

Report on Work visit to Gunjur - The Gambia

25th November to 2nd December 2011

“It’s a kind of ‘free-range’ arrangement . . . like the goats.”

a resident of Gunjur describing the life of people with learning difficulties.

Purpose of the visit:

- To be introduced to the culture of The Gambia and begin to understand the primary obstacles facing disabled young people and their families in the village of Gunjur.
- To learn more about the long relationship between Gunjur and Marlborough.
- To gain a sense of existing services and provision for disabled young people in and around Gunjur.
- To meet key providers, potential partners and stakeholders (including disabled young people and their families) in the Gunjur region.
- To have an agreed outline plan of a phased strategy before leaving.

Acknowledgements

I should like to acknowledge support from the excellent relationship which exists between the people of Marlborough and Gunjur. The 30-year link between the two communities was an invaluable ‘accelerant’ to my establishing links and relationships which will be crucial to any future work. As the guest of the Marlborough Brandt Group (MBG), I was introduced to a wide range of contacts; from disabled young people and their families to Directors of Government departments. We also met a number of NGO’s* who will be important partners in any future programme for disabled young people in Gunjur. The most important of these is the Trust Agency for Rural Development (TARUD) who, one hopes, will be prepared to take the role of a local co-ordinating and delivery partner.

I should like to thank:

Mr. Sandang Bojang and the staff of TARUD who organised every detail of our itinerary.

Mr. Lamin Sanyang and Jaja for their kind and generous hospitality during my stay.

Dr. Nick Maurice and the Marlborough Brandt Group for inviting me and looking after me so well during the visit.

B & K Inch and the COINS Foundation who are generously supporting this work.

*See Appendix 1

Introduction

The Gambia is in Western Africa, bordering the North Atlantic Ocean and surrounded by Senegal on all other sides. It is the smallest country on the continent of Africa. It has a few natural resources; fish, clay and sand with some titanium and tin. The primary economy is from tourism, fishing and agriculture. Unemployment is high and infrastructure for Health, Education and Social Care is weak. (For more information see the CIA World fact book at www.cia.gov/library/publications/the-world-factbook/geos/ga.html)

Gunjur is a large village (approximate population estimated at 25,000) situated close to the Gambian coast about an hour's drive south of the capital Banjul. Gunjur is the largest community in the Gambia to be without either running water or electricity.

The community has 5 pre-schools, Lower and Upper Basic Schools and two Islamic schools. Up to 15 years of education are available in the Gambia, but the average student attends school for 9 years. The school structure is as follows:

1. 3 years of nursery or pre-school education, children from 3 - 5
2. 6 years of lower basic education (primary level, grade 1-6, from age 7)
3. 3 years of upper basic education (grade 7-9)
4. 3 years of senior secondary education (grade 10-12)

Children may start Lower basic school at any age from 7 upwards, starting at grade 1 and progressing through each grade year on year. The age range of students varies from about 12-24 at upper basic and senior secondary level. It is not uncommon for students to miss a year if they cannot afford their fees, or, if they are unsuccessful in yearly exams they may be required to repeat the year. At the end of grade 9 and grade 12 students sit exams which are standardised for West Africa (West African Certificate of Secondary Education).

Class sizes are large (50 - 60 is not uncommon) with one teacher per class. Discipline is rigorously maintained and children are often beaten.

The government's official policy for disabled children is one of 'integration' into mainstream. There are few 'special schools' and it is clear that children with impairments (especially those with mild to severe learning difficulties) rarely attend school. (See Major themes - Education)

Gunjur has its own small Health Centre which is staffed by one senior nurse and a small 'para-medical' team. There is no doctor on staff. The Health Centre has a small number of beds (including maternity) and is open daily for outpatient visits.

There is a large local market and a number of small shops and 'bars' - although as a Muslim community, no alcohol is served anywhere. There is an internet café which is reputed to have good connectivity and one can browse the web for 10 dalasi an hour (20p).

Meetings in the Gunjur community

The visit started by meeting and paying our respects to the three 'elders' of the village: the Nyansimba (Head Woman), the Alikali (the Mayor or Head Man) and the Imam. In every case there was enthusiasm for the idea of supporting disabled young people (DYP) in Gunjur. Many of the barriers confronting DYP were discussed, including attitudes of the non-disabled, traditional beliefs around visitations of devils on the disabled; isolation in compounds, lack of access to health services and education etc.

At Government level we held meetings with the Director of Social Welfare and the Deputy Director of Special Needs education. We also met a number of key NGO's including Gambia



Federation for the Disabled (GFD) led by a VSO Alex Jackson, and TANGO (The Association of NGO's) held a meeting for us with eight disabled People's Organisations (DPOs). We also met Ousman Cham (introduced to me as the guru of development in West Africa), onetime Director of Action Aid in The Gambia and now running a children's support agency Child Fund International. We also met Sarah Clancey, who is Country Director for Concern International, having come via running Oxfam's programme in Mozambique and UNDP in Vietnam.

At the end of the week, we ran a workshop in Gunjur at the TARUD office which included disabled people and parents and carers, Momodou Saho, onetime Director of Special Needs Education for the Gambian Government and TARUD staff at which we discussed in detail the problems facing DYP, and some of the solutions.

To have been able to meet people at all levels of Gambian society was extremely useful and I feel I have as comprehensive range of views as one could hope to gain in just seven days.

TARUD and Disability Africa have agreed to develop a joint strategy which will become the basis of funding applications for a programme of Inclusive development programmes in Gunjur.

I have agreed to return to Gunjur within four months to take plans forward. I am meeting with George Cooper (a medical student who will be spending a couple of weeks in Gunjur in December) and James Moran (also a medical student who will be leading a group of volunteers going to Gunjur in summer 2012). I plan to discuss their potential involvement in working with DA and TARUD to take the project further forward. The only 'major players' whom we missed out during our visit were the Royal Victoria Hospital in Banjul (also Tanka-Tanka, their 'unit' for people with learning impairments and mental health problems) and the Health Centre in Gunjur. I am confident that we will be able to use George and James' visits to make good on any gaps in our basic knowledge.

Key information & Major Themes Arising from the visit

I have condensed the information and major themes which arose during the visit from some 18 pages of notes which I took during our meetings.*

*For a copy of our schedule for the week please see Appendix 2

Background

In 1998 there was a national survey throughout the Gambia of people with impairments; Among the interesting statistics which the survey produced were:

- 43.7% of disabled children have multiple impairments
- 41% report disease as the general cause of disability among children against 31% who reported that children were born with the impairment.
- 57% of all disabled people reported that their families decided it was not necessary for them to attend school.

The report also brought out:*

- Health, Education and Social Care policies should incorporate a section on disability and the disabled - this does seem to have been done to a limited extent in education.
- There is a dire need to train health personnel and institutions caring for the disabled; There is a need to decentralise the existing institutions and services catering for the disabled.
- NGOs should be encouraged to build a resource and rehabilitation centres in each division to meet the needs of the disabled.
- There should be greater awareness-creation on disability issues.
- Trained teachers of special education in Gambia are woefully inadequate.
- A comprehensive disability policy should be developed in line with section 31 (A) of the constitution.

*For a full list of Recommendations from this survey, please see Appendix 3

Education:

There is a government policy that all children are entitled to an education and the government pursues a policy of 'integration' of disabled children in this regard. In theory, all disabled children attend school - in practice, it seems that this just isn't true. In one case we heard of a disabled girl who is only permitted to attend school if her grandmother attends as her full-time carer.

The government's official policy of 'integrating' disabled young people into mainstream education is no less cynical than that of other countries, but its almost completely unsupported 'sink or swim' delivery is pretty poor. The Special Education department admit that children with autism and moderate to severe learning impairments are completely unsupported except in two small 'special schools' run by NGO's - one in Brikama and one in Banjul.

Asking the deputy director of Special Education what he felt the greatest need was regarding disabled people he said - sensitisation of the public - the majority of people in the Gambia believe that disabled children are unable to learn.

During a visit to Gunjur Lower Basic school it was clear that there is little awareness of the issues facing young disabled people. When asked how many disabled people were in the school it was clear that they have little idea of how many of the 1,939 children on roll had any kind of impairment, neither do they seem to understand the nature of those impairments. Bullying both in and out of school of disabled young people is clearly an issue, but this was denied by senior staff and pupils.



By contrast, a visit to the TARUD pre-school demonstrated that at least two children were being included; one had a physical impairment and the other Down's syndrome. Their future in higher education would seem to be gloomy, however.

There are also implications for education of young carers; Yusuyha (mother of Penda, a disabled toddler) said that it is a stress to her that her older daughter has to be left at home looking after Penda which has forced her to drop out of school.

Social Issues

It is likely that early programmes to support disabled young people will be community-based in Gunjur and is very encouraging to note that any project will have the full support of the Alikali, the Nyansimba, and the Imam.

Stigma, shame and disgrace are possibly the most serious influences affecting the lives of disabled young people in Gunjur. Among the factors we uncovered which would seriously hinder the development of appropriate strategies to support disabled people were:

- Social isolation - little support from neighbours or other family members
- Ignorance of appropriate interventions
- Bullying
- Ridicule
- Exclusion from education
- Inadequate development of health and other services
- Perceptions of being un-valued and valueless
- Subject to negative traditional beliefs - both the child and the family
- Demeaned and disrespected (eg made to dance in the street for public amusement)

- “Invisible children”; at almost every meeting we were told that disabled children are often hidden.
- Abandonment
- Infanticide
- No political will or resources allocated to service development

The drafting and adoption of a “Gunjur Charter for Inclusion” could be the first step in changing attitudes and developing local services - possibly even leading to a National Model of Inclusion for the Gambia!

When asked how they would most like to support disabled people, local people (including carers of disabled children) seem to see alleviation of poverty (“sponsorship”) as their first priority. This is interesting since very few elements on the above list could be directly addressed with money. It would suggest that this is an ‘attitudinal’ issue which should be addressed by training and other means.

There is a need for mothers of disabled children to be able to share experience and support each other.

The horizontal (Kabilo - the village is divided geographically in to eight kabilos) and vertical (Kafo - women group into kafos according to broad age bands) structure of women’s society in the village could prove extremely useful both to support families and disseminate information in the village.

Disabled people have a very low participation in the community they are not invited to join community activities. This ranges from access to dancing and other social events and having a voice in community affairs.

A father of another disabled child asked, "What will happen to the child when I die?"

Failure to appreciate the contribution that disabled people can make is lost potential for the community.

It is negative for the community to be prejudiced.

Health

There is a need for training of health professionals, care-givers, and health NGO staff

It was suggested that a survey could be conducted locally which would include causes of disability -prevention and strategies for early intervention. It could also look at the means of training for parents or siblings of disabled young people in physio and educational regimes.

The issues for people with mental illness and learning impairments seem to be conflated in the Gambia in a way in which they are not in the UK.

We heard several anecdotes of people with challenging behaviour being abandoned outside the Tanka-tanka hospital.

Dr Chernoh M Bah runs mental health training courses which include elements such as dealing with challenging behaviour, learning disabilities, ADHD, and autism; it may be worth attending some of these courses in a subsequent visit. Dr Bah was full of useful information:

there are no psychiatrists in the Gambia

there are no outpatient services for people with mental health issues

there are no outreach services.

there are very few qualified physiotherapists and paediatricians in the Gambia

There is no budget for health within the Gambia except that which is funded by the WHO.

Dr Bah underlined the importance of traditional healers in the Gambia and said that there was an association of traditional healers in mental health. It begs the question what is the role and influence of traditional healers for young people with impairments?

Crime

There is considerable anecdotal evidence that disabled children are very vulnerable to a range of abuses including violent assault, sexual abuse and infanticide.

Next steps:

Experience shows, and the recent World Report on Disability from the WHO confirms*, that the ability to research disability issues and plan services, is contingent on a strong grasp of 'The Social Model' which identifies disability as the obstacles to equity of opportunity which people with impairments experience as a result of social ignorance or prejudice.

* See appendix 4

Typically, this ignorance manifests (even in the well-intentioned) as a focus on 'fixing' the person with the impairment rather than adjusting society to include them. Such 'adjustments' to society usually need to proceed as follows:

- focus on attitudes, training and 'awareness-raising'
- research and audits
- integrated service planning
- service delivery
- measurement and evaluation*

* it was pointed out by our travel companion, Rob Rowlands that M&E is ideally planned from the start of the project and carried on throughout.

It will be important to ensure that people recruited to the project in either a voluntary or paid capacity have a strong understanding of the Social Model and its implications. For this reason, it may be that the first task will be to deliver training on equity issues and 'disability awareness' to key members of TARUD and possibly the community. Schools could be a major conduit for service delivery in Gunjur and training of staff and even some older pupils could be helpful.

There are several media outlets including newspapers, radio and TV which could be employed in any future campaign.

Whilst there needs to be more discussion before an "Inclusion Action Plan" is agreed for Gunjur, the following actions were suggested during the workshop at TARUD:

Draft a "Gunjur Charter for Inclusion" to be ratified by the Community Leaders and adopted by the community of Gunjur.

Change attitudes: awareness raising. Action:

Create a dialogue within the community through:

- articles in the public media
- puppet shows in schools and other places
- puppet shows on television
- role-play performances
- traditional communicators
- posters
- comic strips

Local service provision -

there is a need to improve the health service

better mental health services and staff training

better physiotherapy - properly trained physiotherapists rather than 'knowledgeable amateurs'.

better medicines are required. "How would we make these available?"

Education.

-encourage children to go to school

-make schools more welcoming to disabled children

-improve facilities toilets and buildings et cetera

-train teachers better.- Make sure that appropriate training is given a teacher -training colleges.

What services would people in the meeting like to see for disabled people?

-better availability of medication

-technical aids

- inclusion in the skills training centre

- loan facilities to enable disabled people to be economic contributors to the community.

We need to increase the collaboration between the UK and Gunjur around disability issues.

A need for education and training of TARUD staff in disability issues was noted.

Services for mothers and families?

A father in the meeting said that he needs relief from the burden of looking after his child.

When asked what relief he needed he said he needed sponsorship/ financial support. Who will do the caring? He suggested that it would be ideal if an environment could be created in the compound with "lots of toys" in which the child could be cared for and play.

There was a strong positive reaction to the suggestion that mothers of disabled children need to be able to meet to support each other, work in the garden etc. whilst their disabled children are being cared for. It was suggested that a Daycare/resource Centre in the community run by TARUD might be useful.

There is an organisation already existing in Gunjur for mothers of orphans; perhaps this could be extended to support mothers of disabled young people?

Conclusion

A draft action plan is being produced at TARUD. I have every hope that it will reflect the issues and potential actions outlined above. Once agreed; this plan will form the basis of grant applications.

George Cooper and James Moran will hopefully conclude some preliminary research on health services for disabled people in Gunjur and the Gambia as a whole which will further inform our plans.

I intend to return to Gunjur as soon as the next steps are agreed with staff at TARUD.

Ric Law

12/12/2011

Appendix 1 - List of NGO's and others met during the week.

Abdul Sesay Association for the Mentally Disabled (Tanka-tanka)
Abdoulie Bah Gambia Association of the Physically Disabled
Alex Jackson VSO
Alikali of Gunjur
B Sonko
Dr Chernoh Bah, Gambia Mental Health Agency
David Morley British High Commission, Banjul
Director of Social Welfare
Ebrima Dibbasey National Union of Disabled Youth
Fatou Faye GFD
Fatou ? Head of TARUD pre-school
Gambia Association of the Deaf and hard of Hearing
Gambia Federation of the Disabled
Gambian Organisation for Visual Impairment
Gunjur Link Committee
Imam of Gunjur
Karamo (disabled child) and his adoptive carer Omar Saho
Kebba Barrow - Chair of TANGO
Lamin Ceesay GADHOH
Mamout Touray Director GOVI
Mariama Touray (disabled child) her Grandmother Jenaba Jatta
Momodou Saho
Nyansimba of Gunjur
Par Bojang (disabled adult and head of his compound)
Patel Baldeh Association for the Mentally Disabled
Pendou Bajo (toddlers with mild CP)
Sarah Clancy at Concern International
Steve Atyeo - JOLE Riders
Special Education (Deputy Director), Ministry of Education
The Association of NGO's
The Gunjur Project
Trust Agency for Rural Development
Yusupha Jabang (mother)

Appendix 2 - Schedule of the week

Friday 25/11/2011	Arrive Gunjur Orientation meeting, Sandang, Momadou Saho, Manky and Nick
Saturday 26/11/2011	Meetings with: the Alikali, the Nyansimba, and the Imam.
Sunday 27/11/2011	TARUD Exec meeting and presentation of projects. Discussion of TARUD development priorities. PM Met Mariama and her grandmother Jenoba; Par Bojang; Omar Saho and Karamo. Eve: Gunjur Link Committee meeting.
Monday 28/11/2011	Visited a number of TARUD projects including the Garden and the pre-school. Also visited Gunjur Lower Basic School.
Tuesday 29/11/2011	Concern International - Sarah Clancy; Deputy Director Special Education; GOVI and GFD with Alex Jackson.
Wednesday 30/11/2011	David Morley at The British High Commission; TANGO; Director of Social Welfare
Thursday 01/12/2011	Dr Chernoh Bah, Gambia Mental Health Agency; Momodou Saho; The Gunjur Project
Friday 02/12/2011	TARUD workshop; Yusupha Jabang (mother) and Pendou Bajo (disabled son). Depart UK

Appendix 3

National Disability Survey 1998 UNICEF - Government of the Gambia

Recommendations:

- 1 The Health and other sectoral policies should be revisited in order to incorporate a section on disability and the disabled;
- 2 There is a dire need to train health personnel and institutions caring for the disabled;
- 3 Issues on disability should be included in the MCH services;
- 4 There is a need to develop a curriculum for medical and other allied medical institutions;
- 5 The assessment of disability should be a continuous process. It is recommended that a disability survey should be conducted every five years;
- 6 There is a need to decentralise the existing institutions and services catering for the disabled;
- 7 There is a need to coordinate the activities of the institutions and agencies (ie government and NGOs) involved in catering services for the disabled;
- 8 The NGOs should give support for the provision of technical aides to the disabled. This will help to complement government's efforts;
- 9 The NGOs should be encouraged to build a resource and rehabilitation centres in each division to meet the needs of the disabled;
- 10 There is a need to develop a national sign language so as to facilitate communication for the deaf and hard of hearing;
- 11 In order to create self-employment and in alleviate poverty among the disabled, there is need to set up vocational and skills-training centres nationwide that would enable the disabled to acquire the requisite skills;
- 12 There should be greater awareness-creation on disability issues so that the general public will have more positive attitude towards the disabled;
- 13 Trained teachers of special education at the Gambia College are woefully inadequate. The NGOs should therefore be encouraged to provide scholarships to Gambia College staff who need further training in special education;
- 14 in order to allow Potters equal participation the government should encourage and promote sports nationwide among the disabled;
- 15 NGOs such as the Gambia Women's Finance Association and the Village Savings and Credit Association should provide a loan scheme to disabled women, who are the poorest and most disadvantaged, in order to encourage them to go into business. This will greatly help in alleviating the poverty;
- 16 There is a need for government to strengthen the Gambia Federation of the disabled (GFD) and continue the discussions on the formation and establishment of a National Council of the Disabled;
- 17 The policy issues captured in the report should be adopted at the highest level so as to allow the integration of the findings into policy decision-making;

18 A comprehensive disability policy should be developed in line with section 31 (A) of the constitution;

19 There is a need to set up a National Co-ordinating Committee headed by a disabled person with full representation from the disabled organisations; and

20 There is a need to set up a National Community-based Rehabilitation Program.

Appendix 4 - Sample of action points from WHO “World report on Disability”

The Action Points from the WHO report focus on measures to promote Inclusion based on ‘The Social Model’; They list elements such as:

- Challenge and improve community’s beliefs and attitudes.
- Promote the inclusion and participation of disabled people in the community.
- Ensure that community environments are accessible for disabled people including schools, recreational areas, and cultural facilities.
- Challenge violence against and bullying of people with disabilities.
- Support disabled children and their families to ensure inclusion in education.
- Support disabled people to contribute to the evaluation and monitoring of services, and collaborate with researchers to support applied research that can contribute to service development.
- Promote public awareness and understanding about the rights of disabled persons - for example, through campaigning and disability-equality training.
- Carry out access audits, in partnership with local disability groups, to identify physical and information barriers that may exclude disabled people.
- Ensure that staff are adequately trained in disability, implementing training as required and including service users in developing and delivering training.
- Develop individual service plans in consultation with disabled people, and their families where necessary.