

AfriNEAD

The African Network for Evidence-to-Action in Disability

6th CONFERENCE

1st-2nd December 2020

Virtually from Cape Town

THEME:

***Disability unplugged-
Beyond Conventions and
Charters: what really matters
to persons with disabilities in
Africa.***

Hosted by:



AfriNEAD

The African Network for Evidence-to-Action in Disability



Disability Unit, Centre for Student Counselling and Development



Student Affairs
Studentesake

6th Annual AfriNEAD Conference

***Theme: Disability unplugged-
Beyond Conventions and Charters:
What really matters to persons with disabilities in
Africa.***

***1st – 2nd December 2020
Virtually from Cape Town, South Africa***

A partnership with AfriNEAD and Edit Microsystems

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Welcome Messages

Stellenbosch University: Rector & Vice Chancellor, Prof Wim de Villiers

Dear Delegate

This is a two-fold welcoming message, directed both to everyone attending this conference, and to its hosting structure, AfriNEAD. Having been founded by the Centre for Disability and Rehabilitation Studies in our Faculty of Medicine and Health Sciences in 2007 – and having since held gatherings not only here in South Africa (Stellenbosch and Cape Town), but also in Zimbabwe, Malawi and Ghana – the African Network for Evidence-to-Action in Disability is back for its 6th Conference. So, it is with the greatest pleasure that I say, welcome home!



What started modestly as a network of disability advocacy groups, academics and researchers, health service providers and government department representatives has since become a significant facilitator around the needs of people with disabilities on our continent. And it has done so by translating disability research into meaningful advocacy, practice, products and policy. And – very importantly – by fostering sound relationships.

This resonates well with the vision of Stellenbosch University, which directs us to “advance knowledge in service of society”. To this end, one of our strategic themes is to conduct “research for impact”. We strive to be relevant to the people of our country, continent and the rest of the world. Another pertinent theme is to build “purposeful partnerships and inclusive networks”. We collaborate with stakeholders at all levels, guided by respect, compassion and equity.

On 3 December last year, we declared that 2020 would be the Year of Persons with Disabilities at Stellenbosch University, in line with our commitment to inclusivity and the promotion of equal opportunities for all. At the time, we did not know a coronavirus pandemic would strike the world, but I have been greatly impressed by how well our staff and students have rallied in response to the crisis. The fact that this Conference is going ahead online is a good example of the can-do spirit so characteristic of initiatives that succeed against the odds.

We were going to conclude our activities this year by awarding an honorary doctorate to Ms Rachel Kachaje, who had advocated tirelessly for the rights of persons with disabilities in Malawi, but received news in September that she had passed away. We are deeply saddened by this loss, and will honour her legacy by awarding her degree posthumously to her husband, Gibson.

In her welcoming message, AfriNEAD Chairperson Prof Gubela Mji writes that the network’s conferences “have always been a space of revival for both the delegates and the mother body.” Looking at the programme, I can see why – the range of topics to be discussed is inspiring, and the calibre of presenters impressive. May you have an invigorating Conference that will lay the foundation for success with the next phase of your important work. You can count on our support.

Prof Wim de Villiers

Rector and Vice-Chancellor

Stellenbosch University

AfriNEAD Chairperson: Prof Gubela Mji

Dear Friends and Colleagues

I welcome you ALL on this momentous event of coming together as the network. The conference space always affords AfriNEAD a space to reflect on how far the network is on its quest to be an African Network for Evidence -to- Action in Disability. As part of its networking activities, AfriNEAD has managed to host 5 conferences, initially 2 in Cape Town (2007 & 2009) followed by 3: in Zimbabwe 2011, Malawi 2014 with the last one in Ghana in 2017. On the 1st – 2nd December 2020 AfriNEAD will again host its 6th conference in Cape Town with the theme:

“Disability Unplugged – Beyond Conventions and Charters, what really matters to People with Disabilities in Africa?”

Despite COVID-19, AfriNEAD has opted to continue with the conference using **virtual** means of offering a conference. AfriNEAD has partnered with Edit Microsystems (EM) who will support the AfriNEAD conference with technical aspects of the conference. The COVID-19 global crisis has shined a spotlight on our pre-existing social inequalities and the vulnerabilities of persons with disabilities as they are doubly affected by this pandemic. Conferences such as the AfriNEAD conference need to continue despite these trying times.

On the 3rd of December, which is the International Day for People with Disabilities, AfriNEAD together with City of Cape Town will host an event related to this day with its Theme: **‘Not all Disabilities are Visible’** with focus on spreading awareness and understanding on disabilities that are not immediately apparent, such as mental illness, chronic pain or fatigue, sight or hearing impairments, diabetes, brain injuries, neurological disorders, learning differences and cognitive dysfunctions, among others. This speaks strongly to some of the challenges experienced by the Human family during the onslaught COVID-19 pandemic.

We are humbled by the response we have received from Colleagues. Again AfriNEAD will be able to host an international virtual conference. Being aware of the challenges that some of our colleagues will experience in accessing this conference by virtual means and praying for all to be patient and not hesitate to contact us when one is struggling – we will definitely disseminate contact numbers.

AfriNEAD conferences are based on 8 thematic areas that have been developed from the integration of all the articles of the UNCRPD. Though many African countries ratified the Convention it is not clear how governments of these countries intend to include the intention of the CRPD articles into policy and practice. AfriNEAD advocates for the translation of disability research evidence into action that will assist in the upliftment of the lives of PWDs in Africa.

The UNCRPD further calls for inclusion and mainstreaming disability equal opportunity issues to policies of the UN member countries. Paying particular attention to Article 32 of the Convention that further expands that:

“Countries are to provide development assistance in efforts by developing countries to put into practice the Convention”. States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities.

Now that the conference is coming back home to Stellenbosch University and Cape Town, we too intend to apply what we have learnt from some of our colleagues in the region that the conference itself can be used as a tool for advocacy and change. We started by visiting the Management of our own institution reminding it of its conscience and the need to demonstrate its strength by presenting how it has pledged solidarity to those at the margins. This has resulted in Stellenbosch University awarding an honorary degree to Ms Rachel Kachaje one of AfriNEAD’s greatest supporters and feisty disability advocates from



Malawi. A giant in the continent with regard to issues of Human rights – may her sole rest in peace. This was followed by Stellenbosch University declaring 2020 a year for persons with disability. The Deputy Vice Chancellor when welcoming new students also brought this understanding of the stand of Stellenbosch University on being an inclusive University and its commitment to disability issues.

We are looking forward to our stakeholders who will guide and support AfriNEAD on its next phase and QUEST.

Edit Microsystems

Edit Microsystems welcomes all delegates to the 6th AfriNEAD Conference

We are proud to be supporting AfriNEAD in delivering this conference on a virtual platform.



About Edit Microsystems- *Our vision has always been to upskill people so that they can be employed and make a meaningful contribution towards a better South Africa – to live a life of dignity and self-worth – and this is only possible with education.*

Edit Microsystems (Pty) Ltd is an award-winning company that has supplied technology solutions to educational institutions, corporations and community upliftment projects throughout Southern Africa for over 28 years. The company is devoted to finding alternative and cutting-edge technology for learners of all abilities to improve curriculum delivery with a focus on high speed functional connectivity, on-going support and professional development.

Edit Microsystems (Pty) Ltd is the founding member of the Associated Distributors of Educational Supplies in Southern Africa (ADESSA). ADESSA is a body representing educational suppliers in their dealings with government departments, educational institutions and other interested parties. It is an independent organisation, and is funded by subscriptions from member companies. There are currently over 40 companies that are members of ADESSA. ADESSA as an association promotes professionalism amongst its members, and aims to deliver an edge in education.

What we do

We offer advice, products, training and support in the following areas: Professional Development, Literacy, Substance Abuse, Teenage Pregnancy Prevention, Special Needs & Inclusion, Assistive Devices, Low Vision & Blindness, Data Projectors, Interactive Projectors, Mobile Learning, Interactive Whiteboards, Distance Learning, Remote Support, Document Cameras & 3D Microscopes, STEM (Science, Technology, Engineering and Maths), Data Logging, Virtual, Laboratories, Robotics, Computer Control, Alternative Energy, Vocational Training, Welding Simulation, Early, Learning Technology, Automotive Simulatio.

Where we are

Edit Microsystems has offices in Cape Town, Durban, Johannesburg and Mpumalanga within South Africa, and has been involved in projects throughout Southern Africa. Countries in which Edit Microsystems has been active include Namibia, Swaziland, Lesotho, Botswana, Mozambique, Zimbabwe, Malawi, Uganda, Ghana, Mauritius and Zambia.

We offer remote training and support through our unique online video conferencing and collaboration software, allowing us to link to customers and beneficiaries across vast distances and cover such a wide area with a small staff complement. To enable teachers to access training “just-in-time” when they need it, and covering the topics they need, Edit Microsystems offers online interactive and video-recorded training to teachers across the country.

IN MEMORY OF RACHEL KAMCHAHCHA KACHAJE

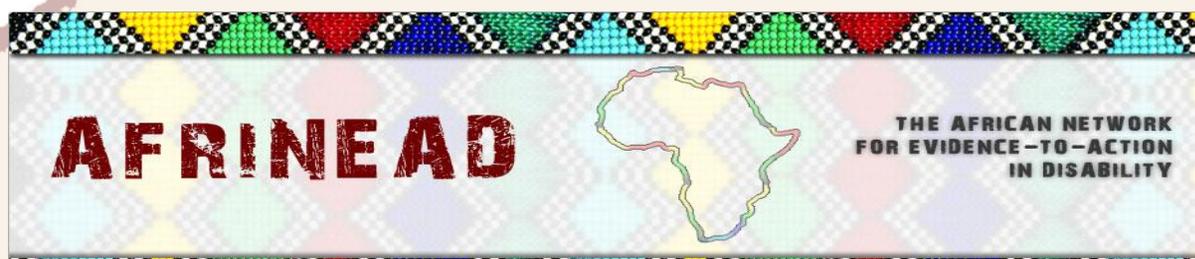


The 6th AfriNEAD conference in 2020 is honouring and celebrating the life of Rachel Kamchahcha Kachaje. It is within this context that AfriNEAD has invited the UN. Global Disability Advisor Ms Charlotte Vuyiswa McClain - Nhlapho to deliver a keynote address in remembrance of her life on the 1st of December 2020.

In honouring and celebrating the life of Ms Kachaje, AfriNEAD is recognising the extensive work that Rachel has done and achieved in raising awareness about challenges experienced by persons with disability at local, regional, and international levels. A disability activist at heart Rachel worked her way to become the Minister for disability and the elderly in Malawi.

She was a strong believer in development of partnerships and ensured that the work done by Mr Alexandra Phiri the previous CEO of SAFOD in working close with AfriNEAD continues even when Mr Phiri was late. She worked closely with the present CEO of SAFOD Mr Mussa Chiwaula on issues of partnerships with AfriNEAD. Kamchacha used to claim that important documents such as the UN Standard Rules for Equilization of Opportunities for Persons with Disabilities, the UNCRPD and the SDGs would find it impossible to implement their mandate without partnerships. To her partnerships afforded space for development of a strategic alliance built on trust, equality and mutual understanding and obligations to achieve a common purpose.

She used to acknowledge that for persons with disabilities interactions with trusted partners enable them to fully express true concerns about the society we live in. It is during these interactions' terms such as "Nothing about us without us" and "Leaving no one behind" are expressed . She questioned traditional approaches to disability research which were based on and aimed at finding ways of preventing and rehabilitating disability. Instead dreamed of an inclusive society that embrace ALL with human dignity and respect. Knowing this Giant of human rights - AfriNEAD became a better network. We will miss your gentle firm hand that always gave clarity and guidance to disability matters. AfriNEAD will miss your healthy mood and laughter.



ABOUT AFRINEAD

AfriNEAD -**African Network for Evidence-to-Action in Disability** -is a pan-African network founded by the Centre for Disability and Rehabilitation Studies at Stellenbosch University in 2007. The network promotes, facilitates and coordinates implementation of disability research evidence into policy and practice through engaging persons with disabilities; researching through them, with them, not only about them; and, where possible, making them the lead researchers. This is achieved through: collaborative research projects involving persons with disabilities, academic researchers, government officials and civil society; conferences and seminars and publication and dissemination of research evidence through policy briefs, reports and special issues in academic journals.

The **African Network for Evidence-to-Action on Disability** (AfriNEAD) was founded in 2007 to ensure that networking and research contribute to a better quality of life for people with disabilities in Africa. AfriNEAD is a flagship project of the Centre for Rehabilitation Studies at Stellenbosch University. AfriNEAD's aim is to facilitate evidence-to-action in the disability field so as to impact for real change in the quality of life of people with disabilities in Africa. There is a need to translate research into evidence-based advocacy, practice and policy – particularly in the pan-African context and systematically addressed in a coherent and consistent fashion. AfriNEAD intends to be part of this solution. AfriNEAD's mission is to be a dynamic disability sector network where there is free and open exchange of ideas and evidence to advance the realisation of equal rights for people with disabilities and to promote action for social inclusion and participation. The vision for AfriNEAD is that it will become a significant contributor to and facilitator around the needs of people with disabilities in Africa, by assisting in translating existing and new research in the disability arena into meaningful evidence-based advocacy, practice, products and policy.

ACHIEVEMENTS OF AFRINEAD

The development of the network that celebrated 10 years in 2017 and has more than 500 e-mail addresses that receive quarterly newsletter about the network.

- The AfriNEAD website: www.sun.ac.za/afriNEAD
 - The tabling of the 5 conferences 2 in Cape Town and the other 1 in Zimbabwe and 1 in Malawi with the 5th in Ghana 2017.
 - The development of clusters of researchers to answer critical research questions and to develop a network of support for each of the 4 major studies have been completed by these clusters.
 - The production of research evidence in some key research areas in Africa and these studies can be used to guide certain critical policy imperatives in Africa.
 - The development of the African journal for Disability and its achievements. AJOD www.ajod.org
- Partnering with institutions of higher learning in Africa in creating disability and Rehabilitation Programmes and for AfriNEAD to play a supportive role in these programmes and foster focus on development of disability research evidence and encourage for this evidence to be translated into policy and action for the realization of rights of disabled people.

AfriNEAD PARTNERS

Southern Africa Federation on the Disabled (SAFOD):

The Southern African Federation of the Disabled is a non-governmental human rights organisation. It was founded in 1986 by disabled people for disabled people. It is umbrella organisation for the national Disabled Peoples' Organisation in the Southern Africa Development Community (SADC). In SAFOD and all its national member organisations, disabled people must be on the forefront of their own development. "Nothing about us without us" •. SAFOD supports and encourages the formation of disabled peoples' organisations (DPOs) and strengthens the existing ones. SAFOD is the regional representative of Southern Africa to the world-wide movement of people with disabilities. Disabled Peoples' International (DP I). www.safod.org

Centre for Global Health, Trinity College Dublin:

In analysing Global Health the Centre for Global Health addresses health problems and issues that transcend national boundaries, and is informed by the circumstances and experiences of countries in different contexts. Their underlying assumption is that the world's health problems are shared and are best tackled by the cooperative action and the sharing of innovative solutions. Our strategy is to build strong collaborative links with universities in high-income countries who have already well-established reputations in international health, as well as universities in the South and East who have developed significant expertise in global health research and are well-respected within their own countries. East who have developed significant expertise in global health research and are well-respected within their own countries.

African Decade:

The mandate of the Secretariat of the African Decade of Persons with Disabilities is to facilitate the implementation of the Continental Plan of Action by governments, disabilities and non-governmental organisations. The mission of the Secretariat is to empower government, Decade Steering Committees, Disabled Person's Organisations and development organisations to work in partnership to included disability and persons with disabilities into policies and program in all sectors of society in Africa. Their work is especially focused on capacity building, advocacy and lobbying and awareness raising. The Secretariat has five key programmes: HIV/AIDS, Youth and Children, Gender, Law Policy and Livelihood Opportunities and PRSP. www.africandecade.org

Disabled People South Africa (DPSA):

DPSA was formed in 1984 by people with disabilities as a body to represent themselves. DPSA is a democratic cross-disability body made up of member organisation of disabled people in South Africa. DPSA is recognized as the National Assemble of people with disabilities by Disabled People International [DPI], which has observer status at the UN. DPSA's mission is to be effective and efficient democratic national assembly of all people with disabilities which mobilises people with disabilities to advocate for their rights, for the attainment of equal opportunity in an integrated social, political and economic environment. www.dpsa.org

Western Cape Network on Disability:

The Network is a non-governmental body consisting of organizations of and for people with disabilities. It is committed to the promotion of equal rights and equal opportunities for all people with disabilities in the Province of the Western Cape.

DeafNET:

Centre of Knowledge (DeafNET) is a network of knowledge and expertise in the interest of people in Africa who experience hearing loss and related communication barriers. DeafNET is an international organisation that operates on the African continent and adjacent Indian Ocean Islands, and is registered in South Africa as a Charitable Trust, Non-Profit Organisation and Public Benefit Organisation. Its main

objectives are the particularizing, exchange and dissemination of knowledge, expertise and skills in order to empower all persons with hearing loss and related communication barriers on the African continent to achieve their full potential. These objectives are achieved among others by facilitating and promoting education, development, training, social services, and spiritual and mental well-being to such persons.

NID:

National Institute for the Deaf: NID serves persons with hearing loss from all across South Africa and Africa. Our beneficiaries are unique individuals with varying cultural and social backgrounds. Persons with hearing loss are a diverse group with the following distinct groups: **Pre-lingual** (before acquisition of language: These persons see themselves mainly as a linguistic and cultural minority group. They use the capital letter D to indicate Deaf, referring to persons whose primary communication medium is Sign Language and who feel at home in a Deaf culture. **Post-lingual** (after acquisition of language): Persons who experience different degrees of hearing loss later in life. Deaf-blind: Persons with both sight disability and hearing loss. Deaf-blindness is seen as a disability separate from deafness and blindness. They are served by an exceptional team of specialised training, care and operational staff members. These people have a passion for helping each of the beneficiaries unlock their full potential and live a life of abundance.

Disabled children's action group (DICAG) South Africa:

DICAG was established in 1993 by the parents of disabled children. One of our main aims is to empower ourselves to educate our children in an inclusive environment. DICAG was initially affiliated to Disabled People South Africa (DPSA), the national disabled people's umbrella organization, but is now an independent organization. DICAG has 311 support centres, 15,000 parent members and 10,000 children actively involved. DICAG is a campaigning organization, which helps to raise the level of awareness of disability and which challenges stereotypes and perceptions of disabled people in South Africa. DICAG aims to ensure equal opportunities for disabled children, especially in education.

SINTEF:

SINTEF(The Foundation for Scientific and Industrial Research at the Norwegian Institute of Technology) is the largest independent research organisation in Scandinavia. Over the last 60 years, we have created value and innovation through knowledge generation:':

Washington University: The UW is one of the world's preeminent public universities. Our impact on individuals, our region and the world is profound — whether we are launching young people into a boundless future or confronting the grand challenges of our time through undaunted research and scholarship. Ranked No. 10 in the world in Shanghai Jiao Tong University's 2015 rankings, the UW educates more than 54,000 students annually. We turn ideas into impact and transform lives and our world. For more about our impact, visit our news site, [UW Today](#). So what defines our students, faculty and community members? Above all, it's our belief in possibility and our unshakable optimism. It's a connection to others near and far. It's a hunger that pushes us to tackle challenges and pursue progress. It's the conviction that together we can create a world of good. Join us on the journey.

CBM:

CBM(Christian Blind Mission) strives to remove the barriers that marginalize people with disabilities in the most disadvantaged societies in the world. It does this by working with partner organizations in these regions, by influencing policy at all levels and by responding to emergencies and natural disaster. CBM is an international Christian development organisation, committed to improving the quality of life of people with disabilities in the poorest communities of the world. Based on its Christian values and over 100 years of professional expertise, CBM addresses poverty as a cause and a consequence of disability, and works in partnership to create an inclusive society for all.

CONFERENCE PLANNING COMMITTEE

Planning Committee Chairperson

Dr Marcia Lyner-Cleophas

Dr Marcia Lyner-Cleophas is the head of the Disability Unit at Stellenbosch University. She started up the Unit in 2007 and this year, it is 13 years old. Prior to this, she worked specifically as an educational psychologist at the Centre for Student Counselling and Development, Division for Student Affairs. For the 6th AfriNEAD conference, she is the chairperson of the planning committee. She has worked as an educational psychologist in a special school for hearing impaired and Deaf students in Khayelitsha as well as taught English in high school in Cape Town. She hails from a family where her sister had a disability – cerebral palsy. Her vision is to create a universally accessible world for all people, for real inclusion and acceptance of our shared humanity and varying abilities and talents. Marcia describes herself as vibrant, compassionate, dedicated and an old-soul. She expressed what COVID-19 as “Ever-changing”.



Finance Committee

Lead: Rustim Ariefdien



Members:

Gubela Mji
Hillary Lane

Media and Marketing Committee

Lead: Luigia Nicholas



Members:

Marcia Lyner-Cleophas
Gubela Mji
Hillary Lane
Lizelle Apollis
Babalwa Gusha
Charl Linde
Wentzel Barnard

Programme Committee

Lead: Gubela Mji



Members:

Anthony Ghillino
Hillary Lane
Dalene Swart
Lois Strachan

Education Committee

Lead: Lekietseng Ned



Members:

Chioma Ohajunwa
Arne Henning Eide
Tsitsi Chataika
Stine Hellum Braathen
Anthony Edusei
Callista Kahonde
Nondwe Mlenzana

Technical Committee

Lead: Hillary Lane



Members:

Marcia Lyner-Cleophas
Gubela Mji
Luigia Nicholas
Dalene Swart
Edit Microsystems

AfriNEAD Secretariat

Chairperson: Gubela Mji

Coordinator: Hillary Lane

PROGRAMME OVERVIEW

1ST DECEMBER 2020 CONFERENCE OPENING

SESSION 1 08:40 – 09:40 WELCOMING

Chairperson: Mzolisi Ka-Toni

- 08:40 – 08:50 Moderator introduce Chairperson and start of the conference
- 08:50 – 09:00 Chairperson introduces speakers
- 09:00 – 09:10 Welcome Event: About AfriNEAD (Chairperson of AfriNEAD: Gubela Mji)
- 09:10 – 09:20 Conference open: Welcome & introduce committee (Chairperson of Conference organising Committee Marcia Lyner - Cleophas)
- 09:20 – 09:30 Official welcome by Prof Jimmy Volmink (Medicine and Health Science Faculty, Stellenbosch University)
- 09:30 – 09:40 Official welcome by Mr Allan Winde (Premier of the Western Cape)
- 09:40 – 09:45 Moderator manages questions and introduce session 2 and Chairperson

SESSION 2 09:45– 10:45 RESEARCH EVIDENCE

Chairperson: Martha Geiger

- 09:45– 09:50 Chairperson introduces speakers
- 09:50–10:00 AK Dube: Development of an African voice in Disability Research
- 10:00 -10:10 Prof Leslie Swartz: The unfolding story of disability research in Africa: Challenges and rewards.
- 10:10-10:20 Dr Charlotte Capri: AJOD: progress and experience from Chief Editor
- 10:20–10: 30 Dr Lieketseng Ned : UNCRPD articles as a guide to AfriNEAD research focus areas
- 10:30 – 10:40 Discussion and Questions

10:40- 10:50 Tea and Virtual Networking

SESSION 3 10:50–12:20 DISABILITY RESEARCH COUNTRY WORKING GROUPS (DRCWG)

Chairperson: Margie Schneider

- 10:50 - 10:55 Moderator introduce Chairperson of session 3:
- 10:55 – 11:00 Chairperson introduces Minister Irene Esambo Diata from DRC.
- 11:00 – 11: 15 Keynote address: The issue of the inclusion of people with disabilities and the creation of the Ministry of Disability and Other Vulnerable Persons in the DRC: Irene Esambo Diata, Minister for Persons with Disabilities and Other Vulnerable Persons in the Democratic Republic of Congo (DRC)
- 11:15 – 11:20 Questions and response from the floor

11:20 – 11:25 Introduction of Participants for the round – table for DRCWG

11: 25 -12:15 Round table discussion: (Tanzania: Audiphax Kamala, DRC: Eric Metho Nkayilu, Zimbabwe: Tsitsi Chataika , Ghana: Anthony Edusei & South Africa: Nondwe Mlenzana & Gillian Moses) Countries presenting for 10 minutes status of disability research in their countries

12:15 – 12:25 Discussion and Questions

12:25 –12:50 Lunch

SESSION 4 12:50:15:00 FIRST 4 SCIENTIFIC COMMITTEES

Overall coordinator: Lieketseng Ned

12:50 – 12:55 Moderator introduce Chairperson of session 4:

12:55 – 13:00 Overall coordinator explains continuation of Scientific committees

Commission A: Children and Youth with Disability

Commission B: Education: Early to Tertiary

Commission C: Economic Empowerment

Commission D: Systems of Community Based Rehabilitation

15:00 – 15-10 Tea

SESSION 5 15:10 -17:30 2ND 4 SCIENTIFIC COMMITTEES

15:10 – 15:15 Overall coordinator explain continuation of Scientific committees

COMMISSION E: Health and HIV/AIDS

COMMISSION F: Development Process in Africa: Poverty, Politics and
Indigenous Knowledge

COMMISSION G: Holistic Wellness: Sport, Recreation, Sexuality, Spirituality

COMMISSION H: Assistive Technology/Devices

17:30 – 17-40 Tea

SESSION 6 17:40 – 18:00 CLOSING

Chairperson: Gubela Mji

17:40 – 17:45 Moderator introduces chairperson

17:45 – 17:50 Chairperson introduces Ms Charlotte Vuyiswa McClain- Nhlapo

17: 50 – 18:00 Celebrating the life of Rachel Kachaje

SESSION 7 08:50 –09:00 2ND DECEMBER: DAY 2: ALL EVENTS IN PLENARY

Chairperson: Rustim Ariefdien

08:50 – 09:00 Moderator Recap from day before, explain program for the 2nd day and introduce chairperson

09:00 - 09:05 Chairperson introduces speakers for the session

09:05 – 09:15 Michelle Botha: The Western Cape Network on Disability: Honest Reflections on a Journey to Self-Representation

09:15 – 09:25 George Kayange: SAFOD Response to COVID-19 Regional Strategy

09: 25 – 09:35 WHO Regional Representative: Dr Sougou Sarassa Aissatou/Mac Maclachlan/Chapal Khasnabis: Promoting Regional Coherence and Cohesion amidst Multiple Assistive Technology Initiatives in Africa

09:35 –09:45 Jill Hanass -Hancock : Advancing Disability Inclusive Research in Africa (ADIRA)

09:45 – 10:00 Discussion and questions

10:00 – 10:15 Tea

SESSION 8 10:15–11:30 1ST SCIENTIFIC FEED BACK

Chairperson: Gillian Moses

10:15 – 10:20 Moderator introduce Chairperson of session 8

10:20 – 10:25 Chairperson introduces speakers for commission: A, B, C & D

10:25 - 11:05 Commissions Feedback: A, B, C & D: 10 min =40

11:05 - 11:30 Discussion and questions

SESSION 9 11:30 –12:45 2ND SCIENTIFIC FEED BACK

Chairperson: Wentzel Barnard

11:30 – 11:35 Moderator introduce Chairperson of session 9

11:35 – 11:40 Chairperson introduces speakers for commission: E, F, G & H

11:40 – 12:20 Commissions Feedback: E, F, G & H: 10 min =40

12:20 - 12:45 Discussion and questions

12:45 - 13:30 Lunch

SESSION 10 13:30 – 15:00 CONFERENCE WRAP-UP

Chairperson: Tsitsi Chataika and Mzolisi Ka-Toni

13:30-14:30 Presentation of Core Group Meeting and discussion of way forward

14:30–15:00 Closing remarks

Chairperson and Keynote Speakers

Moderator : Ms Luigia Nicholas

Luigia Nicholas is a Postgraduate Tax Law Candidate at Stellenbosch University(SU) in the Western Cape, South Africa. She completed her Bachelor of Commerce degree in Marketing at Stellenbosch University(SU) in 2019. Luigia is a student assistant and student mentor at the Disability Unit in the Centre for Student Counselling and Development at SU and the Special Needs Manager on the Student Representatives Council at Stellenbosch University. Luigia is also the Deputy Chairperson of the National Disability Student Committee a division of the South African Union of Students where she advocates for a more accessible campus for students, staff and visitors. Luigia is also a Steering Group Member at the International Collaboratory for Leadership in Universally Designed Education. In 2020 she received a SA 100 Shining Star Award from Inside Educations for her work in disability awareness and social impact. She has a visual disability and works with the support of assistive technology and a guide-dog named Haiku.



SESSION 1 WELCOMING

Chairperson: Mzolisi Ka-Toni

Mzolisi Ka-Ka-Ntoni is a Disability practitioner and activist with a wide range of experience in disability, community and organisational development. A seasoned trainer, Facilitator, Director, and part time lecturer/educator. To Mzolisi Education should stress learning more than teaching. Where possible animators should create a learning situation where adults can discover answers and solutions for themselves COVID-19 meant Quarantined to Mzolisi.



Keynote Speaker:



Gubela Mji

Gubela Mji is a Professor and a Director at the Centre for Disability and Rehabilitation Studies at Stellenbosch University where she leads a vibrant division which aims to improve the quality of life and level of community integration of persons with disabilities. She is engaged in various collaborative disability research projects and networks at both African and international levels for the realization of the rights of persons with disabilities. Some of her work involves issues of transformation and indigenous knowledge systems. She has recently written and published a book: *The Walk Without Limbs: Searching for Indigenous Health Knowledge in Rural South Africa*. Mji is the current chairperson and visionary behind the African Network for Evidence-to-Action in Disability (AfriNEAD).

Prof Jimmy Volmink

James Volmink is Dean of the Faculty of Medicine and Health Sciences and Professor in the Department of Global Health at Stellenbosch University, South Africa. He previously served as Founding Director of Cochrane South Africa; South African Medical Research Council; Founding Director: Research & Analysis, Global Health Council, Washington DC; and Glaxo Wellcome Chair of Primary Health Care, University of Cape Town. He began his professional career as a general practitioner caring for socially disadvantaged communities in rural Swaziland and townships near Cape Town. He was awarded a Harvard/South Africa Fellowship and obtained an MPH from Harvard University. He also obtained a DPhil in Epidemiology from the University of Oxford, after receiving a Nuffield Medical Research Fellowship. Prof Volmink's special interests during a career extending over more than three decades have included evaluating the effects of health interventions, promoting evidence-based decision making, addressing health and social inequalities, and building research capacity. He is an elected member of the Academy of Science of South Africa and an elected Fellow of the Royal College of Physicians of Edinburgh. He has also received the Leverhulme Medal for Distinguished Contribution from the Liverpool School of Tropical Medicine and a Recognition Award for his contributions to Evidence-based Health Care in Africa from the South African Medical Research Council. In February 2021 Professor Volmink will receive an honorary doctorate from KU Leuven, Belgium in recognition of his work to promote human dignity and his contribution to science and practice to improve health and well-being.

**Premier Allan Winde**

Premier Winde has previously served as the provincial Minister of Finance, Minister of Economic Opportunities and Minister of Community Safety. He was first elected to serve as an MPL in 1999, a position he held for 10 years before the Democratic Alliance was voted into power in the province. His campaign for the premiership was centered on improving economic and household prosperity by getting the basics right, such as education and healthcare, and improving safety and public transport for all the residents of our province. He has further committed to improving the efficiency of government service delivery through innovation and new technology.

SESSION 2 RESEARCH EVIDENCE**Chairperson: Martha Geiger**

A South African woman of German origin, with Achondroplasia (a form of 'dwarfism') and associated musculoskeletal impairments affecting her mobility and her social status. Geiger is a person who engages in critical thinking and who does not just accept things at face value. Her work at the Centre for Disability and Rehabilitation Studies, includes teaching and supervising student research in diverse aspects of disability and rehabilitation, and applied research. Geiger is passionate about facilitating the communicative participation of people (especially children) with severe disabilities, who cannot speak. Geiger describes herself as introspective, proud, passionate, creative, stubborn. To Martha COVID-19 means Reformation.



Keynote Speakers:**Kudakwashe (AK) Dube**

Mr Kudakwashe Dube (or AK) is CEO of Africa Disability Alliance (ADA). He has an MBA from Business School Netherlands. He is Chair of the Advisory Committee on the Domestication of the Convention on the Rights of Persons with Disabilities and Expert Member of the Working Group of Older Persons and Persons with disabilities for the African Commission for Human and Peoples' Rights (ACHPR) which drafted the Africa Disability Protocol (ADP). He led the development of the Model Disability Law (MDL) adopted by the Pan African Parliament (PAP). Mr Dube has written, edited or co-authored several publications and research reports. AK describes himself as a human-rights, development/business strategist. He expressed COVID-19 as "Awakening".

**Leslie Swartz**

Prof Leslie Swartz is a clinical psychologist and professor of psychology at Stellenbosch University. He publishes widely in the fields of disability studies and mental health. His latest book, *How I Lost My Mother*, a memoir dealing with issues of care, will be published by Wits University Press in the first half of 2021. Leslie describes himself as disorganized, scatter-brained, enthusiastic, productive and interested. He expressed COVID-19 as "Lockdown".

Charlotte Capri

Charlotte is a South African clinical psychologist whose energy for advocacy is driven by her political science background. She holds a PhD in Clinical Psychology (Intellectual Disability) and a doctorate in Political Science. Current research interests include ethics of care in Intellectual Disability, and psychiatric public health Intellectual Disability. Charlotte describes herself as Inclusive, reflective, professional, thoughtful and analytical. She expressed COVID-19 as "Transformative".

**Lieketseng Ned**

Dr Lieketseng Ned is an Occupational Therapist (BSc OT, UWC) with an MPhil in Disability Studies (UCT) and a PhD in Health Sciences Rehabilitation (SU). She is a Senior Lecturer at the Centre for Disability & Rehabilitation Studies within the Department of Global Health at Stellenbosch University. She convenes the Post Graduate Diploma in Disability and Rehabilitation and the short course portfolio. Her research interests are critical disability studies and community integration, community-based rehabilitation, Indigenous knowledges and methodologies, and decolonial health and education.

SESSION 3 COUNTRY WORKING GROUPS**Chairperson: Marguerite Schneider**

Dr Marguerite Schneider is an associate professor and Deputy Director of the Alan J Flisher Centre for Public Mental Health, University of Cape Town. Marguerite's early career was in Speech-Language Pathology and Audiology before moving into broader social science research focusing on disability studies and mental health. She obtained her PhD at the School of Public Health, University of the Witwatersrand with a thesis entitled: 'The social life of questionnaires: Exploring respondents' understanding and interpretation of disability measures'. She is currently leading the South African work on the STRiDE project which looks at strengthening responses to dementia in developing countries. Dr Schneider has published on disability measurement, the intersection of disability, poverty and social protection, and in mental health and dementia. Dr Schneider has been and is currently an active member of the Washington Group on Disability Statistics since 2002 and is the co-chair of the Mental Health measures workgroup.

**Keynote Speakers:****Minister Irene Esambo Diata**

Currently, Minister Delegate to the Minister of Social Affairs, in charge of people with disabilities and other vulnerable groups. A lawyer by training, a career lawyer, and a member of the International Criminal Court in The Hague, Irene Esambo Diata is President of the Centre for Studies on Handicap, Justice and Resolution 1325 (CEHAJ 1325). Independent gender researcher - security and rights of vulnerable groups, especially those with disabilities. She is an active member in regional and regional international initiatives including the international civil society platform on peace-building and state-strengthening (New deal), the Innovation for Change process in Africa with CIVICUS and Counterpart, AWANICH. She has also been the member of the Police Reform Monitoring Committee since 2007. Involved in the process of implementing Resolution 1325 in the DRC, Irene Esambo Diata made a major contribution to the development of the National Action Plan for Resolution 1325 in 2010 and is currently actively involved in the review process, through the drafting of the revised PAN 1325 in the DRC. As a disabled woman herself, she focuses her struggle on women from the most marginalized groups, including women with disabilities, indigenous women and grassroots women (stone-breakers and market gardeners, displaced and refugee women) working in informal activities for their economic empowerment that can contribute to their political participation. Minister Esambo presents with an extensive bio emulating her extensive work as a disability and Human Rights activists.

Roundtable Speakers:**Audiphax Kamala**

Audiphax Kamala has an M.A in Mass Communication from St. Augustine University of Tanzania (SAUT). His disability carrier started when he joined Forum Syd Swedish NGO's Social Accountability Programme of Tanzania (SAPT) from 2012-2015, the project focused on enhancing local governance accountability through the influence of Persons with Disability. From 2016 to date he is working with Karagwe Community Based Rehabilitation Programmes (KCBRP) as a Director of Programmes. He stands between various programmes such as Albinism Inclusion Programme (ALINC), Child Empowerment Programme focusing on children with disabilities in 9 Regions of Tanzania and the KCBRP rehabilitation Center offering specialized rehabilitation services in the Lake Victoria Regions.

**Eric Metho Nkayilu**

Dr. Eric Metho Nkayilu is a professor at the University of Kinshasa in the Democratic Republic of Congo. He obtained his joint doctoral diploma in Educational Sciences (University of Kinshasa) and in Social and Cultural Anthropology (KU Leuven / Belgium) at Leuven in November 2017. He is an expert in educational anthropology and directs his research in the area of education policy specifically in the socio-professional integration of vulnerable people including people living with disabilities using non-formal education methods. He teaches subjects like social and cultural anthropology, general pedagogy, special didactics

Tsitsi Chataika

Prof Tsitsi Chataika is the Associate Professor, Inclusive Education and Disability Studies in the Department of Educational Foundations, University of Zimbabwe. She is also a visiting scholar at the University of Sheffield (UK) at the 'ihuman Centre', and The University of Witwatersrand (South Africa). Her research interests are in disability inclusion and inclusive education. She is a United Nations Disability Expert Panel Team Member. Prof Chataika's many publications include the *2019 Outstanding Global Taylor & Francis Award Winner in the Social Sciences*, 'The Routledge Handbook of Disability Activism', which is co-edited. She is the AfriNEAD's country working group coordinator in Zimbabwe. Ms



Anthony Edusei

Professor Anthony Kwaku Edusei is a Professor in Health Promotion, Education and Disability in the School of Public Health, KNUST, Ghana, where he has served as the Vice Dean, and Head of the Department of Health Promotion and Disability Studies. He has previously been the Head of the Department of Community Health in the School of Medical Sciences on two occasions. He was the architect and played a key role in the establishment of the Centre for Disability and Rehabilitation Studies (CEDRES) at KNUST, where both graduate and undergraduate students are trained in Disability, Rehabilitation and Development. He holds a BSc (Hons) degree in Biochemistry (Kumasi), MSc. Applied Human Nutrition (Nairobi), MPH (Liverpool) and PhD Human Nutrition (Ghana). He has worked at KNUST for over 26 years, serving in various capacities in realizing its mandate as a university. Currently he is the Coordinator for the Office of Persons with Disability at KNUST, seeing to the full implementation of the university's Disability Policy, which he contributed in developing. He served in the Ghana National Committee that drafted the Inclusive Education Policy document, and currently serves on the National Steering Committee seeing to its implementation nationwide. He has participated in many national and international conferences at which he made presentations. He has 45 publications covering a wide range of public health disciplines, including Disability, in high impact and peer reviewed journals. He is a recipient of NUFFIC, Swiss and Commonwealth Fellowships for Professional Development.

**Nondwe Mlenzana**

Nondwe Bongokazi Mlenzana, PT, Masters, PhD. Dr. Mlenzana is an Associate Professor at the University of the Western Cape, in the Department of Physiotherapy, Faculty of Community and Health Sciences. Currently she is the undergraduate and post-graduate lecturer of the Physiotherapy Department at the University of the Western Cape. Her experience and interest focuses on the Process of Care of patients at the Rehabilitation Centres in the Western Cape. She developed a Rehabilitation Model that would be presented to the Department of Health as a model for the implementation of Rehabilitation Services. In addition, she has a strong focus on disability issues and identification of gaps within delivery of services at different levels of health care. Nondwe describes herself as passionate, loving, caring, laidback and approachable. She expressed COVID-19 as "Content".

Gillian Moses

Gillian Moses a Social Worker by profession. She has a BSoc Science Social Development Honours 1999. She also did Senior Management Certificate 2015 and an Advance Health Management Diploma Rape Crisis Counselling Course. She completed Public Relations Diploma, Research Certificate, HIV and AIDs Peer Educator/Counsellor. In 2019, she graduated with a Post Graduate Diploma in Disability Studies (UCT). Since 2014- till present, National Programmes Manager/Acting CEO - DPSA Managers Nationally & Management of DPSA Provincial.



SESSION 6: CLOSING**Keynote Speaker: Charlotte Vuyiswa McClain- Nhlapo**

Charlotte McClain-Nhlapo is the Global Disability Advisor for the World Bank Group. Her work at the Bank focuses on disability inclusive development under its twin goals to end poverty and promote shared prosperity. As Disability Advisor, she supports operational teams across the institution to ensure that Bank policies, programs and projects are disability inclusive. Her responsibilities include; leading the production of analytical products; analyzing and articulating Bank policy on disability and development. In 2011, as a well-respected human rights lawyer in disability and child rights, she was appointed by President Obama to lead USAID's work on disability inclusive development that included; developing policies and country strategies to technical assistance for program implementation. Prior to this, she worked as a Senior Operations Officer at the World Bank in the East Asia Pacific and Africa regions. Earlier in her career, she was appointed by President Nelson Mandela as a Commissioner to the South African Human Rights Commission; where she focused on social and economic rights, disability rights and child rights. From 1996 to 1998, she worked for UNICEF as a Child Protection Officer. Charlotte holds multiple Law Degrees in International Law and Administration from the University of Warsaw, Poland and Cornell Law School, Ithaca, New York.

SESSION 7 2ND DECEMBER: DAY 2: ALL EVENTS IN PLENARY**Chairperson: Rustim Ariefdien**

Rustim Ariefdien is a Disability Expert Extraordinaire. He has a Diploma in Disability Studies from the University of Cape Town. He assists businesses to "let the Ability of disAbility enAble their profitAbility". He achieves this through the BBBEE elements of the score card: skills development, employment equity and socio-economic development. He ensures that businesses can maximize their points on the BBBEE scorecard and become compliant to legislative requirements as laid out in the Employment Equity and Skills Development Acts. Rustim's purpose is the economic empowerment of persons with disability in Africa. Himself a person born with a disability, Rustim has extensive experience in the development and empowerment of persons with disability being well networked in business, government, and civil society. As an entrepreneur Rustim has owned and spawned numerous enterprises specializing in Disability Economic Empowerment.

**Keynote Speakers:****Michelle Botha**

Michelle holds a MSocSci in Gender Studies from the University of Cape Town where her research focused on the complex lived experiences of South African women with disabilities. She has worked for the Cape Town Society for the Blind in Career Development and Job Placement. In this capacity she worked closely with the government and the corporate sector to promote inclusive employment strategies. She is currently a PhD candidate in Disability Studies at the University of Cape Town. She is also a Director and Operations Manager at WINN, a non-profit company in the disability employment space. WINN assists business, public sector and NPOs to

improve efficiency to successfully employ people with disabilities by providing a platform for networking, easy access to information and disability expertise.

George Kayange

An international development professional and project management specialist with close to 20 years of experience working with various NGOs at national, regional, and international levels. Since 2002, he has dedicated his career and inspiration towards doing something positive and beneficial for his global community, particularly children, persons with disabilities, and other vulnerable groups. George describes himself as dedicated, personable, focused, productive and collaborative. He expressed COVID-19 as “Calamitous”.



Jill Hannes Hannekok

Prof Hannes-Hannekok’s research focuses on the sexual and reproductive health needs and rights of people with disabilities using a variety of research approaches including ethnography, epidemiology, situation and policy analysis techniques and evaluations. She is the principal investigator and co-author of the Breaking the Silence Intervention, an evidence-informed curriculum innovation enabling educators to provide Comprehensive Sexuality Education in accessible formats. She is also known for her work to increase the participation of women with disabilities in GBV programmes and her innovative methods to measure the cost of disability, which was among the best of UNICEF research projects. Jill describes herself as passionate, efficient, not patient, caring and loving people. She expressed COVID-19 as “Overload”.

SESSION 8 1st SCIENTIFIC FEED BACK

SESSION 9 2ND SCIENTIFIC FEED BACK

Chairperson: Wentzel Barnard

Wentzel Barnard had a life changing event in 1984 while at school. He broke his neck in sport, a scrum collapsed, and he became disabled, a quadriplegic and wheelchair user. Going back to school in 1985 he finished matric in 1986, and started with a B.Comm at the University of Stellenbosch. He left with an M.Comm. In 1994, sport became his life saver, creating opportunities and many years later became his job. Via sport Barnard hoped to create a new outlook for those who are disabled or become disabled. He represented South Africa in Swimming & wheelchair and was involved with administration of these sports. This led to his job as the sports manager of Maties ParaSport many years later. Barnard is part of an ParaSupport, a non-profit company in the Cape Winelands where they focus on introducing sport and the arts to the disabled in efforts to aid social integration. Wentzel describes himself as quiet, a sport fan, a fighter, disability orientated. He expressed COVID-19 as “Re-think”.



SCIENTIFIC COMMISSIONS**COMMISSION A: CHILDREN AND YOUTH WITH DISABILITIES**

Commission Chairpersons: Chioma Ohajunwa + Bongani Mapumulo

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|----------------------|--|
| Session: 1 | Keynote Address |
| 13:00 – 13:05 | Presenting the program for the commission and keynote speaker |
| 13:05 – 13:20 | Keynote Address: Christina Sadiki |
| 13:20 – 13:25 | Questions and feedback |
| Session: 2 | Paper Presentations |
| 13:25 – 13:35 | Artscape theatre on an accessible and inclusive journey for all: Dr Marlene Le Roux |
| 13:35 – 13:45 | Screening children's hearing in local primary schools in: Tone Øderud |
| 13:45 – 13:55 | Lasting Outcomes of Parent-Training for children with Autism: Ms. Ranjini Ramnath, Deputy Director; Co- Author: Ms. Neelima Neelima Abhijit Achwal |
| 13:55 -14:00 | Questions and feedback |
| 14:00 – 14:10 | Inclusive Education in Primary Education in Tanzania as Vehicle towards Eradicating Poverty for Sustainable Development: A Critical Analysis of Policy Documents: Francis William |
| | Poster presentations |
| 14:10 – 14:15 | The Philosophy of Special Education and Disability Oppression: Francis Chisala |
| 14:15 – 14:20 | Questions and feedback related to paper and poster presentations |
| 14:20– 14:30 | Concluding remarks |

Commission A: Chairpersons and Keynote Speaker

Commission Chairpersons:

Chioma Ohajunwa

Dr Ohajunwa is a Postdoctoral fellow at the Centre for Rehabilitation Studies at Stellenbosch University. Her research interests are in the areas of, Health, wellbeing and Spirituality, Policy development and Indigenous Knowledge systems, disability education, transformation and transculturality. Chioma is the Vice president, Bhabhisana NGO Board, Chair - Advancing Disability Inclusive Research in Africa (ADIRA) Working Groups PhD Programme and a board member of African Network for Evidence-to-Action on Disability (AfriNEAD). Chioma describes herself as compassionate, lifelong learner. Optimistic, motivated and determined. She expressed COVID-19 as a "Curveball".



Bongani Mapumulo

Bongani has a BA Social Dynamics degree with majors in Political Science, Sociology and Social Anthropology. He also has a Postgraduate Diploma in Intercultural Communication. His interests are in social justice and inclusion, through writing and speaking on subjects such as Transformation in Higher Education, Disability and Sexuality and Universal Access Design. His vision is to play a more instrumental role geared towards promoting forms of integration across lines of race, gender and sexuality and most importantly making special needs a transformation issue. Bongani describes himself as "An eternal optimist". He expressed COVID-19 as "Uncertainty".

Keynote Speaker:

Christinah Sadiki

Dr Christinah Sadiki, activist at heart, expert in disability rights matters, parent of a disabled child, obtained her PhD (Disabilities Studies) at the University of Venda in 2015. She obtained her Master's degree in Disabilities Studies from UCT in 2007. Christinah describes herself as a parent of a disabled child and passionate Human Rights activist, remains focussed on building a South Africa for all where no one is left behind. She expressed COVID-19 as "Awareness raising about Disability mainstreaming".



Paper Presentations

Artscape theatre on an accessible and inclusive journey for all: Dr Marlene Le Roux

This paper explores how interaction with the performing arts could facilitate the participation of youth with disabilities in opportunities for social and economic inclusion. A lack of access to mainstream activities and opportunities remains a day-to-day reality for many persons with disabilities. One vehicle through which people with disabilities can enrich themselves is cultural and arts events.

A primary aim of this research is to investigate how exposure to theatre can derive benefit for youth with disabilities in the areas of awareness and develop prospects for social and economic inclusion. It focuses on the following objectives:

1. Describe the experience of youth with disabilities attending an Artscape performance.
2. Describe how Artscape influences career aspirations of youth with disabilities.
3. Describe the social and life skills learned through visiting Artscape.
4. Identify factors that influence the participation of youth with disabilities at Artscape.

This research employs a qualitative approach, using critical ethnography methodology. Primary data was obtained from an in-depth interview with a young, Black disabled woman and three focus group discussions.

In addition, this study reveals that transport remains a major challenge for disabled youth seeking to interact with the arts. While disability is diverse and each individual is unique, youth with disabilities are still trapped in a world of exclusion. Accessibility has varying meanings, however contact with the arts can facilitate social and economic inclusion and trigger the empowerment of these youth. This paper concludes that the potential exists for disability inclusion and participation in the performing arts.

Marlene F. le Roux(marlenel@artscape.co.za)

Screening children's hearing in local primary schools in Tanzania: Tone Øderud

Background: WHO has estimated that around 466 million people worldwide have a disabling hearing loss, and 34 million of these are children. The majority of children with hearing impairment live in low-income countries and most of the children remain undiagnosed, untreated and without the provision of adequate services and devices. The objectives have been to enable screening of children's hearing in local communities in Tanzania using new innovative tools, and to explore the prevalence of hearing loss and possible causes of hearing loss among children.

Method: Participatory research design and qualitative methods were applied for the development of the innovative tool using commercially available tablets, headphones and dedicated software for gaming. School children, parents, teachers, hearing experts, researchers and authorities were actively involved in the iterative development process. Traditional audiometry using audiometer and the new innovative method using game-based tablet audiometry were used for screening 407 children from three primary schools for hearing loss (25dB) in Tanzania.

Key results: A new game-based tool for screening of children's hearing in local schools has been developed. The game-based screening was carried out as an automatic routine and special teachers could screen the children. The prevalence of hearing loss among the children varied from 7% - 16% depending on the various schools. The main causes of hearing loss were from earwax, foreign body and infections.

Conclusion: Screening of children's hearing might be available locally in primary schools and hearing loss from earwax and infections might be preventable and feasible locally.

Tone Øderud (tone.oderud@sintef.no)

Lasting Outcomes of Parent-Training for children with Autism: Ms. Ranjini Ramnath, Deputy Director; Co- Author: Ms. Neelima Neelima Abhijit Achwal

Studies indicate that optimal intervention for children with autism is about forty hours of intensive training per week, more than can be provided by a school or parent. This intensity following best practices in parent-training is possible through joint efforts of teacher and parent, resulting in generalization of learning across environments.

This presentation provides rationale for an evidence-based parent-training program - PACT (Parent And Child Training), delivered for 10 months for 3 hours daily, implemented at Al Noor Training Centre, Dubai to:

1. Equip parents through hands-on training and theory of Applied Behavior Analysis(ABA)
2. Effect gains in communication, socially significant behaviors, adaptive skills, and generalization of learnt skills, through increased duration and intensity of training
3. Enhance parent-child interaction
4. Reduce parental stress
5. Increase opportunities for leisure/recreational activities.

Methods: This presentation elucidates salient features of PACT:

1. Intensive hands-on training with active involvement of the parent
2. The two pronged approach in training

Results: PACT helps parents to

1. Become fluent in ABA principles
2. Understand and analyze their child's behavior
3. Make informed decisions in their child's program
4. Become intervention partners, facilitating inclusion into the community

Conclusion:Tracking the development of PACT students over the years has revealed that scientifically validated, effective intervention enhanced their Quality-of-Life. Intensive training and education empowered parents to take control of their child's intervention.

Informed and empowered parents can ensure enduring and successful outcomes, leading to their children's integration into the community.

Stephen mathew (stephenmathew77@hotmail.com)

Inclusive Education in Primary Education in Tanzania as Vehicle towards Eradicating Poverty for Sustainable Development: A Critical Analysis of Policy Documents: **Francis William**

It is well known that one of the strategies to eradicate poverty and ensuring sustainable development is to invest in quality education. Such education should consider all people including people with disabilities. This is to enable them to participate in the national inclusive economy so as to attain the development visions. Since independence, TZ has made significant improvements to enhance access to Basic Education. As a result, Tanzania has signed and ratified different United Nations (UN) conventions as a means to ensure equity in development for all citizens including people with disabilities. These include the Convention for Child Rights, Conventions to Rights for People with Disabilities (CRPD), and Education for All (EFA). As a result, Education as human right and education for Children with Disabilities (CWDs) have been emphasized in several policy guidelines including Education and Training Policy (ETP) of 2014; Persons with Disabilities Act of 2010; Primary Education Development Plan (PEDP II) of 2007-2011, and Education Sector Development Programme (ESDP) of 2008-2017. Tanzania also enacted Child Development Policy (CDP) in 1996, revised in 2008, Law of the Child Act of 2009; National Guidelines for Improving Quality of Care, Support and Protection for Most Vulnerable Children in 2009; National Costed Plan of Action for Most Vulnerable Children of 2013 – 2017; and Macro development policies such as MKUKUTA I and II.

The aim is to coordinate and harness the national and international efforts geared on enabling all children especially CWDs to access and fruitfully enjoy their basic rights including the rights to education. Despite the adoption of several UN conventions and enactment of policies and programme on the rights of CWDs, the government's efforts and initiatives towards the implementation of inclusive education have not been realized in terms of theory and practice. This paper presents the assessment report of the extent to which the various policy guidelines address the features of inclusive education in Tanzania while their implementation has, to the large extent, not been actualized, especially in primary schools. The experience has shown that there is still a large number of children with disabilities out of the school system nevertheless the efforts that have been put in place. For instance, Leonard Cheshire Disability (LCD) through Tanzania Cheshire Foundation (TCF) has tried, in two districts of Dodoma region, to intervene in the education of CWDs in Tanzania by identified and including them in the mainstream education system through inclusive classrooms. TCF also provides CWDs with school materials and assistive devices. Although there are some hopes of including these children in mainstream school still a large number of CWDs are still at home.

The specific objectives of this research were to assess whether the educational, disability and child development policies acknowledge primary education as the right to children with disabilities (CWDs) as well as the extent to which inclusive education to CWDs has been emphasized in the policies. The analyzed policies were identified in consultation with some line ministries responsible for education, disability and children matters as well as Disabled Peoples Organizations (DPOs). A total of seven specific policies were critically analyzed of which two were education policies, two disability policies, and three early childhood development policies. The analysis of specific policies from each domain focused on the content of the policy, the context in which the policy was designed, actors who participated in the policy development and the process to determine how each specific policy was developed. The analyzed policies were then rated according to predetermined rating scales. The education and child development policies used numerical scales over the inclusive criteria given whilst disability policy analysis used nominal scales.

The preliminary main findings of the analyzed policies on the three domains acknowledge

education as the right to all persons to include children with disabilities (CWDs). Inclusive education to CWDs has also been emphasized in the education policy. Nevertheless, the analyzed education policies have not emphasized enforcement mechanisms or budgetary allocation, or the need for clear monitoring and information system in favour of the rights to education for CWDs. Furthermore, analysis of the disability-specific policy guidelines revealed that Tanzania has been implementing the needs and rights of CWDs even before the UN Convention on the Rights of Persons with Disabilities (CRPD). Besides, it was revealed that early childhood development analyzed policies focus on care, support, and protection of all children to develop as a whole. In that case, the rights of children with disabilities have been implied as part of other children's rights.

From the analyzed policies it can be concluded that education for CWDs in Tanzania has been addressed in different policy guidelines. However, for Tanzania to attain its development vision 2015, all the specific policies including education, disability, and child development need to be anticipatorily developed, well disseminated and implemented in tandem for effective inclusion of CWDs in education and indifferent national development agendas as enshrined in the development vision 2025.

This report, therefore, gives the following preliminary recommendations. The government to amend the existing education, disability, and child development policy guidelines to explicitly take on board enforcement mechanisms and budgetary aspects and information monitoring systems in relation to PWDs to ensure their inclusivity in education. also, the government to enhance coordinated local and international efforts in awareness creation to ensure the entire members of the community understand and observe the rights of people with disabilities in all spheres of life as a means to inclusive education and equity in development. Finally, the policy analysis guidelines used were developed based on CRPD, this report suggests for customization of other conventions and contextual factors triggered formulation of the specific policy guideline.

Acknowledgments

This a research collaboration that is known as 'investing in the future: inclusive education for children with disabilities in Tanzania'. The research is funded by COMIC Relief, UK (Funder) of which LCD through TCF in collaborating with the University College London and The University of Dodoma

Dr Francis K. William(kyambo20001@yahoo.com), Dr January M. Basela(jabasela@gmail.com), Dr Alphoncina B. Pembe(pembeabc@yahoo.com)

Poster Presentations

The Philosophy of Special Education and Disability Oppression: Francis Chisala

Special education for disabled children is seen by many as being a major factor in the creation of a negative, second-class identity. This article suggests that disability is increasingly being seen as a positive cultural identity. The analysis of issues relating to inclusive education and disabled children, and the capacity of the social model of disability to accommodate the concept of disability as a valid cultural identity, and this will lead into an exploration of the role of education in relation to cultural identity. However, the emergence of the UK disabled persons movement resulted in persons with impairments challenging those terms and adopted the use of 'disabled person' as the preferred term. Consequently, to define oneself as a disabled person is to assert the adherence to the view that one's identity is that of a disabled person and not a 'person with a disability'. Accordingly, to define oneself as a disabled person is both a declaration of one's membership of a social group, and a recognition of the objectification of disabled persons that, oppresses them through social structures, individual attitudes and institutional practices. The term 'disabled person' therefore denotes someone who has an intellectual, sensory, and of physical impairment. The use of the term should not, in itself, denote that disabled persons are a homogeneous group, but rather that, they have a shared experience within society and, whilst the nature of their impairments may differ, the consequences of having an impairment result in a shared experience of oppression. Inclusive Education Immediately prior to the adoption of the term 'inclusion' in the early 1980s to mid1990s, the term in popular use had been 'integration'.

COMMISSION B: EDUCATION: EARLY CHILDHOOD TO TERTIARY

Commission Chairpersons: Tsitsi Chataika and Bulelwa Madlongwana

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|----------------------|--|
| Session: 1 | Keynote Address |
| 13:00 – 13:05 | Presenting the program for the commission and keynote speaker |
| 13:05 – 13:20 | Keynote Address: Dr Kim Lewis |
| 13:20 – 13:25 | Questions and comments |
| Session: 2 | Paper presentations |
| 13:25 – 13:35 | Disability inclusion and exclusion at Stellenbosch University - stepping beyond policy: Dr Marcia Lyner-Cleophas |
| 13:35 – 13:45 | Introducing the Including Disability in Education in Africa (IDEA): Richard Vergunst, Judith McKenzie, Thandi Henkeman, Chantal Samuels and Kirsten Amsterdam |
| 13:45 – 13:55 | Work factors and work engagement of Special needs teachers in Windhoek Namibia: Annelisa Murang |
| 13:55 -14:00 | Questions and feedback |
| 14:00 – 14:10 | How do South African Educator's experiences of an online learning course prepare them to adopt inclusive education practices? Ncediwe Mdlulwa |
| | Poster presentations |
| 14:10 – 14:15 | Student leaders with disabilities and how students can use disability experience to influence other leadership structures: Luigia Nicholas |
| 14:15 – 14:20 | Questions and feedback |
| 14:20 – 14:30 | Concluding remarks |

Commission B: Chairpersons and Keynote Speaker

Commission Chairpersons:

Tsitsi Chataika

Bulelwa Madlongwana

Madlongwana is the 45-year-old mother of 2 boys. She was born with a disability called Spina Bifida. She is the co-founder of Siyaphakama Development for the Disabled Association an NPO that operates around the City of Cape Town Townships, promoting independence among disabled people, assisting them to believe in themselves and live towards reaching their goals especially to those that lost hope after becoming disabled. Her interest in Disability advocacy started when she was working for the Department of Correctional Services where she served at both women and disability desks. Bulelwa describes herself as ambitious, loving, motivated, dedicated, and friendly mother of 2 boys. She expressed COVID-19 as “Introspection”.



Keynote Speaker:

Dr Kim Lewis

After a brain injury left her visually impaired, Lewis closed her beloved Claremont based General Practice. Physiotherapy and O&M having restored her confidence and independence, she decided to invest in the future of healthcare in SA by becoming involved in educating her colleagues as well as future colleagues (medical students) about thriving despite her disability. Lewis tries to encourage awareness not only of the challenges people with disabilities face but also the new technologies and therapies which are empowering people with disabilities to reach for their dreams. Lewis would like to influence the mindset of healthcare workers. She wants to change their perception of disability from that of brokenness to that of the diversity of the human experience. Kim describes herself as determined to thrive whatever happens. She expressed COVID-19 as “Opportunity”.



Paper presentations

Disability inclusion and exclusion at Stellenbosch University - stepping beyond policy: Dr Marcia Lyner-Cleophas

Stellenbosch University (SU) has a long history of providing support to students with disabilities. In 2018 policy was revised to a Disability Access Policy. I reflect on this policy as a backdrop to PhD research completed in 2017 (ethical clearance number S12/06/162 on 20 July 2012).

Background: The exploratory PhD study was completed at SU to understand practices of disability inclusion and exclusion campus wide. Stellenbosch University staff who support and students with disabilities took part in this study.

Methods: A concurrent mixed methods QUAL-quant study took place. Twenty-six staff from faculties, support and administrative departments were interviewed. Additionally, 549 students received an e-survey to which 111 responded. Two groups of students took part in this survey. The first group consisted of 254 students who declared a disability when applying to the university but did not pursue any kind of support once at the university (Non-users). Of this group, 49 (19, 29%) responded to the e-survey. The second group of students were receiving support from the University and consisted of 295 students of which 62 (21.01%) students responded (Users) and seven did a focus group.

Results: Various practices of inclusion and exclusion were present. These included good physical access in residences and classrooms, test and exam support and positive staff support. Instances of not believing students, to forgetting to ensure aspects of support were in place emerged too. How people construct disability and support varied. Universal access emerged as a consideration.

Conclusion: Acknowledging diversity, disability, transformation, and inclusion are all ways that we manifest care in institutions. It was important for management to embrace this at policy level and support disability inclusion practices.

Dr Marcia Lyner-Cleophas (cleophas@sun.ac.za)

Introducing the Including Disability in Education in Africa (IDEA): **Richard Vergunst, Judith McKenzie, Thandi Henkeman, Chantal Samuels and Kirsten Amsterdam**

There is a new “Including Disability in Education in Africa” (IDEA) Research Unit at the University of Cape Town. IDEA has evolved from the Division of Disability Studies in the Department of Health and Rehabilitation Sciences TEDI (Teacher Empowerment for Disability Inclusion) project which was created in response to a call to address the exclusion and poor quality education of children with disabilities in South Africa.

TEDI, drawing on our research into learner and teacher education needs, developed short, face-to-face courses and accompanying massive open online courses (MOOCs) for educators, focusing on the following areas: disability studies in education; the education and care of learners with severe to profound intellectual disabilities; teaching learners with visual impairment; and teaching learners who are D/deaf or hard of hearing. In addition, TEDI has developed a network of stakeholders in the education of children with disabilities with government departments, civil-society and institutions of higher education.

Expanding on the successful work of TEDI, IDEA plans to develop and enhance research in the field of disability empowerment in education. The focus now will be to include all disabilities (physical, sensory, and developmental) and the relationship that they have with learning and educational sectors across Africa and globally.

This paper will discuss the transition from TEDI to IDEA and how IDEA plans to move forward its vision to “promote the inclusion of disability in education at all levels, both formal and informal, in Africa and beyond, to ensure no-one is left behind in the pursuit of equitable quality education and lifelong learning”.

Work factors and work engagement of Special needs teachers in Windhoek Namibia: **Annelisa Murang**

Special needs teachers are faced with tremendous amounts of pressure due to the nature of their work. The pressure is inherent in the work of special needs teachers. As such, special needs teachers have to find ways to manage and remain productive at their work. One possible support structure is the co-workers found at each special school. This study explored the relationship between certain work factors on work engagement of special needs teachers in Windhoek, Namibia. A cross sectional, ex post facto correlational research design, using self-administered questionnaires was used. 89 special needs teachers, who formed the sample, were selected using the convenience sampling technique. Structural Equation Modelling, with the use of Partial Least Squares Analysis was used to analyse the data. The study uncovered that co-worker support significantly and positively impact on work engagement of special needs teachers in Windhoek. The study also explored the moderating role of job crafting on the relationship between co-worker support and work engagement and found that job crafting has a significant positive moderate impact on the relationship between co-worker support and work engagement as well as on the relationship between work autonomy and work engagement. The study contributes to the limited literature database on work engagement in the Namibian context. The study also provides basis for interventions development tailored towards enhancing work engagement of special needs teachers in Windhoek, Namibia, with key emphasis on the different ways in which co-worker support can be practically operationalised at school level in an effort to ensure that special needs teachers are engaged.

How do South African Educator's experiences of an online learning course prepare them to adopt inclusive education practices? **Ncediwe Mdlulwa**

This research study explored how teachers perceive the potential for the online learning opportunities by investigating their experiences of an online course ("*Education for All*" MOOC course) on teaching children with disabilities. A key underlying concern is that teachers are not sufficiently trained to teach inclusively within their classroom-based environments. Rulwa-Mnatwana (2014) argued that a massive gap exists in teacher education, which hinders teachers in providing quality education in South Africa. These assessments of the current state of teacher education had highlighted a considerable need to upskill teachers particularly, those of children with disabilities. While a recognized need exists, the key challenge here is to recognize the affordances of online learning. One of the proposed responses is to offer flexible online courses that are open to anyone to enroll. Thus, to inform our understanding on how teachers might respond and value this opportunity.

Qualitative Content Analysis was employed as a method used to analyze and interpret the data set. Thus, this research method was used to investigate the experiences of South African educators within the *Education for All* MOOC. In doing so, semi-structured interviews were employed as means of collecting data. The researcher was able to ascertain how the MOOC was valued by these participants including acquiring information regarding their level of engagements on the MOOC. The study findings suggested that online education (MOOCs) appeared as an alternative option to consider for successful implementation of inclusive education practices. For instance, teachers were willing to take up the challenge of adopting inclusive education practices as well as becoming agents of change in their communities. Thus, the findings signified that MOOCs could aid tremendously towards the goal of achieving inclusive teacher education in South Africa. Although MOOCs do have certain limitations however; it is evident from a range of research studies on MOOCs including this study that they are indeed an effective tool to train teachers, thereby enabling them to apply inclusive practices in their classroom-based environments.

Therefore, this presentation explores how the "*Education for All*" MOOC has the potential of upskilling teachers of children with disabilities. Thus, this inquiry has relevance to the notion of what really matters to persons with disabilities in Africa. Finally, this discussion will include the affordances and challenges of MOOCs and its impact on teacher education.

Poster Presentations

Student leaders with disabilities and how students can use disability experience to influence other leadership structures: Luigia Nicholas

The push of Stellenbosch University(SU) to be more inclusive and SU declaring 2020 as the Year of Disability has pushed students and leaders to become more aware of disability issues in leadership structures and the social dynamics of campus.

The Special Needs Manager portfolio on the Students Representative Council at Stellenbosch University was formed in 2018. The aim of the portfolio was to fulfil the need for a student representative body on the main student leadership structures advocating for the needs of students with disabilities.

The position has shown that students with disabilities have to be included in important decisions made by the higher student leadership structures. However, given the position of the disability sector, “Nothing about us without us”, the drive towards disability inclusion has to start with the student who has a disability.

This presentation explores why students with disabilities should be involved in leadership structures additional to focusing on disability awareness and how advocating for inclusion in these structures increases awareness for a more accessible environment at top management level at universities. This ensures that charters, policies and conventions are actioned, or else these will only look good on paper and not appear in practice.

Luigia Nicholas (18342078@sun.ac.za)

COMMISSION C: ECONOMIC EMPOWERMENT

Commission Chairpersons: Arne Eide + Saul Molobi

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|----------------------|---|
| Session: 1 | Keynote Address |
| 13:00 – 13:05 | Presenting the program for the commission and keynote speaker |
| 13:05 – 13:20 | Keynote Address: Musa Zulu |
| 13:20 – 13:25 | Questions and responses |
| Session: 2 | Paper presentations |
| 13:25 – 13:35 | The effectiveness of Learnerships in increasing economic empowerment of people with disabilities: Amanda Gibberd and Ntombi Hankwebe |
| 13:35 – 13:45 | Connecting unemployed D/deaf youth with employers in South Africa: Lientjie van Rensburg |
| 13:45 – 13:55 | 'Disability, deprivation and inclusion in South Africa: what can the Individual Deprivation Measure tell us?: Helen Suich |
| 13:55 -14:00 | Questions and feedback |
| 14:00 – 14:10 | Mobile Network Operator's (MNO's) inclusive processes promoting the digital inclusion of persons with disabilities: Karin Smit |
| 14:10 – 14:20 | Empowering users of Assistive Technology in Malawi; Action Research Protocol for the APPLICABLE project: Ebuenyi I D1, Smith E M1, Kafumba J2, Jamili M Z2, Munthali A2, MacLachlan M1 |
| 14:20 – 14:30 | Questions and feedback |
| 14:30 – 14:40 | Concluding remarks |

Commission C: Chairpersons and Keynote Speaker***Commission Chairpersons:*****Arne Eide**

Arne H Eide is Chief Scientist at SINTEF Technology and Society, Norway, Professor at the Norwegian University for Science and Technology, and previously Guest Professor at Stellenbosch University, South Africa. He has more than 20 years of experience in research on disability and poverty, social participation, community-based rehabilitation and studies on living conditions in low-income countries, mostly in Africa, but also in the Middle East and in Asia. Eide has been engaged in Expert Committees on Disability statistics, Disability and Development and on Provision of assistive technology to low-income contexts by United Nations and World Health Organisation. He has published widely in the field of disability research and has contributed to the World Report on Disability as well as the 2012 EFA Global Monitoring Report. Arne described himself as flexible, goal-oriented, professional, experienced and patient. HE expressed COVID-19 as “Loss”.

**Saul Molobi**

Saul Molobi, a former South African Consul-General to Milan, is the CEO of Brandhill Africa (Pty) Ltd. He's touted as one of the foremost thought leaders on competitive identity and public diplomacy with experience in global marketing – in the areas of tourism, trade and investment promotion. A Doctor of Business Administration student at the University of Northampton, he already possesses an MSc in Global Marketing (University of Liverpool) and MA in Dramatic Arts (Wits). His book, “Sound and Fury: The Chronicles of Healing”, tells his experiences of being disabled – the

foreword was written by former SA President Mr Kgalema Motlanthe..

Keynote Speaker: Musa Zulu

MUSA E. ZULU is a published author, an award-winning entrepreneur, international artist, celebrated motivational speaker and prominent disability activist in South Africa. After achieving an Honors degree in Sociology at UKZN (1993), he lectured in the Faculty of Humanities before moving to the corporate world as Human Resources Manager. He was fast climbing the career ladder when his life took a dramatic and unexpected turn. This was in 1995 when he was 23 years old.



Paper presentations

The effectiveness of Learnerships in increasing economic empowerment of people with disabilities: **Amanda Gibberd and Ntombi Hankwebe**

Background: Statistics South Africa, (StatsSA, 2011), indicates a disability prevalence of 7.5%, although a recent national recalculation to 14.9% is closer to international norms, (Hanass-Hancock and Deghaye, 2015, WHO, 2011). Approximately eight in ten persons with disabilities are unemployed, indicating that ‘the denial of employment opportunities is one of the most daunting challenges faced by persons with disabilities in South Africa,’ (SAHRC, 2017). Full-time employment of people with disabilities should be 7%, reaching 10% in 2030, (RSA, 2015). However, it has remained around 1% from 2009 to 2019, (DWYPWD, 2013, CEE, 2019). Government introduced learnerships to skill learners and prepare them for the workplace. (DHET, 2019). Employer benefits are summarised as, higher Skills Levy returns, investment in training, learning on the job, and tax incentives, (DHET, 2019). The Revenue Service offers increased incentives to employers if the learner is a person with a disability, (SARS, 2017).

Aim: To explore whether Learnerships assist people with disabilities gain skills that allow them to work in their chosen career or set up in business. To examine if Learnerships translate into permanent economic opportunity. To establish obstacles, within the workplace and transport.

Methodology: Qualitative study to establish views of employers and ‘learners;’ people with disabilities who have participated in and/or are currently completing learnerships.

Results: Have learnership programmes been exploited for the benefit of employers? What lessons can be learnt so that economic participation of people with disabilities increases?

Amanda Gibberd (GibberdA@dot.gov.za)

Connecting unemployed D/deaf youth with employers in South Africa: **Lientjie van Rensburg**

Founded in 1881, the National Institute for the Deaf (NID) is an organisation that offers a diverse range of services to persons with hearing loss. The Training Department provides accredited training in a variety of occupational fields. Traditionally students were trained, lived, and did practical work on-campus and were helped by staff to find employment in deaf-friendly organisations. Various models of training were investigated, and two new models were developed to suit the needs of students.

The research was qualitative in nature, included a variety of qualitative methods i.e. document analysis, unstructured interviews, development, and piloting of two training models and assessing the reactions of various stakeholders to the two new models. Six participant groups were included in the research.

The NID College model and the two Industry training models differed completely in terms of their approach to programmes offered and relevance to job creation.

Bilingual lectures are offered using English and South African Sign Language (SASL). The newly developed training model is off campus as training is provided at the site of prospective employers. In most cases students stay at home and receive a monthly stipend from the sponsoring company.

The recommendation is that a new inclusive sustainable model should be devised in which D/deaf students are trained off campus, at the site of a business that offers additional training from industry experts and envisages absorbing as many alumni as possible.

Disability, deprivation and inclusion in South Africa: what can the Individual Deprivation Measure tell us?: **Helen Suich**

The Individual Deprivation Measure (IDM) is a gender-sensitive and multidimensional measure of poverty that been developed to assess deprivation at the individual level, with data for 14 dimensions being collected as part of the IDM South Africa Country Study in 2019. This paper briefly introduces the IDM as an individual measure of multidimensional poverty which is gender-sensitive. The paper will also present the results of a comparison of the depth and profiles of deprivation between those categorised as without disabilities, and those categorised as having a disability using both a 'relaxed' and a 'strict' criteria (criteria based on the Washington Group Short Set of questions on disability), and where possible the intersectionality with gender. Using data from the South African study, examples will be presented of how this innovative tool can provide rich insights into the different patterns of deprivation, with particular reference to individuals with disabilities. The analysis will demonstrate how individual-level data enriches our understanding of disability and deprivation and can therefore better inform policies and programmes to improve accessibility and inclusion.

Helen Suich (helen.suich@anu.edu.au)

Mobile Network Operator's (MNO's) inclusive processes promoting the digital inclusion of persons with disabilities: **Karin Smit**

Mobile technology continues to play a central part of people's everyday lives as five billion people use this technology daily to communicate and to gain access to information and services. The digital revolution of mobile communications has opened-up the world for persons with visual impairments and many find the use of this technology liberating as it has the ability to remove or lessen barriers. Should MNOs implement inclusive processes that address the needs of visually impaired persons, it may increase their communication participation in society. Implementing inclusive processes refer to MNOs driving the accessibility and inclusion agenda with dedicated resources, accessible mobile technology, access to information and positive customer experiences.

Karen Smit (karen.smit@vodacom.co.za)

Empowering users of Assistive Technology in Malawi; Action Research Protocol for the APPLICABLE project: Ebuenyi I D1, Smith E M1, Kafumba J2, Jamili M Z2, Munthali A2, MacLachlan M1

Background: Assistive Technology is important for the achievement of the Sustainable Development Goals (SDGs) for persons with disabilities. Increasingly, studies suggest low demand and provisions of Assistive Technology (AT) for persons with disabilities in low- and middle-income settings. Evidence from high income countries highlight the importance of robust AT policies to the achievement of the recommendations of the World Health Assembly on AT. In Malawi, there is no standalone AT policy. The aim of Assistive Product List Implementation Creating Enablement of inclusive SDGs (APPLICABLE) Project is to propose and facilitate the development of a framework for creating effective national Assistive Technology (AT) policy and specify a system capable of implementing that policy in Malawi.

Method: Mixed methods design using an action research and mission-oriented approach.

Results: The formative research process led to formation of an Action Research Group (ARG). The ARG is cross-sectoral and inter-ministerial with high-level decision makers across government, civil society and aid agencies; and supported by an ARG-dedicated research team in Malawi and Ireland, funded by Irish Aid. We expect the following results: Phase one: AT Policy development; Phase two: Systems development; Phase three: Implementation and evaluation and Phase 4: Knowledge exchange. The principle of action research and shared leadership adopted in the study is a novel experience for the ARG. The iterative process of consultation and collaboration of all stakeholders enhances group reflexivity on the factors relevant for the development of an AT policy in Malawi.

Conclusion: Gaps between research and practice or policy and practice gaps are some of the persistent problems in disability studies. In adopting an action research process, we intend to avoid these gaps to evolve a participatory and innovative process leading to development of an implementable AT policy in Malawi.

Dr. Ikenna Ebuenyi (ikenna.ebuenyi@mu.ie)

COMMISSION D: SYSTEMS OF COMMUNITY BASED REHABILITATION

Commission Chairperson: Nondwe Mlenzana

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|----------------------|---|
| Session: 1 | Keynote Address |
| 13:00 – 13:05 | Presenting the program for the commission and keynote speaker |
| 13:05 – 13:20 | Keynote address: Lucia Hess April |
| 13:20 – 13:25 | Questions and responses |
| Session: 2 | Paper presentations |
| 13:25 – 13:35 | Changing Echo Systems for inclusion measuring impacts Erna Vander Westhuisen |
| 13:35 – 13:45 | Initiatives to improve inclusive primary education in Nigeria, Kenya and Tanzania: Mary Wickenden |
| 13:45 – 13:55 | Figuring it out by yourself: perceptions of stroke survivors, family caregivers and community health workers in a low-resourced home-based care setting, Western Cape, South Africa: Elsje Scheffler |
| 13:55 -14:00 | Questions and feedback |
| 14:00 – 14:10 | The Chaeli Campaign Journal Club: how an interprofessional team of therapists, educators and community development workers are strengthening their evidence based practice and contributing to practice based evidence: Rosemary Luger and colleagues. |
| 14:10 – 14:20 | Poster presentations |
| 14:20 – 14:30 | Surviving a stroke in south Africa: outcomes of home-based care in a low-resource rural setting: Elsje Scheffler |
| 14:30 – 14:40 | Questions and feedback |
| | Concluding remarks |

Commission D: Chairperson and Keynote Speaker

Keynote Speaker:

Lucia Hess April

Lucia has a BSc OT (UWC); MPH (UWC); PG Diploma in Disability Studies (UCT) & PhD (UWC). She is responsible for postgraduate research in the field of occupational justice, disability and community development and teaches an undergraduate course on a political practice of occupational therapy that integrates critical disability studies and CBR as key tenets of the curriculum. Her current research focuses on the integration of critical disability studies in rehabilitation science and health professions education. She serves on the WHO Global Rehabilitation Health Worker Project Advisory Panel. Lucia describes herself as loyal, disciplined, committed, compassionate and fair. She expressed COVID-19 as “Power of humanity”.



Paper presentations

Changing Ecosystems for Inclusion: measuring impact: Erna van der Westhuizen

Background: The Shonaquip Social Enterprise (SSE) defines an ‘inclusive’ environment as one in which all people, irrespective of impairment, can live full and productive lives in supportive and enabling environments. Key to building inclusive ecosystems is recognising the interconnectedness of human lives and viewing them through a social model lens. The presentation will share what should be in place for inclusion to become a reality and how the SSE both understands and measures ecosystem change. Through contributing to change in four components of the ecosystem SSE programs seek to reduce the following barriers:-

- Social barriers, perceptions within the community & local referral pathways
- Barriers to posture support and mobility, education and the learning and economic participation of people with disabilities

Methods: Aligned to our ecosystem approach, the SSE embraced Lean Data methodology to develop their “ecosystem reporting” to better communicate social impact of programs in relation to ecosystem change. Findings from one component of the ecosystem will be shared in more depth, with outputs, outcomes and reflections from people with reflections from the field.

Results: This approach demonstrates the relevance of investment in ecosystems for inclusion. Understanding the impact of each program in changing the ecosystem, enabled the SSE to scale on products and services with proven efficiency, promote internal best practice, and improve on non-optimal products or services.

Conclusions: Sharing insights gained from our program beneficiaries may inspire efforts aimed at inclusion and informing local policy and progress towards the Sustainable Development Goals.

Erna van der Westhuizen (erna@uhambofoundation.org.za)

Initiatives to improve inclusive primary education in Nigeria, Kenya and Tanzania: **Mary Wickenden**

One of the main themes of the DFID (UK AID) funded Disability Inclusive Development (DID) programme focuses on improving children with disabilities' access to and the quality of inclusive education. As a research institute with a strong history of doing participatory research with the most marginalised groups, we are part of a consortium of organisations working together, with the aim of improving various aspects of inclusive education in primary schools in Nigeria, Kenya and Tanzania.

The projects in the three countries vary in the way they are approaching this aim, but have in common using participatory, inclusive approaches to initial exploratory work, planning, and to interventions in the schools and community. Our team has provided training, support, and technical input on how to use participatory and inclusive research methods to gather data from the ground up. This includes working with people with disabilities (e.g. as advisors and peer researchers), as well as with children with disabilities and their parents and education professionals to hear their experiences, involve them all in decision making and to shape the projects' journeys towards change.

We will describe and discuss the successes and challenges so far in doing participatory inclusive research, drawing on examples from the three countries. We aim to demonstrate that doing this kind of research produces contextually appropriate, nuanced and sometimes surprising insights into what might be the best ways to improve inclusive education in 3 culturally diverse and resource constrained settings in Africa. The project is in its early stages, but initial results and insights will be shared and their implications for later stages of the work reflected upon.

Mary Wickenden (m.wickenden@ids.ac.uk)

Figuring it out by yourself: perceptions of stroke survivors, family caregivers and community health workers in a low-resourced home-based care setting, Western Cape, South Africa: **Elsje Scheffler**

Background: Training of family caregivers is integral to stroke rehabilitation. Little is known about the homecare needs of caregivers in less resourced settings with limited formal rehabilitation services. Caregivers and stroke survivors in the Cape Winelands district, Western Cape, receive home- and community-based care (HCBC) from community health workers (CHWs) who do not have stroke- specific training.

Methods: This descriptive qualitative study utilized a thematic analysis approach to explore the home-rehabilitation needs of stroke survivors, their caregivers and CHWs were explored in eight focus group discussions (FGDs), four with stroke survivors and their families and four with CHWs. Criterion-based purposive sampling was used to sample stroke survivor and caregivers from all the wards receiving HCBC. All CHWs who had experience in delivering services to stroke survivors were included in the FGDs. FGDs were led by the researcher using an interview guide, were audio recorded and transcribed verbatim before thematically analysed using the framework approach.

Results: Forty-three CHWs and 45 family caregivers and stroke survivors participated. There was strong agreement on the key themes i.e. having to figure things out for yourself, need for emotional support, and training on skills and knowledge, stroke information and incontinence management. Architectural barriers and lack of assistive products negatively impacted on care and function. CHWs lacked knowledge and skills. Fragmented services and lack of professional support further limited their capacity.

Conclusion: With appropriate training, CHWs can be pivotal in the training and support of family caregivers and stroke survivors at HCBC level. Care pathways and the role and scope of both CHWs and HCBC services in home-based stroke rehabilitation should be defined and restructured, including links with formal services.

Elsje Scheffler (escheffler@sun.ac.za)

The Chaeli Campaign Journal Club: how an interprofessional team of therapists, educators and community development workers are strengthening their evidence based practice and contributing to practice-based evidence: **Rosemary Luger and colleagues.**

Background: The Chaeli Campaign is an NPO offering programs largely for children and youth with disabilities in diverse under-resourced communities in the Western Cape province of South Africa. Evidence based practice is a fundamental underpinning of professional ethics in the rehabilitation field and therapists registered with the HPCSA are required to accumulate CPD points. To address these expectations, an HPCSA accredited interdisciplinary journal club was established in January 2012.

Methods: A non-formal, long-term action research project aimed at building the capacity of therapists, educators and community development workers to read, evaluate and use research evidence in their practice and to ethically research, write up and present effective grass roots interventions has been documented. The core participants over time have comprised three occupational therapists, one physiotherapist, two speech therapists, two educators and six community development workers, as well as guest therapists and students, including some with disabilities. Eight iterative cycles of activities have been evaluated and adjusted to meet the changing needs in this ongoing project.

Results: We have read, discussed, and completed questionnaires on 48 articles, published three articles in accredited journals and done twelve conference presentations. Since the beginning therapists and educators were supported to choose relevant articles and facilitate the journal club discussions, including compiling evaluative questionnaires that have at least three open ended questions requiring application of learning into our current work to encourage ongoing improvement to the services we offer. Community development workers joined in 2015 bringing their valuable experience and perspective and by 2018 started co-choosing articles and co-facilitating meetings, which has increased the team's ability to offer culturally relevant services.

Conclusions: We want to share our journal club experience with other service providers as participants' qualitative feedback includes reports of increased confidence to find and read articles related to areas of practice, development of academic writing skills to disseminate knowledge, broadened understanding of issues around disability, and more reflective and contextually appropriate practice, which all translate into improved services for children and youth with disabilities.

www.chaelicampaign.org

The divergence between perceived and measured access to health care in rural Namibia: **Van Rooy G***, Persendt F, Eide, A H, Braathen S, Rød J K, Halvorsen T, Langenes P

The purpose of this paper is to examine the divergence between perceived and measured access to health care. It uses a participatory GIS approach in collecting qualitative data from four focus groups discussion in a rural Namibia setting with the focus on perceived access is poor while measure access is good. The method employed was a firstly by using the GeoAcces model. This is an empirical approach that are combining geo-referend survey data on perceived access with geographical features such as distance and travel time. Secondly in support of this model a participatory GIS method was followed in conducting Focus Group Discussion with female and male with disabilities, elderly women, elderly men, and female headed households. Results indicate that participants mainly have a problem with access, distance and treatment with perceived access that are poor, while in terms measured access is good, they do have a problem with availability and acceptability. The paper therefore concluded that the identification of those factors that have an influence on perceived and measure access can assist policy makers in the understanding of the environmental factors that influence access to health care.

Gert Van Rooy (gvanrooy@unam.na)

Poster presentations

Surviving a stroke in south Africa: outcomes of home-based care in a low-resource rural setting: Elsje Scheffler

Background: Little is known of stroke outcomes in low- and middle-income countries with limited formal stroke rehabilitation services and of homebased-stroke services delivered within the primary health care (PHC) context by community health workers (CHWs). The objective was to describe and analyze the outcomes of patients with stroke from a rural PHC setting in the Western Cape, South Africa.

Methods: In a longitudinal survey 93 consecutively sampled stroke patients, referred to home and community-based care services (HCBC) in the Cape-Winelands district between June 2015 and December 2017, were assessed at baseline, one month and three months. The main outcomes measured were change in function (Barthel Index (BI)), caregiver strain (Caregiver Strain Index (CSI)), impact of environmental factors and satisfaction with stroke care, HCBC services received. Data collection was done by trained research assistants in the patient's home. Descriptive data analysis was done. Changes in continuous variables between groups were compared using either the Mann-Whitney or Kruskal-Wallis tests and the Chi-Square test for categorical variables. Relationships between continuous variables were analyzed using Spearman's correlation. A p-value of less than 0.05 was considered significant.

Results: HCBC was delayed, fragmented and brief (median session duration 20 minutes (IQR 15.0-30.0)). Although function improved significantly, dependence remained high: median BI score changed from 40.0 (IQR 15.0-70.0) to 62.5 (IQR 30.0-81.25) ($p=0.019$). A third (33.0% (30/91)) of caregivers initially experienced strain and the median CSI score remained 3.0 (IQR 0.0-7.0) ($p=0.672$). Overall, patient and caregiver satisfaction with HCBC was low with only 46.9% (31/66) of caregivers and 17.4% (12/69) of patients satisfied with all aspects of care. Only 47.6% of assistive products needs were met. Environmental factors negatively impacted on patient function and caregiving.

Conclusion: Clinical practice pathways and referral guidelines should be developed for the HCBC platform. Specific training of CHWs, focusing on how to educate, support and train family caregivers, provide assistive devices and refer to health services is needed.

Elsje Scheffler (escheffler@sun.ac.za)

COMMISSION E: HEALTH AND HIV & AIDS

Commission Chairpersons: Cindy Jacobsz + Alister Munthali

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|----------------------|--|
| Session: 1 | Keynote Address |
| 15:15 – 15:20 | Presenting the program for the commission and keynote speaker |
| 15:20 – 15:35 | Keynote address: Jill Hanass - Hancock |
| 15:35 – 15:40 | Questions and responses |
| Session: 2 | Paper presentations |
| 15:40 – 15:50 | Post stroke health-related quality of life, stroke severity and function: A longitudinal cohort study: Tasneem Hartley, Marlette Burger¹ Gakeemah Inglis-Jassiem. |
| 15:50 – 16:00 | The importance of vulnerability in accessing health care in low-income contexts; the case of Namibia and Malawi: Arne H Eide, Alister Munthali, Gert van Rooy, Frans Persendt, Thomas Halvorsen, Stine H Braathen and Jan Ketil Rød |
| 16:00 – 16:10 | Barriers and facilitators of access to Assistive Technology in Africa: the potential of an Assistive technology Passport in narrowing the gap. Maalim, M. and MachLachlan M. |
| 16:10 -16:15 | Questions and feedback |
| 16:15 – 16:25 | Concluding remarks |

Commission E: Chairpersons and Keynote Speaker

Commission Chairpersons:

Cindy Jacobsz

Jacobsz was diagnosed with Macular Degeneration at the age of 15 and completed her last 2 years of high school at Prinshof School for the Partially Sighted. She studied at the University of Pretoria, worked as a Career Counselor for a few years. Did some consulting work and then joined the Western Cape Government in 2006 where she worked in various sectors of human resources. Currently Jacobsz is responsible for Wellness, OHS and transformation. She likes to take on a challenge and has represented SA at Africa Championships para triathlon, and at World Championship para duathlon and cycled MTB tandem an exhibition in the Himalayas to Khardung La, the highest pass, a vehicle can drive in the world, 18 600ft. Cindy describes herself as reliable, responsible, caring, honest and perseverance. She expressed COVID-19 as "Gratitude".



Keynote Speaker:



Jill Hanass-Hancock

Prof Hanass-Hancock's research focuses on the sexual and reproductive health needs and rights of people with disabilities using a variety of research approaches including ethnography, epidemiology, situation and policy analysis techniques and evaluations. She is the principal investigator and co-author of the Breaking the Silence Intervention an evidence-informed curriculum innovation enabling educators to provide Comprehensive Sexuality Education in accessible formats. She is also known for her work to increase the participation of women with disabilities in GBV programmes and her innovative methods to measure the cost of disability, which was among the best of UNICEF research projects.

Paper presentations

Post stroke health-related quality of life, stroke severity and function: A longitudinal cohort study: **Tasneem Hartley, Marlette Burger1 Gakeemah Inglis-Jassiem.**

Background: Health related quality of life (HRQoL) is a determinant of physical, social and emotional well-being post stroke.

Objectives: This study aimed to describe self-reported HRQoL, activities of daily living (ADL) and stroke severity.

Method: Stroke inpatients were sampled over 6 months. EQ5D-3L for self-reported HRQoL, Barthel Index (BI) for function and independence in ADL, and modified Rankin Scale (mRS) for stroke severity were administered on admission and discharge. Statistical analysis was performed using SPSS version 25.

Results: Of 54 potential participants, 49 met inclusion criteria and 41 completed re-assessment [median age 48 years (IQR 39–60); median length of stay 53 days (IQR 46–60)]. Most participants had infarctions (89.90%); with hypertension or diabetes risk factors (73.47% and 28.57% respectively). BI and mRS scores improved significantly ($p < 0.001$) with significant correlation between scores ($r_s = -0.874$, $p < 0.001$); indicating a trend of stroke severity decreasing as function improved. EQ5D VAS scores ($p < 0.001$) and domains (mobility, self-care, usual activities) improved significantly ($p < 0.001$), except pain/discomfort ($p = 0.034$). Anxiety/depression domain showed non-significant change ($p = 0.378$). Moderate negative non-significant correlation existed between EQ5D VAS and mRS scores ($r_s = -0.362$; $p = 0.02$); indicating a trend that HRQoL was not improving to the degree stroke severity decreased. Moderate positive non-significant correlations were seen between EQ5D VAS and BI scores ($r_s = 0.329$; $p = 0.036$).

Conclusion: Although an improvement was noted in HRQoL, EQ5D VAS scores tended not to improve as strongly, despite significant improvements in function and stroke severity. These findings demonstrate the need for psychological support and pain management interventions for adjustment post-stroke.

The importance of vulnerability in accessing health care in low-income contexts; the case of Namibia and Malawi: **Arne H Eide, Alister Munthali, Gert van Rooy, Frans Persendt, Thomas Halvorsen, Stine H Braathen and Jan Ketil Rød**

Access to health care for individuals with disabilities and other vulnerable groups is key to achieve equity in health and to ensure that "no one is left behind". While a number of barriers for accessing health care have been identified, factors related to distance and travel time to health facilities have repeatedly been identified as a main barrier. The combination of vulnerability and geographical distance may put individuals particularly at risk for not accessing the health care they need. This paper analyses the relationship between vulnerability factors, geographical distance and access in Namibia and Malawi.

The data is drawn from EquitAble, a four-country survey on access to health care among vulnerable groups, supplemented with available geographical data.

The geographical data was used together with the GPS location of households included in the study to construct a combined travel distance/travel time variable. This variable was entered into a regression model together with vulnerability characteristics such as disability, chronic condition, poverty, rural residence and old age as input variables and with health care access as the outcome variable. Statistical methods comprise description of the samples, bivariate and multivariate regression.

The results indicate that persons with disabilities, poor health and/or living far away from services are most at risk for not accessing health care when they need it. While improved infra structure is key to reduce barriers to access, it may be more realistic that health services develop and implement more outreaching services.

Arne H Eide (arne.h.eide@sintef.no)

Barriers and facilitators of access to Assistive Technology in Africa: the potential of an Assistive technology Passport in narrowing the gap. **Maalim, M. and MachLachlan M.**

Introduction: The global number of people in need of Assistive Technology (AT) is estimated to be in the region of one billion and this figure is projected to rise to two billion by 2050. In the African continent, approximately 15% of the population has some form of disability with the majority in need of at least one assistive product. Assistive technology is identified as an enabler of equal participation of people with disabilities and older people into social, economic, political, and cultural aspects of life. Lack of proper and adequate information has been identified as a major barrier to accessing affordable, quality, and appropriate AT in the African context.

Objective: This paper reports on the potential of an Assistive Technology Passport concept in facilitating access to affordable quality AT. The AT Passport is intended as a personalised information tool that aims to facilitate access to technology for the person (user) by taking into consideration the person's own assistive technology needs AND the system's requirement

Approach: Review of literature on other extant passport's in use within health, social care, education, and employment from a variety of jurisdictions was conducted to refine and develop the conceptual framework of AT Passport. The findings from these reviews were subsequently, translated into systems thinking format relative to the 10 (People, Policy, Product, Personnel, Provision, Place, Pace, Promotion, Procurement, and Partnership) strategic and contextual factors for promoting access to high quality affordable AT also known as the 10Ps'. Finally, an online survey of AT users and providers was carried out to validate the findings from the review culminating in an AT Passport conceptual framework.

Results: The findings from the review and online survey identified 10 distinct AT passport attributes that were derived from the study with a clear focus on the person-centred and systems thinking approach that the AT Passport must align to. The AT passport should be designed to facilitate access to AT and promote community participation by encompassing attributes that; enhances effective communication, adopts a participatory approach AT Passport design and development, facilitates smooth transitions, promotes continuity of care, promote self-advocacy and personal empowerment, ensures it is person-centred, promotes effective and timely access to services, operates within existing systems and conforms to data validity and integrity principles. Additionally, the AT passport should adhere to the 10P's for enhancing systems strengthening,

Conclusion: This review highlights the significance of designing and developing an AT passport framework that is user-driven and responds to systems requirements for every in context. In the hugely dynamic African context, the AT Passport has the potential to adapt to a variety of systems realities to mitigate barriers to information on AT supports and services and facilitates affordable, high-quality access to AT for people with disabilities and the older person's in Africa and globally.

COMMISSION F: DEVELOPMENT PROCESS IN AFRICA: POVERTY, POLITICS AND INDIGENOUS KNOWLEDGE SYSTEMS

Commission Chairpersons: Callista Kahonde + AK Dube

| Session: 1 | Keynote Address |
|---------------|--|
| 15:15 – 15:20 | Presenting the program for the commission and keynote speaker |
| 15:20 – 15:35 | Keynote address: Dr Nceba Ndzwayiba |
| 15:35 – 15:40 | Questions and responses |
| Session: 2 | Paper presentations |
| 15:40 – 15:50 | The World Health Assembly adopted Resolution 68.20 in May 2015 recognising the need for a coordinated effort at country level to address all aspects of epilepsy: Marina Clarke |
| 15:50 – 16:00 | The status of Inclusive education Policy in Africa: a critical interpretive analysis: Dr Chioma Ohajunwa |
| 16:00 – 16:10 | International student mobility programs: What matters in local engagement and community involvement? Camilla Hansen |
| 16:10 -16:15 | Questions and feedback |
| | Book Presentation |
| 16:15 – 16:20 | Disability, Globalisation and Human Rights: Hisayo Katsui and Shuaib Chalklen |
| 16:20 – 16:25 | Questions and remarks on the book |
| 16:25 – 16:35 | Concluding remarks |

Commission F: Chairpersons and Keynote Speaker***Commission Chairpersons:*****Callista Kahonde**

Dr Callista Kahonde is a postdoctoral researcher at the Centre for Disability and Rehabilitation Studies, Stellenbosch University. She completed a PhD in Disability Studies in 2017 from the University of Cape Town. Dr Kahonde is a passionate advocate and researcher with main interests in care, community and family living for people with intellectual disabilities. She is involved in life skills and sexuality training of adults with intellectual disabilities, families, and service providers. She has published several peer reviewed articles and three book chapters mostly on intellectual disability, sexuality, and lifelong family care. Currently, she is working on a project exploring innovative ways for sexuality education and ease of communication of sexual abuse and risk by persons with intellectual disabilities. Callista describes herself as reflective and attentive to detail. She expressed COVID-19 as “Change”.

***Keynote Speaker:*****Dr Nceba Ndzwayiba**

Nceba holds a Doctorate in Philosophy (PhD) from Wits University, a Masters in Human Resource Development (UJ), Honors BTD (Cum Laude) from Potchefstroom University and a Bachelor of Technology Degree in HRD (UNISA). He has extensive experience in human capital development and socio-economic transformation and has worked in various sectors of the South African economy including hospitality, aviation, Parliament of RSA, private healthcare and education. He is a board member of the Health and Welfare SETA; the Hospital Association of South Africa; and an Advisory Committee member of the University of the Witwatersrand's Centre for Diversity. Nceba is the Human Resource and Transformation Director for Netcare and a member

of the executive committee. He is passionate about social justice and equality. He has international publications on peer reviewed journals with this work focusing mainly on the global power structure and the intersections of power, race, gender, dis/ability, and sexuality.

Paper presentations

The World Health Assembly adopted Resolution 68.20 in May 2015 recognising the need for a coordinated effort at country level to address all aspects of epilepsy: **Marina Clarke**

The World Health Assembly adopted Resolution 68.20 in May 2015 recognising the need for a coordinated effort at country level to address all aspects of epilepsy. The International Bureau for Epilepsy piloted implementation in six African countries to implement this Resolution, viz South Africa, Mauritius, Zimbabwe, eSwatini, Zambia and Kenya.

The needs of persons with and affected by epilepsy vary greatly and very little data exists. Epilepsy South Africa collected data through surveys on social, health and economic aspects. These surveys were conducted online and through focus groups consisting of peer support and therapeutic groups, residential facilities, and workers in protective workshops of Epilepsy SA.

Most respondents were in the economically active portion of the population (36 to 65 years) and unemployed. Epilepsy was largely long-standing with diagnoses made at school level or as a young adult. The majority of respondents reported idiopathic epilepsy, i.e. where the cause is unknown. Only a third of respondents were satisfied with their treatment (generally anti-seizure drugs) citing a lack of access to specialised treatment and dissatisfaction with the quality of care. Initial findings highlighted attitudinal barriers faced by persons with disabilities based on a lack of knowledge and understanding (including cultural myths and misconceptions about epilepsy) resulting in poor self-image, a general unwillingness to disclose this invisible disability and isolation/exclusion.

The information gathered will inform the proposed National Epilepsy Plan to be developed by the National Epilepsy Task Force. This will include government departments, medical professionals, and persons with and affected by epilepsy.

Marina Clarke (nationaldirector.no@epilepsy.org.za)

The status of Inclusive education Policy in Africa: a critical interpretive analysis: Dr Chioma Ohajunwa

The policy document is space of politics, contested values and negotiations. It equally reflects political intent, aim, priorities and strategies for implementation of its focus. Through education the citizens of a country are capacitated to access their full rights, while at the same time, education inadvertently create a local workforce that must cater to global capitalist demands. The quality and applicability of inclusive educational policies differ between countries, as every country will approach inclusive educational reforms as influenced by their current educational systems, needs, cultural and local contexts. Therefore, it becomes relevant that local/contextual knowledge from the context within which the inclusive education policy is developed should influence what is foregrounded within the policy document, and what is excluded, to support sustainable outcomes.

Therefore, in this paper I present the methodological processes that I am using to explore the definition and foci of inclusion within national inclusive education policy, also to explore whether local knowledge is included and how it is represented within national inclusive education policy within 3 regions in Africa.

Chioma Ohajunwa(Chioma@sun.ac.za)

International student mobility programs: What matters in local engagement and community involvement? **Camilla Hansen**

With emphasis on research practices through engaging persons with disabilities; researching through them, with them, not only about them. This paper explores a hybrid model of engaging bachelor-nursing students from Norway in health promotion work in rural community in South Africa. The base is previous research findings within the field of disability that explicit concluded the need of rural health promotion. The hybridity makes up the diverse group of people; experts in the disability organizations, researchers and teachers from Universities, lay people - volunteers from rural community and students. Students with limited social-economic, cultural and postcolonial historical contextual knowledge. Dialogue meetings became methods for health promotion in community. Dialogue as a method to directly encounter local expectations but also disentangle distance between the Global North and the Global South and the postcolonial. To sit down and mediate became a site for encounter cultural and social competence in relation to the body, illness, and health in addition to health assessment. Community members welcomed these activities. Even though the students experienced cultural shock, the shock also enables them to reflect upon their own attitudes and what kind of knowledge needed. A process that where triggered by exploring the unknown and the unexpected. The students need for support became an overloud for disability organizations. This paper will critically reflect upon the preparation, implementation and evaluation process and address local expectations from disability organizations (among them financial support). Hence, draw attention to factors that could more successfully transfer the new hybrid model for implementing research findings directly within communities.

Camilla Hansen(camiha@oslomet.no)

Book presentation

Disability, Globalisation and Human Rights: Hisayo Katsui and Shuaib Chalklen

This paper is based on the findings of our co-authored, forthcoming book entitled, “Disability, Globalisation and Human Rights.” The paper presentation in the Conference will play the role of a book launch.

As most of the countries have ratified the CRPD by now, localisation and operationalisation of the CRPD has been taking place globally and simultaneously, if taking place at all. We firstly briefly introduce empirical case studies on inclusive education in Ethiopia, deinstitutionalisation of persons with intellectual disabilities in Finland, university education of social work in Kyrgyzstan, right to water and sanitation in Nepal and Tanzania, right to political representation in Uganda, and the personal account of the former United Nations Special Rapporteur on Disability on his mandate. In all these case studies, global disability rights are locally operationalised.

The main research methods used in the case studies are participatory research approaches.

In the results discussion, we argue that even though poverty and disability have attracted attention as a collective and intertwined phenomenon in both global North and South, neoliberalism as a global context, in which rights are negotiated and operationalised, is unavoidable in the analysis of global disability rights. This paradoxical global context is discussed through the notion of agency and power. Academia is not an exception in reinforcing asymmetrical power relationships. And thus, in conclusion, we call for methodological innovations to decolonize knowledge production around disability.

Hisayo Katsui and Shuaib Chalklen (hisayo.katsui@helsinki.fi)

COMMISSION G: HOLISTIC WELLNESS: SPORT, RECREATION, SEXUALITY, SPIRITUALITY

Commission Chairpersons: Hillary Lane and Marcia Lyner-Cleophas

| | |
|----------------------|--|
| Session: 1 | Keynote Address |
| 15:15 – 15:20 | Presenting the program for the commission and keynote speaker |
| 15:20 – 15:35 | Keynote address: Mr Vincent Daniels |
| 15:35 – 15:40 | Questions and responses |
| Session: 2 | Paper presentations |
| 15:40 – 15:50 | Implementing Life Matters, a positive youth development program with South African adolescents with disabilities: Daniel Thomas Page |
| 15:50 – 16:00 | The Spiritual Path: Hillary Lane |
| 16:00 – 16:10 | Disability Stigma as Disconnecting Capabilities in the Teaching Practice School Placements of Bachelor of Education Students with Disabilities at a University in South Africa: Roshanthni Subrayen |
| 16:10 -16:15 | Questions and feedback |
| 16:15 – 16:25 | Group psychotherapy with men living with Intellectual and Developmental Disabilities (IDD), psychiatric illness, and behaviors that challenge: Outcomes with outpatients in a designated public service: Dr Charlotte Capri |
| 16:25 – 16:35 | Charting the devastating impacts of COVID-19 on persons with global comparison: Dr Marlene Le Roux |
| | Poster presentations |
| 16:35 – 16:40 | Innovation to empower and protect a vulnerable group: A cell phone app for sexuality education and reporting of abuse and risk by persons with mild/moderate intellectual disabilities in the Western Cape Province: Kahonde, CK, Dr. |
| 16:40 – 16:45 | Questions and feedback |
| 16:45 – 16:55 | Concluding remarks: |

Commission G: Chairpersons and Keynote Speakers**Commission Chairpersons:****Hillary Lane**

Hillary Lane is a wife, mother, grandmother, daughter, sister, and friend. Working as the coordinator of AfriNEAD, Hillary says has afforded her so many opportunities to interact with so many people of different abilities from around the world. As a disability activist it has afforded her the opportunity to show that it is not all about disability but rather 'ability'. Hillary describes herself as friendly, tenacious, determined, happy and inquisitive. She expressed COVID-19 as "Reflective".

**Keynote Speaker:****Vincent Daniels**

Vincent A. Daniels is a Capetonian by birth. The hereditary eye defect, Retinitis Pigmentosa, (one of his Gifts at birth) did not deter him from a successful scholastic career. His interests have always been in people, outdoor activities and Technology. Public speaking engagements were early extra mural activities, which have and still attract his interest. After completing school at St Columbia High in Athlone, he pursued careers in the Pharmaceutical field as well as the Motor Vehicle Assembly Industry. When

he joined the Cape Town Society for the Blind in 1983 as a public awareness officer, his love of technology got the better of him, resulting in him qualifying as a Skills Developer for the blind. He also learnt mobility training in the mid'80, which is walking using a long cane. This training took 3 months to learn and at that time he had to go to be trained in JHB, after which he became employed at the CTSB looking at Assistive devices for blind people. Later on he became involved in training and development. Slowly however, Human Rights and issues about Accessibility and Barrier Free Existence became important to Vincent, and the management at the CTSB recognized the value this could have for the greater community of Persons with Disabilities and recommended him to serve on committees and forums which promote integration of Persons with Disabilities into all facets of society. These processes have resulted in him being nominated and elected to serve on the South African Rail Commuter Corporation Board of Control, to Deputy Chair of Disabled People South Africa and also the Chair of the Western Cape Network on Disability. The Dial A Ride service, owes much of its establishment to his tenacious efforts in the whole gambit of public transport for all. In 2000 he was also nominated to serve on the first Charities Distribution Agency of the new South African Lottery Board. This entailed the establishment of procedures and methods of distributions which was a new area of development in the distribution of charitable funding to non-governmental organizations in South Africa. Vincent served on the board from 2000 to 2006 on as a Distribution Agent.

Paper presentations

Implementing Life Matters, a positive youth development program with South African adolescents with disabilities: Daniel Thomas Page

Background: Positive youth development programs provide an opportunity to promote physical activity and improve well-being among adolescents. Few evidence-based positive youth development programs focus on adolescents with a disability in Africa.

Objectives: To examine the efficacy and appropriateness of a 10-session positive youth development program (LifeMatters) for South African adolescents with a disability.

Method: Adolescents (n=15; aged 13-17 years) with mild cognitive and/or physical impairments participated. Primary outcomes were personal growth, self-efficacy, self-esteem, and positive youth development. Quantitative data were collected via self-report survey measures. Program review forms from adolescent participants, focus groups with program facilitators, and field notes provide qualitative data to examine the content, structure, and value of the program.

Results: Adolescent participants showed improvements in personal growth, self-efficacy, and positive youth development. Participants reported acquiring new psychological skills and competencies relevant to their holistic development. Teamwork, socialising, learning, and physical activities were particularly valuable. Written tasks, attention, and certain physical activities were challenging for participants.

Conclusion: The LifeMatters program appears to be relevant and beneficial for adolescents with mild physical and cognitive impairments. Modifications and tailoring may further improve LifeMatters and enhance psychosocial outcomes for underserved South African adolescents with a disability.

The Spiritual Path: Hillary Lane

So often when we see a person with a disability, we only see the physical ‘differences of difficulties’, and we do not see the character or the spirituality of that individual. Once we get to know that person we learn about their disabilities, what the struggles are and what their needs are, and soon we know them for how they appear to people, just as we would, in getting to know a person without a disability.. However, we all have a spiritual or personal journey, which we have had during our life-time, and this journey has brought us to who, and what we are today. I would like to share my personal journey with you. How I perceive the world from what I have learnt from my parents, family, friends, and scriptures of all sorts, though out my life – in other words – the insight to the inside of me.

Hillary Lane(hillarylane@outlook.com)

Disability Stigma as Disconnecting Capabilities in the Teaching Practice School Placements of Bachelor of Education Students with Disabilities at a University in South Africa: **Roshanthni Subrayen**

The South African Strategic Policy Framework on Disability in the Post Education and Training Sector highlights work-based support as a developmental indicator for students with disabilities. However, South African scholarship suggests that students with disabilities experience higher education inequities.

This paper focusses on experiences of disability stigma as contributing to complexities in the teaching practice school placements for students with disabilities.

Goffman's Stigma Theory and Sen's Capability Approach is used to understand disability stigma and respect for disability as human diversity.

A qualitative methodology was adopted. Fourteen students consented to participate. Narrative interviews and thematic analysis were used.

Findings highlight critical trajectories for the development of power hierarchies necessary for stigma production. This emerges when students with physical disabilities, as subordinate structures are in physical contact with able-bodied learners as dominant structures.

Further findings suggest that students with visual disabilities used ableist identities to avoid disability disclosure and stigmatization.

One of the more significant findings, focusses on the development of triple power hierarchies in relation to visual disability, the chalkboard-a teaching and learning resource for sighted persons and able-bodied learners in the classroom all working simultaneously to produce stigma.

This paper concludes that when student teachers with physical disabilities are in physical contact with able-bodied learners, disability non-disclosure and the chalkboard contributed to stigma production. This provides evidence to suggest that students with disabilities will continue to remain at the margins of their teaching practice school placements. This paper claims that stigma reduction is a social justice concern and is critical for sustainable human development.

Roshanthni Subrayen(subrayen@ukzn.ac.za)

Group psychotherapy with men living with Intellectual and Developmental Disabilities (IDD), psychiatric illness, and behaviors that challenge: Outcomes with outpatients in a designated public service”: **Dr Charlotte Capri**

This presentation talks about ongoing trials, errors, and outcomes of a group psychotherapy with men with Intellectual and Developmental Disabilities (IDD) and or psychiatric illness, and or behaviours that challenge. There are various reasons for starting such an intervention. In the public service I work in, a cohort of “uncomfortable, problematic” men presented for psychological help to our outpatient clinic. Similar clients were already in our service and starting a psychotherapy group would respond to a service delivery need that aligns with the duties of a resource constrained service – we had to do more with what little we have. This also implied producing outcomes and measuring effectiveness. Some pressure was lifted off our waiting list for sure, but a Men’s Psychotherapy Group could be a way of facilitating clinical attention for suitable candidates. Therapeutically, a primary outcome would be to sit with a group of men who, at some point, would no longer feel the need to smile appeasingly...that it would be ok to become real and sad. I will describe the screening for suitability process according to inclusion and exclusion criteria and the selected screening battery, and I will present the outcome measures used. I will mention the practicalities of frame, norms, structure, and cohesion; offer some emerging topics and themes; examine our process as it unfolded so far (as per Sinason, 2010); and bring some frankly mundane ‘housekeeping’ examples. We have achieved outcomes as a group. But some things worked while others didn’t. Other things made it hard, and there are specific reasons for continually reinforcing the therapeutic frame. The men’s words might, it is hoped, encourage you to start groups for PWIDD wherever you work.

Charting the devastating impacts of COVID-19 on persons with global comparison: **Dr Marlene Le Roux**

The primary purpose of this paper is to study the worldwide impacts of the COVID-19 virus on persons with disabilities and the manner in which government policies and resources have not initially prioritised the needs of persons with disabilities. Persons with disabilities have more critical health care needs than others and thus, are vulnerable to cuts in social programs and health care services. In the past, many countries have developed programs focused on persons with disabilities, however, the COVID-19 pandemic has revealed a general lack of preparedness on the part of the state in times of emergency. When pressed to implement strategies for dealing with the virus, most governments have not prioritised the safety and well-being of persons with disabilities, jeopardising their long-term health and welfare.

This paper traces the impacts that COVID-19 has had on persons with disabilities, exploring the lessons learned. It begins with a literature search of recent articles documenting the effects that COVID-19 has had on populations worldwide, as well as reports detailing the primary concerns that disability communities have had with government response to the virus. Next, it describes the case study method employed, highlighting regional variations and the specific effects that the virus has had on persons with disabilities. In each case, it analyses the impacts, as well as the actions taken. The conclusion summarises valuable lessons learned from the pandemic and provides a set of recommendations, including the application of an ethics of care response to persons with disabilities and other vulnerable populations.

Dr. Marlene F. le Roux and Dr. Charles R. Rivasplata (charles.rivasplata@sjsu.edu)

Poster presentations

Innovation to empower and protect a vulnerable group: A cell phone app for sexuality education and reporting of abuse and risk by persons with mild/moderate intellectual disabilities in the Western Cape Province: **Kahonde, CK, Dr ovince.**

Background: Sexual crimes against persons with intellectual disabilities (ID) are high in South Africa. Currently, there is lack of pro-active, collaborative effort among stakeholders to work on on-going innovative ways of empowering and equipping persons with ID with skills to be aware of risks, to know how to act when faced by a risky situation and to communicate incidences of abuse. In response to this gap, the current project is developing a cell phone app for persons with mild/moderate ID to communicate and report risky situations to others.

Methods: A mixed methods approach was used to test feasibility of the cell phone app within the study setting (cell phone ownership and user-friendly app features). Focus group discussions with six groups of adults with ID were followed by a questionnaire survey and in-depth interviews with service providers and family caregivers. IT specialists are using the findings to develop the app.

Results: The initial phase of the study found that most of those with mild to moderate ID in the Western Cape Province own cell phones and are capable of using apps mostly with audio functions. The needs of persons with ID and user-friendly features identified during the feasibility study are informing development of the app.

Conclusions: This on-going project is an innovative way to empower persons with ID and enhance their reporting and communication in cases where they are sexually abused or when faced with risky situations.

COMMISSION H: ASSISTIVE TECHNOLOGY/DEVICES

Overall facilitator: Surona Visagie

Commission Chairpersons: George Kayanga and Elsje Scheffler

| | Keynote Addresses |
|----------------------|--|
| 15:15 – 15:20 | Introduction of commission process and of keynote speakers |
| 15:20 – 15:30 | Keynote Address: Chapal Khasnabis from WHO Africa |
| 15:30 – 15:40 | Keynote Address: Prof Mac MacLachlan for AfriNEAD |
| 15:40 – 16:00 | Panel: Representatives from: <ul style="list-style-type: none"> · AfriNEAD: Prof Mac McLachlan · WHO Africa: Chapal Khasnabis · ACAT: Nicky Seymore · SAFOD: Daniel Thrum · FATO: Anareme Kpandressi · Edit Microsystem Gerhard Erasmus |
| 16:00 – 16:10 | Questions. Questions to be posted in chat box while speakers are talking. Chairperson (Elsje Scheffler) will collate and introduce them for speakers to address. (10 minutes) |
| 16:10 – 16:50 | Break away into groups to discuss questions based on the objectives of the workshop. Groups led by a panel member/chairperson. (40 minutes) |
| 16:50 – 17:00 | Come back, take a breath etc. (10 minutes) |
| 17:00 - 17:20 | Sharing from groups (20 minutes) |
| 17:20 – 17:30 | Wrapping up and identify critical emerging points for taking back to plenary. (10 minutes) |

Commission H: Overall Facilitators and Keynote Speakers**Overall Facilitator:****Surona Visagie**

As a physiotherapist, Visagie specialises in rehabilitation service delivery and has clinical, academic and research experience in assistive technology provision and systems. Living and doing her PhD fieldwork in a rural African community gave Visagie first-hand experience of the intricacies, strengths and challenges faced by rural communities and especially by people with impairments living in rural areas. An interest in assistive technology led to her role as chairperson of the Centre for Rehabilitation and Disability studies' initiative on assistive technology. Surona describes herself as loyal, hardworking, thorough, dependable and quick. Surona expressed COVID-19 as "Isolation".

**Commission Chairpersons:****George Kayanga**

An international development professional and project management specialist with close to 20 years of experience working with various NGOs at national, regional, and international levels. Since 2002, he has dedicated his career and inspiration towards doing something positive and beneficial for his global community, particularly children, persons with disabilities, and other vulnerable groups.

Elsje Scheffler

Elsje Scheffler is a physiotherapist with more than 20 years clinical experience in physical rehabilitation and provision of assistive products for persons with disabilities. Elsje is self-employed and an extraordinary lecturer at the Centre for Rehabilitation Studies, Stellenbosch University.

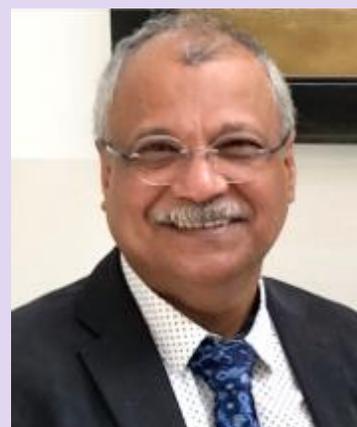
Scheffler's current focus areas include clinical service delivery, provision of a range of assistive products, postgraduate rehabilitation programmes, and research in assistive technology, as well as delivery of wheelchair service training programmes. She consults and trains on wheelchair service delivery on local, regional and international levels. She is a co-author and developer of four WHO Wheelchair Service Training Packages. Scheffler was consultant in the development of WHO assistive products specification documents and is the technical expert for UNICEF on wheelchair tenders. Elsje describes herself as committed, just, loyal, analytical and passionate. Elsje expressed COVID-19 as "Focus"



Keynote Speakers:

Chapal Khasnabis

Chapal Khasnabis, a Prosthetics and Orthotics Engineer from India holding a Masters degree in Rehabilitation Science from Strathclyde University, UK and in the process of completing PHD from Trinity College, Dublin. In 1979, started his career with the Ministry of Health and then Ministry of Social Welfare (Government of India). Currently managing activities of Access to Assistive Technology team and Medical Devices and Diagnostics team as Head (a.i) under the department of Health Policy and Standards.



Prof Mac MacLachlan

Malcolm MacLachlan is the Clinical Lead for Disability Services in the Irish Health Service and Professor of Psychology and Social Inclusion, Maynooth University. Since 2014 he has served as Research and Innovation Coordinator for WHO's Assistive Technology Programme (GATE) and from 2014 – 2019 he was the knowledge Management Lead for the United Nations Partnership for the Rights of Persons with Disability.



Panel Representatives

AfriNEAD: Prof Mac McLachlan

WHO Africa: Chapal Khasnabis

ACAT: Nicky Seymore

With experience in health and education settings in the UK and South Africa (her home), Nicky has spent the majority of her career within the international development sector across Asia and Africa. Her contribution within the rehabilitation and disability sector has had a heavy emphasis on integrating wheelchair service provision into the health systems and building capacity of the range of stakeholders. Her 14 years on projects in Africa, has been across all regions with a range of partners and goals including product design, supply chain management and curriculum and service development. She has a great interest in improving approaches to AT provision at community level and integrating provision into robust health and rehabilitation systems. Nicky, started with ACAT shortly after it was founded 3 years ago and has had a small administrative role within the network. Nicky describes herself as creative, a system and design thinker and nature lover. Nicky expressed COVID-19 as “Change “.



SAFOD: Daniel Thrum

Daniel Siremo Trum has a Honours Degree in Lifelong Learning and Community Education. He is a Community Liaison Officer at the Department of Disabilities Affairs in the Office of the Vice president/ National Chairperson of the National Federation of People with Disabilities in Namibia. David describes himself as a leader and disability Human rights Advocate. David expressed COVID-19 as Challenging.

FATO: Anareme Kpandressi

Anarème Kpandressi is a Prosthetist/Orthotist, alumnus of the Human Study School of Rehabilitation and the Mahidol University of Thailand. He is a holder of a Masters Degree in Education and Training Sciences, and trainer and Pedagogical Headperson in the Prosthetics and Orthotics school of ENAM-Lomé (Togo). He is a member of the Executive board of the African Federation of P&O (FATO), and currently the President of the P&O Association of Togo. He is married, with two children. Anarème described himself as excellence, hardworking, happy, perseverance and teacher. Anarème expressed COVID-19 as “Unbelievable”.



Edit Microsystem: Gerhard Erasmus

Gerhard Erasmus is a blindness and low vision technology specialist at Editmicro. Blind from birth his first introduction to assistive technology occurred when he was forced to depend on it while attending a mainstream school for the last three years of high school. He has been part of the South African assistive technology industry for the last 16 years; 8 at Editmicro where he was integral to the launch of the Ebraille Project, that made the Apex, a fully-featured braille computer, accessible to blind learners at all 22 schools for the blind in South Africa. The project is expanding into the tertiary sector and across South African borders.



INTERNATIONAL DAY FOR PERSONS WITH DISABILITIES**Date:** 3rd December 2020**Venue:** Virtual event

| Time | Programme Item | |
|--------------|---|---|
| 9:00 | Welcome by City of Cape Town | Social Services and Health MAYCO - Cllr Badroodien |
| 09:15 | Welcoming AfriNEAD | <i>AfriNEAD Chairperson: Gubela Mji</i> <i>Name of speaker</i> |
| 09:30 | Department of Social Development, Western Cape Government | Minister Sharna Fernandez |
| 09:45 | Cape Town group of dancers with disabilities | Unmute |
| 10:00 | Address by Premier of Western Cape | Alan Winde |
| 10:15 | Address by the Vice Chancellor of Stellenbosch University | <i>Prof Wim de Villiers</i> |
| 10:30 | Tea | |
| 10:45 | Play by persons with disabilities | <i>Shakespeare's School Plays</i> <i>Under the green wood tree</i> |
| 11:10 | Address by the CEO of Artscape | Marlene le Roux |
| 11:25 | Music interlude | Michelle Botha-Singer |
| 11:40 | Music interlude | Lois Strachan |
| 11:55 | Zumba class | |
| 12:30 | Lunch | |
| 13:15 | Entertainment piece | |
| 14:00 | PROGRAMME END | |

THANK YOU.....