

Did What?

Research Project in Brief

A-PODD in Malawi

Margaret Wazakili^{1,2}

Boniface Massah^{1,3}

Gubela Mji¹

Malcolm MacLachlan^{1,2}

¹Stellenbosch University, Centre for Rehabilitation Studies

²Trinity College Dublin, Centre for Global Health &
School of Psychology

³A-PODD Research Assistant, Lilongwe, Malawi

October, 2011



Published by The Global Health Press

Copyright © The Global Health Press

Reproduction is authorised, provided
the source is acknowledged.

Legal notice

Neither the Global Health Press nor any person acting on behalf of the Press is responsible for the use that may be made of the information contained in this publication or any errors that may remain in the texts, despite the care taken in preparing them.

ADDRESS:

The Global Health Press
7-9 Leinster Street South
Dublin 2
Ireland.

CONTACT:

Ms Magdalena Szewczyk

Email: theglobalhealthpress@gmail.com

ISBN 978-0-9569011-2-5

Introduction

This *Did What?* summarises the activities of the African Policy on Disability and Development (A-PODD) project in Malawi. It outlines the statement of the problem, research context, the A-PODD project itself, the methods used, and the impact of our work. The policy brief also provides recommendations to support the promotion of disability inclusion in the national development agenda. We conclude with a list of research and 'workshop' participants, the names of the larger A-PODD research team, and acknowledgements.

1. Statement of the problem

There is credible evidence to suggest that disability issues do not feature in most development policies, such as the Millennium Development Goals (MDGs) and Poverty Reduction Strategy Papers (PRSPs).^{1,2} This is in spite of the declaration that the World Bank and the International Monetary Fund (IMF) launched the PRSP to assist low-income countries achieve poverty reduction.³ It was expected that the PRSPs would steer low-income countries to promote opportunities, facilitate empowerment and enhance security for their poor citizens - including people with disabilities.⁴ However, most governments and their development partners, continue to exclude people with disabilities from the PRSP processes. These partners persistently view disability as a separate issue from mainstream development and, therefore, do not feel obliged to include disability issues in their development plans. Consequently, people with disabilities are perpetually marginalised, and they remain poor. Without getting disability issues on the PRSP agenda, it will be very difficult indeed to achieve MDG 1, on poverty reduction, and most of the other MDGs. The World Report on Disability⁵ stresses the need to address poverty and to ensure that people with disabilities are involved in, and benefit from, policy initiatives aimed at poverty reduction. The A-PODD project explored the extent to which disability issues are included in the PRSP process in Malawi. The study also investigated how disability can be put on the agenda of national development initiatives, and how research evidence can be utilised to facilitate such a process.

2. Policy context

Malawi is a landlocked country, with a land area of 94,079 km² and a total area of 118,480 km², including the lake, which occupies one third of the country. It is located in

¹ Coleridge, P. (2007). Economic Empowerment. In T. Barron & P. Amerena (Eds) *Disability and Inclusive Development*. London: Lenard Cheshire International

² Dube, A. (2006) Dube, A. K. (2005). '*Participation of Disabled People in the PRSP/PEAP Process in Uganda*'. (http://disabilitykar.net/docs/uganda_prsp.doc)

³ World Bank (2001). *Reviewing Poverty Reduction Strategies Program* (<http://www.worldbank.org/developmentnews/stories/html/080601a.htm>).

⁴ Craig, . & Porter, D. (2003). *Poverty Strategy Papers: A new Convergence*. *World Development*. 31 (1) 53-69 (2003).

⁵ World Health Organisation & World Bank (2011) *World Report on Disability*. Geneva: WHO

southeast Africa, and is surrounded by Mozambique on the Southeast, Zambia on the Northwest, and Tanzania on the Northern part of the country. The 2008 population estimates were 13, 931 831, with a 2.3% growth rate. The 1983 national statistics survey revealed that people with disabilities constitute 2.9% of the population,⁶ in 1994, this estimate dropped to 2%.⁷ These percentages are way below the 15% estimate globally in the World Report on Disability. The lack of reliable disability statistics, compromises the extent to which disability can be included in PRSPs, but there is a clear and urgent need to address the links between disability and poverty⁸ and disability and international development⁹ and to network evidence into action through inclusive debate and planning.¹⁰

The Federation of Disabled People's Organisations in Malawi (FEDOMA) is the umbrella body of the seven disabled people's organisations, namely: the Association of the Physically Disabled in Malawi, Disabled Women in Development, Malawi Disability Sports Association, Malawi National Association of the Deaf, Malawi Union of the Blind, Parents of Disabled Children's Association in Malawi, the Albino Association of Malawi. FEDOMA's mission statement is '*To enhance the welfare of all persons with disabilities and enable them to assume their rightful role in society*'.

3. The A-PODD project

Malawi is one of the four African countries that participated in a three-year A-PODD research project (2009-2011), which is funded by the Irish Health Research Board (HRB) and Irish Aid. This project is jointly run by Trinity College Dublin, Centre for Global Health; the Secretariat of the African Decade for Persons with Disabilities, and Stellenbosch University, Centre for Rehabilitation Studies, where the project is based. A-PODD investigated the need for disability to be included on the agenda of national and international development initiatives. It aimed at documenting and analysing factors that contribute to realising the rights of people with disabilities, promote their health and well-being and release their economic potential. The project also considered how research evidence can be utilised to inform the policy environment and development initiatives and institutions. It also explored community and grass-roots decision-making and inclusion efforts.

The other countries that were selected for their unique characteristics to participate in the A-PODD project are Uganda, Sierra Leone, and Ethiopia. Malawi and Uganda were the only two African countries that had a Disability Ministry at the time. Then, South Africa created the Ministry of women, children, and people with disabilities. Sierra Leone

⁶ National Statistical Office. (1983). Government of Malawi, Zomba.

⁷ National Statistical Office. (1993). Government of Malawi, Zomba.

⁸ Eide, A.H. and Ingstad, B. (2011) *Disability & Poverty: A global perspective*. Bristol: Policy Press.

⁹ MacLachlan, M. and Swartz, L. (Eds.) (2009) *Disability & International Development: Towards inclusive global health*. New York: Springer.

¹⁰ Mji, G., Gcaza, S., Swartz, L., MacLachlan, M. & Hutton, B. (2011) An African way of networking around disability. *Disability & Society*, 26, 365–368.

had just emerged from a conflict that resulted in many people being disabled but had no centralised Ministry. Ethiopia is considered the second most populous country in Africa, with significant geographical barriers and a highly dispersed population, presenting challenges to the inclusion of people with disabilities, again without a centralised Ministry.

5. Collaboration with local partners

A-PODD's commitment to the countries in which the research was being undertaken was to work with, and support, local partners. To this effect, FEDOMA hosted the A-PODD project and worked in close collaboration with the Ministry of Disability and the Elderly, and the University of Malawi, Centre for Social Research. A-PODD signed a Memorandum of Understanding (MOU) with the stated organisations. Through this MOU, a research assistant sought to contribute the equivalent of one day's work per week to FEDOMA, as part of A-PODD's support to the organisation. However, FEDOMA is based in Blantyre and the Research Assistant, Mr Boniface Massah, lives in Lilongwe. Mr. Massah's physical support to the organisation, therefore, was limited to the times he visited Blantyre. Most of his time was spent liaising with the Ministry, regarding disability matters and on behalf of FEDOMA. The A-PODD local partners were instrumental in providing information (government reports and research documents), identifying key stakeholders and participants for the study. They also assisted with the organisation of the end-of-year feedback workshop, which took place at the Korea Gardens in Lilongwe.

6 Methods

The study was conducted in three cities of the three regions in Malawi, namely, Blantyre in the South, Lilongwe in the centre, and Mzuzu in the North. The A-PODD study employed a series of five qualitative data collection methods, and a feedback workshop. Key informant interviews were conducted first, followed by focus group discussions, the critical incident technique, nominal group technique, and the force field analysis. These methods complimented each other, while each method emphasised a specific characteristic such as 'knowledge' and 'attitudes' as indicated in figure 1. Participants were drawn from government departments, disabled people's organisations, including people with disabilities at grassroots level, civil society organisations, national and international NGOs, and research institutions. This research process is illustrated in figure 1 below.

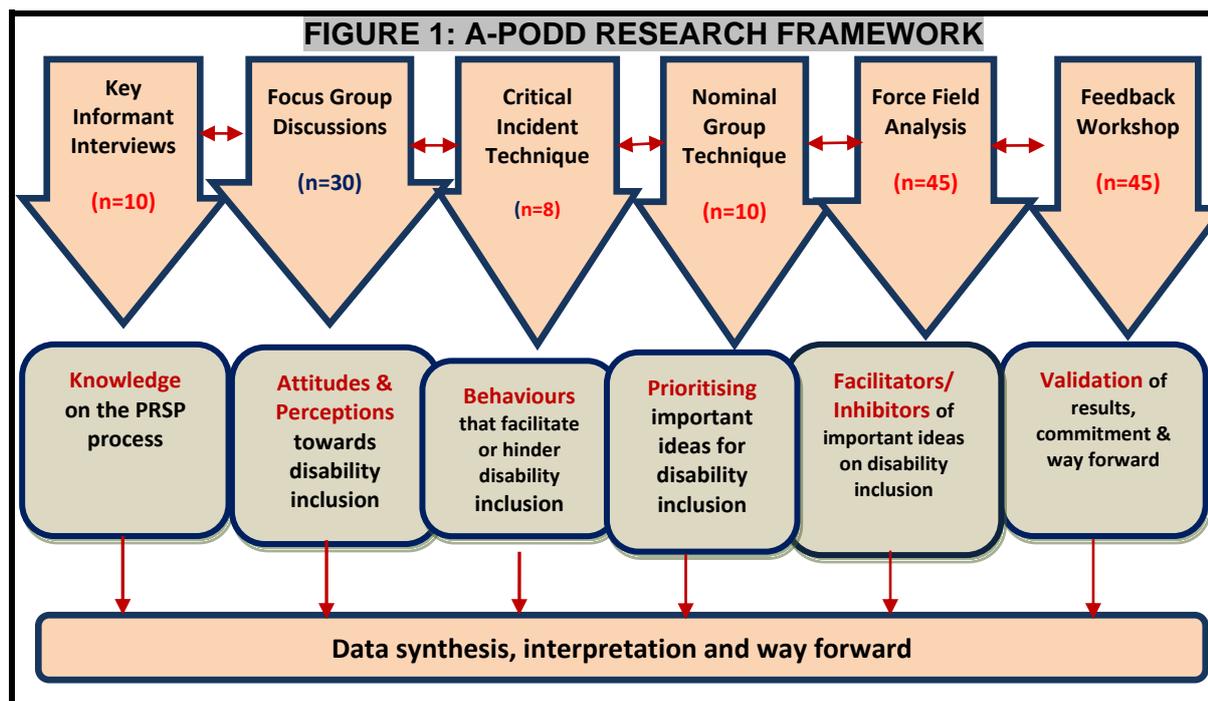


Figure 1, illustrates the interconnectedness of the data collection methods, culminating in the feedback workshop that also explored the validity of the research findings with key stakeholders. Each method highlighted specific attribute(s), which converged in the final analytical process. Key informants focused on knowledge; emerging issues informed focus group discussions, which highlighted attitudinal issues and perceptions regarding the inclusion of disability in the PRSP process. The Critical Incidents Technique was conducted to establish behaviours and skills that contribute to disability inclusion or exclusion from the PRSP//MGDS. Data from these three methods were analysed thematically.

The Nominal Group Technique was used to prioritise factors identified as crucial in disability inclusion, while the Force Field Analysis was used to identify factors for, and against, disability inclusion. Finally, the feedback workshop was carried out to synthesise and explore the validity of our interpretation of the research findings. Delegates of the feedback workshop committed their respective organisations to utilising the research evidence for improving the participation of people with disabilities in national development processes.

Below is a photograph of some of the participants who attended the feedback workshop.



Korea Gardens, Lilongwe: A-PODD Feedback Workshop participants - 14.10.09

7, Results

Although each data collection method focused on specific attributes, outlined in Figure 1 above, the selected findings reflect the complementary nature of the methodological process. These findings are comparable across the four study countries, contributing to their potential transferability to other low-income countries using the PRSP approach.

Definition of Disability - Disability is a highly contested concept and term, with no single working definition that is agreed upon by all stakeholders or, indeed, one that guides policy and practice in Malawi. As a result, each government department or private sector organisation conceptualises the term from different professional or organisational standpoints. This practice only serves to set hurdles for the already complex process of disability inclusion.

Negative Attitudes – Negative attitudes were perceived as the biggest obstacles to achieving disability inclusion. People with disabilities are often made to feel and accept that they are not useful citizens, due to societal and cultural negative attitudes. Such attitudes prevent genuine incorporation of disability issues in the PRSP, because people with disabilities are considered incapable of contributing towards the national development agenda. Participants indicated that negative attitudes are not only a domain of non-disabled people, but that people with disabilities have equally internalised these stigmatising feelings, and often they fail to challenge the status quo. Hence, they fail to demand their right to participation in community and national development activities. In addition, off-putting attitudes prevent this group from being deemed as primary beneficiaries of basic social services at community level. It was further underlined that people with disabilities continue to experience prejudice, stereotypes and discrimination, the effects of which are considered worse than those imposed by bodily impairments or limitations in functioning.

Legislation – Malawi has a Disability Bill, which has not been enacted into an Act of Parliament. Consequently, government is not obliged to uphold the tenets of this Bill. Equally, organisations that violate the rights of people with disabilities cannot be held responsible by a Court of Law. The minimal inclusion of disability in the Constitution of Malawi sets a negative precedence.

Self representation – Although the PRSP formulation process in Malawi was described as participatory, the disability movement was largely excluded and disability issues were omitted from the document. Even after FEDOMA and the Ministry of Disability and the Elderly, noticed the omission and suggested specific areas for disability inclusion, not all their wishes were included. Disability issues were viewed in the same light as those of other vulnerable groups, such as women and children, a decision that compromised the special circumstances unique to people with disabilities. Given that the majority of the participants at grassroots level did not know anything about the PRSP; they would not have been able to contribute meaningfully to the process anyway. Another concern was that there is limited political representation of people with disabilities in parliament and so their advocacy role is negatively compromised. This is demonstrated by the presence of only one Member of Parliament with a disability, whose voice is often ignored. DPOs lack adequate funding, educational opportunities and the capacity to contribute significantly towards national development programmes and to run their organisations efficiently.

Ministry - The presence of the Ministry of Disability and the Elderly is viewed as a huge breakthrough in increasing the visibility of people with disabilities in Malawi. However, the operations of this Ministry are not yet decentralised and, so, do not benefit the majority of people with disabilities in all the regions and districts of the country. Participants also bemoaned the absence of employees with disabilities in decision-making positions in this ministry; which is not a good example for disability mainstreaming. In addition, other government ministries tend to relegate all disability issues to this ministry, which has limited financial and human capacity to cope. The incorporation of issues of the elderly has compromised the ministry's original focus on disability matters alone.

Research Evidence and Utilisation - The Ministry of Economic Planning and Development asserted that it utilises research evidence when formulating policies. However, such research is not disability related. There is minimal disability-related research that has been conducted in Malawi; therefore, there is a dearth of research evidence that informs the inclusion of disability in policies and programmes targeting poverty reduction.

8. Impact

The A-PODD project managed to bring together various stakeholders, particularly policy makers, CSOs, DPOs (including disability representatives at grassroots level),

development partners, research institutions and the media. These organisations came together to discuss disability and development issues, and they perceived this process as an 'eye opener'. Most participants admitted that they had not thought 'in depth' about the participation of people with disabilities in the PRSP process, prior to A-PODD's engagement in Malawi. Therefore, they felt that this project had set a precedent, and paved the way, for disability mainstreaming in national development processes.

Mr Massah's work for FEDOMA was part of A-PODD's fulfilment of its commitment to improve capacity among DPOs. This contribution was highly appreciated by FEDOMA.

The presence of the A-PODD project was considered timely and relevant, since the MGDS (Malawi Growth & Development Strategy) was under review, and the A-PODD research project provided an opportunity for policy makers to reflect on the possibility of greater inclusion of disability in the PRSP. FEDOMA provided administrative support for the feedback workshop, while the Ministry of Disability and the Elderly supported the feedback workshop financially and in kind. The Minister in this ministry officiated at the function. All local news papers and the radio station covered the events of the A-PODD feedback workshop, which was attended by 45 stakeholders from a wide range of government, donors and civil society organisations.

A-PODD also fulfilled its mandate of promoting capacity development in Malawi by providing a full scholarship for Boniface Massah, the Research Assistant, to undertake an MPhil degree in Disability and Rehabilitation. Mr Massah graduated in March 2011, along with his research colleagues from Uganda and Ethiopia, and his thesis is available for downloading.¹¹ The research assistant continues to be consulted by FEDOMA, the Ministry of Disability and the Elderly and Malawi Council for the Handicapped.

9. Recommendations

Development efforts and resources should seek to harmonize and align with:

9.1 *Mainstreaming a Human Rights View of Disability:* The government of Malawi, through the Ministry of Disability and the Elderly, should commit to working with DPOs and ensure that the Disability Bill is passed into law as a matter of urgency. They should also collaborate in the promotion of disability awareness in both urban and rural areas, building on lessons learnt from gender and HIV/AIDS mainstreaming in Malawi.

9.2 *Advocacy for Implementing the United Nations Convention:* Following Malawi's ratification of the UNCRPD in 2009, the country needs to start implementing the tenets of this Convention. The disability movement needs to work hand-in-hand with the government in order to influence the disability agenda and advocate for disability inclusion in all poverty reduction programmes in the country.

¹¹ <https://scholar.sun.ac.za/handle/10019.1/6519?show=full>

9.3 Donors' Role in Promoting Inclusion: The donor community should highlight disability inclusion as a condition for the government and DPOs to access funding for national development programmes. These programmes should have clear indicators and performance bench marks to ensure easy monitoring, and evaluation of disability inclusion.

9.4: Disability-related Research Evidence: FEDOMA and the Ministry of Disability and the Elderly should produce disability-related information, including appropriate disability terminology to raise awareness and support organisations working with, and for, people with disabilities and other stakeholders. There is also a need to utilise existing data, as participants appeared to be unaware of the SINTEF 'Living Conditions' research on the lives of people with disability in Malawi.

9.5 Inclusion in Planning: The planning, implementation, monitoring and evaluation of the PRSP/MGDS for disability inclusive programmes, should be an on-going process and include people with disabilities. The Ministry of Disability and the Elderly should monitor the performance of other government Ministries, while NGOs, in collaboration with DPOs, should monitor the implementation at community and grass roots level. There needs to be a continuous consultative process between civil society and the government, so that they can share information on the progress.

Annex A: List of all Participants

Name	Organisation
Mr. M. Chiwaula	Federation of Disability Organisations in Malawi
Mrs Chiwaula	Federation of Disability Organisations in Malawi
Ms Tione Mzila	Federation of Disability Organisations in Malawi
Mr. Msowoya	Malawi Council for the Handicapped
Mr. Mihowa	Sue Ryder Foundation
Mr. A. Munthali	University of Malawi, Centre for Social Research.
Mr Nandolo	Council for Non-Governmental Organisations
Ms. S. Chitimbe	Office of the President and Cabinet
Personal assistant	OPC
Mr. J Mwase	Malawi National Association of the Deaf
Interpreter	Malawi National Association of the Deaf
Eddie	Malawi Union of the Blind
Eddie's guide	Malawi Union of the Blind
Mr. S. Chauluka	Malawi Union of the Blind
Ms. E. Chiumya	The Association for People with Albinism in Malawi
Ms. S. Kasase	Disabled Women in Development
Ms. Namanja	Parents of Disabled Children Association of Malawi
Mr. Machaka	Malawi Disability Sports Association
Machaka's guide	Malawi Disability Sports Association
Mr. C. Khaula	Association of the Physically Disabled in Malawi
The Executive Director	CILIC
Ms R. Kachaje	Southern African Federation of the Disabled
Mr. F. Mzoma	Government Stores

Mr. A. Kumbatira	Malawi Economic Justice Network
Ms. C. Kamwendo	The World Bank
Ms. Chimbiri	United Nations Development Programme
Dr. Mwansambo	Kamuzu Central Hospital
Ms M.Chikoko	Department for International Development
The Executive Director	Malawi Human Rights Commission
Mr. G. Zimalirana	Ministry of Agriculture
Ms. P. Zimpita	Office of President and Cabinet
Mr. Y. Kaphale	Ministry of Economic Development and Cooperation
The Minister	Ministry of Disability and the Elderly
Mr. G Mkondiwa	Ministry of Disability and the Elderly
Mr. Kilembe	Ministry of Disability and the Elderly
Ms. Mwale	Ministry of Disability and the Elderly
Mr Nyirenda	Ministry of Disability and the Elderly
Ms J. Chasweka	Community Development
Father A. Clohessy	St John of God
Mr. Mhango	Federation of Disability Organisations in Malawi
Ms L. Manduwa	Federation of Disability Organisations in Malawi
Mr. K. Mtachira	Federation of Disability Organisations in Malawi
Ms. C. Kulumbizira	Federation of Disability Organisations in Malawi
Ms S. Nkhonya	Federation of Disability Organisations in Malawi
Ms O. Phiri	Federation of Disability Organisations in Malawi
Ms E. Chiume	The Association for People with Albinism in Malawi
Mr T. Sitimawina	Ministry of Economic Development and Cooperation
Mr Chinthochi	Private consultant
Mr Njaidi	Ministry of Education – Special Needs Unit
Mr Kaunda	Disability Activist
Mr Chimenya	Malawi National Association of the Deaf
Mr Msosa	Ministry of finance
Ms Mkandawire	Social Welfare Office
Ms C. Kalumbira	FEDOMA
Ms H. Wasi	Ministry of Persons with Disability and the Elderly
Ms T. Iman	Ministry of Persons with Disability and the Elderly
Ms C. Njiwira	MACOHA

Annex B: A-PODD Research Team

Malcolm MacLachlan:	-	Principal Investigator
Gubela Mji:	-	Co-Principal Investigator
Kudakwashe Dube:	-	Co-Principal Investigator
Margaret Wazakili:	-	Post-Doctoral Research Fellow
Tsitsi Chataika:	-	Post-Doctoral Research Fellow
Boniface Massah:	-	Research Assistant (Malawi)
Dagnachew Wakene:	-	Research Assistant (Ethiopia)
Moses Mulumba:	-	Research Assistant (Uganda)
Frank Kallon:	-	Research Assistant (Sierra Leone)
Lorraine Van den Berg:	-	Administrator (South Africa)
Marcella Maughan:	-	Administrator (Ireland)

Research Advisors

1. Patrick J. Drudy, Department of Economics, Trinity College Dublin, Ireland
2. Arne Eide, SINTEF Health Research, Oslo, Norway.)
3. Siphokaszi Gcaza, Centre for Rehabilitation Studies, Stellenbosch University, South Africa
4. Rachel Kachaje, Southern African Federation of the Disabled And the Disabled Women in Africa, Malawi
5. Hasheem Mannan, Centre for Global Health, Trinity College Dublin, Ireland
6. George Mkondiwa, Ministry of Persons with Disabilities & Elderly, Government of Malawi
7. Eilish McAuliffe, Centre for Global Health, Trinity College Dublin, Ireland
8. Roy McConkey, Institute of Research, University of Ulster, N. Ireland
9. Michael O'Toole, Centre for Global Health, Trinity College Dublin, Ireland
10. Gerard Quinn, Department of Law, National University of Galway, Ireland
11. Katherine Rogers, UNICEF, New York, USA
12. Marguerite Schneider, Department of Psychology, Stellenbosch University, South Africa
13. Leslie Swartz, Department of Psychology, Stellenbosch University, South Africa
14. Jimmy Volmink, Medical Research Council of South Africa

Acknowledgements

We would like to extend our gratitude to the government departments, people with disabilities and their organisations, national, international and civil society organisations, research institutions and development partners, the media and all stakeholders who gave their time and energy to contribute towards this study. We also thank other members of the A-PODD research team and the A-PODD research advisors. Our gratitude goes to Irish Aid and the Health Research Board (Ireland) for funding the A-PODD project.

We are grateful to Dr. Barbara Murray (International Labour Organisation, Geneva), Prof. Arne Eide (SINTEF, Oslo), Prof. Roy McConkey (University of Ulster) and Dr. Michael O'Toole (Trinity College Dublin) for their comments on an earlier version of this *Did What?*

Suggested Citation:

Wazakili, M., Massah, B., Mji, G. & MacLachlan, M. (2011) The African Policy on Disability & Development (A-PODD) project in Malawi. Dublin: A Global Health Press *Did What?*

For more information:

More information on the A-PODD project, including *Did Whats?* for other countries, is available at:

The Project website:

www.a-podd.org

Stellenbosch University's Centre for Rehabilitation Studies:

www.sun.ac.za

Trinity College's Centre for Global Health:

www.global-health.tcd.ie

The Global Health Press
ISBN 978-0-9569011-2-5