Mapping of Discrimination against Women and Girls with Disabilities in East & Southern Africa
MAPPING OF DISCRIMINATION AGAINST WOMEN AND GIRLS WITH DISABILITIES IN EAST & SOUTHERN AFRICA
ABOUT UN WOMEN

UN Women works for the elimination of discrimination against women and girls; the empowerment of women; and the achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace, and security. Placing women’s rights at the centre of all its efforts, the UN Women leads and coordinates United Nations system efforts to ensure that commitments on gender equality and gender mainstreaming translate into action throughout the world. It provides leadership in support of Member States’ priorities and efforts, building effective partnerships with civil society and other relevant actors. As part of this mandate, UN Women also contributes to gender equality and the empowerment of women and girls with disabilities.
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UN Women Senior Management Team

Izeduwa Derex-Briggs (Regional Director-East and Southern Africa), Zebib Kavuma (Deputy Regional Director-East and Southern Africa), Letty Chiwara (Representative to Ethiopia, AU, and UNECA), Anna Mutavati (Country Representative to Kenya), Anne Shongwe (Multi-Country Representative-South Africa Multi Country Office), Maxime Houinato (Country Representative to Uganda), and Hodan Addou (Country Representative to Tanzania) and Delphine Serumaga (Country Representative to Zimbabwe).

Research Team


Government Ministries and Departments


UN Women Staff at the Country Offices

Agrippina Nandhego and Jolie Acen (Uganda), Anna Parini, Alembirhan Berhe, Enat Shiferax and Aster Shale (Ethiopia), Anele Sibobi (South Africa), Chenesai Nyamondo (Zimbabwe), Agnes Hanti and Rachael Boma (Tanzania) and Banu Khan (Kenya).
ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ADD</td>
<td>Africa Disability and Development</td>
</tr>
<tr>
<td>AFUB</td>
<td>African Union of the Blind</td>
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<tr>
<td>ARI</td>
<td>African Rehabilitation Institute</td>
</tr>
<tr>
<td>AU</td>
<td>African Union</td>
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<tr>
<td>CBO</td>
<td>Community-based Organization</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination Against Women</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
</tr>
<tr>
<td>CRPD</td>
<td>United Nations' Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
</tr>
<tr>
<td>CWD</td>
<td>Children with Disabilities</td>
</tr>
<tr>
<td>DPO</td>
<td>Disabled People's Organizations</td>
</tr>
<tr>
<td>ESA(R)</td>
<td>East and Southern Africa (Region)</td>
</tr>
<tr>
<td>ESARO</td>
<td>East and Southern Africa Regional Office</td>
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<tr>
<td>FGD</td>
<td>Focus Group Discussions</td>
</tr>
<tr>
<td>GDI</td>
<td>Gender Development Index</td>
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<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HH</td>
<td>Household</td>
</tr>
<tr>
<td>ICIDH</td>
<td>The International Classification of Impairments, Disabilities and Handicaps (WHO)</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
</tr>
<tr>
<td>OPDS</td>
<td>Organizations of Persons with Disabilities</td>
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<tr>
<td>OWD</td>
<td>Organizations of Women with Disabilities</td>
</tr>
<tr>
<td>PAFOD</td>
<td>Pan-African Federation of Disabled</td>
</tr>
<tr>
<td>PWD</td>
<td>Persons with Disabilities</td>
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<tr>
<td>SAFOD</td>
<td>Southern Africa Federation of Disabled</td>
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<tr>
<td>SADPD</td>
<td>Southern Africa Development of People with Disabilities</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and Gender-based Violence</td>
</tr>
<tr>
<td>SIDA</td>
<td>Swedish International Development Agency</td>
</tr>
<tr>
<td>SNE</td>
<td>Special Needs Education</td>
</tr>
<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health Rights</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations' Development Programme</td>
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<tr>
<td>UNFPA</td>
<td>United Nations' Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations' Children’s Fund</td>
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<tr>
<td>UN Women</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
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<tr>
<td>WGWD</td>
<td>Women and Girls with Disabilities</td>
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<tr>
<td>WWD</td>
<td>Women with Disabilities</td>
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<td>WHO</td>
<td>World Health Organization</td>
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EXECUTIVE SUMMARY

Definitions and Prevalence of Disability in a Global Legal Context

Globally, more than one billion persons—one of the world’s most significant and most frequently overlooked minority groups—are estimated to be living with disabilities, out of whom 80 per cent in developing countries. The average prevalence rate in the female population 18 years and older is 19.2 per cent, compared to 12 per cent for males, representing about 1 in 5 women. Despite this until very recently, they were invisible in international human rights law. People living with disabilities are not listed among the groups explicitly protected against discrimination in the post-war human rights instruments that make up the International Bill of Rights. However, a progressive interpretation of the provisions includes persons with disabilities, among others.

The UN Charter identifies the fundamental obligations of member states explicitly to ensure respect for human rights and fundamental freedoms for all. Article 25 of the UDHR, Article 23 of the Convention on the Rights of the Child, Article 18 (4) of the African Charter of Human and People’s Rights, also emphasizes the protection of rights of people with special needs. The rights of persons with disabilities are also reaffirmed in the Vienna Declaration and Programme of Action (1993), the Copenhagen Declaration and Programme of Action (1995), and the Beijing Declaration and Platform for Action (1995). Following the decades of lobbying by the Disabled People’s Organizations (DPOs) and the women’s movement, the UN General Assembly adopted the Convention on the Rights of Persons with Disabilities (CRPD) in December 2006, which specifically focused on their rights. The Convention and an additional optional protocol are intended to promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms for all persons with disabilities.

The Agenda 2030 for Sustainable Development is a disability sensitive and inclusive framework. Through its 17 Sustainable Development Goals, the 2030 Agenda presents a logical pathway and guidance from which the international community, national, and local development machinery can deliver a disability inclusive development. The Agenda anchors on its Leave No One Behind principle to recognize and rally solid support for the inclusion of disability issues as well as those of other disadvantaged groups in the implementation, monitoring, and reporting of the SDGs. In fact, Agenda 2030 for Sustainable Development has seven distinct targets and indicators on persons with disabilities regarding their access to employment, education in disability-friendly schools, accessibility to transport, accessibility to public spaces, inclusion, and empowerment of individuals living with disabilities. On the same note, the targets and indicators enhance the capacity of different countries in disaggregating and availing data on disability.

Recent developments have shown that various governments are committed to integrating disability issues in their development agenda, thus providing further inclusivity frameworks in their different critical areas of development. As demonstrated in the Rio+20 Conference branded “The future we want,” sustainable development strategies must underscore the imperative benefit of developing practical accessibility and disability inclusion in all development blueprints.

Additionally, the Sendai Framework for Disaster Risk Reduction, which was adopted in March 2015, recognized persons with disabilities as crucial agents of change. The pressing needs of persons living with disabilities were also echoed by the Addis Ababa Action Agenda, which came into light in July 2015. The Addis Ababa Action Agenda highlighted vital issues around social protection, employment, infrastructure, financial inclusion, education, and technology, as well as the urgent need for disability data disaggregation. These efforts were strengthened by the 2016 World Humanitarian Summit and the Quito Habitat III that promulgated the first-ever Charter on Inclusion of Persons with Disabilities in Humanitarian Action and...
adopted the disability-inclusive New Urban Agenda, that prioritized the principles of universal design and accessibility for all in delivering urban development across the world respectively.6

Defining the term ‘disabled’ or ‘disability’ has proven to be a contentious issue.7 This is because there are differing interpretations of disability and divergent views of what categories fall under the umbrella of disability. The adoption of the World Health Organization’s International Classification of Functioning, Disability, and Health (ICIDH, known as ICF) followed a process over two decades. This helped the organization is shifting its conceptual framework from a medical model (impairment-based) to a new scheme that focuses on limitations in activities and social participation. Although not representing a shift from a strictly medical to a purely social model, the development culminating with ICF may be understood as a merger of the social and the medical models into an interaction model that implies a much more comprehensive understanding of disability and the disablement process.8

Despite the wide adoption of international, regional, and national instruments guaranteeing the rights of women and girls with disabilities, significant gaps remain in their implementation. Information and data on women and girls with disabilities in East & Southern Africa (ESA) are limited, and their specific needs are not always addressed in initiatives promoting women’s empowerment. There is a need for in-depth research on such topics as different types of impairments, the link between gender, poverty, and disability, and the effects of malnutrition on health and intellectual development, with the results being used to design effective intervention programmes. Women and girls with disabilities (WGWD) in ESA are more likely to experience gender-based violence, have less access to education and economic opportunities, and to be excluded from the political system.

To map gender-based discrimination against women and girls with disabilities in the region, UN Women ESARO undertook a Mapping of Gender Related Discrimination amongst Women with Disabilities in the East & Southern Africa Region study. The study was carried out within the organization’s programming on gender equality, empowerment of women and girls with disabilities, and disability inclusion in line with the principles of leaving no one behind. The study is also aligned with the UN Women Strategic Plan, UN Women Africa Strategy, and the African Union Agenda 2063.

This document is based on both desk research and key informant interviews. The study involved consultations with the Government, CSOs, UN Women team, and relevant professionals in the study countries and networks. Interviewees included women with various types of disabilities from six countries covered by UN Women in ESA, as well as UN Women staff and relevant policymakers. Besides, Focus Group Discussions (FGDs) were carried out in Ethiopia, Kenya, and Uganda. (Please refer to Chapter 2 on data and methods).

Conclusions and Recommendations for UN Women ESARO Programming

Conclusions

Discrimination of girls and women with disabilities (GWWD) characterizes all the countries in East and Southern Africa Region (ESAR). Only the level and intensity of such discrimination varies. This discrimination takes place at home, in access to education, social and health services, employment, and inheritance as well as in social relations. Fewer public buildings and modes of transport are accessible to people with disabilities (PWDs). Poverty, gender, and disability are, in many ways, interconnected rendering, especially women, girls, and elderly people in the poorest countries extremely vulnerable and even in dire poverty. Countries with relatively seen higher socioeconomic status, such as South Africa, Botswana, Namibia, and Kenya, also have more developed legal and regulatory frameworks and practical measures in support of persons with disabilities, including women with disabilities.

Discrimination of girls and women with disabilities starts at home and can, in extreme cases, lead to infanticide, chaining up or caging children, denying them food, or hiding them.9 Having a child with a disability is often seen as a ‘shame’ or a ‘curse’ and often leads their farther to abandoning their mother.

Access to education is more limited for girls than boys with disabilities in all the countries in ESAR.
School buildings are not always accessible, and lack of accessible and gender-disaggregated sanitation facilities adds up to the problems of girls with disabilities. Sexual abuse and forced sterilizations are not unknown in special boarding schools for children with disabilities. The probability of people with disabilities and particularly women and girls attending and successfully completing their education remains very low. They are thus at the highest risk of remaining illiterate than their counterparts. Studies show that, on average, one-third of children with disabilities and are of primary school age are not in schools. This disproportionately compares with their counterparts without disabilities and who only out of every seven children miss school.

Consequently, primary school completion among children with disabilities remains lower with time, leading to deteriorating levels of literacy rates of 54 per cent against 77 per cent of their counterparts who have no disabilities. Also, access to vocational training is problematic in many countries for persons with disabilities. In some states, more than 10 per cent of persons with disabilities have been refused entry into school because of their disability; and more than a quarter of persons with disabilities reported schools were not accessible or that obstacles were hindering their access to them. Crowd-sourced data, mostly from developed countries, indicate that only 47 per cent of more than 30,000 education facilities are accessible for persons using wheelchairs.

Although all the countries in ESAR in principle have policies on inclusive education, this is only practiced in a limited number of schools due to a lack of human and other resources. There is a general lack of assistive devices in most countries. Weak educational background, stigma, and negative social attitudes lead WWDs to unemployment and extreme poverty, including begging and destitution.

Access to health services, including sexual and reproductive health, is also limited for several reasons, such as accessibility and social attitudes, towards persons with disabilities. Similarly, physical barriers, including the affordability of service and transportation, lack of communication system, especially for deaf, dumb and visually disabled women, inhibit their access to such services. The fact that women and girls with disabilities suffer from higher risks of sexual and gender-based violence renders considerable urgency to improving awareness, prevention and treatment of sexually transmitted diseases, including HIV/AIDS for women and girls with disabilities, as well as knowledge of their sexual and reproductive rights among healthcare givers and judiciary, including police force. People living with disabilities are more likely to report finding health care providers’ skills inadequate to meet their needs and report being poorly treated and hence building the capacity of health care workers in providing quality, affordable and required services to women and girls living with a disability is essential.

Few of the countries in the region have functioning social benefit programmes for persons with disabilities. Exceptions are South Africa, Namibia, Swaziland, and Botswana. Kenya has launched a pilot cash transfer programme aimed to assist households with a person with a disability, but the coverage is still low. Although Zimbabwe, in principle, has disability allowances, the programme has not functioned since 2012 due to the weak economic situation in the country.

All the countries in the region have at least some legislation regarding PWDs. All the other countries except Eritrea and Botswana have neither signed nor ratified the UN Convention on the Rights of Persons with Disabilities. It is of concern that the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities in Africa has five signatories out of 55 countries with no ratifications as of July 2019. Most have also ratified CEDAW and the CRC. However, these laws and policies are not always fully implemented.

Access to justice for persons with disabilities is, in principle, guaranteed, but practically, they face many hurdles. In most countries, police and court lack sign language interpreters to interpret proceedings for persons with hearing impairments as well as tactile signage for the deaf-blind. Requirements such as having competent and compelled witnesses to cases of rapes severely limit the possibilities of women and girls with disabilities to report sexual abuse. These factors seriously limit the legal capacity of persons/women with disabilities.

Although access to politics is guaranteed by law, many countries have limitations regarding the right to vote for persons with psychosocial disabilities. Some of the countries in the region have specific quotas for persons with disabilities and women with disabilities at different levels of administration.

Access to sports and recreation is also limited, especially for women and girls with disabilities. However, some countries, like South Africa and
Namibia, have developed positive measures to encourage access to sports and culture also for persons with disabilities.

Particularly marginalized groups of persons with disabilities are identified during the interviews carried out in the course of this study. They included those with psychosocial disabilities, persons with albinism and in some countries, persons with leprosy.

**Recommendations**

In the following, recommendations for ESAR that have emanated from this research are presented. These are categorized in eight sub-thematic focus areas i.e., Research and Data Collection; Representation and Participation; Awareness-raising and prevention of SGBV; Capacity building; Access to Education; Legal and Policy Framework; Access to Assistive Devices; and Collaboration and Resource Mobilization.

**(i) Research and Data Collection**: Improve the quality of national census and other national-level studies to include disability and gender issues in collaboration with DPOs and using the Washington Group Short Set of Questions and international standards. These kinds of processes are already ongoing in many countries in the region. South Africa, Uganda, and Kenya, for example, have already well-developed standards of statistics, and lessons could be learned from these countries through South-South learning.

For instance, joint seminars, training, or twinning arrangements looking into gender and disability issues. Data on labour force participation and incomes among women with disabilities and SGBV against women and girls with disabilities lacks in all the countries in ESAR. There is little information on the trafficking and exploitation of PWDs by criminal networks. It would, therefore, be necessary also to include questions relating to SGBV against all women, including women and girls with disabilities, in national-level research and surveys.

**(ii) Representation and Participation**: There is a need to distinguish between general issues of women and concerns of women with disabilities and address them separately. This includes strengthening the existing national-level organizations of women with disabilities and supporting their formation in all countries. These could be instrumental also, general umbrella organizations for DPOs and DWOS-in giving WGWD a collective voice, in empowering women with disabilities to address sexual reproductive health issues and help to address sexual and gender-based violence against women and girls with disabilities, especially at the grassroots level. Being women’s organizations, they could be able to find common ground with general women’s organizations and hence influence the practices in the latter to become more inclusive.

**(iii) Capacity building of national authorities** (police, judiciary, educational authorities, and social and health services) and decision-makers about the specific needs of women and girls with disabilities. The government and development partners could invest in developing programmes together with women’s associations, DPOs, and their umbrella organizations, including increasing support mechanisms and awareness for women and girls with albinism, psychosocial disabilities, etc. Improving the access of women and girls with disabilities to sexual and reproductive health services, including awareness and prevention of HIV/AIDS, is urgent. More awareness-raising would also be needed about the impact of environmental factors and nutrition on the fetus to prevent certain forms of disability, such as caused by the lack of vitamin A and folic acid, which may lead to congenital and growth problems. Good practices already exist in some countries in the region, and learning from each other could be a way for encouraging others to try to develop improved mechanisms and practices. Capacity development of women’s associations and DPOs/DWOs could be done in collaboration with regional machinery.

**(iv) Access to education and vocation training is problematic, especially for girls with disabilities** in all the countries in ESAR, and leads to a vicious circle of poverty. Specific measures would be needed to encourage parents to allow access to education also for girls. There are well-tested measures developed by some Governments with support of UNICEF and other partner agencies (such as food allowances, etc.) designed to increase the access to schools for children in general. These could also be used as targeted measures for parents with girls with disabilities. There is also a clear need to protect children
with disabilities from sexual harassment and abuse in schools. Institutional arrangements and accessibility measures need to be prioritized for inclusive education in each country, as this is also noted as a challenge in most schools.

(v) **Awareness Raising and Prevention of Sexual and gender-based violence against women and girls (and boys) with disabilities.** In addition to more research in this area, awareness-raising of national authorities, decision-makers, and the general public are urgently needed. Some of the DPOs have already implemented different types of awareness-raising among communities, and it would be essential to support such endeavors in the region. Increasing access to information on the availability of funds for persons with disabilities and information about services available to them is required. Similarly, strengthening the accessibility of services for GBV survivors with disabilities. Developing narratives around disability and gender; therefore, including more voices from women with disabilities to tell their own stories should be encouraged. Governments need to invest in raising awareness to ensure civil servants are aware of the laws to promote effective implementation.

**Legal Framework.** While almost all the countries in ESA have ratified the Convention on the Rights of Persons with Disabilities, it has not been fully domesticated in their national legal frameworks. The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities in Africa adopted in January 2018 is yet to be ratified and thus need for prioritization on ratification, domestication, and implementation. Reviewing the legal framework and access to ratification, domestication and implementation. Reviewing the legal framework and access to justice, particularly for women and girls with disabilities, is something where Government and the development partners could collaborate with DPOs and women’s associations in different countries. Laws that are discriminatory towards women and girls with disabilities (such as the requirement of having competent and compellable witnesses to testify accurately in rape cases) should be revised to strengthen the legal capacity of women and girls with disabilities. Disability factor to be integrated into gender-related legal frameworks. Institutional arrangements to be revised for mandatory inclusion of people living with disabilities in the revision and development of policies and legal frameworks.

(vi) **Improved Access to Assistive Devices for women and girls with disabilities.** It is essential to ensure improved access to such devices with targeted programmes as well as encouraging the production of assistive devices in the region.

(vii) **Collaboration and Resource Mobilization.** Building linkages with other international and regional organizations and the private sector in raising awareness about disability and gender related issues in the region.

In conclusion, it can be noted that there is a strong need for conducting more in-depth research in gender-based discrimination against women with disabilities in East and Southern Africa as well as awareness-raising about women and girls with disabilities (WGWD) at different levels. Good practices can and should be disseminated and replicated within the region.
INTRODUCTION
1.1 PURPOSE AND OBJECTIVES

Despite the wide adoption of international, regional, and national instruments guaranteeing the rights of women and girls with disabilities, significant gaps remain in their implementation. Information and data on women and girls with disabilities in East & Southern Africa (ESA) are limited, and their specific needs are not always addressed in initiatives promoting women’s empowerment. There is a need for research on such topics as disability patterns, the link between gender, poverty, and disability, the intersectionality between gender and disability, and the effects of malnutrition on health and intellectual development, with the results being used to design effective intervention programmes. Women and girls with disabilities in ESA are more likely to experience gender-based violence, have less access to education and economic opportunities, and to be excluded from the political system. The international, regional, and national legal frameworks joined by the Sustainable Development Goals, which focus on ‘Leaving No One Behind and Reaching the Farthest,’ should be harnessed to achieve the full realization of the rights of persons with disabilities on priority.
DEFINITIONS AND PREVALENCE OF DISABILITY IN A GLOBAL LEGAL CONTEXT

Globally, more than 1 billion people, the World’s forgotten and overlooked minority, are estimated to be living with disabilities, out of whom more than 80 per cent in developing countries. The average prevalence rate in the female population 18 years and older is 19.2 per cent, compared to 12 per cent for males, representing about 1 in 5 women. Despite this until very recently, they were invisible in international human rights law.

People living with Disabilities are not listed among the groups that are explicitly protected against discrimination in the post-war human rights instruments that make up the International Bill of Rights. However, a progressive interpretation of the provisions includes persons with disabilities, among others. The UN Charter identifies the fundamental obligations of member states explicitly to ensure respect for human rights and fundamental freedoms for all. Article 25 of the UDHR, Article 23 of the Convention on the Rights of the Child, Article 18 (4) of the African Charter of Human and People’s Rights, also emphasizes the protection of rights of people with special needs.

The rights of persons with disabilities are also reaffirmed in the Vienna Declaration and Programme of Action (1993), the Copenhagen Declaration and Programme of Action (1995), and the Beijing Declaration and Platform for Action (1995). Following the decades of lobbying by the DPOs and the women’s movement, the UN General Assembly adopted the Convention on the “Rights of Persons with Disabilities (CRPD) in December 2006, which specifically focussed on their rights. The Convention and an additional optional protocol are intended to promote, protect, and ensure the full and “equal enjoyment of all human rights and fundamental” freedoms for all persons with disabilities.

The Agenda 2030 for Sustainable Development is a disability sensitive and inclusive framework. Through its 17 Sustainable Development Goals, the 2030 Agenda presents a logical pathway and guidance from which the international community, national, and local development machinery can deliver a disability-inclusive development. The Agenda anchors on its Leave No One Behind principle to recognize and rally reliable support for the inclusion of disability issues as well as those of other disadvantaged groups in the implementation, monitoring, and reporting of the SDGs. In fact, Agenda 2030 for Sustainable Development has seven distinct targets and indicators on persons with disabilities regarding their access to employment, education in disability-friendly schools, accessibility to transport, accessibility to public spaces, inclusion, and empowerment of individuals living with disabilities. On the same note, the targets and indicators enhance the capacity of different countries in disaggregating and availing data on disability.

Recent developments have shown that various governments are committed to integrating disability issues in their development agenda, thus providing further inclusivity frameworks in their different vital areas of development. As demonstrated in the Rio+20 Conference branded “The future we want,” sustainable development strategies must underscore the imperative benefit of developing practical accessibility and disability inclusion in all development blueprints. Additionally, the Sendai Framework for Disaster Risk Reduction, which was adopted in March 2015, recognized persons with disabilities as crucial agents of change. The pressing needs of persons living with disabilities were also echoed by the Addis Ababa Action Agenda, which came into light in July 2015. The Addis Ababa Action Agenda highlighted key issues around social protection, employment, infrastructure, financial
inclusion, education, and technology, as well as the urgent need for disability data disaggregation. These efforts were strengthened by the 2016 World Humanitarian Summit and the Quito Habitat III that promulgated the first-ever Charter on Inclusion of Persons with Disabilities in Humanitarian Action and adopted the disability-inclusive New Urban Agenda, that prioritized the principles of universal design and accessibility for all in delivering urban development across the world respectively.

Defining the term ‘disabled’ or ‘disability’ has proven to be a contentious issue. This is because there are differing interpretations and views of what constitutes the umbrella of disability. The adoption of the World Health Organization’s International Classification of Functioning, Disability, and Health (ICIDH) followed a process over two decades that resulted in a shift in the WHO conceptual framework from a medical model (impairment-based) to a new scheme that focuses on limitations in activities and social participation. Although not representing a shift from a strictly medical to a purely social model, the development culminating with ICF may be understood as a merge of the social and the medical model into an interaction model that implies a much more extensive understanding of disability and the disablement process.

As a comprehensive human rights instrument for people with disabilities, the CRPD brings a paradigm shift of recognizing the existing barriers in society as opposed to the functional limitation that blames an individual with disability. The Convention does not provide an outright definition of both disability and persons with disabilities. However, in the preamble and Article 2 of the Convention, it describes and recognizes that disability is an ‘evolving concept’ stating that ‘persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.’ This description places a greater focus on disability as a result of the lack of an enabling environment than on individual capability.

The general principles for the implementation of the CRPD including full participation in society, respect for everyone’s inherent dignity and the freedom to make their own choices, access to transportation and information, acceptance of people with disabilities as part of human diversity, as well as according to them equal opportunities are all embedded in the Article 3 of the Convention. Additionally, the Convention cites emphasizes and refers to the following rights entitled to people with disabilities:

- Access to education and health care;
- Equality before the law;
- Freedom from torture, exploitation, violence, and abuse;
- Freedom of movement and nationality;
- Life, liberty, and security of the person;
- Participation in cultural, political, and public life;
- Respect for privacy;
- Work and an adequate standard of living.

A Committee on the Rights of Persons with Disabilities monitors the various global parties’ compliance with the Convention. State Parties that have ratified the optional Protocol submit their reports to the committee, which then reviews them, provides its feedback and exercises explicitly its authority in concretely examining individual complaints, rolls out its inquiries in the affected state parties. Similarly, the Conference of State Parties convenes regularly to take stock of the implementation of the Convention. Besides the two monitoring tools, a Joint Secretariat that comprises of staff drawn from the UN Department of Economic and Social Affairs that is based in New York and the Office of the High Commissioner for Human Rights hosted in Geneva.

Most countries in the East and Southern Africa region have ratified the UN Convention on the Rights of Persons with Disabilities and the corresponding Optional Protocol (CRPD), the African Charter on Human and People’s Rights, and the Continental Plan of Action of the African Decade of Persons with Disabilities (Please see Chapter 3.8).

Several women’s rights instruments also specifically mention the needs of women and girls with disabilities, including the General Recommendation 18 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Declaration on the Elimination of Violence Against...
Many governments have since initiated measures to ensure that the embedded principles and rights are implemented. These will be discussed in the following sections. The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities in Africa is an instrument of the African Union, which has been in development since 1999, focuses specifically on promoting and upholding the rights of the 84 million people with disabilities living in Africa. The Protocol mentions, explicitly, the rights of women with disabilities. Five countries in Africa have so far signed the Protocol (Burkina Faso, Central African Republic, Gabon, South Africa, and Togo). The Protocol requires 15 ratifications to become a binding legal instrument in Africa.
1.3 DISABILITY AS A DEVELOPMENT AND GENDER ISSUE

World Health Organization’s Report on Disability viewed disability as a development issue based on its bidirectional connection to poverty: while impairment may increase debt, poverty also has a high probability of causing disability. Emerging empirical statistics across the globe show that individuals with disabilities, as well as their families, are more vulnerable to socio-economic disadvantages than their non-disabled counterparts. For instance, the beginning of a disability may open doors for worsening socio-economic wellbeing leading to poverty through various avenues including but not limited to illiteracy, unemployment, and low earnings against increased care expenditures. Moreover, with high illiteracy levels, children with disabilities lose more opportunities for productive adulthood occasioned by limited human capital and employment opportunities.

Persons with disabilities have limited employment opportunities, and even when they get employed, there are chances that they will earn less than their counterparts who are not disabled. In fact, the levels of employment and that of earnings may shrink with the severity of the disability hence making it more difficult for such individuals to take full advantage of their state’s development. The employment and earning challenges counter people with disabilities’ efforts in escaping poverty. They thus face job-related discrimination, poor access to public transport facilities, and have limited opportunities to start and sustain self-employing initiatives.

It is also doubtless that persons with disabilities incur the extra living cost associated with their disability status and severity. For instance, they may need regular medical care, assistive devices, as well as personal assistance/support. Such needs call for more financial ability to achieve similar outcomes that their non-disabled counterparts can quickly realize. Unfortunately, in their efforts to meet the cost of regularising their lives, people with disabilities may sink deeper into poverty than their counterparts, even if they have the same pay grades. On the same note, caregiving households experience pressing financial hardship, particularly in the era of increased food insecurity, lack of access to safe water and proper sanitation, poor housing as well as inadequate healthcare services.

The WHO also reports that poverty has a high probability of increasing disability. The report cites a study of 56 developing countries, which revealed that poor individuals suffered worse health than their better-off counterparts. Poverty also has the power to lead to the commencement of health conditions linked with a disability, including malnutrition, low birth weight, unsafe work and living conditions, lack of clean water or adequate sanitation, and injuries.

When a person with an existing health condition is living a miserable life, their likelihood of becoming disabled increases-for example, being in an environment that has little or no access to adequate health and rehabilitation services. Disability is also a gender issue since discrimination tends to be more severe against women and girls with disabilities, who already because of their gender suffer from several obstacles-social, cultural, economic-in most countries of East and Southern Africa (Please see Annex I). Being a woman and living with a disability means double jeopardy in most of the world, but especially so in low-income countries in Africa, as will be discussed in the following chapters.
DATA AND METHODS

The mapping of gender-based discrimination against women and girls with disabilities was undertaken using a multi-method participative approach, consisting of the following methods:
**Desk research** on previous studies and gathering statistics and data on women with disabilities as well as initiatives to prevent gender-based discrimination of women/girls with disabilities were performed. A database of organizations of persons with disabilities in ESAR is found in Annex IV of this document.

**Case studies** in 6 countries in ESAR, namely in Ethiopia, Kenya, South Africa, Tanzania, Uganda, and Zimbabwe. The case study countries were selected using the following criteria:

- a. They already have several existing organizations of women and persons with disabilities and associations.
- b. Countries from both East and Southern Africa were included.
- c. The six countries represent different levels of socioeconomic development.
- d. They are large countries with large absolute numbers of persons with disabilities and women with disabilities.

- Each country visit consisted of 3-7 working days including meetings and key informant interviews with UN Women country office, relevant policymakers and line ministries (Gender, Health, Social and Disability Issues), statistics offices, organizations of persons with disabilities, (OPDS) and women’s associations and organizations, and CBOs/NGOs active in disability and gender issues. Many of the representatives of DPOs met were women. (Please refer to Chapter 6.1).

- In Ethiopia, Uganda and Kenya focus group discussions (FGDs) were also organized with women with disabilities. The participants were selected from the members of DPOs either through random cluster sampling (Uganda) or on a volunteer basis (Kenya and Ethiopia).

Tentative data collection tools and interview schedules are found in Annex II. A List of persons and organizations/agencies met and consulted is found in Chapter 6.1 (Primary Sources).
LIMITATIONS OF DATA AND METHODS

Three main limitations characterize the data. First of all, the published data and statistics available on women/girls with disabilities for different countries in ESAR is scanty, and there are also substantial differences between the states as to the availability of such data. Secondly, a large part of the data is already outdated. For instance, the 2011 WHO Global Disability Report is primarily based on 2004 data. With the high population growth and fertility rates characterizing ESAR, the absolute numbers of people with disabilities have increased considerably since then. In contrast, it is unclear in most cases, whether their share in the general population has remained the same. National Censuses in many countries date from 10 years back, and the information they have on disability is limited in scope. For instance, intellectual and psychosocial disabilities are seldom included. Different types of definitions of disabilities are in use and limit the comparability of the statistics over time and between different countries. (Please refer to Annex III).

Thirdly, much of the data and previous research contributions on disability in ESAR is not sex-disaggregated or discuss gender aspects explicitly.
GENDER BASED DISCRIMINATION OF WOMEN WITH DISABILITIES IN EAST AND SOUTHERN AFRICA
PREVIOUS RESEARCH ON DISABILITY AND GENDER IN EAST AND SOUTHERN AFRICA

Little engendered research has been conducted on disability issues in East and Southern Africa (ESA). Even less research exists on gender-based discrimination of women with disabilities and violence against women and girls with disabilities. However, all the previous studies indicate that the vast majority of Africans with disabilities—and women and girls with disabilities in particular—are excluded from schools and opportunities for work, virtually guaranteeing that they remain as the poorest of the poor in many ESA countries. In all these countries, school enrolment for children and youth with disabilities is estimated to be significantly lower than those in the same age group without disabilities. As many as 70-90 per cent of working-age people with disabilities are unemployed.23

Many schools that admit persons with disabilities are funded by charities and churches. Although inclusive education is the policy objective in many countries in ESA, in practice, there is a substantial lack of trained special needs’ education (SNE) teachers and teaching materials for students with disabilities. The significant social stigma associated with disability results in marginalization and isolation, often leading to begging as the sole means of survival.

Most of the obstacles facing persons with disabilities involve public amenities, education, and information. Access to public transport, buildings, and public gatherings is complicated. The infrastructure is not user-friendly. Denial of legal capacity of women with disabilities is common.24 The situation can be worse in rural areas, where children with disabilities are often confined to the house because of long-held traditional beliefs in many African countries that they are curses from god(s). Infanticide and abandonment of children with disabilities also take place in some areas.

In general, women with disabilities are more discriminated against and disadvantaged than men with disabilities.25 The development status of East African countries exacerbates gender inequalities among people with disabilities. Unlike industrialized countries that have put into place measures to counter gender differences in education and employment opportunities and income, the situation in Africa is worsened by entrenched socio-economic inequalities that limit access to good health care, food, and above all, social inclusion. Women and girls with disabilities particularly face more significant risks of being victims of sexual and physical abuse, as

AS MANY AS 70–90% OF WORKING-AGE PEOPLE WITH DISABILITIES ARE UNEMPLOYED
well as stigmatization that leads to lower marriage prospects as well as little or no political participation and decision making. National women’s machinery is not always responsive to the needs of women and girls with disabilities. Moreover, mothers and caregivers, in particular, face enormous challenges when raising children with disabilities or chronic illnesses, especially within the context of women-headed households and early pregnancy.

The countries in East and Southern Africa have widely different socioeconomic and gender-related characteristics. At one end, UNDP classifies diamond-rich Botswana as having high human development, and its Gender Development Index is 0.976. At the end of the scale, countries like Eritrea, Mozambique, and Burundi all belong to the low human development category. In practically all the countries, the Human Development Index is higher for men than for women. Men have higher average incomes and more years of education than women. (Please see Annex I, Table 1). These differences are exacerbated when it comes to women and girls with disabilities in the region. Different forms of discrimination—education, working life, accessibility of public services, transport, and buildings, as well as sexual and gender-based violence—are discussed in the following sections of this Chapter.
3.2 PREVALENCE AND TYPES OF DISABILITY IN EAST AND SOUTHERN AFRICA

WHO estimates the prevalence of moderate and severe disability by region, sex, and age is highest in Africa (Annex I, Table 2), both for men and women.\(^27\) Nowhere is the share of women and men with disabilities in the general population as high as in the low- and middle-income countries of Africa. In the 60+ age group, the share of WWDs is higher than that of men in Africa. Indeed, the percentage of 60+ women with disabilities is a staggering 54.3 percent in Africa. These differences are even more substantial when statistics from Africa are compared to those from industrialized countries.

In addition to genetic factors, disability in Africa is caused by malnutrition and disease, environmental hazards, natural disasters, traffic, and industrial accidents, civil conflict, and war. Factors that contribute to the significant levels of disability in Africa include:

- Violence, including Gender based and Sexual Violence (SGBV);
- HIV/AIDS Birth defects, poor ante- and post-natal care of women;
- Malnutrition;
- Rapid population growth;
- Aging population;
- Environmental degradation;
- Injuries at home, work and on the roads;
- Harmful Traditional and Practices, such as FGM and child marriage.

Reliable, comparable national level statistics on disabilities are rare in ESAR. Comparisons between the countries and over time are therefore tricky. Available data on prevalence and the most common types of disabilities are found in Annex I (Table 3). In most countries of the region except South Africa and to a lesser extent Rwanda, Uganda, and Kenya-the data is scant, often outdated, and limited in scope. In many countries, data on disabilities is not gender disaggregated.

Another problem in comparing the prevalence of disabilities in different countries is the diversity of definitions used. Annex III depicts the differences in the prevalence of disabilities when using the Washington Group Short Set of Questions and other measures in Zambia.

Studies have identified a lack of proper documentation of the statistics that relate to people living with disabilities in Somalia. For instance, the World Health Organization-World Bank Report on Disability of 2011 failed to access any valid information about the prevalence of disability in the country. Most importantly, the pastoralist population, which is almost half the population in the country, lacks precise data about the prevalence of disability. Consequently, there is limited information about issues that relate to people living with disabilities.\(^28\)

Similarly, policymakers, community leaders, and government planners, community groups, and service providers have not integrated the issue into the development plans and programs.\(^29\)
However, it is estimated that the number of persons with disabilities in Somalia is likely to be higher than the global estimate of 15 per cent as a result of the long period of conflict, poverty, and lack of access to health care in most of south and central Somalia. People with disabilities were likely to make up to 20 per cent of the population or more in Somalia. They found that on average, each family had at least one member with a disability. A survey of 767 households across Somaliland found that 42 per cent of households had at least one member with a disability, which was a higher than expected incidence of disability.

In South Africa, about 10 per cent of people above five years old expressed no difficulties in performing under the six domains of difficulty tested by the Washington Short Set of Questions. Under these six areas, the majority of the tested individuals suffered from sight disability. Nonetheless, there was a slight gender difference in how this disability was reported. Females with sight disabilities were 3 per cent more than those of their male counterparts. Additionally, the reports showed that there was a slight racial inclination on sight impairments in South Africa since the disability was more common among the whites than blacks. (Please refer to Table 4 in Annex I).

A comparative analysis of data obtained from the three severity cut-off points indicated that the disability prevalence stood at 17 per cent under the broad measure in the 2011 Census, while that of the Community Survey of 2016 was 16 per cent. Under this measurement modality, different levels of difficulty were reported under the six key domains of functioning that included hearing, seeing, walking, communicating, and self-care. However, the measurement modality had a serious limitation as it could not record more than one domain of difficulty from one respondent.

Secondly, the UN Disability Index considers individuals who experience at least some levels of difficulty in any of the listed six domains of functioning. This index can capture multiple difficulties in different domains, thus providing better results than the Washington Short set of questions. Accordingly, individuals who reported “a lot of difficulty” and “unable to do” in every domain were 7.4 per cent and 7.7 per cent in the 2011 Census and 2016 Community Survey, respectively.

There was a restrictive measure in which the only persons that reported extreme difficulties in the six domains were considered for the prevalence of disability, which about 4 per cent and which remained unchanged between 2011 and 2016. This measure considered only persons that reported extreme difficulties and inability to do any of the six domains were considered as persons with disability. The broad measure gives a high prevalence of disability while the restricted method locked out many persons with a disability, giving the prevalence rate at 4 per cent. Both measures of disabilities showed remarkable sex variations. The index displayed a higher prevalence of disability among females at 8.3 per cent compared to 6.5 per cent of males in the country.

The degree of difficulty measure revealed that males had a lower percentage of persons experiencing mild and severe difficulties in all measures of difficulty as compared to females whose measures of difficulties showed that they had a higher percentage of persons with mild and severe hardships in all aspects of difficulty. On the other, the population group profile noted that Black Africans had the highest prevalence of persons with disabilities at 7.8 per cent, which was above the prevalence of the Whites at 6.5 per cent. The colored and Indians or Asians showed no significant variations in the prevalence of disability.

In Uganda, the National Household Survey of 2009/2010 estimated disability to be at 16 per cent of Uganda’s then 30.7 million population. This Survey followed a substantial functional limitation approach rather than an impairment-based model to identify disability. According to the national census, 2014, for the population aged two years and above, disability prevalence was 13.7 per cent for females and 11 per cent for males and overall 12.4 per cent. Among the five years and above, the corresponding figure for women is 14.5 per cent, and for men 10 per cent whereas the overall figure is 13.6 per cent.
Data relating to CWDs are also mostly scarce and to some extent, unreliable. Significant gaps in information are the lack of disaggregation of statistics by gender and types of disabilities and the inexistence of national and accurate data in other areas than education. Based on estimations, child disability prevalence is about 13 per cent, i.e., approximately 2.5 million children live with some form of disability in Uganda. The disability prevalence varies across the country: The Northern region appears to have the highest rate while the Eastern and Central regions have the lowest rates.
3.3 ACCESS TO EDUCATION

According to UNICEF, while worldwide 93 million children (5 per cent) aged 14 or younger live with a moderate or severe disability of some kind, in sub-Saharan Africa, a higher percentage of children (6.4 per cent) has disabilities. Meanwhile, over 32 million school-aged children with disabilities are estimated to be out of school worldwide, roughly one third of the out of school population, and more than half of these live in sub-Saharan Africa. In a study across 19 low-income countries, the gap in primary school completion rates between children with and without disabilities has increased dramatically over time. Hence, children with disabilities are far less likely to access quality education compared to their peers. Even those that are initially enrolled in education risk to drop out early. Table 5 in Annex I presents the available data on access to education among CWDs from different countries in ESAR.

UNICEF’s regional study demonstrated the reality of children with disability in East and South Africa and their rights to quality education. Based on the UNICEF’s report, policies, and programs designed to enhance learning for children with disabilities exist in most of the countries they surveyed. There was political goodwill in most of the 21 countries, as almost all the countries have ratified the UN Convention on the Rights of the Child (CRC). Despite the goodwill, most of the countries had little or no data about the exact figure of children with disabilities. Additionally, there is a lack of coherence in the identification and categorization of disabilities. On the same note, the limitation of training of teachers on the delivery of inclusive education is also a significant factor. It was noted that there is some remarkable coordination between various government ministries; however, lack of clarity on the roles and responsibilities of each ministry with regards to the implementation hinders the realization of harmonized efforts and accountability between the relevant ministries.

Moreover, UNICEF emphasizes that being a girl with a disability can also mean facing discrimination and marginalization in a double sense, both being female and having a disability, leading to lower confidence and engagement of girls with disabilities in education, and increased risks such as sexual abuse. For instance, UNICEF posits the statistical information available in Uganda indicates extremely low enrolment and completion of primary and secondary schools by children with disabilities, CWDs.

Only about 9 per cent of CwDs at school-going age attend primary school, compared with a national average of 92 per cent and only 6 per cent of them continue studying in secondary schools (National average: 25 per cent). Moreover, the available data is not gender disaggregated.

All persons in Uganda are guaranteed quality and affordable education, according to the Constitution. The government has the responsibility of promoting the educational development of people living with disabilities in the country. Any attempt to hinder the access to education by persons with disability in Uganda is prohibited the ministry of education is fully equipped with special needs education guidelines that aim at promoting the education of people with disabilities in Uganda, NUWODU. However, there is a gap in the approach to SNE. Uganda’s curriculum is generic and does not account for the needs of various forms of disabilities. Moreover, there insufficient relevant training for teachers and assistive devices for the same.

UNICEF reports that some of the main challenges to the implementation of the Rights of CWDs consist of discriminatory attitudes and behaviours towards these children. There is a severe gap in the implementation of the Ugandan regulatory framework as well as an institutional framework weakened by lack of coordination between Government Institutions, Non-Governmental Organizations and civil society Organizations of Persons with disabilities (DPOs). A fragmented
programmatic approach was resulting in gaps in the responses provided by the duty-bearers.

According to the information from the Ministry of Gender, Labour and Social Welfare in Uganda, although sign language is already a “national issue,” and there are teachers and interpreters of sign language, there is a lack of teachers and interpreters of tactile signage for deafblind. To promote higher education for and the needs of persons with disabilities, all boards of public universities are mandated to have a member with a disability to represent persons with disabilities. Also, during admission to public universities, 4.5 points are awarded to applicants with disabilities to promote affirmative action.

In Malawi, the situation of children with disabilities is even more precarious. According to the Equalization Policy in Malawi, 98 per cent of children with disabilities receive no formal education, and also where schools are physically inaccessible, many children with disabilities remain excluded. This is because parents may fear that the child will not cope or that disclosure of a child with a disability will stigmatize the whole family and affect the marriage prospects of siblings. Other parents also consider that ‘investment’ in a child with a disability is not worthwhile. On the other hand, in two districts of Malawi, the majority of (73 per cent) children with disabilities were attending school, but attendance varied by impairment type and was lowest among children with multiple impairments (38 per cent). The data is, unfortunately, not gender disaggregated.

In terms of vocational training in Malawi, it is estimated that only 5 per cent of PWDs in need of vocational training and welfare services receive the training. Technical, Entrepreneurial, and Vocational Education and Training Authority Act (Act 6 of 1999) Establishes the Technical, Entrepreneurial, and Vocational Education and Training Authority (TEVETA) and its board. In terms of the Act, the TEVETA board must have one person (in its composition) representing persons with disabilities. However, the Act does not have substantive provisions that expressly refer to disabilities.

In Mozambique, WHO estimates that about 30 per cent of children with disabilities and in the age group of 6-11 years attend school. However, even fewer children in the 12-17 years age bracket attend school. In both cases, the share of children without disabilities attending school is 10-20 per cent higher. Likewise, the percentage of children with disabilities in the age group 6-11 Mozambique years old is just above 40 per cent in Zambia and 60 per cent in the older age group, clearly below the corresponding figures for children without disabilities.

In South Africa, several policies and frameworks aim at inclusive educational attendance for persons with disabilities. However, reports suggest that PWDs are still facing challenges when accessing educational facilities. This is mainly the case among persons with severe disabilities. The results showed that three in ten (31 per cent) of persons with disabilities were not attending school. Over the period 2011-2016, there was a percentage increase in non-attendance of about 11 per cent for this group. Actual numbers showed that a total of 129,137 persons with severe disabilities in 2011 and 135,147 in 2016 were not attending school. The prevalence of persons with severe disabilities that were not attending school was highest amongst the coloured population in the Disability Community Survey (CS) of 2016 (40.2 per cent) followed by the white population group with 37.9. Gender wise, the number of boys with disabilities attending education was higher than that of girls with disabilities.

A typical scenario in Zimbabwe is that children with disabilities are less likely to complete primary school education compared to their non-disabled counterparts. This results in spillover effects in that due to a lack of education and requisite skills, it is difficult, if not impossible, for children with disabilities to secure any form of employment. In the end, a vicious cycle of poverty and disability is created and compounded.

In Rwanda, a relatively large share of the population with a disability has no education (41 per cent), and this is the case for 50 per cent of women with a disability. Different age structures among persons with and without a disability may be contributing to this result. When considering only children of school age, it can be observed that the primary net attendance rate (NAR) is 68 per cent for those with a disability, while it is 89 per cent for the population without a disability. Also, 10 per cent of secondary school age children with a disability are attending...
secondary school, compared to 20 per cent of the population without a disability.

It appears that people with a speaking disability are the least educated; 69 per cent of them have no education, and only 25 per cent have attended primary education in Rwanda. Similarly, it appears that people with a disability have higher levels of illiteracy than the population without a disability, with respectively 50 per cent and 28 per cent illiteracy rates. Also, children with disabilities have minimal access to any educational opportunities and face widespread discrimination in the education sector, both from teachers and other students. Limited resources, limited teacher skills and capacity, insufficient funding, and environmental and attitudinal barriers make inclusive and special needs education a challenge.50

In Somalia, the education of people with disabilities has not been considered a priority, and children with disabilities have minimal access to any educational opportunities.51 An informal survey carried out in 10 schools in the capital Mogadishu concluded that less than one per cent of children with disabilities are enrolled in school.52 People with disabilities faced widespread discrimination in the education sector, both from teachers and other students.53 Education services for children with disabilities tend to mainly be provided through so-called ‘special schools,’ which are only for children with disabilities, divided according to their impairment, rather than through inclusive education.54

However, the Puntland Ministry of Education launched a Strategic Plan for 2011-2015, including a section on special education; and the Ministry of Education has stressed the importance of including students with disabilities in Somaliland. International donors have also provided some financial support and training for inclusive education.55 Research in Somaliland found that 45 per cent of children with disabilities attend school, compared to 60 per cent of the urban population.56 It was easier for children with disabilities to attend schools in Hargeisa than elsewhere as a result of a lack of resources, a lack of services, and access issues.

In a report that looked at the inclusion of children with special educational needs in selected mainstream schools in the Kismayo region, Jubaland, Somalia, using both quantitative and qualitative data. They found that making inclusive and special needs education realistic was challenging due to limited resources, insufficient funding, environmental and attitudinal barriers.57 Specific challenges that need tackling included:

- Lack of knowledge and additional skills in teaching learners with disabilities among teachers;
- Inadequate communication skills by teachers and learners with different types of disabilities in schools;
- Frequent absenteeism and drop out of school by learners, especially those with disabilities;
- Inadequate teaching and learning resources;
- Lack of ready mechanisms to raise awareness on disability mainstreaming, proper identification of disability and early interventions;
- Negative attitudes by the teachers and the community towards learners with disabilities;
- Inaccessible school infrastructure, including classrooms and toilets;
- Inconsistent data for people living with disabilities;
- Poor attitudes towards people with disabilities;
- Lack of assistive devices.

The report further indicates the need for baseline surveys to map and determine the number of people with disabilities to ensure interventions can adequately target them as not enough is currently known about the numbers of people with disabilities. Out of an estimated 11,957 children with disabilities in Kismayo, only 15 were reported to be in school.58 The education system does not have formal assessment tools for the identification of disabilities.

Lack of teacher training to provide additional support to learners with special educational needs means that most learners with disabilities who manage to make it to school find themselves in mainstream classrooms without any additional support they may need. Most learners with disabilities in Kismayo received help from their peers rather than from
teachers. Some teachers gained training in special needs education during their time as refugees in Dadaab. Otherwise, there was no funding for special needs education and training in Kismayo from either the Ministry of Education, local or international donors.

Moreover, schools are often physically inaccessible to children with disabilities, and even if they are accessible, the distance to school and inaccessible transport options means children with disabilities cannot attend. Children with physical disabilities find it especially challenging to walk to and from school. Challenges in regularly attending school and lack of teacher skills in addressing their needs make it harder for learners with disabilities to pass their examinations.

In the same vein, early childhood education and care programmes for children with disabilities are very scarce in ESAR despite their undeniable benefits. In most cases, they consist of private initiatives, managed by various charities or DPOs. For instance, in Ethiopia, the Ethiopian National Association of Deafblind has initiated a day care centre in Addis Ababa for children who are both deaf and blind and runs it with the help of project funds.59
3.4 INCOME AND EMPLOYMENT

Lower rates of labour market participation are one of the crucial pathways through which disability may lead to poverty. Across the world, several studies indicate that working-age persons with disabilities still experience significantly lower employment rates and much higher unemployment rates than persons without disabilities. Global employment disparities exist between persons with and without disabilities. Persons with disabilities, compared with persons without disabilities, are more likely to have lower educational attainment, experience lower employment rates, have lower wages when employed, and are more likely to be poor. However, the intensity of the association of disability and poverty depends on contextual factors, including individual, family, community, and country.

The world’s disability employment gap evident in other studies. The rate of employment for people living with a disability is relatively lower than people without disabilities. The report from the WHO Disability Report (2011) that covered 51 countries found out that the rate of employment for men was 52.8 per cent, while for women, the employment rate stood at 29.9 per cent. Similarly, a study that covered 15 countries to investigate the gaps in employment rate found out that persons with disabilities have a lower probability of securing employment than people without disabilities. The study also found out that people with disabilities have a lower likelihood of obtaining employment in 12 out of 15 countries surveyed. On the same note, the study also noted that persons living with disabilities are more likely to work in informal sectors than people without disabilities.

Most of the women in East and Southern Africa are found in small-scale or subsistence agriculture or working as micro, small and medium scale entrepreneurs. Their lack of education and attitudes towards women often hinder their access to more formal or lucrative employment or building up their enterprises. These challenges—for instance, accessing starting capital for their businesses—can be even more formidable for women with disabilities. Women with disabilities belong to the poorest of the poor in East and Southern Africa. Societal attitudes, lack of education, assisting devices, and accessible transport effectively limit their possibilities to take part in the labour force.

In the same vein, in South Africa, while youth are most affected by minimal employment opportunities, youth with disabilities—specifically those living in rural areas—suffer the most. Likewise, whereas the rate of unemployment in Lesotho is very high, according to the Living Conditions Study, the rate is twice as high, at about 70 per cent for PWDs. Currently, there are no legal responses to this challenge.

To address the low rates of employment for persons with disabilities, many countries have laws prohibiting discrimination on the basis of disability, to improve access to the formal and informal economy and widen social benefits. Still, it is the capacity of service providers in the public and private sectors to deliver inclusive services that is essential to implement strategies that will allow the full participation of people with disabilities in development opportunities. Many countries in ESAR have established quota for employment of PWDs—7 per cent in South Africa, 5 per cent in Kenya and 3 per cent in Tanzania (in Tanzania only in the public sector)—but these are not always followed up, and there are no sanctions that would enforce employers to follow up on the employment targets for PWDs.

A survey conducted in Tanzania revealed that about 72.3 per cent of the households under the management of persons with disabilities rely on subsistence farming as the primary source of income. Similarly, the survey found out that 14.5 per cent of the persons with disabilities rely on employment concerning 65 per cent of the persons without disabilities. Only 3.1 per cent of persons living with disabilities got their income from formal
and informal employment. According to a survey by the Comprehensive Community Rehabilitation in Tanzania (CCBRT) in Dar Es Salaam region on jobs in the informal sector of the economy, there was only 0.7 per cent of employees being persons with disabilities, regardless of the legal requirement of a quota of 3 per cent of persons with disabilities.65

Swaziland also recorded a significant restriction of employment for persons with disabilities. According to a report, about 83.7 per cent of PWDs are economically passive, 4 per cent are employed while a population of about 12.3 per cent is employed. In this report, people with sight and hearing problems experienced serious challenges in the job market. However, persons with disabilities secured job opportunities, especially in private sectors; the private sector employed 16.2 per cent, whereas the public service employed 1.1 per cent.66 However, 19.5 per cent of PWD were employed in family farms, 10 per cent were self-employed in businesses, and 33 per cent were employers. People with sight- and hearing-related However, 39.5 per cent of the persons with disabilities are reported to be employed in family farm/business; whereas, 10 per cent are self-employed, and 33 per cent are employers. The low employment rate among PWD exposes them to low economic powers, making them be marginalized.

In Botswana, SINTEF noted that households with at least one person with a disability as a member (Case Households) score lower on most indicators on standards of living as compared to Control Households (HHs), without a member with a disability. The case indicators included property, assets, dietary diversity, and dependency ratio. According to the report, the type of house access to quality and safe water, accessible toilets, and the general housing units were recorded as relatively lower for the PWD. There was a remarkable difference between locations, with better standards recorded in urban centres as compared to low standards in the villages.67

Persons with disabilities usually experience more health problems at their personal level. A more significant percentage of them have lower well-being occasioned by poor physical and mental health as well as limited access to information on health. Additionally, formal education is only accessible to fewer case individuals, and even those who have the privilege of accessing it tend to stay shorter in the education system than their counterparts without disabilities. Eventually, Case persons attain lower levels of literacy.

Owing to the low levels of literacy, employment rates are equally low among people with disabilities. They thus hardly have paid work leading to high levels of dependency on other members of their households. Even in cases with persons with disabilities are employed, they earn less than their counterparts without disabilities.

Some critical gender differences, with regards to health, access to services, and employment. Most of the indicators that were analyzed point towards somewhat less favourable results for females as compared to males. Many of these differences were, however, relatively small. Both functional and social conditions contribute to a difference in reproductive life courses among females with and without disability, with further consequences for social participation/inclusion.68

In some countries—for instance, South Africa, Kenya, and Uganda—there are laws stipulating affirmative action in public tenders for persons with disabilities and women and some cases also youth. For instance, in Kenya, under the Access to Government Procurement Opportunities (AGPO) policy, 30 per cent of public tenders must go to women/PWD/youth-owned enterprises. Kenya has, moreover, set a target of 50,000 individuals benefiting from AGPO in 2022/23.69 In South Africa, women-, black-, and PWD-owned enterprises are allocated extra points in tenders. While these policies have clearly been beneficial, their impact is still limited, according to the participants in the FGDs and critical informants encountered in the course of this study.70 Some of these examples are discussed in Chapter 4.1.
### ACCESS TO HEALTH AND SOCIAL SERVICES

World Health Organization reports that the main reasons for lack of care for people with disabilities in low-income countries are as follows:\(^7\)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could not afford the care</td>
<td>58.8%</td>
<td>61.3%</td>
</tr>
<tr>
<td>Could not afford transport</td>
<td>30.6%</td>
<td>29.4%</td>
</tr>
<tr>
<td>Person did not think he/she/their child was sick enough</td>
<td>32.2%</td>
<td>28.2%</td>
</tr>
<tr>
<td>Health-care providers equipment inadequate</td>
<td>18.7%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Could not afford transport</td>
<td>16.6%</td>
<td>18.1%</td>
</tr>
</tbody>
</table>

Other reasons for the lack of care for PWDs in low-income countries were health-care providers lacking skills; the patient had previously been mistreated; the person could not take time off or do not know where to go, or the patient had previously been denied care. Many of these problems were more accentuated in older age groups, and they were significantly more pronounced among persons with a disability than those without a disability.

In the same vein, access to health care—including reproductive and sexual health—is problematic for women with disabilities in most East and Southern African countries. In several countries such as Kenya, health care fees, are in principle, waived for PWDs, but in practice, this is not always implemented. Physical access to clinics and hospitals remain problematic even for maternal health. For instance, several women with disabilities interviewed in the course of this mapping shared their traumatic experiences of being treated by disdain, contempt, and negligence by health care personnel when giving birth.\(^7\)

Health practitioners were also not able to communicate with women with hearing impairments because there were no sign language interpreters. Women with physical disabilities sometimes had to be carried to hospitals to give birth due to the lack or dysfunction of elevators, among other crucial amenities.

The 2011 World Disability Report posits that people with disabilities in low-income countries revealed that lack of skills among health care providers was a significant obstacle for them to accessing care. This is further illustrated by the fact that in all the studied countries in East and Southern Africa (Madagascar, Rwanda, Uganda, Lesotho, Zimbabwe, Swaziland, Zambia, Kenya, Namibia, and South Africa), there are less than two physiotherapists per 10 000 population.\(^7\) Likewise, the share of occupational therapists is less than two per 10 000 population among all the ESA study countries.
3.5.1 Rehabilitation and Assistive Devices

With regards to rehabilitation services, PWDs in ESAR often do not access adequate rehabilitation services. For instance, the Ministry of Labour and Human Welfare of the Government in Eritrea attempt to distribute orthopedic appliances, among other materials, to mitigate some of the mobility problems. However, the distributions of the devices are not enough to fully meet the needs of persons with disabilities. According to the report on the implementation of the CRC reports, barely 300 children with disabilities got orthopedic appliances in 2008 and 2010. The government of Eritrea has undertaken to implement a community-based rehabilitation (CBR) programmes in 51 sub-regional administrations. The program covers over 90 per cent of the country despite unclear functions and policy frameworks.

Access to sunscreens, sunglasses, and spectacles is crucial for persons with albinism. However, in most of the countries in East and Southern Africa, these are in short supply. According to the interviews carried out in the context of this mapping, public (or public-private) sector assistance programmes for persons, including women, with albinism seem to function relatively well in South Africa and Kenya. Still, in many other countries, like Zimbabwe and Tanzania, there are problems with accessibility and funding. Remarkably, Kenya has even set national targets for distribution of sunscreens and other assistance to people with albinism, to reach 4000 people with albinism by 2023.

In Mozambique, the Ministry of Health provides rehabilitation centres and the Ministry of Women, and Social Action is responsible for coordinating psychosocial and economic reintegration activities, which include community-based rehabilitation. Therefore, physiotherapy and orthopaedic services are provided by both ministries. However, the country’s only psychiatric hospital is overburdened with patients and lacks the means to ensure essential nutrition, medicine, or shelter. Hospital doctors also reported that many families abandon their relatives with disabilities. Demobilised persons with disabilities continued to assert that they did not receive their pensions.

The number of persons with disabilities using assistive devices in Botswana is relatively higher as compared to other studies. However, persons with disabilities experience significant gaps in service provision. Welfare services, counseling services for parents with children with disabilities, and, counseling services for persons with disabilities are relatively lower in Botswana. The legal advice was the largest in terms of accessibility to the services by the PWD’s. This was followed closely by vocational training, counseling and welfare services. The survey found the smallest gap was in health services, health information, and traditional healer. Despite the results showing that the Botswana government has been proactive in the distribution of assistive devices compared to other countries, fragmentation of the delivery of the assistive device was found to be a significant concern in the country. This was indicated by the remarkable lack of information and maintenance.

Many countries in the region also provide tax exemptions for people with disabilities to import assisting devices, such as specially fitted cars, hearing aids, etc. In the long term, a more sustainable solution would be to start the production and distribution of such devices in the ESA region itself, as there is clearly a significant and unmet demand.
The first writings about the interrelations of disability and HIV were published in the 1990s and tended to focus on whether HIV could be regarded as a disability, and protecting people living with HIV under disability anti-discrimination legislation for access to, inter alia, health care, insurance, and employment. UNAIDS argued for the recognition of HIV as a disability in its 1996 statement on disability. In 1998, in what was seen as a landmark judgment at the time, the United States Supreme Court found that a woman living with HIV was entitled to protection under the Americans with Disabilities Act. Much less attention was paid to whether people with disabilities were, in fact, vulnerable to HIV infection and what their needs were concerning HIV-related services.

The issue of HIV and disability was brought discussed during the 2004 global survey on HIV and disability. The survey indicated that there is very little knowledge about the number of people with disabilities and also HIV positive. Recent studies posit that the prevalence of HIV infection among persons with hearing problems and the deaf are either the same or more than the general population. A national survey in 2009 in South Africa demonstrated that the HIV infection rate among people with disabilities is relatively higher than the national average. Many writings have been used to describe the risk factors for PWDs and the UNAIDS Policy Brief on HIV and Disability (2009) made the following summaries:

“Women and girls with disabilities are particularly vulnerable to discrimination and other violations of their human rights. This, in turn, may increase their vulnerability to HIV infection and may undermine their ability to access available HIV-related services. The UN recognizes the intersection between gender and disability, stating that “[T]he consequences of disabilities and disablement are particularly serious for women. There are a great many countries where women are subject to social, cultural, and economic disadvantages, which impede their access to ... health care, education, vocational training, and employment. If besides, they are physically or mentally disabled, their chances of overcoming their disablement are diminished, which makes it all the more difficult for them to take part in community life.”

Global research noted that women and girls with disabilities more at risk of sexual violence; increased risk for HIV. Addressing their risk factors to violence and improving women’s and girls’ access to crucial HIV and violence-related services will play along in reducing the HIV infection rate among girls and women. Most importantly, access to free counseling, testing, and treatment is generally unavailable or inaccessible. Health practitioners often show negative attitudes towards people with disabilities. There is also a lack of enough and relevant information about HIV/AIDS in Braille to help people with sight challenges, while staff cannot even use sign language. Knowledge about experiences in accessing HIV services among persons with disabilities who are living with HIV in sub-Saharan Africa is limited. Although HIV transmission among persons with disabilities in Africa is increasingly acknowledged, there is a need to bring to life the experiences and voices from persons with disabilities living with HIV to raise awareness of programme implementers and policymakers about their barriers in accessing HIV services.

For instance, there was a survey of 426 young persons with disabilities in Addis Ababa Ethiopia in 2012. With the results showing that few had relevant information about their Sexual and Reproductive Health and Rights (SRHR). Young people with disabilities aged between 10 and 24 who were registered in organizations that support persons with disabilities, hearing, and visual impairments, leprosy, and cognitive disabilities. Most of the participants were aged between 15 and 24 due to a lack of access to DPO among young people with disabilities.

Key findings included:

- The majority of the respondents had limited knowledge about family planning. Few individuals understood at what point in their menstrual cycle, they were most likely to get pregnant and how to use appropriate contraception.
- Most of the respondents had little information about sexually transmitted infections/diseases, while some did not know anything about HIV/AIDS, mainly that it is linked to STIs.
• Young individuals with disabilities had little knowledge about their Sexual and Reproductive Health and Rights (SRHR).

• Approximately 50 per cent of the respondents believed that persons with disabilities have no access to sexual reproductive health services. However, the gap between them and these services were other factors orchestrated by service providers as indicated by approximately 62.2 per cent of the respondents, lack of money (26 per cent), fear of going for services (23 per cent), lack of information (43.7 per cent), providers’ disapproval (33.3 per cent), and parents’ disapproval (13 per cent) offered as additional reasons.

• Only 60 percent believed that a wife has a right to refuse unprotected sex with her husband.

• Most (77.9 per cent) had never spoken about SRHR topics with their parents; and

• Less than 1 in 4 thought they were at risk of contracting HIV/AIDS, and 88 per cent had poor knowledge about means of preventing HIV transmission.

The study summarized with the conclusion that young persons with disabilities had limited knowledge of SRHR, insufficient use of services, and a negative attitude toward the use of the service mentioned.

A research conducted in Zambia, Uganda and Ghana, PWD, and also HIV positive experienced a series of challenges in accessing quality and affordable HIV services. The challenges included testing delays where they had to wait until they fell seriously ill before they can be tested. The reasons for the delays included inaccessibility or difficulties in reaching the health facilities, ignorance of the information about the need for testing, and HIV and disability-related stigmatization in society. Barriers to HIV-related services included lack of disability-friendly educational instructions and sign interpreters, stigmatizing treatment by providers and other patients, lack of skills to provide tailored services to persons with disabilities living with HIV, and physically inaccessible facilities. All these factors hinder the accessibility of services for persons with disabilities, hence leading to less adherence to HIV treatment. The study also established that the accessibility to HIV-related services was even higher among women living with disabilities than men because of the social gender-related roles between women and men.

Challenges were similar across the three countries. Favorable experiences in accessing HIV services were reported in Uganda and Zambia, where disability-tailored services were offered by non-governmental organizations and government facilities (in Uganda only). The study concluded that persons with disabilities, and especially women with disabilities, living with HIV encounter many challenges in accessing HIV testing and continued care and treatment services. Changes are needed at every level to ensure the accessibility of HIV services for persons with disabilities.
3.6 ACCESSIBILITY OF TRANSPORT AND PUBLIC BUILDINGS

Persons with disabilities are usually discriminated against due to the lack of assistive devices and other amenities necessary to enable them to access public transport. Generally, public transport vehicles and infrastructure in ESA countries are not equipped with assistive devices, for instance, to allow a person on a wheelchair to board a bus or indeed voice recordings to announce when the bus or train approaches a particular station to enable a visually impaired person know when the bus or train reaches a specific station.

Barriers to access to in public transport continue to be a hindrance to persons with disabilities in Zambia regardless of section 42 of the Persons with Disabilities Zambia Act that states that “a person who provides a service (including public transport) to the public must put in place measures that the service is available and accessible to persons with disabilities in the prescribed manner.” Nonetheless, it is a concern that policy frameworks have not been implemented to ensure that public transport is accessible to persons with disabilities.

In Uganda, participants in an FGD that Ndigire conducted with women with different types of disabilities shared their difficulties in using public transport in many ways:

“As a wheelchair user, whenever I stop a taxi, the drivers complain that I will take long boarding and that they don’t have anywhere to put my wheelchair. Most of them even say to my face that they don’t think I have money to pay for my journey. I also find it hard to cross the road because the drivers using the roads don’t have the patience to let me pass unless there is a traffic officer around to stop the cars for me.

With my physical disability, boarding taxis take me so long, yet the drivers don’t have the patience to wait for me. One time as I was boarding a taxi, the driver yelled, ‘is it ten people or one that is boarding, what is taking her so long.’ I was so embarrassed.

With my albinism, the drivers are not willing to let me enter their taxis. To my embarrassment on several occasions, I have been kicked out of the taxis and told to go and board another taxi. Even the passengers most of the time when I sit next to them, they ask me to take another sit away from them. One driver told me that he couldn’t let an evil spirit enter his car. Fellow passengers sometimes are offended when I accidentally look at them, they so rudely tell me to look away.

As a little person, it’s almost impossible for me to board those taxis. I always have to depend on good Samaritans and pray to get patient taxi drivers.

As a wheelchair user, when boarding a taxi, I have to get out of my wheelchair first and crawl to the cab, but the drivers complain that they can’t let me board because I have picked dirt on my knees and hands. During rainy seasons no taxi can take me because of my mud-covered wheelchair.

I don’t have easy access to transport, especially when I get a mental health crisis or when I’m supporting my peer in an emergency to a service centre for help because both the drivers and passengers label people with psychosocial disabilities as dangerous.

As a woman with albinism during hot seasons, I don’t dare go outside without sunscreen lotion which is quite expensive that I can’t afford it most of the time, another problem is that due to my imperfect sight it’s hard for me to read signposts as I move so I have to depend on good Samaritans.”
Access to public buildings

Article 9 of the CRPD focuses on accessibility and stipulates that state parties shall take appropriate measures to ensure that persons with disabilities have access on an equal basis with others, among other things, to buildings and other indoor and outdoor facilities. Further, under article 4, state parties must provide accessible information to persons with disabilities about mobility aids, devices, and technologies.

Nevertheless, persons with disabilities often find it very difficult to be fully included in societal activities owing to inaccessible public buildings. The plight of persons with physical disabilities and on wheelchairs was brought to the fore in the case of Sela Brotherton (suing in her capacity as National Secretary of the Zambia Federation of Disability Organizations) v Electoral Commission of Zambia. In that case, court proceedings were commenced, among others, challenging the setting up of polling stations and voter registration centres in inaccessible public buildings. The Court found that there was discrimination as to persons on wheelchairs excluded from fully participating in the electoral process.90

Despite that, the constitutional provisions that focus on access to public buildings are non-justiciable. Section 41 of the Persons with Disabilities Act provides that “no person shall deny a person with a disability access to any premises to which members of the public are ordinarily admitted and that the owner of such premises should provide appropriate facilities to make the place accessible to the person with disabilities.” Although these provisions of the Persons with Disabilities Act protect the right of access to public places, they are compromised because they are not justiciable. At the same time, the Sela Brotherton (suing as National Secretary of Zambia Federation of Disability Organizations) v Attorney-General & 16 Others ((2009) HP/1402) reiterates that the courts can implement the law to allow for the PWDs the right to accessibility.

In Kenya, as in also many other East and Southern African countries, the general lack of accessible infrastructure means poor sanitation, especially for women and girls with physical disabilities because most toilets in public institutions are pit latrines and inaccessible. They pose a health risk for girls with physical/multiple disabilities getting in contact with the dirty floor of the lavatory as they are forced to crawl. There is no provision for sanitary towels, making it difficult for girls with disabilities from a poor background to attend school during the menstrual cycle.91
3.7 ACCESS TO INDEPENDENT LIVING

Few countries in East and Southern Africa have any kind of facilities allowing the independent living to PWDs, let alone WWDs. They are either confined to living in highly unsuitable accommodation or remaining with their extended families.

Disability Profile, living arrangements defined in terms of the household composition includes the following categories; nuclear, extended, multi-generational, non-related households, and single-member households. This information is critical in assessing the extent of social support persons with disabilities has at the household level. The results on living arrangements based on a broad measure of disability showed that the majority of persons aged five years and older (about 80 per cent) reside in nuclear households, and about 8 per cent live alone. Looking at persons with disabilities based on the broad disability definition, a similar pattern was observed. (It should be noted that the analysis is only based on non-institutionalized household-based population). What is of concern though, is the high proportion of single-member households for persons with disabilities (10.3 per cent).

The results on differentials for persons with disabilities showed that there were hardly any sex variations for nuclear and extended household types. However, huge variations were apparent in multi-generational households, where the proportion of females with disabilities was more than double that of their male counterparts (8.2 per cent and 3.5 per cent respectively).

Population group variations showed that nuclear households constitute the majority, particularly among coloured and Indian/Asian population groups (85.4 per cent and 82.7 per cent respectively). In contrast, the white population group recorded the highest proportion of persons with disabilities residing alone followed by Indian/Asian (10 per cent) and black African population group (9.9 per cent). The percentage of persons with disabilities in multi-generational households was highest for the black African population group (7.5 per cent) and lowest for the white population group (0.7 per cent). The profile of persons with disabilities based on the UN and severe disability measures of disability depict a similar pattern.

South Africa is almost unique in the region in the scope and width of its social welfare programmes also benefiting PWDs. In South Africa, people receiving less than R3500 income a month are eligible for government housing subsidies. The standard allowances are supplemented with additional funding to provide for the specific needs of a person with a disability. The Social Housing Policy (2003) identifies people with disabilities who can live independently as one of the target groups for social housing.

In Kenya, there are also social housing programmes and in Ethiopia, the new government housing programmes in Addis Ababa also identify PWDs, and single mothers among their target groups and 30 per cent of new condominiums are in principle reserved for them. The most vulnerable members of communities are identified through community-based approaches. However, according to the FGD with WWDs in Addis Ababa, the down payment for even such subsidized apartments is beyond the means of many WWDs.
3.8 ACCESS TO SPORTS AND RECREATION

In most countries in East and Southern Africa, PWDs have limited possibilities to access sports and recreation. For instance, in Ethiopia, women with hearing impairments who took part in an FGD in May 2019 noted that they could attend religious services in some churches and mosques that had sign language services. Other forms of recreation were beyond their means either due to the expense or non-accessibility.

There exist promises of initiatives that promote the participation of WWD in sports and recreation, in particular, the countries in the region. Sport and Recreation South Africa (SRSA) must, in line with its funding policy, section 10(1) (d) of the National Sports and Recreational Act 18 of 2007, promote the profile and funding support to volunteers, women, citizen, marginalized rural areas and PWD in sport and recreation. The SRSA Funding Policy of 2008 states “preference will be given to those clients (National Federations) whose activities impact on government priorities and one of them is the ‘advancement of women and persons with disabilities.”

On the same note, the South African Performing Art Policy makes sure 5 per cent of artistes engaged for celebration and/or commemoration of national days comprise of persons with disabilities. There is an ongoing talk with the publishing industry to avail of prescribed work and texts in digital format. The Department of Arts and Culture offers support to various programs to promote arts and culture among persons with disabilities. For example, the Annual Zwakala Deaf TV National Championships, in collaboration with the South African Public Broadcaster, the Pan South African Language Board, reaches approximately 300 deaf children. The Afrika Sinakho ‘In the Blood’ National Touring Production displays performing arts abilities of persons with disabilities in a cast of 80 persons with disabilities of different types and other performers without disabilities. The South African Library for the Blind, founded under the South African Library for the Blind Act 91 of 1998, gets yearly grants. The Strategic Plan for Sport and Recreation (2011-2015) reiterated that the primary focus is the promotion of sport through initiatives that offer marginalized and discriminated populations, such as PWD, an opportunity to participate.

Access to recreation and sport in Namibia is offered through special programmes like Disability sports Namibia and the Special Olympic Namibia. The organizations offer annual sports training and athletic competition in several Olympic-type sports for both children and adults with intellectual disabilities. The sports events enable persons with disabilities to develop physical health, display confidence, experience happiness and participate in social interactions.
3.9 LEGAL FRAMEWORK AND ACCESS TO JUSTICE

Continental, Regional and National Initiatives to Promote the Rights of People with Disabilities

The African Union (AU), African governments, CBOs, and NGOs have attempted to focus and find solutions to disability rights in Africa. The African Rehabilitation Institute (ARI) was founded in 1988 in Harare, Zimbabwe. The Agency reports to the political organs of the AU about issues disabilities and coordinates all activities about disability in Africa. The proclamation of the African Decade of Disabled Persons (2000-2009) at the AU Assembly of Heads of State and Government, was due to pressure from organizations that deal with persons with disabilities during the meeting at Lomé, Togo in July 2000. The focus of the Decade was to educate and show commitment to full participation, equality, and empowerment of persons with disabilities in Africa. ARI was charged with the responsibility to organize the Decade as well as the Pan African Federation of Disabled Persons (PAFOD), the African Union of the Blind (AFUB), and other regional agencies that deal with persons with disabilities. A Plan of Action was adopted at the Pan African Conference on the African Decade of Disabled Persons in February 2002.

There was an extension of the first Decade from 2000 and 2009 to 2010 to 2019. The Secretariat of the African Decade of Persons with Disabilities (SADPD) office opened in Cape Town in 2004 with assistance from sponsors such as Sweden and Denmark work commenced Kenya, Mozambique, Ethiopia, Rwanda, and Senegal. From the time, the Secretariat’s presence has been felt throughout the region of West Africa. The presence and programs were also started in other Southern and Eastern African states.

A significant development for the further equalization of opportunities of persons with disabilities in Africa was the coming into force in May 2008 of the UN Convention on the Rights of Persons with Disabilities (CRPD). The UN Convention is the result of a collective global effort in which various African countries, as well as the SADPD, participated. The vast majority (16 countries) of countries in Eastern and Southern Africa have ratified the Convention on the Rights of Persons with Disabilities (CRPD) (Table 8, Annex II).

In November 2012, the African Union Conference of Ministers of Social Development (CAMSD) adopted a “Disability Architecture” (AUDA). The AUDA has three components:


- A Programmatic Component, the Continental Plan of Action (CPoA) for the Extended African Decade of Persons with Disabilities (2010-2019). The CPoA outlines eight strategic thematic areas for implementation at the national level to achieve the goals of the Decade. The AU Commission (AUC), through its Department of Social Affairs (DSA), has the primary mandate to coordinate, monitor and evaluate the implementation of AUC policies and programs on disability, particularly the CPoA. Among other things, the plan recognizes the need to integrate people with disabilities into society, and to empower and involve them in the formulation and implementation of social and economic development policies. It urges governments to allocate sufficient funds to ministries and departments dealing with people with disabilities and to establish national committees to coordinate all disability issues and include people with disabilities in their federal programmes.
A Technical Component, an African Union Disability Institute (the restructured African Rehabilitation Institute), offers assistance to the Member States’ commitments to enhance disability rights and promote disability inclusivity in development. The new AU Disability Institute (AUDI) will encourage and support the countrywide implementation of the CPoA. It will enhance the execution of AUC policies and initiatives in the area of disability, such as the provision of Protocol on the Rights of PWDs.

Other vital tools are the CRPD Toolkit for Africa, the Accountability Framework for Africa, which forms part of the Common African position for Post 2015 Development, and the Continental Plan of Action Handbook, with comprehensive recommendations for the government.


The Protocol is the first legal instrument in Africa that promotes and protects the rights of persons with disabilities, and which places an obligation on countries in Africa to periodically report on measures taken to advance the rights of persons with disabilities on the continent. The Protocol, which was negotiated with leaders of organizations of persons with disabilities on the continent, maintains the standards contained in the UN Convention on the Rights of Persons with Disabilities. However, it provides an African perspective on measures required to change the lives of persons with disabilities in Africa, e.g., measures to address the persecution of persons with albinism; provisions to tackle harmful practices; recognition of the discrimination by association that families and caregivers are facing; and measures required to protect the rights of displaced persons with disabilities during armed conflict and natural disasters on the Continent. South Africa has signed on 29 April 2019 the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities.

Among the countries that UNICEF surveyed, the ministry of education partly held the responsibility of children with disabilities in two-thirds of such countries in East and Southern Africa. This is a very encouraging trend that changes the narrative of many states around the globe that have formerly viewed children with disabilities as practically ‘uneducable’. UNICEF further indicated in its study that there is a limited practical change that has since allowed some challenges to flourish. For instance, country case studies provided in the study showed that persons with disabilities face persistent stigmatization not only from their neighborhoods but only, unfortunately, from their parents. It emerges that such parents lack an adequate understanding that all children, including those with disabilities, not only have the same rights to education but also possess immense ability to learn when supported sufficiently.

Table 8 in Annex I summarises adherence of ESA countries to international and regional conventions on the rights of people with disabilities.

Additionally, most countries have incorporated the rights of people with disabilities in constitutions, laws, policies, and monitoring frameworks. For instance, the Namibian government has directed all ministries to streamline disability issues into their development plans. However, the South African government has mandated the Ministry of Women, Children, and People with Disabilities to address the challenges that persons with disabilities experience. The Disabilities Act is intended to benefit those living with disabilities, while the constitution prohibits discrimination. However, such laws are not always enforced, and civil servants often might not even be aware of their existence, as many of the interviews carried out in the course of this mapping revealed. Annex V presents references to disability rights in the six East and Southern African countries included in the case studies.
African governments are increasingly making commitments developing and executing Acts, Poverty Reduction Strategy Paper (PRSPs), policies as well as plans to improve the situation of persons with disabilities in their countries. Such commitments are informed by the realization that the achievement of SDG targets and indicators on poverty and education targets heavily depends on inclusive development strategies. Nonetheless, it is worth noting that the developments and promises already put into place by different stakeholders still leave out many people with disabilities, particularly women and girls. There are usually microscopic implementation mechanisms rolled out. Besides, many development stakeholders still consider investing in people with disabilities assistive initiatives “expensive,” thus hindering families and communities from pursuing economists’ advice that supports persons with disabilities to become active is highly cost-effective.

Despite several laws stipulated to protect the rights of people with disabilities, their access to justice remains precarious in many countries in ESAR. This is particularly the case with children with disabilities. For instance, the right of access to public buildings is provided for at the national level in section 8 of the Malawi Disability Act, which states that the government shall ensure the attainment of a barrier-free environment that enables persons with disabilities to have access to public buildings. The state is also mandated to develop sign language as a national language, among others. However, a study noted that children with disabilities who are victims of defilement offenses have challenges in accessing justice in the courts of law in many areas, as follows:

- First, physical access to the court building poses a challenge to children with disabilities. For example, it was reported at the Blantyre Magistrate’s Court that as the building has many storeys, in cases where a person with a physical disability was involved, the court had to move to the ground floor. If it could not be moved, the disabled person had to be carried to the upper floors.

- Children with disabilities have limited access to justice since they hardly get legal information. For instance, the two courts that were studied did not have translated legal materials that were suitable for various types of disabilities.

- The lack of legal personnel with the capacity to support children with disabilities was also a big problem and was more pronounced when prosecutors were handling children with intellectual disabilities. In fact, prosecutors pointed out that cases with intellectually disabled children as the primary witnesses usually result in an acquittal.

- Children with speech and visual impairment are also subjects of communication challenges. As reported in Malawi, Blantyre’s both Magistrate’s Court and the Child Justice Court had no trained staff to interact with such children effectively. Additionally, there were no sign language experts among the staff to support with interpretation during and court processes. Prosecutors thus relied on external institutions working with people with disabilities or relatives of the victims to deliver effective communication with them. Unfortunately, a magistrate confirmed that such a strategy if full of challenges.

“When we have cases of children with a speech disability, we most of the time rely on their guardians to help us with communication. However, we are not always sure that what the guardian is communicating to the court is what the child is really saying. This compromises the course of justice. An ideal situation would have been our own court interpreters communicating with the child and the court, but that is not happening at the moment as we have no trained court interpreters in that area.”

- None of the two courts have translated information into braille, which shows that children with visual disabilities have no access to relevant and necessary legal information that may be supportive in their case.

The above constitutes a violation of article 9 of the CRPD and has an impact on other rights of persons with disabilities. The challenges in access are typically discouraging defilement victims with disabilities from getting justice besides humiliating the victim by always depending on another abled person to carry them up the building whenever they have court sessions.
In Somalia, access to justice about abuses against children and adults with disabilities is minimal. In some cases, responses to sexual violence include forced marriage of the victim to the perpetrator. Persons with disabilities face high levels of discrimination that, in some cases, included violence against them. Such an environment greatly discourages them from fully taking advantage of various opportunities available to them and ensuring that they gain the power to support their families and communities confidently.

In Kenya, access to justice for persons with intellectual and psychosocial disabilities continues to be undermined because informal and substituted decision making is the practice, as opposed to the recommendations derived from Article 12 on Legal Capacity of the Convention on the Rights of Persons with Disabilities on informed and supported decision-making. This practice allows for the subjugation of rights for women and girls with intellectual and psychosocial disabilities where family members and/or guardians can make decisions on their behalf, including consenting to forced abortions and sterilizations.

In summary, one can conclude that women and children with disabilities suffer from limited access to justice for many reasons. Providing ramps for persons using wheelchairs is not sufficient to ensure that the legal rights of PWDs are guaranteed.
3.10 POLITICAL PARTICIPATION

Generally, persons with disabilities in all the East and Southern African countries are perceived to have the right to political participation. In a number of countries, there is even a quota for persons and WWDs at various levels of administration. For instance, in Uganda, there is a quota for PWDs and WWDs at the Parliament, regional, and local levels. According to interviews carried out in the course of this mapping, there were different views among the informants on the impact of these representatives of WWDs. Likewise, in the Tanzanian Parliament, a minimum 30 per cent of seats are reserved for women, and two of the seats for WWDs. Political parties nominate the women’s list.

The Kenyan Constitution in its Articles 81(c), 82(2)(c)(i), 97(1)(c), 98(1)(d), 100(b) and 177(1)(c) emphasizes fair representation of people with disabilities in the country’s political spaces. For instance, the Constitution requires the Senate to have two of its members (one male and one female) representing people with disabilities. On the same note, Part IV of the Persons with Disabilities Act fronts the civil rights of people with disabilities.

However, in a number of countries in ESAR, there are limitations regarding people with psychosocial and mental disabilities. For instance, in Botswana section 6 (i)(c) of the Electoral Act provides that

“[n]o person shall be qualified to be registered a voter who ... is a person certified to be [insane] or otherwise adjudged or declared to be of unsound mind under any law for the time being in force in Botswana’ is disqualified from registering as a voter.”

The problem with this provision is that neither the Electoral Act nor the Mental Disorders Act defines who an insane person or someone of ‘unsound mind’ is. It is problematic because exclusion on the grounds of disability-perceived or actual-denies persons with intellectual disabilities the right to participate in political life on an equal basis with others, without any exception regarding their alleged capacity.

In Botswana, persons with disabilities are less involved in family and social life as compared to their non-disabled counterparts. The most substantial differences were found with regards to help from the family in daily activities, voting, and whether the person is involved in household decisions. Around one-third of the respondents with a disability confirmed that they did not vote because of their disability.

In Kenya, the Elections Act of 2011 disqualifies a person of unsound mind from being registered as a voter or being nominated as a Member of Parliament, county assembly, governor, speaker, and other public offices. Section 36 outlines the criteria for the allocation of special seats by political parties, which
include a requirement that the list shall consist of eight candidates, four of whom shall be persons with disabilities.

According to Articles 83(1)(b), 99(2)(e), and 193(2)(d), people that are proved to be of unsound mind are not eligible for political participation. Nonetheless, an individual who lives in the community and not in a psychiatric facility at a time when the voter registration or Election is underway is practically eligible to enjoying their democratic political rights.

Before 2008, PWDs who needed assistance in casting ballots during an election was assisted by police officers, Zimbabwe Electoral Commission members, and political party representatives. However, many factors, including inaccessible polling stations, lack of campaign materials in disability-friendly languages, lack of disability-inclusive voting materials, and inadequate transportation facilities to the polling stations and back to PWDs residences hamper the rights of PWDs to voting. In its sitting as Constitutional Court, the Supreme Court of Zimbabwe reiterated that PWDs have the full right to vote just like their counterparts without disabilities. Accordingly, the court ordered all political institutions and parties to provide disability-inclusive campaign communication materials. The electoral authority was mandated to oversee the implementation of the order and also to ensure that disability-inclusive voting materials in sign language and ballot papers in large print or Braille are availed during the election day.

Despite such a meticulous judgment, PWDs’ political participation has remained low and weak due to persistent negative factors, particularly in rural areas. For instance, PWDs still face accessibility challenges to and from various polling stations, lack of disabilities inclusive voting materials, and a minimal number of political candidates with disabilities. According to representatives for PDOs interviewed in Zimbabwe during the study, the implementation of the disabilities laws and policies in the country are merely tagged on the available socio-economic and cultural resources, a precedence that waters down the state’s responsibility to uphold the rights of all its citizens.
3.11 VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES

All the literature and interviews conducted in the course of this study pointed that women and girls with disabilities suffer from multiple types of Sexual and Gender Based Abuse and Violence (SGBV) in all the countries in East and Southern Africa. It is essential to bear in mind that Africa, in general, is the continent where spousal violence is highest in the world and where it is also widely accepted even by women themselves. There are, nevertheless, more risk categories of violence that need to be flagged, researched on and appropriate mitigation strategies initiated to curb violence against women and girls with disabilities in East and Southern Africa region. Disability stigmatization plays the primary role in shaping the various types of violence meted against women and girls with physical and psychosocial disabilities, and thus delivering a safe environment for this group of women and girls must diminish disabilities stigma. Additionally, interventions should target changing toxic gender norms, nurturing accessible and safe spaces as well as empowering the women and girls in all spheres of socio-economic and political dynamics.

Table 9 in Annex I summarizes the findings from different countries and studies. Most of the research is qualitative and limited in its scope. What is worse, in many countries victims of SGBV lack the real possibilities to access justice, due to distances, lack of accessibility of funds, lack of sign language interpreters or other assisting devices, lack of legal capacity, and also because of the negative attitudes among police and even courts.

For instance, a 2004 report by Save the Children Norway found that sexual abuse of children with disabilities is increasing in Zimbabwe and that 87.4 per cent of girls with disabilities had been sexually abused. Similar studies have also been conducted elsewhere in Africa. Approximately 48 per cent of these girls were mentally challenged, 15.7 per cent had hearing impairments, and 25.3 per cent had visible physical disabilities. Of those who had been sexually abused, 52.4 per cent tested positive for HIV.

According to the interviews carried out in Zimbabwe, disability is surrounded by myths resulting in the stigmatization of PWDs. Pejorative terms like ‘idiots,’ ‘imbeciles,’ ‘mentally retarded’ or ‘mentally handicapped’ are still used in Zimbabwe to refer to persons with psychosocial and intellectual disabilities. Disability is linked to witchcraft, and sometimes the birth of a child with a disability may result in a divorce of the mother. Many people in Zimbabwe wallow on the fallacy that PWDs are not only passive but also economically passive, thus are perceived as a considerable burden to the economy. This significantly affects the inclusion and active participation of PWDs in their economies as well as societies. PWDs thus end up facing more human rights violations than their non-disabled counterparts.

Although women with disabilities (WWDs) generally face the same spectrum of human rights abuses that the non-disabled women face, their abuses are magnified due to severe dependence and social isolation. They suffer double discrimination. For instance, in Zimbabwe, the situation of WWDs is particularly precarious. They are subjected to harassment, sexual abuse, and exploitation. Besides, Zimbabwe being a highly patriarchal society, WWDs are less likely to benefit from any developmental initiatives that are available as compared to men with disabilities.

South Africa has a reasonable rate of violence against women and girls, and some of them have face
violence throughout their lives. Gender and disability are key determinants of women’s and girls’ exposure to violence.

In a qualitative interview with 30 physically disabled women in Cape Town exposed the different forms of violence that women and girls with disabilities face in South Africa. While it also emerged that their various forms of impairment determine the types of violence they face, financial abuse, psychological violence, deprivation, and neglect were the leading manifestations of such violence. The various forms of violence highlighted in the interviews were also anchored on embedded disabilities stigma that played a primary role in the manifestations of the violence, dehumanization, and exploitation. The perception of women and girls as sexual objects is a crucial fallacious notion that plunges them into more violence, particularly women and girls with disabilities.

Likewise, according to Jonas Lubago, Secretary-General of Shivyawata (the umbrella organization of DPOs), WWDs in Tanzania faces multiple discrimination. Women are traditionally excluded in the Tanzanian society, which is more pronounced in rural areas. This exclusion is reflected in the leadership of DPOs: men lead all except one out of 10. Out of Shivyawata’s six board members, there is only one woman. Gender quota is not articulated in their constitution.

Moreover, in rural areas, men have advantages. Water and sanitation issues are particularly tricky for women with disabilities, for instance, menstrual hygiene problematic in schools. Both in services and leadership, men are advantaged. In the National Disability Council, out of 17 members, only four are women. Women with disabilities face more risks of being affected by HIV/AIDS because of rapes and forced sexual relations. There are rapes of mentally disabled girls and women by caregivers, teachers. Authorities often dismiss WGWDs when a WGWD tries to report rape. Most mothers of CWDs are single mothers, as fathers abandon CWDs.

In the same vein, the significant challenges facing persons with disabilities in Tanzania that the major challenges facing persons with disabilities are access to transport and information, negative attitudes of others at home, school and at work, inaccessibility of public services/premises, poverty, and inadequate representation. Women with disabilities are subjected to additional hardships. They are more likely to be subjected to sexual abuse and violence as well as being refused access to sexual and reproductive health (SRHR) services and income-generating activities.

Not only are women and children with disabilities in need of concerted attention but also elderly persons with disabilities. The needs of elderly people with disabilities may broadly differ from those of women and children with disabilities.

This means that the equal treatment of all PWDs without taking into account the specific individual circumstances may also lead to injustice. Given that average life expectancy is increasing in most of Africa, the problematic situation of elderly people—and specifically, elderly women with disabilities—is likely to demand through attention in the near future.

A 2010 report undertaken by the African Child Policy Forum draws attention to the experience of violence by children with disabilities in five

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**Every young person participating in the study had been physically abused at least once, and most had been subjected to physical violence from three to ten times or more.**

**The perpetrators were primarily other children in the same schools or neighbourhood, followed by non-immediate family members.**

**More than half of those who had been subjected to physical violence said that they had suffered broken bones or teeth or bleeding and bruising. Two percent had become permanently disabled because of the abuse.**

**In four of the five countries studied, every participant had been sexually abused at least once and most close to three times.**

**Overall, more than one in three had been forced to have sexual intercourse.**

**Both young women and young men reported having been subjected to sexual violence at least once, and at nearly the same rates.**
countries in Africa. Researchers conducted nearly 1,000 structured interviews with young persons with disabilities between the ages of 18 and 24 years in Cameroon, Ethiopia, Senegal, Uganda, and Zambia.

Most Kenyans still hold negative cultural beliefs, such as the belief that persons with disabilities are cursed. The notion that demons cause psychosocial disability is prevalent, and people with psychosocial disabilities are often subjected to attempted faith healing procedures, which sometimes include beating people on the head in the name of exorcising demons or placing hot objects on the person’s body.

In Kenya, persons with disabilities remain vulnerable to abuse and exclusion in accessing most public services, which impedes them from overall participation in society. According to research in 2013 on SGBV against women with intellectual disabilities\footnote{57.4 per cent reported having been sexually violated “most of the time.”} The most prevalent nature of sexual violence among girls and women with intellectual disabilities is “rape,” which is placed at 15 per cent and followed closely with “defilement” at 10 per cent.

The Kenyan Government has put in place several legislative, policy, and administrative measures to protect the rights and welfare of children with disabilities. The Children’s Act establishes the National Council for Children’s Services (NCCS). However, children with disabilities remain vulnerable to human rights violations, a situation that the state attributes to inadequate human and financial resources.

Also, according to the interviews carried out by the study among a number of DPOs in Kenya:

“Gender-related discrimination amongst women and girls with disabilities does exist; by and large sexual gender-based violence. There are numerous examples of reported cases within the country; rape, assault, and even killing of women and girls with disabilities, shockingly in the hands of family members and communities within which they live. Some cases go unreported due to fear of the social stigma of living with someone with a disability or stigma of the individual having been defiled. Such stigmas are known to perpetuate violence against these women and girls with disabilities, and this is especially at the grassroots level.”

There are many ways of how discrimination and violence against girls with disabilities affect their lives.

“Evidence shows that very few girls with disabilities complete primary school, as they are vulnerable to sexual abuse where they get pregnant and drop out of school. Girls with intellectual disabilities would be the last to be taken to school, if at all. When such education is offered, they do not receive quality education either due to lack of capacity of the integrated schools or lack of knowledge on how to adequately educate girls with intellectual disabilities. Discrimination also occurs when their families hide girls with disabilities in their homes, as a protection mechanism to avoid any abuse from community members. There is little to no access to services such as occupational, speech, and physiotherapy, especially to the families that cannot afford it. They are not informed about their sexual reproductive healthcare with the assumption that they would not understand, which affects them greatly when they reach the age of maturity. There is also discrimination concerning the legal capacity of such persons when it involves consent. Their families end up making decisions for these girls, whether they like it or not. Women and girls with intellectual disabilities are 3-10 times more vulnerable than their peers with other disabilities. A survey conducted by KAIH and COVAW in Kiambu county showed that out of 100 women and girls with intellectual disabilities interviewed, 80 had gone through some form of abuse more than once. The general assumption being that they do not understand and therefore, are not going to report.”\footnote{113}

Women with disabilities are subjected to additional hardships and are more likely to be subjected to sexual abuse and violence. Also, a study shows that, in Kenya, there is a high incidence of sexual violence committed against women and girls with disabilities with striking frequency and brutality. A large number of women and girls with disabilities talked about sexual violence, both by intimate partners and by strangers.

In many cases, even violence by strangers was experienced more than once.\footnote{113} Nine out of ten girls and women with intellectual disabilities were sexually abused, often frequently, without intervention from family or community.\footnote{114} Sexual violence committed by partners often refers to
forced sex when the woman is too tired after a long day of work or to sexual practices that are not acceptable to the women, for example, anal sex. Men take it especially hard if a woman with disability refuses them sex as they feel that they are doing the woman a favour as no one else would want them. The research further indicates that teenagers and young men are known to be focused on sex and are especially keen to demonstrate their sexual prowess in groups. 115 Often, alcohol and drugs are in play, and girls with disabilities are easy to catch. Women and girls with disabilities are sometimes attacked at home when it is becoming common knowledge that they left alone when the family is away. This can happen to women without disabilities as well, but the incidence among women and girls with disabilities was estimated to be much higher. This includes assaults by respected members of the community.

In Uganda, studies show that a sizable proportion between 27 per cent and 48 per cent of women suffer from intimate partner violence (IPV). 116 Lower socioeconomic status among women has been identified as a considerable risk factor for IPV. In three northern districts of Uganda, a survey found a close correlation between exposure to sex-oriented forms of violence and disability. 117 The female respondents in the three districts revealed that vulnerability cuts across all forms of disability. Survey findings nonetheless indicated that the physically disabled were more exposed to violence than the women and girls with other types of disabilities. Among the respondents with disabilities (N=320), 64 per cent reported exposure to some form of GBV. While 54 per cent physically disabled were exposed to physical abuse and sexual exploitation, 20 per cent of the respondents with mental disability reported exposure to physical and sexual violence, and the corresponding figure was 11 per cent among those with visual impairments. Moreover, 9 per cent of the deaf-blind reported exposure to physical abuse, sexual exploitation, and discrimination. Other forms of disability (people with epilepsy and albinism) accounted for 6 per cent reports of physical and sexual exploitation. (This finding was however prone to bias given that there was not a proportional representation among persons with the different forms of disability).

Due to widespread belief in East and Southern Africa in witchcraft persons with albinism are often killed, their body parts are believed to have supernatural powers. This pervasive discrimination and violence against people with albinism came up several times in the course of this mapping in five of the six case study countries. 118 Only in Ethiopia, it was not mentioned.

In Ethiopia, according to all DPOs interviewed in April 2019, 119 violence, including SGBV, against women and girls with disabilities is prevalent and underreported. Police and courts do not have facilities for hearing witness statements, e.g., from women with hearing impairments. According to the laws of Ethiopia, it is not always necessary to have a witness to testify whether rape has occurred or not. It is up to the court to triangulate pieces of evidence, including verbal from the victim. It doesn’t mean that if there is no eye witness, the perpetrator will not be convicted. Perpetrators of sexual abuse of girls and women with disabilities are often relatives, neighbours or respected community members such as teachers or priests. Interlinkages between disability, poverty, and vulnerability prevent the victims from accessing justice, and they usually only suffer in silence.

According to various research 120 people with disabilities in Somalia not only face stigma, but the country’s society regards disability as a shameful and cautious issue. Besides, disability is primarily seen as physical impairment; thus, there is little or no recognition to other many types of disabilities that women and girls face with intellectual disabilities practically viewed as a taboo. People with the latter kind of disabilities are more often than not subjected to arbitrary detention in overcrowded and unhygienic institutions, as well as physical and verbal abuse. In some instances, they are chained at home since there are no government-sponsored community-based services for them.

Both adults and children with disabilities in Somalia are vulnerable to different types of sexual, verbal, physical, and sexual abuse. Unfortunately, women and girls with disabilities face even higher levels of risk of sexual violence and mistreatment besides facing many barriers in inclusion, inaccessibility, lack of community awareness and sensitization, demeaning attitude and stigma, poverty, inappropriate teaching skills and lack of assistive devices. Even in their disability states, boys are favoured against their female counterparts when distributing resources and sharing opportunities. 121
Families living with people with disabilities decimate them alongside the state and the general public. The types and levels of such experiences vary from one environment to another, depending on the dominant factors. Unfortunately, the lack of homogeneity among persons with disabilities increases their risk of exclusion with 2-3 per cent (with moderate or severe impairments) of these people in Somali being at risk of being excluded from their communities.

Persons with disabilities are subject to various forms of verbal, physical, and sexual abuse, including within marriage. Domestic violence and forced marriage are prevalent practices affecting persons with disabilities. "Women and girls with disabilities faced an increased risk of rape and other forms of sexual violence, often with impunity, due to perceptions their disabilities were a burden to the family or that such persons were of less value and could be abused." Amnesty International and Save the Children Norway found a number of cases where ‘the families of women and girls with disabilities force them into marriage, often to older and/or abusive men, in a bid to rid themselves of the perceived burden of having a disabled child’ and do not allow them to return if they try and escape. Their husbands often abandon these women.

Amnesty International also found women who were targeted for attack specifically because they were disabled, and therefore more vulnerable. The wider community does not condemn these attacks because women with disabilities ‘have no value’. Women with physical and intellectual disabilities were more vulnerable to sexual abuse compared to non-disabled women. Qualitative research by Amnesty International in 2015 looked at the situation for internally displaced persons with disabilities, who experience additional abuse on top of that suffered by IDPs more generally, ‘due to perceptions of their increased vulnerability as a result of being disabled.’ NGOs in Somaliland have reported that students with disabilities were often harassed and beaten by other students without disabilities, which was condoned by the community. Sida found similar occurrences across Somalia. Several respondents to the review conducted by Save the Children Norway referred to girls with intellectual disabilities as being the most vulnerable of children with disabilities and often the victims of rape and other abuse. CEVSI and HI found that 75 per cent of respondents to their household survey thought that children with disabilities were highly vulnerable to sexual violence. They suggest that it is not only girls but also boys with disabilities who may be extremely sensitive to prolonged, repeated sexual violence. Girls with disabilities who have been raped face discrimination and sexual harassment, and it was found to be common for rape survivors to leave their communities as a result of discrimination and ostracization.

The Ministry of Labour and Social Affairs in Somaliland in 2012 found that women and girls with disabilities experience higher levels of violence and have more considerable difficulties accessing education in comparison to men or boys with disabilities. Men and women with disabilities struggle to date and marry like their non-disabled peers. A study has also found disabilities into the impact of war on Somali men by the Rift Valley Institute’s (RVI) to be one of the factors resulting in inequalities that influence the lives of men and women.

According to the Zimbabwe Association of Parents of Handicapped Children:

"Violence against CWDs and also their mothers are widespread. Mothers of a CWD are insulted even by their spouses and families as a "prostitute", "possessed by evil spirits", “promiscuous”; a CWD is seen as a curse. Such women are shunned even by their own family members. Police and courts are slow to act in these cases, although there are also “victim-friendly” courts and police stations through a governmental programme which are supposed to deal with such cases. Most marginalized are the following: women with mental disabilities, CP, multiple/severe intellectual disabilities, Down syndrome, physical, albinism” (sometimes killed also in Zimbabwe)."

Likewise, Zimbabwe there is severe discrimination of WGWD:

"As a WWD, you’re a nobody+ “ GWDs are not sent to school, (they are) left at home. Even those who attend school suffer from stigma. Attitudes of teachers are also negative towards CWDs. Special education (BEAM) is not working in practice. Community, family members, even teachers, neglect CWDs. ” Hon. Senator, Ms. Rejoice Timire.
There are problems with the accessibility of infrastructures and communication. Disability Act (DA) 1992 states clearly that public services and correspondence should be accessible for all, but this is not followed. For example, for deaf women, it’s complicated to report abuse. The government is trying to train some government officials in sign language. But generally, when going to police stations to report rape or abuse, WWD is met with very negative attitudes. More capacity building of public officials is needed. They have received some, but it’s not sufficient. Training to understand what SGBV is required for police and others. Most stigmatized are women with albinism due to the belief that sex with WWD cures you of HIV/AIDS."
3.12

TRAFFICKING AND EXPLOITATION OF WOMEN AND GIRLS WITH DISABILITIES BY CRIMINAL NETWORKS

Human trafficking is not a new concept in Africa, and it remains endemic within and without the continent. Many trafficking victims originate from Africa and are destined to various parts of the world, including the Middle East and Western Europe.¹³²

In Africa, there are frequent cases of intra-regional and domestic trafficking in the Sub-Saharan region. Irrespective of the trajectory or scale of the trafficking, women, and children are exploited in a myriad of ways and sectors, including agriculture, domestic work, military as child soldiers, and even prostitution. Approximately 3.7 million people in Africa are victims of forced labour or in slavery, and their oppressors make more US$13.1 million. It is even more disturbing that many victims know their traffickers as close family members and relatives as well as trusted friends. Worse still is that approximately 50 per cent of the human traffickers in Africa are female, and thus the crime is not male dominated as perceived by many people. However, dealing with this crime has increasingly been dangerous and complicated by how quickly it evolves. Recent trends in the continent have seen highly sophisticated organized criminal gangs plan and execute the trafficking of persons within and outside Africa.

For instance, South Africa is a source, transit, and destination country for child trafficking. Children are trafficked from rural areas to the cities of Bloemfontein, Cape Town, Durban, and Johannesburg. Girls are mainly victimized for commercial sexual exploitation and domestic work, while boys are forced to work in the street vending, food service, and begging.¹³³

South African government publishes statistics on youth activities every five years. For instance, the 2015 Survey of Activities of Young People, released in 2017, indicated that the country was home to 557,000 child labourers with KwaZulu-Natal province taking the lead at 10 per cent of its children being held in child labour. These disturbing statistics are results of increasingly high numbers of not only children with disabilities but also children orphaned due to HIV/AIDS.

With the 2017 UNAIDS report showing that South Africa recorded an increase of 2.1 million orphaned children, more needs to be institutionalized to ensure that such children do not succumb to child labour including forced child street begging.¹³⁴ How many of the victims of human trafficking and exploitation by criminal networks are persons, including women and girls with disabilities, is not known. Various vital informants during this mapping mentioned, especially the exploitation of WGWDs by other family members as unpaid domestic workers and for sexual purposes.¹³⁵ It would be essential to carry out more research on the extent of such exploitation of WGWDs.
ADDRESSING DISCRIMINATION OF WOMEN AND GIRLS WITH DISABILITIES IN EAST AND SOUTHERN AFRICA

In the course of this study, many promising initiatives to address the discrimination of women and girls with disabilities in ESAR were identified. These efforts are taken by both the public and private sectors, mostly at the initiative of the PDOs themselves. Some of the most interesting ones are depicted below.
4.1 EXAMPLES OF NATIONAL POLICIES THAT HAVE ADEQUATELY ADDRESSED ONE OR MORE OF THESE FORMS OF DISCRIMINATION

South Africa: Disability Allowance, tax exemptions for assisting devices, affirmative action in public tenders

In South Africa, the Social Security Act, 2004, provides for amongst others, an additional grant-in-aid for disability grant recipients who require full-time attendance by another person owing to his/her physical or mental disabilities.

here is a lack of wheelchairs and hearing aids in SA. The government has removed import tax for cars and other assisting devices for PWDs.

In public tenders, points are allocated for black-owned, women-owned, and PWDs-owned companies. Same with employment policies.

Kenya: AGPO, Cash transfers

Access to social security

Article 43(1)(e) of the Kenyan Constitution safeguards the rights of all Kenyan citizens to social security, and various funds have been established and institutionalized to deliver this right. The government has rolled out, as provided for by Part 5 of the Persons with Disabilities Act, a National Development Fund for People with Disabilities. This initiative has also been complemented by a constituency-based 10 per cent of the National Women’s Enterprise Fund that targets women with disabilities. Nonetheless, it is worth noting that these embraceable initiatives are not enough since a considerable percentage of people with disabilities heavily depend on their families and close relative for their daily support.

Kenya is piloting the ‘Persons with Severe Disability Cash Transfer Programme (PWSD-CT).’ Under this Programme, the government defines persons with severe disabilities as referring to:

‘Those who need permanent care including feeding, toiletry, protection from danger from themselves or other persons, and the environment. They also need intensive support daily, which therefore keeps their parents and guardians/caregivers at home or close to them throughout.’
The programme primarily aims at boosting the capacities of individuals who care for persons with disabilities. By giving them the cash transfers, such caregivers can improve the livelihood of the persons with severe disabilities and whom they provide support to daily. Accordingly, caregivers will be able to mitigate the severity of disabilities in a given way. The eligibility criteria are [a] household with a person with severe disability and impoverished households. The NDC reports that currently, 47,000 households receive cash transfers.

In Kenya, several organizations offer support for PWDs. For example, the National Government Affirmative Action Fund provides bursaries to PWD. There is also a requirement that all government departments in the Ministries in Kenya set aside 2 per cent of their procurement budget for PWD. There are cash transfers, which are given by the State to households that have vulnerable persons; the National Development Fund for persons with disabilities that does not discriminate based on gender where grants are available from fifty thousand up to five hundred thousand; the Ministry of Education also has an inclusive education program and Access to Government Procurement Opportunities (AGPO) which sets out 30 per cent provision for women, people with disabilities and the youth.

Private sector companies like Safaricom and Equity Bank make significant contributions in addressing issues affecting PWD. Such private institutions are necessary to bridge the gap that the government does not meet as long as they comply with the laws and regulations set. There are also companies that, as part of their social enterprise, precisely and deliberately want to hire PWD, including providing education and training programs for people with albinism.

Rwanda and Access to Health Care

Persons with disabilities require regular healthcare services and thus require that their governments strategically avail such service in a more reliable and sustainable manner. In the East and Southern Africa region, it is commendable that some countries have instituted relevant programmes towards sustainable healthcare provision to their citizens with disabilities. In Rwanda, for instance, 85 per cent of people with disabilities have active health insurance with coverage of males and females at 84 per cent and 86 per cent, respectively. In fact, the health insurance coverage among persons with disabilities in the country is only 2 per cent lower than that of their abled counterparts. It is also notable that apart from Kigali and the Southern Province, the country’s health insurance enrolment and coverage for persons with disabilities is high.
4.2 EXAMPLES OF CIVIL SOCIETIES’ AND OTHER GROUPS’ ACTIVITIES THAT HELPED IN POLICY DISCOURSE, CHANGE AND HAVE HAD AN IMPACT IN PREVENTING DISCRIMINATION AGAINST WOMEN WITH DISABILITIES

In all the countries in East and Southern Africa, there are several non-governmental organizations and DPOs that agitate for the welfare of People living with Disabilities, some focusing on those with specific needs, such as those with vision and hearing impairments, paralyzed or with psychosocial or mental disabilities. Many CSOs are consistently piling pressure on governments in the region to uphold the rights of people with disabilities by firmly enforcing existing laws and amending or legislating such laws in areas where they do not exist. The governments are also strongly challenged to compliment external initiatives of UN-funded projects as well as other international organizations that have provided disability sensitive furniture and learning equipment to schools and centres that provide support to People with Disabilities. In the following, some examples of such DPOs and their activities are provided.

South Africa: “Nappy Run” and other programmes were benefiting WWDs, National Council of & for Persons with Disabilities, NCPD.

According to Ms. Therina Wentzel-du Toit, National Director, NCPD is an 80-year old organization that has branches in 9 provinces. There are the board, provincial structures, and an executive committee. There are 49 staff members in Johannesburg and 2700 countrywide. NCPD does its own fundraising from corporations.

NCPD promotes sustainable job creation/SMEs for single mothers of CWDs. They have a programme called women’s network. Connecting women who were abused and became disabled due to the abuse. There is plenty of sexual abuse for girls with disabilities. Also, the attitudes towards people with disabilities are negative, and PWDs are not appreciated in the same way as others.

They do advocacy, representing of PWDs. Advocate for reasonable accommodation. Promotion of PWDs from entry-level positions.

The NCPD has a programme with 30 other organizations for young children who are not in school. There are special schools for CWDs, but children are often left alone there over the weekends, and there is a high level of neglect and abuse of children in these schools.

The situation of those with invisible disabilities, like those who became deaf later in life, is difficult. Sign language is well catered for in SA. But life is much harder for those who do not know the sign language. A very marginalized group is those with psychosocial disabilities (PSD). Parents are afraid of disclosing that they have a child with PSDs. It leads to the stigmatization of mothers, and marriages often break down. Sexual abuse of vulnerable children and women is also widespread.
Disability allowance is currently about 1700 Rand a month for an adult, for all types of disabilities. Child allowance for the parents of a CWD is about 490 Rand. Many PWD is afraid to work because they risk losing the disability allowance.

There would be opportunities for creating enterprises for WWDs. In Bloemfontein, a woman who got compensation after being disabled at a taxi accident used her compensation money to start a service business for PWDs. Her enterprise provides sign language interpreters etc.

- NCPD also provides workplace services: equity training. Two women run this programme. They are making workplaces accessible, supporting the companies employing PWDs.

- Leadership programme for WWDs. Mentoring younger girls. About sexuality, standing for your rights, self-presentation. SETAD: PWDs serves on the board.

- NCPD does “nappy runs”, collecting nappies for CWDs and also adult PWDs. It’s often more comfortable for them to use nappies. They collect and hand out nappies.

The situation of PWDs is the most difficult in the Free State and Eastern and Northern Cape. The government is least involved in these, and distances are considerable in Eastern and Northern Cape. In Western Cape, Gauteng and Mpumalanga provinces the situation is more manageable. In the North-West, there is much alcohol abuse, also by women, causing FAS. Research and prevention needed. Disability is much related to FAS, distances there are long, and only ambulatory doctors/medical services available-Free State: political issues, mine accidents, mine-related work. Women often found in mine-related work.

NCPD tries to involve more women with disabilities in programmes. There are typically “consultative workshops” arranged in South Africa, but this is not a participation in a real sense. Women with disabilities need to be involved more in planning and decision-making.

More transparency and accessibility are needed for both women and men with disabilities.

They raise funds through a “casual day” 1. Friday in September raised 31 million Rands. Sixty-one schools and NGOs took part, and women run the programmes: a new theme every year, new advocacy.

Radio programme for WWDs. Use different languages, translated into English.

Tanzania: Campaigns on Albinism

TAS, Tanzania Albino Society, Women’s Wing:

“Research on albinism and skin cancer was carried out in 1978. This led to starting the association in 1978, registered in 1989. It was founded by a foreign professor, who is now deceased, but his children continue supporting TAS. In 1990 women’s wing was launched thanks to Swedish support.” Ms. Mzawa I. Jagame.

There were an estimated 800,000 PWAs., now even more because there are more children born with albinism. In 2015 they had 600,000 registered members, mostly women. “Every child deserves respect” is their slogan. When 18 years old, people can join TAS.

They have ongoing discussions about the funds; a Swedish organization supported them in 1995 with education. There are three regions where PWAs have been killed and persecuted, and they have focused on these. In the lake zone, especially. The awareness-raising campaigns have had a significant impact, and PWAs are now accepted in many places. Before CWAs were hidden, now they are taken to school, attending even at the university level. They don’t have nationwide statistics on PWAs.

In DSM, there are 600 CWA in schools, and TAS supports them.

TAS leading roles: to educate the public, needs, and what albinism is. Holding the government accountable for their promises. To ensure that sunscreen is distributed to PWAs. However, they were not delivered in 2015 despite being free then. After that, they have spread throughout the country. The government is not holding its promises to deliver sunglasses, magnifying glasses (they prefer magnifying glasses to spectacles because they believe the latter reduce your sight). Sometimes they receive these from friends in other countries.
TAS does advocacy and ensures that accurate statistics are provided. They have been able to ensure that children with albinism will have more time at national exams at all levels, well-projected tests (because many have sight problems).

TAS raises awareness about PWA—the global day of albinism has been celebrating it for the last three years. The women’s wing doesn’t have a constant source of support, sometimes short-term funding, project-based.”
CONCLUSIONS AND RECOMMENDATIONS FOR FUTURE UN WOMEN ESARO PROGRAMMING
5.1 CONCLUSIONS

Discrimination of women and girls with disabilities (WGWD) characterizes all the countries in East and Southern Africa region (ESAR). Only the level and intensity of such discrimination varies. Poverty, gender, and disability are, in many ways, interconnected rendering, especially women, girls, and elderly people in the poorest countries extraordinarily vulnerable and even in dire destitution. Countries with relatively seen higher socioeconomic status, such as South Africa, Botswana, Namibia, and Kenya, also have a more developed legal and regulatory framework and practical measures in support of PWDs, including women with disabilities. This discrimination takes place at homes, in access to education, employment, and inheritance as well as in social relations. Few of the public buildings and modes of transport are accessible for people with disabilities (PWDs).

Discrimination of girls and women with disabilities starts at home and can, in extreme cases, lead to infanticide, chaining up or caging children, denying them food, or hiding them.139 Having a child with a disability is seen as a shame or curse and often leads to abandonment of the child and his/her mother by the father.

Access to education is more limited for girls than boys with disabilities in all the countries in ESAR. School buildings are not always accessible, and lack of accessible and gender-disaggregated sanitation facilities adds up to the problems of girls with disabilities. Sexual abuse and forced sterilizations are not unknown in special boarding schools for children with disabilities.

Although all the countries in ESAR in principle have policies on inclusive education, this is only practiced in a limited number of schools due to a lack of human and other resources. There is a general lack of assisting devices in most countries. Weak educational background, stigma, and negative social attitudes lead WWDs to unemployment and extreme poverty, including begging and destitution.

Access to health services, including sexual and reproductive health, is also limited for persons with disabilities. The fact that women and girls with disabilities suffer from higher risks of sexual and gender-based violence renders considerable urgency to improving awareness, prevention and treatment of sexually transmitted diseases, including HIV/AIDS for women and girls with disabilities. Similarly, they should be sensitized on their sexual and reproductive rights among healthcare givers and the judiciary, including the police force.

Few of the countries in the region have functioning social benefit programmes for PWDs. Exceptions are South Africa, Namibia, Swaziland, and Botswana. Kenya has launched a pilot cash transfer programme aimed to assist households with a seriously disabled person, but the coverage is still low. Although Zimbabwe, in principle, has disability allowances, the programme has not functioned since 2012 due to the weak economic situation in the country.

All the countries in the region have at least some legislation regarding PWDs. All the other countries, except Eritrea and Botswana, have either signed and/or ratified UN Convention on the Rights of People with Disabilities. Most have also ratified CEDAW and the CRCs. However, these laws and policies are not always fully implemented.

Access to justice and political participation are, in principle, guaranteed for all PWDs, but there are many limitations in access to these. In most countries, the police and the courts lack sign language interpreters, let alone those on tactile language. Requirements such as having an eyewitness to rapes seriously limit the possibilities of women and girls with disabilities to report sexual abuse.
Although laws guarantee access to politics, many countries have limitations regarding the right to vote for people with mental or psychosocial disabilities. Some of the countries in the region have specific quota for PWDs and WWDs at different levels of administration.

Access to sports and recreation is also limited, mainly for WGWDs. However, some countries, like South Africa and Namibia, have developed positive measures to encourage access to sports and culture even for PWDs.

Particularly marginalized groups of PWDs are according to interviews carried in the course of this study, those with mental and psychosocial disabilities, persons with albinism, and in some countries leprotic.
5.2 RECOMMENDATIONS

In the following, recommendations for ESAR that have emanated from this research are presented. These are categorized in eight sub-thematic focus areas, i.e., Research and Data Collection; Representation and Participation; Awareness-raising and prevention of SGBV; Capacity building; Access to Education; Legal and Policy Framework; Access to Assisting Devices and Services; and Collaboration and Resource Mobilization.

i. Research and Data Collection: Improve the quality of national census and other national level studies to include disability and gender issues in collaboration with DPOs and using the so-called Washington Set of questions and international standards. This kind of process is already ongoing in many countries in the region. South Africa, Uganda, and some other countries have already well-developed standards of statistics, and lessons could be learned from these countries through e.g., joint seminars or twinning arrangements looking into gender and disability issues. In particular, data on labour force participation and incomes among women with disabilities and SGBV against women and girls with disabilities lacks in all the countries in ESAR. Likewise, there is little information on the trafficking and exploitation of women and girls with disabilities by criminal networks. It would, therefore, be necessary also to include questions relating to SGBV against all women, including women and girls with disabilities in national level research.

ii. Representation and Participation: There is a need to distinguish between general issues of women and concerns of women with disabilities and address them separately. This includes supporting already existing and the formation of national level organizations of women with disabilities in all countries. These could be instrumental-also general umbrella organizations for DPOs-in giving WGWD a collective voice, in empowering women with disabilities to address sexual reproductive health issues and help addressing sexual and gender-based violence of women and girls with disabilities, especially at grassroots level being women's organizations, they could possibly be able to find common ground with general associations needs to be strengthened. women's organizations and hence influence the practices in the latter to become more inclusive. Inclusion of disability issues, in general, among women's associations need to be strengthened.

iii. Capacity building of national authorities (police, courts, educational, social, and health authorities) and decision-makers about the specific needs of WGWDs. UN Women could invest in developing programmes together with women's associations, DPOs, and their umbrella organizations, including increasing support mechanisms and awareness for women and girls with albinism, mental disabilities, etc. There are considerable and unmet needs among women and girls with albinism to access health services, including sexual and reproductive health, and prevention of sexually transmitted diseases such as HIV/AIDS. It would also be essential to support OPWDs and health authorities in the prevention of disabilities, such as raising awareness about the impact of environmental factors and nutrition on the foetus, such as lack of vitamin A and folic acid. Good practices already exist in some countries in the region, and learning from each other could be a way for encouraging others to try to develop improved mechanisms and practices. Capacity development of women's associations and DPOs could be done in collaboration with regional machinery.

iv. Access to education and vocation training is problematic primarily for girls with disabilities in all the countries in ESAR and leads to a vicious circle of poverty. Specific measures would be needed to encourage parents to allow access to education also for girls. There are well-tested measures developed by UNICEF (such as food allowances, etc.) designed to increase access to schools for children in general. These could also be used as targeted measures for parents with girls with disabilities. There is also a clear need
to protect children with disabilities from sexual harassment and abuse in schools, especially in boarding schools where children with disabilities can be particularly vulnerable.

v. Awareness raising and prevention of Sexual and gender-based violence against women and girls (and also boys) with disabilities and response to SGBV. In addition to more research on this area, awareness-raising of national authorities, decision-makers, and the general public are badly needed. Some of the DPOs/WDOs have already implemented different types of awareness-raising among communities, and it would be essential to support such endeavors in the region. Increasing access to information on the availability of funds for PWD and information about services available to PWD is required. Developing narratives around disability and gender; therefore, including more voices from women with disabilities to tell their own stories should be encouraged. Governments need to invest in raising awareness to ensure civil servants are aware of the laws, and they start implementing them. Response to SGBV needs to take into account the specific needs of WGWD, such as sign language interpreters, easily accessible.

vi. Legal framework. While almost all the countries in ESA have signed or ratified CRPD, these have not always been domesticated. Reviewing the legal framework and access to justice from WWDs is something where UN Women could collaborate with DPOs and women’s associations in different countries. Laws that are discriminatory towards women and girls with disabilities (such as the requirement of having eyewitnesses to rapes) should be revised.

vii. Improved Access to Assisting Devices also for women and girls with disabilities. It would be essential to ensure improved access to such devices with targeted programmes and also to encourage the production of assisting devices in the region.

viii. Collaboration and Resource Mobilization. Building linkages with other international and regional organizations and the private sector in raising awareness about disabilities and gender related issues in the region. In conclusion, it can be noted that there is a strong need for conducting more research in gender-based discrimination against women with disabilities in Eastern and Southern Africa as well as raising awareness on this issue. Awareness-raising about WGWD at different levels in the region can facilitate better access to resources and support services for women and girls with disabilities.
SOURCES
6.1 PRIMARY SOURCES

ETHIOPIA

Ms Alembirhan Berhe, Programme Officer, UN Women Ethiopia Country Office
Ms Enat Shiferaw, Programme Officer, UN Women ECO
Ms Aster Shale, Programme Assistant, UN Women ECO
Ms Anna Parini, Deputy Resident Representative, UN Women Ethiopia Country Office
Mr Wasihun Bimirew, Expert in Advocacy, Department of Social Welfare and Development, Ministry of Labour and Social Development,
Mr Abdullahi Ahmed, Social Protection Director, BOLSA for Oromia Region,
Ms Madina Hussain, Team Leader, Gender Mainstreaming, BOLSA for Oromia Region
Mr Jerse Robi, Previous Team Leader, Gender Mainstreaming, BOLSA for Oromia Region
Mr Sultan Ismu, General Manager, Ethiopian National Association of the Blind.
Dr Yirgasheva Bekele, Director, Department of Special Education, University of Addis Ababa,
Ms Dibabe Bacha Degla, Director, Ethiopian Women with Disabilities National Association
Ms Etagegnehu Zewdie, Finance Officer, EWDNA
Ms Wonshe Getatchew, Programme Assistent, EWDNA
Ms Tigist Alemayehu, Executive Director, Ethiopian National Association of the Deaf (ENAD),
Mr Amare Ayalew Kebede, ENAD
Mr Tofik Hamdinur, President, ENAD
Mr Abayneh Kujo, Executive Director, Federation of Ethiopian National Associations of Persons with Disabilities (FENAPD),
Ms Semret Zenebe,
Mr Lefhoko Kesamag, Social Welfare Officer, Disability Focal Point, Social Affairs Department, African Union,
Ms A., Member ENAB
Ms W, Member ENAB
Ms Ngone Diop, UN ECA; Chief, Gender Equality and Women’s Empowerment Department, African Centre for Gender,
Mr Meseret Yenet, Project Officer, ENADB,
Ms Roman Mesfin, Executive Director, ENADB,
Ms Birtukan, Member, ENAD
Ms Frehiwot, Member, ENAD
Ms Etuehu, Member, ENAD
Ms Dagnachew B Wakene, Regional Director of Programmes, Africa Disability Alliance,
KENYA

Dr Sadiq Ahamad Jilani Syed, Regional Programme Manager-EVAW, UN Women ESARO
Ms Banu Khan, Programme Analyst, UN Women Kenya
Ms Lizzie Kiama, Consultant on Disability, CEO, This-Ability Consulting
Ms Grace Katee, Programme Development, Action Foundation,
Ms Fatuma Mohamed, Programme Officer, NONDO,
Ms Rahma Abduasii, Programme Officer, NONDO,

Ms Faith Njahira, Programme Director, This Ability Trust,
Mr Joseph Kimathi, Interpreter, SLI,
Mr Humphrey Mashadi, Programme Officer, Kenyan Paraplegic Organization,
Ms Josephine Kakoma, CEO, Kenyan Network of Deaf Women
Ms Sally Nduta, United Disabled Persons of Kenya (UDPK),
Ms Rosabel Githanji, NCPWD,
Mr James Ndewiga, NCPWD,
Ms Elizabeth Gichohi, Programme Officer, FIDA,
Ms Miriam Washira, Director, FIDA,

SOUTH AFRICA

Ms Anne Githuku-Songhwe, Resident Representative, UN Women SA Country Office
Ms Anele Sibobi, Programme Officer, UN Women SA Country Office
Ms Therina Wentzel-du Toit, National Director, National Council of & for Persons with Disabilities, NCPD
Ms Nomthandazo Mpande, Expert, Disability Enterprise
Ms Simmi Pillay, Team leader, Department of Social Development
Mr. Surprise Mukgope, Expert, Department of Social Development
Mr Jace Nair, CEO, Blind SA
Ms Cathy Donaldson, President, Blind SA
Ms Susan Van Wech, Expert, Blind SA

Ms Susan Van Wech, Expert, Blind SA
Ms Babalwa Nyangintsimbi, Expert, Statistics South Africa, Social Statistics Office
Ms Xoliswa Ndamase, Expert, Statistics South Africa, Social Statistics Office
Dr. Isabelle Schmidts, Chief, Social Statistics Office, Statistics South Africa
Ms. Olga Blose, President, South African Deaf Women’s Association
Mr. Mosala Makhetha, Programme Manager, South African Deaf Association
TANZANIA

Ms Agnes Hanti, Programme Officer, UN Women, Tanzania
Ms Rachael Boma, Programme Officer, UN Women, Tanzania
Ms Hodan Addou, Resident Representative, UN Women Tanzania
Ms Fatima Aly Mahadi, Assistant Chairperson, Association of Parents of Children with Hydrocephalus and Spina Bifida.
Ms Anna Gerana, Director, FUWAVITA, Hon. Amina Mollel, Mr Jonas Lubago, Secretary General, Shivyawata, Ms Mzawa I. Jagame, TAS (Tanzania Albinism Society), Representative of the Womens’ Wing.
Ms Lucose Mohombolage, Chairperson, Tanzania Association for Mentally Handicapped (TAMH),
Ms Fatuma Aly Mahadi, Assistant Chairperson, Association of (parents of children) with Spina Bifida and Hydrocephalus,
Hon. Minister Ikupa, PM’s Office, Responsible for PWDs, Government of Tanzania
Mr Emmanuel Simon, League of the Blind,
Mr Ben Wambura, Coordinator, TPVDR,
Mr Peter Charles Seed,
Ms Fausta Dawa Lutambi, Member of CHAWATA (Physically disabilities),

UGANDA

Dr Maxime HOUNATO, Representative, UN Women Uganda
Ms Anna Mutavati, Deputy Country Representative, UN Women Uganda
Ms Agrippina Nandhego, Programme Specialist UN Women Uganda
Ms Jolie Acen, Programme Specialist, UN Women Uganda
Ms Betty Ancona, Programme Manager, NUWODU
Ms Florence Ndagire, Lawyer Makerere University, Chairperson of the UN Women Regional Civil Society Advisory Group of East and Southern Africa, and International Disability Rights Consultant
Mr Sampson Masaba Masiga, Commissioner Disability, Ministry of Gender, Labour and Social Development.
Mr. Julius Kamya, Executive Secretary Equal Opportunities Commission.
Dr. Pamela Nizeyimana, Principle Education Officer, Ministry of Education.
Ms Beatrice Guzu, Executive Secretary National Council for Disability.
Mukway Nassar Executive Director National Youth Council.
Ms Helen Grace Asamo, Honorable Member of Parliament representing Persons with Disabilities in Eastern region, Parliament of the Republic of Uganda
Mr. Collins Mwijuka, Executive director national council for women.
Ms Juliet L Barasa, Child protection specialist, Plan International
Ms Rose Acayo, Chairperson on the Board of Directors National Union of Women with Disabilities of Uganda
Ms Doreen Kauma, Program Manager Uganda National Association of the Deaf.
Ms Miriam Kiconco, Program Officer Legal Action for Persons with Disabilities.
MS Anna Aparo, Vice Chairperson Uganda National Association of the Blind.
ZIMBABWE

Ms Chenenesai Nyamondo, Programme Assistant, UN Women, Zimbabwe
Ms Delphine Serumaga, Country Representative, UN Women
Mr Nicholas Arobany, Director, ZIMCare Trust
Mr Ishmael Zhou, CEO, Zimbabwe Association of Blind
Ms Theresa Makwara, Coordinator, Association of Parents of Children with Disabilities
Ms Senzeni Mutewedzi, NCD, Board member
Ms Mercy Maungadidze, Chairperson of NCD, Chairperson of the Zimbabwe Albino Association, Hon Senator, Mr Khupe Watson, Zimbabwe Representative in SAFOD

Mr Simba Mukanganise, Member, NCDPZ
Ms Farchi Cherai, Chairperson, NCDPZ
Hon. Senator, Ms Rejoice Timire
Ms Lorraine Jarayi, ZWWDs
Ms Nozithlelon Cube, Chairperson, ZWWDs
Mr Ignicious Murambidzi, National Coordinator, Zimbabwe National Association for Mental Health (ZIMNAMH)
Mr Lovemore Rambiyawo, Programs Manager, National Association of Societies for the Care of the Handicapped (NASCOH)
Ms Theresa Makware, Coordinator, Zimbabwe Parents of Handicapped Children Association
6.2
SECONDARY SOURCES


Humanity International (HI) (Undated) Advocacy Brief. Inclusive Education.


Save the Children Norway (2004).


ANNEXES
### ANNEX 1: TABLES

**TABLE 1:**
- Gender and Socioeconomic Indicators for East and Southern Africa

<table>
<thead>
<tr>
<th>Country/HDRI Rank</th>
<th>Gender Development Index 2017</th>
<th>Human Development Index (HDI) 2017</th>
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<tr>
<td></td>
<td>Female</td>
<td>Male</td>
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<tr>
<td><strong>HIGH HUMAN DEVELOPMENT</strong></td>
<td></td>
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</tr>
<tr>
<td>Botswana/101</td>
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<td>South Africa/113</td>
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<td>Namibia/129</td>
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<td>Zimbabwe/156</td>
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<td>Mozambique/180</td>
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<td><strong>Other Countries or Territories</strong></td>
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<td>Somalia</td>
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### TABLE 2:
- Estimated prevalence of moderate and severe disability, by region, sex and age, based on Global Burden of Disease estimates for 2004

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<thead>
<tr>
<th>Sex/age group</th>
<th>World</th>
<th>Africa</th>
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<tr>
<td><strong>Severe Disability</strong></td>
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<tr>
<td><strong>Males</strong></td>
<td></td>
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<tr>
<td>0-14 years</td>
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<td>15-59 years</td>
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<td>60+ years</td>
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<tr>
<td><strong>Females</strong></td>
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<tr>
<td>0-14 years</td>
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<td><strong>All People All Ages</strong></td>
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<td><strong>Moderate and Severe Disability</strong></td>
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<td><strong>Males</strong></td>
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<td>0-14 years</td>
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<td>15-59 years</td>
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<td>60+ years</td>
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<td><strong>All People All Ages</strong></td>
<td>15.3</td>
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*Source: WHO (2011) Global Disability Report*
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<tr>
<th>Country</th>
<th>Source /year</th>
<th>Female (Percentage)</th>
<th>Male (Percentage)</th>
<th>Total (Percentage)</th>
<th>Most common type of disability</th>
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<td>Botswana</td>
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<td>2.9</td>
<td>3</td>
<td>2.92</td>
<td>Vision (40.7 per cent)</td>
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<td>South Africa</td>
<td>WHO, 2011 Census, 2011 SSA, 2016</td>
<td>10 8.3 (severe disability)</td>
<td>7 6.5 (severe disability)</td>
<td>24.2</td>
<td>77 16 (all forms)</td>
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<td>Namibia</td>
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<td>21.4</td>
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<td>WHO, 2011</td>
<td></td>
<td></td>
<td>7.8</td>
<td>13.2 (Vision)</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>WHO, 2011 SIDA, 2015</td>
<td></td>
<td></td>
<td>16.9</td>
<td>2.9 11.1</td>
</tr>
<tr>
<td>Rwanda</td>
<td>2012 SIDA, 2015</td>
<td>4.8</td>
<td>5.2</td>
<td>5</td>
<td>5.15</td>
</tr>
<tr>
<td>Lesotho</td>
<td></td>
<td>1.6</td>
<td>2.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madagascar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>NHS, 2009/10 Census, 2014 SIDA, 2015</td>
<td>12.4 13.7 (2+) 14.5 (5+)</td>
<td>11 10</td>
<td>16</td>
<td>13.6 16</td>
</tr>
<tr>
<td>Comoros</td>
<td>WHO, 2011</td>
<td></td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>ADRY, 2017</td>
<td></td>
<td></td>
<td>8</td>
<td>Diabetes, neonatal disabilities</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Census, 2007 WHO, 2011</td>
<td></td>
<td></td>
<td>17.6</td>
<td></td>
</tr>
<tr>
<td>Eritrea</td>
<td>EPHS, 2010</td>
<td></td>
<td></td>
<td>5</td>
<td>Vision, mental disabilities</td>
</tr>
<tr>
<td>Mozambique</td>
<td>SIDA, 2015</td>
<td></td>
<td></td>
<td>2.5</td>
<td>6.15</td>
</tr>
<tr>
<td><strong>Other Countries or Territories</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somalia</td>
<td>SIDA, 2014 SIDA, 2015</td>
<td></td>
<td></td>
<td>20 (est.)</td>
<td>Mental disabilities 15 (est.)</td>
</tr>
</tbody>
</table>
TABLE 4:
• Prevalence of Disability in South Africa in 2016

<table>
<thead>
<tr>
<th>Sex</th>
<th>With disabilities</th>
<th>Without disabilities</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percentage</td>
<td>N</td>
</tr>
<tr>
<td>Male</td>
<td>1 188 059</td>
<td>6.5</td>
<td>16 998 903</td>
</tr>
<tr>
<td>Female</td>
<td>1 682 071</td>
<td>8.5</td>
<td>18 215 843</td>
</tr>
<tr>
<td>Total</td>
<td>2 870 130</td>
<td>7.5</td>
<td>35 214 746</td>
</tr>
</tbody>
</table>

Source: National Disability Profile, South Africa, SSA (2016)

TABLE 5:
• Access to Primary/Secondary/Vocational/Tertiary Education Among Children with Disabilities in ESAR by gender, in per cent

<table>
<thead>
<tr>
<th>Country</th>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
<th>Vocational</th>
<th>Illiterate/other</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH HUMAN DEVELOPMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td>73 per cent (total)</td>
<td>38 per cent (severe disability)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDIUM HUMAN DEVELOPMENT</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa SSA, 2016</td>
<td>80 per cent</td>
<td>69.1 per cent (total)</td>
<td>157,550 boys with disabilities and 144,030 girls with disabilities (5-24 years old) attending school</td>
<td>In 2013 73,739 boys and 61,408 girls with disabilities between 5-24 years old not attending school</td>
<td>31 per cent not attending school</td>
</tr>
<tr>
<td>Namibia</td>
<td>2009</td>
<td>University has a disability unit</td>
<td></td>
<td></td>
<td>32,169 out of school</td>
</tr>
<tr>
<td>Kenya ADKY, 2014</td>
<td>75 per cent</td>
<td>10.8 per cent (total)</td>
<td></td>
<td>2 per cent</td>
<td>1.3 per cent (total)</td>
</tr>
<tr>
<td>Eswatini (Kingdom of)</td>
<td>Census, 2010</td>
<td>92 per cent</td>
<td>50 per cent</td>
<td>15 per cent (total)</td>
<td>3.5/2 per cent (total)</td>
</tr>
<tr>
<td>Zambia WHO, 2011</td>
<td>40 per cent (6-11)</td>
<td>60 per cent (12-17)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Primary</td>
<td>Secondary</td>
<td>Tertiary</td>
<td>Vocational</td>
<td>Illiterate/other</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------</td>
<td>-----------</td>
<td>----------</td>
<td>------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>LOW HUMAN DEVELOPMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tanzania (Rep.of)</td>
<td>2010</td>
<td>0.1-10 per cent (total)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td></td>
<td>25 per cent (total)</td>
<td></td>
<td>Quota of 64 PWD with full scholarships annually at UoZ</td>
<td></td>
</tr>
<tr>
<td>Rwanda</td>
<td></td>
<td>68 per cent (total)</td>
<td>10 per cent (total)</td>
<td></td>
<td>50 per cent of women and 38 per cent of all PWD have no education</td>
</tr>
<tr>
<td>Lesotho</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madagascar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>UNICEF, 2014</td>
<td>9 per cent (total)</td>
<td>6 per cent (total)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comoros</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>ADRY, 2013</td>
<td>2 per cent (total)</td>
<td>76 per cent (total)</td>
<td>38 (total with severe disabilities)</td>
<td>5 per cent 41 per cent of WWD/29 per cent of PWD never attended school</td>
</tr>
<tr>
<td>Djibouti</td>
<td>Adry, 2017</td>
<td>15 per cent of all students are PWD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td></td>
<td></td>
<td>Department of Special Education with 400 students with disabilities at the UoF AA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eritrea</td>
<td>2010, ADRY</td>
<td>14036 Students WD: 44 per cent of these in primary, 31 per cent in mid-schools and 25 per cent in secondary schools</td>
<td></td>
<td></td>
<td>Benefit payments for blind students enrolled in middle and high school education.</td>
</tr>
<tr>
<td>Mozambique</td>
<td>WHO, 2011</td>
<td>30 per cent (6-11)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somalia</td>
<td></td>
<td>&lt;1 (total)</td>
<td>Somaliand 45 (total)</td>
<td></td>
<td>..</td>
</tr>
</tbody>
</table>
## TABLE 6
**Income and Employment Among PWDs in Eastern and Southern Africa, by gender, in per cent**

<table>
<thead>
<tr>
<th>Country</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGH HUMAN DEVELOPMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td></td>
<td></td>
<td>62 per cent of graduates with disabilities placed in public service</td>
</tr>
<tr>
<td><strong>MEDIUM HUMAN DEVELOPMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td></td>
<td></td>
<td>Quota of 7 per cent of PWD in workforce, quota of 2 per cent for WWD in senior management in public service, 36 per cent of PWDs in poorest households.</td>
</tr>
<tr>
<td>Namibia</td>
<td></td>
<td></td>
<td>98 per cent of PWD unemployed (2004)</td>
</tr>
<tr>
<td>Kenya</td>
<td></td>
<td></td>
<td>5 per cent of quota for PWD.</td>
</tr>
<tr>
<td>Eswatini (Kingdom of)</td>
<td></td>
<td></td>
<td>83.7 per cent inactive, 4 per cent unemployed, 12.3 per cent active</td>
</tr>
<tr>
<td>Zambia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LOW HUMAN DEVELOPMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tanzania (Rep.of)</td>
<td></td>
<td></td>
<td>Quota of 3 per cent of PWD by law, 3.1 per cent of households headed by a PWD in paid employment, 72.3 per cent of households headed by PWD depend on subsistence agriculture, 14.5 per cent on self-employment</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rwanda</td>
<td></td>
<td></td>
<td>56 per cent of PWD in labour force, 43 per cent and 48 per cent for learning/concentration and speaking difficulties</td>
</tr>
<tr>
<td>Lesotho</td>
<td></td>
<td></td>
<td>70 per cent of PWDs unemployed</td>
</tr>
<tr>
<td>Uganda</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Djibouti</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td></td>
<td></td>
<td>95 per cent of PWD live in poverty (2010)</td>
</tr>
<tr>
<td>Eritrea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Countries or Territories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somalia</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE 7: Health and Social Security for PDOs in ESAR

<table>
<thead>
<tr>
<th>Country</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGH HUMAN DEVELOPMENT</strong></td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td>Disability Policy mandates rehabilitation centres to PWDs. State provides cash benefits to PWDs under the destitute programme</td>
</tr>
<tr>
<td><strong>MEDIUM HUMAN DEVELOPMENT</strong></td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td>Several laws in place (Mental Health Care Act 2002, National Health Act 2003, Sterilisation Act 1998), etc. PWDs who are indigent qualify for a range of social assistance grants, including disability grants, care dependency grants, grant-in-aid, etc.</td>
</tr>
<tr>
<td>Namibia</td>
<td>2004 Disability Living Conditions Survey: Over two-thirds of PWDs able to access health services. Gross inadequacy in the provision of vocational rehabilitation, counselling services and access to assisting devices. A waiver system exists for PWDs at state health facilities. Many don't access this waiver.</td>
</tr>
<tr>
<td>Eswatini (Kingdom of)</td>
<td>Elderly and PWD exempt from paying hospital charges. PWD receive free treatment in public hospitals. In 2010, 27 per cent of young people with disabilities received needed treatment. 58 per cent reported needing treatment, but not receiving it. Department of Social Welfare administers a public assistance programme which provides means-tested benefits to the needy and destitute. About 40 per cent of population estimated to be needy, less than 10 per cent are eligible to this programme.</td>
</tr>
<tr>
<td>Zambia</td>
<td>The right to health-like social, cultural and economic rights are not justiciable. No legal mechanisms. Persons with Disabilities Act provides for the promotion of social protection and adequate standard of living for PWDs. However, this is not justiciable.</td>
</tr>
<tr>
<td><strong>LOW HUMAN DEVELOPMENT</strong></td>
<td></td>
</tr>
<tr>
<td>Tanzania (Rep.of)</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>The Constitution subjects the realisation of the right to health for PWDs to the availability of state resources. There is no legal mechanism to compel government to ensure full and effective access to health care services by PWDs. The Department of Social Welfare is responsible for disability issues. The State Services (Disability Benefits) Act provides for the granting of social welfare benefits assistance to persons in need and their dependents. These grants of US$20/month have not been paid out since 2012. The War Victims Compensation Act provides for compensation to persons who have been disabled as a result of war. (Only physical disabilities).</td>
</tr>
<tr>
<td>Rwanda</td>
<td>85 per cent of PWD have health insurance (male 84 per cent, females 86 per cent). Only slightly lower coverage than among people without disabilities (87 per cent). The public health insurance scheme, Mutuelle de Santé, covers 95 per cent.</td>
</tr>
<tr>
<td>Lesotho</td>
<td>National Social Protection Strategy (2014/5-2018). Disability grants of 250 M per month over four years for those with severe disability. Bursary schemes for vulnerable children, including CWD to attend secondary school.</td>
</tr>
<tr>
<td>Uganda</td>
<td>The Persons with Disabilities Act recognises the right of PWDs to enjoy the same rights as all the others, including access to reproductive health services. The Ministry of Health has a Disability and Rehabilitation Section. There are periodical national budgetary grants schemes targeting PWDs.</td>
</tr>
<tr>
<td>Malawi</td>
<td>Disability Act guarantees PWDs access to adequate standard of living and social protection. DA guarantees OWDs the right to access health care services. Mental Treatment Act.</td>
</tr>
<tr>
<td>Djibouti</td>
<td>The ministry of health January 2017 developed a disability inclusion and mainstreaming manual that for adaptation and use by health care providers in. It is also stated in the constitution of FDRE that “the state shall, with in available means, allocated resources to provide rehabilitation and physical assistance to the physically and mentally disabled”. A proclamation of FDRE (proclamation No. 916/2015) on Article 10 states “All public sectors need to institutionalize and empower persons with disability to act and to create equal opportunity and full and effective participation”.</td>
</tr>
<tr>
<td>Eritrea</td>
<td>Ministry of health provides rehabilitation centres and the Ministry of Women and Social Action is responsible for psychosocial and economic reintegration services. Basic social security is provided to nationals without own means of subsistence, including PWD who are living under absolute poverty. Ministry of women and social action regulates conditions of access to grants.</td>
</tr>
<tr>
<td>Mozambique</td>
<td>No specific healthcare or financial support systems for PWDs. Local disability organizations and some other NGOs provide some rehabilitation services and assistive devices.</td>
</tr>
</tbody>
</table>

**Other Countries or Territories**

<table>
<thead>
<tr>
<th>Country</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somalia</td>
<td>No specific healthcare or financial support systems for PWDs. Local disability organizations and some other NGOs provide some rehabilitation services and assistive devices.</td>
</tr>
</tbody>
</table>

Mapping of Discrimination against Women and Girls with Disabilities in East & Southern Africa
<table>
<thead>
<tr>
<th>County</th>
<th>Status of Submission</th>
<th>CRPD</th>
<th>CRC</th>
<th>CEDAW</th>
<th>ACRPD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGH HUMAN DEVELOPMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td>Not signed</td>
<td>1995</td>
<td>1994</td>
<td>1994</td>
<td>Not Signed</td>
</tr>
<tr>
<td>Latest Date of Submission</td>
<td>N/A</td>
<td>21 November 2017</td>
<td>21 November 2017</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Concluding Observations</td>
<td>The Committee urges the State party to adopt a human rights-based approach to disability, set up a comprehensive strategy for the inclusion of children with disabilities</td>
<td>The Committee recommends that the State party: (a) Provide data disaggregated by disability on the number of women with disabilities who have been employed in the public and private sectors in its next periodic report;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Status of Submission</th>
<th>CRPD</th>
<th>CRC</th>
<th>CEDAW</th>
<th>ACRPD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDIUM HUMAN DEVELOPMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>2008 - Ratified and accessed</td>
<td>1990</td>
<td>1984</td>
<td>03 March 2016</td>
<td>N/A</td>
</tr>
<tr>
<td>Latest Date of Submission</td>
<td>5th April 2012</td>
<td>19th March 2013</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concluding Observations</td>
<td>Women with disabilities (art. 6) 11. The Committee is concerned about the multiple forms of discrimination faced by women with disabilities and the absence of measures to prevent and combat different forms of discrimination against them. It is also concerned about the lack of information on public policies and programmes on gender equality that include the rights of women and girls with disabilities. With reference to the Committee’s general comment No. 9 (2006) on the rights of children with disabilities, the Committee urges the State party to adopt a human rights-based approach to set up a comprehensive strategy, based on disaggregated statistical data, for the inclusion of children with disabilities.</td>
<td>The Committee is concerned about the failure to protect the health, sexual and reproductive rights of women with disabilities and their lack of access to justice, limits on their legal capacity and ability to own property and violence against them, including the practice of forced sterilization. The Committee recommends that the State party: (a) Protect the rights of women and girls with disabilities, ensuring that they have equal access to housing, justice, health care and other basic services and social protection, and promote their autonomy, access to community services and participation in political and public life;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Status of Submission</td>
<td>CRPD</td>
<td>CRC</td>
<td>CEDAW</td>
<td>CRPD</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------</td>
<td>-----------------------</td>
<td>-----------</td>
<td>---------------</td>
<td>----------</td>
</tr>
<tr>
<td>South Africa</td>
<td>2007 - Optional Protocol signed and Ratified</td>
<td>1995</td>
<td>1995</td>
<td>09 May 2019</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Concluding Observations

**Women with disabilities (art. 6)**

- The Committee is concerned about:
  - The multiple forms of discrimination faced by women and girls with disabilities in obtaining access to education, employment and healthcare and their exclusion from public and social life;
  - The lack of legislation and policies, including measures of affirmative action, aimed at addressing multiple and intersecting forms of discrimination against women and girls with disabilities, particularly against black women and girls with disabilities, including discrimination arising from traditional and cultural practices, and the limited opportunities for women with disabilities, particularly black women with disabilities, to be systematically involved in decisions that concern them directly;
  - The absence of measures to prevent and combat discrimination and violence, including rape and other forms of gender-based sexual violence, exploitation and abuse against women and girls with disabilities, and the lack of information in accessible formats for health, psychosocial and legal services for victims of violence and abuse or those who are at such risk.

**Children with disabilities**

- 43. The Committee welcomes the ratification by the State party in 2007 of the Convention on the Rights of Persons with Disabilities as well as the adoption of the Framework and Strategy for Disability and Rehabilitation Services in South Africa 2015-2020. Nevertheless, it is concerned at the multiple layers of discrimination and exclusion faced by the majority of children with disabilities in the State party, as well as at the lack of:
  - Accurate and comprehensive data on children with disabilities;
  - A comprehensive law and policy to realize the rights of children with disabilities, with clear baselines, a clear time frame and measurable indicators for the implementation, and mechanisms for monitoring implementation;
  - Effective multisectoral coordination within the Government, in particular in rural areas, to provide integrated services to children with disabilities;
  - Effective provision of reasonable accommodation, such as through the provision of assistive devices and of services in Braille and in sign languages.

- 44. With reference to its general comment No. 9 (2006) on the rights of children with disabilities, the Committee recommends that the State party:
  - Strengthen systematic and comprehensive collection of disaggregated data on children with disabilities and utilize the outcome to make policy responses more evidence-based and better suited to the needs of children with disabilities;
  - Consider developing a comprehensive law and policy based on a human rights model of disability that addresses the full range of issues relevant to the rights of children with disabilities, including access to public transport and support for caregivers;
  - Set up clear baselines, a clear time frame and clear indicators for the implementation of laws and policies relevant to children with disabilities, and ensure the sufficient allocation of technical, human and financial resources for their implementation;
  - Improve intersectoral coordination to provide integrated services to children with disabilities and their families and caregivers;
  - Establish mechanisms to monitor the implementation of laws and policies that provide for children with disabilities, with the active participation of persons with disabilities, including children, and their representative organizations;
  - Expedite the implementation of the strategies relevant to the provision of reasonable accommodation, with clear timelines and allocation of the necessary resources.

19. The Committee recommends that the State party expeditiously strengthen its National Gender Machinery, in particular the Ministry for Women, Children and People with Disabilities, in order to ensure a strong institutional mechanism for the promotion of gender equality. In particular, the Committee urges the State party to provide the national machinery with adequate human, financial and technical resources to coordinate the implementation of the Convention and work effectively towards promoting gender equality. It calls on the State party to strengthen the linkages between the national, regional and local levels in relation to gender equality activities, including through the provision of training in gender sensitization and gender mainstreaming by the South African Management Institute and/or the Local Government Leadership Academy.
Women and girls with disabilities

East and Southern Africa

Country

Status of Submission

CRPD

CRC

CEDAW

ACRPD

LOW HUMAN DEVELOPMENT

Ethiopia

2010 Ratified and accessed

CRPD

1991

1981

18 May 2012

Concluding Observations

13. The Committee is concerned that the rights of women and girls with disabilities are not effectively mainstreamed and respected in law and in practice. It is also concerned that organizations of women and girls with disabilities are neither involved nor consulted on the implementation of the Convention.

14. The Committee recommends that the State party mainstream the rights of women with disabilities in law and in practice. It also recommends that the State party ensure the consultation and involvement of organizations of women with disabilities, particularly for those children suffering from multiple and intersecting forms of discrimination.

15. The Committee also recommends that the State party:

(a) Provide, in its next periodic report, specific information on initiatives and programmes for the rehabilitation and reintegration of women and girls with disabilities, including programmes aimed at enhancing their social inclusion, and ensure in particular their access to quality inclusive education, vocational training, social and health services;

(b) Undertake, in close collaboration with NGOs and local communities, awareness-raising programmes, including campaigns, on eliminating discrimination against women with disabilities, focusing on the type of disability in order to facilitate the elaboration, development and implementation of relevant policies and programmes; and

(c) Design and develop training programmes for all professional groups working with and for children and youth with disabilities, including sexual and reproductive health professionals, and are provided with reasonable accommodation.

Children with disabilities

53. While welcoming the ratification of the Convention on the Rights of Persons with Disabilities and the commitment expressed by the State party to address the issue of rehabilitation and integration of persons with disabilities, the Committee remains deeply concerned at the persistence of negative attitudes and discrimination against children with disabilities, and at the fact that the vast majority of children with disabilities are deprived of their fundamental rights and freedoms. The Committee reiterates the need for the rehabilitation and reintegration of children with disabilities, particularly for those children suffering from multiple and intersecting forms of discrimination.

54. In the light of article 23 of the Convention and of its general comment No. 9 (2006) on the rights of children with disabilities, the Committee urges the State party to adopt a human rights-based approach to disability and specifically recommends that it:

(a) Take urgent measures to elaborate and implement specific programmes for children and youth with disabilities aimed at enhancing their social inclusion, and ensure in particular their access to quality inclusive education, vocational training, social and health services;

(b) Undertake, in close collaboration with NGOs and local communities, awareness-raising programmes, including campaigns, on eliminating discrimination against children with disabilities, focusing on the type of disability in order to facilitate the elaboration, development and implementation of relevant policies and programmes; and

(c) Establish a data collection system on children with disabilities, focusing on the type of disability in order to facilitate the elaboration, development and implementation of relevant policies and programmes; and

(d) Design and develop training programmes for all professional groups working with and for children and youth with disabilities, including sexual and reproductive health professionals, and are provided with reasonable accommodation.

Women and girls with disabilities

49. The Committee is concerned about the multiple forms of discrimination suffered by women and girls with disabilities, the lack of sufficient information regarding their situation in all aspects of life, the increased likelihood of exposure to violence and abuse.

Recalling its general recommendation No. 18 (1991) on disabled women, the Committee recommends that the State party:

(a) Provide, in its next periodic report, specific information on initiatives and programmes for the rehabilitation and reintegration of women and girls with disabilities, including programmes aimed at enhancing their social inclusion, and ensure in particular their access to quality inclusive education, vocational training, social and health services;

(b) Undertake, in close collaboration with NGOs and local communities, awareness-raising programmes, including campaigns, on eliminating discrimination against women with disabilities, focusing on the type of disability in order to facilitate the elaboration, development and implementation of relevant policies and programmes; and

(c) Design and develop training programmes for all professional groups working with and for children and youth with disabilities, including sexual and reproductive health professionals, and are provided with reasonable accommodation.
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<tr>
<th>Country</th>
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<td>16 February 2017</td>
<td>23 February 2015</td>
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**Children with disabilities**

32. In the light of its general comment No. 9 (2006) on the rights of children with disabilities, the Committee urges the State party to adopt a human rights-based approach to disability and set up a comprehensive strategy for the inclusion of children with disabilities and:

(a) Implement the Disability Act 2012 and corresponding national action plan, establish the Disability Trust Fund, identify strategies to deal with challenges experienced by children with disabilities and allocate adequate resources to the Department of Disability to implement the laws and policies effectively;

(b) Review the disability-related legislation and policies, particularly the 1971 Handicapped Persons Act, to ensure that they are aligned with the Disability Act and that the needs of children with disabilities are met;

(c) Establish national mechanisms for monitoring and reporting on disability, with focus on children with disabilities;

(d) Ensure that children with disabilities have access to inclusive early childhood care and education, early development programmes, healthcare and other services, and ensure that such services receive adequate human, technical and financial resources;

(e) Adopt measures towards fully inclusive education;

(f) Collect and analyse data on the situation of all children with disabilities, disaggregated by, inter alia, age, sex, type of disability, ethnic and national origin and geographic location;

(g) Develop comprehensive campaigns to increase awareness among parents and relatives of children with disabilities, teachers and society in order to accept and respect the rights of such children.

**Children with albinism**

26. While welcoming the measures taken by the State party to protect children with albinism, the Committee is seriously concerned at:

(a) The inadequate enforcement of the laws and policies aimed at protecting the rights of children with albinism, the lack of resources for their implementation, and consequently the poor protection, rehabilitation and legal services available to child victims with albinism and the reportedly lenient sentences handed down to perpetrators;

(b) The significant number of cases of abduction, ritual killings and exhumation of remains of children with albinism;

(c) The high rate of school dropouts among children with albinism, due to fear of attacks, poor vision, prohibition from wearing appropriate sun protection clothing, unavailability of specific sun protection tools and insufficient skilled staff trained to meet their needs and ensure their inclusive education.

**Women with albinism**

44. The Committee is deeply concerned about the stigmatization of persons with albinism, including women and girls, and severe threats to and attacks on their physical integrity, such as ritual killings, abductions and mutilation.

45. The Committee urges the State party to reinforce its measures to protect women and girls with albinism from all forms of violence and address the discrimination, stigmatization and social exclusion faced by them. In particular, it calls upon the State party to effectively investigate, prosecute and punish those responsible for such crimes, expand its awareness-raising efforts to combat those superstitious beliefs that are detrimental to the well-being of women and girls with albinism and ensure that those women and girls have access, without discrimination or fear, to education, employment, health care and other basic services.
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**Latest Date of Submission**
- 17 April 2015
- 10 July 2018
- 13 July 2015

**Concluding Observations**

**Women with disabilities (art. 6)**

The Committee notes that the State party is revising the 2007 Special Needs Education Policy. However, the Committee is deeply concerned that children with disabilities lack access to inclusive education, adequate health care and social protection measures and are often discriminated against due to cultural stigma and superstition. In particular, the Committee is concerned that:

- Children with disabilities mostly attend special schools in the urban areas;
- The Special Needs Education Policy lacks the necessary resources and a strategic plan; consequently, schools and institutions do not have adequate capacities to meet the needs of children with disabilities, including trained professionals and essential facilities for therapy and education for children with mental disabilities;
- The inadequacy of policies and programmes for the advancement, development and empowerment of girls and women with disabilities.

**Observations**

- With reference to its general comment No. 9 (2006), the Committee urges the State party to:
  - Ensure that children with disabilities have equal access to adequate social and health services, including psychological support, counseling services, parental guidance for families of children with disabilities, and tailored services for children with mental disabilities and behavioural disorders, and raise awareness of all services available. Furthermore, measures should be taken to ensure accessibility to buildings and installations;
  - Undertake intensive public enlightenment campaigns in cooperation with NGOs, to challenge cultural norms and abandon superstitious beliefs surrounding children with disabilities;
  - Increase budget allocations, including for the implementation of the 2007 Special Needs Education Policy with a view to achieving inclusive education as far as possible for all Rwandan children concerned, and the elimination of all barriers that lead to educational disparities for children with disabilities;
  - Finalize the revision of the 2007 Special Needs Education Policy in collaboration with other stakeholders, detailing implementation strategies, activities and resources to realize the rights of children with disabilities, including children with mental disabilities;
  - Ensure that the NCPD includes a dedicated section on children, and strengthen its capacity to introduce and monitor programmes promoting the rights of children with disabilities, institutionalization and community education about the rights of children with disabilities, and provisions to support such children and their families; and
  - Repeal article 42 of Law No. 54/2011 and ensure that the placement of children with disabilities in institutions is used only as a measure of last resort, when it is absolutely necessary and in the best interests of the child.
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<th>Country</th>
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| Latest Date of Submission | N/A                                  | 13 January 2012 | 10 November 2014 |

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<tr>
<th>Concluding Observations</th>
<th>Children with disabilities</th>
<th>Women with albinism</th>
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<tr>
<td></td>
<td>52. The Committee notes with appreciation the laws and policies to protect the rights of children with disabilities, including efforts to promote the enrolment of children with disabilities into mainstream education. However, the Committee notes with concern that: (a) Throughout the country, children with disabilities are subjected to greater abuse, violence, stigma and exclusion, particularly in rural areas, and especially those children with intellectual and psychosocial impairments; (b) Early diagnosis of the impairment and support are difficult to obtain, in particular for children from poor families; (c) Parents are sometimes reluctant to report cases of and seek support for children with disabilities, in particular psychosocial impairments, because of the associated social stigma; (d) Infrastructure in public places is not suitable for children with disabilities; (e) Access to inclusive education and well-trained teachers is limited; (f) Primary-school enrolment of children with disabilities is very low. In the light of article 23 of the Convention and of its general comment No. 9 (2006) on the rights of children with disabilities, the Committee urges the State party to adopt a human rights-based approach to disability and specifically recommends that it: (a) Strengthen the implementation of laws and policies relating to children with disabilities, including the National Disability Mainstreaming Strategy 2010-2015; (b) Allocate sufficient resources and, in particular, establish a specific fund to implement the National Strategy on Inclusive Education; (c) Expedite the establishment of the necessary infrastructure in public places to accommodate children with different disabilities; (d) Work together with communities to develop a public-awareness strategy to challenge negative social and cultural beliefs and norms regarding children with disabilities.</td>
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<td>42. While noting the policy and institutional measures taken to investigate and prosecute cases of killings of persons with albinism, the Committee is concerned that the number of prosecutions and convictions remains low. The Committee is deeply concerned about the discrimination, stigmatization and social exclusion faced by persons with albinism, including women and girls, and the severe threats to and attacks on their physical integrity, such as ritual killings, abductions, mutilation and sexual abuse. 43. The Committee urges the State party to reinforce its measures to protect women and girls with albinism from all forms of violence and address the discrimination, stigmatization and social exclusion faced by them. In particular, it calls upon the State party to effectively investigate, prosecute and punish those responsible for such crimes, expand its awareness-raising efforts to combat superstitious beliefs that are detrimental to the well-being of women and girls with albinism and ensure that those women and girls have access, without discrimination or fear, to education, employment, health care and other basic services.</td>
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<td>Uganda</td>
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<td>Latest Date of Submission</td>
<td>22 January 2013</td>
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### Concluding Observations

**Women with disabilities (art. 6)**

The Committee is concerned about the multiple forms of discrimination faced by women with disabilities and the absence of measures to prevent and combat different forms of discrimination, including sexual violence, abuse and exploitation against them. It is also concerned about the lack of measures for the development, advancement, and empowerment of women and girls with disabilities. The Committee recommends that the State party:

(a) Adopt a systematic approach to the rights of women and girls with disabilities, mainstream such rights across all laws, policies and programmes and collect data disaggregated by gender and disability;

(b) Take specific measures to tackle multiple and intersectional discrimination against women with disabilities in the State party, particularly women with psychosocial and/or intellectual disabilities, including through financing, developing and supporting schemes that increase their economic and social independence;

(c) Ensure that gender and disability policies address the situation of women with disabilities and allocate appropriate human, technical and budgetary resources to promote the development, advancement and empowerment of women with disabilities.

**Children with disabilities**

46. Notwithstanding the State party’s continuous efforts to support children with disabilities through targeted State welfare measures, including direct and indirect assistance, the Committee is concerned about the persisting de facto discrimination. It notes with concern that equal opportunities for children with disabilities are jeopardized, e.g. by their limited access to public buildings, government services and public transportation, and that social stigma, fears and misconceptions surrounding disabilities remain strong in society leading to the marginalization and alienation of these children. It is further concerned that children are doubly disadvantaged if they live in rural and remote areas.

**Older women and women with disabilities**

45. While noting efforts undertaken, including the adoption of a national policy on ageing, the Committee expresses its concern at the vulnerable situation of older women and women with disabilities. In particular, the Committee is deeply concerned at the social situation of these women, including their poverty. The Committee also expresses its serious concern at reports that women with disabilities, especially in Northern Uganda, face stigma and isolation, gender-based violence and obstacles to accessing justice. The Committee is further concerned that sexual and reproductive health and rights of women with disabilities are not promoted and protected. Furthermore, the Committee is concerned that older women and women with disabilities often suffer from multiple forms of discrimination, especially with regard to access to education, employment and health care, social services, protection from violence and access to justice.

46. The Committee calls upon the State party to pay special attention to the precarious situation of older women and women with disabilities and to take all necessary measures to combat stigma and discrimination against them, both by private actors and in government programmes. The Committee urges the State party to adopt special programmes to alleviate poverty within these groups of women, including through the introduction of a universal non-contributory pension within the framework of a broader strategy that expands social protection measures for different categories, as outlined in the National Development Plan. The Committee also urges the State party to prevent, investigate, and prosecute gender-based violence committed against all women, including women with disabilities. Effective measures should also be taken to ensure that older women and women with disabilities have equal and non-discriminatory access to education and employment, as appropriate, and health care, including reproductive health, rehabilitation and HIV services, social services, protection from violence and access to justice. The Committee requests that further information, including disaggregated data and information on specific programmes and achievements, be provided on the situation of older women and women with disabilities in the next periodic report.
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**Concluding Observations**

Children with disabilities. The Committee commends the enactment of the Disabled Persons Act (2014) and is encouraged by the programmes embarked upon by the State party to prevent disability in children. However, the Committee is concerned that in the majority of cases, disability in children is due to preventable causes, such as diseases, inaccessible to full immunization, lack of comprehensive care (antenatal and postnatal), malnutrition and cultural practices such as early and frequent pregnancies. It is further concerned that:

(a) Throughout the country, children with disabilities, especially those with intellectual or psychosocial impairments, are subjected to greater abuse, violence, stigma and exclusion, particularly in rural areas;

(b) Early diagnosis of the impairment and support are difficult to obtain, in particular for children from poor families;

(c) Access to inclusive education and well-trained teachers is limited;

(d) Infrastructure in public places is not suitable for children with disabilities.

57. In the light of article 23 of the Convention and of its general comment No. 9 (2006) on the rights of children with disabilities, the Committee urges the State party to adopt a human rights-based approach to disability and specifically recommends that it:

(a) Adopt measures to eliminate the stigmatization and exclusion of children with disabilities and strengthen its enforcement mechanisms for ensuring compliance with its legislation that prohibit such discrimination;

(b) Adopt a policy of prevention with measures to eliminate the preventable causes of disability;

(c) Allocate sufficient resources to implement and strengthen the policies and programmes embarked upon by the State party to ensure that children with disabilities have access to health care, including early detection and intervention programmes;

(d) Set up comprehensive measures to develop inclusive education for children with disabilities and ensure that inclusive education is given priority over the placement of children in special schools and classes;

(e) Train and assign specialized teachers and professionals in inclusive classes that provide individual support and all due attention to children with learning difficulties;

(f) Expedite the establishment of infrastructure in public places that is necessary to accommodate children with various disabilities.

Temporary special measures.

19. While welcoming and commending the State party’s efforts in applying temporary special measure in the area of access of women to loans under the Small and Medium Enterprise policy in 2010 (57 per cent of beneficiaries were women) and in tertiary education, where the enrolment in the Teachers Training Colleges for women rose from 56.7 per cent in 2006 to 69.4 per cent in 2010, the Committee is concerned that temporary special measures in accordance with its general recommendation No. 25 are not systematically applied as a necessary strategy to accelerate the attainment of substantive equality between women and men in other areas of the Convention, in particular employment, participation in political and public life, and in other areas where women are underrepresented or disadvantaged.

20. The Committee encourages the State party to strengthen the use of temporary special measures, in accordance with article 4, paragraph 1, of the Convention, as interpreted in the Committee’s general recommendation on No. 25, in all areas covered by the Convention, where women are underrepresented or disadvantaged. To that end, it recommends that the State party:

(a) Set time-bound targets and allocate sufficient resources for the implementation of strategies, such as outreach and support programmes, creation of quotas and other proactive measures aimed at achieving substantive equality of women and men in all areas, in particular employment, participation in political and public life;

(b) Raise awareness among members of Parliament, Government officials, employers and the general public about the necessity of temporary special measures and provide comprehensive information on the use of such measures and their impact in its next periodic report.
Disability seen as caused by witchcraft. Forced sterilisations of WWD. Indigenous people with disabilities suffer double or triple jeopardy (ADRY, 2014).

People living with Disabilities encounter multiple levels of exclusion and discrimination, as evidenced by the 2004 Disability Living Conditions Survey. There are many customary practises, for instance disabled persons are abandoned as they are believed to be a sign of bewitchment, that violate the rights of person’s with disabilities.

According to ADRY (2013), the myth that having sexual intercourse with a virgin will cure a person of HIV, that often includes young girls and women with disabilities, is not limited to South Africa, but is a prevalent problem in Africa. Individuals with disabilities are presumably at risk both because they are, incorrectly, often assumed to be sexually inactive, hence virgins, and because they might be easy targets.

A major concern with regard to disability and gender is the persisting violence against and victimisation of women and children, and in particular women and girls with disabilities. Estimates of the extent of violence vary as there is under-reporting.

According to oral information from SSA there is no national level research on violence against WGWD (Maula, 2019).

Namibia

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Kenya

Women in Kenya remain largely marginalised. They have limited access to and control of resources and other socio-economic opportunities; they have lower literacy levels compared to men; they have poor access to quality healthcare, and are more vulnerable to gender-based violence. This situation is worse for women with disabilities.

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<tr>
<th>Country</th>
<th>Prevalence of Sexual and Gender-based Violence Against Women and Girls with Disabilities</th>
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<tr>
<td><strong>HIGH HUMAN DEVELOPMENT</strong></td>
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<tr>
<td>Botswana</td>
<td>Disability seen as caused by witchcraft. Forced sterilisations of WWD. Indigenous people with disabilities suffer double or triple jeopardy (ADRY, 2014).</td>
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<tr>
<td><strong>MEDIUM HUMAN DEVELOPMENT</strong></td>
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According to oral information from SSA there is no national level research on violence against WGWD (Maula, 2019). |

There is also evidence of social discrimination; women face the same assumption that they are not marryable or the idea that they cannot carry out reproductive processes. Also limited mobility does not allow the freely interact in the society. Economically, with 70-80 per cent of people with disabilities having education levels below O-levels, this renders them unemployable, therefore, their productivity is very low economically which leads them to engaging in low-income businesses like hawking. Those who are educated experience difficulties in getting jobs being that employment is very competitive.

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<th>Country</th>
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<tr>
<td>Eswatini</td>
<td>Living with a disability in Swaziland presents significant challenges particularly for women according to ADRY (2014). There is a general belief that those who have a disability are bewitched or infected by bad spirits also apply in case of women with disabilities. Many believe that being around people with disabilities can bring bad luck. As a result, many people with disabilities are hidden in their homesteads and are not given an opportunity to participate and contribute to society. Women and girls with disabilities face dual discrimination and are often worse off than men. They are particularly vulnerable to sexual violence and there have been reported cases of forced sterilisation. According to a 2008 study, women with disabilities described experiences of sexual exploitation and abuse, which was perceived to be higher amongst disabled women than their non-disabled peers; they felt this was because disabled women were perceived to be ‘free’ from the HIV virus by non-disabled men (ADRY, 2014). People with disabilities are also especially vulnerable to abuse and HIV and AIDS.</td>
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<tr>
<td>Tanzania</td>
<td>Women in Lesotho generally face discrimination on the basis of their gender. Such discrimination is often justified on the grounds of custom and culture as stipulation in section 18(4)(e) of the Constitution of Lesotho. Since PWDs also suffer discrimination because of the attitudinal and institutional barriers that prevent them from accessing human rights, women with disabilities suffer double the scourge because of their status as women and because of their disabilities. The discrimination leads to denial of sexual and reproductive rights, unemployment, lack of access to education and limited participation in politics. (ADRY, 2014) Sexual Offences Act 2003, Section 3 provides that anyone who engages in sexual intercourse with a PWD who does not have the capacity to consent to such an act commits an offence. It further provides that, anyone who engages in sexual intercourse in the presence of a person with a disability commits an offence. In as much as the rationale behind this section is described as protection of PWDs from sexual assault and exploitation, the section has been viewed as prohibiting PWDs from consensual sexual relations thereby reinforcing the stereotype that PWDs are asexual (ADRY, 2014).</td>
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<tr>
<td>Zimbabwe</td>
<td>In three northern districts of Uganda, a survey by NUWODU (2011) found a close correlation between exposure to sex-oriented forms of violence and disability. The female respondents in the three districts revealed that vulnerability cut across all types of disability. Survey findings indicated that the physically disabled were more exposed to violence than the women and girls with other types of disabilities. Among the respondents with disabilities (N=320), 64 per cent reported exposure to some form of GBV. Whilst 54 per cent physically disabled were exposed to physical abuse and sexual exploitation, 20 per cent respondents with mental disability reported exposure to physical and sexual violence and the corresponding figure was 11 per cent among those with visual impairments. Moreover, 9 per cent of deaf-blind reported exposure to physical abuse, sexual exploitation and discrimination. Other forms of disability (people with epilepsy and albinism) accounted for 6 per cent reports of physical and sexual exploitation. (This finding was however prone to bias given that there was not a proportional representation among persons with the different forms of disability).</td>
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<tr>
<td>Malawi</td>
<td>Women in Malawi are generally victims of gender-based violence and disability exacerbates the situation as they are more defenceless and vulnerable. In addition, women with disabilities are often regarded as mere ‘sex objects’ rather than marriage partners. This results in a situation where men will merely be intimate with these women, leaving the probability of pregnancy. The men fail to formalise the relationship or even support the women (or children) physically emotionally or socially. The Disability Act has not made specific provision in respect of women, children and older persons with disabilities or people with albinism (ADRY, 2014). PWDs in Malawi experience discrimination from birth or from the moment the person acquired the disability. Discriminatory practices exist in all aspects of the society. In most Malawian societies, the birth of a child with disability is considered a tragedy. PWDs are identified as ill and different from other persons and consequently their prime predicament becomes exclusion which translates into difficulty in accessing fundamental social, political and economic rights. According to the Equalisation Policy, many PWDs make their way through life impoverished, abandoned, uneducated, malnourished, discriminated against, neglected and vulnerable. Being a person with a disability in Malawi entails exclusion from essential services; lack of the protection of the family and community; clear and present risk of exploitation and abuse; and ultimately a daily struggle for survival. Although disability matters are under the purview of the Ministry of the PWDs, the most comprehensive compilation of the government’s commitment to disability issues before the enactment of the Disability Act was the Disability Policy, which seeks to simultaneously respond to the challenges and needs of the PWDs and promote equality of opportunities (ADRY, 2014). With regard to legal responses for addressing discrimination against PWDs, the Disability Act does not impose the obligation to provide reasonable accommodation in ensuring equality and non-discrimination. This is because, amongst others, the Act (does not define discrimination as including the denial of reasonable accommodation. In fact, the Act does not require the provision of reasonable accommodation in any context or in realising any right (such as education or employment). It is therefore unlikely that the Disability Act would provide an adequate legal tool/response for addressing discrimination against PWDs due to this drawback (ADRY, 2014).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>LOW HUMAN DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zambia</td>
<td>87.4 per cent of girls with disabilities had been sexually abused. 52.4 per cent of these contaminated with HIV/AIDS. (Save the Children, Norway, 2004).</td>
</tr>
<tr>
<td>Rwanda</td>
<td>-</td>
</tr>
</tbody>
</table>

**Sources:**

Somalia

People with disabilities experience stigma in Somali society and disability is considered a very shameful and sensitive topic. Disability is generally associated with physical impairments other than those typically associated with disabilities, and intellectual disabilities are especially considered a stigma. People with physical disabilities are often discriminated against and excluded from society. Mental health conditions, particularly among women and girls, are often stigmatized and criminalized, leading to arbitrary detention, chaining, verbal and physical abuse, involuntary medication, overcrowding, and poor conditions in prisons.

Adolescents and children with disabilities in Somalia have been found to be subjected to various forms of verbal, physical, and sexual abuse. Women and girls with disabilities faced an increased risk of sexual violence, often with impunity. Children with disabilities are invisible in Somali society and face many barriers to inclusion, including inaccessible physical environments, lack of awareness in the communities, insufficient teaching skills, and negative attitudes towards people with disabilities.

Human rights observers have noted that people with disabilities in Somalia are a particularly marginalized and vulnerable group who are subjected to myriad forms of abuse, including physical violence, forced marriage, and other forms of sexual violence. The experience of disability varies according to personal and environmental factors. People with moderate or severe impairments face additional challenges, including limited access to education, employment, and health services. Women and girls with disabilities are at greater risk of violence, and people with disabilities face discrimination in access to health services, food, and water, and other essential services.

The Ministry of Labour and Social Affairs in Somaliland found that women and girls with disabilities experience higher levels of violence and have greater difficulties accessing education compared to their non-disabled peers. Disabilities have also been found to significantly impact the health and wellbeing of women and girls.

Amnesty International also found women who were targeted for attack specifically because they were disabled and therefore more vulnerable. The wider community does not condemn these attacks because women with disabilities are often targeted for attack specifically because they were disabled and therefore more vulnerable.

An increase in the risk of sexual violence has been noted for people with disabilities in Somalia, including women and girls with disabilities. Women and girls with disabilities are at greater risk of violence, and people with disabilities face discrimination in access to health services, food, and water, and other essential services.

Mapping of Discrimination against Women and Girls with Disabilities in East & Southern Africa
ANNEX 2:

Data Collection Tools

A. Interview Schedule for Key Informants/Agencies

Name, organization, city, country

Do you have data on women/girls with disabilities?

What forms of gender-related discrimination amongst women/girls with disabilities are you aware of? Social, economic, violence.

What kind of legal framework is there in (country) to prevent and sanction discrimination against women with disabilities?

What kind of assistance or support mechanisms does there exist in (country) to assist women with disabilities? Public and private?

What organizations/agencies provide support to women with disabilities?

What are the main needs/gaps?

Any suggestions/recommendations?

B. Interview Schedule for Women and Girls with Disabilities

Name, age, place, education, employment

Type of disability

Have you experienced discrimination as a woman with disabilities?

What kind of discrimination?

Have to get help/Support to cope with discrimination?

Are you aware of different laws/other support mechanisms or organizations for people/women with disabilities?

Are you a member of a DPO and or women’s organizations? If yes, which one?

Have you received other than peer support?

What recommendations/proposals would you have to the public authorities and or private organizations in your country to better assist people/women with disabilities?

Any other comments?

Recommendations/Proposals?
Using the Washington Group questions to understand disability in Zambia

The Washington Group on Disability Statistics was set up by the United Nations Statistical Commission in 2001 as an international, consultative group of experts to facilitate the measurement of disability and the comparison of data on disability across countries. The Washington Group applies an ICF-based approach to disability and follows the principles and practices of national statistical agencies as defined by the United Nations Statistical Commission. Its questions cover six functional domains or basic actions: seeing, hearing, mobility, cognition, self-care, and communication. The questions asking about difficulties in performing certain activities because of a health problem are as follows.

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty with self-care, such as washing all over or dressing?
6. Using your usual (customary) language, do you have difficulty communicating (for example, understanding or being understood by others)?

Each question has four types of response, designed to capture the full spectrum of functioning, from mild to severe: no difficulty, some difficulty, a lot of difficulty and unable to do it at all. This set of Washington Group questions was included in a 2006 survey of living conditions in Zambia. They had screened people with conditions, which had lasted or were expected to last for six months or more. The prevalence of difficulty in each of the six domains could be calculated from the responses.
TABLE 10:
Prevalence of disability by domain and degree of difficulty, Zambia 2006

Core domains

Degree of difficulty At least some difficulty (per cent) At least a lot of difficulty (per cent) Unable to do it at all (per cent)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Difficulty</th>
<th>At least some difficulty</th>
<th>At least a lot of difficulty</th>
<th>Unable to do it at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing</td>
<td></td>
<td>4.7</td>
<td>2.6</td>
<td>0.5</td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td>3.7</td>
<td>2.3</td>
<td>0.5</td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td>5.1</td>
<td>3.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Cognition</td>
<td></td>
<td>2.0</td>
<td>1.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Self-care</td>
<td></td>
<td>2.0</td>
<td>1.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td>2.1</td>
<td>1.4</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Note: n = 28 010; 179 missing.

Within each degree of difficulty, problems encountered with mobility were the most prevalent, followed by seeing and hearing difficulties. The results in the table were not mutually exclusive, and many individuals had a disability that covered more than one domain. Measures that reflect the multidimensionality of disability, constructed from the results of the Washington Group questions, are in the table below.

TABLE 11:
Measures reflecting multidimensionality of disability, Zambia 2006

<table>
<thead>
<tr>
<th>Measure</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one domain is scored “some difficulty” (or higher)</td>
<td>4053</td>
<td>14.5</td>
</tr>
<tr>
<td>At least one domain is scored “a lot of difficulty” (or higher)</td>
<td>2368</td>
<td>8.5</td>
</tr>
<tr>
<td>At least one domain is scored “cannot do it at all”</td>
<td>673</td>
<td>2.4</td>
</tr>
<tr>
<td>More than one domain is scored “some difficulty” (or higher).</td>
<td>1718</td>
<td>6.1</td>
</tr>
</tbody>
</table>

N= 28 010.

Higher prevalence rates are associated with definitions of disability that include milder or lesser degrees of difficulty. The relatively low overall prevalence rates for disability reported in many low-income countries (such as the figure of 2.7 per cent in Zambia in 2000) may correspond more closely to rates of severe disability in these countries.
ANNEX 4:

A list of regional civil society organizations and government agencies that are working to promote the rights of women and girls with disabilities, especially women-led People living with Disabilities’ Organizations (DPOs).

REGIONAL

• Africa Disability Alliance, whose aim is to unify and amplify the voice of Africans with disabilities, their families, and their organizations in advocating for their rights and inclusion in all aspects of development and society at Pan African, sub-regional and national levels. Mr Dagnachew B Wakene, LL.B., M.Phil., Regional Director of Programmes, Africa Disability Alliance, Tel. +25 19 322 47592. Email: dagw@afriadisabilityalliance.org, www.africadisabilityalliance.org Head Office Block 5a Sunwood office park, 379 Queens Crescent Road, Menlo Park, Pretoria, South Africa.

• African Disability Alliance (ADA)-formerly the African Decade Secretariat-is a technical agency with a mandate to facilitate the implementation of the Continental Plan of Action for Persons with Disabilities, the CRPD and the Millennium Development Goals (and the post millennium agenda). All major continental disability organizations are represented in its board. The Secretariat has head offices in South Africa and regional offices in Senegal and Ethiopia. The African Decade Secretariat has been heavily supported by Sweden (Sida global). ADA is trying to find its role in relation to ADF (below).

• African Disability Forum (ADF), formed in November 2014, aims to unify and amplify the voice of Africans with disabilities, their families and their organizations in advocating for their rights and inclusion in all aspects of development and society at Pan African, sub-regional and national levels. The ADF is an initiative of Mr. Shuaib Chalklen, the former UN Special Rapporteur on Disability of the Commission for Social Development. ADF still has no web page and is a current member of the International Disability Alliance (IDA). http://www.internationaldisabilityalliance.org/african-disability-forum

• African Down Syndrome Network (ADSN) is a network without a web page. Its President is based in Mauritius. Down Syndrome South Africa has played a significant role in the region and its president sits on the International Disability Alliance board. Down Syndrome International has country level member organizations from many African countries. African Down Syndrome Network is a member of the newly formed ADF.

• African Federation of the Deaf Blind (AFDB) has members from 12 African countries namely Malawi, Cote d’Ivoire, Congo Brazzaville, Mali, Ethiopia, Zambia, Nigeria, Kenya, Tanzania, South Africa, Burkina Faso and Uganda. It does not have a web page. South Africa and Kenya seems to be the most active network members. AFDB is a member of the newly formed ADF.

• African Union of the Blind (AFUB) African Union of the Blind = Union africaine des aveugles is an umbrella organization of 57 member organizations of and for blind and partially sighted persons in 51 African countries. AFUB is an active a member of the World Blind Union (WBU), and enjoy observer status with the African Union. It has been heavily supported by the Norwegian and Danish organizations of the Blind. Its headquarters are based in Nairobi, Kenya. AFUB is a member of the newly formed ADF. The African Union of the Blind (AFUB) is a continental Non-Governmental umbrella organization of national organizations/associations of and for blind and partially sighted people in Africa, founded in Tunis-Tunisia in 1987. Site contains info on projects & programmes, reports & policies, publications, a photo gallery. www.afub-aufa.org

• African Union, Mr Lefhoko Kesamag, Social Welfare Officer, Disability Focal Point, Social Affairs Department, African Union, Tel. +251 11 518 22 68 Ext 2266, Mobile +251 912 986 029, e-mail: Kesamangl@africa-union.org, Saulwe@yahoo.com.uk; AU Commission, PO. Box 3243 Addis Ababa, Ethiopia, www.au.int
• Disabled Women in Africa (DIWA) was founded in Dar es Salaam in 2002. [www.diwaafrica.org, www.diwa.ws] Due to lack of support, DIWA remained stagnant for some years. Then in 2005, the Southern Africa Federation of the Disabled (SAFOD) resolved to support the further development of DIWA. In September 2007 in Lilongwe, Malawi, a Pan-African conference was organised and roles and strategies of DIWA agreed upon. Since March 2009 DIWA established offices in Bulawayo, Zimbabwe led by Ms. Roseweter Mudarika and Lilongwe, Malawi led by Ms Rachel Kachaje where each DIWA office has staff to support its operations. DIWA is also a member of the newly formed ADF.

• Federation of African Associations of Persons with Short Stature—the organization has no web page.

• Inclusion Africa (IA) is a pan-African, regional federation of family-based organizations advocating for the human rights and full inclusion of persons with intellectual disabilities and families throughout Africa. IA was registered in Nairobi, Kenya in 2012, but has been operating even before that. Inclusion has been heavily supported by the Norwegian Association of Persons with Intellectual disabilities (NFU). Member countries include Benin, Burkina Faso, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Togo, Uganda, Zambia, Zanzibar and Zimbabwe. Inclusion Africa also functions as the regional body to Inclusion International. Inclusion Africa is a member of the newly formed ADF. African Union of the Deaf, possibly with a base in Uganda, seems to have a low visibility presently. It has no web page.

• Pan African Alliance for People with Albinism—the organization has no web page. It is a member of the newly formed ADF. African Organization of People Affected by Leprosy—the organization has no web page. It is a member of the newly formed ADF.

• Pan African Federation of Organizations of Persons with Disabilities (PAFOD) is an African Network for National Federations or Unions of Associations of persons with disabilities, established in April 1990 (Mauretania) and formally constituted in October 1994 in Lusaka, Zambia. Its mission is to work towards achieving the promotion and the actual enforcement of the rights of persons with disabilities in Africa, as stated in the Convention on the Rights of Persons with Disabilities through the mobilisation and unification of Disabled Persons Organizations, all categories put together at national, regional and continental levels, the building of their institutional and operational capacities in the field. PAFOD never managed to secure a mandate from all continental disability organizations and is now one of the members of ADF.

• Pan African Federation of the Disabled (PAFOD) [www.wecando.wordpress.com] PAFOD is a continental organization of People living with Disabilities’ organizations, which constitutes 53 National Assemblies organized within five sub-regional federations: WAFOD, SAFOD, CAFOD, EAFOD, NAFOD—representing West, South, Central, East and North Africa. The site offers “a repository of events, information, documents and activities pertaining to disability issues and occurring within the African Region. Its objectives include facilitating the exchange of information and strengthening communication between all National Assemblies, across the five sub regions and with our other international partners.”

• Pan African Network of Users and Survivors of Psychiatry (PANUSP) was formed in 2011. Members or allies consist of Mind Freedom Ghana, Mental Health Users and Survivors of Psychiatry of Kenya (USPK), Mental Health Society of Ghana (MEHSOG) Users and Carers Association of Malawi (MeHCAM), Tanzanian Users and Survivors of Psychiatry (TUSPO), Mental Health Care Users Network of Zambia (MHUNZA), Ubuntu South Africa, National Organization of Users and Survivors of Rwanda (NOUSPR) and Mental Health Uganda. PANUSP Headquarters are based in South Africa. The network is supported by among others the Mental Disability Advocacy Centre that has produced reports on the situation in Kenya, Uganda, Zambia and South Africa. PANUSP is a member of the newly formed ADF.

• Southern Africa Federation of the Disabled (SAFOD) P.O. Box 2247, 19 Lobengula Street, Bulawayo, Zimbabwe, Telephone (263-9) 69356, safod@netconnect.co.zw, info@safod.org.
www.safod.org which is a leading southern African disability-focused network engaged in coordination of activities of DPOs in the Southern African Development Community (SADC) region. SAFOD was formed in 1986. To date there are 10 countries which are affiliated to SAFOD through National Federations of People living with Disabilities Organizations (NFDPOs).

• The African Regional Committee of the International Bureau for Epilepsy (IBE) has 19 national member organizations and is hosted by the Epilepsy Association of Zambia. It has no web page, but reports can be found on the Internet.

• The African Union of the Deaf was founded by Deaf African activists during the African Disability Consultative workshop in South Africa in 2003. AUD is a member of the newly formed ADF. AUD is a continental organization which was established to serve as an umbrella organization of the Deaf on the African continent. AUD is legally registered in Uganda with 29 member organizations from various African states. Their mission is to strive for equality, empowerment and full participation in society of Deaf people in the continent of Africa.

• The African Youth with Disabilities Network (AYWDN) was founded in 2011 to unite Africa’s diverse Youth Disability groups, their families, friends and supporters. Youth Disability groups include those with Physical Disabilities, Sensory Disabilities, Intellectual Disabilities, Psychosocial Disabilities and Developmental Disabilities. The role of the Network is to be a continental and effective voice for change-culturally, economically, politically and socially through supporting the implementation of the United Nations Convention on the Rights of Persons with Disabilities and influencing regional policies to address the challenges faced by Youth with Disabilities. Their headquarters are in Nairobi, Kenya. AYWDN is a member of the newly formed ADF.

• The World Federation of the Deaf (WFD) has two African Secretariats, one for West and Central Africa in the Gambia and one for Eastern and Southern Africa based in South Africa (used to be in Kenya). WFD has 34 Sub-Saharan organizations as members.

BOTSWANA

Government Structures

The Ministry of Education and Skills Development, the Ministry of Health, the Ministry of Labour and Home Affairs and the Ministry of Local Government are the four relevant government departments involved in protecting PWDs through their thematic mandates.

The Ministry of Labour and Home Affairs (MLHA) as a provider of essential services that are important for social and economic development is mandated to promote labour standards, ensure social security, promote gender equality and handle issues of immigration. Though without specific mandates to protect PWDs, the MLHA is tasked with ensuring that policies on social welfare are created taking into account the needs of PWDs. Further, there is a Division of Culture and Social Welfare within the MLHA that gives ‘advice on employment placement and recreation needs’ and as such provides special services for PWDs. Within the Ministry of Local Government, there is the Social and Community Development Department which helps with welfare needs and also provides welfare services to PWDs.

Created to facilitate quality education in order to stimulate economic growth, the Ministry of Education and Skills Development has a Special Education Division which is charged with ensuring that PWDs have access to education taking into account the different types of disability. Within the Ministry of Health, there is a Rehabilitation Services Division which caters for PWDs.

There is a Coordinating Office for People with Disabilities (CPWD) within the Office of the President. The CPWD is charged with the responsibility to ‘develop and coordinate the implementation of policies, strategies and programs through mainstreaming them into development agenda to empower people with disabilities’.

Under the Office of the President, there is a memorial fund known as the Sir Seretse Khama Memorial Fund (SSKMF) which was established by statutory instrument in 1981 in Botswana with the core mandate to assist people with disabilities with various assistive devices. These assistive devices could be walking frames, wheelchairs, hearing aids, walking sticks and the like. The fund is supervised by the CPWD.
Botswana does not have a Human Rights Commission. However, efforts are underway for the formation of one. In line with this, a draft memorandum has been submitted for consideration on the subject.

Botswana has an Office of the Ombudsman which was established in 1995 by an act of parliament and officially commenced its work in December 1997. Its main role is to investigate any action taken by or on behalf of a government department or other authority to which the Act applies, action taken in the exercise of administrative functions of that department or authority. The Act does not bestow the Ombudsman with an express human rights mandate.

**DPOs and CBOS**

- DPOs in Southern Africa are coordinated and organised on a national level. In Botswana, there is the Botswana Council for the Disabled which is the umbrella body overseeing the activities of 30 civil society organizations within the country. It coordinates and manages all other nongovernmental organizations in Botswana and also lobbies government on issues relating disability.

- The Botswana Society of People with Disabilities which aims at developing an effective and united disability movement in Botswana.

- There is a regional research and advocacy civil society organization named the Disability, HIV and AIDS Trust (DHAT) based in Botswana. This organization plays an important role in that it educates the public, People living with Disabilities’ organizations and government on the link between HIV/AIDS and disability. This organization also conducts research and formulates practical guidelines and interventions in this field.

- Leonard Cheshire Disability. Leonard Cheshire Disability has a Young Voices project which brings together young disabled persons from 21 countries around the world. The Young Voices has done commendable work in highlighting some of the challenges faced by PWDs in various countries across Africa including Uganda, Mauritius, Zimbabwe and Botswana.

- BOFOD, Botswana Organization of Disabled. As a learning organization, BOFOD seeks to promote partnership, networking and information sharing between member organizations and with strategic partners and like-minded organizations at local, national, regional and international levels. At both local and national levels, BOFOD strengthens the existing member organizations by devising and implementing innovative, tailor-made and rewarding modalities. At international level, the organization seeks to develop and strengthen cooperation network with strategic partners such as the People living with Disabilities International (DPI), Pan African Federation of the Disabled (PAFOD), Southern Africa Federation of the Disabled (SAFOD) and the Africa Disability Alliance (formerly Secretariat of the African Decade of Persons with Disabilities). Education and development structures strengthening the co-operation between organizations will be given due attention. A number of networking and information sharing models will be tested and adopted accordingly to add value to the work of its members in influencing disability policy implementation and mainstreaming of disability related issues in Botswana.

- Ditshwanelo Centre for Human Rights advocates for the rights of all marginalised people within Botswana.

**DJIBOUTI**

**Government Structures**

handicapped ainsi qu’un mécanisme multisectoriel de coordination des politiques publiques en faveur de personnes handicapées.

Constitution doesn’t mention people with disabilities.

There are no other agencies than courts that focus on violation of the rights of PWDs.

There is a National Commission on Human Rights (CNDH).

**DPOs and CBOs**


- **Vivre plus fort** a son siège à l’angle de l’Avenue XIII et du boulevard De Gaulle. Actuellement présidée par Abdoulkader Yacoub Mahamoud, cette association a jouit d’un privilège présidentiel pour se faire octroyer un local et des équipements (ordinateurs, climatisations, mobiliers). Le siège de l’association est pour l’heure le seul lieu dédié exclusivement aux handicaps à Djibouti. Il a même bénéficié d’une rénovation l’an dernier opérée par l’Agence Djiboutienne de Développement Social (ADDS), une institution publique chargée de la lutte contre la pauvreté, sous la tutelle du Secrétariat d’Etat à la Solidarité Nationale. Vivre plus fort comptait l’an dernier 500 adhérents, « dont 45 per cent de femmes et 15 per cent d’enfants... »


  - « Action Handicap » et « Vivre plus fort » usent des mêmes chevaux de bataille: outre la distribution de matériels (fauteuils roulants, lits médicaux, déambulateurs, béquilles) donné par les ONGs, ces deux assos privilégient la sensibilisation des pouvoirs publics et des entreprises pour l’application effective de la réglementation (accessibilité des lieux, embauche de personnels handicapés).

  - Pour aider de jeunes handicapés à se constituer un fonds de commerce ou une activité génératrice de revenus, les représentants associatifs ont obtenu de grandes entreprises qu’elles acceptent de pratiquer des tarifs préférentiels. Une cinquantaine d’« Handicabines » (cabines téléphoniques) et de mini-kiosques à boissons ont ainsi vu le jour grâce au soutien de Djibtelecom et de l’entreprise de distribution alimentaire Coubèche.

  - Également à porter à l’actif des associations: la mise en place de quotas de personnels handicapés dans plusieurs entreprises. C’est le cas notamment chez Djib Télécom- « Avec ces quotas, on ne regarde pas les diplômes, juste le handicap. C’est une chance pour ceux d’entre nous qui n’ont pas pu suivre une scolarité », commente le Président d’Action Handicap.

- **L’Association Djiboutienne des Aveugles (ADDA)** Créée en 2006, elle organise des activités de sensibilisation sur les droits de personnes aveugles ou malvoyants. Elle œuvre aussi dans l’accès de ces personnes malvoyants à l’éducation et à la santé.


  - **Association DEKA** Cette association créée par une femme a pris l’initiative de mettre en place un refuge à plus de 70 personnes souffrant de handicap physique et mental.
Johanniter International Cette organization non gouvernementale (ONG) en partenariat avec la Coopération Allemande a équipé un centre d’appareillage orthopédique mis en place au sein de l’hôpital Cheiko de Balbala. Ce centre est spécialisé dans la conception et la fabrication des prothèses, orthèses et chaussures orthopédiques pour personnes ayant un handicap physique.

Association de Femmes Handicapées Cette association créée en Mars de 2017 a pour objectif de favoriser l’insertion et l’autonomisation des femmes handicapées.


ERITREA

Government Structures

The Rehabilitation and Integration Division of the Social Welfare Department within the Ministry of Labour and Human Welfare of the Eritrean Government is the government body responsible for issues relating to disability and persons with disabilities. Although the mentioned body is not specific to disability-related issues, it works in collaboration with other relevant government bodies, such as, the Ministry of Education, Ministry of Health, and so on.

As reported in the 4th Periodic Report on the Implementation of the CRC by Eritrea, some of the activities conducted by the Ministry of Labour and Human Welfare of the Eritrean Government include: It drafted a comprehensive national policy on persons with disabilities. It established community rehabilitation programmes (CBR) in areas covering over 90 per cent of the country. Moreover, it provided children with disabilities with various orthopaedic appliances. It also provided many students with disabilities, who reside in inaccessible villages, with donkeys and accessories to enable them attending schooling.

The Ministry of Education conducted training courses and workshops to promote the education of children with special needs. It prepared policy, strategy and guideline on special needs education and inclusive education. It also undertook curriculum modifications to accommodate the special educational needs of children with learning difficulties. It conducted pilot special needs education classes in some regions of the country. Moreover, it provided an orientation course on inclusive education to suit the needs of children with disabilities.

Eritrea does not have any official body that specifically addresses violations of the rights of people with disabilities. Not even the 1997 ratified Eritrean Constitution provides for provisions for the establishment of such bodies.

DPOs and CBOs

• No unifying single umbrella organization of DPOs exists at a national level in Eritrea that could collectively voice disability issues.

• According to the several national reports of Eritrea on implementations of regional and international human rights instruments, there are four associations of persons with disabilities in Eritrea. They are:

  • Eritrean Association of the Blind (ERNAB). It provides assistance and service for its members and aims to advocate for the rights of the blind in the country.

  • Eritrean National Association of the Deaf (ERINAD). It aims is to integrate the deaf into the Eritrean community; represent the interests and voices of the Eritrean deaf; and to ensure access to comprehensive services and equal opportunities.

  • Eritrean National War-Disabled Veterans Association (ENWDVA). The Main objective of this association is to rehabilitate and integrate war-disabled veterans into society.

  • National Association of Autism and Down Syndrome. This is a parent support group, and it is an association of families of children with Autism and Down syndrome. It aims to raise awareness and enhance the educational opportunities for children with Autism and Down syndrome.
ESWATINI (SWAZILAND)

**Government Structures**

In Eswatini/Swaziland there is as yet no body that specifically addresses violation of the rights of persons with disabilities.


Part 2 of the 2005 Constitution provides for the establishment of the Commission on Human Rights and Public Administration (SCHRPA). The functions of SCHRPA as set out in the Constitution, include the duty to investigate complaints of violations of fundamental human rights and freedoms, injustice, corruption, abuse of power and unfair treatment of any person by a public official in the exercise of his duties. The SCHRPA also has the duty to take appropriate action for the remedying, correction or reversal of violation of human rights; publicising the findings and recommendations. Furthermore, SCHRPA has the duty to promote fair, efficient and good governance in public affairs and to promote and foster strict adherence to the rule of law and principles of natural justice in public administration.

The mandate of the Commission on Human Rights and Public Administration does not explicitly include addressing violation of disability rights, but it is inferred that human rights cut across the board and therefore complaints of violation of disability rights will be addressed by the Commission.

**DPOs and CBOs**

- The Coordinating Assembly of Non-Governmental Organizations in Swaziland (CANGO) is an umbrella body for all NGOs, including those with disabilities initiatives;

- The Federation of Organizations of the Disabled in Swaziland (FODSWA) is a human rights oriented coordinating body of DPOs. It was formed in 1993 by organizations of people with disabilities in Swaziland due to lack of coordination of their activities;

- Cheshire Homes of Swaziland which focuses on the rehabilitation of persons with physical disabilities;

- Save the Children, advocates for the promotion of all children’s rights, including those with disabilities.

- St Joseph’s Catholic Mission which houses Ekululameni Training Centre-an initiative that provides vocational training to persons with disabilities over 18 years;

- The following organizations of persons with disabilities offer advocacy and development work aimed at empowering persons with disabilities:
  - Swaziland Association of Visually Impaired Persons (SAVIP);
  - Swaziland National Association of the Deaf (SNAD);
  - Swaziland National Association of the Physically Disabled Persons (SNAPDPe);
  - Parents of Children with Disabilities in Swaziland (PCDSWA).

ETHIOPIA

**Government Structures**

At the federal level, the Ministry of Labour and Social Affairs (MoLSA) is the main governmental organ responsible for the provision of social and vocational rehabilitation of people with disabilities. Operating within MoLSA is the Social Welfare Development Promotion Directorate which coordinates disability issues at the federal level as part of its wider mandate to deal with employment and social issues.

- Mr Wasihun Bimirew, Expert in Advocacy, Department of Social Welfare and Development, Ministry of Gender, Labour and Social Development, email wasebm@gmail.com

In the eleven regional states in Ethiopia, there are regional Bureaus for Labour and Social Affairs (BoLSAs). BoLSAs handle all social matters, including disability-related issues, under the policy framework established by MoLSA.
Mr Abdullahi Ahmed, Social Protection Director, BOLSA for Oromia Region, phone +251 911 4663394

Ms Madina Hussain, Team Leader, Gender Mainstreaming, BOLSA for Oromia Region

Mr Jerse Robi, Previous Team Leader, Gender Mainstreaming, BOLSA for Oromia Region

Other ministries are expected to take responsibility for mainstreaming disability into their respective areas of work as stated under Proclamation No. 691/2010 on “Definitions of Power of the Executive Organs of the Federal Democratic Republic of Ethiopia.”

**DPOs and CBOs**

- **Ethiopian Federation of Persons with Disabilities (FENAPD/EFPD)**
  
  Mr Abayneh Kujo, Executive Director, Federation of Ethiopian National Associations of Persons with Disabilities (FENAPD), Tel. +251 (0) 111 55 30 03, +251 (0) 111 56 51 58. Mob. +251 911 03 12 30, abayneh4d@gmail.com, fenapd@gmail.com, P.O. Box 18430, Addis Ababa, Ethiopia

  Ms Semret Zenebe, e-mail: semru4jesus@gmail.com, Tel. +251-910 39 47 24

  The EFPD, established in 1997, is the official umbrella organization of DPOs and the highest representative body of persons with a disability in Ethiopia. Initially, the EFPD was formed of six major disability-focused organizations (ILO, 2009. The EFPD intends to ensure self-confidence and well-being of People living with Disabilities and to achieve equal opportunities for and participation of People living with Disabilities (ILO, 2004) (EFPD, 2011). Besides that, the objectives of the organization are the increase of organizational efficiency and cooperation between member DPOs, awareness-raising, the improvement of the information services in the field of disability and the increase of participation of People living with Disabilities on global level (EFPD, 2011).

  The constitutional document of the EFPD states that only single-disability associations are allowed to become a member of the umbrella organization. Consequently, more than 17 DPOs are officially operating in Ethiopia without being a member of the EFPD. Most of these organizations are members of the later established Ethiopian National Disability Action Network (ENDAN), which allows also membership of multi-disability associations (Wakanè, 2011).

- **Ethiopia National Disability Action Network (ENDAN)**

  Besides the EFPD, there is another umbrella organization for DPO’s in Ethiopia: the Ethiopian National Disability Action Network (ENDAN). In a meeting in 2002, organized by the ILO and MOLSA, it was discussed how to fill the gap on the exchange of information and collaboration between disability organizations. ENDAN was formerly established in 2004 with the name Ethiopian National Disability Forum. Main objectives of the network are the collection and exchange of information, experience sharing, capacity building and cooperation between organizations. The ultimate goal of ENDAN is to achieve a disability mainstreamed society and to ensure equal opportunities for People living with Disabilities in Ethiopia. Right now, the network has 24 member organizations (ENDAN, 2012).

  The organizational structure of ENDAN consists of different entities and persons. All members of ENDAN are in the General Assembly, the highest entity of the action network. Once a year a meeting is organized to determine the policy of the organization and to elect the members of the executive board. This board investigates the policies of the General Assembly and is responsible for the regulations concerning employment and staff. The general manager of ENDAN, elected for a period of four years, has the task to manage daily activities and to represent the whole of the network (ENDAN, 2012).

- **Ethiopian National Association for the Deaf (ENAD)**

  Ms Tigist Alemayehu, Executive Director, Ethiopian National Association of the Deaf (ENAD), e-mail tigistinurel@gmail.com, enadets972@gmail.com, Tel. +251 911 018104, Mr Amare Ayalew Kebede, email: amareaya@yahoo.com, amaresingsij@gmail.com, ENAD, Mr Tofik Hamdinur, President, ENAD, tofik_hamdinur@yahoo.com

  The establishment of the ENAD in 1971 took place in Addis Ababa. The ENAD aims to fight for the rights and opportunities of deaf people in Ethiopia. The association participates in the provision of vocational training programmes and education for persons with an aural disability and in the development of sign
language (ILO, 2004) (IL, 2007). Further, the ENAD operates in the field of disability in collaboration with other NGOs (JICA, 2002). The ENAB and ENAP by far precedes the other Ethiopian DPOs, almost all founded after 1993 (Wakanê, 2011).

- **Ethiopian National Association for the Blind (ENAB)**

  Mr Sultan Islam, General Manager, Ethiopian National Association of the Blind. P.O. Box 30057, Tel. +251 111 11 10 21, Mob. +251 912 00 83 98/0912372556, email: sultanesmu@gmail.com. The ENAB, founded in 1960, was the first DPO of Ethiopia. ENAB supports persons with disabilities in their integration into the society and provides blind people education and assistance in self-employment. Besides that, the Association performs surveys and focuses on advocacy activities. The ENAB runs some CBR programmes and boarding schools for people with visual impairments.

- **Ethiopian National Association for the Physically Handicapped (ENAPH)**

  The ENAPH is an association that provides people with a physical handicap basic education, psychological rehabilitation programmes and vocational training in the fields of agriculture and handicraft. The ENAPH aims to change attitudes in society towards People living with Disabilities by public campaigns and advocacy (ILO, 2004). Besides that, the ENAPD aims to protect the rights of physical People living with Disabilities in Ethiopia by representing them at national and global level. Eventually, the Association intends to improve the access to orthotics and prosthetics (JICA, 2002).

- **Ethiopian National Association for the Ex-Leprosy Patients (ENAELP)**

  Another major DPO operating in the EFPD, is the ENAELP (ILO, 2009) (UN, 2001) (Wakanê, 2011). This DPO has arisen because of the misconceptions about leprosy, affirmed by the forced concentration of leprosy affected people in ghettos or settlements (ENAELP, 2004). According to the International Labor Organization (2004) the association was founded in 1997. However, the Strategic Plan (2004) of the ENAELELP itself states that the organization was legally established in 1996. The Association covers seven regions of Ethiopia and 17 local associations (ENAELP, 2004). The ENAELP has done a lot in the area of awareness raising, advocacy and promotion of the rights and opportunities of patients affected by leprosy. The organization promotes and provides rehabilitation programmes through educational and employment activities (ENAELP, 2004) (ILO, 2004). Further, the ENAELP works in collaboration with other organizations to fight for the rights of leprosy affected people (ENAELP, 2004) (JICA, 2002).

- **Ethiopian National Association of the Deaf-Blind (ENADB)**

  Mr Meseret Yenets, Project Officer, ENADB, enadbd@gmail.com

  Ms Roman Mesfin, Executive Director, ENADB, enadbd@gmail.com

  Until the foundation of the ENADB in July 2006, there was no organization mainly focusing on people with a visual and hearing disability. Deaf-blind people in Ethiopia have always lived in neglect, except for the attention they got from a few organizations, such as the ENAB and ENAD (EFPD, 2011). The ENADB aims to ensure the participation and full inclusion of deaf-blind people in society (ENAAB, 2011). The mission of the association is to improve the situation of deaf-blind people and their family in Ethiopia through the provision of education materials, trainings and support. Further, the ENADB focuses on awareness raising, promotion of deaf-blind people’s rights and data gathering and distribution (EFPD, 2011) (ENAAB, 2011). The ENADB also promotes the use of alternative communication techniques.

  The ENADB is, just like the previous mentioned bodies, a member of the EFPD. The association of the deaf-blind has a General Assembly, which consists of People living with Disabilities, and a board of seven persons. The head of the board is the Chairperson, elected for a period of four years. Furthermore, the ENADB has a management body, headed by a director and assisted by a secretariat (EDADB, 2011).

- **Ethiopian Women with Disabilities National Association**

  Ms Dibabe Bacha Degla, Director, Ethiopian Women with Disabilities National Association (EWDNA), Tel. +251 118 12 05 00/ +251 911 87 43 59, e-mail: ewdna2015@yahoo.com/dibababacha@yahoo.com, www.ewdna.org, PO Box 43128, Addis Ababa, Ethiopia,
Ms Etagegnehu Zewdie, Finance Officer, EWDNA, Ms Wonshet Getatchew, Programme Assistant, EWDNA

As a member of ENDAN, the Ethiopian Women with Disabilities National Association founded in 2002, works to promote the rights of disabled women in Ethiopia. The association aims to ensure their access to social, economic and educational services and works on a local level.

• Ethiopian National Association on Intellectual Disabilities (ENAID)

Different names are given to another member of the EFPD, the ENAID. According to the United Nations (2001), the full name of this DPO is Support Organization of the Mentally Handicapped. Further, the International Labor Organization (2004) reported the name Support Organization of the Mentally Challenged. In a more recent study of Wakanè (2011), the name ENAID is mentioned. This abbreviation is used in this report, because of the inaccuracy and impropriety of the words ‘Handicapped’ and ‘Mentally Challenged’.

The ENAID was founded in 1994 with the aim to increase public awareness by education, to improve access of health care services and vocational training for intellectual People living with Disabilities and education for parents of disabled persons. It also assists these people in establishing their own small enterprises. Since 1997, the ENAID has provided a vocational training programme for intellectual People living with Disabilities (ILO, 2004) (JICA, 2002).

Tigray Disabled Veterans’ Association, TDVA, founded in May 1996, focuses on the rehabilitation of People living with Disabilities and their family and on the integration of veterans into society (TDVA, 2006). This organization of disabled veterans plays, just as the earlier mentioned DPOs, a key role in the disability equality movement (ILO, 2009) and is involved in Ethiopian community development initiatives in the northern Tigray region (TDVA, 2006). According to the Population and Housing Census 1994, there are 98,829 disabled persons living in the Tigray Federal Administration Region. The TDVA was established because of the bad situation of disabled veterans in this area. Disabled victims of two decades of civil war in the conflict region Tigray, appeared to have less access to basic facilities as education, healthcare and employment (TDVA, 2006). The TDVA collaborates with ENDAN and EFPD to build capacity in providing effective training and support programmes for female members of local institutions (ILO).

Others: Dr Yirgashehw Bekele, Director, Department of Special Education, University of Addis Ababa, email: virga-8@yahoo.com, Tel. +251-911 108622

KENYA

Government Structures

There are several government bodies that work on the rights of persons with disabilities. The main government department that is responsible for promoting the rights of persons with disabilities and coordinating disability issues within government in line with article 33(1) of the CRPD is the Department of Social Services. This responsibility is shared with the National Council for Persons with Disabilities (NCPWD). Kenyan National Commission of Human Rights, KNCHR and National Gender and Equality Commission, NGEC, also play a role. The Commission on Administrative Justice (CAJ) has a complementary mandate on human rights, but the core bodies on human rights and equality matters are KNCHR and NGEC.

Kenya has a National Gender and Equality Commission, Kenya National Commission on Human Rights (KNCHR) and a Commission on Administrative Justice (The Office of the Ombudsman) all established pursuant to article 59 of the Constitution, the National Gender and Equality Commission Act, the Kenya National Commission on Human Rights Act and the Commission on Administrative Justice Act respectively.

The National Gender and Equality Commission (NGEC) has a department on ‘Disability and Elderly’, whose mandate is to ‘effectively promote mainstreaming of issues of disabilities and elderly into all aspects of socio-cultural, economic and political development and monitor implementation of the right of persons with disabilities and the elderly’. The NGEC has been conducting county visits to monitor the Cash Transfer Programme for Persons with Severe Disabilities.
Each of these government bodies involves DPOs in the implementation process in different ways. The Ministry of Gender, Children and Social Development wrote Kenya’s state report under Article 35 of the CRPD. In the state report, the Ministry makes it clear that the report was the result of a consultative process involving DPOs amongst other actors. The Department of Social Services and the NCPWD are currently involving DPOs in the review of the Persons with Disabilities Act.

With regard to monitoring the Convention, KNCHR’s monitoring strategy involves engaging with DPOs. So far, KNCHR has conducted monitoring surveys in 10 counties and involved a representative from DPOs in the monitoring teams conducting the monitoring visits. The selection of the representative from DPOs is done on a rotational basis amongst DPOs who are members of United Disabled Persons of Kenya (UDPK).

The Kenya National Commission on Human Rights (KNCHR) monitors compliance with the CRPD, having been designated as the monitoring body under article 33(2) of the Constitution in 2010 by the Attorney General of Kenya. The Commission has a ‘Disability Focal Point’ that ensures that the rights of persons with disabilities are secured in various legislation and policies.

HON. DENNITAH GHATI
Member of Parliament of Kenya representing Persons with Disabilities, National Assembly.
Founder and Director, Education Centre for the Advancement of Women (ECAW).
Phone: Email: ghatid@yahoo.com
Phone: +254733497030

HON. ISAAC MWUARA
Chairman, Albinism Society of Kenya (ASK).
Member of Parliament (12th Parliament) representing special interest groups.
Chairman, Kenya Disability Parliamentary Association (KEDIPA).
Email: mwaura.isa@gmail.com
Phone: +254721864949

COMMISSIONER JOHN NZOMO
Commissioner, National Gender and Equality Commission.
Email: jnzomo@ngeckeny.org
Phone: N/A

DPOs and CBOs

The Disability Caucus on the Implementation of the Constitution (DCIC) is a coalition of organizations of and for persons with disabilities in Kenya formed pursuant to the promulgation of the Constitution in 2010 with the aim of ensuring that the rights of persons with disabilities were taken into account in the implementation of the Constitution. UDPK and DCIC work closely with the KNCHR to promote the interests of persons with disabilities in the new constitutional dispensation.

Kenya has several organizations that represent and advocate for the rights and welfare of persons with disabilities. These include:

- Action Aid Kenya AACC Building, Waiyaki way P.O.Box 42814-00100, Nairobi Tel: 020-425 0000 infokenya@actionaid.org
- Action Network for the Disabled (ANDY) P.O.Box 5837-00200 Nairobi Tel: 020-2324589 Cell: 0715-613602 info@andy.or.ke/ actionnetwork4disabled@gmail.com www.andy.or.ke
- Albinism Foundation of East Africa P.O.Box 46906-00100, Nairobi Tel: 020-2391261 info.afea@gmail.com . Kenya Albino Association Set up to provide sunscreen lotions to persons with albinism to prevent skin cancer and for economic empowerment. Kenya Albino Association Uhuru Estate, P.O.Box 1151-00515 Nairobi Tel: 020-782498 Cell: 0722859457, 0721213676 Fax: 020-782498 bmfwi@yahoo.com
- Agency for Disability and Development in Africa (ADDA) is an NGO that focuses on disability mainstreaming. Makueni Close, off Syokimau-Katani road. PO Box 74828-00200 Rina Kamukam, Program Coordinator, Agency for Disability and Development in Africa (ADDA) Website: Error! Hyperlink reference not valid.: office@addafrika.or.ke Tel: +254206003816
• The Action Foundation works with children and young people with disabilities. Bombolulu, off Kibera Drive, Nairobi road Website: www.theactionfoundationkenya.org Email: info@theactionfoundationkenya.org Tel: +254742038476

• Access Network for the Blind is an advocacy platform that champions the fundamental interests of people who are blind/visually impaired. Tel: +254724637323 Email: info@cheshiredisabilityservices.org Website: www.cheshiredisabilityservices.org

• Autism Society of Kenya Autism Society of Kenya Basement 1 Suraj Plaza, Limuru Road P.O.Box 1762-00200, Nairobi Tel: 020-3599918, 020-8009317 Cell: 0721-544995 autismkenya@gmail.com Set up by parents to cater for children with Autistic Spectrum Disorder in Kenya.

• Association of the Physically Disabled in Kenya Association of the Physically Disabled in Kenya Waiyaki Way, Westlands P.O.Box 83988, Nairobi Tel: 020-3599918, 020-8009317 pat@apdk.org Its focus is the rehabilitation of people with physical disabilities, cerebral palsy and multi-handicapped children.

• Association for the Intellectually Handicapped Mutindwa Apartments, off Moi Drive, Umoja 1 P.O.Box 6098-00200, Nairobi Cell: 0722-926918/020-3004850 kaihid2004@yahoo.com

• Association of the Deaf (ASSOD); representative organization for persons with hearing and speech functional disabilities. Provides rehabilitation, training, and welfare services to persons with disabilities; and provides high quality VCT, Care and Treatment services to the Deaf community and to inform HIV/AIDS policy formulation in Kenya and beyond.

• African Braille Centre www.africanbraille.org African Medical and Research Foundation Wilson Airport, Lang’ata Road P.O.Box 30125, Nairobi Tel: 254-020-6994000 amrefke.co.org www.amref.org

• Blind and Low Vision Network P.O.Box 6430-00200, Nairobi Cell: 0733761766, 0724-258025 kiraitheg@yahoo.com blinkenya@yahoo.com

• Brian Resource Centre Set up to maximize the full potential of the deaf blind persons and their families.

• Care International- Kenya CARE Head Office, Muchai Road P.O.Box 43864-00100, Nairobi Tel: 020-2710069, 020-712374, 020-2728493 info@care.or.ke www.care.or.ke

• Cerebral Palsy Society of Kenya 1st Floor, Young Traders Building/City Mattresses Lusaka/Jogoo Road Roundabout P.O.Box 52346, Nairobi Tel: 0725-607978 kakahlag@yahoo.com, Website: www.cpsk.or.ke

• Chesire Disability Services Kenya (CDSK) PO Box 42358-00100, Nairobi Tel: +254724637323 Email: info@chesiredisabilityservices.org Website: www.cheshiredisabilityservices.org

• Christoffel Blinden Mission Ring Road, Parklands P.O.Box 58004-00200, Nairobi Tel: 020-3757198, 3751654/3742709 Fax: 020-3740305 info@cbm-nbo.org www.cbm.org Helps people in need in developing countries, specifically those who are blind or otherwise disabled.

• Community Eye Services Organization (CESO) Mbagathi District Hospital, off Mbagathi Road P.O.Box 10417-00100, Nairobi Tel: 020-2720476 pm@ceso.co.ke

• Deaf Empowerment Kenya Kitagwa House, Spine Road P.O.Box 22024-00400, Nairobi Cell: 0722-553418, 0721-721449 dekkenya@gmail.com deafhbc@yahoo.com

• Federation of Deaf Women Empowerment Kenya Wakiawa Building, Kanisa Road P.O.Box 35418-00200, Nairobi Cell: 0722-947588, fdwomen@yahoo.com Handicap International P.O.Box 76375-00508, Nairobi Tel: 020-2716500/2716445/2716356 Fax: 020-2716356 hikenya@handicap-international.or.ke

• Joint Epilepsy Foundation Wilson Airport, Next to the police station P.O.Box 46907-00100, Nairobi Cell: 0722-781207 Fax: 020-602967 epilepsyf@yahoo.com

• Jaipur Foot Project Waiyaki Way, opposite ABC Place P.O.Box 653 Sarit Centre, Nairobi Tel: 020-4441731 jaipurkenya@wananchi.com

• Kenya Association for Parents of the Deaf 3rd floor, Buruburu Arcade Mumias South Road P.O.Box 61142-00200, Nairobi Tel: 020-785599 Cell: 0722-829477, 0733-258192 Fax: 020-785599 kepofdeaf@yahoo.co.uk Kenya
• Kenya Association for the Intellectually Handicapped Set up to empower parents of children with intellectual disabilities in order to create opportunities for them to participate more meaningfully in their children’s lives. Mutindwa Apartments, off Moi Drive, Umoja 1 P.O.Box 6098 00200, Nairobi Cell: 0722-926918/020-3004850 kaihid2004@yahoo.com, Fatma Wangare Haji, Regional Coordinator; Inclusion Africa; Executive Director, KAIH. Email: fatma@kaihid.org, Phone: +254722926918

• Kenya Institute of Special Education Kasarani/ Mwiki Road, off Thika Road, next to ICPE PO.Box 48413, Nairobi Tel: 020-8007977, Cell: 0725-607978, 0734-801860 info@kise.co.ke

• Kenya National Association of the Deaf Set up to represent and advocate for the rights of the Deaf community in Kenya.

• Kenya National Deaf Women Peace Network works to train, lobby and advocate for the human rights of Deaf women in Kenya. Josephine Kakoma, CEO, Email: josephinekakoma@gmail.com, Tel: +254721725188

• Kenya Paraplegic Organization, Lenana Road/Mchumbi Road Kilimani P.O.Box 26047-00504, Nairobi Tel: 020-2733360 Fax: 020-2723884 talk2us@kenyanparaplegic.org www.kenyanparaplegic.org Formed to undertake initiatives as they pertain to persons with paraplegia and matters affecting them in Kenya.

• Kenya Society for the Blind Set up to promote the welfare, education, training and employment of the blind and assist in the prevention and alleviation of blindness.

• Leonard Chesire Disability is an international disability organization with regional representation across East Africa P.O Box 38748, Nairobi,Tel:+254725948028 Office: 0203872178 Website:www.leonardchesire.org

• Northern Nomadic Disabled Persons Organization (NONDO) is a Public Benefit Organization that advocates for the rights, inclusion and participation of persons with disability from pastoralist communities in Kenya. Website: www.nondokenya.org Tel: +254706579474 Email: info@nondokenya.org

• Sense International (East Africa) Works in partnership with others in the region to strengthen their capacity to provide services for persons who are deafblind.

• This Ability Trust works to advance disability rights and inclusion of women and girls with disabilities in Kenya. Green Acres Close, Windy Ridge Karen PO Box 15542-00509, Hardy Kenya. Website: www.this-ability.org Email: info@this-ability.org Office: +254203882177 Cell Phone: +254720866307

• Union of People living with Disabilities in Kenya/ United Disabled Persons of Kenya (UDPK) is an umbrella organization, which brings together organizations of Persons with Disabilities with the aim of giving a collective voice on matters touching on disability. Ms Sally Nduta, United Disabled Persons of Kenya (UDPK), email: sally. nduta @udpkenya.or.ke, phones: +254 721 25 0678, +254 731 25 0678, tel 254 722 126197, +254 722 126197, udpk@udpkenya.or.ke, udpk.or.ke

• Users and Survivors of Psychiatry Kenya (USP-Kenya) A membership organization whose major objective is to promote and advocate for the rights of persons with psychosocial disabilities in Kenya (mental health conditions).

• Women and Realities of Disabilities (WARD) is a membership society for and of women with disabilities in Kenya. Email: awardonlineforumchat@gmail.com Phone: +254729926360

• Women Challenged to Challenge (WCC) has over 1300 members consisting of women with disabilities. P.O Box 10593-00100 Waiyaki Way, Nairobi. Tel: 0204452034 Website: https://womenchallenged.wordpress.com

LESOTHO

Government Structures

Although not yet passed into law, the establishment of a Disability Advisory Council in terms of Disability Equity Bill, 2014, will provide a platform for DPOs to be meaningfully involved in the formulation and implementation of laws, policies and programmes that relate to or affect persons with disabilities.
Lesotho does not have a NHRI yet. The Constitution has been amended to provide for the establishment of a Human Rights Commission. However, the enabling legislation is still in a Bill form, Human Rights Commission Bill 2012 and has not been passed into law yet.

Lesotho does not have an official body that specifically addresses violation of the rights of persons with disabilities. However, one of the proposals made in the Disability Equality Bill is the establishment of a Disability Council, which will amongst others address violations of the rights of persons with disabilities.

Lesotho has ensured involvement of DPOs in the process of implementation of CRPD.

Lesotho has the Office of the Ombudsman whose overall mandate is to investigate or inquire either on complaint or upon own initiative where there are allegations of infringement of fundamental rights and freedoms. That is, this office can address violations of the rights of persons with disabilities.

Lesotho National Federation of Organizations of the Disabled (LNFOD) Lesotho affiliates to SAFOD through LNFOD. Lesotho National Federation of the Disabled (LNFOD) is the umbrella body of People living with Disabilities’ organizations (DPOs). The mission of LNFOD is to protect the rights of persons with disabilities in Lesotho by providing support to DPOs and empowering their members with life skills, financial and material resources and representing their needs to government, development partners and the wider society. Through LNFOD’s advocacy programmes, the government in collaboration with LNFOD and its development partners drafted a Disability Equality Bill and National Disability Mainstreaming Plan which are awaiting approval. Email: nkhasi@lnfod.org.ls, Phone: (+266) 22320345, Address:Mabile road, Old Europa, Maseru, Business hours: Mon-Thurs: 08:00-17:00; Fri: 08:00-13:00. http/www.lnfod.org.ls

Lesotho National Association of Physically Disabled (LNAPD) LNAPD is an association of people with physical disabilities which seeks to address their needs and aspirations through leadership and competence training strategies and self-advocacy. It promotes and supports all activities that are pertinent to human rights and social development. LNAPD is also the founder and operator of the Itjareng Vocational Training Centre for the disabled. LNAPD’S mandate as a DPO is to advocate for the socio-economic rights of the people with physical disabilities. It ensures that people with physical disabilities access public services on an equal basis with their able bodied counterparts through lobbying and advocacy to the service providers. LNAPD implements a Human Rights Programme and a Community Based Rehabilitation Programme for the physically disabled in two districts of Leribe and Mafeteng out of the ten districts of Lesotho.

Lesotho National League of the Visually Impaired Persons (LNLVIP) This is an organization of the visually impaired persons of Lesotho which was established in 1986. Some of those reasons that led to establishment of LNLVIP are: to advocate for the rights of the visually impaired persons in Lesotho; to ensure that visually impaired persons get access to education like any other able bodied persons; to create a vocational centre where the visually impaired trainees are taught life skills; and to facilitate placement and employment of the visually impaired persons in Lesotho.

NADL’s mandate is to assist the deaf community in Lesotho to access their human rights. NADL aims to fulfil this mandate by primarily focusing on the promotion of sign language in the public and private sector so that the deaf community can receive quality services on an equal basis with others. NADL is also charged with training Sign Language Interpreters. It promotes knowledge of Lesotho Sign Language amongst its members and to the service providers. This has been done by producing learning materials such as the Lesotho Sign Language Dictionary, and the Lesotho Sign Language DVD for beginners. These materials help new learners and persons who have contact through services with the deaf community to familiarise themselves with the basics of the language. NADL’s Core Activities include: promotion and advocacy for the human rights of deaf people in Lesotho in all walks of life; raising awareness on the importance of sign language and inviting all people to learn it; advocating for the mainstreaming of deaf issues into the national agenda as well as in all the sectors of the society; empowering young deaf
people on issues of education, human rights, HIV/AIDS, life skills and ensuring provision of inclusive social services for deaf people in community councils within jurisdiction where deaf people live.

- Intellectual Disability Association of Lesotho (IDAL) IDAL was formerly named Lesotho Society of Mentally Handicapped Persons. It was founded in 1992 by parents of children with intellectual disabilities. It aims to represent and protect the rights of children with disabilities (including severe or multiple disabilities) and individuals of all ages with intellectual disability through the empowerment of parents and such youth. IDAL operates in 21 branches in 8 districts of the country with a membership of 2,000 individuals. IDAL uses a community based approach to provide parents, care-givers and individuals with the support, training and knowledge needed to live and engage in their own communities. IDAL advocacy work is on the four key areas of education, health, protection and employment. IDAL also runs a programme in which youth with intellectual disabilities are trained on rights contained in the Convention on the Rights of the Child (CRC) as well as Convention on the Rights of Persons with Disabilities (CRPD).

- LNFOD, as the umbrella body of DPOs in Lesotho, works very closely with the Ministry of Social Development, the Parliamentary Council as well as various parliamentary committees to ensure that the Disability Equality Bill is passed into law. In all the lobbying and advocacy efforts, LNFOD involves representatives of all DPOs and always reports back to the entire membership on progress of the implementation process. For instance, when LNFOD designed its Advocacy Action Plan, DPO's were involved from the beginning stage to ensure that issues for people with disabilities were well reflected in the program design and objectives.

MALAWI

Government Structures

The Constitution established the Malawi Human Rights Commission (MHRC) to address the violations of human rights of all persons, including PWDs. There is also the Human Rights Commission Act, which makes provision for matters relating to the status and functioning of the MHRC. Amongst others, the Act expects the MHRC 'to promote more particularly the human rights of vulnerable groups, such as children, illiterate persons, persons with disabilities and the elderly'.

The Constitution also established the Office of the Ombudsman with similar functions. The Constitution further requires allegations/complaints regarding threats to or violations of human rights to be brought before the courts or the MHRC or the Ombudsman. However, the two institutions are yet to be involved in disability rights litigation.

Malawi has a specific Ministry that is responsible for disability issues, namely, the Ministry of Gender, Children, Disability and Social Services. The Ministry is responsible for coordinating, monitoring and evaluating the implementation of policies on disability and the elderly, legislation, programmes, and services delivery.

Furthermore, the Disability Act establishes NACCODI as the government's official body on disability affairs. There is also MACOHA, which was established under the HPA of 1971 to act as the government’s agent in respect of the affairs of PWDs. According to section 10 of the HPA, MACOHA’s functions include: administering vocational and special training centres for PWDs; administering rehabilitation services for PWDs; and administering services for the care and welfare of PWDs. Malawi Against Physical Disabilities (MAP) is another important government agency, which was formed in 1979. It specialises in providing rehabilitation services to PWDs; the early identification of disabilities and interventions; disability awareness and training for general medical staff and health workers; and the support and training of parents of children with disabilities.

The Equalisation Policy requires the Malawi Council on Disability Affairs (MACODA) to regulate the work of disability organizations; implement government policy on disability issues and register NGOs dealing with disability issues.

Although most DPOs are actively involved in lobbying and advocating for disability rights, their work suffers due to lack of sufficient funds. Most DPOs often depend on funds from international partners and work comes to a halt if they are not funded. In addition, the grants are often tied to particular projects and thus there is
no flexibility as to what they should do when they get the funds.

**DPOs and CBOs**

- At national level, most of the DPOs work under one umbrella organization known as Federation of Disability Organizations in Malawi (FEDOMA), which was founded in 1999 to provide a unified voice for all persons with disabilities in Malawi. FEDOMA’s objectives include promoting and advocating for rights of people with disabilities; coordinating and strengthening the capacity of the affiliated DPOs; and advocating for and monitoring the equalisation of opportunities for people with disabilities as stipulated in the United Nation’s Standard Rules. The DPOs listed below work with FEDOMA.

- Apart from FEDOMA and its affiliates, there are also a number of community based organizations (CBOs) that deal in disability issues. For example, the Association of Early Childhood Development lobbies district councils, local and international organizations to invest in childhood development. Most CBOs work with the Government Department of Social Welfare to ensure the protection of the interests of PWDs.

- The Albino Association of Malawi (TAAM)
  - The Albino Association of Malawi was registered in 1997 with the aim of addressing the plight of people living with albinism. TAAM lobbies the private sector and government to mainstream albinism issues and to recognise albinism as a disability.

- Association of the Physically Disabled in Malawi (APDM) APDM was established in 1999 to empower people with physical disabilities to become self-reliant and to participate fully in social life at the national level. The organization has members from Nkhotakota, Mulanje, Balaka, Neno, Lilongwe and Mangochi districts.

- Disabled Women in Development (DIWODE)
  - DIWODE was established in 1996 to fight for the rights of women with disabilities so that they may participate in all aspects of development and become self-reliant. It strives to achieve its objectives by conducting training in business skills and helping women write proposals for resucing funds. DIWODE also holds awareness meetings meant to encourage growth of self-confidence amongst women with disabilities.

- Parents of Disabled Children Association in Malawi (PODCAM) This is an organization for parents of children with disabilities. It aims at sensitising its members, teachers and other members of the community on disability issues. It accords the parents a platform to share their experiences and promote educational opportunities for children with disabilities. PODCAM is currently working with a total of 3214 children with various disabilities.

- The Malawi Union of the Blind is a non-governmental organization that deals with the blind and persons with visual impairments broadly. Since its establishment, MUB has opened up more than 19 district-based branches with about seven thousand registered members. The organization has a diversified range of programmes in areas such as health, education, rehabilitation of the rural blind women, advocacy on HIV/AIDS, sexual and reproductive health rights.

- Disabled Widows & Orphans Organizations of Malawi (DWOOM)

- This organization was formed to promote the rights of widows and orphans with disabilities and also to provide them with skills that will enable them to economically become self-reliant. The organization has its headquarters in Rumphi in the northern part of Malawi, and it is currently constructing a vocational training centre which will impart artisan skills to its members.

- Malawi Disability Sports Association (MADISA)

- This organization was established in 1998 to promote sporting activities for (PWDs) in Malawi. For example, it received funds to assist with the training of PWDs to participate in the 2012 Paralympics. MADISA has 562 registered members from Chiradzulu, Mulanje, Blantyre and Lilongwe districts.

- Malawi National Association of the Deaf (MANAD)

- MANAD is an organization of the deaf formed in 1992 and registered with the government in 1996. It aims at promoting the use and acceptance of
sign language in interpretation, encouraging education and career opportunities for the deaf and promotion of welfare of the deaf in various social and economic aspects.

- Malawi Union of the Blind (MUB)
- This project is aimed at gathering and analysing research based evidence about whether persons with disabilities engage in national and international policy initiatives that target poverty reduction.
- Visual Hearing Membership Association (VIHEMA)
- VIHEMA was registered on 10 June 2008 to advocate for the rights of the deaf and blind. Its vision is to see the deaf and blind accepted and given an opportunity to participate in national development. It does this by raising awareness on needs, problems, limitations, potentials and rights of deaf and blind people so as to change society’s negative attitude towards them.

**MOZAMBIQUE**

**Government Structures**

Mozambique has a Human Rights Commission and an Ombudsman which were established in terms of the Constitution. According to the founding provisions of the Constitution, Mozambique is one sovereign, democratic state founded on various values. Both, the Mozambican Human Rights Commission and the Ombudsman are part of the state institutions that support constitutional democracy in terms of the Constitution. Both these institutions are required to be independent and subject only to the Constitution and the law.

The Mozambican Human Rights Commission was created by the Law no 33/2009 of 22 December which governs its powers and functions, while the Ombudsman was created by the Law no 7/2006 of 16 August.

Both of these National Human Rights Institutions have as a backdrop the defence and promotion of the rights and freedoms of individuals. The Constitution clearly enunciates that constitutional principles in respect of fundamental rights shall be interpreted and integrated in harmony with the Universal Declaration of Human Rights and the African Charter of Human and Peoples’ Rights. The Constitution also establishes freedoms and guarantees which the state must give effect to. Therefore, the National Human Rights Institutions should ensure the promotion and protection, not only of the rights enshrined in the Constitution, but also enshrined in other international instruments to which Mozambique is a party, including the CRPD.

Since their creation, there are no records of the resolution or consideration of issues relating to the rights of persons with disabilities by either of the aforementioned National Human Rights Institutions in Mozambique.
## DPOs and CBOs

<table>
<thead>
<tr>
<th>Organization</th>
<th>Year Founded</th>
<th>Forms of Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAMO, Associação de Cegos e Ambliopes de Moçambique</td>
<td>1995</td>
<td>Visual</td>
</tr>
<tr>
<td>ACRIDEME, Associação de pais e amigos de Crianças Deficientes Mentais</td>
<td>1994</td>
<td>Mental</td>
</tr>
<tr>
<td>ADEMIMO, Associação de Deficientes Militares e Paramilitares de Moçambique</td>
<td>1992</td>
<td>Visual/Auditory/Motor/Intellectual</td>
</tr>
<tr>
<td>ADEMO, Associação dos Deficientes Moçambicanos</td>
<td>1989</td>
<td>Visual/Auditory/Motor/Intellectual</td>
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<tr>
<td>ADESU, Associação dos Deficiêntes do Ensino Superior</td>
<td>1995</td>
<td>Mental</td>
</tr>
<tr>
<td>AJODEMO, Associação dos Jovens Deficientes de Moçambique</td>
<td>1995</td>
<td>Motor</td>
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<tr>
<td>AMDV, Associação Moçambicana dos Deficientes Visuais</td>
<td>2003</td>
<td>Visual/Motor</td>
</tr>
<tr>
<td>AMMD, Associação Moçambicana de Mulheres portadoras de Deficiência</td>
<td>2007</td>
<td>Motor</td>
</tr>
<tr>
<td>AMOFAS, Associação Moçambicana dos Familiares e Amigos dos Surdos Families and Friends of Hearing Disabled</td>
<td>1995</td>
<td>Auditory</td>
</tr>
<tr>
<td>ASUCI, Cooperativa para a Educação e a Reabilitação de Cidadãos Inadaptados</td>
<td>2002</td>
<td>Visual/Auditory/Motor/Intellectual</td>
</tr>
<tr>
<td>CINFORTECNICA, Associação de Jovens Técnicos Portadores de Deficiência de Moçambique</td>
<td>2005</td>
<td>Visual/Auditory/Motor/Intellectual</td>
</tr>
<tr>
<td>CODDEFAM, Comité de Defesa dos Deficientes das Forças Armadas de Moçambique</td>
<td>2002</td>
<td>Visual/Auditory/Motor/Intellectual</td>
</tr>
<tr>
<td>CPM, Comité Paralimpico de Moçambique</td>
<td>2008</td>
<td>Visual/Auditory/Motor/Intellectual</td>
</tr>
<tr>
<td>NLHUVUKU, Grupo teatral Theatre Group</td>
<td>1997</td>
<td>Motor</td>
</tr>
<tr>
<td>RAVIM, Rede para Assistência as Vítimas de Minas</td>
<td>2005</td>
<td>Motor</td>
</tr>
</tbody>
</table>

FAMOD, Forum das Associações Moçambicanas de Deficientes, Mozambican Forum of Associations of Disabled. Date formed: April 1998

Member organizations affiliated to organization: AMDV, AMMD, RAVIM, AMOFAS, CERCIMAPUTO, CINFORTNICA, ADAME and ALEMO.

FAMOD functions as an umbrella for DPOs in Mozambique. FAMOD members cover organizations dealing with all types of disabilities whose activities cover all geographical areas of Mozambique. FAMOD’s vision is to strengthen the interest of the members of associations through courses, seminars and workshops: to change societies’ attitudes with reference to people with disabilities; to integrate the subjects of disability in project and programmes of national development and to coordinate and to share the information with partners that work with people with disabilities. 1998, Rede nacional das APCD.
NAMIBIA

Government Structures

Namibia has a National Disability Council that deals with violations of the rights of persons with disabilities. According to section 16(3) of the Namibia Disability Council Act, the Council may run programmes or conduct campaigns to inform the public to raise the awareness concerning an issue relating to disability. The National Disability Council was established so that line Ministries would be required to report annually to the Council on activities related to disability programmes. At every level programmes that are aimed at social, economic and political development include persons with disabilities in order to increase their visibility at all levels from decision making to implementation. Courts in Namibia have the jurisdiction to hear any case arising from the exercise of the functions and powers of the National Disability Council.

Namibia has an Ombudsman provided for under articles 89 to 94 of the Namibian Constitution. His/her duties include the promotion and protection of human rights for all citizens, including persons with disabilities but there is no provision in the Ombudsman’s mandate that directly makes provisions for the rights of persons with disability. There are no indications as to whether the ombudsman ever addressed issues relating to the rights of persons with disabilities.

Ensuring that persons with disabilities are consulted in all disability matters. This is made possible by the fact that some of the executive members of the National Federation of People with Disabilities in Namibia (NFPDN), which is the national umbrella People living with Disabilities’ organization in the country are also spearheading the disability department under the Office of the Prime Minister. It is noteworthy to mention that some of the executive members of the National Federation of People with Disabilities in Namibia (NFPDN) are also spearheading the disability department under the Office of the Prime Minister.

They also conduct public awareness campaigns geared at raising knowledge about disability rights, laws and changing attitudes of persons towards disability rights. They have taken steps in order to be actively involved in the processes taken by the government on disability issues. This is in terms of section 3(1)(d) of the National Disability Council Act that states that before a law relating to persons living with disabilities is passed, there must be consultations with persons with disabilities, organizations of persons with disabilities, and organizations rendering services to persons with disabilities, taking into consideration relevant information regarding the implementation of the National Policy on Disability.

Namibia has also a member of parliament with albinism, Mr S Ankama

DPOs and CBOS

• Albino Association of Namibia Disseminates information and promotes education about albinism. Provides support services to persons with albinism.

• Namibia Federation of Disabled There is a national umbrella People living with Disabilities’ organization in the country, known as the National Federation of People with Disabilities in Namibia. It has a strong working relationship with service providers in the disability sector, for example Leonard Cheshire, the Association for Children with Language, Speech and Hearing Impairments in Namibia and the Onyose Trust. The federation advocates for the rights and welfare of persons with disabilities. It was founded in 1990. They are mostly organised at the national level under the National Federation of People with Disabilities in Namibia.

• National Association of Differently Able Women Builds organizational capacity for CRPD implementation; documents human rights abuses; and conducts advocacy with the Ministry of Transport to ensure accessible roads and transport.

• Namibia National Association for the Deaf Provides training related to the deafness and empowers deaf people.

• Namibian Association for Children with Disabilities Builds organizational capacity of persons with disabilities and their allies such as parents and sympathetic educationalists; and advocates for and supports inclusive education.

• The Namibian Federation for the Visually Impaired Provides services needed by the visually impaired.
impaired, including rehabilitation; to promote the well-being of blind and partially sighted persons; promotes social integration in all fields of life; and disseminates information in order to promote a positive attitude among the community of Namibia towards visually impaired persons.

RWANDA

Government Structures

The Ministry of Education is responsible for implementing the policy on inclusive education.

The Ministry of Health is responsible for providing healthcare services to persons with disabilities. However, accessibility remains limited due to long distances to the nearest health facility, an insufficient number of health workers, negative attitudes and the costs involved.

The National Council of Persons with Disabilities, was created by the Constitution on 3 June 2003 and it was established by Law 03/2011 of 10 February 2011, determining its responsibilities, organization and functioning. It is a forum for advocacy and social mobilisation on issues affecting persons with disabilities in order to build their capacity and ensure their participation in national development. In response, civil society organised itself into an umbrella organization, the National Union of Disability Organizations of Rwanda (NUDOR), to serve as a coordinating and representative body for the movement and to build the capacity of member organizations.

There is a National Commission for Human Rights (NCHR) in Rwanda, which is an independent public institution provided for by the Constitution. The NCHR functions in compliance with the Paris principles, and is composed of seven commissioners nominated from different categories of Rwandan society, including civil society. The NCHR’s main mission is to promote and protect human rights; to educate and sensitise the public on human rights; to provide advice and draft laws related to human rights on request; and to integrate these in national legislation related to the rights of the child, women, persons with disabilities, people living with HIV/AIDS, refugees, migrant workers and members of their families, and the elderly.

The office of the Ombudsman is also an independent institution established by the Constitution. The functions of the office of the Ombudsman is to prevent and fight injustice, corruption, and offences related to public and private administration. Furthermore, this office conduct sensitisation and public awareness activities in various institutions to urge them to find solutions to complaints from the population, including petitions lodged by persons with disabilities.

DPOs and CBOs

Rwanda has ensured involvement of DPOs in the process of implementation of the CRPD. Disability issues on a national level are handled by the Ministry of Local Government, through the NCPD as its affiliated institution. The Ministry of Local Government serves as a focal point for the National Council of Persons with Disabilities. Since 2012 the Disability Coordination Forum has been established by NCPD and it meets on a quarterly basis.

The establishment of the National Council of Persons with Disabilities provided DPOs with a platform for advocacy, the promotion of the rights of the persons with disabilities and involvement in the formulation and implementation of laws. The presence of the NCPD members at grassroots and national levels also enables civil society organizations such as NUDOR to collaborate and relate with them at different levels to advocate the rights of persons with disabilities.

- Association Générale des Handicapés du Rwanda (AGHR). AGHR, established in December 1979, is one of Rwanda’s oldest organizations for people with disabilities. AGHR is a cross-disability organization of People living with Disabilities which defends, protects and promotes the human rights and social and economic well-being of persons with disabilities.
- Collectif Tubakunde This is an organization involved in children with intellectual impairments, focusing on improving the standards of special education and health care for children with intellectual impairments.
- The National Union of Disabilities Organizations of Rwanda (NUDOR) was formed in 2010, and serves as a platform for its 13-member organization. NUDOR’s key activity is advocacy to ensure the realisation of equal rights,
opportunities and participation for persons with disabilities, ensuring access to quality and appropriate education for all children with disabilities so that they may lead successful and fulfilled lives. NUDOR exists to strengthen the voice of the disability movement in Rwanda. It is an umbrella organization established in 2010 by eight organizations of persons with disabilities. Together NUDOR and its thirteen members are working so that persons with disabilities can enjoy the equal rights to which they are entitled.

- National Organization of User and Survivors of Psychiatry in Rwanda (NOUSPR). NOUSPR’s mandate is to provide a voice to all people with psychosocial disabilities in Rwanda. This organization was established in 2007. It is part of a worldwide movement, called the World Network of Users and Survivors of Psychiatry, which advocates the rights of people with psychosocial disabilities as provided for in the CRPD.

- National Paralympic Committee (NPC). The NPC was established in 2001, and its mandate is to promote and co-ordinate sports for persons with disabilities. The NPC is made up of associations and sport clubs with people with disabilities as members.

- Rwanda Union of the Blind (RUB). The RUB was formed in 1994. RUB on behalf of its members advocate equal rights for people with visual impairments. In 2014 RUB received an international reward for its work.

- Rwanda National Association of Deaf Women (RNADW). RNADW was created in 2005 by a group of deaf women to advocate their rights. In 2014 RNADW received an international reward for its work.

- Rwanda National Union of the Deaf (RNUD). RNUD is organization which brings together all categories of deaf people to address their social, economic, cultural and political needs. RNUD was established in 1989 by deaf people with the aim of uniting themselves, raising awareness of the issues or concerns and ways of addressing these concerns.

- Troup of Handicap Persons Twuzuzanye (THT). In September 2007 THT was formed by a group of persons with disabilities in order to advocate and communicate changed behaviour towards disability through sport and socio-cultural activities.

- Umuryango Nyarwanda w’Abagore Bafite. Umuryango Umuryango Nyarwanda w’Abagore Bafite Ubumuga, known as UNABU, was created in 2004 by and for girls and women with disabilities. Its focus is on ensuring that ‘women with disabilities enjoy equal and equitable opportunities and actively participate in the country’s development’. UNABU’s mission is to empower women with disabilities to become agents of change, to demand their rights and to affirm their dignity as human beings.

SOMALIA

Government Structures

DPOs and CBOs

Despite the difficult context, the disability movement in Somalia has been able to organise to a certain extent (Handicap International Kenya/Somalia, 2014, p. 3), although Sida (2014, p. 1, 3) found disability organizations to be fragmented. Different groups of people with disabilities in Somalia have mobilised to engage with the Government and claim their rights, including by staging demonstrations (AI, 2015, p. 17; Sida, 2014, p. 1). However, Sida (2014, p. 3) found that DPOs were never consulted when laws and regulations with a disability aspect were being prepared.

DPOs have received negligible support from local authorities (USDOS, 2017, p. 37). Civil society organizations representing people with disabilities in Somalia have complained about restrictions on freedom of expression and opinion, the ongoing insecurity and poor relations between the Government and civil society (Nyanduga, 2016, p. 6). In addition, ‘representatives of persons with disabilities stated that they did not receive any support from the Government or the international community’, although the government has stated that it is committed to improving their rights and elements of the international community have supported some capacity development of DPOs (Nyanduga, 2016, p. 6, 17; Farah, 2015, p. 4; MOLSA, 2012, p. 15; Handicap International Kenya/Somalia, 2014, p. 3).
There are a number of local NGOs who provide services and advocacy for persons with disabilities. They have established disability centres and schools for children with hearing and visual impairments, and provided assistive devices, which have helped to improve the situation of persons with disabilities (Starck, 2016, p. 27; Sida, 2014, p. 3-4; Mills, 2015, p. 43). For more details on these organizations see companion paper Manku, K. (2018). Supporting persons with disabilities in Somalia. K4D Helpdesk Report 270. Brighton, UK: Institute of Development Studies.

**SOUTH AFRICA**

**Government Structures**

South Africa has the DWCPD, which was established in May 2009, and incorporates the former Office on the Status of Disabled Persons. This Department, amongst others, is responsible for the equity, equality and empowerment agenda in terms of those living with disabilities. To achieve this, programmes for persons with disabilities are being implemented and their empowerment will be promoted. The Ministry will also promote the protection of the rights of persons with disabilities and will guide, monitor, evaluate, co-ordinate and facilitate mainstreaming of issues relating to this sector, in terms of national priorities. DWCPD website: [http://www.dwcpd.gov](http://www.dwcpd.gov).

South Africa has a *South African Human Rights Commission (SAHRC)* and a *Public Protector*, which were both established in terms of chapter 8 of the Constitution. Both these institutions are required to be independent and subject only to the Constitution and the law. There are no bodies other than courts and the National Human Rights Institutions that specifically address the violation of rights of people with disabilities.

The mandate of the SAHRC is contained in section 184 of the Constitution, which determines that the SAHRC must promote respect for human rights and a culture of human rights; promote the protection, development and attainment of human rights; and monitor and assess the observance of human rights in the Republic. Section 184(2) provides for the powers, as regulated by the national legislation, necessary to perform its functions, including the power to investigate and report on the observance of human rights; take steps and secure appropriate redress where human rights have been violated; carry out research; and educate. Furthermore, according to section 184(3), the SAHRC must yearly require the relevant organs of state, to provide the Commission with information on the measures that they have taken towards the realisation of the rights in the Bill of Rights concerning housing, healthcare, food, water, social security, education and the environment.

The *Public Protector’s* mandate includes the promotion and protection of the rights of people with disabilities. In November 2010, addressed the problem in a report on the investigation into the alleged failure by the Western Cape Department of Health to provide proper health care to a person with a disability. In this report the complainant’s son had suffered serious injuries, including a disabling brain injury after an accident. The son, Mr Lobi (Jnr) was in need of long-term nursing care and a wheelchair. Mr Lobi (Jnr) had been lying on his back for 2 years and could not afford care and a wheelchair. The complainant was not informed timeously that his son could be reclassified as a state patient and therefore be provided with the necessary wheelchair. The Public Protector, amongst others, found that there is a serious backlog in the supply of wheelchairs and other assistive devices and confirmed that the supply of this is a constitutional right in terms of section 27 of the Constitution. The Public Protector stated that certain remedial actions should be taken and that urgent steps should be taken to provide Mr. Lobi (Jnr) with a wheelchair. Furthermore, the Department should introduce adequate measures to try and address this problem and that the budget and use of funds should be revisited.

The SAHRC has to promote respect for the human rights of persons with disabilities, and promote the protection, development and attainment of human rights of persons with disabilities (See question 3 above). In this regard, the SAHRC has assisted and addressed the issues relating to the rights of persons with disabilities.

In terms of article 33(2) of the CRPD: ‘[s]tates should designate or establish one or more independent mechanisms to promote, protect and monitor the implementation of the Convention taking into account the Paris Principles.’ The SAHRC is a status National Human Rights Institution, and constitute the independent monitoring mechanism envisaged in article 33 of the CRPD.
In advocating on issues relating to older persons and persons with disabilities, the SAHRC has created a Section 5 Committee on Disability and Older Persons. The Section 5 Committee on Disability and Older Persons has a sub-committee, which convenes once or twice a year with various departments. The sub-committee engages in the monitoring and observing process of the rights of people with disabilities with regard to the implementation of the CRPD.

Section 182 of the Constitution determines that the Public Protector has the power, as regulated by national legislation to investigate any conduct in state affairs, or in the public administration in any sphere of government, that is alleged or suspected to be improper or to result in any impropriety or prejudice; to report on that conduct; and to take appropriate remedial action. The Public Protector may not investigate court decisions, must be accessible to all persons and communities and any report issued by the Public Protector must be open to the public, unless exceptional circumstances, to be determined in terms of national legislation, require that a report be kept confidential. According to section 182 the Public Protector has the additional powers and functions prescribed by national legislation.

Rights of Persons with Disabilities Branch, Department of Social Development E-mail: DisabilityRights@dsd.gov.za Fax: 0862637659

Supports people with disability through networking on disability issues, a telephone helpline, assessments of the accessibility of existing buildings and facilities.

The paradigm shift, from the medical to the social model, has come about largely through the development of strong DPOs. Central to the concept of the social model of disability is the principle of self-representation by people with disabilities through DPOs.

Ms. Nomthandazo Mpande, Mobile No: 072 015 4446, Disability Enterprise, Mobile No: +27 72 015 4446, NGS@phoki.co.za

Ms. Simmi Pillay, Department of Social Development, Phones: +27 12 3127697, +27 723745432, +27 12 312 7407, +27 79 8033411, simmip@dsd.gov.za

Mr. Surprise Mukgope, Department of Social Development, Phones: +27 12 3127697, +27 723745432, surprisem@dsd.gov.za

Statistics South Africa

Ms Babalwa Nyangintsimbi, Expert, Statistics South Africa, Social Statistics Office, email: babalwa@statssa.gov.za

Ms. Xoliswa Ndamase, Expert, Statistics South Africa, Social Statistics Office, xoliswan@statssa.gov.za

Dr. Isabelle Schmidts, Chief, Social Statistics Office, Isabelle@statssa.gov.za, Statistics South Africa, and Mobile: 079 871 8505

DPOs and CBOs

The South African Disability Alliance (SADA) is a body comprising of the 13 national organizations representing disability issues in South Africa. This body, which was formerly known as the South African Federal Council on Disability, has been reconstituted to be a body of consensus, and the voice of the disability sector in South Africa. In South Africa DPOs are organised on a national level under umbrella organizations, but there are many organizations that further co-ordinate the DPOs on a regional/provincial level.

In order to ensure public participation, the DWCPD has established a close and working relationship with the disability sector through its civil society structures, such as the South African Disability Alliance and People living with Disabilities South Africa. The Disability sector participates in the National Disability Machinery, which is a non-statutory consultative forum between government and, organizations of persons with disabilities, business and institutions of higher learning. All national government departments, provincial administrations as well as district and local municipalities are required to appoint/designate a disability focal person/unit to coordinate the mainstreaming of disability considerations within each of these institutions. These focal points converge in the National Disability Machinery, which is constituted by, amongst others, the Inter-Departmental Coordinating Committee, the Provincial Coordinating Forum, and the National Disability Forum, which brings civil society on board.

CREATE (Community Based Rehabilitation Education and Training for Empowerment), a non-profit organization based in KwaZulu-Natal, drafted a shadow report and drew from the experiences of members of the Umgungundlovu Disability forum (a network of disability organizations). The report was
read by the UN Special Rapporteur on Disability, S Chalklen, and sent to the Conference of State Parties in New York in September 2010.

Except for the actions taken to ensure the implementation of the CRPD in general, the DPOs each have their own achievements with regards to advocating the rights of people with disabilities and implementing the CRPD. CREATE has listed their achievements as follows.

- Translation of the CRPD into isiZulu;
- Development of a picture version of the CRPD for people who are illiterate;
- Developed the skills of people with disabilities in 8 of KwaZulu-Natal’s 11 districts to advocate for their rights and engage with service providers;
- Many local improvements have happened due to CREATE’s advocacy work, for example, a People living with Disabilities’ organization receiving seeds and agricultural implements from the Department of Agriculture and people with disabilities being taken to participate in national sports events by their municipality;
- Development of a comic in English and isiZulu on the CRPD for use with youth and children;
- Production of a DVD on CREATE’s advocacy work; and
- Initiated the process and authored a shadow report from the Umgungundlovu Disability Forum to the CRPD in Geneva.

- Autism SA (ASA) · Disability Service Organization · www.autismsouthafrica.org · Email: director@autismsouthafrica.org · Tel: 011 484 9909

- Blind SA · People living with Disabilities Organization · www.blindsa.org · Email: president@blindsa.org.za · Tel: 011 839 1793 1852 Cheshire Homes South Africa ·

- Alexandra Disability Movement. Programme areas include: advocacy, disability, job creation and welfare.

- Albinism Society of SA (ASSA). People living with Disabilities Organization · www.albinismsouthafrica.co.za · Email: nomasonto@albinism.org.za info@albinism.org.za · Tel: 011 838 6529 Disseminates information and promotes education about albinism; and provides support services to persons with albinism.

- Association for and of Persons with Disabilities. Assists in the needs of people with disabilities in the community and offers advice and assistance.

- Association for Hearing Loss Accessibility and Development (AHLAD), www.ahlad.org · Email: admin@ahlad.org · Cell: 082 7817715

- Association for Persons with Disabilities. The Association includes: residential facilities, learning centres, a school support programme, a youth empowerment programme, leadership camps, sports clubs, an entrepreneurship programme, a rehabilitation programme, skills development, and a job creation programme

- Association for Persons with Physical Disabilities. The Association includes: community development, protective workshops, training in work skills, access, awareness, placement; sport and the continual fight for equality for physically challenged people.

- Action on Disability Development (ADD). A support group for people with disabilities or chronically ill persons, or persons who are looking after people with disabilities or chronically ill spouse(s).


- Brian Resource Centre. Set up to maximize the full potential of the Deaf blind person and their families.

- Children’s Assessment and Therapy Centre. Concerned mainly with advocacy and capacity building; also supports programmes for children with disabilities, youth development, home-based care and HIV/AIDS.

- Children’s Disability Centre. Early childhood development: medical, developmental assessments of disabled children; therapy; support to children and caregivers; training and skills development in the management of disabled children; gathering and publishing of statistics; resource and consultancy centre networking with other organizations and government authorities.
Council for the Blind: plays an active role with regards to the rights of persons with visual impairments, especially policy proposals to advance the rights of persons with visual impairments.

CREATE-CBR Education and Training for Empowerment. Training and education of community-based rehabilitation workers as well as, amongst others, introductory workshops and courses in disability and rehabilitation.

Curamus Association. For members of SA Security Services or their dependents who have a disability and those with disabilities caused by war.

Deafblind SA (DBSA). People living with Disabilities Organization · www.deafblindsa.co.za · Email: n.d.a@deafblindsa.co.za · Tel: 0824489455 (SMS only)

Dementia South Africa. Disability Service Organization · www.dementiasa.org · Email: director@dementiasa.org · Tel: 0860 636 679

Dementia South Africa. Development of communities to enable them to provide services to their own people with disabilities in that specific community.

Deaf Women South Africa. Women’s movement of DeafSA · Chairperson: Joyce Phiri · Email: tshisimando@gmail.com

Deaf Federation of SA (DeafSA). People living with Disabilities Organization · www.deafsa.co.za · Email: brunodruchen@deafsa.co.za · Tel: 011 482 1610

Disability Empowerment Concerns Trust. A broad-based BEE investment vehicle established by the seven largest South African disability NGO’s for their benefit

People living with Disabilities South Africa (DPSA). People living with Disabilities Organization · www.dpsa.org.za · Email: ceo@dpsa.org.za · Tel: 021 422-0357/0105901183

Disabled Women South Africa. Women’s Movement of People living with Disabilities South Africa · Email: mocumipoppy@gmail.com · Contact: Poppy Mocumi · Cell: 082 927 0594


Disability Options. An independent organization working with people with mobility challenges and other physical, vision, hearing, speech and mental disabilities.

Disabled Youth South Africa. Aims to develop a programme to campaign for equal rights for youth with disabilities and awaken the awareness of youth with disabilities about health care, especially AIDS.

Down Syndrome SA (DSSA). Parents Organization · www.downsyndrome.org.za · Email: dssa.ned@icon.co.za · Tel: 0861 369 672

Disability Action Research Team

Disability Alliance (Formerly South African Federal Council on Disability). Platform for discussion, joint planning, collaboration and consensus seeking amongst key role players within the disability sector.

Disability Association of South African National Military Veterans (DASANMVE). People living with Disabilities Organization · Email: dmrwata@yahoo.com · Tel: 0719848255 For members of the South African Security Services or their dependents who have a disability and those with disabilities caused by war.

Disability Association of South African National Military Veterans (DASANMVE). People living with Disabilities Organization · Email: dmrwata@yahoo.com · Tel: 0719848255 For members of the South African Security Services or their dependents who have a disability and those with disabilities caused by war.

Disability Connexion

Disability Service Organization · www.cheshirehomesa.org.za · Email: nationaldirector@cheshirehomesa.org.za · Tel: 011 492 0154

Disabled Care Group

Ecumenical Disability Advocates Network. Set up to support the work of individuals, churches and non-church organizations concerned with the issues affecting persons with disabilities globally.

Education Parents for Children with Special Education Needs (PACSEN) · Parents Organization · www.pacsen.co.za · Email: pacsgauteng@absamail.co.za · Tel: 012 333 0149
• Ensures development and integration of people with disabilities in all spheres of life in SA.

• Entrepreneurship Disability Chamber of Commerce and Industry (DCCI). Mzwandile Sibiya Ka-Mfitshi · Email: sibiymz@gmail.com disabilitychamber@gmail.com Entrepreneurship Entrepreneurs with Disability Forum · Joshua Mabena · Email: mabenaj@impelamehlo.biz

• Epilepsy SA. Disability Service Organization · www.epilepsy.org.za · Email: nationaldirector.no@epilepsy.org.za · Tel: 021 556 3753

• Gauteng North Services to People with Disabilities. Promotes the rights and welfare of persons with disabilities in Gauteng North through a variety of activities and services

• Health Professions Council of South Africa

• Henry Murray School for the Deaf. is an educational institution for children with speech-functional and hearing impairments and also advocates for the rights of persons with speech-functional and hearing impairments.

• Hospice Palliative Care Association of South Africa. Palliative care or pain relief for people with terminal illnesses; support given to their families.

• Johannesburg Council for the Disabled. Holistic service for people with various disabilities-welfare, counselling, life skills, education, sports and recreation, skillling and training workshops, creation of employment opportunities, hydroponic farming.

• Legal Action on Persons with Disability (APD) provides legal aid services to persons

• Disabled Children Action Group (DICAG). Parents Organization · www.dicag.co.za · Email: info@dicag.co.za · Tel: 0217975977 Affiliated to DPSA and promotes the rights of children with disabilities and their development and participation in society. Aims to raise awareness of disability and challenge stereotypes and perceptions of people with disabilities in South Africa.

• Liverpool VCT Care and Treatment. Lobbies government to institute various services for people with disabilities on behalf of disability-related NGOs in the Western Cape.

• Lowveld Association for People with Disabilities. Whose mission is to strive to meet the social needs of persons with disabilities in the Lowveld region of South Africa, including improving their quality of life by providing services they need

• Marginalised Groups Epilepsy SA. A Self Advocate Programme · Contact: Karen Robinson · Email: socdev.no@epilepsy.org.za

• Marginalised Groups South African Mental Health Advocacy Movement (SAMHAM). A Self-Advocate Support Group · Contact: Charlene Sunkel · Tel: 0117811852 · Email: charlene@safmh.org

• Marginalised Groups DSSA. Self Advocate Movement South Africa · Self-Advocate

• Muscular Dystrophy Foundation of SA (MDSA). Disability Service Organization · www.mdsa.org.za · Email: gmnational@mdsa.org.za · Tel: 011 4729703

• National Association for People with Cerebral Palsy (NAPCP). Disability Service Organization · www.napcp.org.za · Email: elizma.woods@napcp.org.za · Tel: 011 609 3252

• National Association of Autism and Down syndrome. As it presently stands, this is a parent support group, and is an association of families of children with autism and down syndrome. It aims to raise awareness and enhance the educational opportunities for children with autism and down syndrome.

• National Council for People with Physical Disabilities in SA (NCPPDSA). Disability Service Organization · www.ncppdsa.org.za · Email: nationaloffice@ncppdsa.org.za · Tel: 011 452 2774 A proactive forum for the advancement of persons with physical disabilities, to enable them to achieve maximum independence and integration into the community


• OR Tambo People living with Disabilities’
The organizations listed below are dedicated to caring and providing for the educational, training and therapeutic needs of children, youth and adults with physical, intellectual and/or mental disabilities; includes group homes, a special day care centre, a semi-frail care facility, workshop and job creation initiatives.

- **Orion Organization.** Dedicated to caring and providing for the educational, training and therapeutic needs of children, youth and adults with physical, intellectual and/or mental disabilities; includes group homes, a special day care centre, a semi-frail care facility, workshop and job creation initiatives.

- **People for Awareness of Disability Issues (PADI).** PADI is a group of people-both people with disabilities and non-disabled-who since 1987 have been committed to education and awareness on disability issues in both the academic and business worlds.

- **Programme of Down Syndrome.** SA for adults with intellectual disabilities · Contact: Ancella Ramjas · Tel: 011 615-2990 · Email address: dssa.ned@icon.co.za

- **QuadPara Association of SA (QASA).** People living with Disabilities Organization · www.qasa.co.za · Email: info@qasa.co.za · Tel: 031 767 0352

- **Reach for a Dream.** Fulfilling the dreams of children of any race, colour or creed between the ages of 3 and 18 with life-threatening illnesses.

- **Social Aspects of HIV/AIDS Research Alliance.**

- **South African Disability Alliance (SADA).** Alliance of 13 disability organizations · www.sada.org.za · Tel: 0609670258 · Email: secretary@sadisability-alliance.co.za

- **South African Disability Development Trust (SADDT).** Trust established by disability organizations to alleviate poverty and promote economic empowerment · http://www.saddt.org.za/ · Email: office@saddt.org.za · Tel: +2711 326-3282

- **South African National Council for the Blind (SANCBL).**

- **South African Sport Association for the Physically Disabled.**

- **Southern Africa Federation of the Disabled (SAFOD).**

- **SA Federation for Mental Health (SAFMH).** Disability Service Organization · www.safmh.org · Email: info@safmh.org · Tel: 0117811852

- **SA National Association of the Blind and Partially Sighted Persons (SANABP).** People living with Disabilities Organization · Shumani Cynthia Siphuma · Cell: 0729656993 · E-mail: shumani.siphuma@yahoo.com

- **SA National Council for the Blind (SANCBL).** People living with Disabilities Organization · www.sancb.org.za · Email: admin@sancb.org.za · Tel: 012 452 3811

- **Mr Jace Nair, Blind SA, email: CEO@blindza.org.za**

- **Ms Cathy Donaldson, President, Blind SA, email: president@blindza.org.za**

- **Ms Susan Van Wech, Blind SA, info@blindza.org.za**

- **SA National Deaf Association (SANDA).** People living with Disabilities Organization · www.sanda.org.za · Email: info@sanda.org.za · Tel: 012 343 0661 Ms. Olga Blose, President, South African Deaf Women's Association, and Phone 27 12 343 0661, +27 799312129, email: olga@sadwa.org.za, info@sanda.org.za.

- **Mr. Mosala Makhetha, Programme Manager, email: mosala@sanda.org.za**

- **Save the Children, an organization which advocates for the promotion of all children’s rights, including those with disabilities;**

- **Sight Savers International (SSI);** Sight Savers International supports blind prevention and rehabilitation programmes.

- **South African Blind Women in Action (SABWIA).** Women’s movement of the South African National Council for the Blind · Chairperson: Sandra Dreyer · Email: sandra@ctsb.org.za · Cell: 082 787 1350

- **South African Deaf Women Association (SADWA).** Email: info.sadwa@gmail.com Chairperson: Olga Blose Tel: +27 12 343 0661 Cell: +27 79 858 0564
• The Spinal Injury Association (SIA)

• Trans Orange Institute for Special Education and Sponsoring body for five schools—Transoranje (for deaf learners), Sonitus (for the hearing-impaired), Prinshof (for the blind), Martie du Plessis (for learners with cerebral palsy) and Transvalia (for learners with epilepsy).

• The South African Blind Worker Organization of South Africa (SABWO);

• The South African Epilepsy League;

• The Deaf Federation of South Africa (DEAFSA);

• The South African Federation for Mental Health (SAFMH);

• The South African Human Rights Commission (SAHRC or Commission)

• The Southern African People’s Solidarity Network

• Transport Users Group of People with Disabilities in SA (TUGSA). People living with Disabilities Organization · http://tugs63.org/ · Email: Tugs63@gmail.com · Tel: 011 493 8207

• The Quadriplegic Association of South Africa (QUASA);

• The Africa Disability Alliance (formerly Secretariat of the African Decade of Persons with Disabilities).

• The Down Syndrome Forum of South Africa;

• The National Organization of the Blind in South Africa (NOBSA);

• Ubuntu Centre SA (SA Users and Survivors of Psychiatry Group). People living with Disabilities Organization · www.ubuntucentre.wordpress.com · Email: theubuntucentre@gmail.com · Tel: 072 044 1024

• Western Cape Network on Disability

• Wheelchair Users Forum South Africa.

• Women Challenged to Challenge. Formed to advocate for the rights of women with disabilities.

• Women’s Achievement Network for Disability (WAND). Women Empowerment · http://www.wand.org.za/ · Email: profdisability@gmail.com · Tel: +27 829907961

• Works with the community and individuals to ensure the highest level of achievement especially for those with disabilities.

• Youth Deaf Youth South Africa. Youth movement of DeafSA · Chairperson: Ivy Bell · Email: ivybellog5@yahoo.com

• Youth Disabled Youth South Africa (DYSA). Youth Movement of People living with Disabilities South Africa · Email: w.qaji@webmail.co.za · Contact: Wonderboy Qaji · Cell: 078 179 3241

• Youth Epilepsy SA Youth Ambassadors. Nicole Laxton: danical@laxtongroup.com · Kai Fitchen: kafitchen@gmail.com · Justin Dekker: assessor@trustnet.co.za

• Youth South African Blind Youth Organization (SABYO). Youth wing of the South African National Council for the Blind · Chairperson: Lester Mathebula · Email: lesterm@webmail.co.za · Cell: 079 299 5178

• Youth South African Deaf Youth Development Project (SADYDP). Email: sadydp président@gmail.com · Cell: 079 078 2311 SMS only or WhatsApp Facebook: https://www.facebook.com/groups/sadeafyouthdevelopment/
<table>
<thead>
<tr>
<th>Organisation Name</th>
<th>Description</th>
<th>Website</th>
<th>Contact Person</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association for Hearing Loss Accessibility and Development (AHLAD)</td>
<td>People living with Disabilities Organization</td>
<td><a href="http://www.ahlad.org">www.ahlad.org</a></td>
<td>Ms Michele Tonks (Chairperson)</td>
<td><a href="mailto:admin@ahlad.org">admin@ahlad.org</a></td>
<td>082 7817715</td>
</tr>
<tr>
<td>Autism SA (ASA)</td>
<td>Disability Service Organization</td>
<td><a href="http://www.autismsouthafrica.org">www.autismsouthafrica.org</a></td>
<td>Ms Sandy Usswald (National Director)</td>
<td><a href="mailto:director@autismsouthafrica.org">director@autismsouthafrica.org</a></td>
<td>011 484 9909</td>
</tr>
<tr>
<td>Albinism Society of SA (ASSA)</td>
<td>People living with Disabilities Organization</td>
<td><a href="http://www.albinismsouthafrica.co.za">www.albinismsouthafrica.co.za</a></td>
<td>Ms Nomasonto Mazibuko (National Director)</td>
<td><a href="mailto:nomasonto@albinism.org.za">nomasonto@albinism.org.za</a>; <a href="mailto:info@albinism.org.za">info@albinism.org.za</a></td>
<td>011 838 6529</td>
</tr>
<tr>
<td>Blind SA</td>
<td>People living with Disabilities Organization</td>
<td><a href="http://www.blindsa.org.za">www.blindsa.org.za</a></td>
<td>Mr Jace Nair (CEO)</td>
<td><a href="mailto:ceo@blindsa.org.za">ceo@blindsa.org.za</a></td>
<td>011 839 1793 1852</td>
</tr>
<tr>
<td>Cheshire Homes South Africa</td>
<td>Disability Service Organization</td>
<td><a href="http://www.cheshirehomesa.org.za">www.cheshirehomesa.org.za</a></td>
<td>Shamla Naidoo, National PA</td>
<td><a href="mailto:nationalcoord@cheshirehomes.org.za">nationalcoord@cheshirehomes.org.za</a>; <a href="mailto:shamla.naidoo@cheshirehomes.org.za">shamla.naidoo@cheshirehomes.org.za</a></td>
<td>011 465 7182</td>
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<tr>
<td>Disability Association of South African National Military Veterans (DASANMVE)</td>
<td>People living with Disabilities Organization</td>
<td><a href="http://www.dasannmve.org.za">www.dasannmve.org.za</a></td>
<td>Mr Dumisa Mwrata (National President)</td>
<td><a href="mailto:dmrwata@yahoo.com">dmrwata@yahoo.com</a></td>
<td>0719848255</td>
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<td>Deafblind SA (DBSA)</td>
<td>People living with Disabilities Organization</td>
<td><a href="http://www.deafblindsa.co.za">www.deafblindsa.co.za</a></td>
<td>Mr Philip Dobson (National Development Officer)</td>
<td><a href="mailto:n.d.a@deafblindsa.co.za">n.d.a@deafblindsa.co.za</a></td>
<td>0824489455 (SMS only)</td>
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<td>Deaf Federation of SA (DeafSA)</td>
<td>People living with Disabilities Organization</td>
<td><a href="http://www.deafsa.co.za">www.deafsa.co.za</a></td>
<td>Mr Bruno Druchen (National Director)</td>
<td><a href="mailto:brunodruchen@deafsa.co.za">brunodruchen@deafsa.co.za</a></td>
<td>011 482 1610</td>
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<tr>
<td>Organization</td>
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<td><strong>Dementia South Africa</strong></td>
<td>Disability Service Organization</td>
<td><a href="http://www.dementiasa.org">www.dementiasa.org</a> / <a href="mailto:accounts@dementiasa.org">accounts@dementiasa.org</a> / <a href="mailto:director@dementiasa.org">director@dementiasa.org</a> / <a href="mailto:accounts@dementiasa.org">accounts@dementiasa.org</a> / tel: 0860 636 679 / 021 4210077/8</td>
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<td><strong>Disabled Children Action Group (DICAC)</strong></td>
<td>Parents Organization</td>
<td><a href="http://www.dicag.co.za">www.dicag.co.za</a> / Ms Sandra Ambrose (National Director) / email: <a href="mailto:info@dicag.co.za">info@dicag.co.za</a> / tel: 0217975977</td>
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<tr>
<td><strong>People living with Disabilities South Africa (DPSA)</strong></td>
<td>People living with Disabilities Organization</td>
<td><a href="http://www.dpsa.org.za">www.dpsa.org.za</a> / Ms Gillian Moses (Acting CEO) / email: <a href="mailto:gillian@dpsa.org.za">gillian@dpsa.org.za</a> / tel: 021 422-0357/0105901183</td>
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<td><strong>Down Syndrome SA (DSSA)</strong></td>
<td>Parents Organization</td>
<td><a href="http://www.downsyndrome.org.za">www.downsyndrome.org.za</a> / Ms Ancella Ramjas (National Director) / email: <a href="mailto:dssa.ned@icon.co.za">dssa.ned@icon.co.za</a> / tel: 0861 369 672</td>
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<td><strong>Epilepsy SA</strong></td>
<td>Disability Service Organization</td>
<td><a href="http://www.epilepsy.org.za">www.epilepsy.org.za</a> / Ms Marina Clarke (National Director) / email: <a href="mailto:nationaldirector.no@epilepsy.org.za">nationaldirector.no@epilepsy.org.za</a> / tel: 021 556 3753</td>
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<tr>
<td><strong>Muscular Dystrophy Foundation of SA (MDSA)</strong></td>
<td>Disability Service Organization</td>
<td><a href="http://www.mdsa.org.za">www.mdsa.org.za</a> / email: <a href="mailto:gmnational@mdsa.org.za">gmnational@mdsa.org.za</a> / tel: 011 4729703</td>
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<tr>
<td><strong>National Association for People with Cerebral Palsy (NAPCP)</strong></td>
<td>Disability Service Organization</td>
<td><a href="http://www.napcp.org.za">www.napcp.org.za</a> / Ms Elizma Woods (National Administrator) / email: <a href="mailto:elizma.woods@napcp.org.za">elizma.woods@napcp.org.za</a> / tel: 011 609 3252</td>
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</tr>
<tr>
<td><strong>National Council for and of People with Disabilities (NCPPD)</strong></td>
<td>Disability Service Organization</td>
<td><a href="http://www.ncppdsa.org.za">www.ncppdsa.org.za</a> / Ms Therina Wentzel (National Director) / email: <a href="mailto:nationaloffice@ncppdsa.org.za">nationaloffice@ncppdsa.org.za</a> / <a href="mailto:Therina.Wentzel@ncppdsa.org.za">Therina.Wentzel@ncppdsa.org.za</a> / tel: 011 452 2774</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
| **QuadPara Association of SA (QASA)** | People living with Disabilities Organization  
- [www.qasa.co.za](http://www.qasa.co.za)  
- Mr Ari Seirlis (CEO)  
- Email: info@qasa.co.za  
- Tel: 031 767 0352 |
| **South African Disability Alliance (** SADA **)** | Alliance of 15 disability Organizations (of and for)  
- [www.sada.org.za](http://www.sada.org.za)  
- Ms Marina Clarke (Chairperson)  
- Tel: 0609670258  
- Email: secretary@sadisability-alliance.co.za |
| **SA Federation for Mental Health (SAFMH)** | Disability Service Organization  
- [www.safmh.org](http://www.safmh.org)  
- Ms Bharti Patel (National Director)  
- Email: info@safmh.org  
- Tel: 0117811852 |
| **SA National Association of the Blind and Partially Sighted Persons (SANABP)** | People living with Disabilities Organization  
- Shumani Cynthia Siphuma  
- Cell: 0729656993  
- E-mail: admin@sanabp.co.za |
| **SA National Council for the Blind (SANCB)** | People living with Disabilities Organization  
- [www.sancb.org.za](http://www.sancb.org.za)  
- Mr Antonius Spek (National Executive Director)  
- Email: admin@sancb.org.za / A.Spek@sancb.org.za  
- Tel: 012 452 3811 |
| **SA National Deaf Association (SANDA)** | People living with Disabilities Organization  
- [www.sanda.org.za](http://www.sanda.org.za)  
- Mr Jabulane Blose (CEO)  
- Email: jabulane@sanda.org.za / info@sanda.org.za  
- Tel: 012 343 0661 |
| **Ubuntu Centre SA (SA Users and Survivors of Psychiatry Group)** | People living with Disabilities Organization  
- [www.ubuntucentre.wordpress.com](http://www.ubuntucentre.wordpress.com)  
- Annie Robb (Coordinator)  
- Email: theubuntucentre@gmail.com / psychorobb@gmail.com  
- Tel: 072 044 1024 |
### NATIONAL SECTORAL ORGANIZATIONS (July 2015)

| Development | South African Disability Development Trust (SADDT) | • Trust established by disability organizations to alleviate poverty and promote economic empowerment  
  • Mr Thulani Tshabalala (CEO)  
  • Email: office@saddt.org.za  
  • Tel: +2711 326-3282 |
|---|---|---|
| Education | Parents for Children with Special Education Needs (PACSEN) | • Parents Organization  
  • [www.pacsen.co.za](http://www.pacsen.co.za)  
  • Mrs Jennie Hoff (CEO)  
  • Email: pacsengauteng@absamail.co.za  
  • Tel: 012 333 0149 |
| Entrepreneurship | Disability Chamber of Commerce and Industry (DCCI) | • Mzwandile Sibiya Ka-Mfitshi  
  • Email: sibiymz@gmail.com  
  • [disabilitychamber@gmail.com](mailto:disabilitychamber@gmail.com) |
| Entrepreneurship | Entrepreneurs with Disability Forum | • Joshua Mabena  
  • Email: [mabenaj@impelamehlo.biz](mailto:mabenaj@impelamehlo.biz) |
| Marginalised Groups | DSSA Self Advocate Movement South Africa | • Self-Advocate Programme of Down Syndrome SA for adults with intellectual disabilities  
  • Contact: Ancella Ramjas  
  • Tel: 011 615-2990  
  • Email address: dssa.ned@icon.co.za |
| Marginalised Groups | Epilepsy SA Self Advocate Programme | • Contact: Karen Robinson  
  • Email: socdev.no@epilepsy.org.za |
| Marginalised Groups | South African Mental Health Advocacy Movement (SAMHAM) | • Self-Advocate Support Group  
  • Contact: Charlene Sunkel  
  • Tel: 0117811852  
  • Email: charlene@safmh.org |
| Transport | Transport Users Group of People with Disabilities in SA (TUGSA) | • People living with Disabilities Organization  
  • [http://tugsa63.org/](http://tugsa63.org/)  
  • Email: Tugsa63@gmail.com  
  • Tel: 011 493 8207 |
| Women | Disabled Women South Africa | • Women’s Movement of People living with Disabilities South Africa  
  • Email: mocumipoppy@gmail.com  
  • Contact: Poppy Mocumi  
  • Cell: 082 927 0594 |
| Women | Deaf Women South Africa | Women’s movement of DeafSA  
Chairperson: Joyce Phiri  
Email: tshisimando@gmail.com |
| --- | --- | --- |
| Women | South African Deaf Women Association (SADWA) | Email: info.sadwa@gmail.com  
Chairperson: Olga Blose  
Tel: +27 12 343 0661  
Cell: +27 79 898 0364 |
Chairperson: Sandra Dreyer  
Email: sandra@ctsb.org.za  
Cell: 082 787 1350 |
| Women | Women’s Achievement Network for Disability (WAND) | Women Empowerment  
http://www.wand.org.za/  
Email: profdisability@gmail.com  
Tel: +27 829907961 |
| Youth | Disabled Youth South Africa (DYSA) | Youth Movement of People living with Disabilities South Africa  
Email: wqaji@webmail.co.za  
Contact: Wonderboy Qaji  
Cell: 078 179 3241 |
| Youth | Deaf Youth South Africa | Youth movement of DeafSA  
Chairperson: Ivy Bell  
Email: ivybell95@yahoo.com |
| Youth | Epilepsy SA Youth Advocates | Nicole Laxton: danical@laxtongroup.com  
Kai Fitchen: kaifitchen@gmail.com  
Justin Dekker: assessor@trustnet.co.za |
| Youth | South African Deaf Youth Development Project (SADYDP) | Email: sadydp.president@gmail.com  
Cell: 079 078 2311 SMS only or WhatsApp  
Facebook: https://www.facebook.com/groups/sadeafyouthdevelopment/ |
| Youth | South African Blind Youth Organization (SABYO) | Youth wing of the South African National Council for the Blind  
Chairperson: Lester Mathebula  
Email: lesterm@webmail.co.za  
Cell: 079 299 5178 |
TANZANIA

Government Structures

The Department of Social welfare under the Ministry of Health and Social Welfare is the specific government department which has a mandate to address issues relating to welfare of persons with disabilities.

- Hon. Amina Mollel, amolletz@gmail.com
- Hon. Minister Ikupa, PM’s Office, Responsible for PWDs, Government of Tanzania
- The Commission for Human Rights and Good Governance, a national human rights institution, has a wider mandate to address violations of human rights in general.
- The Persons with Disabilities Act makes provision for a mechanism for a broader institutional framework: The Act establishes the National Advisory Council for Persons with Disabilities to oversee, at a National level, amongst other mandates, the promotion of implementation and the equalisation of opportunities for persons with disabilities. The Persons with Disabilities (General) Regulations will implement the council.
- TPVDR, Mr Ben Wambura, Coordinator, Phone +255 782 104 323, info@disability-caucus.org.tz
- The Commission for Human Rights and Good Governance is a constitutional body, established to address violations of human rights. Its mandate includes: (i) the promotion within the country of the protection and the preservation of human rights; (ii) receiving complaints on the violation of human rights generally.

DPOs and CBOs

- SHIVYAWATA, The “Tanzania Federation of People living with Disabilities’ Organizations” is a non-governmental federation which was established in 1992 and brings together ten national People living with Disabilities’ Organizations (PWDs). The Federation is a mouthpiece for matters pertaining to Persons With Disabilities (PWDs). The essence was to afford a larger, louder and common voice on issues of lobbying and advocacy.Mr Jonas Lubago, Secretary General, Shivyawata, jonaslubago@gmail.com, info@shivyawata.or.tz, www.shivyawata.or.tz
- Kilimanjaro Association of Spinal cord Injuries (KASI)
- Association of Spinal Bifida And Hydrocephalus of Tanzania (ASBAHT), Ms Fatuma Aly Mahadi, Assistant Chairperson, Association of (parents of children) with Spinal Bifida and Hydrocephalus, phone: +255-653 288420, email: tuwasaidie@yahoo.com
- Tanzania Albino Society (TAS) Ms Mzawa I. Jagame, TAS (Tanzania Albinism Society), Representative of the Womens’ Wing. Email: mbjgame@yahoo.com, Phone +255-715 420970
- Tanzania Association for the Mentally Handicapped (TAMH)-Ms Lucose Mohombolage, Chairperson, Tanzania Association for Mentally Handicapped, email: luumuhambo@gmail.com, Phone: +255-715-964201
- Tanzania Association of the Deaf-Blind (TASODEB)
- Tanzania Association of the Deaf (CHAVITA)
- FUWAVITA-Ms Anna Gerana, Director, email: annegerana84@yahoo.com
- Tanzania Association of the Physically Handicap (CHAWATA)-Ms Fausta Dawa Lutambi, member of CHAWATA (Physically disabilities), Contact +255 745633496, email: faustadl@gmail.com
- Tanzania League of the Blind (TLB)-Mr Emmanuel Simon, League of the Blind, tameb@yahoo.uk
- Tanzania Users and Survivors of Psychiatric Organization (TUSPO) -
- Psoriasis Association of Tanzania (PSORATA) -
- Mr Peter Charles Seed, email: mtemletz@yahoo.com

UGANDA

Government Structures

The Department of Disability and Older Persons, within the Directorate of Social Protection under the Ministry of Gender, Labour and Social Development.
This department is headed by a Commissioner under the political supervision of the Minister of Gender, Labour and Social Development assisted by the Minister of State for Elderly and Disability Affairs. It has the overall responsibility of overseeing disability based issues.

Mr. Samson Masiga Masaba, Commissioner, Ministry of Gender, Labour and Social Development

The technical department is headed by a commissioner and coordinates, spearheads the mainstreaming of persons with disabilities in development programmes.

The National Council for Disability: M/S Betrice Guzu, executive secretary National council for disability. It was enacted by parliament to monitor, advise, mobilize resource for the mainstreaming of disability in all programmes and sectors. The council is represented at three levels of Governance; the national, district and sub-county. The National Council for Disability is an independent statutory body that was established to deal with matters related to disability, its main objectives are: to promote the implementation and the equalisation of opportunities for persons with disabilities; monitor and evaluate the impact of policies and programmes designed for equality and full participation of persons with disabilities; advocate for and promote effective service delivery and collaboration between service providers and persons with disabilities; advocate for the enactment of laws and the reviewing of existing laws with a view to complying with the equalisation of opportunities as stipulated in the Constitution, other national laws and international legal instruments.

Mr. Nigris Oneni: Commissioner Ministry of education and sports, department of special needs education.
Dr. Pamela Nizeyimana: Senior principle education officer. The Ministry of Education and Sports plays a key role in the education of children with disability and training special needs teachers. The Education for All (EFA) campaign has enabled children with mild disabilities especially those with movement disability to access education.

Dr. Stanley Bubikire: Commissioner in charge of disability Ministry of Health. Ministry of Health has included rehabilitation among the elements of its minimum health care package. Hospital-based Rehabilitation services are available in all regional and most districts hospitals. At district level, a community development officer has been assigned responsibilities for disability although each department has a role to play.

Uganda has a National Human Rights Commission established by the Constitution. The Commission has the mandate to address all human rights violations including those relating to persons with disabilities. According to the Uganda Human Right Commission Act, the Commission has adjudicatory powers to investigate on its own initiative or by complaint made to it any alleged human rights violation. In October 2004, the Commission established the Vulnerable Persons Unit to address issues raised by vulnerable groups including people with disabilities. The Unit amongst its functions, monitors government compliance with its human rights obligations to vulnerable persons. It also undertakes activities aimed at ensuring national human rights protection for vulnerable persons. At the time of reporting, it was unclear whether the Commission has handled any cases relating to violations against persons with disabilities. However, the issues raised by people with disabilities for the attention of the Commission are centred on education, transport, employment and accessibility to basic services.

The second public protection body is the Inspectorate of Government established under chapter 13 of the Constitution. The Inspectorate does not specifically handle matters relating to persons with disabilities. Its primary functions involve the promotion of natural justice, fairness, efficiency and good governance in the administration of public offices.

Mr. Kamya Julius: Executive secretary Equal opportunity’s commission.

The Equal Opportunities Commission, which is established by the Equal Opportunities Commission Act of 2007, is a fully-fledged secretariat that has the mandate to investigate and inquire into matters on its own initiative or by a complaint made to it by persons belonging to marginalised groups including persons with disabilities where discrimination in relation to opportunities has occurred.

There is no specific research institute singularly dedicated to persons with disabilities. In Uganda all research is regulated by the National Council for Science. Organizations, institutions and individuals conduct research generally and may at times focus on disability and require involvement of People living with Disabilities’ organizations.

National disability policy:
In 2009, the government embarked on the translation of the National Disability Policy into tangible activities. This process required a consultative process involving representatives from various DPO’s.

**DPOs and CBOs**

Civil society Organizations that address disability consist of three types. Those that are of PWDs, those that provide services to PWDs and those that work with various groups including PWDs. More information is available at the website [www.usdc.or.ug](http://www.usdc.or.ug) and [www.nudipu.org](http://www.nudipu.org)

- The National Union of Disabled Persons in Uganda (NUDIPU) represents an umbrella organization that brings together DPO’s. Currently it is comprised of 14 DPO’s and 112 district unions. Membership is voluntary and there is no particular legislation or policy obligating DPO’s to join. Its main role is to coordinate activities of DPOs in Uganda and provide a common platform to address disability issues.

- Basic Needs UK in Uganda advocates for the rights of persons with psychosocial services.

- Children and Wives of disabled Soldiers association (CaWodiSa) Physical address 1st and 2nd Phase Buildings, 2nd Link Roado to Mudende-Fort Portal Highway, Mubende Town Council Postal address: 234 Mubende Uganda email: cawodisa@hotmail.com; telephone no.: 256 464 444420, 256 772 688559, 256 772

- Comprehensive Rehabilitation Services in Uganda (CoRSU) - a hospital for people with disabilities officially opened on 27 March 2009 and to date provides orthopaedic services, plastic/reconstructive services, and therapy services through facility based and community.

- Disabled Women’s Network And Resource Organization In Uganda (Dwnro) Physical Address: ACORD Building, Kabalagala-Gaba Road, Nsambya Postal Address: 3454, Kampala Email: Dwnro-Ug@Infocom.Co.Ug; Telephone No.: 0414267532

- Jinja Foundation Of Women With Disabilities (Jifoud) Physical Address: Plot 1, Aldina Village Intebantu (SCINDIA) Road Postal Address: C/O Jinja Central Division; 720 Jinja Email: Telephone No.: 0775 104 634

- Kabale Association Of Women With Disabilities Physical Address: Central Division Makanga; Central Ward, Kabale Postal Address: 774, Kabale Email: Aturifiona@Yahoo.Co.Uk; Telephone No.: 0772964872

- Kabarole District Disabled Women Association (Kaddiwa) Physical Address West Division Fort Portal Municipality Telephone No.: 0772840864

- Kamuli District Association Of Women With Disabilities - Kawida Physical Address: Kamuli District Headquarters-Disability Center Postal Address: 287, Kamuli Email: Kamuliwwds@Yahoo.co.uk; Telephone No.: 0712379540

- Katalemwa and other Cheshire Homes provide rehabilitation services to children with disabilities.

- Mpigi District Union Of Pwds - Mddu Physical Address: Mpigi District Administration; Disability Resource Centre Postal Address: 272, Mpigi Email: Mpgipwds@yahoo.com; Telephone No.:

- St. Monica Women’s Group Physical Address: Kaabong Catholic Mission Postal Address: Kotido Email: Stmng08@yahoo.com, Gwaliwa2007@yahoo.com; Telephone No.: 0772953670, 0772689015

- The National Union of Women with Disabilities of Uganda (NUWODU). The organization is primarily focused on the protection and promotion of rights for women with disabilities in Uganda. It provides leadership and training for emerging women’s organizations and focuses on economic development projects. Physical Address: Plot 62 Ntinda Road Postal Address: 24891 Kampala Telephone: 256-414-285240 Email: Nuwodu@Infocom.co.ug; Website: www.nuwodu.org.

- The Uganda Albino association

- The Uganda Disabled Women’s Association.

- The Uganda Federation of the Hard of Hearing

- The Uganda Mental Health Association

- The Uganda National Action on Physical Disability
The Uganda National Association of the Blind
The Uganda National Association of the Deaf
The Epilepsy Support Association of Uganda (ESAU)
Tweyambe Women's Club
Physical Address: Iganga Main Street, Plot 1008A
Postal Address: PO Box 652, Iganga
Telephone No.: 0752896159
Email Address: Tweyambecig@yahoo.co.uk

Uganda Parents Care for the Mentally Handicapped

Uganda Parents' Association of Children with Learning Disabilities (UPACLED)

Uganda Disabled Women's Association -Udwa
Physical Address: Kireka-Kamuli "Off Kaweesa Road
Postal Address: 3368 Kampala
Email: Udwa@yahoo.co.uk
Telephone No.: 0312284584

Ms Florence Ndagire, Lawyer, Chairperson of the UN Women regional civil society advisory group of East and Southern Africa; Lecturer Makerere University; and international disability rights consultant

Women with disabilities association-MPWda
Physical Address: Office of Pwds or Resource Center-Mpigi
Postal address: 272, Mpigi
Email: mpigipwds@yahoo.com
Telephone no.: 0772445584

Samson Masiga Masaba
Organization: Ministry Of Gender
Position: Commissioner in charge of disability
City: Kampala
Country: Uganda
Email: ps@mglsd.go.ug
Website: www.mglsd.go.ug

Mr Collins Mwijuka
Organization: National Council For Women
Position: Executive Director
City: Kampala
Country: Uganda
Tel: 077241215
Email: mwijukac@yahoo.com

Juliet L Barasa
Organization: Plan International
Position: Child Protection Specialist
City: Kampala
Country: Uganda
Tel: +25641305000
Website: www.uganda.co@Plan-International.Org

Ms Diana Byanjeru
Organization: Uganda Bureau Of Statistics
Position: Gender Officer
City: Kampala
Country: Uganda
Email: diana.byanjeru@ubos.org
wbyanje@gmail.com
Website: www.ubos.org

Ms Doreen Kauma
Organization: Uganda National Association Of The Deaf
Position: Program Manager
City: Mukono
Country: Uganda
Email: unad@infocom.co.ug
Website: www.unadug.net

Miriam Kiconco
Organization: Legal Action For Persons With Disabilities
Position: Program Officer
City: Kampala
Country: Uganda
Email: Lapdug@yahoo.co.uk,Laurakanushu@yahoo.com

Anna Aparo
Organization: Uganda National Association Of The Blind
Position: Vice Chairperson on the Board of Directors
City: Kampala
Country: Uganda
Tel: 0772475186
Email: unab@utlonline.co.ug,unabonline.ug@gmail.com
• **Name:** Dr. Pamela Nizeyimana  
  Organization: Ministry Of Education  
  Position: Senior Principle Education Officer  
  City: Kampala  
  Country: Uganda  
  Email: Pamelan54@Gmail.com  
  Tel: +256772348458  
  Website: www.education.go.ug

• **Name:** Beatrice Guzu  
  Organization: National Council For Disability  
  Position: Executive Secretary  
  City: Kampala  
  Country: Uganda  
  Tel: 0772643084  
  Email: beatriceguzu@gmail.com,  
  www.Ncd.Go.Ug

• **Name:** Dolorence Were  
  Organization: Uganda Society For The Disabled Children (USDC)  
  Position: Executive Director  
  City: Kampala  
  Country: Uganda  
  Email: dolorence.were.or.ug  
  www.usdc.or.ug, usdc@usdc.or.ug

• **Name:** Mukwaya Nassar  
  Position: Executive Director  
  City: Kampala  
  Country: Uganda  
  Tel: 0772412156  
  Email: shaftnassar@hotmail.com

• **Name:** Rose Acayo  
  Organization: National Union Of Women With Disabilities Of Uganda (Nuwodu)  
  Position: Chairperson on the Board of Directors  
  City: Kampala  
  Country: Uganda  
  Tel:0705190270  
  Email: nuwodu@gmail.com  
  Website: www.nuwodu.org.ug

• **Name:** Ms Helen Grace Asamo,  
  Organization Parliament Of The Republic Of Uganda  
  Position: Member of Parliament representing persons with disabilities in the Eastern Region  
  City Kampala,  
  Country Uganda  
  Tel: 0772475186. Email: asamohg@yahoo.com or asamohg@gmail.com

### ZAMBIA

**Government Structures**

The main government agency responsible for promoting the rights of persons with disabilities and coordinating disability issues within government in line with article 33(1) of the CRPD is **ZAPD**. In addition to this, ZAPD engages directly with the **Ministry of Justice** on matters of legal advice and policy concerning the rights of persons with disabilities. It is unfortunate that not much has been reported on how well these government agencies have ensured the involvement of DPOs in the implementation process. Zambia is currently undergoing law review and revision and it is hoped that matters on the implementation of article 33(1) of the CRPD will be considered.

Although the Zambian government has appointed disability focal point persons in all the ministries, most of them lack awareness of disability rights and the actual provisions of the CRPD. Furthermore, the framework within which they are supposed to operate has not been established. The Government has also established a **Technical Committee** to oversee the implementation process of domestication with the involvement of civil society and representatives from disability organizations.

In Zambia, the Human Rights Commission is established by article 25 of the Constitution and its mandate is articulated in the Human Rights Commission Act, Chapter 48 of the Laws of Zambia. It is tasked with the investigation of human rights violations and maladministration of justice and must propose remedies to prevent human rights abuses. It also mediates for victims of human rights abuse and acts as a spokesperson for detainees.
The Commission may investigate on its own initiative or on receipt of complaints or allegations by individuals or groups, to others acting on their behalf. However, its findings lead only to recommendations which have no legal force, although the government and its agencies are expected to act on them.

The bodies which are specifically mandated to address violations of rights of people with disabilities are courts and the Human Rights Commission. The Commission receives an allocation in the government budget like all other regular government departments. However, since its inception, the government has not provided the Commission with an adequate budget or facilities required to undertake the mandated tasks. As a result of the lack of a resource base, the Commission has been unable to attract or retain high calibre and skilled personnel. The Commission also receives international support, which tends to be on a project by project basis. The Norwegian government funded the refurbishment of the Commission’s offices.

An example of ‘best practice model’ for ensuring the involvement of DPOs is the establishment of the Advancing Disability Equality Project (ADEPt) by ZAFOD with a view of facilitating the protection and promotion of the rights of persons with disabilities through strategic litigation aimed at setting up legal precedents on disability rights. ZAFOD identifies meritorious cases where the rights of persons with disabilities have been violated and transmits them to selected law firms for legal advice and possible prosecution before courts of law; ZAFOD mobilises financial resources to meet the legal costs of prosecuting such cases. In this way, persons with disabilities will not have to bear the high legal fees which often hinder commencement of disability rights litigation.

**DPOs and CBOS**

DPOs in Zambia often engage with government and its agencies on matters concerning the implementation of the CRPD either through the Ministry of Justice, or the Department of Gender and Community Development.

DPOs are organised at a national level. The **Zambia Federation of Disability Organizations (ZAFOD)** is the umbrella organization representing several disabled persons organizations in Zambia. Its main activities include advocacy and awareness-raising. It also provides small loans to people with disabilities and training in small-scale business management. ZAFOD also coordinates all other DPOs in Zambia. Its main activities include advocacy and awareness-raising. It also provides small loans to people with disabilities and training in small-scale business management.

**ZAFOD**, officially registered in 1990, has 11 member organizations and is recognised as the mouthpiece of the disability movement. ZAFOD was running a court case against the Election Committee of Zambia in 2011. This was in order to point to that the majority of persons with disabilities were excluded from casting their ballot, due to inaccessible voting places and voting methods. ZAFOD is also part of the African Decade COPDAM project, aiming at mainstreaming disability and inclusive development as a crosscutting issue in national and regional policies in African society.

The umbrella Zambian Federation of Disability organizations (ZAFOD), and the professional advocacy organization Disability Initiative Foundation (DIF) are supported by UNDP.

- **The Zambia Agency for Persons with Disabilities (ZAPD)** is established under the Persons with Disabilities Act to promote the rights of persons with disabilities in Zambia and to mainstream disability issues in all aspects of national development. However, ZAPD does not specifically address violations of rights of individuals. Some of its functions under the Act are to:
  - With regard to monitoring the Convention, ZAPD engages with DPOs and so far there has been no available report on any surveys that may have been conducted.
  - The **Zambian Association of the Deaf** has some prominent leaders, who have become international advocates. The members of ZAFOD are:
    - New Foundation of the Blind in Zambia (NEFOBZA)
    - Opportunity Zambia (OZ);
    - Zambia Agency for Persons with Disabilities (ZAPD);
    - Zambia Association for Children & Adults with Learning Disabilities (ZACALD)
    - Zambia Association of Parents for Children with Disabilities (ZAPCD)
• Zambia Association of Parents of Children with Disabilities; and
• Zambia Association on Employment for Persons with Disabilities (ZAEPD)
• Zambia Association on the Employment for Persons with Disabilities.
• Zambia Law & Development Commission (ZLDC);
• Zambia National Association of Disabled Women (ZNADWO)
• Zambia National Association of Disabled Women;
• Zambia National Association of Sign Language Interpreters (ZNASLI)
• Zambia National Association of the Deaf;
• Zambia National Association of the Hearing Impaired (ZNAHI)
• Zambia National Association of the Partially Sighted (ZNAPS)
• Zambia National Association of the Physically People living with Disabilities (ZNAPD)
• Zambia National Federation of the Blind (ZANFOB); and
• Zambia National Library and Cultural Centre for the Blind; and
• Zambia Association of Children and Adults with Learning Disabilities;
• Zambian National Association of the Hearing Impaired;
• Zambian National Association of the Partially Sighted;
• Zambian National Association of the Physically Handicapped;
• Zambian National Federation of the Blind;
• Zanempilo Trust.
• Affiliated to the organization Zambia National Association of the Deaf (ZNAD)
• Mental Health Users Network of Zambia (MHUNZA).

ZIMBABWE

Government Structures

In Zimbabwe, the Zimbabwe Human Rights Commission is established in terms of section 242 of the Constitution. Its functions include promoting awareness and respect for human rights and freedoms at all levels of society; promoting the protection, development and attainment of human rights and freedoms; monitoring, assessing and ensuring observance of human rights and freedoms; and receiving and considering complaints from the public and taking action with regard to the complaints it receives.

The Commission is also mandated to protect the public against abuse of power and maladministration by the state and public institutions and by officers of public institutions. In addition, the Commission recommends to Parliament effective measures to promote human rights and freedoms. The Commission may also direct the Commissioner-General of Police to investigate cases of suspected criminal violations of human rights or freedoms and to report to the Commission on the results of such investigations.

Although the constitutional mandate of the Commission appears to be well articulated on paper, serious questions remain with regard to the Commission’s ability to take measures against the executive arm of government, especially human rights violations by the police. It appears that the Commission is a weak body that cannot effectively address human rights violations in Zimbabwe. The recommendations or reports by the Commission with regard to human rights violations have no legal force, although the responsible authorities are expected to act on them. Furthermore, from its inception in 2009, the Commission is financially starved and therefore cannot adequately or effectively execute its mandate.

In 2009, the Government launched the Short-Term Emergency Recovery Program (STERP). STERP focused on stabilising the economy. This policy indirectly addressed disability as it provided financial support to revitalise the disability allowance. The Medium Term Plan (MTP) was Zimbabwe’s national economic and development strategy from the period 2011 to 2015. This policy indirectly addressed disability as it provided for the issuing of grants to PWDs facilities. However, this national policy did not address the economic empowerment of PWDs or income generation initiatives for PWDs. However, the implementation of the MTP was shortened by the demise of the government of national unity in 2013.

The DPA establishes the National Disability Board (NDB). The functions of the board are set out in section 5 of the Act. The NDB is mandated with
formulating policies that are tailored to achieve equal opportunities for PWDs by ensuring that they obtain education and employment. The NDB is also tasked with ensuring that PWDs participate fully in sporting, recreational and cultural activities and that they are afforded full access to community and social services.

The Board is further empowered in terms of the DPA to issue adjustment orders. Adjustment orders issued by the NDB seek to ensure that PWDs have access to mainstream public services and premises. Where the NDB considers that any public premise or service is inaccessible to PWDs, it may serve an adjustment order. The adjustment order serves as a direction to the owner of the building or the provider of the service to ensure that there is reasonable access by PWDs. The owner or provider must effect such changes so as to ensure reasonable access by PWDs at his/her own expense. Section 7(8) of the DPA makes it a criminal offence not to comply with an adjustment order.

The NDB is however prohibited from issuing adjustment orders on any public institution without the consent of the Minister responsible for the institution. It can be submitted that requiring ministerial consent renders adjustment of state premises and services dependant on the political willingness of the government. Though the Act empowers the NDB to issue adjustment orders and criminalises non-compliance, no adjustment orders have ever been issued in terms of this Act. Furthermore, there have been no prosecutions in terms of this Act. The NDB is also hindered in its operations by lack of resources.

The office of the Special Advisor on Disability and Rehabilitation to the President and Cabinet was established in 2007. This office acts as a central point within government for matters relating to disability. It also coordinates the annual National Disability Expo which was launched in 2013. The purpose of this Expo is to provide a platform for government, civil society and any other relevant stakeholders involved with PWDs to interact and share their experiences. The Expo also serves to raise awareness on the rights of PWDs.

- Hon. Senator, Ms Rejoice Timire, rejoicetimire@gmail.com
- Ms Senzeni Mutewedzi, NCD, Board member, smtevedzi@gmail.com
- Ms Mercy Maungadidze, Chairperson of NCD, Chairperson of the Zimbabwe Albino Association, mercy2016@iiseconnect.org
- Hon Senator, Mr Khupe Watson, khupe2002@yahoo.com, Zimbabwe Representative in SAFOD DPOs and CBOS

- The Federal Organization of People living with Disabilities of Zimbabwe, FODPZ consists of 12 National representative organizations of Persons with Disabilities and parents of children with disabilities who are decision makers of the organization and form the general assembly of the organization.

- The National Association for the Care of the Handicapped (NASCOH) is an umbrella organization that deals with disability in Zimbabwe. Its member organizations include Abilities, the Disability Agenda Forum, the Disability Resource Centre, the Disabled Child Network, the Disabled Helping Hand Association, the Disablement Association of Zimbabwe and the Zimbabwe Visually Impaired Teachers Trade Union. The objectives of NASCOH include: initiating, promoting and developing the coordination and participation of and between member organizations in matters concerning the care of people with disabilities; periodically reviewing the facilities available for the rehabilitation of people with disabilities in order to promote further developments; and advising the government on any existing or future organization concerned with the care of people with disabilities and to disseminate information to any interested body.

Mr Lovemore Rambiyawo, Programs Manager, National Association of Societies for the Care of the Handicapped (NASCOH), W.O. 4/80, No. 6 Drummond Close, Greendale, Harare, P.O.Box 10504, Harare, Zimbabwe, Phone: +263 8644120485, +263 772 934 905, email: nascohdisability@gmail.com

- National Council of People living with Disabilities of Zimbabwe (NCDPZ)

Mr Simba Mukanganise, NCDPZ, email: ncdpzdp@gmail.com
Ms Farahi Cherai, Chairperson, NCDPZ, email: ncdpzdp@gmail.com
- Albino Charity Organization of Zimbabwe:
advocates for the rights and welfare of persons with albinism in Zimbabwe. Ms Mercy Maungadidze, Chairperson of NCD, Chairperson of the Zimbabwe Albino Association, mercy2016@iiseconnect.org

- Disabled Women Support Organization: advocates for the rights of women with disabilities in Zimbabwe, especially the right to economic empowerment.

- Danhiko Project: an educational and vocational training institution for persons with disabilities in Zimbabwe.

- Deaf Zimbabwe Trust: advocates for the rights of persons with speech-functional and hearing impairments, including recording of television programmes on the rights of ‘deaf’ people.

- Jairos Jiri Association: a long established organization that represents persons with disabilities in Zimbabwe.

- Jairos Jiri Centre, Copota School, Danhiko and the Chinyaradzo Children’s Home (Zimbabwe).

- Margareta Hugo School and Workshops for the Blind: an educational and vocational training centre for persons with visual impairments in Zimbabwe. It also advocates for the rights of persons with disabilities in general.

- Midlands State University Legal Aid Clinic: specialises in strategic litigation on behalf of persons with disabilities in Zimbabwe.

- Muscular Dystrophy Association of Zimbabwe (MDAZ)

- Progressio (Zimbabwe)

- Quadriplegic Association of Zimbabwe (QUAPAZ)

- The National Association of Societies for the Care of the Handicapped (NASCOH) (Zimbabwe).


- Zimbabwe Down’s Syndrome Association (ZDSA)

- Zimbabwe National Association for Mental Health: advocates for the rights of persons with mental disabilities in Zimbabwe. Mr Ignicious Murambidzi, National Coordinator, Zimbabwe National Association for Mental Health (ZIMNAMH), murambidzi@gmail.com, tel. +263 772 571075

- Zimbabwe National Association of the Deaf (ZIMNAD)

- Zimbabwe National League of the Blind: Mr Ishmael Zhou, CEO, Zimbabwe Association of Blind, email: zimbabwenationalleague@gmail.com, tel. +263 712 54 2795. Champions the rights of persons with visual impairments, including litigation for the rights of persons with disabilities.


- Zimbabwe Sports of the Disabled Association (ZSAD)

- Zimbabwe Women in Development (ZWIDE)

- Zimbabwe Women with Disabilities in Development: caters for the needs and concerns of women with disabilities in Zimbabwe with regards to national development initiatives.

- Zimbabwe Women with Disabilities

- Ms Lorraine Jarayi, ZWWDs, lorrainejarayi@gmail.com

- Ms Nozithlelon Cube, Chairperson, ZWWDs, noziteloncube14@gmail.com

- Zimcare Trust: an educational and vocational training centre for persons with intellectual disabilities. Mr Nicholas Arobany, Director, ZIMCare Trust, email: aribinazy@gmail.com

- Ms Theresa Makware, Coordinator, Zimbabwe Parents of Handicapped Children Association (Z.P.H.C.A) W.O. 7/90, Phone: +263 785604 316, + 263 772 357 936, email: zphcaowooow@gmail.com, theresamakwara@gmail.com skype: theresamakwara, No 52 Glamorgan Belvedere, Harare, Zimbabwe.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Person</th>
<th>Phone Number</th>
<th>Address</th>
</tr>
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<tbody>
<tr>
<td>Zimcare Trust</td>
<td>Mr Aribino</td>
<td>0715617095</td>
<td>4 Dummed Chaplin Street, Milton Park</td>
</tr>
<tr>
<td>Zimbabwe Parents of Handicapped Children Association</td>
<td>Ms Theresa Makwara</td>
<td>0785604316</td>
<td>52 Glamorgan Ave, Belvedere</td>
</tr>
<tr>
<td>Disabled Women Support Organization</td>
<td>Hon. Rejoice Timire (Director)</td>
<td>0714162068</td>
<td>Women's Coalition of Zimbabwe (WCOZ) 13 Baites Ave, Milton Park</td>
</tr>
<tr>
<td>Zimbabwe National League of the Blind</td>
<td>Mr Ishmael Zhou</td>
<td>0712542795</td>
<td>Based in Bulawayo</td>
</tr>
<tr>
<td>National Council of Disabled Person of Zimbabwe</td>
<td>Ms Farai Cherera</td>
<td>0772 285 884</td>
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<tr>
<td>Ministry of Women Affairs, Community, Small and Medium Enterprises</td>
<td>Magdalene Chavhunduka, Principal Director Air commodore Dumba</td>
<td></td>
<td>Ministry of Women Affairs, Kaguvi Building</td>
</tr>
<tr>
<td>NASCOH</td>
<td>Mr Rambiyaro</td>
<td>0772 934 905</td>
<td>6 Drummond Close</td>
</tr>
<tr>
<td>National Disability Board</td>
<td>Ms Mercy Maunganidze</td>
<td>0713 109 819</td>
<td>Greendale</td>
</tr>
<tr>
<td>SAFOD</td>
<td>Hon. Watson Khupe, Senator</td>
<td>0777958458</td>
<td></td>
</tr>
<tr>
<td>Zimbabwe National Association for Mental Health</td>
<td>Mr Murambidzi</td>
<td>0719 571 075</td>
<td>Parirenyatwa Hospital</td>
</tr>
<tr>
<td>Zimbabwe Women in Development</td>
<td>Ms Noziphelo (Coordinator)</td>
<td>0771757060</td>
<td></td>
</tr>
</tbody>
</table>
### ANNEX 5:

Reference to Disability Rights in Constitution of selected Countries in East and Southern Africa

<table>
<thead>
<tr>
<th>Country</th>
<th>National Constitution-Reference to Disability Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>South Africa</strong></td>
<td><strong>Section 9 Equality</strong></td>
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<tr>
<td></td>
<td>(1) Everyone is equal before the law and has the right to equal protection and benefit of the law.</td>
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<td></td>
<td>(2) Equality includes the full and equal enjoyment of all rights and freedoms. To promote the achievement</td>
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<td>of equality, legislative and other measures designed to protect or advance persons, or categories of persons,</td>
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<td>disadvantaged by unfair discrimination may be taken.</td>
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<td></td>
<td>(3) The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds,</td>
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<td></td>
<td>including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age,</td>
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<td></td>
<td>disability, religion, conscience, belief, culture, language and birth.</td>
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<tr>
<td></td>
<td>(4) No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms</td>
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<td></td>
<td>of subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination.</td>
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<td></td>
<td>(5) Discrimination on one or more of the grounds listed in subsection (3) is unfair unless it is established that</td>
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<td></td>
<td>the discrimination is fair.</td>
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<td><strong>Zimbabwe</strong></td>
<td><strong>22 Persons with disabilities</strong></td>
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<tr>
<td></td>
<td>(1) The State and all institutions and agencies of government at every level must recognise the rights of persons</td>
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<td>with physical or mental disabilities, in particular their right to be treated with respect and dignity.</td>
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<td>(2) The State and all institutions and agencies of government at every level must, within the limits of the</td>
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<td>resources available to them, assist persons with physical or mental disabilities to achieve their full potential and</td>
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<td>to minimise the disadvantages suffered by them.</td>
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<td></td>
<td>(3) In particular, the State and all institutions and agencies of government at every level must-</td>
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<td></td>
<td>(a) develop programmes for the welfare of persons with physical or mental disabilities, especially work</td>
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<td>programmes consistent with their capabilities and acceptable to them or their legal representatives;</td>
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<td></td>
<td>(b) consider the specific requirements of persons with all forms of disability as one of the priorities in</td>
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<td>development plans;</td>
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<td></td>
<td>(c) encourage the use and development of forms of communication suitable for persons with physical or</td>
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<td></td>
<td>mental disabilities; and</td>
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<td></td>
<td>(d) foster social organizations aimed at improving the quality of life of persons with all forms of disability.</td>
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<td></td>
<td>(4) The State must take appropriate measures to ensure that buildings and amenities to which the public has</td>
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<td></td>
<td>access are accessible to persons with disabilities.</td>
</tr>
<tr>
<td>Country</td>
<td>National Constitution-Reference to Disability Rights</td>
</tr>
<tr>
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<td>-----------------------------------------------------</td>
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</tbody>
</table>
| Ethiopia | Article 10  
Human and Democratic Rights  
1. Human rights and freedoms, emanating from the nature of mankind, are inviolable and inalienable.  
2. Human and democratic rights of citizens and peoples shall be respected.  
Article 25  
Right to Equality  
All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall guarantee to all persons equal and effective protection without discrimination on grounds of race, nation, nationality, or other social origin, colour, sex, language, religion, political or other opinion, property, birth or other status. |
| Kenya | Article 54 Persons with disabilities  
(i) A person with any disability is entitled-  
(a) to be treated with dignity and respect and to be addressed and referred to in a manner that is not demeaning;  
(b) to access educational institutions and facilities for persons with disabilities that are integrated into society to the extent compatible with the interests of the person;  
(c) to reasonable access to all places, public transport and information;  
(d) to use Sign language, Braille or other appropriate means of communication; and  
(e) to access materials and devices to overcome constraints arising from the person’s disability.  
(ii) The State shall ensure the progressive implementation of the principle that at least five percent of the members of the public in elective and appointive bodies are persons with disabilities. |
| Uganda | Equality and freedom from discrimination.  
21. (i) All persons are equal before and under the law in all spheres of political, economic, social and cultural life and in every other respect and shall enjoy equal protection of the law.  
(ii) Without prejudice to clause(i) of this article, a person shall not be discriminated against on the ground of sex, race, colour, ethnic origin, tribe, birth, creed or religion, or social or economic standing, political opinion or disability.  
(iii) For the purposes of this article, “discriminate” means to give different treatment to different persons attributable only or mainly to their respective descriptions by sex, race, colour, ethnic origin, tribe, birth, creed or religion, or social or economic standing, political opinion or disability.  
Rights of persons with disabilities  
35. (i) Persons with disabilities have a right to respect and human dignity and the State and society shall take appropriate measures to ensure that they realise their full mental and physical potential.  
(ii) Parliament shall enact laws appropriate for the protection of persons with disabilities. |
Country | National Constitution-Reference to Disability Rights
--- | ---
**Tanzania** | **BASIC RIGHTS AND DUTIES**

**The Right to Equality**

12.-(1) All human beings are born free, and are all equal.

(2) Every person is entitled to recognition and respect for his dignity.

13.- (1) All persons are equal before the law and are entitled, without any discrimination, to protection and equality before the law.

(2) No law enacted by any authority in the United Republic shall make any provision that is discriminatory either of itself or in its effect.

(3) The civic rights, duties and interests of every person and community shall be protected and determined by the courts of law or other state agencies established by or under the law.

(4) No person shall be discriminated against by any person or any authority acting under any law or in the discharge of the functions or business of any state office.

(5) For the purposes of this Article the expression “discriminate” means to satisfy the needs, rights or other requirements of different persons on the basis of their nationality, tribe, place of origin, political opinion, colour, religion, sex or station in life such that certain categories of people are regarded as weak or inferior and are subjected to restrictions or conditions whereas persons of other categories are treated differently or are accorded opportunities or advantage outside the specified conditions or the prescribed necessary qualifications except that the word “discrimination” shall not be construed in a manner that will prohibit the Government from taking purposeful steps aimed at rectifying disabilities in the society.

(6) To ensure equality before the law, the state authority shall make procedures which are appropriate or which take into account the following principles, namely:

(a) when the rights and duties of any person are being determined by the court or any other agency, that person shall be entitled to a fair hearing and to the right of appeal or other legal remedy against the decision of the court or of the other agency concerned;

(b) no person charged with a criminal offence shall be treated as guilty of the offence until proved guilty of that offence;

(c) no person shall be punished for any act which at the time of its commission was not an offence under the law, and also no penalty shall be imposed which is heavier than the penalty in force at the time the offence was committed;

(d) for the purposes of preserving the right or equality of human beings, human dignity shall be protected in all activities pertaining to criminal investigations and process, and in any other matters for which a person is restrained, or in the execution of a sentence;

(e) no person shall be subjected...
Mapping of Discrimination against Women and Girls with Disabilities in East & Southern Africa

ENDNOTES

7. Ibid.
10. Adopted on January 29, 2018
11. Out of the 55 African countries, only five states have signed the Protocol as of 16 July 2019.
19. Ibid.
20. Adopted at the 30th Ordinary Session of the African Union Assembly, held in Addis Ababa on 30 January 2018
30. Some other studies involved some data disaggregation, which saw much lower estimates of disability, although they did not specify how they measured disability. A collaborative profiling exercise of internally displaced persons (IDPs) in Mogadishu calculated that 2 per cent of IDPs had a physical disability and 1 per cent have a mental disability, similar to the host population, although it is not clear how they measured disability (Somalia Disaster Management Agency et al, 2016, p. 23). Figures for economic migrants in Mogadishu were slightly higher, with 3 per cent having a physical disability and 2 per cent a mental disability (Somalia Disaster Management Agency et al, 2016, p. 23). Other studies suggest that disability amongst IDPs is likely to be higher than the 15 per cent average due to the trauma they have faced (AI, 2015, p. 3). A survey of Somali youth conducted...
See, supra note 36 supra note 36
Paediatrics 17(1):198.

32. Generally, in South Africa (2016), less than 5 per cent of persons aged five years and older had difficulty in hearing while those with severe difficulty in hearing constituted less than 1 per cent. There was no tangible difference between females and males who reported some difficulty in hearing (3.4 per cent and 2.7 per cent, respectively). This scenario was also observed among persons that reported severe difficulty in hearing, where there were no differences between males and females. The findings show that the white population group had the highest percentage of persons who reported having a difficulty in hearing (4.8 per cent), followed by the Indian/Asian population group (3.3 per cent).

Communication type of disability was the least prevalent disability compared to other types of disability in South Africa (2016). Less than 2 per cent of persons reported some difficulty in communicating while persons with severe difficulty constituted less than 1 per cent. This type of disability is more prevalent among females. About 1.4 per cent of females reported having some difficulty in communicating compared to 1.2 per cent of males. Population group variations show that Indian/Asian and white population groups had higher proportions of persons that reported some difficulty in communicating (about 2 per cent) relative to other population groups.

Averagely, about 4 per cent of persons reported some difficulty in walking, and 1.8 per cent reported having severe difficulty. Generally, difficulty in walking was more prevalent among females than for males. Population group variations showed that the white and Indian/Asian population groups had the highest proportions of persons who experienced some difficulty in walking (about 5 per cent), while black African and coloured population groups recorded the lowest percentages (3.4 per cent each).

Less than 5 per cent of persons reported having some difficulty in remembering or concentrating. About 3.3 per cent reported some difficulty and 1 per cent severe difficulty in remembering or concentrating. Sex variations in the degree of difficulty in remembering or concentrating showed that females have higher proportions that reported some difficulty compared to males (3.9 per cent and 2.7 per cent, respectively). This was also the case with persons reporting a lot of difficulty in remembering/concentrating. The population group profile of persons with difficulty in remembering or concentrating showed slight variations with whites reflecting the highest percentage that reported some difficulty contrary to coloureds with the lowest proportion (3.5 per cent and 2.7 per cent respectively). The national profile in South Africa (2016) showed that less than 3 per cent reported difficulty in self-care, including those with mild and severe difficulty. The results showed that there were hardly any differences between males and females. Population group profile showed slight variations with three of the four population groups reporting approximately 2 per cent with some difficulty in self-care except for coloureds at 1.2 per cent. The proportions of persons with severe difficulty to care for themselves were almost the same for all population groups, although negligible.


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47. National Disability Profile, South Africa, SSA (2016)
49. Ibid
52. Supra, note 28
58. Ibid
60. Ibid
61. Suguru Mizunoya and Sophie Mitra, (2013), Is There a Disability Gap in Employment Rates in Developing Countries?, World Development, 42, (C), 28-43
67. Ibid
69. Supra, note 28
71. Ibid
72. As a way of comparison, Finland has 21 physiotherapists per 10 000 people and the US almost six.
77. Ibid
79. See supra, note 69
81. Disability and HIV AIDS in Eastern and Southern Africa
83. ibid.
89. Ibid.
90. UN Women, Field data. 2019
91. See, Supra note 61
94. Ibid
96. Ibid.
99. Ibid.
100. Based mainly on Tinda, Ruusa (2013) “Namibia” in African Disability Rights Yearbook 2013 (1)
105. See supra, note 98
110. Ibid
112. COVAW and KAIH (2013) Baseline Survey. The knowledge, awareness, practice, and prevalence rate of gender based violence (GBV), especially sexual violence among women and girls with intellectual disabilities.
113. UN Women, Field data, 2019.
115. Ibid.
116. See, supra note 18
128. See, supra note 45
135. Ibid.
136. Ibid.
137. UN Women Field data, 2019.
138. Ibid.
144. Ismail Cher, Djibril (2017) “République de Djibouti“ in ADRY 2017 (5)
147. ILO (2015)
Based mostly on Lopes Emerson, Casimiro Uassuzo (2013) Mozambique in African Disability Rights Yearbook

See Supra, note 100


Based mainly on Ilze Grobbelaar-du Plessis* Chazanne Grobler (2013) South Africa in African Disability Rights Yearbook 2013 (1)

Shuguru, Josiah Peter (2013) Tanzania in African Disability Rights Yearbook 2013 (1)

Uganda in


https://dredf.org/legal-advocacy/international-disability-rights/international-laws/uganda-constitution/

See, Supra note 73


UN WOMEN IS THE UN ORGANIZATION DEDICATED TO GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN. A GLOBAL CHAMPION FOR WOMEN AND GIRLS, UN WOMEN WAS ESTABLISHED TO ACCELERATE PROGRESS ON MEETING THEIR NEEDS WORLDWIDE.

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women’s equal participation in all aspects of life, focusing on five priority areas: increasing women’s leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women’s economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system’s work in advancing gender equality.