

THE CONFERENCE PROCEEDINGS of the
**2007 BAMENDA CONFERENCE ON DISABILITY
AND REHABILITATION**



Theme: Disability Rights are Human Rights

Njimafor Catholic Hall – Bamenda
North West Province, Cameroon
17th and 18th August 2007



Cameroon Baptist Convention Health Board



International Centre for Disability and Rehabilitation
FACULTY OF MEDICINE
University of Toronto

This small booklet represents another significant step forward in the field of disability and rehabilitation in the North West Province of Cameroon. Here you find a record of the exciting two-day conference held in Bamenda, August 17 and 18, 2007

On behalf of the conference planning committee, we wish to congratulate everyone who made significant efforts to ensure that this conference was such a success. Events such as this only succeed if everyone participates well, and the contributions were many and varied.

The conference opened with a keynote address by Mrs. Kouanang Lucy, of the North West Provincial Delegation of Social Affairs. This presentation set the stage for the discussion of the rights of people with disabilities, the need for ongoing monitoring of what is happening within the province, the country and internationally. The remainder of the conference included several formal presentations, lively discussions and much networking. The expertise of the speakers was significant and contributed to the high quality of the event. We express our sincere thanks to each and every one for taking the many hours to plan their presentations and to answer the many questions and comments that participants posed.

Many people enjoyed seeing colleagues whom they had not seen for some time and also meeting new faces. Some say that this is the best part of the conference.

The full program is included here and a summary of the presentations is included in the following pages. A number of people worked diligently behind the scenes to make sure that participants had materials and food, to moderate and record sessions, and to deal with other details that allowed the conference to proceed. We express our sincere thanks to Chia Milton, Tsela Haup and Takusi Daniel Watcha. Delicious food was provided by Mrs. Chia Gladys and we are very grateful for her efforts. Many, many thanks to all the others who had a hand in the details of running this conference – whether photocopying at the last minute, arranging chairs or providing an encouraging word.

We hope that as you read through this collection of proceedings you are inspired to continue your own work in this area. There are several ideas and recommendations collected here, and there is no shortage of work to be done. **Please note that the information and ideas in each presentation are those of the author and have not been endorsed specifically by the conference planners or undergone a peer review.**

Let us work together to ensure that this work is not lost and that future conferences are even more successful than this one.

The 2007 conference planning committee
Lynn Cockburn, Ezekiel Benuh, Francis Fokwang
Shirin Kiani, Richard Tambe, Florence Limen, Samuel Nyincho, Tamara Schultz, Kristina Wilson

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ACRONYMS

AUFB	African Union for the Blind
CBCHB	Cameroon Baptist Convention Health Board
CBR	Community Based Rehabilitation
CWD	Children with Disabilities
ICDR	International Center for Disability and Rehabilitation
MINAS	Ministry of Social Affairs
NGO	Non Governmental Organization
NWP	North West Province
PCC	Presbyterian Church in Cameroon
UN	United Nations
WHO	World Health Organization
WWD	Women with Disabilities

CONFERENCE SCHEDULE

Welcome to the 2007 Bamenda Conference on Disability and Rehabilitation

“Disability Rights are Human Rights”

This conference aims to bring together people with a wide range of perspectives to discuss disability and rehabilitation issues.

The focus is on living with a disability and current rehabilitation practices, particularly in the North West Province of Cameroon.

Friday August 17, 2007	
8:00 to 8:30	Registration
8:30 Welcome	<p>Opening Prayer: Pastor Denis Bambo</p> <p>Welcome from Planning Committee: Prof. Lynn Cockburn, Mr Ezekiel Benuh</p> <p>Welcome from:</p> <p>Mr. Asanji, Provincial Delegate of Social Affairs</p> <p>Dr. Ndiforchu, Provincial Delegate of Health</p>
9:00 – 10:00 Keynote Address	<p>Keynote Address: The UN Convention on the Rights of People with Disabilities: Implications for the NWP</p> <p>Mme. Kouanang Lucy</p> <p>Provincial Service For The Protection Of The Rights Of The Elderly And The Disabled, Ministry of Social Affairs</p>

Morning Sessions			
10:00 – 10:45	<p>Session 1: Panel and interactive discussion: The Importance of Language</p> <p>Participants: Samuel Nyingcho, Magdalene Ngungu, Lynn Cockburn</p> <p>The session will provide an opportunity for discussion about the words that are used to represent disability and the experiences of disability. What is the best language to use in the NWP, both in English and in Pidgin? How can we influence public perceptions? How do traditional views of disability influence the words that are used? This interactive session will be thought provoking!</p>		
10:45 – 11:15	Refreshment Break		
11:15 to 12:00	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Session 2: Needs Assessment of Women with Disabilities in the North West Province of Cameroon</p> <p>Shirin Kiani, Graduate Student (Occupational Therapist) Simon Fraser University, Canada</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Session 3: Equalization of Opportunity and Recognition of People with Disabilities</p> <p>Fambombi Dickson, Mbingo Baptist Hospital</p> </td> </tr> </table>	<p>Session 2: Needs Assessment of Women with Disabilities in the North West Province of Cameroon</p> <p>Shirin Kiani, Graduate Student (Occupational Therapist) Simon Fraser University, Canada</p>	<p>Session 3: Equalization of Opportunity and Recognition of People with Disabilities</p> <p>Fambombi Dickson, Mbingo Baptist Hospital</p>
<p>Session 2: Needs Assessment of Women with Disabilities in the North West Province of Cameroon</p> <p>Shirin Kiani, Graduate Student (Occupational Therapist) Simon Fraser University, Canada</p>	<p>Session 3: Equalization of Opportunity and Recognition of People with Disabilities</p> <p>Fambombi Dickson, Mbingo Baptist Hospital</p>		
12:00 – 1:30 Lunch			

1:30 – 2:15 Choose either 3 or 4	Session 4: Education Access of Children with Disabilities in Cameroon Mukong Nicholas Kusalu, Provincial Delegation of Social Affairs Bamenda	Session 5: Community Based Disability and Rehabilitation Research in NWP: Developing a Program for Action Lynn Cockburn, International Centre for Disability and Rehabilitation, University of Toronto
2:15 - 2:45	Refreshment Break	
2:45 – 3:30 Choose 5 or 6	Session 6: The Spark of Love, The Flame of Acceptance and the Ashes of Stigmatization George Mbanwe, Baptist Hospital Mutengene	Session 7: Topic: Life in the rehabilitation centre and life after living in the rehabilitation centre with some solutions. Nkwengwa Florence Limen (Coordinator C.R.C.D.D Bamenda)

Saturday August 18, 2007		
Morning Sessions		
8:30 - 9:30	Keynote Address: Making the links: HIV, Disability and Rehabilitation Ms. Gillian Bone, Grad Dept. Physiotherapy, MSc CPD (Health), Special Project Manager, Cardiac and Spinal Cord Rehabilitation Programs, Toronto Rehabilitation Institute, Canadian Working Group on HIV and Rehabilitation, Toronto Canada Bridging the traditionally separate domains of HIV/AIDS, disability and rehabilitation is vital to improve access to rehabilitation for people living with HIV and people living with disabilities. This presentation will highlight current initiatives and priorities from international contexts.	
9:30 – 10:15 Choose 9 or 10	Session 8: Involving People with Disability in Planning and Providing Service for Them. Nyingcho Samuel	Session 9: Social Inclusion of People with Disabilities: The Integration of People with Disabilities into Mainstream Society in Yaoundé. Claude Nathalie Eyamba, Assistant Director CBR Yaoundé, Promhandicam Association
10:15 – 10:45	Refreshment Break	
	Session 10:	Session 11:

10:45 – 11:30 Choose 11 or 12	Social inclusion of people with disabilities (the integration of people with disabilities into mainstream society Richard Tambe Mbah, Community link-up Project for the disabled	Preventing disablement, improving workers rights: The Healthy Hands project Kenneth Nshiom, Kate Suffling, Lynn Cockburn, Simon Yuh, Nkouh Promise
11:30 – 1:00 Lunch		
<p>Summary and Plenary Session: 1:00 – 3:00</p> <p>As the second conference closes, this session will provide an opportunity for the participants to reflect on the two days, and the situation in the province.</p> <p>What have we learned? What are the questions emerging? Where do we go from here?</p> <p>Prof. Lynn Cockburn</p>		
<p>3:15 Closing Remarks and Evaluation</p> <p>Mr. Ezekiel Benuh</p>		
4:00 Adjournment		

PAPERS

SESSION 1: PANEL AND INTERACTIVE DISCUSSION: THE IMPORTANCE OF LANGUAGE

Participants: Samuel Nyingcho, Magdalene Ngungu, Lynn Cockburn

The session provided an opportunity for participants to think and talk about the words that are used to represent disability and the experiences of disability. What is the best language to use in the NWP, both in English and in Pidgin? How can we influence public perceptions? How do traditional views of disability influence the words that are used? This interactive session asked everyone present to become more aware of the types of words that are used, and how we should respond to them. Persons with disabilities were also encouraged by their peers on the panel to be fair on those who do not use appropriate words- with time they will learn the right words.

Participants were asked to talk to a partner to come up with a better way of saying the following statements.

Correct each of the following sentences using the guidelines including people-first language.

Her daughter is a cripple.

Suggestion: Her daughter lives with mobility impairment.

The ABC is an organization that helps the mad people and fools.

Suggestion: The ABC is an organization that assists persons with mental health challenges.

I took a class about learning disabled children.

Suggestion: I had a course on teaching children with learning disabilities.

I give money to organizations that help the handicapped.

Suggestion: I provide financial assistance to organizations that assist persons with disabilities.

After suffering a spinal cord injury, he became a paraplegic and was confined to a wheelchair.

Suggestion: After suffering a spinal cord injury, he became paralyzed, and now uses a wheelchair

He is a polio victim who currently suffers from post-polio syndrome.

Suggestion: He had polio, and now is experiencing post-polio syndrome.

She is afflicted with AIDS and is bedridden.

Suggestion: She is a person living with AIDS, and is unable to get out of bed.

There was a blind in my maths class.

Suggestion: I had a class mate who had visual impairment.

SESSION 2: NEEDS ASSESSMENT OF WOMEN WITH DISABILITIES IN THE NORTH WEST PROVINCE OF CAMEROON

Shirin Kiani, Occupational Therapist, and Graduate Student, Simon Fraser University, Canada

Shirin presented a study on the experiences of women with disabilities. It was followed by a drama presented by women about their experiences, which everyone really enjoyed as it brought home many key points about what women with disabilities experience. For example, boyfriends not wanting to be seen with them, families not providing support for education and the support women can provide to each other.

The study was conducted from June to August 2007.

1. BACKGROUND INFORMATION

a. Looking at Women in Cameroon (Fonjong, 2001):

- Make up 2/3 of the work force
- Receive only 1/10 of the income
- Own only 1/100 of the national property

b. Looking at Women with disabilities (WWD):

- Make up 75 % of the population living with disabilities (HRW, 2006)
- Women are more likely than men to become disabled in their lifetime due to things such as lack of medical attention related to gender inequality (Emmett and Alant, 2006)
- Women and girls are less likely to receive preventative care such as vaccinations (HRW, 2006)

c. African Union's Protocol on the rights of women in African

- Article 23: *Special Protection of WWD*
- Cameroon signed the protocol July 25, 2006
Has it had a beneficial impact on the lives of WWD?
- Most research done in Cameroon has been on women in general, WWD have not been heard from.

2. METHODOLOGY

a. Information collected through focus groups and key informant interviews

b. Categories of questions included, what it is like to:

- Grow up as a girl with a disability
- Gain an education and find employment
- Get married and start a family
- Live within a community
- Access health care services

3. PARTICIPANTS RECRUITED

- 12 key informants: 6 urban areas, 6 from rural areas
- 9 focus group participants from Bamenda

- 15 focus group participants from rural Njinteh

On average, women interviewed were:

- 35 years of age
- Single
- Acquired disability from a young age; common cause being Quinimax injection
- With fewer than 2 children

4. THEMES

a. Challenges in day to day life

- i. Physical barriers in community: roads, schools, market, church
- ii. Attitudinal barriers: lowered expectations from family and community, exclusion/segregation, misconceptions of WWD
- iii. Cycle of disability and poverty: lack of education at young age leading to few work opportunities in adult life, stigma in finding employment, added costs of having a disability and being a single mother
- iv. Challenges in forming friendships, getting married and starting a family: fear of exploitation by others, seen as a 'bundle of needs' by some men, difficulties in raising children on their own, fears of abandonment by partner
- v. Lack of opportunity at all levels: education typically less compared to siblings, lack of decision-making in home, discrimination in gaining employment, difficulty renting homes

b. Strengths possessed and resources available

- i. Individual: women speaking on radio shows on life of a PWD
- ii. Group Initiatives: Special Needs Women Entrepreneur group in Bamenda
- iii. Family and community Support: examples of spiritual leaders and principals of schools working with WWD/PWD.

c. Solutions coming from women on how to overcome challenges

- i. Empowerment: through self-esteem building, assertiveness training
- ii. Increasing Education: starting at an early age with young girls with disabilities, WWD wanting to learn about nutrition, sexual health, hygiene, entrepreneurship, internet/computer literacy
- iii. Support from family and friends: eliminating stigma by starting with the home environment, helping families see their daughters with disabilities in a positive light
- iv. Increasing public awareness: To decrease discrimination and increase inclusion of WWD in: churches, schools and general decision-making, to ultimately offer them the same opportunities as anyone else
- v. Adapting physical environment and providing WWD with adaptive equipment: to help girls be able to attend school, to aid WWD in getting out in their communities to work, go shopping, socialize
- vi. Finding allies, working with local, national and international partners: learning from other women's groups, making partnerships with agencies that can provide micro-financing

5. WHERE TO GO FROM HERE . . . RECOMMENDATIONS

- Training CBR workers to identify young girls with disabilities in the communities and how to set a model for change
- Find ways to keep children educated while they are in treatment for prolonged amount of time (e.g. having siblings tutor them or a visiting teacher to facility)
- Mentorship between WWD and Girls WD, and networking between families of children with disabilities
- Encourage formation of support groups for WWD in villages
- Make adaptive equipment from local materials that are affordable
- Start dialogue with architects and member of Ministry of Public Works
- Find partners/NGOs that can provide WWD with small loans to kick start and sustain their businesses and lead to economic independence
- Have MINAS facilitate process for WWD having school fees for themselves and their children waived.

REFERENCES

- Emmett, T., Alant, E. (2006) Women and disability: exploring the interface of multiple disadvantage, *Development Southern Africa*, 23 (4): 445-460.
- Fonjong, L. (2001) Fostering women's participation in development through non-governmental efforts in Cameroon, *The Geographical Journal*, 167 (3): 223-234.
- Human Rights Watch (2006) Women and Girls with disabilities: Background on Abuses of Disabled Women's and Girls' Rights. Electronic document accessed on line March 2, 2007 <http://hrw.org/women/disabled.html>

SESSION 3: EQUALIZATION OF OPPORTUNITY AND RECOGNITION OF PEOPLE WITH DISABILITIES

Fambombi Dickson, Social Worker, Mbingo Baptist Hospital

PRESENTATION OUTLINE

- PREAMBLE
- INCLUSION AS BEST PRACTICE
- DIMENSIONS OF INCLUSION (INTEGRATION)
- EQUALIZATION OF OPPORTUNITIES
- EQUAL RIGHTS VS EQUAL OBLIGATIONS
- COMMUNITY INVOLVEMENT AND COLLABORATION
- HUMAN RIGHTS DIMENSION OF DISABILITY
- MBINGO'S HOLISTIC FOCUS ON PEOPLE WITH DISABILITIES
- OLD VS NEW VISIONS (RECOMMENDATION)
- CONCLUSION

PREAMBLE

The rights of people with disabilities which has become subject of debate is not about the enjoyment of specific rights; rather, it is about ensuring the equal and effective enjoyment of all human rights, without discrimination and stigmatization. The value of people with disabilities cannot be measured in terms of efficiency or competitiveness, but as citizens with fundamental human rights. The right of equal access to all aspects of life is a human right for all. Policies concerning people with disabilities have gradually evolved from institutional approach, considering people with disabilities as patients, to a more holistic approach viewing them as citizens, who have a right to individual support and self-determination. This process is slow and uneven. Mbingo Baptist Hospital and some other institutions are proactive to capacity building and policy implementation on issues for people with disabilities, though with challenges, much has to be done to strike a balance (equalization of opportunities).

While their living conditions vary, people with disabilities are united in one common experience: being exposed to various forms of discrimination and social exclusion. This negative attitude, which is rooted in ignorance, low expectations and prejudice, leads to exclusion and marginalization of persons with disabilities. This phenomenon also deprives societies of active participation and contribution by a significant societal group. Here is where the matter lies and the way forward is our objective.

INCLUSION AS BEST PRACTICE

Inclusion is more than allowing people with and without disabilities to participate in the same activity. In order for inclusive services to be successful, inclusion must be a value that is shared by all parties involved including: agencies, staff, families, participants, affected and the greater community. Stakeholders have to successfully cultivate an inclusive attitude within their agencies.

To value inclusion, one must start by valuing the individual and appreciating that each person is different. "Inclusion allows people to value differences in each other by recognizing that each person has an important contribution to make towards human advancement. And this is the information the community needs to know.

DIMENSIONS OF INCLUSION (INTEGRATION)

The concept of inclusion is a combination of three levels of acceptance.

The first level is known as **Physical inclusion**. Physical inclusion is when a "person's right to access is recognized and assured"

The second level of inclusion is known as **functional inclusion**. Functional inclusion "refers to an individual's ability to function within a given environment" In order for functional inclusion to occur, promoters must have adequate knowledge and resources to adapt activities appropriately.

Unlike the other two levels, **social inclusion**, which is the third and last level, cannot be mandated. Instead, social inclusion, which is "one's ability to gain social acceptance and/or participate in positive interactions with peers during recreation activities," must be internally

and as well as externally motivated. It is only by embracing inclusion as a value that this level can be achieved.

EQUALIZATION OF OPPORTUNITIES

"Equalization of opportunities" means the process through which the various systems of society and the environment are made available to all, particularly to persons with disabilities. It further implies that the needs of each and every individual are of equal importance, that those needs must be made the basis for the planning of societies and that all resources must be employed in such a way as to ensure that every individual has equal opportunity for participation.

EQUAL RIGHTS VS EQUAL OBLIGATIONS

The equation will not be balance if persons with disabilities achieve equal rights, but fail to have equal obligations. As those rights are being achieved, societies will raise their expectations for the obligations expected from all, irrespective of persons. As part of the process of equal opportunities, provision should be made to assist persons with disabilities to take effective balance and assume their full responsibility as members of society.

COMMUNITY INVOLVEMENT AND COLLABORATION

Because inclusion is for everyone, it is also crucial that organizations should reach beyond the walls of their own facilities into the greater community. Like The International Centre for Disability and Rehabilitation (Canada) in collaboration with The CBC HB – Services for People with Disabilities have moved beyond their walls, and some others.

THE HUMAN RIGHTS DIMENSION OF DISABILITY

Four core values of human rights law are of particular importance in the context of disability:

- The dignity of each individual, who is deemed to be of inestimable value because of his/her inherent self-worth, and not because s/he is economically or otherwise "useful"
- The inherent equality of all regardless of differences;
- The concept of autonomy or self-determination, which is based on the presumption of a capacity for self-directed action and behavior, and requires that the person be placed at the centre of all decisions affecting him/her;
- And the ethic of solidarity, which requires society to sustain the freedom of the person with appropriate social supports.

MBINGO'S HOLISTIC FOCUS ON PEOPLE WITH DISABILITIES

Holistic focus is regarding any human being equal, who deserves full attention and treatment without basing interest on physical appearance and condition. Rehabilitation in Mbingo has holistic focus because of the different levels involved, intended to help an individual entirely.

The term "rehabilitation" refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence. It includes a wide range of measures and activities from more basic and general rehabilitation to goal-oriented activities, for instance vocational rehabilitation.

This ignoramus situation of prejudicing which has ostracized a substantial part of our community who in their own way have to contribute immensely towards human advancement is a trouble zone of our focus.

Focusing on holistic approach on this set of citizens, attention has been laid more on productive rehabilitation – physical, functional, spiritual, vocational and psychosocial.

Mbingo Baptist Hospital has a round trip experience in the services for people with disabilities. With an outstanding history in this domain, people affected by leprosy, the visual, talking, hearing impairs and other forms of disabilities have evolved over the years in capacity building. The institution has moved beyond mere treatment to involving and including people with disabilities where they are best fitted and policy implementation geared towards inclusion has been revamped. Remarkably, people with disabilities have special skills and talents that have brought fame and recognition to some institutions from about the world, and Mbingo is not an exception.

Mbingo's vision for people affected by leprosy as well as other forms of impairments had moved beyond the obvious. Policies have been instituted to foster inclusion, improve the skills of many as well as train some for productive and independent living both directly and indirectly. Such achievements led to the inclusion of tens of people with disabilities at different levels. Mbingo Baptist Hospital being a faith-based organization has among other objectives a mission to fulfill a divine commission through this rough trip (identify, treat, rehabilitate and include people with disabilities).

NEW VISION VERSUS OLD VISION (RECOMMENDATIONS)

Equal status, inclusion, full citizenship, and right considered as new vision has substituted the exclusion and discriminative policies, which is now referred to as old vision. The new replaces the old as:

- 1) Away from labeling people as dependants or unemployable...and towards an emphasis on ability and the provision of active support measures.
- 2) Away from people with disabilities as objects of charity...and towards people with disabilities as right holders.
- 3) Away from a focus on individual impairments...and towards removing barriers, revising social norms, policies, cultures and promoting a supportive and accessible environment
- 4) Away from people with disabilities as patients...and towards people with disabilities as independent citizens

- 5) Away from professionals taking decisions on behalf of people with disabilities...and towards independent decision making and taking responsibilities by people with disabilities on issues which concern them
- 6) Away from designing economic and social processes for the few...and towards designing a flexible world for the many
- 7) Away from disability policy as an issue that affects specialized ministries...and towards inclusion of disability policy as an overall government responsibility.
- 8) Away from unnecessary segregation in education, employment and other spheres of life ...and towards integration of people with disabilities into the mainstream.
- 9) Away from government assisting people with disabilities through induction or pressure, to routine subsidization of institutions caring for people with disabilities.
- 10) The need to highlight the role of both the Public and Private media in raising awareness of disability as a human rights and development issue.
- 11) Instituting curriculum flexibility as an inclusion strategy for people with disabilities in our higher academic institutions.
- 12) Ministries should prioritize follow-up strategies for assisted social cases to check utilization of resources provided.
- 13) Away from working as entities to net working and collaboration.
- 14) Away from persons with disabilities as barrier to themselves to a united effort to propagate unity in diversity.

Effecting such vision will benefit not only people with disabilities but the entire social system. Actions to improve conditions of people with disabilities will lead to the design of a flexible world for all.

CONCLUSION

The granting of rights, although necessary, is not sufficient. People with disabilities, like all people, require love and affection that is most often best provided by their family. Inclusion should be a value shared by all and sundry. Effective attitude change, and policy implementation for the propagation of disability rights will facilitate social inclusion and human advancement, creating a world suitable for equal recognition and opportunity

SESSION 4: “ACCESS TO EDUCATION OF CHILDREN WITH DISABILITIES IN CAMEROON”

MUKONG Nicholas KUSALU, Provincial Delegation of Social Affairs, Bamenda

ABSTRACT

Education is a fundamental and inalienable right for all citizens. The Cameroonian experience implicitly denies children (with special educational needs) this basic human right. This is reflected in the dismal accessibility of this category of persons to educational facilities and opportunities. Structural barriers relating to pedagogy, infrastructure and organizational set up are profoundly exclusive. The psychosocial climate in ordinary schools is not quite “children-with-disabilities-friendly.” Parents of Children With Disabilities (CWD) are not only economically underpowered but have little or no hope in the educational career profile of their kids with disabilities. It is against this backdrop that governmental departments charged with the education of such children and Civil Society stakeholders are seemingly grappling with the problem of school integration and equality of access to education of this social category. This paper attempts to state the problem of access to education, describe the existing educational outlay in Cameroon as obstacle to access and chart the way forward for any meaningful growth.

INTRODUCTION

The African Union for the Blind (AFUB), in one of its periodicals, describes the accessibility to education of persons with disabilities in Africa in the following words: “Education both academic and professional remains highly inaccessible to persons with disabilities in terms of physical and social access to the school... Schools are not so well equipped to meet the needs of persons with disabilities. Some of the African countries have not developed educational policies that address the needs of persons with disabilities fully. The challenge is for the states to endeavour to recognize the principle of equal opportunities in primary, secondary and tertiary education for all children” (AFUB News, Sept. 2000, Vol. 13, issue 2 – 12)

This assertion holds true at varying degrees for all African countries. The situation in Cameroon is quite a worry as special education is even an unfamiliar concept within Cameroon’s educational circles.

PROBLEM STATEMENT

The population of persons with disabilities (PWD) in Cameroon is not known. According to recent WHO estimates quoted in a MINAS Seminar document (1), 10% of the world’s population are persons with disabilities. On this premise and considering that the population of Cameroon is estimated at 16.3 million and that of the North West Province 2.1 million (2) one can estimate that the population of PWD in Cameroon is 1.630.000 and 210,000 for the North West Province.

According to Goli (2006) quoting from a World Bank publication (2), 98% of children living with disabilities in developing countries do not attend school. The global literacy rate for

adults with disabilities may be as low as 3% and for women with disabilities it may be as low as 1%.

From these startling statistics only 2% of CWD actually attend school. From close observation very few CWD continue schooling and reach the tertiary level. For instance the University of Buea (the only varsity in Cameroon which has developed some interest in the education of CWD) has so far graduated only one visually disabled student (2 others are still studying) and one Hearing/speech impaired student. Students with speech/hearing impairment are not commonly found in ordinary schools.

There are no training schools for special education teachers even though the University of Buea last year started a special education department in the Faculty of Education. There must certainly be problems of accessibility to our educational facilities and opportunities which we shall examine here.

RELEVANT CONCEPTS

1) EDUCATION

Education is an organized and sustained communication designed to bring about learning (6). It is a teaching and learning process, formal or informal, aimed at imparting knowledge for the purpose of human empowerment. It involves schooling, training, instruction and capacity building.

2) ACCESS TO EDUCATION

This implies the facility or opportunity to use educational services or achieve knowledge. Access is guaranteed through policy provisions, infrastructural facilities, appropriate pedagogy and curriculum, economic empowerment and a healthy psychosocial learning environment.

3) DISABILITY

It is a restriction or inability to perform an activity in a manner that is considered normal, resulting mostly from impairment (2). Disabilities may be physical, sensorial and mental. There is also learning disability such as dyslexia (difficulty to read well) etc.

4) CURRICULUM

BEAUCHAMP cited in S.N. BANYNG (2005) states that a curriculum is a plan for the education of pupils during their stay in a given school (6). It comprises:

- Written/official curriculum such as school timetable, lesson plans, planned extracurricular activities.
- Hidden/Unofficial curriculum comprise the unintended things which pupils learn in school such as punctuality, socialization, cleanliness and even discrimination based on race, gender or disability.

EXISTING EDUCATIONAL FACILITIES AND OBSTACLES FOR CWD

1) POLICY PROVISIONS

Decree No 90/1516 of 26/11/1990 on the protection of disabled persons stipulates that CWD shall be educated in normal schools (i.e Mainstreaming) and in special educational establishments. Furthermore, normal schools having CWD shall have appropriate staff and teaching aids for the education of such children. Educational assistance to CWD include: financial assistance, age-waiver for admission into ordinary schools, extra tutorial classes, specialized teachers and the privilege to repeat a class more than once. These provisions are good but they are neither adequately implemented nor exhaustive.

Secondly, the education of CWD in Cameroon is principally the responsibility of MINAS and not the Ministries in charge of Education. That is probably why the 1995 National Forum on Education did not address the issue of the education of PWD.

2) EDUCATIONAL MAINSTREAMING

This education plan provides that CWD learn/study together with other children in the same educational setting. However, resource rooms, special curriculum, ambulant specialist teachers and remedial teaching are provided. These mainstreaming facilities are yet to be provided in our ordinary schools.

3) SPECIALISED CENTRES

Only rehabilitation centres and programmes do provide specialized educational pedagogy and technology to CWD. Public rehabilitation centres are CNRH Yaoundé (for the physically disabled) and RIB Buea (for the visually disabled). Private centres are quite many and the following are prominent: PROMHANDICAM Yaoundé, CJARC Yaoundé, SAJOCAM Bafut, and the Mbingo Community-Based Rehabilitation project. Rehabilitation centres so far focus on educational activities at the primary level because of the importance of basic or initial formation in the educational career of CWD.

4) INFRASTRUCTURAL IMPEDIMENTS

Most school buildings and structures in Cameroon are difficult to access by wheelchair users and the visually disabled. The landscape and layout of school campuses are constraining to most CWD.

5) TEACHING METHODS AND MATERIALS

In ordinary schools having CWD on roll, teaching methods are inappropriate to CWD. For instance the Pure Lecture and Discussion Methods do not favour the Speech/Hearing disabled. The Laboratory and Dramatization Methods may not help the visually impaired. Fieldtrips and Excursions could be very tedious to the cripple or amputee.

Visual Display Devices (VDD) like the chalkboard and graphic materials such as graphs, charts, maps, pictures (commonly used in ordinary schools) cannot help the visually disabled unless these materials are embossed. Scientific signs and symbols cannot be viewed by the visually disabled. That accounts for their quasi-absence in the scientific disciplines. Accessibility is therefore impeded.

Verbal communication disfavour the Hearing/Speech disabled while print writing cannot be decoded by the visually impaired. The sign language and the Braille system of communication are considered an anathema in ordinary schools. That is basically why a principal in a public secondary school in Buea, in 2000, refused to grant admission to some visually disabled trainees of the RIB Buea who succeed in their Common Entrance and FSLC Examinations.

Textbooks used in schools are neither brailled nor written in the sign language. Special instructional materials for the visually disabled and the Hearing/Speech disabled are not available. CWD in ordinary schools are tested and evaluated using the same general methods and measures for testing children without disabilities.

For instance, a survey research carried out on the problems of students with disabilities (4) indicated that:

- Teachers usually dictate examination/test questions to visually disabled students and do not give them additional examination time.
- Visually disabled students exchange their brailled answer scripts and verbally translate the answers for the examiner to assess.

These methods of teaching and evaluation are highly constraining and therefore deprive CWD of the accessibility to knowledge and learning.

6) THE SCHOOL SOCIAL ENVIRONMENT

There is generally good collaboration and interaction between CWD and children without disabilities. Only 20% of visually disabled students indicated that they experienced problems of social integration and mobility within the school environment (4). In the same study, 94% of visually disabled students do have and interact well with friends, but their friendship is often contractual. Sighted students are sometimes reluctant to help visually disabled ones and would expect some pecuniary appreciation for any sustained assistance (4). Communication between the Hearing/Speech impaired and other students is very difficult. Some students and teachers can bother to improvise their own sign language but may not wish or have the opportunity to learn the conventional sign language.

Visually disabled students manifest a low self-esteem and self actualization and are therefore not assertive in their learning environment. Their learned helplessness usually invites sympathy rather than empathy from other students.

7) COPING STRATEGIES

In another study by MUKONG (2005), it was discovered that visually impaired learners can also perform well in achievement tests (5). Coping strategies used by most teachers included: Individualized attention, slow pace dictation of lesson notes, explicit teaching and oral examination.

8) POVERTY:

Most Cameroonians wallow in poverty and parents of PWD are additionally burdened by the disability of their children. Most parents of CWD cannot afford for assistive devices like wheelchairs, tricycles, Braille machines, tape recorders and hearing aids. Government's educational assistance to CWD is usually a scholarship or financial. Usually, parents do not expect much from CWD in terms of educational career probably because of the lack of appropriate facilities and career opportunities for PWD.

THE WAY FORWARD

For Cameroon to properly address the issue of accessibility of CWD to education, the following proposals will be useful:

- 1) Introduce Inclusive Education where the school physical, and social environment, the curriculum/programmes and the community take the interest of CWD and employ their full participation
- 2) Institute special education programmes in State Universities and Teachers Training Colleges.
- 3) Set up a Department of Special Education in the Ministries in charge of Education and assign these Ministries the responsibility of educating CWD.
- 4) Community Based Rehabilitation should be encouraged.
- 5) A comprehensive census of PWD should be carried out to assist in the drawing up of any meaningful National Plan for Special Education
- 6) Empower and sensitize families of CWD on the educational needs/opportunities of CWD.
- 7) Develop recreational and sports facilities for CWD in ordinary schools.
- 8) Encourage parents and relatives of CWD to learn special communication skills such as Braille and the sign language
- 9) Develop a comprehensive National Policy on the welfare of PWD
- 10) Involve as much as possible PWD in all decision – making structures of National Life.

CONCLUSION

One can deduce from this presentation that the education of CWD in Cameroon is a cause for concern as educational facilities are difficult to access as explained in this paper.

However, some hope for a promising future is being generated by stakeholders. Community Based Rehabilitation is being championed by the CBC, the PCC and the Sight Savers International (SSI). The University of Buea is resolutely determined to supply the much-needed special education teachers. There is a growing awareness in educational circles about the importance of Inclusive Education. But the take off point in this tedious journey should be a comprehensive census of PWD in Cameroon.

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SESSION 5: COMMUNITY BASED DISABILITY AND REHABILITATION RESEARCH IN NWP: DEVELOPING A PROGRAM FOR ACTION

*Lynn Cockburn, International Centre for Disability and Rehabilitation, University of Toronto
Building a Collaborative Community Based Disability and Rehabilitation Research Program in the North West Province*

In this presentation

- Describe our research program in North West Province
- Inform about partners
- Describe research goals and principles
- Connect disability and rehabilitation research to social justice, poverty and development work
- Provide examples to understand disability and rehab research issues in this context
- Share some of my thoughts and struggles about research
- Make you think, too!
- Suggest ideas for future research
- Next steps

The Partners

- Cameroon Working Group, International Centre for Disability and Rehabilitation (ICDR), University of Toronto
- Department of Occupational Science and Occupational Therapy
- Cameroon Baptist Convention Health Board
- Others in Cameroon

Goal: Improve lives of people with disabilities in NWP

Basic Principles and Values (from ICDR)

- Sustainability – capacity building, the use of local expertise
- Respect – recognize talents and abilities of people we work with, respect central role of people who are affected by what we do
- Partnership – partnership building with those we work for and with

- Rights-based approach – promote rights and needs of people with disabilities; work to promote human rights, social justice, and equity
- Innovation and excellence – broad, holistic responses to complex needs of people with disabilities and communities - promote an exciting and adventurous environment.
- Inclusion –welcome, respect and partner with people with diverse opinions, religions, abilities and cultures

Also important...

- Inform Canadian based practices, change notions in Canada of what is happening in Africa
- Knowledge Translation: How do we take what is working in Africa and apply it to Canada?
- How do we all work together to make sure that people with disabilities are truly involved in the research process and projects?

Diversity ...

- Many ethnicities and languages
- Geographic locations and mobility
- Disability experiences
- Gender and Sexuality
- Education and access to information
- Ethnicity and nationality
- Faiths, beliefs, religions
- Motivations
- Experience and understandings related to research about disability and rehabilitation

What is Research?

- Systematic collection and analysis of information
- Following accepted practices – ethical practices
- Develop new knowledge or confirm existing ideas and theories
- Basic and applied
- Quantitative (numbers) / Qualitative (meaning)

What is Community Based Research?

- Community people involved in all stages of the project
- Community helps to define research objectives and plan, have active involvement in decision making in the research
- Research processes and outcomes should benefit the community.
- Community members should be hired and trained whenever possible and appropriate
- The research should help build and enhance community assets.

Community Based Research

- Community members should be part of the analysis and interpretation of data and have input into how the results are distributed.
- Can be challenging to have many decision makers
- Sustainability and continuity

- Community members should be empowered to initiate their own research projects which address needs they identify themselves.

Many terms

- Collaborative research
- Partnership research
- Participatory research
- Action research
- Participatory action research
- Community-based participatory research
- Research for social change

If our overall goal is to improve the lives of people with disabilities, then:

People with disabilities have to have meaningful roles in all aspects of research and in other aspects of the work

Research has to be part of the process to help us with some answers

Research is only one tool – also education and knowledge translation, social and community development, advocacy and diplomacy, program development

Infrastructure for Research

■ Relationships are crucial and cannot be ignored

- Ethical review – ongoing learning
- Ways of sharing information and results of the research – think complexly, act simply
- Bamenda Coordinating Centre for Studies in Disability and Rehabilitation

The research program should be seen as having several integrated layers and include the following layers:

- **Individual and family experiences** Examples: Living with disability; How people engage in everyday occupations
- **Local communities** Example: Documenting organizational and community development with respect to disability and HIV/AIDS
- **Provincial context** Examples: Literature review about disability and rehabilitation research So & Cockburn) Needs and strengths of women with disabilities (Kiani)
- **National policy and socio-political context.**Example: Studies on Disability legislation and policy (Hashemi)
- **Continental and Global Context** Example: How are NWP experiences similar and different?

A few thoughts

- What is research? What kinds of research questions are most important to answer here?
- Theoretical perspectives – e.g. occupation, disability, rehabilitation, collaboration – need to adapt or develop new models and theories
- Ethical review: Consent and collaboration in collaborative, participatory community based research
- Applications in Canada – even more daunting is to change North American practices

SESSION 6: THE SPARK OF LOVE, THE FLAME OF ACCEPTANCE AND THE ASHES OF STIGMATIZATION

George Mbanwe, Baptist Hospital Mutengene

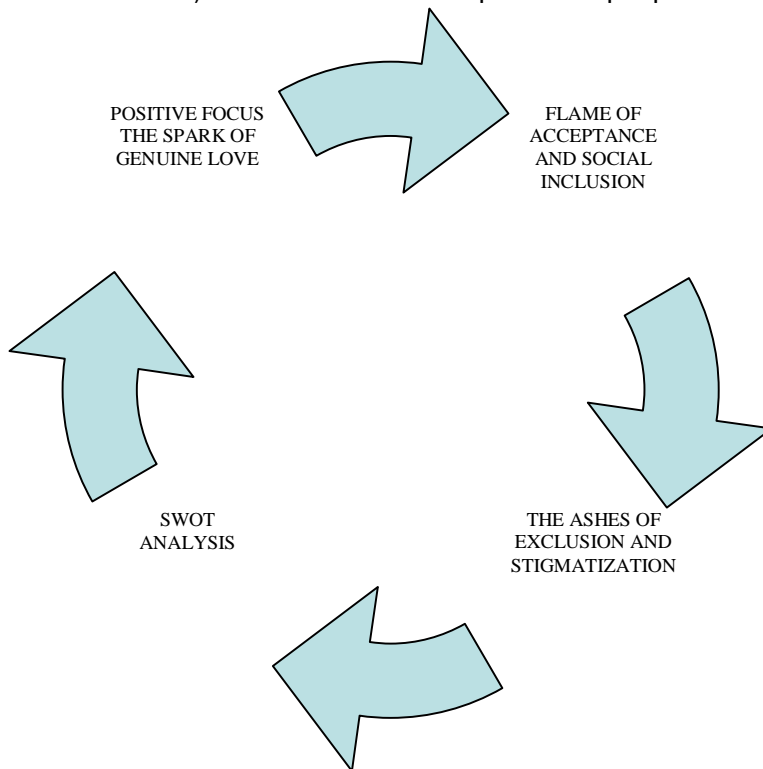
BAMENDA CONFERENCE ON DISABILITY AND REHABILITATION

(Social inclusion of people with disability) [12/06/2007

{ABSTRACT}

"THE SPARK OF LOVE, THE FLAME OF ACCEPTANCE AND THE ASHES OF STIGMATIZATION

My paper exposes the negative connotation associated with disability, and illustrating with a boy who lost his right leg that negative focus is the cause of exclusion and stigmatization. A working tool (SWOT analysis) is introduced, explained and demonstrated to help people see others in terms of their abilities hence developing a positive focus and love. Positive phrases are proposed to replace negative ones for example, "disabled people" > "impaired people with great abilities" emphasizing on strengths and not weaknesses. A clarion call is made for all to use and share the tool through a slogan (SPARK OF LOVE, FLAME OF ACCEPTANCE). The ideas are then implanted in people's minds with this mind map.



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SESSION 7: LIFE IN THE REHABILITATION CENTRE AND LIFE AFTER LIVING IN THE REHABILITATION CENTRE WITH SOME SOLUTIONS

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It is a pleasure and honour for me to present to you my experience and some solutions about life living after living in rehabilitation centre. Living in rehabilitation centre is not all that difficult since everybody around understand people with disabilities and are always willing to help them.

The sponsors of these people carry the cost of their living there. All of them are people with different disability living, obtaining treatment and sharing ideas together. With all the advantages as they see. Going out of rehabilitation centre is a world that people seem not to understand. People with disability world that if they are not prayerful and have strong will power, they will be discouraged about life because of what they will encounter. Their living condition is not like that of rehabilitation centre.

Some empowerment and formation should be given to people with disability in rehabilitation centre to prepare them to face the challenges of the world after rehabilitation

Keynote: Day 2

MAKING THE LINKS: HIV, DISABILITY AND REHABILITATION

Ms. Gillian Bone, Grad Dept. Physiotherapy, MSc CPD (Health), Special Project Manager, Cardiac and Spinal Cord Rehabilitation Programs, Toronto Rehabilitation Institute, Canadian Working Group on HIV and Rehabilitation, Toronto, Canada

Bridging the traditionally separate domains of HIV/AIDS, disability and rehabilitation is vital to improve access to rehabilitation for people living with HIV and people living with disabilities. This presentation highlighted current initiatives and priorities from international contexts. Ms Bone was able to bring her extensive knowledge to the North West situation. The presentation was highly interactive and well received by the participants. There were many questions and some debates, indicating the high level of interest and the ongoing need for more information about HIV and AIDS to be available for people with disabilities and their families.

SESSION 8: INVOLVING PEOPLE WITH DISABILITY IN PLANNING AND PROVIDING SERVICE FOR THEM.

Nyingcho Samuel

In reflection to the following theme of the International Day of Persons with Disabilities, "Nothing about us without us" and "A voice of our own", I now say without fear or favour

that including persons with disabilities in planning and providing service for them is a fundamental right.

The exclusion of persons with disabilities from planning and the execution have created a gap between service providers, and service beneficiaries that needs to be filled, it has also made rehabilitation look as charity.

To the best of my knowledge, rehabilitation is a fundamental right that needs to be respected.

The exclusion of people with disabilities in decision making is as a result of incompetence. But we have come of age that persons with disabilities possess competence to participate in decision making. This will go a long way to take away the idea forward. And bring in the concept of will. The inclusion of PWD will go a long way to address their needs for there is a saying that he who wears the shoe knows where it pitches.

Orientation

This inclusion will be able to address the issue or orientation for I believe that if orientation is done by a peer, it becomes very efficient.

This inclusion has not been limited to NGO's. Provision must be made by the government to have the person with disabilities at the highest level of decision making. For it is a paradox that governmental services at the service of persons with disabilities are inaccessible. Laws governing persons with disabilities are often non applicable.

With the above mentioned, I find it necessary for the inclusion of person with disability at all levels of decisions making for their effective development.

Some of the specific strategies that can be used.

- Do orientation by peers to be more effective e.g. the visually impaired to orient the visually impaired.
- Involve the people with disabilities in planning programs or projects that involve them. For example, the buildings that concern them like offices of Ministry of Social Affairs are all found in story buildings.
- Lapses in laws and policies governing people with disabilities exist because these people were never included in formulating such policies.
 - Q: where do such lapses exist?
 - A: Laws were made by people and can be changed by us.

REMEMBER: Nothing about us, without us.

SESSION 9: SOCIAL INCLUSION OF PEOPLE WITH DISABILITIES: THE INTEGRATION OF PEOPLE WITH DISABILITIES INTO MAINSTREAM SOCIETY IN YAOUNDÉ.

Claude Nathalie Eyamba, Assistant Director CBR Yaoundé, Promhandicam Association

All over the world, there are individuals who are born free of physical and mental defects and others who are born with mental and physical disabilities. These disabilities limit

opportunities to function and to be accepted in society. As a result of the limitations and the accompanying negative societal attitudes, a person with disabilities experiences restrictions in his ability to fully develop his or her own potential and earn a living commensurate with his or her innate qualities and abilities. In 2006, we conducted a study on the Socio-Professional situation of adolescents and adults who are mentally and physically disabled in Yaoundé. 74 individuals were interviewed, 40 men and 34 women ranging from 16 – 46. The principle objective of this study was to know the current situation based on the professional and economical level of integration for adolescents and adults living with a disability and to formulate indicators that permit to define and evaluate activities that can be initiated by CBR projects for better integration of persons with disabilities.

This paper presents our findings and recommendations.

Submitted by:

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SESSION 10: SOCIAL INCLUSION OF PEOPLE WITH DISABILITIES (THE INTEGRATION OF PEOPLE WITH DISABILITIES INTO MAINSTREAM SOCIETY)

Richard Tambe Mbah, Community link-up Project for the disabled

Disability is a human rights issue says the UN, which in 1992 adopted a world programme of action concerning disabled persons. My experience over the years since 1986 with disability is that the social inclusion or integration of the disabled in mainstream society, Bamenda honestly speaking is still a far-fetched dream. According to my humble opinion, this rather frustrating situation is largely due to the absence of the required strong political and practical commitment by the government. I also strongly feel that this lack of commitment from the government could be considered as a human rights violation. I hereby wish to share my discontent with you to the simple fact that the disability community seems to be silent concerning the social integration, which to me is a key issue in the emancipation process. They seem to think it is someone else's business. They need to take up the challenge and pull down the architectural barriers.

The disability groups and NGOs need to be more committed. Now in words and action if they need change, and influence government to give disability issues a priority, and put the structures that will make Bamenda, Cameroon, a place for all. It is better late than never.

SESSION 11: PREVENTING DISABLEMENT, IMPROVING WORKERS RIGHTS: THE HEALTHY HANDS PROJECT

Kenneth Nshiom, Kate Suffling, Lynn Cockburn, Simon Yuh, Nkouh Promise

Background: The CBC-ICDR partnership

➤ The Cameroon Baptist Convention Health Board runs 3 general hospitals and several health centres.

➤ The Cameroon Working Group is part of the International Centre for Disability and Rehabilitation (ICDR)

➤ A partnership between the CBC and CWG was formed in 2004.

The History of the ‘Healthy Hands’ program

➤ 2002-2004: A sudden influx of young, male patients with severe, debilitating hand injuries to CBC hospitals

➤ Increase in injuries coincided with the introduction of a new mechanized dough-kneading machine for bakeries

➤ The machine lacks guards or safety shut-off

➤ One similar study: Carriquiry, C. & Arganaraz, D. (2005).

Dough-kneading machine

(there was a picture of the machine presented here).

➤ Physiotherapy assistants at Mbingo and Banzo hospitals learned skills for treatment of hand injuries

➤ A need for prevention was also identified

➤ Bakeries were toured to identify needs

Beyond treatment: Next steps? ...

Looking at prevention of bakery injuries using the Haddon Matrix (Lett, Kobusingye, & Sethi, 2002)

➤ An approach to injury prevention and management

➤ Views injuries as the result of the complex interaction of human, technological and environmental risk factors.

What can be done to prevent injuries?

What can be done at the time of injury to minimize impact?

What are the responses post injury?

This chart shows that the current project has focused on problem solving, education for various stakeholders, and the development of a hand guard.

		Factors		
Phases		Human	Physical and technological environment	Social, economic and legislative environment
	Pre-event	Education for workers	Development of hand guard Exploration of auto-shut off “Dead man’s switch”?	
	Event			

	Post-Event	- Emergency response - Treatment - Rehabilitation	Education for emergency and rehabilitation staff
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Social/economic factors:

- All bakery injuries have been to young men who may lack higher education, are limited to working labour jobs, and may be family bread-winners
- No social security network to care for injured workers
- High unemployment means men are more willing to work in conditions that they know to be unsafe.
- Attitudes and awareness about injury and rights
- Attitudes and level of awareness vary among bakery owners and workers
- Some bakery owners/workers view injury prevention and injury care as an ethical responsibility of owners
- Many owners have taken responsibility for injury care (though may not be aware of the labour code)
- Injury and illness viewed by some as inevitable

The ‘Healthy Hands Project’ hand guard

- After ongoing conversation with bakery workers and the trial of machine guards, the decision was made to develop a guard worn on the hand
 - Kenneth Nshiom developed the guard
 - A prototype is currently being given trial use in various Bamenda bakeries
- The Nshiom Fist Hand Guard (a picture of the hand guard was presented here)

Factors in the legislative environment

The Cameroon Labour Code

- Section 95:1 Safety standards should conform with those of the International Labour Organization and other internationally recognized technical bodies.
 - Section 95:3 “where there is an impending threat to the health and safety of workers, the Labour Inspector or the occupational Health Doctor shall order immediately enforceable measures to be taken.”
 - Section 98:1 ..employers “shall provide medical and health services for their employees”
- Factors in the legislative environment
- Little explanation in the code as to how it will be enforced
 - No existing enforcing body or organization to support injured/disabled workers (such as Workers Safety and Insurance Board)
 - Most bakeries are small and family-owned; there does not appear to be a consistent system to inform them of the labour code
 - Lack of information as to the existence of inspectors described in the code

Current situation

- No recent injuries in the bakery that has been using the hand guard
- Hand guard is part of training process for new staff but not always used by experienced bakers

- Some limitations in use of hand guard which bakers don't like
- Does not fit all hands – options for sizing?
- New version of the hand guard is under trial
- Education and Brochure

Goals for Health Hands Project

		Factors		
Phases		Human	Physical and technological environment	Social, economic and legislative environment
	Pre-event	Education for workers regarding risk, safety and worker rights	- Development of hand guard - Machines well maintained	- Healthy workplace environment (lighting, expectations) - Role of Unions - Legislation and Inspections
	Event	Workers and co-workers aware of best responses (e.g.off switch)	Machine can be turned off quickly	Treatment and Rehabilitation policies in place; services available
	Post-Event	- Emergency response - Treatment - Rehabilitation	Process for learning from injuries and improving technology	- Well educated emergency and rehabilitation staff - Collection of data re: injuries, education and other factors

How does injury prevention fit with a rights approach?

- Further discussions with bakery owners, Bakery Owners Association, and with workers
- Worker health and safety as a public health issue that incorporates rights and justice perspectives – several challenges, difficulties, and issues are raised

Next steps: moving the conversation toward rights

- Why/why not move the project towards a rights-based and/or community-based approach?
- What are the advantages and disadvantages, and issues?
- How do we (collectively, in partnership) do this?

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FEEDBACK ABOUT THE CONFERENCE.

There were a wide range of people attending the conference, many people with disabilities, rehabilitation providers, family members, some with very little formal education, some with many years, and so on...so the expectations and the responses were varied. But overall, responses were very encouraging and for some people, this was the first time that they had been able to be at such a conference.

Many people took the time to provide detailed reflections about the conference and we cannot repeat them all here. Participants were asked to respond to several questions:

- What really touched you during the conference?
- What did you learn?
- What will take away and act on as a result of the conference
- What did you like about the conference?
- What did you not like about the conference?
- What advice do you have for the planners of next years conference?
- What score would you give the conference out of 10?
- Share any comments you have for the speakers

We have selected some comments to show the kinds of responses that participants made.

Several people talked about learning the importance of paying attention to name calling and language. For example, one person wrote "What stuck me most in the conference was that the appellations we label people with can either boost their morale or demoralize them. Consequently, our choice of words and language should be well shifted. Thus, address the person first before his or her disability."

The importance of respecting and including people with disabilities was mentioned by many people. People with disabilities talked about having more confidence and understanding about their own experiences.

"I will like to thank the organizers of the conference for a job well done. This has been my first conference as a person with a disability to attend. It is so wonderful. The presentations at the conference has for rehabilitated my life as person with a disability as it has helped me to accept my disability and to be more tolerant in case of any names are used to address my disability."

People stated that it was relatively well organized to take into account special abilities but improvements could be made.

Many people wrote about learning about HIV and AIDS, and that they did not know basic information prior to the discussions at the conference, for example about transmission, how babies are infected, the impairments that can result from AIDS.

There were suggestions for future conferences:

- that the speakers should be well prepared and research their topics well
- that there should be travel arrangements
- that sessions should start and end on time
- it seemed that some of the speakers did not have enough time, so the suggestion is that some session could be longer
- there needs to be better information sharing to ensure that people know about the conference well in advance
- speakers should not read their notes as this difficult to follow
-

"I have learned a lot, and want to know where to go from here."

"How can we work together to establish a cross-disability network?"

"Where are the government people, why are there not more of them here? How can we work more with governments to improve the situation?"

In summary, despite the difficulties and some shortcomings of the conference, the feedback was very positive, and participants are looking forward to being able to attend similar conferences in the future.