relatives of people with disabilities or people working with people with disabilities (see table 1). It included people from rural and urban areas (Hanass-Hancock 2009). The identification of possible participants was supported by a local Disabled Peoples Organisation. The research tools were developed using the theory of social representations as a guiding tool. It included an interview guide for in-depth interviews and a ranking exercise. The interviews were conducted in either Zulu or English and translated and transcribed. The question guide enquired into the local concepts of disabilities, concepts of sexuality and HIV as well as accessibility to health services. This paper is only concerned with the interpretation of disabilities. A pilot study (five participants) was used to identify culturally relevant themes that could be used in improving the question guide and designing a ranking exercise.

The analysis was guided by a modified grounded theory approach. Based on emerging themes, commonalities and major differences, a preliminary coding system was developed with codes worded directly from the data. Through re-reading the data, common themes were identified. These were later summarized and categorised into broader codes that summarised themes. One focus group was used to re-confirm study findings with five key stakeholders. The analysis process was supported by the computer programme MaxQDA. Similar to NVIVO this programme facilitates the analysis through electronic coding and organizing data.

Results

Participants explained that disability (including impairments) was commonly attributed to either natural or spiritual/supernatural influences. Natural causes of disability are understood as occurring as a result of a fault in nature, while spiritual/supernatural causes are seen to be influenced by witchcraft, a superhuman being or an *evil spirit* (see figure 1). In addition, the concept of being vulnerable or dangerous was identified as an important part of the cultural interpretation of disability.

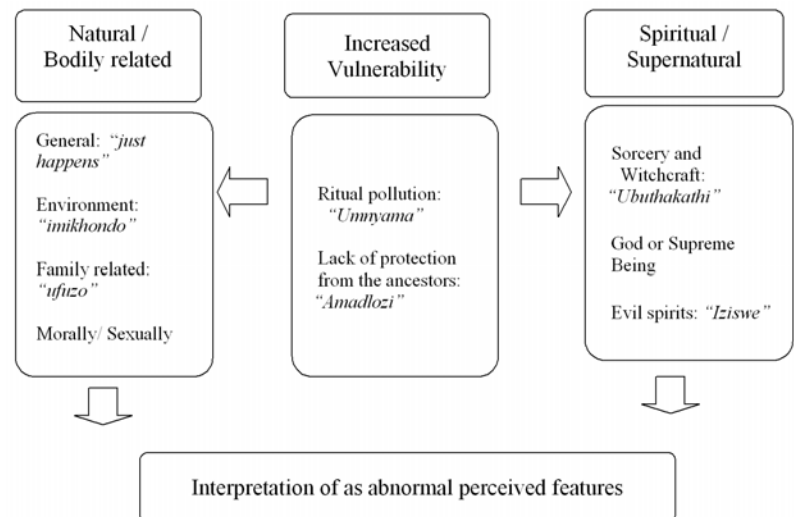


Figure 1: Diversity of Social Representations about the cause of abnormality and/or disability within Zulu cosmology (in Hanass-Hancock 2009)

The Notion of Natural Causes

Participants described a number of general natural causes of disease and impairments as those that "just happen" and those caused through outside factors such as the environment (cold weather), family relations or sexual habits. Bio-medical concepts around viruses and bacterial infections were also mentioned as possible interpretations of diseases. In some cases interpretation shifted over time as one explanation no longer seemed appropriate. Diseases in this category are seldom associated with disability/impairment and if a person does not fully recover from such diseases other causes such as supernatural powers might be added. However, in some cases a direct link is made between an infectious disease and a resulting impairment/disability.

"... we just think it happens naturally (measles) and goes away by itself It is a disease that can cause a person to be disabled" (Interview 2, mother of child with severe learning difficulties).

Diseases in this category were also associated with seasonal changes and stages of growth in infants (i.e. measles and mumps) and seen as being contagious. Sometimes the concept of contagiousness was portrayed onto impairments or abnormalities and caused fear of infection.

"... some people think it is infectious to play with people with disabilities, especially people who are working in the department of health. Sometimes some of them think you are going to infect them with what you have" (Interview 16, man with albino condition).



Participants also explained that if a disease leads to fatality or impairment, other influences are thought to have played a role. Some participants described for instance *ufuzo* as such a concept, which is said to be an inherited condition. In such a case the father, or his family, can reject the child with the explanation that the child must be from another man. As a result the mother and child can be rejected and sent back to live with the mother's family. In the case of a married couple the *lobola*, the African bridal money, could even be claimed back, as the next quote shows.

"... my father in law, ...is asking questions like: ... Since I have been here I had no disabilities here. This is the first time. Now you tell me the truth about this child..., this child where have you got it from?... Now ... the father in law took the lobola, just because the child did not talk, she did not do the normal things. He said: Now this is not our child, now I am going to your home to take the lobola back" (Interview 5, mother of severely disabled child).

Participants also described dangerous tracks that are believed to be left behind by certain animals, as a naturally occurring cause of impairments and diseases. This was referred to as *imihkondo* (see below). Sorcerers are believed to be able to abuse these tracks and the transition to supernatural causes is therefore very blurred.

"Imikhondo is something that is placed on your track. It could be your driveway, gate door or path to your hut. It can make you feel very tired and weak. You can get swollen legs with all sorts of complications even a stroke or death. If it has happened to you, you can call a traditional healer (Nyanga)" (Interview 20, traditional healer).

Sexuality was also described as a cause of impairment. Participants explained that people believe that they can influence their partner's sexual habits through *umuthi*. Participants explained that *love medicine* can secretly be left in the partner's genitals and in this way punish rivals or even, as the extract underneath shows, cause death. The *umuthi* used for such purposes can only be bought through a traditional healer or herbalist as they are believed to be able to deal with *African problems and diseases*. The border between natural *umuthi* and its combination with sorcery is blurred.

"Many of the diseases that are known are actually sexually transmitted diseases. I have a wife and I am working in Jo-burg as a miner. I will leave my wife in Durban

for three, four, five or how many years okay. What happens is that other people who are not working might get into nonsense with my wife so it is possible for me as the husband of the wife to do something on her so that whoever she comes into contact with will have a big problem. People actually die on having sex with someone else's wife. That one is the big one" (Interview 9, man with spinal injuries).

Some participants also associated adultery with impairments. One participant explained that if a child is born normal and after two years becomes blind this could be caused by the mother not telling the truth about the child's father. Family members will "persuade the mother to tell the truth" and the mother will "feel guilty and confess". Depending on the interpretation of the disability, the choice of treatment will differ. If an impairment is believed to be caused through the mother's lie about the real father, people will no longer feel the necessity to consult a health professional. Up until the mother's confession, the child will be seen as a shame and be treated accordingly. It is different if the cause of a disability or disease is believed to be a result of moral misconduct that has upset the ancestors. A traditional ritual combined with a treatment, which can also be of biomedical origin, will then be sufficient. It is, however, also possible that the blindness is interpreted as a combination of factors. For instance, the initial lie about the child's father will only cause blindness if the family has also lost the protection from the ancestors. The *condition* would be *treated* with a combination of the mother's confession, a traditional ritual to the ancestors and a visit at the local clinic.

The Concept of Protection and Vulnerability

Ngubane explains that within Zulu-cosmology good health means more than a healthy body (Ngubane 1977). It also includes a balanced relationship with one's surroundings. The notion of one's surroundings includes the world of the dead as well as the world one lives in (Ngubane 1977). In the presented study participants described that different people at different times of their lives are considered more vulnerable than others. Newborns who are not yet in balance with the environment, people who are believed to be polluted, and those who have lost the protection of their ancestors are considered as particularly vulnerable. The next ex-



ample illustrates the importance of ancestral protection and its interrelation with other forces such as witchcraft.

"You know, in the Zulu culture we believe that the mother and the father, they go and speak to God. They protect you, so you must also honour them. If you do not sometimes the bad luck comes to you. Like you get a child with a disability or HIV/AIDS. You know, because you don't have their protection anymore" (Interview 9, man with spinal injury).

The ancestral spirits (*amadlozi*) were described as responsible for protecting and disciplining their descendants. People distinguish between ancestors who can punish and reward, who are usually parents or grandparents, and those who are powerless, who are three generations or more removed from the person. Impairments or abnormalities were sometimes attributed to a lack of ancestral protection and a sacrifice to the ancestors was seen as the appropriate response.

Besides increased vulnerability, the concept of pollution or *umnyama*, which the scientific world knows as *ritual pollution* provides additional explanation for misfortune (Ngubane 1977). *Umnyama*, literally meaning darkness, was described as a mystical force decreasing resistance to disease and increasing the probability of misfortune. Participants described it as associated with birth, menstruation and death.

"This is called Intelezi. This medicine we use to clean ourselves. Like, when someone you loved is passed away then he is still with you and this is polluting you. This makes you vulnerable. So you need to clean yourselves of that person" (Interview 1, woman with hemiplegia).

The Notion of Spiritual Causes

Many previous writings (Ngubane 2007; Krige 1944; Rivers 1915/1916/1924) have described supernatural powers as models to explain disease or disability and it is therefore not surprising that participants in this study also attributed some misfortunes, impairments and other abnormal events with these powers. Supernatural causes were described as related to the influence of witchcraft/sorcery or evil spirits. The cultural mix following colonisation added Christianity to this belief system. Participants associated events that were believed to be related to sorcery or evil spirits as being of *African nature* and therefore needing African types of treatment.

Sorcery and witchcraft were not translated

consistently but summarised under the Zulu term *ubuthakathi*. Participants described *ubuthakathi* as bewitchment which was initiated through a *sangoma*, sorcerer or witch using rituals and/or substances. Two participants described it in combination with the appearance of certain animals (birds), which are regarded as the messengers from a sorcerer or witch. Their appearance makes people suspicious of *ubuthakathi*. In one example, a participant explained how he lost his eyesight while playing with other children. He described that just before falling unconscious, he saw a bird flying at him and shouted "there is an animal coming for me".

"In some areas if the child is disabled we are just thinking of an umuthi thing, witchcraft. Although maybe the child is affected with polio they won't take the child straight to the hospital they will send the child to inyanga (traditional healer). At the end of the day that particular person will be destroyed because the aid that was supposed to be given while he was still young didn't take place. Like myself. I am from a big family so in a big family there is that jealousy thing. They say your mother has two boys, so one of them must die at least so there was that tendency" (Interview 17, man with cerebral palsy).

Some participants also mentioned *indiki* and *iziswe* or evil spirits as causes. It is believed that only after an appropriate ritual the spirit of a deceased person will be able to take its place with the ancestors. Without such a ritual the spirit is said to become an *indiki*, a restless spirit that can take possession of a living person. Participants listed *epilepsy*, *mental illnesses*, *disabilities* and *suicide* in relation to these spirits. A person possessed by such a spirit has to go through a particular cleansing procedure as the next extract illustrates.

If a disorder is interpreted as spiritual possession, people will first consult a traditional healer or *common* herbalist. The diagnostic procedure for a *mentally ill* person was described by one participant in the following way. The herbalist will use a plant called *imfamban*, while interviewing the person. The plant will be moved around the person and the herbalist will assess what happens. If "the person becomes worse or even wild and screams he knows the problem is of a spiritual nature" also called *izizwe* and "has something to do with the ancestors". In this case a mixture called *inganbazani*, which is made out of wild animals, will be used as treatment. A sacrifice might also be



used to ask the ancestors for support. If the person does not improve after this treatment the herbalist will send the patient to a spiritual healer or *sangoma*. However, if the person calms down during the assessment period with the plant *imfamban* it indicates that the problem is related to evil spirits or *imimoya* and the person would still be sent to a *sangoma*.

"This one here is called Izinyamazana. I use it to chase away evil spirits. For instance when a child cries at night we will treat it with this medicine. It is made out of dried animals like ngowaya, skhava, imvukuzane, myuan and so on. We will burn this umuthi in the child's room at night so it inhales the substances and this chases the evil spirits away" (Interview 20, traditional healer).

A much talked about evil spirit is the *Tokoloshe*. Participants described it as a kind of a little person that only comes to children. Children who talk with an invisible person are thought to be affected by it. Evil in nature it can also poison children. Participants explained that a child suffering from this has to be sent to a spiritual healer.

Participants also used the concept of God to explain impairments or abnormalities. *Disability* was then conceptualised as being either a *special task* or a *curse* from God and this might lead to stigmatisation of people with disability and their families, as the example underneath illustrates.

"Shame, she got a curse, maybe she was laughing about people with disabilities, she was laughing at them and this is why she has a baby like this. Maybe she did something, God is cursing her" (Interview 9, CBR consultant).

Discussions

Two of the main themes associated with perceived abnormal conditions, namely natural and supernatural forces, mirror findings by previous studies (Neubert/Cloerkes 1994; Üstün et al. 2001; Mkize 2002; Ngubane 1977; Krige 1944; Rivers 1915/1916/1924; Krife 1968). The concepts of vulnerability and pollution can be added to these categories and speak in part to Ngubane's descriptions of disease interpretation in *Zulu-Cosmology*. Similar to other writings on diseases, the study found that events which are aligned to spiritual or supernatural causes were often labelled by the participants as *African*. Participants commented that it is generally believed that these cannot be healed with any *western type of medicine* and that tra-

ditional healers need to be consulted.

The concepts of supernatural forces such as *ubuthakati*, *iziswe*, *the ancestors* and *God* provide people with a reasonable explanation as to why certain types of illnesses or impairments affect one person but not another even though both might have been exposed to the same virus, disease or situation. The concept of the supreme-being *God* and *ubuthakati* is however different from the concept of ancestor protection. While the ancestors are believed to 'speak to God' and provide or reject protection, *God* is believed to influence a person's health directly as is *ubuthakathi*. However while *God* is seen as a higher authority, *ubuthakathi* is believed to be magic that can be avoided or treated through *African rituals*.

The results from this study also indicate that explanations of impairments or abnormalities are not static and can shift over time. Depending on the interpretation at a particular point in time, different types of interventions can be chosen and in this way social interpretations influence decision making. Different concepts were also sometimes used in combination and it is therefore possible that a person could approach traditional as well as biomedical health care for the same condition, hoping that one would deal with the spiritual causes and the other would cure the symptoms. Participants did elaborate on accessibility issues as well, which was not described in this paper, and these also influence health seeking behaviour.

While the study was able to describe different representations and their interrelations with each other, it is limited as only a very small sample of people was approached. The themes identified here can only be seen as an initial description of disability concepts in KwaZulu-Natal and more data is needed to make broader assumptions.

On the one hand, notions about disability can lead to the rejection, exclusion or mistreatment of people with disabilities and their families. Other interpretations such as *ubuthakathi* or *imikondo* might lead to delay in seeking medical or rehabilitative health care. Certain notions such as the described *ufuzo* and a *curse of God* also create myths about people with disabilities that lead to further exclusion through the strong attached stigma.

On the other hand it appears that traditional ways of interpretation and treatment can also be used to reintegrate people. Due to its holistic approach, traditional healing practices address unconscious aspects of the mind and provide the opportunity to express emotions. The setting is also more accessible to people in



general and might help to overcome anxieties through the dramatising effect of rituals or prayers. In addition, the notion of ancestral spirits and supernatural beings gives meaning to life. An individual might find comfort in the concept that life does not end in death. The reinterpretation of a condition can lead to a change in attitude and acceptance in a family. Rituals that are thought to please the ancestors also help a family to deal with a misfortune that might speed up the process of coping with a condition.

In addition, treatment of body and soul go hand in hand and are seen as a unit not juxtaposed to each other (Ngubane 1977). Traditional healers are seen as being able to provide the link between the two. While the traditional interpretation of a condition perceived as abnormal might delay crucial medical treatment as well as rehabilitation and/or lead to stigmatisation, it still holds strongly entrenched social representations of certain conditions and provides a way of thinking and explaining disability. A better link between traditional forms of treatment and medical care seems therefore crucial in this context.

Notes

- 1 The author used the terms disability and impairment as defined by the WHO ICF model. If participants used these terms this has been indicated in cursive writing. The terms abnormality or abnormal features have been chosen to summarise conditions that are perceived as out of the ordinary (*abnormal*) similar to Neubert and Cloerkers writing. It emphasised that these conditions are perceived as abnormal within a social context (so emphasis on the element of social construction of disability) and can include conditions that are not impairments in a medical sense.

References

- DEDERICH, M. (2007): Körper, Kultur und Behinderung. Eine Einführung in die Disability Studies. Bielefeld: transcript
- FLICK, U. (1998): Wann fühlen wir uns gesund? Subjektive Vorstellungen von Gesundheit und Krankheit. München: Juventa Verlag
- FLICK, U./KARDORFF, E.V./KEUPP, H./ROSENSTIEL, L.V./WOLFF, S. (1995): Handbuch Qualitativer Sozialforschung. Berlin: Psychologie Verlags Union
- HANASS-HANCOCK, J. (2009): Invisible- The Notion of Disability in the Context of HIV/AIDS in KwaZulu-Natal, South Africa. Saarbruecken: Suedwestdeutscher Verlag fuer Hochschulschriften
- HOLZER, B./VREEDE, A./WEIGT, G. (1999): Disability in different cultures. Reflection on local concepts. Bielefeld: transcript Verlag
- KRIGE, E.J. (1968): Girls' puberty songs and their relation to fertility, health, morality and religion among the Zulu. *Africa* 38: 173-198
- KRIGE, J.D. (1944): The Magical Thought Pattern of the Bantu in Relation to Health Services. *Africa* 6: 59-89
- MAZIBUKO, N.F.M. (1989): Black parents perception of cerebral palsy and their participation in the group counselling programme offered by Mzamo Child Guidance Clinic. Durban: University of KwaZulu-Natal
- MKIZE, L.P. (2002): Pathways to mental health care in KwaZulu-Natal, Province of South Africa. Durban: University of KwaZulu-Natal
- MOSCOVICI, S. (1961): *La psychanalyse, son image, son public*. Paris: University Presses of France
- MOSCOVICI, S. (1995): Geschichte der Aktualität sozialer Repräsentationen. In: Flick U, editor. *Psychologie des Sozialen Repräsentationen in Wissen und Sprache*. Reinbek bei Hamburg: Rowohlt Taschenbuch Verlag GmbH. pp. 266-314
- MOSCOVICI, S. (2001): Social representations explorations in social psychology
- NEUBERT, D./CLOERKES, G. (1994): *Behinderung und Behinderte in verschiedenen Kulturen. Eine vergleichende Analyse ethnologischer Studien*. Heidelberg: Schindele
- NGUBANE, H. (1977): *Body and mind in Zulu medicine*. London: Academic Press
- RIVERS, W.H.R. *Medicine, magic and religion : of London in 1915 and 1916 1924; 1924; London 1915, 1916, 1924*
- UNITED NATIONS (2008): UN Convention on the Rights of Persons with Disabilities. In: UN, editor
- ÜSTÜN, T.B./CHATTERJI, S./BICKENBACH, J.E./ROBERT, T.T.I./ROOM, R. ET AL. (2001): *Disability and culture: Universalism and diversity*. Seattle: Hogrefe & Huber

Zusammenfassung: Über die soziale Interpretation und Wahrnehmung von Behinderung ist in KwaZulu-Natal/Südafrika wenig bekannt. Dennoch beeinflusst diese Interpretation sowohl das Verständnis von Gesundheit als auch die Art, wie Menschen mit Behinderung und deren Familienangehörige behandelt oder von anderen stigmatisiert werden. Dieser Beitrag versucht, diese Lücke zu schließen. Er basiert auf einer Studie, die von 2005 bis 2007 in KwaZulu-Natal durchgeführt wurde und in der die dortigen gesellschaftlichen Sichtweisen auf Behinderung untersucht wurden. Es wurde ein Grounded Theory Zugang gewählt und die Stichprobe wurde sowohl durch theoretisches Sampling als auch durch die Schneeballmethode erhoben. Die Studie umfasst 25 Teilnehmer, die entweder selbst ‚behindert‘ sind oder die mit Menschen mit Behinderung arbeiten. Das Ergebnis legt nahe, dass Behinderung hauptsächlich durch Konzepte über natürliche Ursachen und durch übernatürliche Kräfte erklärt wird. Darüber hinaus wird mit den Konzepten von Verletzlichkeit und Schutz die Entstehung von Behinderung erklärt.



Résumé: On connaît peu de choses sur les interprétations et perceptions sociales du handicap au KwaZulu-Natal, Afrique du Sud. Cependant cette interprétation influence les attitudes par rapport à la santé ainsi que la façon dont seront traitées ou stigmatisées les personnes handicapées et leurs familles. Cet article tente de combler cette lacune. Il se base sur une étude menée entre 2005 et 2007, qui a enquêté sur les représentations du handicap au KwaZulu-Natal. L'étude a utilisé une approche (grounded theory approach) et un mélange d'échantillons (purposive and snowball). Vingt-cinq participants qui étaient soit «handicapés» eux même soit travaillaient avec des personnes handicapées ont été inclus dans cette étude. Le résultat indique l'on explique le handicap à travers une série de concepts basés sur la compréhension de causes naturelles ou de pouvoirs surnaturels. De plus les concepts de vulnérabilité et de protection sont interprétés comme influençant la probabilité pour une personne de développer un handicap.

Resumen: No hay mucho conocimiento sobre las interpretaciones sociales y las percepciones de discapacidad en KwaZulu-Natal, Sudáfrica. Sin embargo, estas interpretaciones tienen influencia sobre la manera cómo personas

tratan de lograr salud, y cómo el medio ambiente reacciona en las personas con discapacidad y sus familiares. Este artículo, basado en un estudio empírico con el enfoque de la teoría fundamentada, trata de llenar este vacío. Los resultados indican que las personas explican la discapacidad sobre una variedad de conceptos, que tienen su base en un entendimiento de causas naturales y fuerzas sobrenaturales.

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The Experience of World Vision Ethiopia in Mainstreaming Disability

Lorraine Wapling and Lydia Mesfin

In Ethiopia, disability issues have been invisible in economic, social and political agendas. This was also the case in World Vision Ethiopia. Disabled people are the poorest of the poor and marginalized in the country because of misconception about disability. World Vision Ethiopia is known for its developmental work through the country but until very recently it was not inclusive of disabled people, even though they account for significant numbers in the population. For World Vision Ethiopia, the first step to inclusive development was changing attitude of its staff, partners, persons with disability and the community it works along with. Even though we have not yet achieved disability inclusion fully, we strive to mainstream disability through out the organization in the near future. We have made a great achievement as an organization by realizing that mainstreaming disability is not about sectorial priority but it is about inclusion.

Disability in Ethiopia

In Ethiopia there are very few studies on disability and thus, data on this is not adequately available. But there are some estimates which show that the prevalence on disability in Ethiopia in general is 10% and that there are more than seven million persons with disability in the country (WHO, UNICEF 2009). In reality the proportion could probably be higher because of the high prevalence of risk factors including disease, war, famine, accident, malnutrition and harmful traditional practices. The proportion is high in some regions of the country where for instance it is estimated to be about 13% in Amhara region (Tirusew 1995). National, regional and local development programs in the country for so many years were not disability inclusive and the socio economic services and the physical environment have not been adequately accessible to people with disability and the entire societal misconception about people with disability has been extremely restrictive. Majority of People with disability could not full fill their basic needs where 95% of them and their families in Ethiopia are living in an extreme poverty. This again has significant impact on the country's development and thus it is one of the major challenges to human development in the country's effort to achieve the millennium development goals.

In development terms disability has traditionally been approached from one of two perspectives as a medical issue (focusing either on trying to prevent impairments from happening or on trying to treat those who have impairments by providing assistive devices, corrective surgery) or as a charity issue (with cash transfers, institutionalising people, special workshops or work programs). These approaches

have persisted mostly because people's own perceptions of disabled people, including both development practitioners and the communities targeted tend to maintain the belief that if you have an impairment you are unlikely to be economically productive. This encouraged the proliferation of disability focused projects (medical, charity or a mix of both) and a growth in disability specialised organisations.

There has been growing awareness that both of these approaches seek only to reinforce the social exclusion of disabled people because they limit interventions to individuals and fail to analyse what it is about the way society operates that prevents disabled people from actively participating (the social model approach). Disability is being recognised as a human rights issue linked to poverty and empowerment rather than simply impairments.

The most significant change so far in terms of improving the rights of disabled people has been the successful negotiation of the UN Convention on the Right of People with Disabilities (CRPD) which came into force in 2008. The CRPD is a human rights treaty that promotes the dignity of and equal enjoyment of rights and fundamental freedoms for people with disabilities living around the world. Ethiopia ratified the convention on June 2010. The CRPD doesn't frame new rights for disabled people but reaffirms existing ones in ways that make them easier to implement.

What is especially important about the CRPD is that it is designed as both a development and human rights tool. It focuses on practical ways to promote inclusive societies and pays special attention to international cooperation. Throughout the CRPD there is an emphasis on development as a fundamental right and highlights



the importance of making sure that all poverty alleviation and development work reaches people with disabilities.

Article 32- International Cooperation

- a) Ensuring that international cooperation, including international development programs, is inclusive of and accessible to persons with disabilities
- b) Facilitating and supporting capacity building including the exchange and sharing of information, experiences, training programs and best practices

Over recent decades there has been a gradual development of a rights based international disability movement that is having an impact on changing global perceptions of disability. Disabled People's Organisations (DPOs) are recognized as an important component of civil societies and developmental actors in influencing the policies of national governments, as well as bilateral and multilateral institutions. DPOs are community based organisations or an umbrella organization of different disability associations managed by disabled people. Whilst their organisational capacity is often quite limited they do provide an important voice for the millions of socially isolated and excluded disabled people they represent and with increased attention from development agencies could become a vital link between aid programs and the disability community. The other informal structure is the self help groups that work on the issue of disability and also aspire to improve the economic status of disabled people.

Promoting Inclusion

World Vision Ethiopia (WVE) in collaboration with World Vision United Kingdom (WVUK) as a developmental organization has taken the initiative to mainstream disability in its community development programs and projects across its Area Development Program (ADP) operational areas which are found in remote district¹. WVE as a Christian and child focused nongovernmental developmental organization recognizes the importance of ensuring the participation of People with Disabilities (PWDs) in development programs and projects both in terms of helping them benefit from development outcomes and outputs and in terms of tapping into their potential. World Vision international recognizes the social model in its policy and promotes inclusion in all its developmental interventions which resulted to the initiative WVUK together with WVE has taken. Although Disability Awareness Training with a wide selection of staff has been carried out in Ethiopia there

were still questions being raised at operational level about the best ways to implement mainstreaming. A process was designed with the aim of creating and testing an appropriate set of methods and indicators for the inclusion of disabled people into World Vision Ethiopia programs. This article summarizes both the process used to introduce practical mainstreaming and the important questions and challenges that arose during the process.

The general experience has been that people theoretically understand mainstreaming but struggle with implementation. The process identified that the real key is to create ownership which will lead to the basic concepts being translated into practice. The process provided people with an insight into how other cross-cutting themes like gender can be mainstreamed using similar tools and approaches. What happens in disability mainstreaming is that DPOs and developmental workers are brought together to work on disability and a holistic approach is taken to integrate with ongoing developmental projects. Most importantly DPOs and different government sectors are working together and are accountable to ensure integration.

Here are a few key ideas that support mainstreaming that came out from the process to assist implementation at the grassroots level:

- Have a common concept, language and objective
- Use barriers as a framework to ask questions to stakeholders
- Include people from all different levels and sectors in the process
- Go to the field and experience assessment at first hand
- Understand the Social Model and use it in analyzing specific projects
- Encourage its use at all levels and continuously. Use successful models to encourage understanding and motivate others.

Some of the key learning from the process included:

Disability awareness training is essential before any work on mainstreaming can begin

One of the main issues identified with the current set of tools available for planning and monitoring is that when things like disability or gender are treated as cross-cutting issues they can be difficult to address. It relies a lot on individual's own perceptions and interests and often leads to consideration only at the end of the main assessment process. To overcome this, more emphasis could be put on practical suggestions for how to assess issues like disability.



Emphasising attitudinal barriers as 'changes in perception' helps reduce tension in groups that are initially resistant to a disability rights approach

Challenging people's attitudes towards disability can sometimes provoke quite strong resistance from people who are concerned that you are blaming them for misunderstanding disabled people. In this situation it is helpful to avoid using the word attitude (after initially introducing it as a barrier) and replacing it with the word perception. In this way you encourage people to change their perception of disability which is a much less threatening concept.

Encourage development staff to take responsibility for disability inclusion when introducing the social model approach

It is very helpful to introduce the idea of responsibility for inclusion when explaining the development implications of the social model approach. It is more practical for development workers to be given an opportunity to see it as their responsibility for ensuring barriers were identified and actions put in place to mitigate against them and doesn't rely on disabled people having to raise all the concerns and issues.

It is important to understand the opportunities that exist for including disabled people in mainstream programs

The most dramatic change in perceptions and understanding of disability mainstreaming came after people had the chance to interview stakeholders specifically about disability. The theoretical models then became practical tools which all used and manipulated in their search for information. Any training that seeks to enable community level development staff to work on disability mainstreaming should aim to provide some practical based learning.

Field visits helped to realize that the social model approach actually fits a range of marginalization issues because of the emphasis on ownership having had the opportunity to listen to stakeholders talk about approaches to disability issues it became clear how their perceptions and attitudes towards disability was affecting the treatment of disabled people. Many development staff then saw how that relationship was mirrored with other marginalized groups – the process appeared to be very similar. Closer working relationship between advocacy and planning

Access audits are used to assess how accessible service providers are for disabled people. The aim is to identify where all the main barriers are as the disabled person journeys through the service. For example they can be carried out at local health centres, banks, schools or offices and check how easy it is for people with a range of different impairments to access the services. Access audits are best devised and carried out by groups of disabled people as they will be able to provide firsthand experiences of the barriers they face.

Interviews with stakeholders helped to realize that actual data on numbers of disabled people was a serious gap. Although an organization might find its own way to collect data it must be acknowledged that it is a difficult process and their figures are likely to be an underestimate. The issue we focused on was the problem of how to classify impairments. There is shame and stigma attached to impairment so people are unlikely to answer truthfully if you just ask them directly if they have a disability. It is also possible that people are unaware of the medical label for their particular impairment. There are many factors that make collecting disability data very difficult. Nevertheless more accurate data is urgently needed to assess prevalence.

We found the best way to describe the social model approach to participants who felt strongly about the medical and charity methodology was to emphasize the need for collective ownership and responsibility of disability issues. In this way, people came to understand that the social model means everyone owning the *problem of disability* not just people with impairments. The fieldwork gave everyone a very strong sense that disability is a collective issue and that it has an impact on all development activities. Whilst the need for medical treatment or social protection may be there it should not be the only intervention discussed with regards to disabled people. Disabled people have a right to expect to benefit from all WVE's activities and the experiences in the field really helped development staff to appreciate this. The attitude of everyone changed dramatically as a result of this experience.

Tips on mainstreaming from World Vision Ethiopia Experience

- 1) Start with the assumption that disabled people should be included in all programs:
 - a. Assume disabled people will participate in all activities and if they are not present ask why not? Where are they?
 - b. Continue with the assumption by discussing disability in conversations with stakeholders



- 2) Plan for inclusion: after you assume they need to be included, plan for that inclusion:
 - a. Budget for inclusion: budget for awareness raising, consultation, personal assistants that aid in communication, transportation funds, etc.
 - b. Personal assistants and communication support workers should be paid. Do not rely on the good will of family members or interpreters because they may be biased in their translations and may become the voice of the disabled person instead of the avenue through which disabled people communicate. If they are unpaid they may decide not to turn up leaving you unable to engage the disabled person.
- 3) Challenge negative attitudes and beliefs: continuously challenge negative attitudes being expressed by stakeholders and day-to-day participants. It helps to raise awareness and demonstrates you are committed to inclusion.
- 4) Use positive language and images: language should reflect inclusion rather exclusion and should be incorporated into all project documents, informational material and public media. Using the term *wheelchair user* is much more positive than *confined to a wheelchair* and helps reduce negative stereotyping. Use positive images of disabled people in reports and briefing notes even when they are not the focus of the project.
- 5) Collect data and carry out research: it is important to collect data on the situation facing disabled people in your working area because so little of it exists at national level. Research at the community level also helps create awareness especially if you can involve disabled people as researchers.
- 6) Appoint disability champions: it is important to assign people to take initial responsibility for asking if the needs of disabled people are being addressed. This is true at all levels of the organization.
- 7) Create a disability advisory group consisting of program staff and local disabled representatives: continuously use DPO's and disabled people as consultants while designing and budgeting for activities.
- 8) Identify entry points for disability mainstreaming like new policies and laws, the international disability day, poverty reduction strategies...

Summary

It may be easier to name environmental and institutional barriers compared to dealing with attitude barriers because that forces reflection on the attitudes of society and oneself. Develop-

ment staff understanding most environmental and institutional barriers start with attitudinal barriers which in most cases are the result of attitudinal barriers. The attitude of disabled people can also be a major barrier to mainstreaming. The attitude of disabled people towards themselves might be a barrier if they have low self esteem. In order to successfully mainstream disability, stakeholders and beneficiaries need to take ownership and responsibility from the ground level to the structural level. WVE has seen improvement in mainstreaming which can be supported by evidences like its strong relation with DPOs, influencing the ratification of the convention with partners, ensuring disability is mainstreamed in its programs like health, livelihood etc.

This doesn't mean that there aren't any challenges. The challenge mainly is related to lack of awareness, lack of strong DPOs in regions and districts and lack of linkage between the awareness creation programs and other development interventions which would bring an economic empowerment to persons with disability.

Despite, the challenges World Vision Ethiopia as a developmental organization is committed to continue mainstreaming so that the most vulnerable could benefit and participate in development.

Note

- 1 Area Development Programs (APDs) are WVE operational areas which are located in districts with intervention focus on health, livelihood, education, WASH and sponsorship

Acknowledgement

This article is taken from a report called Disability Mainstreaming written by Lorraine Wapling and Lydia Mesfin.

Reference

- COE, S./WAPLING, L. (2010) Travelling together, www.worldvision.org.uk/travellingtogether

Zusammenfassung: In Äthiopien sind behinderungsspezifische Angelegenheiten in Wirtschafts-, Sozial- und politischen Agenden unsichtbar gewesen. So war es auch bei World Vision Ethiopia. Behinderte Menschen sind die ärmsten der Armen und im Land wegen falschen Auffassungen über Behinderung marginalisiert. World Vision Ethiopia ist für seine Entwicklungsarbeit im ganzen Land bekannt, aber bis vor kurzem wurden keine behinderten Menschen eingeschlossen, auch wenn diese einen bedeutenden Anteil der Bevölkerung ausmachen. Für World Vision Ethiopia war der erste Schritt zu einer inklusiven Entwicklung, die Haltung



der MitarbeiterInnen, Partner, Menschen mit Behinderung und der Gemeinschaft, mit der sie arbeiten, zu verändern. Auch wenn wir jetzt noch nicht die volle Inklusion von Menschen mit Behinderung erreicht haben, streben wir deren Einbezug in der gesamten Organisation in der nahen Zukunft an. Als ein wichtiges Ergebnis haben wir in unserer Organisation erreicht, dass Disability Mainstreaming keine sektoruelle Frage ist, sondern dass es als Inklusionsthema verstanden wird.

Résumé: En Ethiopie, les questions du handicap sont restées invisibles dans les agendas politique, social et économique. C'était aussi le cas de World Vision Ethiopie. Les personnes handicapées sont parmi les plus pauvres et les plus marginalisées en raison de conceptions erronées du handicap. World Vision Ethiopie est connu à travers le pays pour ses programmes de développement mais jusqu'il y a peu n'était pas inclusif des personnes handicapées, même si elles représentent une importante proportion de la population. Pour World Vision Ethiopie le premier pas vers un développement inclusif fut de changer les attitudes de son personnel, ses partenaires, des personnes handicapées et des communautés avec lesquelles elle travaille. Même si nous n'avons pas encore réussi une inclusion complète du handicap, nous ambitionnons de prendre en compte le handicap à travers toute l'organisation dans un futur proche. Nous avons fait un grand pas en avant en tant qu'organisation en réalisant que prendre en compte le handicap

n'est pas une question de priorité sectorielle mais bien une question d'inclusion.

Resumen: En Etiopía, los asuntos de discapacidad no fueron visibles en las agendas económicas, sociales y políticas. Eso también existió en el caso de World Vision Etiopía, que es conocido en todo el país por su trabajo en desarrollo, pero no por el tema de la inclusión de personas discapacitadas. El primer paso de World Vision Etiopía en dirección al desarrollo inclusivo es de cambiar la actitud de su personal y sus socios, que trabajan con personas con discapacidad y sus comunidades. El próximo paso es de implementar en toda la organización el enfoque de la integración de las perspectivas de la discapacidad (mainstreaming disability).

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Including Capabilities

Margarita Schiemer

This article is discussing the inclusion of Amartya Sen's capability approach in the field of disability and education. By exemplarily concentrating on an ongoing research process in Ethiopia, it illustrates which aspects of the approach are seen as valuable for the current phase of field research. Hence, the theoretical dimension of the capability approach and disability are brought together with actual empirical research in a so-called developing country.

The aim of this article is to discuss the integration of Amartya Sen's capability approach¹ (CA) in the research area of disability, education and so-called developing countries. It is not surprising and nothing new that researchers investigating disability related areas stumble across the CA. Several scholars already referred to the approach while examining disability as a concept (Buchhardt 2004, Lindmeier 2011, Mitra 2006, Morris 2009, Terzi 2005/2008, Walker/Unterhalter 2007 etc.). Mitra mentions the problem of the implementation of the CA on an operational level (Mitra 2006: 240). Accordingly, Ballet et al. state that "the merits of the capability approach are more easily appreciated in theoretical terms than for its empirical applications. Its value for stimulating new ways of thinking about human development is undeniable, but its operationalisation still represents a challenge in domains like health and education [...]." (Ballet/Biggeri/Comim 2009). Following this statement, I am referring to an empirical investigation, which is currently underway, as an example to illustrate possibilities and perspectives of integrating the capability approach into disability related research.

The study I am conducting is looking at barriers and facilitators for children with disabilities in schools in Addis Ababa/Ethiopia. The CA was added during the process of data collection and interpretation respectively as it offers new perspectives. Therefore, it has not been part of the study design from the very beginning. In doing so, I am initially following Mitra's example of using it as a tool to look at the concept of disability on a theoretical level. Principally however, I am connecting the CA directly to the ongoing qualitative part of the empirical research. Children, parents, teachers and experts are being interviewed as well as focus group interviews are conducted and class observations are taking place to define barriers and facilitators regarding the children. Mitra argues that the CA is an instrument to analyze disability at the capability level, the potential disability and the

actual disability. In other words, the CA can be used to differentiate between possible, probable and real disability by defining capabilities people possess and functionings they could achieve according to resources available. Each of the three stages (possible, probable, real) can not be seen as a given one and can therefore be changed depending on certain aspects. Concerning this matter, the author mentions three factors that can be regarded as constituting disability: "the individual's personal characteristics (e.g., impairment, age, race, gender), the individual's resources, and the individual's environment (physical, social, economic, political)" (Mitra 2006, 236). The third factor is regarded as the most important one for the mentioned study as becomes evident when looking at the research question: "Which environmental factors facilitate or restrict activity and participation of school-aged children with disabilities in the field of education in Addis Ababa?"

The investigation in Ethiopia is part of a project called CLASDISA², in which three countries are compared in the area of education and disability. In this article, I will only concentrate on the research in Ethiopia. For answering the research question, the already mentioned qualitative instruments were and still are part of data collection. The study is taking place in three phases of field research: November 2010 to January 2011, November to December 2011, and April/May 2012, implying we are currently in the middle of the research process.

According to Mitra, the CA also helps to explain how disability results from the individual's environment. She mentions Sen and Martha Nussbaum amongst others who define education as one of the basic capabilities of a person (Mitra 2006: 239). In other words, education can be seen as a personal resource that opens different possibilities for a person to choose from to reach aspired states of being. The question of operationalisation of the CA in the mentioned study will be therefore related main-



ly to the capability of education. However, it has to be questioned if education as a basic capability can be applied universally. Nussbaum also raises this issue and puts emphasis on the concern she and others have given to this problematic aspect. Additionally, studies reveal that education is seen as a basic capability by children from different cultural backgrounds (Biggeri 2007). Similarly, education has been ranked top of the well-being indicators in a study on child poverty in Ethiopia (Tafere/Abebe/Assazene 2009: 3). Thus, the CA seems to be appropriate to approach barriers and facilitators of children with disabilities referring to education in schools in Addis Ababa.

The Capability Approach

One can find the word capability in many different areas. For example in "capability management" which can be related to military defence strategies just to mention one example. If one looks into different dictionaries, it is not surprising to find the word disability as antonym for capability. It therefore seems challenging but suitable to try to bridge concepts of disability with the capability approach. This gets especially important in times in which the term disability itself becomes more and more questioned and a social model of disability grows to be more important. The words capacity and ability are constituents of the term capability. Both words can easily be connected to a concept of disability, in which abilities and capacities of people – as with everyone else – are essential in context with the environment of their daily life.

Additionally, the CA is built up around two core ideas. The first idea is constituted by the just mentioned capabilities while the second one is defined as functionings. The latter are characterized by *beings and doings* of a person and will not be emphasized in this paper. Capabilities on the other hand are "a person's real freedoms or opportunities to achieve functionings" (Robeyns 2011). Sen himself describes capability as "a person's ability to do valuable acts or reach valuable states of being" (Sen 2009: 30). A person with disability will probably encounter more or/and different barriers before she/he is able to do certain self defined valuable acts or reach self defined valuable states of being compared to people who don't encounter certain barriers. Herein, *valuable* has to be explicitly connected to the person's own and individual valuation.

According to Nussbaum, the CA does not follow any concrete theoretical concept (e.g. human rights). It simply asks questions, that are important to people in different contexts of their

life like "What am I able to do and to be? What are my real options?" (2011: 106). Referring to the research in Ethiopia, it is important to mention that these questions can be asked in different cultural environments without imposing any culture-specific presuppositions.

Including the CA in the Research in Ethiopia

Taking a look at the Ethiopian society, it becomes apparent that there are lots of differing aspects influencing children with disabilities and their capabilities in general. Additionally, possibilities to add and enrich the individual set of capabilities is sometimes more limited for children with disabilities compared to children without disabilities (e.g. restricted access to education because of attitudes, beliefs, lack of appropriate material). As far as education is concerned, reaching the goal of being active in school and to participate in the school-community can be conducive for the well-being of a child. This is especially important when education as a capability is perceived as offering different possibilities to reach well-being. According to Sen, well-being is defined by the individual's capabilities (doing valuable acts and reaching valuable states of being). Therefore, it is essential to focus on the values children are attributing themselves to different ways of living and the goals they are pursuing for their future lives.

"We have to examine the overall capability that any person has to lead the kind of life she has reason to want to lead, and this requires that attention be paid to her personal characteristics (including her disabilities, if any) as well as to her income and other resources, since both can influence her actual capabilities" (Sen 2004: 3).

This underlines the importance to focus on the perspectives and aspirations each child has in his or her current life situation. For the ongoing research this means that questions in interviews should focus on values the child is assigning to different aspects in his/her life. It furthermore has to be investigated where these values are rooted. It is known that society, family, peers and other social aspects are influencing individual valuing. Thereby, it is essential to be aware of the fact that family and community in different cultures receive higher valuation from individuals than in others.

Taking future wishes in general and wishes on professions in particular as an example, all of the 20 children we interviewed in research phase one, wanted to be accepted and needed



in society as a contributing member (becoming a medical doctor or a teacher were the most chosen professions). The awareness that education would help them to get one step further towards that goal was very high. Kefeyalew, ten years old and hearing impaired states: "I may be asked to give up what I am learning now. But if it is the will of God for me to complete my studies and graduate, I may decide to become a doctor. But if I fail in my courses now and am dismissed, I will not be able to full fill my ambition"³ (Kefeyalew, December 2010). These findings can be specified and supported by the already mentioned studies of Biggeri conducted in Uganda, Italy and India:

"Children in the three research studies were asked to express themselves on the most important issues related to their childhood and to identify a list of capabilities that were important to them. The results confirm that children, independently, from different countries and experiencing different circumstances are able to conceptualize relevant capabilities and that, in particular, they value education as one of the most important capabilities" (Biggeri 2007: 209).

Therefore, being able to actively participate in school is perceived as a valuable act to do and as leading to a valuable state of being. It consequently contributes to the child's well-being. If barriers can be transcended or abolished, the capability of education (right and access to education) will be reachable for all children. This again opens new possibilities and can lead to valuable functionings and therefore to well-being.

If education is a relevant capability for the children in our Ethiopian sample it is central to also investigate if this capability is leading to the aspired functionings children would like to achieve. This is important because it might be necessary to define and attain further capabilities that are essential for children with disabilities to overcome possible barriers on their way. Hence, it becomes obvious that capabilities have to be defined individually and based on social and environmental surroundings and can't be predefined in most cases. The definition of basic capabilities or lists of capabilities might be possible to approach well-being; but it gets almost impossible to define universal capabilities that refer to individual values and individual well-being as such especially when doing research in different cultures and societies. This has to be regarded particularly in cultures, where the individual does not necessarily dominate society as it might be the case in

some western societies.

Equality and the Capability Approach

Listing key-words like activity, participation, barrier, facilitator, disability and education in the research question, it can be assumed that the concept of *equality* is playing a crucial role in the research process. In other words, thoughts about equal educational possibilities are coming to the forefront when doing research on children with disabilities in school.

"Even though the original motivation for using the capability approach was provided by an examination of the question "equality of what?" (Sen 1980), the use of the approach, if successful for equality, need not be confined for equality only" (Sen 2009: 49f). This quotation has been taken from an earlier work of Sen, first published in 1992. It clarifies that the CA offers more possibilities than only dealing with equality, but was originally intended for it and makes it valuable for the ongoing research.

Throughout the first phase of field research it became apparent that things mentioned most as missing in the schools were materials, special training for teachers, transport and positive attitudes towards education for children with disabilities. If those aspects were improved, would it lead to more equality in education? Walker and Unterhalter answer this question in the following:

"[...] what we should equalize is not resources, for example, a strict ratio of teachers to pupils, or a certain amount of expenditure per capita on each pupil, and not outcomes, for example, that every child leaves school with a particular qualification. He [Sen] writes that what should be equalized are human capabilities, that is, what people are able to be and to do" (Walker/Unterhalter 2007: 3).

How these capabilities can be equalized is not indicated in detail. The fact that it requires resources at different levels is undeniable, but it is not about equalizing resources. It rather needs elaborated distribution and implementation of resources in order to equalize capabilities. However, the authors are claiming for equalization of possibilities people get to live their lives. Here it can be argued that adequate materials in school are also essential for certain children to get the same chances in choosing what and that they want to learn. This goes along with Sen's argumentation that different ways have to be perpetrated to reach equality, because "[...] equal consideration for all may demand very unequal treatment in favour of the disadvantaged" (Sen 2009: 1). Children



with different needs require different "treatments" (ibid.) to get equal chances in school. Additionally, Lindmeier states that equality from a capability-perspective means to get equal effective opportunities to reach the level of activity that enables people to participate in society (2011: 131).

Hence, to reach a level of equal opportunities, barriers and facilitators (individual, societal, cultural etc.) have to be identified. Regarding disability and education, this leads to the consequence that equal educational opportunities can only come into existence, if barriers and facilitators but also personal values of children with disabilities are identified individually.

Values, or rather "objects of value" (Sen 2009: 32) that are defining well-being to a certain extent, can totally differ from person to person. Consequently, one task that has to be integrated in the research process in Ethiopia is the identification of individual objects of value of each child. Furthermore, it would be interesting to compare objects of value of parents and teachers regarding the child's education. One of these values mentioned by parents was independence for the child. Accordingly, the goal Sen and others are consistently stressing within the CA is the freedom of leading different types of life, people have reason to value (following Sen's terminology). Independence can be perceived as one kind of freedom. This independence or possibilities of choice in one's life is reflected in the child's capability-set which is depending on aspects including personal characteristics and social arrangements (ibid.: 33). Nevertheless, it has to be considered that independence but also individuality is being valued differently in lots of African cultures. Community plays a much bigger part in the life of an individual than it does in most Western societies.

Concluding Remarks

As far as the ongoing research in Ethiopia is concerned, the CA encourages asking questions that are related not only to barriers and facilitators regarding the situation for children with disabilities in education but to ask about concrete aspirations and values of the children themselves. This means that the research question of the currently ongoing study could be enriched through new foci of investigation that include individual capabilities and objects of value. The objects of value however, might differ to a great extent from those mentioned by children in other cultures even though basic capabilities might be chosen similarly.

Having examined the CA in relation with my ongoing research, I can support Ballet et al.'s statement that it is difficult to fill the gap between theoretical and practical application of the approach. Still, some basic approaches could be found that give hints on how to include the CA in empirical research. Namely, it would be important to first of all identify the objects of value of the people involved in the research. This has to take place by interviewing children but also parents and teachers. Following the same method of discussing with the children who are involved in the study, it should be analysed which capabilities are necessary to reach the defined objects of value. The ability of children to define capabilities has been demonstrated by Ballet et al. (2009), Biggeri (2007) as well as by Babic et al. (2010) amongst others. It therefore seems to be the most probable approach to learn from the expertise of children.

After all, it can be stated that the CA is especially useful for doing research on disability and education in Ethiopia because "[t]he capability approach foregrounds the basic heterogeneity of human beings as a fundamental aspect of educational equality and connects individual biographies and social and collective arrangements" (Walker/Unterhalter 2007: 9). Accordingly, a briefing note on capability and education of the human development and capability association underlines the necessity of further conceptual and empirical work. Thereby, the CA is praised as a "robust framework incorporating notions of social justice, in thinking about education in very different and unequal social settings [...]"

Notes

- 1 The original term "capability approach" is being used here instead of the newer version of "capabilities approach".
- 2 Classifications of disabilities in the field of education (CLASDISA) is a project of the Department of Education, University of Vienna, financed by the Austrian Science Fund (FWF), project number: AP2217821. Website: HYPERLINK "<http://classifications-of-disabilities.univie.ac.at/home/>" <http://classifications-of-disabilities.univie.ac.at/home/>
- 3 Interview from the first phase of field research; anonymised unpublished material.

References

- BABIC, BERNHARD/GRAF, GUNTER/ CASTRO, OSCAR CASTRO (2010): Operationalising the capability approach for child and youth care - results of an international research project. Panel abstracts for the pre-conference workshop on children's capabilities. 20th September 2010, children's village Amman, Jordan.



- Available online at: <http://www.capabilityapproach.com/thematic/Panel%20Abstracts.pdf> [accessed: 1.10.2011]
- BALLET, Jérôme/BIGGERI MARIO/COMIM FLAVIO (2010): Children evolving capabilities. Panel abstracts for the pre-conference workshop on children's capabilities. 20th September 2010, children's village Amman, Jordan. Available online at: <http://www.capabilityapproach.com/thematic/Panel%20Abstracts.pdf> [accessed: 1.10.2011]
- BIGGERI, MARIO (2007): Children's Valued Capabilities. In: Walker, M. (Ed.): Amartya Sen's capability approach and social justice in education. Basingstoke
- BURCHARDT, TANIA (2004): Capabilities and disability: the capabilities framework and the social model of disability. *Disability & Society*, Vol. 19 (7), 735 - 751
- HUMAN DEVELOPMENT AND CAPABILITY ASSOCIATION: Briefing note on capability and education. Available online at: <http://www.capabilityapproach.com/pubs/EducationandCA021207.pdf> [accessed: 1.10.2011]
- COHEN, GERALD ALLAN (2009): Equality of what? On welfare, goods and capabilities. In: Nussbaum, M. C./ Sen, A.: The quality of life. (original work published 1993), New York, 9-29
- LINDMEIER, CHRISTIAN (2011): Bildungsgerechtigkeit und Inklusion. *Zeitschrift für Heilpädagogik*, Vol. 67 (4), 124-135
- MITRA, SOPHIE (2006): The capability approach and disability. *Journal of Disability Policy Studies*, Vol. 16 (4), 236-247
- MORRIS, CHRISTOPHER (2009): Measuring participation in childhood disability: how does the capability approach improve our understanding? *Developmental Medicine & Child Neurology*, Vol. 51, 92-94
- NUSSBAUM, MARTHA (2011): Creating capabilities. The human development approach. Cambridge/Massachusetts/London
- ROBEYNS, INGRID (2011): The capability approach. Stanford encyclopedia of philosophy. Available online at: <http://plato.stanford.edu/entries/capability-approach/#FunCap> [accessed: 1.10.2011]
- SEN, AMARTYA (2004): Disability and justice. Keynote Speech. Disability and Inclusive Development Conference, World Bank. Available online at: http://siteresources.worldbank.org/DISABILITY/214576-1092421729901/20291152/Amar_tya_Sen_Speech.doc [accessed: 1.10.2011]
- SEN, AMARTYA (2009): Inequality reexamined. (original work published 1992). New York
- TAFERE, YISAK/ABEBE, WORKNEH/ASSAZENEW, ASHAM (2009): Young lives. Qualitative research: round 1 - Ethiopia. Young lives technical note. An international study on childhood poverty. Oxford
- TERZI, LORELLA (2005): A capability perspective on impairment, disability and special needs. *Theory and Research in Education*, Vol. 3 (2), 197-223
- TERZI, LORELLA (2008): Beyond the Dilemma of Difference. The Capability Approach in Disability and Special Educational Needs. In: Florian, L./ McLaughlin, M. J. (Ed.): Disability Classification in Education. Issues and Perspectives. Thousand Oaks/London/New Delhi/Singapore,, 244-262
- UN (2006): UN Convention on the Rights of Persons with Disabilities and Optional Protocol.
- UNESCO (2000): The Dakar Framework for Action. Education for All: Meeting Our Collective Commitments. Paris
- WALKER, MELANIE/UNTERHALTER, ELAINE (2007): The capability approach: its potential for work in education. In: Walker, M./ Unterhalter, E. (Ed.): Amartya Sen's capability approach and social justice in education. Basingstoke, 1-18

Zusammenfassung: Dieser Artikel diskutiert die Inklusion von Amartya Sen's ‚Fähigkeiten-Ansatz‘ (capability approach) im Bereich Behinderung und Bildung. Am Beispiel eines laufenden Forschungsprozesses in Äthiopien illustriert er, welche Aspekte des Ansatzes als wertvoll für die derzeitige Phase der Feldforschung gesehen werden. Daher ist die theoretische Dimension des ‚Fähigkeiten-Ansatzes‘ und Behinderung zusammengebracht mit der aktuellen empirischen Forschung in einem so genannten Entwicklungsland.

Résumé: Cet article discute l'inclusion de l'approche de capacité d'Amartya Sen dans le champ du handicap et de l'éducation. A titre d'exemple il se concentre sur une recherche en cours en Ethiopie pour illustrer quels aspects de cette approche sont utiles pour la recherche de terrain. Ainsi la dimension théorique de l'approche de capacité et du handicap est mise en relation avec une recherche empirique dans un pays dit en développement.

Resumen: Este artículo discute la integración del enfoque de capacidad de Amartya Sen al área de discapacidad y educación. Con referencia a un estudio en proceso en Etiopía, se demuestran los aspectos que son válidos para la fase actual del estudio de campo. De ahí la dimensión teórica del enfoque de capacidad y discapacidad fueron juntados con la investigación empírica en un país en vías de desarrollo.

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Über das Urteil des kolumbianischen Verfassungsgerichts zum besonderen Schutz intern Vertriebener mit Behinderungen

Katja Mériau

Etwa jeder zehnte Kolumbianer ist in den letzten Jahrzehnten durch den gewaltsamen Konflikt im eigenen Land vertrieben und in bittere Armut und soziale Isolation gestürzt worden. Die Situation von Vertriebenen mit Behinderungen ist besonders prekär. Der Artikel gibt einen Überblick über ein Verfassungsurteil des kolumbianischen Verfassungsgerichts zum besonderen Schutz dieser Vertriebenengruppe, die besonderen Risiken, denen sie ausgesetzt sind und die Schwierigkeiten des Staates, ihre Rechte zu garantieren.

Seit über vier Jahrzehnten ist Kolumbien in einen internen bewaffneten Konflikt verwickelt, in dessen Zentrum der Streit um Landbesitz steht. Linksgerichtete Guerillas, rechtsgerichtete Paramilitärs, welche für den Großteil der Menschenrechtsverletzungen und Verstöße gegen das internationale Völkerrecht verantwortlich sind, sowie das kolumbianische Militär, sind involviert. Die gewaltsame Vertreibung der Zivilbevölkerung ist dabei die offenkundigste Auswirkung des Konflikts und deren Ausmaß verdeutlicht die Schwere der humanitären Krise im Land: Nach Angaben der kolumbianischen Menschenrechtsorganisation CODHES – *Consultoría para los Derechos Humanos y Desplazamiento*, wurden seit 1985 etwa 5,2 Mio. Menschen gewaltsam vertrieben (Codhes 2010: 8). Dies entspricht 11% der kolumbianischen Gesamtbevölkerung und setzt Kolumbien auf Platz eins der Liste der Länder mit der größten Anzahl an Binnenvertriebenen.

Gewaltsame Vertreibung impliziert immer traumatische Erfahrungen von Drohungen, Morden, Massakern, sexueller Gewalt, gewaltsamem ‚Verschwindenlassen‘ und/oder Unfällen mit Landminen oder anderen explosiven Überresten des Krieges. Land, Haus und Vieh gehen verloren und in den Städten, in die sich die überwiegend ländliche Bevölkerung flüchtet, wird sie mit einem urbanen Arbeitsmarkt und seinen spezifischen Anforderungen konfrontiert. Arbeitslosigkeit, prekäre Beschäftigungsverhältnisse im informalen Sektor und Diskriminierung der Vertriebenen stürzen viele Familien in die Armut: 98% der vertriebenen Haushalte befinden sich unterhalb der Armutslinie (< 2 US Dollar pro Tag), davon wiederum leben 79% in extremer oder absoluter Armut (< 1,25 US Dollar pro Tag) (Comisión de Seguimiento 2010: 183). Lebens- und Ausbildungsprojekte werden unterbrochen, familiäre, soziale und kulturelle Bindungen innerhalb des Gemeinwesens zerstört was zur Marginalisierung der Vertriebenenpopulation beiträgt.

Kolumbien verfügt über eine der weltweit

fortschrittlichsten Gesetzgebungen zum Schutz intern Vertriebener, seit das kolumbianische Verfassungsgericht 2004 das Meilenstein-Urteil T-025 erließ: Angesicht der Tatsache, dass die Situation der durch den bewaffneten Konflikt intern Vertriebenen eine der größten humanitären Katastrophen der westlichen Hemisphäre darstellt und der Staat seiner gesetzlichen Pflicht zum Schutz und Einhaltung der verfassungsmäßig garantierten Grundrechte der vertriebenen Bevölkerung nicht nachkommt¹, erklärte das Gericht diesen Umstand für verfassungswidrig und erließ eine Reihe spezifischer Verfügungen, sog. *Autos*, um die Rechte der Betroffenen zu garantieren.

Bis zum heutigen Zeitpunkt sind in etwa 75 solcher *Autos* verabschiedet worden, darunter die Beschlüsse des *enfoque diferencial*², die sich den besonderen Risiken und Bedürfnissen extrem vulnerabler Gruppen widmen, wie intern vertriebenen Frauen, Kindern und Jugendlichen, der indigenen und afrokolumbianischen Bevölkerung, sowie Menschen mit Behinderungen.

Das Urteil *Auto 006* von 2009 zum besonderen Schutz intern Vertriebener mit Behinderungen

Die individuellen, sozialen, und ökonomischen Konsequenzen der gewaltsamen Vertreibung treffen Personen mit Behinderungen besonders hart: In einer öffentlichen Audienz des kolumbianischen Verfassungsgerichts im Jahr 2008 bekamen 15 Betroffene aus verschiedenen Regionen des Landes die Möglichkeit, ihre Geschichte zu schildern. Aufgrund der in der Anhörung gewonnenen Informationen, verabschiedete das Gericht im Januar 2009 das *Auto 006*, welches besonderen Bezug auf die Risiken und Bedürfnisse intern Vertriebener mit Behinderungen nimmt und deren besondere Vulnerabilität hervorhebt.

Ein primäres und essentielles Problem stellt die mangelhafte Registrierung dieser Gruppe dar. So schwankten im Jahr 2009 die Schätzun-



gen bzgl. ihrer Zahl zwischen 1% (Angaben der staatlichen Registrierungsstelle für intern Vertriebene³) und 25% der Vertriebenenpopulation (Handicap International) (Auto 006 2009: 22). Dieser geringe Grad an Charakterisierung ist zum einen auf mangelnde Kompetenz der Funktionäre zurückzuführen, sensibel und fachkundig nach Behinderung zu fragen und zum anderen auf die mangelnde (Selbst-) Identifikation der Betroffenen.

Eine nationale Umfrage zur Überprüfung der Rechte intern Vertriebener aus dem Jahr 2010 ergab, dass 5% aller Haushalte intern Vertriebener ein Familienmitglied mit Behinderungen haben, von denen wiederum 25% ihre Behinderung dem bewaffneten Konflikt zuschreiben (Comisión de Seguimiento 2010: 56). Dies ist wenig überraschend in einem Land, welches weltweit die meisten Landminenopfer zu beklagen hat und in dem die Gräueltaten des Jahrzehnte andauernden bewaffneten Konflikts ihre Spuren in der mentalen Gesundheit der Menschen und im sozialen Gefüge der Gemeinschaften hinterlassen haben. Genauere Informationen z.B. bzgl. der Arten von Behinderungen, wo sich die Betroffenen befinden oder welche konkreten Bedürfnisse sie haben, sind jedoch nicht verfügbar.

In diesem Sinn identifizierte das Gericht in seinem Urteil vier spezielle und weitere unverhältnismäßige Risiken, denen Menschen mit Behinderungen im kolumbianischen Konfliktkontext ausgesetzt sind:

Spezielle Risiken

1. Das Risiko, dass sich eine bestehende Behinderung durch die Umstände des bewaffneten Konflikts verschlimmert oder eine neue Behinderung verursacht wird. Dies nicht nur wegen des Risikos von Verwundungen durch Landminen oder Kreuzfeuer, sondern auch wegen anderer Faktoren, die Behinderungen verschlimmern können, wie die Unterbrechung von Behandlungen und rehabilitativen Prozessen, der Verlust familiärer Unterstützung, Unterernährung und Hunger, sowie die psychosozialen Folgen extrem traumatischer Erfahrungen.
2. Das Risiko, dass Menschen mit Behinderungen wegen Einschränkungen ihrer Unabhängigkeit vor, während oder nach der Vertreibung zurückgelassen werden. Hier sind vor allem Menschen mit schweren physischen, sensorischen und mentalen Behinderungen, oder auch alte Menschen betroffen, die im Moment einer Flucht als Last wahrgenommen werden können.
3. Das Risiko, dass Menschen mit Behinderungen

angesichts vor Angriffen auf ihr Leben oder ihre psychische und physische Integrität nicht fliehen können. Besonders Menschen mit reduzierter Mobilität sehen sich physischen Barrieren in ihrer Umgebung ausgesetzt. In diesem Zusammenhang wurde deutlich, dass die Bevölkerung über keinerlei Kenntnisse bzgl. sicherer Fluchtrouten oder Unterstützungsmechanismen im Fall einer unmittelbar bevorstehenden gewaltsamen Vertreibung verfügt.

4. Das Risiko, dass Menschen mit Behinderungen angesichts ihrer extremen Vulnerabilität Opfer von außergerichtlichen Hinrichtungen durch das kolumbianische Militär werden, um als *falsos positivos*⁴ im Kampf gegen illegale bewaffnete Akteure präsentiert zu werden. Auch wenn es keine Zahlen über die Opfer gibt, gibt es doch Hinweise, dass insbesondere Menschen mit kognitiven Behinderungen diesem Risiko ausgesetzt sind.

Unverhältnismäßige Risiken, welche Vertriebene mit Behinderungen verschärft treffen

1. Die Integration und Akzeptanz von Menschen mit Behinderungen ist in Kolumbien gering ausgeprägt, so dass sie mit Diskriminierung und Ausgrenzung zu kämpfen haben. Die Tatsache, vertrieben und behindert zu sein, bedeutet doppelte Stigmatisierung durch die Gesellschaft und führt dazu, dass sich die Betroffenen aus Angst und Scham nicht als solche identifizieren. Häufig werden Familienangehörige mit Behinderungen versteckt und deren Situation bei der staatlichen Registrierungsstelle für Vertriebene (welche zum Zugang zu staatlichen Beihilfen und Programmen berechtigt) nicht deklariert.
2. Zugangshindernisse und -barrieren zu Informationen, wie über ihre Rechte als Vertriebener und wie diese einzufordern sind, tragen ebenso zum sehr geringen Grad an Registrierung dieser Gruppe bei, schlichtweg, weil ihnen der Deklarationsprozess nicht bekannt ist. Dies wiederum verstärkt ihre Unsichtbarkeit und erschwert den Zugang zur staatlichen Fürsorge. Teilweise und vor allem in größeren Städten erfahren die Vertriebenen nur Zuwendung und Hilfe von privatrechtlichen Institutionen und Organisationen.
3. Oftmals sind Vertriebene in der akuten Phase nach der Vertreibung auf Nothilfe-Unterkünfte angewiesen, welche nicht behindertengerecht ausgestattet sind und sich in schwer zugänglichen Umgebungen befinden. Mittelfristig landen die Familien in den



Armutsgürteln der Städte. Des Weiteren werden Vertriebene mit Behinderungen durch Umgebungsbarrieren in Einrichtungen der staatlichen Fürsorgepolitik, Gesundheitszentren und Ausbildungsstätten und in Transportmitteln von einer adäquaten Versorgung und Dienstleistungen ausgeschlossen. Selbst in den Fällen, in denen sie Zugang haben, können sie nicht mit einer ihren spezifischen Bedürfnissen angemessenen Behandlung rechnen, sondern müssen z.B. stundenlang Schlange stehen vor den Ämtern.

4. Die Familie ist für Menschen mit Behinderungen essentiell für die soziale Integration, insbesondere in Kontexten, in denen der Staat seiner Fürsorgepflicht nur unzureichend nachkommt. Die destruktiven Effekte der Vertreibung auf familiäre und soziale Strukturen und Kapazitäten oder gar der Verlust des Versorgers kann bei Personen mit Behinderungen zu vermehrten Gefühlen der Unsicherheit, Abhängigkeit und Isolation führen und sie vermehrt Missbrauchs- und Misshandlungserfahrungen aussetzen.
5. Der Zugang und Verbleib im Schulbildungssystem ist für Vertriebene mit Behinderungen besonders schwer. Es gibt kaum spezialisierte Schulen, reguläre Schulen sind nicht behindertengerecht ausgestattet in Bezug auf Zugänglichkeit oder alternative Lehrpläne und Materialien, und Lehrer verfügen über kein besonderes Bewusstsein für Behinderungen und kennen keine alternativen Formen pädagogischer Verfahren. Die Familien können sich den Transport und/oder Schuluniformen nicht leisten oder messen der Schulbildung behinderter Kindern wenig Bedeutung bei bzw. gehen davon aus, dass diese den Anforderungen nicht gerecht werden können. Eine besondere Barriere für intern Vertriebene Kinder mit Behinderungen ist die Altersbegrenzung für die jeweilige Klassenstufe: Der diskontinuierliche Schulbesuch lässt sie mit der Zeit zu alt für die Klassenstufe werden und so fallen sie aus dem Schulsystem heraus. Kinder mit Behinderung erfüllen häufig nicht die Mindestanforderungen, um in die nächste Stufe vorzurücken und verlieren somit ebenso den Anspruch auf einen Schulplatz.
6. Die Barrieren des Ausbildungssystems und des Arbeitsmarktes bestehen vor allem darin, dass die besonderen Bedürfnisse, Interessen und Kompetenzen der intern Vertriebenen mit Behinderungen im Rahmen des Angebots des nationalen Ausbildungsinstituts nicht berücksichtigt werden bzw. die Kurse nicht den Anforderungen der lokalen Ar-

beitsmärkte entsprechen. Weiterbildungsmaßnahmen oder Beratungsprogramme, insbesondere zur Selbständigkeit, Unternehmertum oder zur Bildung von Genossenschaften sind quasi nicht existent. Angesichts der Tatsache, dass fast 60% der intern Vertriebenen mit Behinderung selbständig sind (Comisión de Seguimiento, 2010; unveröffentlichtes Material) (10% mehr als der Vertriebenenpopulation im Allgemeinen), sollte dies stärker unterstützt werden, insbesondere und solange der Arbeitsmarkt keine versicherungspflichtige Beschäftigung in Aussicht stellt. Betroffene berichten häufig über Diskriminierung durch Unternehmer, welche aus der falschen Vorstellung heraus, Menschen mit Behinderung könnten keine Leistung erbringen, diese nicht einstellen.

7. Die Vertreibung hat gravierende Auswirkungen auf die Gesundheit der intern Vertriebenen mit Behinderungen. Meist ist ihre Ernährungs- und Wohnsituation äußerst prekär und öffentliche Gesundheitsdienste nicht existent oder den Bedürfnissen der intern Vertriebenen mit Behinderungen nicht angepasst, welches zusammengenommen die Entstehung und Verschlimmerung von Behinderungen begünstigt. 36% der intern Vertriebenen mit Behinderungen sind erst gar nicht versichert, und haben somit keinen Zugang zum Gesundheitssystem (Auto 006 2009: 56). Dessen Versorgung wiederum ist nicht integral; es existiert keine Frühintervention oder -prävention, es wird nicht an Re-/Habilitationszentren weiter verwiesen und Mangels eines national einheitlichen Gesundheitsinformationssystem können vor der Vertreibung begonnene Behandlungen nicht fortgesetzt werden. Die minimale Gesundheitsversorgung, die der Staat den intern Vertriebenen garantiert, deckt spezifische Leistungen, die wegen der Behinderung benötigt werden, wie Medikamente oder unterstützende Geräte oder Technologien nicht ab.

Die vier Verordnungen im Rahmen des Auto 006

Das Gericht bemerkte in seinem Urteil den völligen Mangel spezifischer Strategien zur Versorgung dieser vulnerablen Gruppe im Rahmen der staatlichen Fürsorgepolitik für die Vertriebenenbevölkerung. Infolgedessen verabschiedete das Gericht vier Verfügungen, sog. *órdenes*, welche an verschiedene Behörden der kolumbianischen Regierung gerichtet sind, mit dem Ziel, die verfassungswidrige Situation, in der sich diese Gruppe befindet zu überwinden und



ihren Schutz zu garantieren:

- A. Die Erweiterung und Komplettierung der Informationssysteme innerhalb von sechs Monaten.
- B. Entwurf und Implementierung eines nationalen Programms innerhalb von sechs Monaten, welches einzig und allein die Versorgung der intern Vertriebenen mit Behinderungen garantieren soll.
- C. Entwurf und Implementierung von fünf Pilotprojekten in ausgewählten Regionen innerhalb von drei Monaten.
- D. Die spezifische und individuelle Versorgung der 15 Personen samt ihrer Familien, die in der Audienz ihre Situation schilderten, ebenfalls innerhalb von drei Monaten.

Die aktuelle Situation

Die für die Versorgung der Vertriebenenpopulation verantwortliche Regierungsstelle *Agencia Presidencial para la Acción Social y Cooperación Internacional*, erstattet dem Verfassungsgericht regelmäßig über die Fortschritte der Fürsorgepolitik Bericht. Gleichmaßen äußern sich zivilgesellschaftliche Organisationen zu den Entwicklungen und bewerten diese: Zweieinhalb Jahre nach Verabschiedung des *Auto 006* hat das Verfassungsgericht keine, über die 15 individuellen Fälle hinausgehende, nachhaltige Wirkung auf die Gruppe der intern Vertriebenen mit Behinderungen gehabt.

Die Pilotprojekte beschränkten sich auf Weiterbildungen von Funktionären und eine Aufflistung schon existierender Angebote, ohne diese auszuweiten, um mehr Betroffene zu erreichen. Die größten Fortschritte seitens der Regierung wurden zuletzt in Bezug auf die Informationssysteme gemacht: so stieg der Anteil der Menschen mit Behinderungen an der Vertriebenenpopulation durch das Kreuzen von Datenbanken von 1 auf 3,5%. Gegenwärtig werden von der Regierung in vier Gemeinden neue Projekte zur Charakterisierung der Bevölkerung, der Identifizierung der existierenden institutionellen Angebote und der integralen Versorgung pilotiert.

Die sehr schleppende Implementierung des *Auto 006* durch die Regierung ist die Folge eines strukturellen Problems, welches jegliche Sozialpolitik des Staates und seiner Organe betrifft. Die Gründe dieses strukturellen Problems sind vielfältig: sie liegen in der mangelnden Koordination und Vernetzung der verschiedenen Regierungsbehörden (so setzt sich das Nationale System für die Integrale Versorgung der Vertriebenenpopulation – *SNAIPD* aus 18 Regierungsstellen auf unterschiedlichen Ebenen zusammen), in der Unklarheit bzgl. der Verant-

wortlichkeiten auf den verschiedenen nationalen und lokalen Regierungsebenen, der ungenauen Konzipierung der Fürsorgepolitik und ihrer unzureichenden Finanzierung, der mangelnden institutionellen Kompetenz und fehlendem politischen Willen, der unzureichenden Registrierung und Erhebung demographischer Daten über die Vertriebenenpopulation und dem Fehlen von spezifischen Indikatoren, um festzustellen, inwieweit die fundamentalen Rechte der Vertriebenenpopulation garantiert werden oder nicht.

Schlussfolgerung und Empfehlungen

Solange das Problem der mangelnden Identifikation und Charakterisierung der Vertriebenen mit Behinderung nicht überwunden ist, solange können keine ihren spezifischen Bedürfnissen angepassten Programme und Projekte entworfen und implementiert werden. Schon die Lokalisierung dieser wenig sichtbaren Bevölkerungsgruppe erwies sich als ernstzunehmendes Hindernis in den Pilotprojekten. Das Kreuzen verschiedener staatlicher Registersysteme hat zwar die Zahl der Vertriebenen mit Behinderungen geringfügig erhöht, jedoch sind die verfügbaren Informationen nicht ausreichend, um Situation, Bedürfnisse und den Schutz von Rechten zu charakterisieren. Eine Politik der aktiven Suche durch die Gemeindeverwaltungen in den Siedlungsgebieten der Vertriebenen könnte helfen, die Registersysteme zu aktualisieren.

Die schon angesprochene mangelnde Vernetzung der Aktivitäten des *SNAIPD* wird besonders im Bereich des *enfoque diferencial* sichtbar: So haben die Beschlüsse des Verfassungsgericht zu den spezifischen Problemen von Frauen, Kindern, Afrokolumbianern, indigenen Gruppen und Vertriebenen mit Behinderungen, und die vorgegebenen, sehr kurzen Zeiträume zu ihrer Umsetzung zu einer Vielzahl von verschiedenen Programmen geführt (allein der Beschluss *Auto 092* für vertriebene Frauen sieht 13 nationale Programme vor), die häufig nur auf dem Papier existieren und keine effektive Versorgung garantieren. Statt isolierter Programme sollte eine einheitliche Fürsorgepolitik für das gesamte Universum der Vertriebenen geschaffen werden, deren Implementierung, kontinuierliches Monitoring und Evaluation nach präzisen Indikatoren erfolgt, welche die spezifischen Bedürfnisse der einzelnen Vertriebengruppen abbildet. In allen Phasen sollte die effektive Partizipation der Vertriebenen mit Behinderung garantiert sein. Bisher ist dieser differenzielle Fokus in der Fürsorgepolitik noch sehr limitiert und beschränkt sich meist auf seine bloße Erwähnung.



Gerade im Bereich des Querschnittsthemas Behinderung sollte eine stärkere Verzahnung der Fürsorgepolitik für die Vertriebenenbevölkerung mit der Behinderten- und Sozialpolitik erfolgen, so dass nachhaltige Lösungen abseits von Nothilfe und Wohlfahrt geschaffen werden können.

Auf Programmebene (Auto 006) sollten zu Beginn physische und kommunikative Barrieren beseitigt werden, Informationskampagnen zu den Rechten von Menschen mit Behinderung sowie Sensibilisierungsaktionen bei Funktionären und Vertriebenengemeinden durchgeführt werden, um Diskriminierung und Ausgrenzung vorzubeugen und Integration zu fördern. Vorhandene institutionelle Versorgungsangebote für Menschen mit Behinderung sollten systematisiert werden und diese Informationen den Betroffenen vermittelt werden, um den Zugang zu Versorgung zu verbessern und soziale Integration zu fördern. In Gegenden mit kaum oder nicht vorhandener Infrastruktur könnten Programme zu gemeindebasierter Rehabilitation helfen, die Versorgung und Integration von Menschen mit Behinderung zu verbessern.

Nicht zuletzt muss das Programm mit ausreichend finanziellen Mitteln ausgestattet sein. Bisher ist nicht bekannt, welcher Finanzierungsrahmen für das Programm vorgesehen ist, jedoch besteht häufig eine große Lücke zwischen den verfügbaren Ressourcen auf der einen und den konkreten Bedürfnissen auf der anderen Seite.

Anmerkungen

- 1 Im Rahmen des Gesetzes 387 aus dem Jahre 1997, verpflichtete sich der kolumbianische Staat, Politiken zur Verhinderung von Vertreibung zu formulieren und notwendige Maßnahmen zur Versorgung, Schutz und sozioökonomischen Konsolidierung und Stabilisierung der intern Vertriebenen zu ergreifen.
- 2 Methode der Fragestellung, welche die Vielfalt und Ungleichheiten der vertriebenen Bevölkerung in Betracht zieht, um integrale und adäquate Versorgung, Schutz und Garantierung ihrer spezifischen Rechte durch die verantwortlichen Institutionen zu gewährleisten.
- 3 Nach Angaben der staatlichen Registrierungsstelle für intern Vertriebene hat etwa 1% eine Behinderung, 32% keine und für 67% sind keine entsprechenden Daten verfügbar.
- 4 Unter der Bezeichnung *falsos positivos*-Skandal wurden Fälle bekannt, bei denen Soldaten der kolumbianischen Armee unschuldige, männliche Zivilpersonen aus armen Schichten töteten und die Leichen als im Kampf gefallene Guerilla-Kämpfer präsentierten, um

den *Anti-Terror-Kampf* zu legitimieren und Erfolgsprämien, wie Beförderungen oder Sonderurlaub zu bekommen.

Literatur

- CODHES (2010): ¿Consolidación de qué? Boletín 77
COMISIÓN DE SEGUIMIENTO A LA POLÍTICA PÚBLICA
SOBRE EL DESPLAZAMIENTO FORZADO (2010): Tercer informe de verificación sobre el cumplimiento de derechos de la población en situación de desplazamiento
CORTE CONSTITUCIONAL DE COLOMBIA. SALA SEGUNDA DE REVISIÓN (2009): Auto No. 006 de 2009 - Protección de las personas desplazadas, con discapacidad, en el marco del estado de cosas inconstitucional declarado en la sentencia T-025 de 2004

Abstract: Over the last ten years through the violent conflict, about one in ten Columbians has been displaced and forced into extreme poverty and social isolation. The situation of displaced persons with disability is especially precarious. The article gives an overview over the constitutional judgements of the Columbian constitutional court in relation to providing guarantees for the protection of displaced persons groups in relation to the risks of their situation.

Résumé: Près d'un Colombien sur dix a été forcé de se déplacer ou a sombré dans la pauvreté et l'isolation sociale en raison de la violence dans son propre pays au cours de la dernière décennie. La situation des personnes déplacées porteuses de handicaps est particulièrement précaire. L'article donne un aperçu d'un jugement de la Cour constitutionnelle colombienne sur la protection particulière de ce groupe de déplacés, sur les risques particuliers auxquels ils sont exposés et les difficultés pour l'Etat d'assurer leurs droits.

Resumen: En las últimas décadas, cada décimo colombiano fue expulsado de su tierra y cayó en pobreza e isolación social. En particular, la situación de los expulsados con discapacidad es precaria. El artículo presenta una sinopsis del juicio del corte constitucional sobre la protección de este grupo de expulsados, los riesgos especiales que conllevan, y los problemas del estado para garantizar sus derechos.

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Kurzmeldungen/Announcements

Streubombenkonferenz im Libanon endet mit Beschluss

Die zweite Konferenz der Vertragsstaaten des sog. Oslo-Vertrags endete mit der einstimmigen Verabschiedung der Erklärung von Beirut, eines auf vier Jahre festgelegten Verbotes von Streubomben. Mehr als 120 Regierungen haben an der Konferenz in Beirut vom 12. bis 16. September teilgenommen. Seit der ersten Vertragsstaatenkonferenz 2010 in Laos sind 17 neue Staaten beigetreten. Auch Afghanistan, eines der am stärksten betroffenen Länder kündigte zu Beginn der Konferenz seinen Beitritt an. Immer noch sind 31 Staaten und nicht-staatliche Regionen Blindgängern aus Streubomben ausgesetzt. Die Unterstützung der beteiligten Staaten und Menschen wurde von vielen TeilnehmerInnen als ein zentrales Ziel des Vertrags betont. Der Beitritt eines Staates sei mit der Forderung der Räumung betroffener Gebiete, sowie der Beseitigung von Streubomben-Blindgängern innerhalb von zehn Jahren verbunden. Außerdem sei es besonders wichtig, die Bevölkerung, insbesondere Kinder, durch Aufklärungskampagnen über die Gefahr zu informieren.

Weitere Informationen: www.handicap-international.de, www.streubomben.de, www.landmine.de

Behinderung und Entwicklung – was geht mich das an? Erstes barrierefreies entwicklungspolitisches Bildungsprogramm

Die Bekämpfung der weltweiten Armut liegt nicht nur in der Verantwortung der Regierungen von Entwicklungs- und Industrieländern. Armutsbekämpfung erfordert das Engagement *aller* Menschen. Was wir *hier* konsumieren und welche Politik wir unterstützen, hat Auswirkungen auf das Leben der Menschen in Asien, Afrika und Lateinamerika. Diese Zusammenhänge zu verdeutlichen und die Ursachen von Armut zu erklären, sind die Aufgaben der entwicklungspolitischen Bildungsarbeit. Behinderung und Entwicklungszusammenarbeit e.V. (bezev) ist seit vielen Jahren in diesem Bereich tätig. Menschen, die zum ersten Mal mit bezev in Kontakt treten, stellen oft Fragen wie: Was hat Behinderung mit Armutsbekämpfung zu tun? Was versteht man in anderen Ländern überhaupt unter Behinderung? Und warum macht es Sinn, sich hier bei uns gegen die weltweite Armut einzusetzen?

Das Programm *Behinderung und Entwicklung – was geht mich das an?* gibt Antworten und enthält ein Aktionspaket, das Menschen mit und ohne Behinderung unterstützt, sich hier vor Ort gegen die weltweite Armut zu engagieren. Das Informationsmaterial mit Aktionsvorschlägen steht auch in digitaler Form auf einer CD für sehbeeinträchtigte Menschen und in einer Version in Leichter Sprache zur Verfügung.

Für Interessierte, die ihr Wissen zu Behinderung und Entwicklung vertiefen möchten, bietet bezev barrierefreie

Seminare an verschiedenen Orten in Deutschland an (aktuell: Hamburg 14. - 15.01.2012; Münster 18. - 19.02.2012; Oppurg 09. - 11.03.2012). Hier können die TeilnehmerInnen Ideen für Aktionen entwickeln und sich untereinander vernetzen. bezev unterstützt Engagierte auch nach den Seminaren bei der Vorbereitung und Durchführung ihrer Ideen und Aktionen.

Weitere Informationen: Behinderung und Entwicklungszusammenarbeit (bezev), Ansprechpartner: Benedikt Nerger, Tel.: 0201/17 88 963, Fax: 0201/17 89 026, E-Mail: kampagnen@bezev.de, www.bezev.de

Institut für inklusive Entwicklung (INIE) gegründet

Im Juli 2011 hat der Vorstand von Behinderung und Entwicklungszusammenarbeit (bezev) einstimmig beschlossen, das Institut für inklusive Entwicklung (INIE) zu gründen. Mit dieser Entscheidung reagiert bezev auf die gewachsenen Anforderungen im Bereich Behinderung und Entwicklung. Der in der UN-Konvention über die Rechte von Menschen mit Behinderung enthaltene Paradigmenwechsel betrifft auch die in der Konvention festgeschriebenen internationalen Artikel zur Humanitären Hilfe und Entwicklungszusammenarbeit. Überdies beinhaltet die Konvention die Verpflichtung, Menschen mit Behinderung in allen Projekten und Programmen einzubeziehen, d.h. diese inklusiv zu gestalten. Diese Entwicklung generiert einen hohen Bedarf an Beratung, Fort- und Weiterbildung, da bislang nur wenige Organisationen und Institutionen inklusiv arbeiten. Gleichzeitig ist es notwendig, zur Forschung in diesem Bereich beizutragen, da erhebliche Lücken bestehen.

Ziel des Instituts ist es daher, durch eine Verknüpfung von Wissenschaft und Praxis inklusive Entwicklung anwendungsorientiert wissenschaftlich zu begleiten, dieses Fachgebiet im deutschsprachigen Raum weiter zu entwickeln, Nachwuchskräfte und Fachkräfte zu qualifizieren, sich mit anderen Forschungsinstituten zu vernetzen und Kenntnisse und Erfahrungen in die *Scientific Community* in diesem Feld einzubringen.

Weitere Informationen: Institut für inklusive Entwicklung, Wandastr. 9, 45136 Essen, Tel.: 0201/17 89 123, Fax: 0201/17 89 026, E-Mail: info@inie-inid.org, Internet: www.inie-inid.org (im Aufbau)

Congress Resolution – World Federation of the Deaf

The World Federation of the Deaf (WFD) just released a congress resolution of its Members and the 2,100 participants from 125 countries at the 16th World Congress of the World Federation of the Deaf in Durban, South Africa, July 18th-24th 2011.



The resolution recalls the statement by the United Nations High Commissioner for Human Rights in the opening ceremony of the World Congress, "participation is a key human rights principle" and reveals the fact, that "there are important barriers" to the full enjoyment by deaf people of their human rights. It recalls the special situation of deaf women and girls, lesbian, gay and transgender persons, persons in developing countries, children of deaf adults and deaf senior citizens. It reaffirms the need to

promote quality deaf education and calls upon governments to take active measures, to strengthen the field of sign language. It strongly urges the promotion and development of access to mental health services for deaf children, youth, adults and the elderly and reaffirms that deaf people have full equality and enjoyment of their human rights.

More information:

<http://www.wfdeaf.org/news/congress-resolution>

Wie viel kann ein Kind ertragen?

www.kindernothilfe.de

Viele Kinder in den ärmsten Ländern der Welt leiden unter Armut und Ausbeutung. Werden Sie Kindernothilfe-Pate und schenken Sie Ihrem Patenkind Zukunft – durch Bildung, Gesundheit und Stärkung seiner Familie.



Gestaltung: Ralf Kamei, Foto: Hartmut Schwarzbach



Literatur/Reviews

*Behinderung und Entwicklungszusammenarbeit/
Caritas international/Kindermissionswerk "Die
Sternsinger"/Kindernothilfe*

Inclusive Early Childhood Development – an Underestimated Component within Po- verty Reduction

Essen 2011, Institut für inklusive Entwicklung,
ISBN: 978-3-00-036404-4, 15,40 EUR

The publication contains the contributions and results of the international conference: Inclusive Early Childhood Development – an Underestimated Component within Poverty Reduction, which took place in Bonn, Germany from 3-4 February 2011. It covers the significance of early childhood development for the worldwide struggle against poverty and, as a result, for attaining the Millennium Development Goals. It discusses which role early childhood development plays for human development and how detrimental poverty factors can be in the long term. At the same time, solutions and concrete measures are presented suggesting how a holistic approach to early childhood programmes and policies could look like. A further focus point shows how children with disabilities can be identified timely and integrated into general early childhood development programmes.

Bezug/Orders: Institut für inklusive Entwicklung, Wandastr. 9, 45136 Essen, E-Mail: info@inie-inid.org

Human Rights Watch

Futures Stolen - Barriers to Education for Children with Disabilities in Nepal

The 76-page report *Futures Stolen* documents the hurdles that children with disabilities face in obtaining a quality education in Nepal. Some children with disabilities experience abuse and neglect at home and in their communities, making it harder for them to gain access to schooling. These barriers result in low attendance and high dropout rates for children with disabilities compared with their non-disabled peers.

Bezug/Orders: Human Rights Watch, 350 Fifth Avenue, 34th Floor. New York, NY 10118-3299

USA, Tel: 1-(212) 290-4700, online verfügbar unter:
<http://www.hrw.org/reports/2011/08/24/futures-stolen-0>

*Behinderung und Entwicklungszusammenarbeit
(bezev)*

Inklusive Bildungsmaterialien: Behinde- rung und Entwicklung – was geht es mich an?

Essen 2011

Mit den Broschüren *Menschen mit Behinderung in Entwicklungsländern* und *Inklusion von Menschen mit Behinderung in der Entwicklungszusammenarbeit* sowie dem Aktionsheft *Ich mache mit* stehen nun Bildungsmaterialien in barrierefreier Form zur Verfügung. Die drei Broschüren sind auch

in Leichter Sprache erhältlich und werden von einer CD-ROM begleitet. Die Materialien beinhalten die grundlegenden Informationen zu den benannten Themen und richten sich an Menschen, die für Menschen mit Behinderung in Asien, Afrika und Lateinamerika aktiv werden möchten.

Bezug: Behinderung und Entwicklungszusammenarbeit (bezev), Wandastr. 9, 45136 Essen,
E-Mail: kampagnen@bezev.de

*Behinderung und Entwicklungszusammenarbeit
(bezev)*

Ich bin anders, aber gleich Lebensgeschichten von Menschen mit Be- hinderung weltweit

Essen 2011

In dieser Broschüre kommen Menschen mit Behinderung aus Asien, Afrika, Lateinamerika und Deutschland zu Wort. Anhand eines Interviews erzählen sie ihre ganz persönlichen Geschichten aus Kamerun, Thailand, Südafrika, Pakistan, Argentinien, Sambia und Deutschland. Es sind Lebensgeschichten, die sich an einigen Stellen ähneln, es gibt aber auch deutliche Unterschiede, welche die verschiedenen Lebenswelten zeigen. Die AutorInnen teilen schöne, aber auch bittere oder schmerzhaft Erfahrungen mit den LeserInnen. Was aber bei allen über die Grenzen hinweg zum Ausdruck kommt, ist die Bedeutung des gesellschaftlichen Miteinanders für die gleichberechtigte Teilhabe am Leben.

Bezug: Behinderung und Entwicklungszusammenarbeit (bezev), Wandastr. 9, 45136 Essen,
E-Mail: kampagnen@bezev.de



VERANSTALTUNGEN EVENTS

- 29.11. - 01.12.2011 2nd Asia Pacific CBR Congress in Manila, Philippines
Information: National Council on Disability Affairs, NCDA Building, Isidora Street, Brgy. Holy Spirit, Quezon City, Philippines, E-Mail: apcbrcongress@ncda.gov.ph, <http://www.ncda.gov.ph/2011/07/cbr-and-research-pre-congress-workshop/>
02. Dezember 2011 Seminar: Inklusive Entwicklung als Menschenrecht, Bonn
Information: Behinderung und Entwicklungszusammenarbeit (bezev), Wandastr. 9, 45136 Essen, Tel.: 0201/17 88 963, E-Mail: info@bezev.de
- 05.12. - 06.12.2011 "The World Report on Disability: Implications for Asia and the Pacific"
Information: The University of Sydney, Symposium Secretariat, Tel.: +61 2 9351 9772, E-Mail: imelda.noti@sydney.edu.au; dana.higgins@sydney.edu.au, http://sydney.edu.au/health_sciences/disability-symposium/
- 14.01. - 15.01.2012 Behinderung und Entwicklung - was geht mich es an? in Hamburg
Information: Behinderung und Entwicklungszusammenarbeit (bezev), Wandastr. 9, 45136 Essen, Ansprechpartner: Benedikt Nerger, Tel.: 0201/17 88 963, E-Mail: kampagnen@bezev.de
- 18.02. - 19.02.2012 Behinderung und Entwicklung - was geht mich es an? in Münster
In Kooperation mit der Akademie Franz-Hitze-Haus
Information: Behinderung und Entwicklungszusammenarbeit (bezev), Wandastr. 9, 45136 Essen, Ansprechpartner: Benedikt Nerger, Tel.: 0201/17 88 963, E-Mail: kampagnen@bezev.de
- 09.03. - 11.03.2012 Behinderung und Entwicklung - was geht mich es an? in Oppurg (bei Jena)
Information: Behinderung und Entwicklungszusammenarbeit (bezev), Wandastr. 9, 45136 Essen, Ansprechpartner: Benedikt Nerger, Tel.: 0201/17 88 963, E-Mail: kampagnen@bezev.de
- 03.05. - 04.05.2012 Von lokal bis global. Community Based Inclusive Development - eine Strategie zur Umsetzung einer inklusiven Entwicklung (Arbeitstitel)
Im Gustav-Stresemann-Institut in Bonn
in Kooperation mit CBM (Christoffel-Blindenmission), Caritas international
Information: Behinderung und Entwicklungszusammenarbeit (bezev), Wandastr. 9, 45136 Essen, Tel.: 0201/17 88 963, E-Mail: info@bezev.de, www.bezev.de
- 18.06. - 13.07.2012 Summer School on Disability and Development
Subject: Disability and Development
Venue: Faculty of Public Health, University of Indonesia (UI), Depok, West Java
- 10.09. - 14.09.2012 Summer School "Inklusion und Entwicklung", Humboldt-Universität zu Berlin
Information: Behinderung und Entwicklungszusammenarbeit (bezev), Wandastr. 9, 45136 Essen, Tel.: 0201/17 88 963, E-Mail: info@bezev.de, www.bezev.de



Schwerpunktthemen kommender Ausgaben der Zeitschrift Focal Topics of Upcoming Issues

- 1/2012 Terminologie/Terminology (verantwortlich/responsible: Stefan Lorenzkowski, Stefan.Lorenzkowski@web.de)
- 2/2012 Psychische Gesundheit/Mental Health (verantwortlich/responsible: Mirella Schwinge, mirella.schwinge@univie.ac.at)
- 3/2012 Historie der Behinderbewegung/History of the Disability Rights Movement (verantwortlich/responsible: Susanne Wilm, susanne_wilm@yahoo.de)

Interessierte Autorinnen und Autoren mögen sich für nähere Informationen und unseren *Leitfaden für AutorInnen* bitte an die oben genannten Verantwortlichen wenden. Darüber hinaus sind Vorschläge für weitere Schwerpunktthemen willkommen unter gabi.weigt@t-online.de.

If you are interested in contributing, please contact the respective member of the editorial board mentioned above for more information and our Guidelines for Submissions. Moreover, we welcome ideas and suggestions for future focal topics which you can submit to our editorship at gabi.weigt@t-online.de.

Deadlines for the upcoming issues:

	1/2012	2/2012	3/2012
Hauptbeiträge/Focal articles	15.09.2011	15.01.2012	15.07.2012
Kurzbeiträge/Other contributions	15.11.2011	15.04.2012	15.08.2012

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Die Zeitschrift *Behinderung und internationale Entwicklung* erscheint seit 1990 dreimal jährlich mit Beiträgen sowohl in deutscher als auch englischer Sprache. Ihr Anspruch ist es, ein Medium für einen grenzüberschreitenden Informationsaustausch zur Thematik zu bieten sowie die fachliche Diskussion zu pädagogischen, sozial- und entwicklungspolitischen sowie interkulturellen Fragen im Zusammenhang mit Behinderung in Entwicklungsländern weiterzuentwickeln. Jede Ausgabe ist einem Schwerpunktthema gewidmet, das durch Einzelbeiträge und einen aktuellen Informationsteil ergänzt wird.

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The journal *Disability and International Development* is published three times a year since 1990, featuring contributions in both English and German. Its objective is the scholarly and practice-oriented discourse on disability in low-income countries. The journal aims at providing a platform for a cross-border dialogue and promoting the professional discussion of related development policy, pedagogical/educational, socio-political and intercultural questions. Each issue is dedicated to a focal topic, complemented by single contributions on other subjects and up-to-date information.

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