

Actualizing the Rights of People Living with Disabilities (PWDS) in Development Policies, Planning and Programming in Africa: A Review of Selected Country Experiences

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Abstract: Exclusion and marginalisation of people living with disabilities is an on-going challenge in Africa in spite of the existence of international conventions such as the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) which obliges member states to promote the equal rights to development of that segment of the population. Africa's Agenda 2063 and UN Agenda 2030 on Sustainable Development Goals also support the principle. The paper therefore aims to assess the performance of African countries in integrating the developmental priorities of people with disabilities into their development policies, planning and programming. Its main objectives are to identify the current state of practice, identify best practices and draw lessons. The methodological approach is a qualitative desk study. The Social Model of disability is adopted as the theoretical framework of analysis. It is selected because it shifts from dominant traditional welfarist approaches in favour of transformation, empowerment and participative action of people with disabilities. Key findings point to mixed success among the five country cases in terms of domestication on international and continental instruments on the rights of people with disabilities. However, generally they are performing poorly in terms of full implementation of those policies and laws. The paper recommends that the countries should strengthen both implementation machineries as well as capacities at all levels.

Keywords: Disability, Empowerment, Participation transformative development, Welfarism

1. Introduction

Contemporary global and continental discourses on development revolve around the pertinent issues of inclusivity, equity and human rights. Part of the debate concerns the exclusion, marginalisation, stigmatisation and discrimination of persons living with disabilities. The failure of many African states to fully integrate disability into their national development planning, programming, budgeting and implementation mechanisms is a development challenge that still needs to be fully addressed. This paper focuses on the experiences of five African countries and aims to examine how they are integrating disability issues into their national planning and implementation activities. Its main purpose is to draw lessons on how equal rights, inclusive and sustainable development, can be actualized for people living with disabilities. This is important because democracy is about respecting the human rights of all categories of people and ensuring that they actually realize and exercise those rights. The five cases are Rwanda, Sierra Leone, South Africa, South Sudan and Tunisia.

The United Nations Department of Economic and Social Affairs (UN DESA, 2018: 40) provides comprehensive evidence of the challenges which persons

with disabilities encounter. These include exclusion or limited participation in the political arena, in labour and employment markets, in accessing services such as education and health services, and discrimination in work places. They also face barriers due to inaccessible transportation and infrastructure such as buildings. According to the report, men living with a disability are at an advantage than females (UN DESA, 2018:134). It also shows that persons with disabilities who reside in Africa experience higher rates of deprivation and disadvantages in the areas cited above as compared to those in developed countries. Africa lacks comprehensive statistics on disability and this limits effectiveness of strategies to redress the many challenges which this segment of the population experiences (Kachaje, Dube, McLachlan & Mji, 2014:1). They further emphasize that in Africa, persons living with disabilities do not experience any significant changes in their livelihoods, right to life as well as any development despite a host of policies.

2. Methodological Approach

The selection of case studies was purposively chosen to have a mix of countries that are classified by the United Nations (UN) as High Human Development (HHD) and those in the Low Human Development

(LHD) group. For the HHD countries, Tunisia and South Africa were selected whereas for the LHD group, South Sudan, Sierra Leone and Rwanda were included. The purpose of selecting countries at different levels of development was to do a comparison based on a framework described in Table 1 which presents the yardstick that was used to assess their performance on integration of disability issues in their policies, plans and programmes.

3. Literature Review

The World Health Organization (WHO) and World Bank in the 2011 World Report on disability, define disability:

"An umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)" (WHO, 2011:4).

In Africa disability is mainly caused by many factors including birth defects, environmental hazards, industrial accidents, war, violence, poverty as well as HIV/AIDS (Nyangweso 2018:2). Garland-Thomson (2002:4) analyses disability from a feminist perspective because in her view, it is not disability that is the fundamental problem. While it is fact that a person can have a physical or mental disability, it does not necessarily follow that he/she should be viewed as a lesser human being compared to those without disabilities. Social construction of disability, like in the case of gender biases and prejudices against women, is often shaped by social norms, religious beliefs and culture. Garland-Thomson (2002:5) describes such constructions as, "a pervasive cultural system that stigmatizes certain kinds of bodily variations.... disability becomes a culturally fabricated narrative of the body...which legitimizes an unequal distribution of resources, status and power within a biased social and architectural environment".

The above explanation is corroborated by Anastasiou (2013:445) who emphasizes how economic, environmental and cultural barriers exclude and marginalize people with disabilities. These critical perspectives of disability have led to a change of paradigm. The social model of disability has replaced the traditional medical model of disability which explains that challenges encountered by persons living with disabilities are products of negative constructions

about them and that therefore, the solution to these challenges is to transform society's thinking, prejudices and biases against people with disabilities. A more holistic strategy to deal with the problems is to integrate disability inclusion in the entire chain of development policies, development planning and programming. It also requires full consultation and participation of persons living with disabilities so as to be consistent to the principle of the disability movement which is, "nothing for us without us".

Palmer (2012:215), noted that integration can be achieved through domesticating, through policies and legislations, of conventions such as the UN CRPD, a convention which is viewed as change agent worldwide from depicting people living with disabilities as constructs and objects of pity towards viewing and supporting them as people with liberties like any other persons. Fernandez, Rutka & Aldersey (2017:2) highlighted that, "of the 55 governments of the African continent, 44 are signatories of the CPRD. Domestication of CEDAW, African Charter on Human and People's Rights and the Protocol on the Rights of Women, Continental Plan of Action for the African Decade of Persons with disabilities 2010-2019." Agenda 2063 and Agenda 2030, are other strategies.

4. Conceptual Framework: Integrating Disability Inclusion into Development Policies, Planning and Programming

Based on a review of the literature, a conceptual framework was developed to analyse how the five countries have integrated disability in their development policies, planning and programming. The framework is presented in Table 1 on the next page.

5. Review of Case Studies

The experiences of each of the five countries considered in the study are presented in this section. The analysis is based on the conceptual framework that is described in Table 1.

5.1 South Africa

Out of South Africa's population of 57 million, at least 7.5 per cent is regarded as living with a disability ((Statistics (Stats SA) 2016)). Department of Social Development (DSD) (2015:16) noted that, "the advent of democracy in 1994 ushered a new developmental approach to the provision of social services to all

Table 1: Conceptual Framework for the Selected Country Case Studies

1. What is the prevalence of disability in the country?
2. Has the country ratified the UN CRPDs, CEDAW and other international instruments that speak to disability?
3. How has the country domesticated these international conventions?
4. Is disability integrated into the constitution, policies and legislation?
5. Is disability integrated into national development planning?
6. Does the country have a national strategy, action plans and programmes for people living with disabilities?
7. What are the institutional mechanisms for implementation of policies, strategies and action plans? How effective are they?
8. Does the country have a disability-sensitive and responsive budgeting framework? How adequate are budget allocations vis-à-vis the needs of people with disabilities?
9. How effective is the country in raising public awareness about the rights of people living with disabilities?
10. Do persons living with disability have a voice? Are they consulted over policy and programmatic issues that relate to the? Is there a movement of this group of people? How well supported are they by both public and private sector?
11. What are the successes and/or failures that the country has experienced in its efforts to integrate disability into development planning and programming?
12. What lessons does the country provide to other African countries?

Source: Authors (2019)

vulnerable groups in society, including persons living with disabilities". The Constitution of the Republic of South Africa (1996) protects the rights and dignity of persons with disabilities and promotes and supports their full integration in society ((South Africa Human Rights Commission (SAHRC) 2017:7)). The country is also party to the UN CRPD as well as the Optional Protocol to the Convention on the Rights of Persons with Disabilities (OP – CRPD), signed on 30 March 2007 (Swedish International Development Agency (SIDA) 2015).

Fernandez *et al.* (2017:6) opined that South Africa has tried to domesticate the UN CRPD through the National Development Programme (NDP) 2030. Zarenda (2013:31) postulated that, "by prioritizing eradication of poverty, the NDP provides a framework to ensure that persons with disabilities benefit from economic growth on an equitable basis with other population groups". The White Paper on the Rights of Persons with Disabilities of South Africa (WPRPD) of 2015 is another example of how the country is domesticating CRPD. It advocates that all policies and legislation across the public and private sector should positively effect on the lives of people living with disabilities (WPRPD 2015). However, the implementation of the WPRPD has been slow with no clear cut expectations from both the role players such as government departments and the private sector. Brynard (2010:13)

concludes that implementation of disability legislation and policy is slow in both government and private sector.

Schneider (2017:68) points out that, "the Preferential Procurement Policy Framework Act, Act 5 of 2000 as revised in 2011 recognizes economic rights of persons with disabilities to engage in entrepreneurial activities that promote self-reliance and independent living. Measures include a target of 5 per cent access of all preferential procurement being set aside for entrepreneurs with disabilities". The actual performance in relation to this act is however, not clear as no studies were available to verify this. The challenge in South Africa is that the funding model to address disability is still welfarist. Most programmes are funded by the Department of Social Development through a welfarist social security system or subsidy system. The SASSA Act of 2004 established an agency to distribute social grants which include the disability grant. Whilst it alleviates poverty among people with disabilities, it is not a sustainable solution as it creates and perpetuates dependency.

South Africa has also decentralised developmental programmes for persons living with disabilities. Government departments, district and local municipalities have disability desks which deal with disability related issues. There are limited developmental

initiatives of persons with disabilities like protective workshops and these are funded by the Department of Social Development through a subsidy system. Thus, the budget allocations do not foster any developmental progress but rather promote welfarism. Brynard (2010:14) highlights that effective success of disability programmes rests on effective funding which the government and private sector is not doing. In spite of having a world class policy of good practice, South Africa's plan of action to implement the policies is inadequate (Marsay, 2014:99).

5.2 Tunisia

Of the five countries, Tunisia has the highest per capita GDP. It also has an educated population, judging from the high literacy rates in (UN HDR, 2018). Data on people with disabilities is scanty and unreliable (Zobairi, Atkinson & Ouertani, 2018:9). For example, statistics by a Tunisian Statistics body reflect lower numbers of people with disabilities as compared to the number of people with disability cards. The 2014 Census indicates that people with disabilities in Tunisia constitute 2.3 per cent of the population (UNICEF, 2019). Usually, disabilities are not seen negatively. On contrary, the community lacks information, education and the know-how of disabilities. Rather, society is characterized by a serious lack of knowledge and understanding of disabilities, and that includes officials in government. Consequently, disability issues have been marginalized in planning.

Tunisia has however made some progress in terms of policies and legislation. In 2008, it ratified the CRPD through Law No. 4 (Adeola, 2015). Article 29 of the treaty makes provisions on political liberties for persons living with disabilities. Article 6 addresses liberties of women with disabilities. Tunisia is a signatory to the UN Convention on the Rights of children and the Convention on the Elimination of Discrimination Against Women (CEDAW). These Conventions, among other provisions, do not allow inequality on the notion of disability.

Law 48 of Tunisia's constitution has provisions for the state in safeguarding people living with disabilities against any discrimination. To implement the provision, Tunisian Law 83 of 2005 on the advancement and protection of persons with disabilities was promulgated. The law guarantees equal chances for persons living disabilities and protects them from all kinds of discrimination (Zobairi *et al.*, 2018:20).

Other orders that were introduced to fully realize the constitutional provisions for people with disabilities include: (i) - Order 3029 (2005) which created a Higher Council for Persons with Disabilities. (ii) - Order No 3086 (2005) and amended by Order No 1859 in 2006 which defines disability and explains the process to obtain a disability card. The card is processed by the Ministry of Social Affairs. (iii) - Order No 3087 (2005) which is on the employment of people with disabilities (Zobairi *et al.*, 2018:20). In terms of employment, a one per cent quota for people with disabilities is provided for in case of an employer having 50 or less workers and two per cent in the case where there are more than 100 employees. The legislation advocates that every structure and construction work is accessible to all persons living with different types of both physical and intellectual disabilities (Article 3 of decree number 2006-1467, 30 May 2006).

In practice, these legislative provisions are not yet fully implemented. Though education is free, integration is not achieved. The country a parallel structure in schooling: one under the Ministry of Education, is responsible for mainstream schooling, and one run by the Ministry of Social Affairs, for children with mild intellectual disabilities who participate in the special education system. The Ministry does not directly provide special education, but rather funds NGOs and associations which act as service providers. The specialised education provided by centres such as those mentioned above is unfortunately flawed in that its reach remains rather limited, confined mainly to big cities. Rural areas have much fewer centres despite a high demand for schooling. Staffing and funding constraints are a problem as well. Even in the few schools that are inclusive, they do not have responsive stimulation programs for learners with disabilities. Koné and Korzekwa (2014:36) noted that, "teachers are simply not trained to support students who use braille, or to help students with a motor handicap in their writing". There is no provision for any form of assistive devices. With countries making inroads into fourth industrial revolution, technologies to make their lives easier is a requirement.

Until 2018, people with disabilities were not elected into municipal councils. This changed when the government introduced the new disability quota resulting in 144 people with disabilities being elected. The quota has contributed towards more inclusive municipal councils. In employment, employers are

mandated to have a one per cent quota for people with disabilities though in practice, this is not being achieved (Zobairi *et al.*, 2018:22). However, until 2012, government did not employ people with disabilities. In 2013, the state employed more than 300 people with disabilities. Nationally, compliance with the quota is still low and is poorly monitored. Furthermore, the government has failed to have the necessary apparatus to tackle compliance issues. Zobairi *et al.* (2018:24) opined that "in essence, persons with disabilities often get paid considerably less than their colleagues for carrying out the same work, yet there are no inspections or attempts to level the wages, while these companies do benefit from the incentives offered in return for hiring them". But despite some successes on the policy and legislative front, people with disabilities in Tunisia are overlooked in development programming. Consequently, they are left out and discriminated to relish the country's liberties like other people.

5.3 Rwanda

National Institute of Statistics of Rwanda (2016:1) state that, "overall, 446,453 persons with disabilities aged 5 and above are living in Rwanda according to the 2012 Census, out of which 221,150 are male and 225,303 are female". Njelesani, Siegal and Ullrich (2018:8) opined that the Rwandan 1994 genocide contributed greatly to the prevalence of disability. Karangwa, Miles and Lewis (2010:267) noted that "the genocide also contributed to an increase in impairments not only as a direct result of the violence, but also because of the breakdown of health, vaccination, and rehabilitation services, as well as ongoing mental health conditions". It can thus be concluded that the genocide contributed directly and indirectly to disabilities in Rwanda. Rwanda has been at the fore front in Africa in developmental policies aimed at uplifting the standards of living of persons living with disabilities. The country is also a signatory of the UN CRPD since 2008. It has also tried to domesticate the convention (Njelesani *et al.*, 2018:5). For example, the Constitution of 2003 as revised in 2015, specify fairness for the citizens of Rwanda and condone unjust intolerance with regards to disability. In particular, article 51(2) of the Constitution provides that the State has the duty within its means to undertake special actions aimed at the welfare of persons with disabilities (Njelesani *et al.*, 2018:2).

In support of article 28 of the CRPD, The Vision 2020 strategy, better known as Umurenge Programme

(VUP), was drafted with the aim of eradicating poverty through supporting income generation activities and public works especially to persons living with disabilities. The Economic Development and Poverty Reduction Strategy 11 (EDPRS 2) is a strategy to implement Vision 2020. It states that Rwanda does not want to leave out any of its citizens including persons living with disabilities from contributing economically to the nation (Republic of Rwanda, 2015:13). The disability movement in Rwanda consists mainly of Non-Governmental Organizations (NGOs) such as the National Council of Persons with Disabilities which opened its doors in 2011 (Karangwa *et al.*, 2010:269). Eide & Ingstad (2013:46) specify that, "the NGOs are involved with all decision making relating to plans and programmes, as recommended by the UN General Assembly convention". NGOs are clearly the mouthpiece of persons living with disabilities in Rwanda. The case of Rwanda shows that despite serious and clear policies protecting persons living with disabilities, there is still a huge gap in the realization of rights and inclusion of these vulnerable persons (Karangwa, 2010:269).

5.4 Sierra Leone

As a result of civil war over the period 1991-2002, the occurrence in Sierra Leone of disability has been greater as compared to other parts of Africa. Statistics Sierra Leone (2017:2) explains that a decade of political conflict and war led to the death of more than 40 000 people, displacing around 2 million and many more scores of thousands amputated and injured. As of 2017, the agency estimates that there were 93,129 persons with disabilities, representing roughly 1.3% of the population. Of this, 54 per cent are male and 46 per cent female. It also states that persons with disabilities are subjected to many challenges (Statistics Sierra Leone, 2017:4-16) inclusive of:

- Stigmatization and discrimination because of negative attitudes. Some of this is reflected in the use of derogatory language. For example, the report states that in 'Krio', one of the major languages, words like 'cripple' or "*die fuit*" - meaning "*dead feet, dead hands*" are used to describe them. Generally, there is still widespread negative perception of persons with disabilities.
- Exclusion from education: 63 per cent had never attended school, meaning only 37 per cent did so. The education system also disadvantages

them due to physical access barriers to buildings and infrastructure, coupled with negative attitudes from other learners.

- Exclusion from employment: Only 1.8 per cent were working formally, with more males unemployed (67.4 per cent) and 32.6 per cent female.
- Women with disabilities face multiple discrimination on the basis of their gender, disability and ethnicity.
- Lack of awareness and capacity on the part of government officials in terms of developing programmes that encourage the developmental aspirations for persons with disabilities and also limited budgetary resources that are allocated to such programmes. Most of the assistance to persons with disabilities is through international agencies and Non-Governmental Organisations (NGOs).

The World Bank (2009:25) also observes that people living with disabilities in the country are continuously subjected to most of the above abuses. They also lack access to services such as education and health. Furthermore, they mostly live on social welfare due to discrimination from labour markets. Government responses include the 2011 ratification of CRPD and introduction of a Disability Act that seeks to promote inclusive education of PWDs. However, critics have pointed out that the Act does not explicitly prohibit discrimination (Sierra Leone Statistics, 2017:12; Adeola, 2015:231). The Act has a number of key provisions that could improve the lives of people with disabilities, for example, the provision for free medical services in public health institutions, free education in tertiary institutions, protection from expulsion from an educational institution on grounds of disability (Adeola, 2015:143). The 1991 Constitution also makes provisions to deal with disability. Although the government has succeeded in setting up institutional machineries to address disability issues, they are not system-wide and therefore limited. Three ministries are responsible for implementing policies and laws on disability, namely, the Ministries of Social Welfare, Gender and Child Affairs and the Ministry of Education, Science and Technology, have been mandated to implement disability policies and laws. In addition, the government has set up a Directorate of Social Welfare for Disability. There are also Disability Focal Points that have been established in other government

ministries. The government also set up a Human Rights Commission which has in turn established a Different Ability and Non-Discrimination Office (DANDO) to champion as well as fostering human liberties of people living with impairments (Sierra Leone Statistics, 2017:34).

Though these are useful machineries, not much information was available on their impact. Mainstreaming disability across all ministries and sectors would be a more effective strategy. With regards to strategies, in 2013, the country introduced the 'Agenda for Prosperity', which is Sierra Leone's Third Generation Poverty Reduction Strategy Paper (2013-2018) (Adeola, 2015:75). It emphasizes equity and equality of people with disability with others. Key provisions include free health care, strengthening of services and provision of rehabilitation equipment to persons with disabilities (Adeola, 2015:76). The strategy also included an all-inclusive combination of contemporary market-aligned entrepreneurship programmes with a focus on training and capacity building of youths, including people with disabilities (Adeola, 2015:77). Although a National Plan for Higher Education was developed with the intention of supporting inclusive education, its implementation has been slow (Sierra Leone Statistics, 2017: 23).

In a scathing attack on the failure of the government to actualise these policies and legislation provisions, Joel Tejan Deen-Tarawally Esq, Barrister and Solicitor of the High Court of Sierra Leone (2019) does not mince his words when he says:

As impressive as these achievements may be, they are merely little drops in a mighty ocean. For far too long in Sierra Leone disability right issues have been swept under the carpet and relegated to the back stage by political lip-service. Protecting and promoting the rights of PWDs is not just about enacting legislation or creating a commission; rather it is about creating a free and just society that is inclusive of all persons with disabilities as equal citizens.

He cites as challenges, the understaffing of the National Commission for Persons with Disabilities, which has resulted in failure to implement significant foundations in the Persons with Disabilities Act No 3 of 2011. One of the Act's provisions to set up a National Development Fund for persons with disabilities was still not established at the time of his writing. Services for free medical care were also

not fully functional due to shortages of drugs. He also laments that while the Disability Legislation in Section 14(1) is providing complimentary e-schooling at tertiary level and further states in Section 14(2) that the Government 'shall' ensure the structural adaptation of educational institutions to make them easily accessible to persons with disabilities.

In as much as the free education at tertiary level is being provided,and is free at tertiary level for people with disabilities; it is practically not accessible because of structural and environmental factors. In the entire country, it is only the University of Makeni that has a 'Special Needs Department' that caters for them. The environment and buildings at Fourah Bay College, Institute of Public Administration, College of Medicine and Allied Health Science, Njala University, the Milton Margai College of Education, Science and Technology, and other tertiary institutions are nothing but death traps for persons with disabilities. There is no braille, no ramps and lifts, and no sign language facilities.

These barriers exist even though Section 24(1) of the Persons with Disabilities Act has a provision of PwDs should have environments which are accessible. In the Barrister's opinion, government's lack of resources must not be accepted as an excuse to neglect a part of the country's citizenry.

5.6 South Sudan

There are no recent reliable statistics on the prevalence of disability in South Sudan. That notwithstanding, Rohwerder (2018:7) reports that people with disabilities face significant marginalization in terms of social and political exclusion. Gilbert (2016:14) explains that, "people with disabilities are disadvantaged largely due to stigma and discrimination, inaccessibility of education, health and sport facilities, places of work, election/polling centres, courts, information and other infrastructure". Communication, electronic and print media are also inaccessible and that majority of persons living with disabilities are unemployed (Rohwerder, 2018:12). Although there are a number of organisations for people with disabilities, they face challenges due to inadequate government backing as well as low income to keep programmes running (Rohwerder, 2018:14). The situation is compounded by their under-representation at the political level, which basically means that they have no voice or decision making powers.

In spite of these challenges, little progress has been made in introducing policies and laws to address disability. South Sudan has not ratified the UN CRDP. Constitutionally there are no provisions for the liberties of people with disabilities. The Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management (MGCSWHADM) is the institutional machinery that has been established to promote and protect the rights of persons with disabilities. The government has also introduced a National Disability and Inclusion Policy and an Inclusive Education Policy. However, lack of political will and funding problems have constrained implementation. Rohwerder (2018:7) observes that, "basically authorities have limited capacity to respond to the medical, educational and mobility needs of people with disabilities, and that there has been little pressure on them to respond to those needs". Due to these policy implementation failures, people with disabilities are generally invisible in development programming in South Sudan.

6. Emerging Issues

The analysis of the five case studies indicates that although they have each attempted to integrate disability inclusion into their development policies, planning and programming disability is actually a challenge in all the countries. The relatively more developed countries like South Africa and Tunisia, however, have particularly made more progress in the domestication of CRPD and in introducing more comprehensive legislation and policies to advance the equal opportunities for people with disability as well as promoting their full inclusion in the political, economic and social sphere. This suggests that it is in fact possible to integrate disability inclusion in development planning and programming. However, a weakness that pervades all five countries consists of poor implementation capacity, which is why persons living with disabilities in all these countries continue to face challenges of exclusion in various forms. Evidence also shows that in the relatively less developed countries such as Rwanda, Sierra Leone and South Sudan, the integration effort is much slower. This is explained by lack of capacity on the part of government, lack of political will or commitment and limited financial resources (Brynard, 2010:14). Consequently, international agencies and Non-Governmental Organisations (NGOs) have assumed a disproportionately larger role in filling that gap. We argue that it is fundamentally unacceptable that part

of a country's citizenry (a vulnerable one for that matter), should be 'marginalized' and 'excluded' because of state failure. Such an anomaly must be corrected.

7. Conclusion and Recommendations

People with disabilities still encounter challenges of exclusion, stigma and marginalisation in the countries studied. While South Africa and Tunisia have made more progress in terms of domestication of international conventions and instruments on the rights of people with disabilities as compared to Sierra Leone, Rwanda and South Sudan, all the countries have not fully integrated disability inclusion into their development processes. Key lessons are that full integration of disability in development policy, planning and programming critically requires political commitment, well-funded institutional machineries and effective implementation among state and non-state actors. In all the countries, there is need for massive investments in public education and awareness to foster recognition as well as accept persons living with disabilities as citizens with equal liberties with others in every sphere and that those rights have to be actualised.

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