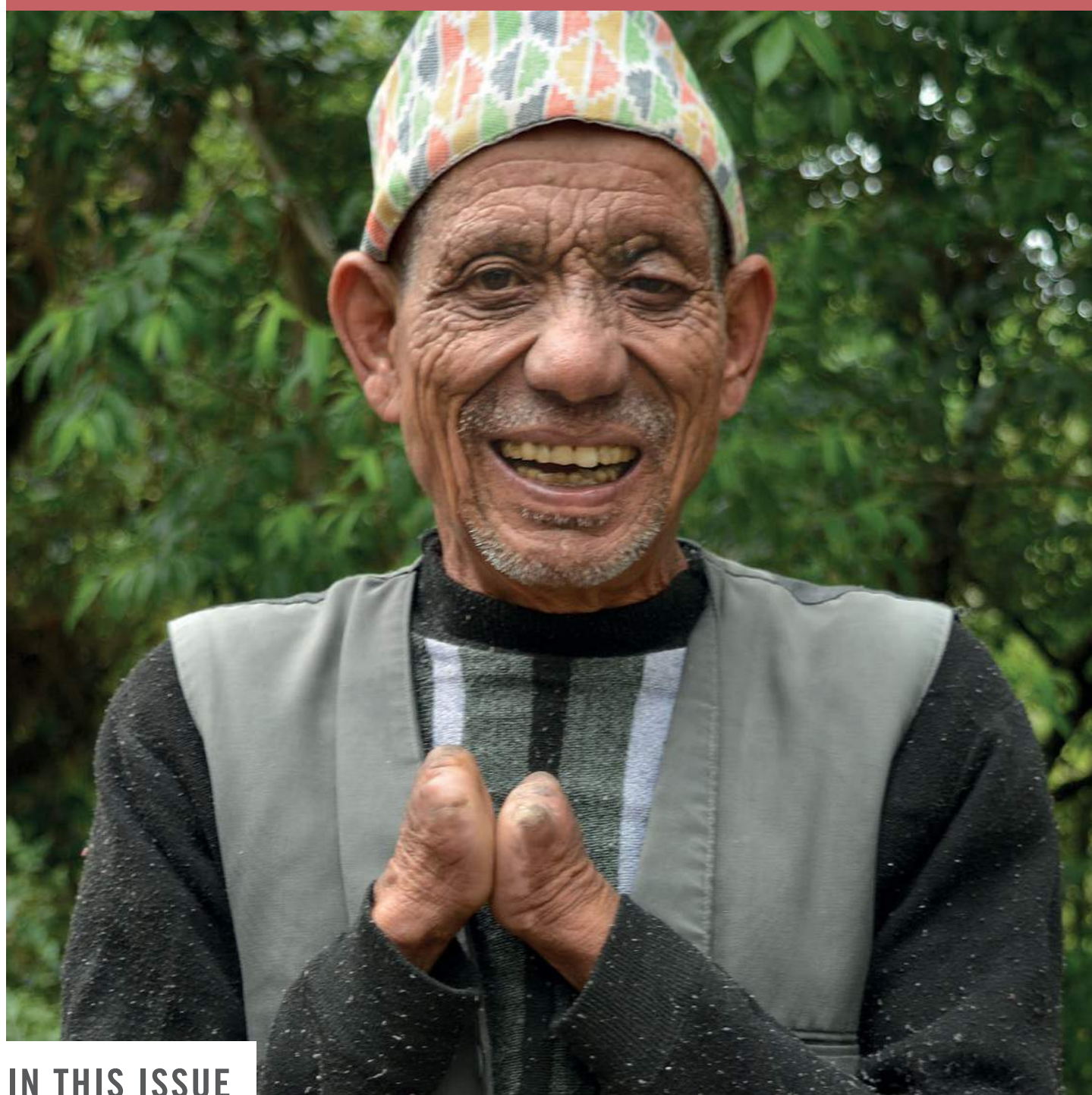


# FOOTSTEPS

2019 • ISSUE 108

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LIVING WITH DISABILITY



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# FOOTSTEPS

## LIVING WITH DISABILITY

I have an impairment, but I don't have a disability. This is because my impairment (poor sight) is corrected by glasses, so it has very little impact on what I can and cannot do.

However, without my glasses I would have struggled at school, and I might not have been able to get a job. Not being able to see properly would have affected my confidence. Perhaps my friends would have left me out because I could not join in their activities. If I had not received the support I needed (glasses and contact lenses) I would probably have experienced significant social and economic restrictions. I would have been living with a disability.

Throughout this edition of *Footsteps* we are reminded that disability is mostly caused by barriers in society, not by specific physical, intellectual or emotional impairments (page 3). These barriers might be very obvious: for example, steps into a building and no ramp. But often it is people's attitudes that are the problem, and many people with disabilities face misunderstanding and discrimination on a daily basis.

If these barriers are identified and broken down (page 5), our churches and communities will be more vibrant, diverse and inclusive (pages 6 and 24). Everyone will have access to essential services such as water and sanitation (page 10) and no one will be left behind in times of disaster (page 8). People with hidden disabilities, such as depression, will feel valued and understood (page 14).

Speaking about the church Paul says, 'God has put the body together, giving greater honour to the parts that lacked it, so that there should be no division in the body but that its parts should have equal concern for each other. If one part suffers, every part suffers with it; if one part is honoured, every part rejoices with it' (1 Corinthians 12: 24–26).

Let us celebrate our different skills and abilities, honour each other and rejoice!



A handwritten signature in black ink that reads 'Jude'.

**Jude Collins – Editor**

📷 Cover shows Dhak Bahadur Shiva-bhakti greeting guests in Nepal. Photo: Chiranjivi Sharma/The Leprosy Mission Nepal



By Klaas Aikes and Ambrose Murangira

# UNDERSTANDING DISABILITY

*Kazol Rekha lives in a small village in a flood-prone area in Bangladesh. When she was young her parents died, one shortly after the other. Her brothers looked after her and arranged her marriage.*

But then, more tragedy. She fell off a chair and damaged her spinal cord leaving her unable to walk. Her husband left her and remarried, and her family changed their attitude towards her.

Kazol says, 'Previously I was treated with affection by everyone in my family, but that all changed after the accident. I was neglected and I became

a burden. It was difficult and painful. I suffered a lot.'

Everybody expected her to stay a burden, an extra mouth to feed, and nobody thought she could contribute in any way to her family and community.

## THE VICIOUS CYCLE

One in every seven people has some kind of disability. And most – 80 per cent – live in low- and middle- income countries.

This is because disability and poverty are closely linked in what is often

called a 'vicious cycle'. This means that people living in poverty are more likely to become disabled, and people with disabilities are more likely to be poor.

## DISABILITY AS A CONSEQUENCE OF POVERTY

Inadequate shelter, unhygienic living conditions, malnutrition, lack of sanitation and unsafe drinking water – combined with poor access to health care – are all leading causes of disability. So communities that have high levels of poverty are also likely to have high rates of disability.

## DISABILITY AS A CAUSE OF POVERTY

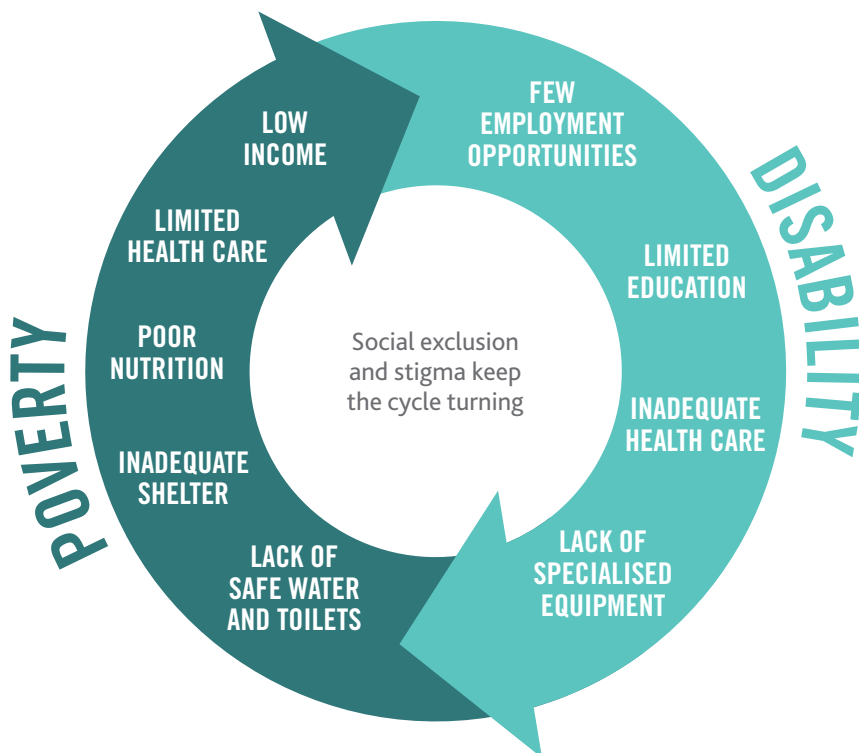
Many children and adults with disabilities have limited opportunities to go to school, work for a living, enjoy family life and participate as equals in society. Often this is not because of their impairment, but because of the stigma and discrimination they face. In many cases their voices are not heard and their needs are overlooked. They may also face additional costs such as specialised health care and equipment, further increasing the risk of poverty for them and their families.

## WHAT IF THINGS COULD CHANGE?

Life changed again for Kazol when a local organisation started to work in her village. She was given a wheelchair which meant she was no longer totally dependent on others.

She says, 'Before the wheelchair at least two people had to carry me to the toilet and the well. It was a big thing for me when the wheelchair came and a ramp was put in to make them accessible.'

## THE VICIOUS CYCLE



Kazol also received training in how to grow vegetables and rear chickens, and she was able to save some money. With that she bought a sewing machine. She now lives in her own house and earns money by working as a tailor.

## LEADING ROLE

The life of a person with disabilities can completely change when some of the barriers they are facing are removed. In Kazol's case, she now has mobility, a safe and hygienic living environment and is able to earn money. This has led to changes in attitudes in her community, where Kazol now plays a leading role.

She says, 'I am president of the Ward Disaster Committee. We have early warning and evacuation systems in place and we make sure that no one is left behind.'

'I was always afraid when there was the chance of flooding, but I am not afraid anymore. I feel proud of my role in the community: people did not know what to do and now I am there to help them learn. I feel good!'

## BARRIERS

Almost everyone will be temporarily or permanently impaired at some point in life, and many who reach old age will experience increasing difficulties in functioning. But not everyone will experience disability.

One approach (the one we are taking in this publication) is to consider disability as being mainly caused by barriers in society, not by the specific impairment that an individual might have. Rather than focusing on what a person cannot do, this approach focuses on how the environment around the person can be changed to allow them to live their life on an equal basis with others.

For example, Kazol was disabled by the fact that she could not move around freely or live independently. She was also disabled by the negative attitudes of the people around her. Once she had a wheelchair and an adapted home, she was no longer restricted by her impairment (limited movement in her legs) and her level of disability was reduced. Community attitudes towards her changed and she regained independence, choice and control over her life.

People with disabilities are affected by four main types of barriers.

- 1. Physical barriers:** for example, when people with limited mobility cannot access a building because there is no ramp.
- 2. Barriers caused by people's attitudes:** for example, when people assume that children with disabilities cannot go to school or join in with community activities.
- 3. Communication barriers:** when people with different needs are unable to



Kazol is now a leader in her community. Photo: Artwise/CDD/CBM

access the same information as everyone else because they cannot see, hear or understand it.

**4. Institutional barriers:** when the needs of people with different impairments are not taken into account by organisations, governments, law enforcers and others.

Recognising and removing these barriers can greatly improve the lives of people with disabilities, opening up opportunities for education, meaningful work and participation in social, religious and political life. The vicious cycle described above is challenged and broken, and the emotional and material poverty experienced by people living with disabilities is reduced.

Good friends enjoying each other's company in Ethiopia. Photo: Light for the World



Klaas Aikes and Ambrose Murangira, who is Deaf, work as Disability Inclusion Advisers at Light for the World Netherlands and Uganda respectively.

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Visit [www.endthecycle.info/stories/kazol-rekha](http://www.endthecycle.info/stories/kazol-rekha) to watch Kazol tell her story. The video is available in English, Spanish and French.

[www.lightfortheworld.nl/welcome](http://www.lightfortheworld.nl/welcome)

# BIBLE STUDY

## BREAKING DOWN BARRIERS

### Read Mark 2:1-12

What a crowd! As always, people had come from far and wide to hear Jesus teach. But it must have been very difficult for people with disabilities to actually meet him. Those with limited mobility could not walk to him. People with hearing or visual impairments could not hear or see him. Those classed as 'unclean' (eg people with leprosy) were unable to approach or touch him.

But here we see a group of people go to great lengths to make sure their friend meets Jesus. They go beyond the act of showing sympathy to him. They pick him up and carry him, possibly for miles, to where Jesus is speaking.

But when they get there, the house is full! Not put off by this, they decide to literally break down the barriers between their friend and Jesus. They make a hole in the roof and they lower the man down (Mark 2:4).

### MET WITH LOVE

When the man reaches the ground, he is met with love. Jesus says, 'Son, your sins are forgiven' (Mark 2:5). It is almost as if Jesus is ignoring the disability. It is like he is saying, 'Don't worry about your disability, something far greater has happened: your sins are forgiven!' This man – like any other person – needs forgiveness, and Jesus knows that his eternal soul is much more important than any impairment. Almost as an

It is important to ensure that people with all kinds of physical, emotional and intellectual impairments are able to join in with church activities.



afterthought, in order to show that he is God to the religious leaders, Jesus heals the disability.

Unfortunately, and sadly, our churches often put up barriers which prevent people with disabilities from meeting God. These are not just physical barriers, but can be caused by people's attitudes too: for example, comments about a person with an intellectual disability making distracting sounds or movements.

### AN IMPORTANT TASK

According to the Lausanne Movement for World Evangelisation, 'those with disability represent one of the largest unreached people groups'. Only five to ten per cent have effectively heard the gospel.

Like the group of friends, our task is to remove the barriers experienced by

people living with disabilities, making it possible for everyone to meet with Jesus.

### DISCUSSION QUESTIONS

- Are there any barriers in your church that prevent people with different kinds of disability from hearing the gospel and meeting Jesus? Think about people's attitudes as well as physical barriers.
- What can you and your church do to break these barriers down?
- How can you show love, today, to someone who is living with a disability?

*Recommended reading: Disability in mission: the church's hidden treasure, edited by David Deuel and Nathan John. Due to be published by Lausanne in August 2019.*

*You can find more information about the Lausanne Movement on their website, available in English, French, Spanish and Portuguese: [www.lausanne.org](http://www.lausanne.org)*

### A CHALLENGE FROM THE LAUSANNE MOVEMENT

'Serving people with disabilities does not stop with medical care or social provision; it involves fighting alongside them, those who care for them and their families, for inclusion and equality, both in society and in the church. God calls us to mutual friendship, respect, love, and justice.'



By Brenda Darke



Churches can provide crucial support for families who are looking after loved ones with severe disabilities. Photo: Brenda Darke

# ROOM FOR EVERYONE: INCLUSIVE CHURCH

*Karla (not her real name) was a leader in her church, teaching Sunday school and helping to organise many church activities. Gradually she began to lose her mobility, and felt she could no longer be a leader. Discouraged, she stayed at home. What was the point of going to church? She no longer felt wanted in her congregation and she became depressed.*

It wasn't just that she had to use a wheelchair. What affected Karla most was that she felt pushed aside.

It would be three years before she discovered that God's love for each person, with or without a disability, is the same. Once she realised this, she felt she had something to offer. She started to attend church again and to teach. She began to work with other people with disabilities, sharing God's love and helping them to see that they are important and needed in God's community.

How can we make it easier for people with different kinds of disabilities to participate fully in church and community life? Below are some steps we can take.

## Study the Bible to discover important truths

- Diversity is part of creation. We are all made in God's image (Genesis 1:27–31;

Psalms 139:13–16), but we are not all the same.

- We are all needed (see the image of the church as the body of Christ in 1 Corinthians 12, especially verses 21–23).
- Disability is not God's judgement for sin (John 9: 1–3).
- God is in charge and gives gifts to those he chooses, whether they have a disability or not (Exodus 4:10–12).



## Learn more about disability

- At least 15 per cent of the world's population live with a disability of some kind. This is a huge number of people who are often forgotten and excluded.
- Every person, with or without a disability, is different! We need to forget stereotypes, and learn to appreciate everyone as individuals. There is no 'them and us'. While few of us are born with a disability, many of us will experience disability at some point in our lives.
- Disabilities may be obvious, or they may be hidden (such as deafness). Learn about the many different types of disability and try to ensure that support is available for everyone who needs it.

Be aware that, like Karla, people may be struggling with several types of disability at the same time, eg reduced mobility and depression.

- It is vital to ask people with disabilities how they can be helped to participate. Sometimes people lack confidence and need to be actively encouraged to use their gifts and talents to bless and enrich the church.



## Uphold the law

Over the last decade the UN Convention on the Rights of Persons with Disabilities has been adopted by most countries in the world. National laws based on the convention should protect the rights of people with disabilities.

- Check if your country has signed up to this agreement (see box on page 7) and find out about your country's own disability laws. Speak with your church leaders about how important it is for churches to protect and promote the rights of people with disabilities. Encourage them to make any changes that are needed to allow your church to become a place of welcome for all.
- If you feel unsure about using a rights-based approach, look at Leviticus 19:14:

'Do not curse the deaf... but fear your God.' This shows us that God wants people with disabilities to be respected. God himself stands up for them.



### Be respectful

The UN convention helps us to understand the kind of language we should use. Most people living with disabilities are quite happy to acknowledge that their bodies do not work as they would like, but they prefer others to accept them as they are. Focus on how we respond to them as people, meeting their need for friendship.

- Instead of terms such as 'the disabled', 'handicapped' or 'wheelchair-bound', use 'people with disabilities'. This helps to shift the focus on to the person and away from their disability.
- Teach children from a young age to be respectful of people with disabilities and never to call names, tease or laugh.
- Talk to each person directly (not through their carer), make eye contact, use their name, smile and be genuine. Do not raise your voice or speak down to them. They will make it clear if they cannot hear you or do not understand what you are saying. Learn as much as you can about how your new friend communicates.



### Show love

There are countless ways we can show thoughtful, loving care to those who live with disabilities. They do not want pity but opportunity, and sometimes practical support.

- Form a group to work out how accessible your church is for people with different disabilities. Remember to include people who are living with disabilities as they are the ones who know what really matters to them.
- Make sure adaptations are in place (eg ramps, railings and accessible toilets) so everyone can get into the building and enjoy being there.
- Help provide transport for people who struggle to walk or use public transport. Visit people at home if they cannot get to church.
- Offer friendship to someone who has an intellectual disability and finds it hard to follow the service. Explaining the sermon over a meal in your home can make them feel included.
- Consider learning sign language.
- Greet people at the door and help those with sight loss or limited mobility to find their way around. Clear signs and large print can also help.



### Look after families

Often the families of people with severe disabilities become very tired and struggle to cope. They are caring for their loved ones all day, every day, and may receive very little help from the state.

This is where churches can make a significant difference by reaching out to these families and giving them extra support.

### Intellectual disability

An intellectual disability is caused by the way the brain develops before, during or shortly after birth. People with an intellectual disability often take longer to learn and may need support to develop new skills, understand information and interact with other people.

The level of support needed will vary. For example, someone with a mild intellectual disability may only need help with certain things, like getting a job. However, someone with a severe intellectual disability may need full-time care. With the right support, many people with intellectual disabilities can live independent lives.

- Organise events which allow carers to relax, study the Bible, share their hopes and fears and pray together. Plan activities for the people they look after in a separate room where they can play games and learn more about God.
- Offer practical support: for example, helping with hospital visits, tasks around the home and meals when people are sick.
- Be there for these families and offer genuine love and friendship.

### UN Convention on the Rights of Persons with Disabilities

This is an international legal agreement which exists to protect and promote the human rights of people with disabilities. Since 2006 it has been signed by most nations in the world. It recognises 'the importance of accessibility to the physical, social, economic and cultural environment, to health and education and to information and communication, in enabling persons with disabilities to fully enjoy all human rights and fundamental freedoms'.

Visit [www.un.org](http://www.un.org) to see if your country has signed up to this agreement. The convention is available to download in multiple languages, large print and in the form of sign language videos.

*Brenda Darke trained as a teacher of children with severe intellectual disabilities. She currently teaches Bible college courses on disability and works with different groups across Latin America to encourage disability inclusion in church. She is author of the prize-winning book *Un camino compartido (A shared path)*.*

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# DISABILITY AND DISASTERS

*Disasters – such as floods, cyclones, tsunamis and earthquakes – frequently cause loss of life, infrastructure and property. They also cause injury and trauma. However, not everyone is affected by disasters in the same way: it depends on how vulnerable they are.*

Vulnerability is affected by many things including gender, age, health, poverty and levels of government support. People with disabilities are often particularly vulnerable when disaster strikes.

There are many reasons for this.

- A low social status may mean people with disabilities are left out of community discussions about what to do if a disaster happens.
- A person with a hearing impairment will not hear warnings broadcast on the radio or through loudspeakers.
- Visual warnings, symbols and signposts are unhelpful for a person with a visual impairment.
- A person with an intellectual disability may find it very stressful trying to cope with a disaster situation in the absence of family members.
- People with disabilities might find it difficult to reach safe places to shelter, and they may be overlooked when emergency aid is being distributed.

Any efforts to reduce the risk and impact of disasters must include everyone, including people with disabilities.

## GAIBANDHA MODEL

The Gaibandha model is based on the experiences of CBM and its partners in flood-affected communities in the

Gaibandha area of Bangladesh. It puts people with disabilities at the centre of disaster risk reduction. They are the agents for change, working with their communities to ensure that everyone's needs are considered and no one is left behind.

The Gaibandha model suggests five important steps.

### STEP 1 – Develop strong self-help groups

There are many benefits to bringing people with disabilities together in self-help groups. These include:

- the opportunity to build relationships, talk about concerns and support one another
- increased confidence and the development of leadership skills
- opportunities to access training, eg in how to prepare for disasters and disability rights
- collective voices for advocacy: it is easier to call for change as part of a group than as an individual (see step 2)
- greater understanding of each other's needs, skills and abilities
- opportunities for small-scale savings and credit schemes leading to improved livelihoods and income (see step 5).



In many countries, including Bangladesh, people with disabilities are particularly vulnerable to floods and other disasters. Photo: CBM/Patwary

In the Gaibandha area of Bangladesh the self-help groups are involved in all disaster risk reduction activities including mock drills and early warning systems. When disaster strikes, they help identify people in need of rescue and look after those in shelters.

As a result, people with disabilities are increasingly respected as valuable members of society and many are now community leaders. By working together towards a common goal, and taking the needs of a diverse range of people into account, better strategies and plans are developed, and stigma and discrimination are reduced.

### STEP 2 – Advocate with the local government

Self-help groups are part of the community in which they live. They need to find their voice, not only for themselves but for the whole community.

## DEFINITIONS

**Disaster risk** The combination of how likely it is for a hazardous event (eg a flood) to happen, and the negative way it affects human life and property.

**Disaster risk reduction** The use of strategies and practices to reduce the occurrence of hazards, decrease the vulnerability of people and property to them, and increase the ability of people to cope with their impact.



After receiving relevant training, the self-help groups in Gaibandha are extremely active in awareness-raising and campaigning for change. They regularly invite government officials and journalists to see their disaster management activities and have built up strong relationships with them. They have successfully campaigned for road and embankment improvements, fair distribution of aid during floods, disability payments, school admission for children with disabilities and wheelchair access to government buildings.

By promoting community causes and not just disability rights, the groups have gained the respect of both community and government. As well as paying increasing attention to the self-help groups and their requests, the government is also beginning to ask for support from self-help group members when training their own staff.

**STEP 3 – Leave no one behind**

Accessible early warning systems and effective evacuation procedures are essential for keeping all community members safe. A system introduced in the Gaibandha area has already saved lives.

- During mock drill exercises, evacuation plans are discussed. Community members are trained to help with the evacuation of the most vulnerable.
- Disaster Management Committees (which include people with disabilities) monitor flood markers and collect government and media information to forecast floods and other disasters.
- Each family prepares an emergency pack containing dry food, candles, clothes, medicines, water purifying tablets and other essentials.
- If a crisis occurs, committee members inform their community through loudspeaker announcements and coloured flags. People who are particularly vulnerable are contacted directly.
- Everyone is helped to safe shelters which include accessible toilets and water points.

- The Disaster Management Committees work with the Bangladeshi government to try and make sure emergency aid reaches everyone who needs it. They also work together after a disaster has happened, helping communities to rebuild homes and re-establish livelihoods.

**STEP 4 – Work with schools**

Schools often close for many weeks following a disaster, which has a big impact on the education of the pupils.

In Gaibandha the situation has been greatly improved by involving schools in different awareness-raising activities.

- The schools have developed contingency plans. As part of this pupils are encouraged to travel to and from school by boat during the floods, and safe spaces on raised land have been established, allowing classes to continue.
- The pupils learn about disasters as part of the curriculum and have regular drills so they know how to stay safe. The teachers invite children with disabilities to talk about how floods and other disasters could affect them.
- Self-help group members often visit the schools, increasing awareness of disability issues. As a result the schools are enrolling more children with disabilities and many teachers are asking for extra training in inclusive education.

- The pupils have become important communicators, not only about disaster risk but also about disability. This is helping to break down stigma and misunderstanding in their communities.

**STEP 5 – Promote and support livelihoods**

Many of the members of the Gaibandha self-help groups now have strong and productive livelihoods. This is because they support each other to try new things, and because people have gained the confidence they need to run their own small businesses. Some of the activities are group based (eg maize production), which means tasks can be shared between the members according to their different abilities.

Having a regular income means people can improve their homes, animal shelters and water supplies so they are less likely to be damaged during a disaster. They are also able to recover more quickly afterwards if they have some money in reserve and can pick their businesses up again quickly.

*Adapted from Saving lives and leaving no one behind: the Gaibandha model for disability-inclusive disaster risk reduction, published by CBM in 2018. See page 22 for more details.*

*CBM is an international Christian disability and development organisation. [www.cbmun.org.uk](http://www.cbmun.org.uk)*

 The Gaibandha model puts people with disabilities at the centre of disaster risk reduction. Photo: Centre for Disability in Development (CDD)



By Frank Greaves

# TOILETS, WATER, HEALTH AND DIGNITY

*Finding a decent toilet to use, or safe water to drink and wash with, is a daily struggle for millions of people. But for those who have a disability, the challenge is often even greater.*

There are many reasons for this.

- **Lack of consultation.** Toilets and water points are often built without taking into account the needs of people with disabilities. For example, there may be steps or not enough space for wheelchair users to turn around.
- **Stigma and discrimination.** The stigma associated with disability in some communities means that people with certain impairments may be prevented from using the same toilets and water points as everyone else. In addition, some people are ashamed of their family

members with disabilities and keep them hidden. This means they are not involved in any of the decisions made by their communities about water and sanitation.

- **Financial constraints.** People with disabilities and their families may not have enough money to build suitable toilets or adapt water points to make them more accessible.

## IMPACT

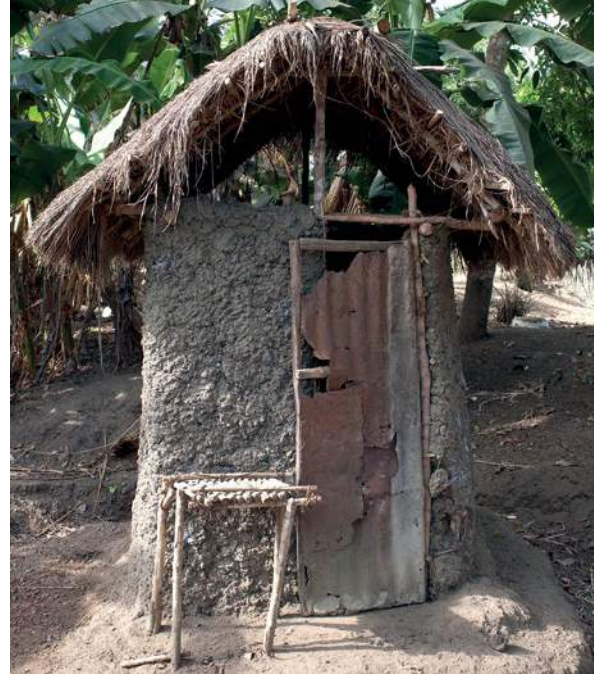
If these problems are not overcome, children and adults might:

- find it difficult to go to school, training and community events because there are no suitable toilets
- become vulnerable to abuse and neglect because of isolation and reliance on others
- have to defecate in containers in their homes, or in the open, increasing the risk of disease
- struggle to keep themselves and their clothes clean, damaging their health, lowering their self-esteem and affecting how others treat them
- lose confidence and become unwilling to talk about their needs
- find that with no education or independence, hopes for a career and a decent livelihood are lost, trapping them in poverty.

It can be very humiliating for people to have to rely on others to help them with their most basic and private needs. It also creates a high workload for the family. Children, particularly girls, are frequently removed from school to support family members with disabilities.

## BARRIER ANALYSIS

It is important to work out why some people do not have access to adequate toilets and safe water. What are the



Small toilets with narrow doors can cause problems for people with limited mobility. Photo: Ralph Hodgson/Tearfund

barriers they face? Communities can then work together to overcome some of these barriers.

People with disabilities must be included from the start. This will make sure that their voices are heard and their needs are taken into account. It will also help to build positive relationships as everyone works together to improve community health and well-being.

People with disabilities must be:

- specifically invited to meetings, otherwise they might not hear about them, or might assume they are not invited
- helped to attend meetings or visited at home if necessary
- encouraged to speak and contribute, recognising and valuing their skills and abilities
- able to access the same information as everyone else (eg audio messages for people with sight loss, visual messages for those who don't hear well, pictures for people with intellectual disabilities)
- involved in reporting on the success (or otherwise) of any changes that are made.

It can sometimes be helpful to bring people with disabilities together to discuss their experiences in a supportive group. Women and men may prefer to meet separately.



Water points on steep slopes, such as this one in Nepal, can be difficult for people to get to. Photo: Eleanor Bental/Tearfund

Below are three steps towards making toilets and water points more accessible for people with disabilities.

### STEP 1 – Look at things differently

A walk through the community can help people become more aware of the difficulties that people with different types and levels of disability face. Encourage everyone to think beyond the more obvious physical barriers – such as steps or distance to water points – to how community attitudes might be having an impact.

Ask participants to write, draw or speak about the barriers they have become aware of and record their contributions in a way that everyone can understand. One method is to write or draw each contribution onto a separate piece of paper. The pieces of paper can then be moved around and put into groups according to barrier type: for example, 'physical barriers', 'people's attitudes' and 'institutional and communication barriers'.

### STEP 2 – Make plans

Discuss potential solutions to the barriers that have been identified. The table above shows some examples from Cambodia.

| Type of barrier                        | Barrier   | Solutions   |
|--|---|---|
| <b>Physical</b>                        | <ul style="list-style-type: none"> <li>• Latrines have high steps and narrow doors</li> <li>• Water points have no ramps and nothing to hold onto</li> <li>• Paths are steep and uneven</li> </ul>                            | <ul style="list-style-type: none"> <li>• Widen doors and make entrances level; ramps and handrails instead of steps</li> <li>• Build ramps/rails and improve the paths</li> </ul>   |
| <b>People's attitudes</b>              | <ul style="list-style-type: none"> <li>• High level of discrimination and limited social support for people with disabilities</li> <li>• People with disabilities are not allowed to share other people's latrines</li> </ul> | <ul style="list-style-type: none"> <li>• Raise awareness of the rights of people with disabilities. Target families, communities and local authorities</li> </ul>   |
| <b>Institutional and communication</b> | <ul style="list-style-type: none"> <li>• Information on health and hygiene is not accessible for everyone</li> <li>• No consideration of people with disabilities in local plans</li> </ul>                                   | <ul style="list-style-type: none"> <li>• Conduct hygiene campaigns in different formats to reach people with different impairments</li> <li>• Promote inclusive water and sanitation in local planning processes</li> </ul> |

Adapted from *How to conduct a WASH barrier analysis*, WaterAid Cambodia

### STEP 3 – Take action

Based on this analysis, make decisions about what should be done, when, where and how. It is important that somebody takes responsibility for making sure each activity is carried out. Form a local committee, including people with disabilities, to keep the toilets and water

points clean, and to make any repairs that are necessary.

The following pages provide some practical examples of low-cost ways to make significant improvements to toilets and water points for people with disabilities.



## CASE STUDY: A HOME-MADE SOLUTION

*Tearfund is supporting communities in the Democratic Republic of Congo to reduce the level of disease caused by unsafe water and poor hygiene and sanitation. Local community health volunteers encourage families and schools to come up with their own ideas and make any necessary improvements. Special care is taken to leave no one behind, including people with disabilities.*

Burumeka is 84 years old and is a carpenter by trade. Because of his age, he now has limited mobility. He says, 'I could not use the family latrine because it meant I had to bend and squat. Since

I could not bend, I used a bucket in the house which I could easily sit on. My family were not happy about this and complained because of the bad smell and the flies.

'In June 2017 a team of community health volunteers found me at home and asked if I was available to talk with them. They explained to me, and the rest of my family, how illnesses are passed from one person to another.

'My grandchildren made improvements to the latrine but they said I was still causing a problem because I could not use it. So I decided to use my carpentry

skills to make a wooden box which stands high above the latrine hole and which I can sit on to use the toilet.'

By coming up with this simple solution, Burumeka has been able to improve his health and regain his dignity. It has also reduced tensions at home. He says, 'I feel fully protected and a good atmosphere has returned to our household.'

*This programme is led by SWIFT: a consortium of Tearfund, Oxfam and the Overseas Development Institute. It is funded by UK Aid.*

# MAKING TOILETS AND WATER POINTS EASIER TO USE

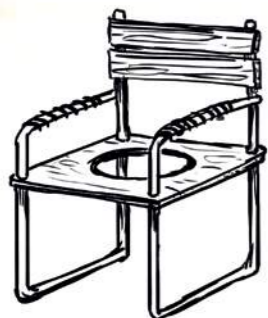
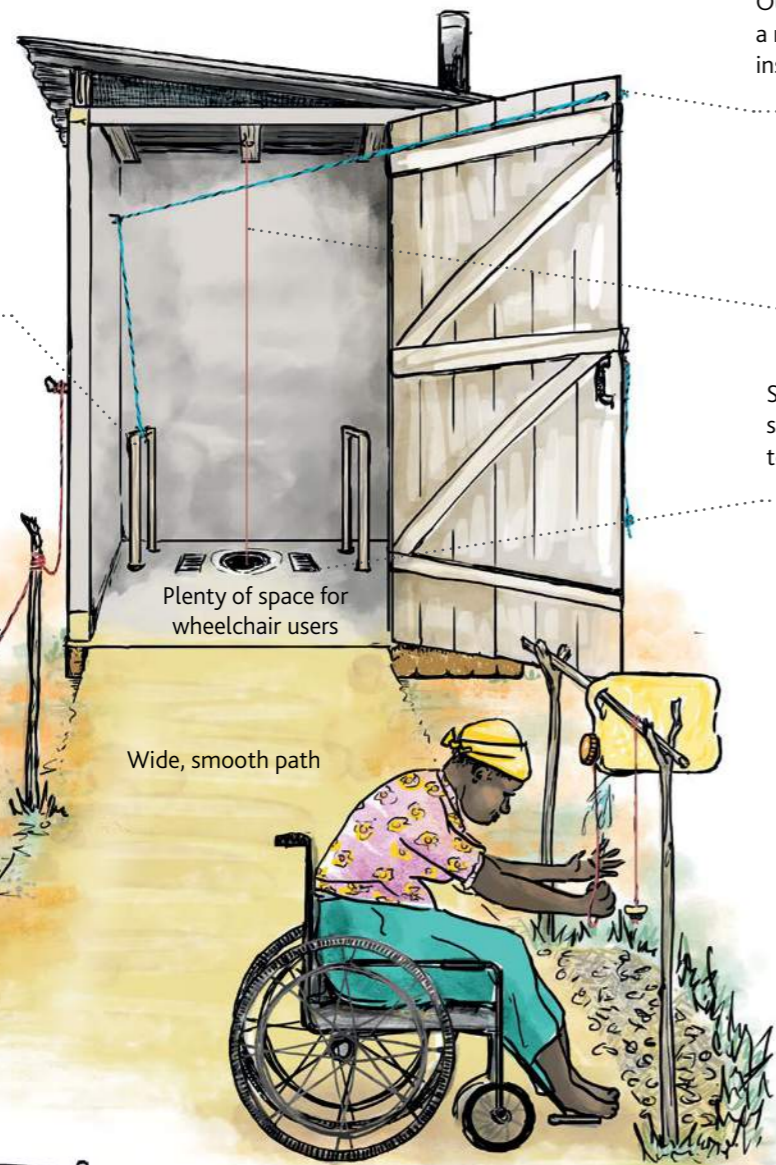
There are many simple and low-cost ways toilets and water points can be made easier to use. People will need different adaptations depending on their abilities.

## TOILETS

### ACCESSIBLE SQUAT TOILET

Handrails for people who find it difficult to squat without support

Wooden railing or rope to help people with visual impairments find their way to the latrine



### ADAPTED CHAIR

If a person has difficulty squatting, make a hole in the seat of a chair or stool and place it over the squat hole. This can then be removed when not needed.

### TIPPY TAP

How to make a tippy tap:

- Using a hot nail, make two small holes in a plastic container. One below the lid and one at the top.
- Build a strong frame and suspend the container at the correct height for the user.
- Put stones on the ground to stop the area getting muddy.
- Thread a plastic cap onto some string, followed by a piece of soap. Tie the string to the frame.
- Tie another piece of string to the neck of the bottle and make a loop in the end.
- Fill the container with water and replace the lid.

To use the tippy tap, pull on the loop with a thumb. Wash hands in the water that comes out of the hole in the container, using the soap. Rinse hands well and allow to dry naturally.

## USING RAMPS

Adapted from the Compendium of accessible WASH technologies published by Wateraid (see page 22 for more details)

Gradient (slope) is a way to describe change in height over a specified distance. For example, if a slope rises 1 metre over a distance of 20 metres, the slope has a gradient of 1 in 20.

Slope gradients and level of ease for different users:

A gradient of 1 in 20 is ideal but needs a lot of space.



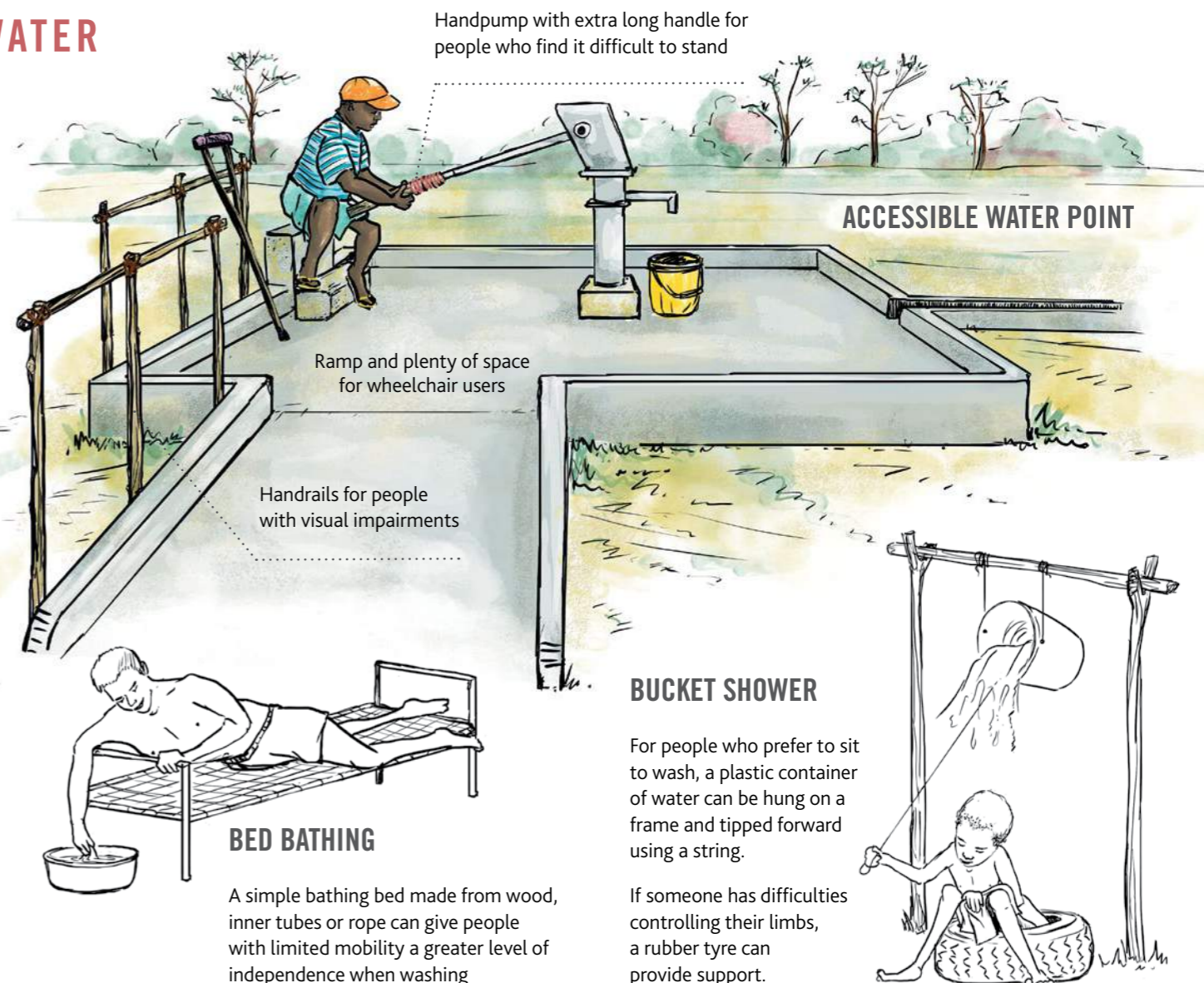
A gradient of 1 in 12 is the steepest slope a wheelchair user should go up or down alone.



A gradient of 1 in 8 is only suitable where a helper is always available.



## WATER



Frank Greaves is the WASH Unit Lead at Tearfund.  
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# LISTENING TO UNDERSTAND

*In all parts of the world, people with psychosocial disabilities face many barriers to inclusion in their families and communities. One of Tearfund's partners in Afghanistan has been talking to people affected by such disabilities to try and identify ways that these barriers can be overcome.*

For people living with psychosocial disabilities, lack of understanding can be one of the main problems they face. A young woman with depression told Tearfund's partner: 'I do not feel needy due to lack of food or clothes, but what gives me pain is that in this period of my life no one in my family understands me.'

In Afghanistan, sometimes this lack of understanding leads to violence, verbal abuse and neglect. People may not be allowed to join in with social and religious events such as weddings and festivals if their families feel ashamed of them, or are not sure how they will act in public.

By spending time with people who are living with these challenges, Tearfund's partner has been able to identify several

important ways families, communities and governments can help everyone feel valued, respected and included.

Families can help by:

- making sure everyone in the family is treated equally
- encouraging everyone to express opinions and contribute to decision-making
- listening to, defending, encouraging, respecting and caring for their family members
- seeking medical help if needed (and available)

Communities can help by:

- making sure people do not feel isolated by their disability: for example, by visiting them in their homes
- encouraging opportunities for marriage
- supporting people to go to school and find meaningful employment
- making sure everyone is included in religious and social activities

Psychosocial disability refers to the effects of mental ill health on someone's ability to participate fully in life. Those affected may struggle to get involved in things such as education, employment and social activities. They may not be able to achieve their goals and aspirations. Not everyone with a mental illness has a level of impairment that results in a psychosocial disability.

Governments can help by:

- improving access to affordable treatment when required
- providing clear information so everyone gains a better understanding of mental health and well-being

People with mental health disorders, psychosocial disabilities and other hidden disabilities such as epilepsy can feel isolated and anxious. This may lead to self-harm, addiction and suicide. It is important that their needs are understood and taken into account by everyone they come into contact with.

After receiving support, one of the people Tearfund's partner spoke with said, 'Now my condition does not affect my life so much, as I understand I have to live with it. If I do not go to weddings, it is not helping. If I cannot go out I feel worse, so now I have decided to go everywhere.'

📷 Encouraging women with psychosocial disabilities to talk about their concerns. Photo: Tearfund's partner

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*For more information, please email [publications@tearfund.org](mailto:publications@tearfund.org) or write to Footsteps Editor, Tearfund, 100 Church Road, Teddington, TW11 8QE, UK.*

*The author wishes to remain anonymous for security reasons.*  
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## DISCUSSION QUESTIONS

- Do you know anyone who is living with a psychosocial disability? How do you react when you see them?
- Do you feel you know enough about mental health and well-being to be able to respond to them in the best way? If not, where can you get more information? (See page 22 for some ideas)
- What practical steps can you take to support people with psychosocial disabilities, and their carers?

📷 Listening to understand. Photo: Tearfund's partner

'Historically people with mental health problems have lacked a voice. Neither they nor their families have been involved in decision-making on mental health services, and they continue to be at risk of social exclusion and discrimination in all facets of life.' World Health Organization



## CASE STUDY: FRIENDSHIP THERAPY

By *Aimée Hobbs*

*Zimbabwe has very few mental health professionals. As a result, most Zimbabweans either do not know that support is available, or they cannot afford to travel to where the specialists are based.*

📷 It can be helpful to talk through problems with a friend. Photo: Rainer Kwiotek



In response to this, a local organisation, the Friendship Bench, has found a novel way to support people with psychosocial disabilities. Established at a time when there were only two trained psychiatrists in the country, one of them – Dixon Chibanda – decided to take action. He realised that if distance and cost were stopping people from getting support when they needed it most, then somehow the support had to go to them. Right into the heart of their communities.

At the heart of most communities in Zimbabwe there are trusted, older women: grandmothers. Since 2006 Mr Chibanda and his colleague Ruth Verhey, a psychologist, have trained more than 400 grandmothers in 'problem-solving therapy'. By talking with a trusted counsellor, this type of therapy helps people identify problems and make positive changes.

The grandmothers sit on benches near local health clinics, and people are able

to sit with them and talk through their concerns. These Friendship Benches have become very popular: in 2017 alone more than 30,000 people were helped. A recent study showed that this is leading to decreased rates of suicide, depression and anxiety.

It will be a long time before there are enough mental health workers to cover the whole of Zimbabwe. But in the meantime, initiatives such as this provide hope that new solutions can be found to help people with disabilities find the support they need.

*Aimée Hobbs is a speech and language therapist with a special interest in public health and policy in Zimbabwe. Email: hobbs.aimz@gmail.com*

*For more information please visit [www.friendshipbenchzimbabwe.org](http://www.friendshipbenchzimbabwe.org) (available in English and Shona).*

By Shovakhar Kandel and Chiranjivi Sharma

## SELF-HELP IN NEPAL

*When staff from The Leprosy Mission Nepal (TLMN) found Jit Narayan, he was living in a small shed by an irrigation canal. He had been diagnosed with leprosy a few years earlier and, because of the stigma associated with the disease, he was severely depressed and suicidal.*

Recognising that Jit needed much more than medical care, or even counselling, his new friends encouraged him to take part in TLMN's community-based inclusive development programme.

This programme is based on decades of experience and aims to help people affected by leprosy and disability to establish livelihoods and live confidently as active members of society.

The programme includes:

- self-help groups, allowing people affected by leprosy and disability to support each other, save and lend money and raise awareness about leprosy in their communities
- skills training, including various forms of vocational education
- self-care support, teaching people with leprosy-associated disability how to look after themselves and prevent their condition from getting worse
- counselling and medical care.

Jit joined a self-help group and began to regain his confidence. Through the group, his understanding of leprosy and disability improved. He learnt about his rights and began to discover that there were many livelihood options open to him. As he learnt to look after himself better, his mental and physical health improved. He received treatment for leprosy and some counselling.

After a while he took a small loan from the group and began to work in a metal workshop. Here he learnt many new skills and he was able to start his own business.

Jit is now earning enough money to educate his children and live a good life with his family.

TLMN has found that this kind of 'wrap-around' support helps people with all kinds of disabilities learn to live full and happy lives. It challenges the misconceptions that people with disabilities are unable to study, learn new skills, get married, have children and work for a living. It also helps people with disabilities gain enough confidence to stand up for their rights and call for change.

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*Shovakhar Kandel is the Country Director and Chiranjivi Sharma is the Programmes Coordinator for The Leprosy Mission Nepal. Email [shovakhark@gmail.com](mailto:shovakhark@gmail.com) or [chiranjivisharma@gmail.com](mailto:chiranjivisharma@gmail.com)*

*The Leprosy Mission is a global charity working to diagnose, treat and rehabilitate people with leprosy. For more information visit [www.leprosymission.org](http://www.leprosymission.org) or write to The Leprosy Mission International, 80 Windmill Road, Brentford, Middlesex, TW8 0QH, UK.*

📷 From despair to hope – Jit is now fully involved in society again and is enjoying a happy family life. Photo: The Leprosy Mission Nepal

## LEPROSY

Leprosy is curable and only mildly contagious. Most people have a natural immunity to the type of bacteria that causes it. However, the disease continues to affect millions of people around the world. This is because in some countries misunderstanding, stigma and fear of rejection by families and communities stop people from obtaining diagnosis and treatment.

If left untreated, the disease causes damage to the nerves that supply feeling to the hands, feet, eyes and parts of the face. As a result, when people hurt themselves they do not feel pain, so do not notice their injuries. These wounds, and the ulcers they often cause, can lead to permanent disability. Some people may not be able to close their eyes because of paralysis of the eyelids. This can result in infection and blindness.

Since 1995 a highly effective cure for leprosy has been freely available through the World Health Organization. This has led to a 90 per cent reduction in the disease across the world. If leprosy is treated soon enough, psychosocial and physical disability can be avoided.





# SEEING AND HEARING DIFFERENTLY

Some children cannot see or hear as well as other children. Do you know anyone like this? How would you feel if you could not see or hear very well?

Here are two games to play to help you understand what it might feel like not being able to see or hear.

## BLINDFOLD PARTNERS

Play this game in pairs. One person wears a piece of cloth over their eyes so they cannot see. The other person is their guide.

The guide then takes the blindfolded person for a walk, letting them feel different things and taking care of them. The guide needs to make sure the person with the blindfold does not trip or walk into anything.

Afterwards, talk about how it felt not being able to see.

- What did your guide do that was helpful?
- What could they have done better?
- Did you trust your guide?
- How can you help people who cannot see very well?



Adapted from the *Hesperian Guide* Disabled village children. See page 22 for more details.

## TALKING WITHOUT WORDS

Children who cannot hear sometimes cannot speak. This game will help you to understand what it is like not being able to speak, and will also help you to know how to communicate with people who cannot hear or speak well.

Take it in turns to explain something by acting only, without words. Everyone else needs to guess what you are trying to say.

Here are some ideas:

*'I want a glass of water'*

*'I want to go to sleep'*

*'Pass me the ball'*

*'I had a bad dream'*

*'I cannot find my house'*

Afterwards, talk about what it was like.

- How easy was it to explain something without talking?
- If people could not understand you, how did that make you feel?
- Did your friends help you explain what you wanted to say? Could they have helped you more?
- How can you help children who cannot hear or speak very well?



## BIBLE VERSE MEMORY CHALLENGE!

The Bible tells us that God created everyone, and that each person is different and special. God loves all of us and he wants us to love each other.

Can you learn this Bible verse?

Jesus said, 'A new command I give you: love one another. As I have loved you, so you must love one another.'  
(John 13:34)



# STRIDING TOWARDS INDEPENDENCE

*For children with conditions that make it difficult for them to walk, a few simple aids can make all the difference. These aids can be made out of tree branches, pieces of wood or metal tubing (which may require welding).*

Wherever possible, a physiotherapist or other health professional should be consulted to make sure that the designs are safe and appropriate. Where such advice is difficult to obtain, the Hesperian Guide, *Disabled village children*, provides a wealth of information on how to safely make many kinds of walking, standing, washing and sitting aids.

## WALKING AIDS

If possible, walking aids should be designed to meet the needs of each individual child. They should take into account the type and level of impairment, as well as the child's stage of development. Finding designs that work best will often involve experimenting and changing different features.

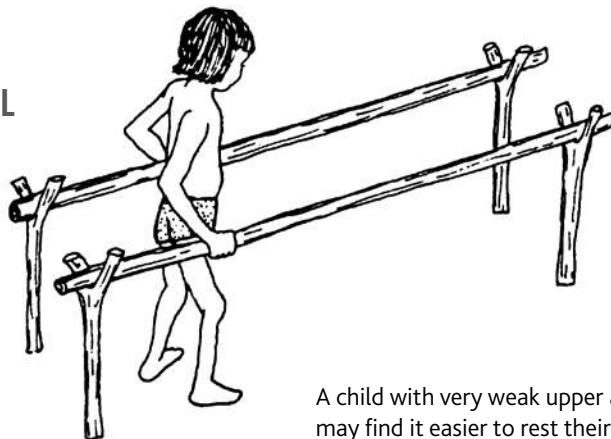
As children grow, their needs change. Frequent re-evaluation is necessary to find out if an aid should be altered or is no longer needed.

On this page is an example of how a child might progress through different types of aid as they learn to walk more independently.

*Adapted from the Hesperian Guide Disabled village children which can be downloaded free of charge from <https://hesperian.org/books-and-resources>. Printed copies can be ordered by emailing [bookorders@hesperian.org](mailto:bookorders@hesperian.org) or writing to Hesperian Foundation, 1919 Addison Street, Suite 304, Berkeley, CA 94704, USA.*

1

## PARALLEL BARS



Simple parallel bars can be a first step towards helping children with limited mobility learn to walk.

For most children, the bars should be about hip height, so that the elbows are a little bent.

A child with very weak upper arms may find it easier to rest their forearms on the bars. In that case, the bars will need to be elbow high.

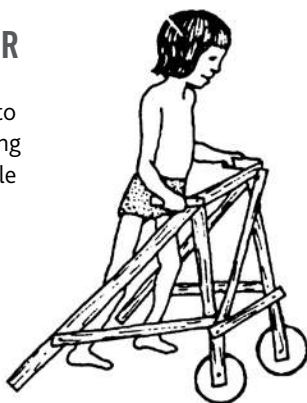
A child who tends to slump forward may benefit more if the bars are just below shoulder height, so they have to stand straighter to rest their arms on them.

Simple walking aids such as this one in Tanzania can help children with mobility problems gain independence. Photo: Dieter Telemans/CCBRT



## 2 WHEELED WALKER

There are many ways to make walkers or walking frames. Here is a simple design for someone with strong arms and good body control. A higher walker will be better for someone with poor balance or body control.



A walker with no wheels is very stable but harder to move. A walker with two wheels is fairly stable and moves easily. A walker with four wheels is very easy to move but can roll out from under the child.

## 3 CRUTCHES MODIFIED TO FORM A WALKER

This type of walker provides stability as a child gets used to using crutches.



## 4 UNDERARM CRUTCHES

Make sure the crutches are the right length for the child. They should stop below the armpits. The elbows should be slightly bent so the arms can lift the body when walking.

**Warning:** putting weight on the armpits can cause nerve damage that in time can lead to loss of feeling in the hands. Teach the child to put weight on their hands, not their armpits.



## 5 BELOW-ELBOW CRUTCHES

One way to make sure a child does not push down on crutches with their armpits is to use elbow crutches like these.



## 6 CANE WITH WIDE BASE

Rubber tips for canes and crutches can be made from car tyres. For walking in sandy places, make the tips extra wide.



## 7 WALKING STICK (CANE)

For a child who needs to strengthen a weak leg, a cane might be better than crutches. Crutches let them avoid using the leg, but a cane allows them to strengthen the leg muscles needed for walking.



## 8 IF POSSIBLE, NO AIDS AT ALL





# CASE STUDY: TAKING ACTION IN MALAWI

By Barbara Almond

Since 2003, Glad Tidings Orphanage Care (GTOC) has been providing day care for orphans and other vulnerable children in Malawi's Salima district.

Most of the staff have no formal qualifications, so assessment forms with illustrations were introduced to help them monitor the development of the children. By comparing the illustrations on the forms with children at different ages, the staff were able to identify those who were not developing as expected.

As the staff began to use these forms, it became clear that a significant number of children were showing developmental delay, usually as a result of cerebral palsy.

Cerebral palsy is the name for a group of conditions that affect movement and coordination. The conditions are caused by brain damage that occurs before, during or soon after birth. Cerebral palsy only becomes apparent when children fail to achieve expected development stages such as sitting, standing, walking and

talking. It is not curable, but the effects can be reduced through physiotherapy and exercise.

## TAKING ACTION

It seemed wrong to assess the children without being able to offer further help. In response to this, Elias, a trained physiotherapy assistant, set up a weekly clinic at GTOC in partnership with the local government and UK charity Starfish Malawi. The clinic opened in 2016 and about 20 children attend each session.

A local carpenter works with Elias to develop walking aids, adapted chairs and other supports. The aim is to help the children learn to live with their disabilities, and to become as independent as possible.

## SUPPORTING THE WHOLE FAMILY

In Malawi there is a lot of stigma associated with having a child with a disability, and parents can feel very isolated. The GTOC clinic provides opportunities for whole families to meet



Weekly physiotherapy offered by GTOC is helping to improve the mobility of many children with cerebral palsy. Photo: Barbara Almond

and spend time with other people, while at the same time learning how best to support their children.

Dr Barbara Almond is a specialist in Public Health and Health Promotion. She has extensive overseas experience across many countries and has volunteered with Starfish Malawi for 14 years.

Email: [tinga52@gmail.com](mailto:tinga52@gmail.com)

## BOOK REVIEW

### Setting up community health and development programmes in low and middle income settings

Fourth Edition. Edited by Ted Lankester and Nathan J Grills

*'This book contains all a health worker needs to know when setting up a community health programme in a rural or urban setting. I strongly recommend this book and congratulate the authors.'*  
Professor David Morley

Across the world, millions of people do not have access to adequate health care. As a result, children and adults suffer from illnesses that could be

prevented or treated, if they knew what to do.

This book provides clear and practical advice on how to start, develop and maintain health care programmes in poor areas of the world. It places the community at the centre, focusing on how people can work together to identify and solve their own problems. It also discusses how communities can work effectively with existing health providers to improve local services.

This fourth edition of the book includes chapters on disability and mental health. There is also a chapter on helping communities manage disaster risk.



The book is published by Oxford University Press in association with Arukah Network for Global Community Health ([www.arukahnetwork.org](http://www.arukahnetwork.org)). Visit [www.oup.com/academic](http://www.oup.com/academic) to buy or download the book. Or write to Oxford University Press, 198 Madison Avenue, New York, NY 10016, USA.



By Jubin Varghese

# ENGAGING WITH DISABILITY IN INDIA

*Engage Disability is a network of organisations, churches and individuals in India. We are working to enhance inclusion of people with disabilities in Christian communities, and to empower people with disabilities to take their rightful place in society.*

It all started when a pastor visited one of the Emmanuel Hospital Association (EHA) disability projects, looking for help for his daughter with cerebral palsy. By spending time with him, we learnt how lonely the life of a carer can be, even in the church. We spoke to others with similar concerns and all agreed that the opposite should be true. The church should be a place of love and acceptance. Not isolation and, sometimes, discrimination.

## BRINGING PEOPLE TOGETHER

Having worked with people with disabilities for years, we knew what was needed. Not specialised knowledge or complicated programmes, but simply opportunities for people to interact with people with disabilities, and their families.

We set out to do three things:

- create a platform where people with disabilities, their families, church members and others could listen to and learn from each other

- develop resources to equip and guide churches in their response
- offer training to help church leaders and members respond sensitively and realistically to the needs in their churches and communities.

In 2014 we organised a national conference – the first of its kind in India – which was attended by more than 500 people. As delegates shared their ideas and experiences, many people with disabilities spoke powerfully about what life is like for them.

Regional hubs were formed and each is now a centre for training, sharing, and advocating for change. Tried-and-tested ideas have been gathered into a toolkit to help churches engage with, and serve alongside, people with disabilities (see page 22 for more details).

## WHAT WE HAVE LEARNT

Local ownership is crucial and we were delighted when a second national conference was hosted by a church, not a development organisation. The idea is not to keep the network running forever, but to empower local leaders to keep the vision alive.

The involvement of people with disabilities right from the start has been

key to the success of the network. Their voices have been clearly heard, leading to a greater level of understanding and a desire to see people with disabilities included in every area of society.

## DISCUSSION QUESTIONS

- Are the voices of people with disabilities being heard in your church and community?
- If not, can you find a way to bring together people with disabilities, their carers and community leaders (eg pastors, teachers and government representatives) so they can talk?
- What do you think the outcome of such talks might be?

To find out more, visit <http://engagedisability.com>

Jubin Varghese is the Disability Project Manager for Emmanuel Hospital Association.

Email: [jubin@eha-health.org](mailto:jubin@eha-health.org)



Delegates at the second Engage Disability national conference. Photo: Engage Disability Network, India

## PREVIOUS FOOTSTEPS

- FOOTSTEPS 102: Health and faith
- FOOTSTEPS 87: Non-communicable diseases (including guidance for wheelchair users)
- FOOTSTEPS 86: Stigma
- FOOTSTEPS 73: Sanitation
- FOOTSTEPS 49: Disability
- FOOTSTEPS 13: Clear vision

Visit [www.tearfund.org/footsteps](http://www.tearfund.org/footsteps) to download a free copy, or contact us to order paper copies in English, French, Portuguese or Spanish.

## WHERE THERE IS NO PSYCHIATRIST

By *Vikram Patel (2nd edition)*

This practical guide provides a basic understanding of mental health and how to assess and support people with mental health conditions. Download free of charge from [www.cambridge.org/core/books](http://www.cambridge.org/core/books) or write to Cambridge University Press, Shaftesbury Road, Cambridge, CB2 8BS, UK.

## COMPENDIUM OF ACCESSIBLE WASH TECHNOLOGIES

WEDC/WaterAid/SHARE

This manual is packed with low-cost ideas to improve the accessibility of water, hygiene and sanitation facilities. Download free of charge in English, Spanish or Portuguese from [www.washmatters.wateraid.org/publications](http://www.washmatters.wateraid.org/publications) or write to WaterAid, 47–49 Durham Street, London, SE11 5JD, UK.

## ENGAGE DISABILITY TOOLKIT

This toolkit covers all aspects of disability inclusion including health, education, empowerment and employment. Download free of charge from [www.engagedisability.com/resources](http://www.engagedisability.com/resources) Alternatively email [engagedisability@gmail.com](mailto:engagedisability@gmail.com)

## HESPERIAN GUIDES

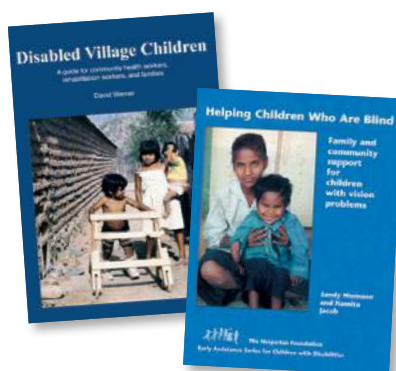
**Disabled village children** available in English and Spanish.

**Helping children who are blind** available in English, French and Spanish.

**Helping children who are deaf** available in English, French and Spanish.

**A health handbook for women with disabilities** available in English, Spanish and Nepali.

These practical and informative guides can be downloaded free of charge from <https://hesperian.org/books-and-resources> Printed copies can be ordered by emailing [bookorders@hesperian.org](mailto:bookorders@hesperian.org) or writing to Hesperian Foundation, 1919 Addison Street, Suite 304, Berkeley, CA 94704, USA. The manuals cost between 15 and 25 USD.



## USEFUL WEBSITES

Available in English unless otherwise stated.

### [cbmuk.org.uk](http://cbmuk.org.uk)

To download information about CBMs Gaibandha model for disaster risk reduction (discussed on pages 8 and 9), visit the website above and search for 'Gaibandha'.

### [endthecycle.info](http://endthecycle.info)

This CBM initiative uses videos, stories and other resources to help explain the relationship between disability and poverty. Available in English, French, Spanish and Arabic.

### [inclusion-international.org](http://inclusion-international.org)

This is a good place to start if you are interested in learning more about intellectual disabilities. Available in multiple languages.

### [light-for-the-world.org](http://light-for-the-world.org)

For comprehensive information about eye health, independent living, inclusive education and disability rights, spend some time browsing this website.

### [washmatters.wateraid.org](http://washmatters.wateraid.org)

WaterAid has produced an excellent guide on how to analyse the water, hygiene and sanitation barriers faced by people with disabilities. Visit the website above and search for 'barrier analysis'.

*Footsteps* is a magazine linking health and development workers worldwide. It is a way of encouraging Christians of all nations as they work together towards creating wholeness in their communities.

*Footsteps* is free of charge to grassroots development workers and church leaders. Those who are able to pay can buy a subscription by contacting the Editor. This enables us to continue providing free copies to those most in need.

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

*Footsteps* is available in French as *Pas à Pas*, in Portuguese as *Passo a Passo* and in Spanish as *Paso a Paso*. It is also available in Hindi.

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### THIRTY YEARS OF FOOTSTEPS!

The first edition of *Footsteps* was published in December 1989. More than 100 editions later, *Footsteps* now has thousands of readers in more than 130 countries and is published in several different languages.

As we celebrate the last 30 years and look forward to the future, I would love to hear from you. How do you use *Footsteps*? What do you enjoy about the magazine? Is there anything you would like to change? I would be particularly interested to hear from anyone who has been reading *Footsteps* since 1989!



Enjoying *Footsteps* in Liberia. Photo: Andrew Philip/Tearfund

In addition, please send me photos of yourself and others reading and using *Footsteps*. I am hoping to build up a gallery of photos from all around the world: look out for them in future editions!

### KNOTTY PROBLEM

**Question: Is it too expensive to include people with disabilities in all areas of society?**

**Answer:** From a moral, social and human rights point-of-view, the exclusion of people with disabilities from any area of society is completely unacceptable.

However, is it economically possible for communities to become truly inclusive, particularly in areas of the world where there is not much money?

Here are some of the many reasons why the full participation of people with disabilities in society makes **good financial sense**.

- Inclusive education increases employment and independence, reduces poverty and encourages everyone to contribute their talents and creativity. It also means children can stay with their families instead of going to specialised schools which might be expensive and far away (or unavailable).
- Greater independence means fewer people need financial help from the government, where such help exists. It

also releases caregivers – often girls and women – to study and work.

- Better access to health care, including self-care, reduces medical and employment absence costs.
- The creation of new jobs, such as sign language interpretation and caption writing, increases employment.
- Accessible buildings, toilets and water points benefit everyone, including children and older people.
- Fully inclusive disaster risk reduction saves lives and property, reducing the social and economic costs of disasters.

Of course the real benefits of inclusion are not just narrow economic ones. But there is no doubt that inclusion does help society economically.

So perhaps the question should not be 'Is inclusion too expensive?' but, 'Why have people with disabilities been excluded for so long?'

*Answer provided by Klaas Aikes and Ambrose Murangira at Light for the World.*

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# INTERVIEW

## I AM NOT SICK



📷 Micheline Kamba speaking about disability inclusion at a World Council of Churches conference  
Photo: World Council of Churches

*Rev Dr Micheline Kamba has devoted her adult life to challenging misconceptions about disability and encouraging churches to be more inclusive. Here she shares some of her personal story.*

### **Please can you tell us a bit about yourself?**

I had polio when I was two years old which left my legs paralysed, so I need crutches and callipers to move around. I am married and I have a son who is 17.

### **What was it like growing up with a disability in the Democratic Republic of Congo (DRC)?**

My parents and family were great. They included me in everything and I went to school the same as my sisters and brothers.

But when I became a teenager, I found it difficult. In DRC many people believe that if you have a disability, it is because of a curse. It was difficult for me to protect myself from this thinking. I was also told that I would not be able to get married or have children. At one point I tried to commit suicide.

### **What changed?**

My sister helped to show me that I am God's creation and am loved by him. In Isaiah 49:15 God asks Israel, 'Can a mother forget her baby?' I realised this is impossible. In the same way, God cannot forget me. Understanding this was my liberation.

Since that time I have never asked God to heal me physically, because I know that God's grace is sufficient for me, and his strength is made perfect in my weakness (2 Corinthians 12:9). I have accepted myself as a woman with a disability and I know that God has good plans for me.

### **Does the church have a healthy attitude towards people with disabilities?**

Many churches welcome people with disabilities but tend to assume that we are poor and want something from them. They hand out clothes and food but sometimes all we want is to worship God alongside everyone else.

In charismatic churches the assumption is often made that if a disabled person comes to a service, they are hoping for a miracle. One day I was visiting a church and they called people forward for prayer. I stayed sitting where I was and one of the men said to me, 'Do you not want to go up?' I said 'No, I am fine, I can pray from here.' He said, 'You do not want healing prayer?' I said, 'Why are you insisting like this? I am not sick! I have accepted that God loves me as I am.' He was so surprised: 'What! You are happy like this?' I said, 'Yes, I am happy!'

I know that nothing is impossible for God: if he told me today to leave my crutches and walk, I would not be surprised. But it

is difficult when church leaders just see a disability, not a person. It adds to the stigma and people feel bad if they are not cured.

### **What could be done better?**

Churches need to involve people with disabilities. They should look beyond the disability to who they are in Christ.

I met one lady who sings beautifully. Like me, she was on crutches. She said, 'I know how to sing, but they never use me. Every day they just pray for me – I sing well!'

To help change these attitudes, I created the organisation Iman'enda which means 'Stand up and walk'. Through Bible study and prayer, we help people with disabilities to accept themselves. Then they can stand tall in their spirits and their minds, knowing they are loved by God.

*Micheline Kamba is a church minister and a professor in the Faculty of Theology at the Protestant University of Congo. She helps coordinate the Ecumenical Disability Advocates Network in French-speaking Africa for the World Council of Churches. She is the president and founder of Iman'enda Ministries.*

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