INTRODUCTION

An overview of the survey

The National Disability Survey, 1998, was funded by the Netherlands Committee for UNICEF. The Survey forms the basis of a proposed project activity that aims at contributing to the following national efforts:

< Improving the quality of life of people with disabilities,
< Increasing their opportunities and participation in learning and community activities, and;
< Reducing the incidence of diseases that cause impairments and disabilities.

The need for health, educational and rehabilitation services for the disabled have been reflected in various social sector policies and programme plans. However, the provision of services for the disabled in the Gambia has been inadequate, with limited direction and co-ordination among government, community-based organisations and non-governmental agencies.

Folk knowledge has it that disabled people, especially women, in the Gambia are the poorest of the poor. This condition is aggravated by mythical beliefs about disabled people in society. Social condescending attitudes reinforce tendencies to exclude them from benefiting in social development programmes.

In the Gambia, three formal institutions (special schools) provide educational services to children with disabilities in seeing, hearing and learning. However, these institutions are located in the urban and semi-urban areas and are only able to cater for a small proportion of the children who need special education. There are several disabled organisations such as the Gambia Organisation for the Visually Impaired (GOVI), the Gambia Association of the Deaf and Hard of Hearing (GADHOH), the Gambia Organisation for the Learning Difficulties (GOLD), the Gambia Organisation of the Deaf and Hard of Hearing (GADHAH) and the Gambia Association of the Physically Disabled (GAPD). These organisations are formed under the umbrella of the Gambia Federation of the Disabled (GFD). They play an important role sensitising the Government and NGOs about the needs and rights of disabled people, and the potential for rehabilitation. However, these organisations and associations have very limited resources and technical assistance, thus, limiting their capacity to extend their services in the country.

Despite the existence of these organisations and some NGOs providing services in their local communities, little statistical information has been shared between them and the government is Not able to grasp what the needs are, and what rehabilitation services are available in the country. This is partly due to lack of reliable information and data on which to base policy and programme decisions about special education and rehabilitation for disabled people. For example, very little is known about the socio-economic characteristics of disabled people, the type and degree of disability, and their needs in general, if they are to fulfil their rights of equal participation and opportunities.

In view of the foregoing, the Department of State for Education, the Department of State for Health, Social Welfare and Women s Affairs and the Central Statistics Department with funding from UNICEF, conducted a nation wide survey to assess the needs of disabled people. A Task Force from the above-named agencies including two members from the

disabled organisations were charged with the responsibility of the overall design and execution of the survey.

The survey has produced the requisite statistical information to plan, implement, monitor and evaluate policies and programmes for meeting the following goals and objectives:

Goals

To reduce impairment, disability and handicap in The Gambia by:

(1) Building competencies and empowering persons with disabilities;
(2) Increasing opportunities and participation of persons with disabilities;
(3) Reducing the incidence of disease and trauma that cause impairments and disabilities.

Objectives

The main objectives of future Special Education and Rehabilitation Programmes will be:

(1) To enable disabled Gambians to have equal opportunity and access to quality educational and rehabilitation services in The Gambia; and,
(2) To develop and run an efficient system that will encourage the society, government and NGOs in the delivery of appropriate educational and rehabilitation and other related social services for the disabled citizens.

Literature Review

Disability is a global phenomenon. In the United States alone, about 1 in 5 Americans have some kind of disability. Out of this, 1 in 10 are severe disabilities. Among children aged 6 to 14, 1 in 8 have some type of disability. During the period October 1994 to January 1995, about 16 million out of an estimated 31 million Americans aged 65 and over reported some level of disability (U.S. Bureau of the Census, 1997).

According to Helander (1993) cited in Instag and Whyte (1995), the WHO estimates that 10 per cent of any population was disabled. However, this figure was later revised to 6 to 7 per cent, giving a global figure of 245 million disabled people. Estimates depend on the definition of disability, for example, the first figure included malnutrition in the definition.

In a bid to standardise the definition of disability for universal application, the WHO as far back in 1980 came up with the *International Classification of Impairments, Disabilities and Handicaps* (ICIDH). This classification is based on the model of the International Classification of Diseases. Impairment is defined as 'any loss or abnormality of psychological, physiological, or anatomical structure or function' while disability is defined as 'any restriction or lack (resulting from an impairment) of ability to perform any activity in the manner or within the range considered normal for a human being'. Handicap is defined as 'a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors for that individual' (WHO, 1980:27-29). Since handicap depends on valuations and expectations from society, it puts the disabled person at a complete disadvantage (Instag and White, 1995).

It is on the basis of the biomedical definition of impairment that the classification is proposed for universal application. For example, disability and handicap are consequences of impairment whereas impairment itself is a result of disease or trauma. Thus, the list of impairment is much more extensive than either disability or handicap. Disability on the other hand is much broader than handicap. However, despite these differences in meaning the term impairment, disability and handicap are used interchangeable in the literature.

Unlike the developed countries of Europe and North America, where most work on disability has been done, there is lack of literature on disabled people in most developing countries, particularly, of sub-Saharan Africa (Instag and Whyte, 1995:X). Compared to developed countries, the authors also noted that disabled people in developing countries are yet to benefit from any kind of special programmes. Only a few countries, namely, Botswana, South Africa, Kenya, Lesotho and Mozambique have community-based rehabilitation (CBR) programmes. However, within the West African sub-region only Ghana and Mali have community-based rehabilitation (CBR) programmes.

As far back in 1975, a UN resolution 3447 (XXX) recognised the Human Rights of Disabled persons. The General Assembly also adopted the World Programme of Action Concerning Disabled Person 1982, followed by the 1993 UN Standard Rules on Equalisation of Opportunities for Persons with Disabilities. Furthermore, Article 23 of the Convention on the Rights of the Child also calls for the disabled children's right to inclusion, opportunities and equal participation. More recently, in 1994, the Salamanca Statement and Framework for Action on Special needs Education emphasised access and quality education for disabled children. Despite the fact that most countries, particularly, in Africa have ratified these resolutions, they are yet to implement the action programmes that will accord the disabled people equal participation and opportunities as well as inclusion in the society.

On the contrary, what we see is that the lives of disabled people in most developing countries have not changed for the better. For instance, for the majority of disabled people, disability is a licence for the occupation of begging in most countries. Misra and Mohanty (1963:40 cited in Ingstad and Whyte, 1995:15) described how beggars with physical disabilities in India displayed their defects in order to arouse attention and sympathy from passers-by.

Such actions may not be uncommon in Gambian society. The question is, can society indict disabled persons after failing to give them choices, rehabilitate them and address their Special needs? The Gambia ratified both the Convention on the Rights of the Child (CRC) in 1990 and the Convention on the Elimination of Discrimination against Women (CEDAW) in 1993. National action programmes have been developed but more needs to be done especially for children. Thus, the findings of this survey are a challenge not only to government but NGOs, the Organisations *of* and *for* the disabled and the society at large.

CHAPTER 1: METHODOLOGY

1.1 Sampling Design

The ultimate unit of measurement would be persons, however, Enumeration Areas (EAs) would be initially selected and households within the enumeration areas would then be listed.

A total of 443 Enumeration Areas (EAs), that is, about 27.6 per cent of the total number of 1,601 EAs nation wide, have been selected. This sample size gives a low variance and the confidence limits are estimated at the 90 per cent level. Since the EA count in the Local Government Areas (LGAs) differs, the number of EAs selected has been based on probability sampling. This means that the selection was weighted more on LGAs with bigger number of EAs than LGAs with lesser number of EAs. Table 1.1 below shows the number of EAs by LGA as at the 1993 Population and Housing Census, the selected EAs and the estimated number of households per selected EA. If the total estimated households of 32,105 are multiplied by the national average number of persons per household of 8.9, this gives an estimated total of 285,735 persons.

According to the results of a nationally representative survey conducted by the Social Dimensions of Adjustment (SDA) Section of the Central Statistics Department in 1993/94 in which a module on disability was included, the number of persons with disabilities was estimated as 1.4 per cent of the total population. If 285,735 persons multiply this figure of 1.4 per cent, this means that approximately 4,000 disabled persons would be covered nation wide.

Table 1.1: Number of EAs by LGA, selected EAs and estimated number of households, National Disability Survey, 1998

Local Gov't Area	Enumeration Areas 1993 Census	Selected Enumeration Areas	Estimated Number of Households*
Banjul	86	24	1, 962
Kanifing	361	100	8, 705
Brikama	339	94	7, 112
Mansakonko	109	30	2, 264
Kerewan	267	74	4, 627
Kuntaur	122	34	1, 879
Janjanbureh	132	37	2, 477
Basse	185	50	3, 079
The Gambia	1,601	443	32, 105

* Estimated by multiplying average household size by the selected number of EAs.
For Banjul, this is, 81.76 x 24 = 1, 962

1.2 Characteristics of the sample

In this section we compare how close our sample estimates of households were to the actual households and the household size by Local Government Area recorded from the National Disability Survey, 1998, compared to the 1993 Census. We will also discuss the extent of coverage and the proportion of households that reported having disabled persons.

The actual households enumerated from the survey were 30, 788. In terms of residence, 46.1 per cent of urban households were covered compared to 53.9 per cent of rural households. Generally, there is a close correspondence in the household sizes between the 1993 Census and the 1998 National Disability Survey (see Table 1.2(a) below). It can, however, be

observed that Mansakonko LGA experienced a dramatic increase, 10.3, in household size compared to the 1993 census figure of 7.9. Household sizes have also increased in Basse (14.0), Kuntaur (10.9) and albeit, slightly, in Janjanbureh (10.2). While household sizes remain unchanged in Brikama, they have declined in Banjul, Kanifing and Kerewan LGAs.

The exodus of people to the adjacent LGAs of Kanifing and Brikama can explain the decline in household size for Banjul. In the case of Kanifing, twenty-two households refused to be interviewed. Given that more households were covered in Kanifing (8, 866) compared to any LGA, a deduction of the twenty-two households from this figure would still mean that significantly 99.8 per cent of the households were covered. This does not still explain the reduction in household size in the Kanifing area compared to the 1993 census. Furthermore, there was a case of a household that refused to be interviewed in the Brikama LGA whereas in the Kerewan LGA, half the households in an enumeration area in Upper Baddibu were interviewed while the other half refused. However, these refusals are not also likely to significantly affect the household estimates for Brikama and Kerewan.

The dramatic upsurge in household size in the Mansakonko LGA between the 1993 census and the 1998 disability survey should merit special attention, since unlike the Greater Banjul area, the LGA is not known as a major destination for migrants. Compared to the census, urban household sizes also show a slight decline (7.1 vs. 6.6). This decline in urban household size is reflective of the decline mainly in Banjul and Kanifing. However, there was a slight increase in rural household size (10.8) compared to the census (10.5). Overall, household size (8.9) has not changed between the census and the disability survey (see Table 1.2(a) below).

Table 1.2 (a): Mean Household size by LGA and Residence, 1993 Census and 1998 National Disability Survey

LocalGov't Area/Residence	Household size 1993 Census	Household size 1998 National Disability Survey
Banjul	6.0	5.4
Kanifing	7.3	6.5
Brikama	9.2	9.2
Mansakonko	7.9	10.3
Kerewan	9.0	9.0
Kuntaur	10.0	10.9
Janjanbureh	10.0	10.2
Basse	13.6	14.0
Urban*	7.1	6.6
Rural	10.5	10.8
The Gambia	8.9	8.9

Table 1.2 (b) below presents data on the percentage distribution of households that reported having disabled persons. Kuntaur LGA has the highest, 18.6 per cent of households with disabled persons. Kerewan, Janjanbureh, Basse and Mansakonko follow this with 17.3, 16.3, 15.3 and 14.5 per cent of households respectively reported having disabled persons. Among the LGAs, Kanifing reported the least households, 7.2 per cent with disabled persons whilst Banjul and Brikama households reported 11.1 and 10.1 per cent respectively. It is not clear as to why Kanifing reported the least. The rural households, 15.1 per cent, that reported having disabled persons are nearly twice those of the urban households, 8.4 per cent. Overall, the data suggest that 12 per cent of all households in the country reported having persons with a form of disability (i.e. significant, moderate and minor cases of disability).

With regards to coverage, it should be noted that out of the 443 enumeration areas selected, 6 enumeration areas did not have any disabled persons. The LGAs affected were Kanifing, Brikama and Basse each with two enumeration areas respectively.

Table 1.2(b): Percentage distribution of households that reported having disabled persons by Local Gov't Area and Residence, National Disability Survey, 1998

Local Gov't Area/Residence	Per cent of Household having disabled persons
Banjul	11.1
Kanifing	7.2
Brikama	10.1
Mansakonko	14.5
Kerewan	17.3
Kuntaur	18.6
Janjanbureh	16.3
Basse	15.3
Urban*	8.4
Rural	15.1
The Gambia	12.0

* urban is defined as in the 1993 census. See the list of settlements defined as urban in appendix 5

1.3 Organisation and scope of the survey

The survey instruments constituted the following:

A Household Listing Sheet for screening or Form 'A';
An Individual Questionnaire for Disabled Persons or Form 'B' and;
An Institutional Questionnaire or Form 'C'

Since the numbers and location of disabled persons within the EAs are unknown, enumerators were required to do a listing of all the households in the selected EAs. This was done on the Household Listing Sheet, i.e., the Form A. Thus, the listing of the households would both serve as a sampling frame and for the identification of the disabled persons. Once the household listing was completed, the enumerators visited those households, which were reported to have disabled persons and administered the Individual Questionnaire for Disabled Persons, i.e., Form B. One Individual Questionnaire was filled for each disabled person 2 years and above in a household. From the estimates given above, it is envisaged that this form would be administered for a total of approximately 4,000 disabled people nation wide.

The Institutional Questionnaire, i.e., Form C was administered for the specialised institutions of the disabled. These are Campama School for the Blind, St. John's School for the Deaf, the Special Education Unit, the Department of State for Education, Methodist Mission Learning Difficulties Unit, the Rehabilitation Services of the Social Welfare Department, Campama Psychiatric Unit and other traditional institutions that cater for the disabled in the country. The Form C would among other things assess the educational and rehabilitation services of the disabled and pinpoints the deficiencies, inadequacies, and resource needs or otherwise of the institutions.

It should be noted that the National Disability Survey, 1998, was conducted both at the level of the household and the schools. This report covers the findings from the households and institutions. The Forms D1and D2 mentioned below were used for the schools survey, the results of which will be in a separate report. The Central Statistics Department did the

sampling design and together with the multi-sectoral task force also designed the questionnaires (Forms A, B, C, D1, and D2). However, given the magnitude and size of the survey and the need to build capacity, UNICEF identified an international consultant in January 1998 to assist in the overall process. During the period of his assignment from March 24-April 24, 1998, the consultant, with a wealth of experience in disability studies in Zambia and some Latin American countries, assisted the task force in the following:

(1) Reviewed the questionnaires and the methodology of the survey;
(2) Pre-tested the questionnaires with the task force;
(3) Prepared supervisors and enumerators manual;
(4) Revised the questionnaires (Forms D1 and D2) and prepared the instructions for the tests of disabled children with hearing, seeing and learning difficulties in the schools survey; and
(5) Participated in the training of enumerators and supervisors.

During the training and pre-test (i.e., from April 3-10, 1998), the questionnaires were further reviewed by the consultant, task force, supervisors and enumerators. It was only after intensive deliberations when the final revisions were accepted and sent to the printers on April 13, 1998. For the fieldwork, there were six teams each consisting of a supervisor and five enumerators. The two Directors (i.e., of the Central Statistics and Social Welfare Departments) were the co-ordinators. However, given their busy administrative schedules, the Head of the Special Education Unit, a task force member, was identified to co-ordinate on their behalf. The distribution of the survey staff by function was as follows:

Co-ordinator	1
Supervisors	6
Enumerators	30
Drivers	7

In addition to the above, there was an office supervisor who was responsible for the editing, coding and data entry. This supervisor at the office worked closely with the computer specialist and his two assistants. Field data collection which started from April 24-May 23, 1998 was to last for 30 days. However, due to recall visits, an additional 7 days was needed and it was completed on June 1, 1998.

To minimise data entry errors and improve the overall data quality, 10 editors and / or coders were hired to do consistency checks and also to code the open-ended questions. This exercise began from August 10-September 10, 1998. Data entry of Forms A, B, D1and D2 started from September 15-October 19, 1998. There were two shifts of five data entry operators per shift. It should be noted here that the data entry period was marked by frequent power cuts.

Data cleaning, particularly, of the Form A (Household Listing and Screening Form for the disabled), took long time to complete mainly due to the huge size of the data and the large number of duplicate entries. Cross-tabulations of the survey results which started in earnest by mid-June 1999 were done by a team of six analysts at the Central Statistics Department using the Statistical Package for the Social Sciences (SPSS for Windows), version 7.5.

1.4 Concepts and Definitions

As required under the United Nations Standard Rules on Equalisation of Opportunities for persons with disabilities of 1993, Internationally agreed Statistical Concepts and Definition are being gradually developed to better comprehend disability not just as social and economic

issues but as well as a health related matter. This recognition has led to the development of the International Classification for Impairment Disability and Handicap [ICIDH] in 1980**,** by WHO. This classification was developed to facilitate collection analysis and dissemination of statistical information on the disabled for policy and program development and evaluation. The ICIDH provides a system for categorising and coding the long-term consequences of diseases and injuries in terms of impairment, disability and handicap.

The concepts and definitions used in this survey conform to the WHO recommendation as stipulated in the ICIDH, 1980. It is, however, important to note that this survey collected information on aspects of impairment, disability and handicap, although, the aspects relating to disability were given a wider coverage. Refer to appendix 4 for the definitions adopted in this survey.

1.5 Limitations of the Survey

Generally, all surveys have limitations and this one is not an exception to the rule. Since the survey was self-reporting the likelihood of errors either by the respondents giving incorrect answers or the interviewers introducing biases cannot be ruled out. These are called non-sampling errors, which can also arise if the data collection procedures are not adhered to, or as a result of coding errors and mistakes introduced during data entry. Thus, the limitations of this survey must be viewed in terms of these man-made errors. Another limitation is the non-comparability of the prevalence rates with other countries due to problems of definitions. However, sampling errors which can be quantified have been calculated at the 90 per cent confidence limits for key variables like age, number of living children, normal children, household population and are provided in appendix 3.

1.6 Age and sex composition of the survey population

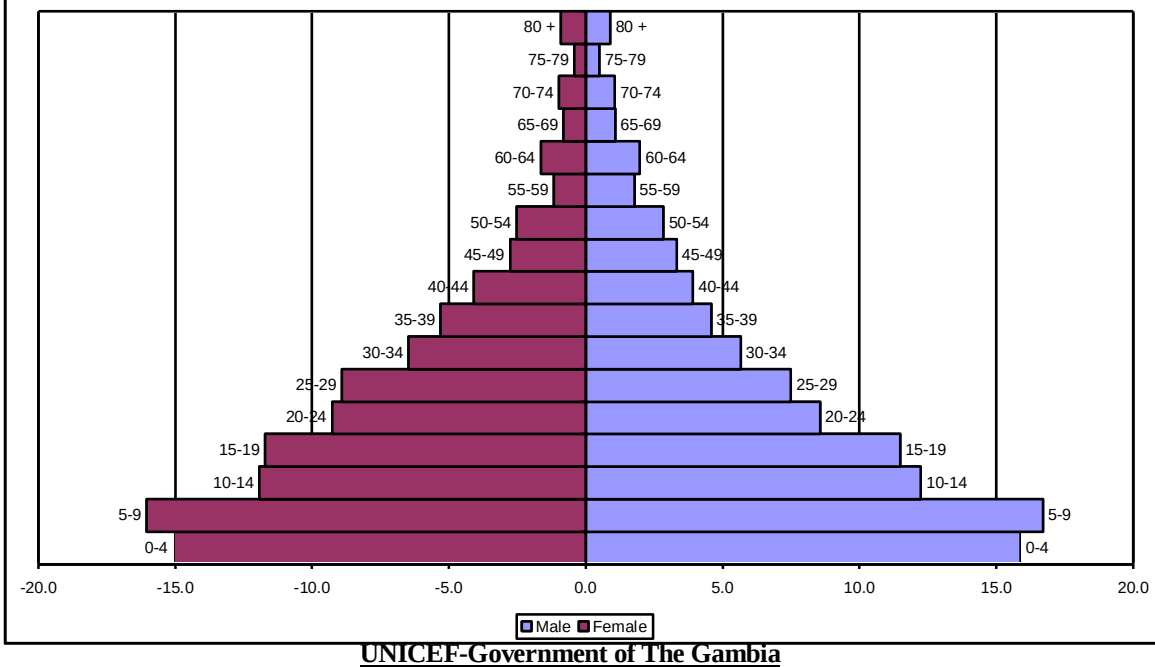
The National Disability Survey, 1998, enumerated a total population of 272, 536 persons. Out of this, 135, 331 were males and 137, 205 were females, giving a sex ratio of 98.6. This sex ratio is slightly lower than the 1993 census sex ratio of 100.3. Table 1.6 and Figure 1.6 present data on the age and sex distribution of the enumerated population. As expected, the data show that the Gambia's population is young, with 44 and 55.6 per cent under 15 and 20 years of age respectively. By contrast, only 3.3 per of the population are aged 65 years and over. The corresponding figures for the 1993 census are 43.8 and 54.3 per cent under 15 and 20 years of age respectively, and 3.2 per cent aged 65 years and over. The close correspondence of the proportions under 15 and 20 and 65 years and over between the 1993 census and this survey is quite reassuring.

Table 1.6: Age-Sex Composition and Sex Ratio, National Disability Survey, 1998

Age Groups	Male	Female	Total	Sex Ratio
0-4	21,492	20,675	42,167	104.0
5-9	22,599	22,012	44,611	102.7
10-14	16,571	16,364	32,935	101.3
15-19	15,534	16,067	31,602	96.7
20-24	11,598	12,732	24,330	91.1
25-29	10,149	12,214	22,363	83.1
30-34	7,663	8,875	16,538	86.3
35-39	6,197	7,278	13,475	85.1
40-44	5,310	5,603	10,913	94.8
45-49	4,489	3,801	8,290	118.1
50-54	3,849	3,459	7,308	111.3
55-59	2,410	1,610	4,021	149.7
60-64	2,680	2,258	4,937	118.7
65-69	1,468	1,109	2,577	132.4
70-74	1,437	1,347	2,783	106.7
75-79	678	567	1,245	119.6
80+	1,206	1,235	2,441	97.7
Total	135,331	137205	272,536	98.6

The sex ratios appear quite erratic (Table 1.6). For instance, in the first three age groups, the ratios are slightly above 100; this means more males than females. From 15-44 years, the ratios are less than 100, denoting a deficit of males in these age cohorts. In the upper ages, 55-79 years, the ratios are much higher (149.7-119.6), whereas for ages 80 and above, the sex ratio dropped to slightly less than 100. For example, the sex ratios of 149.7 and 132.4 show extremely large deficits of females compared to males in the ages 55-59 and 65-69 respectively. Clearly, the data show evidence of age mis-reporting. This phenomenon is common in African censuses and surveys where in the upper ages; people tend to over report their ages. Conversely, in the middle age ranges (i.e. 15-44 years), age under-reporting is common. Another interesting feature of African age and sex composition is the under-enumeration of children (0-4 years). This is particularly true for babies. Figure 1.6 shows that the 0-4 age group is grossly under-enumerated compared to the next age group (5-9).

Figure 1.6: Population Pyramid of the Household, National Disability Survey, 1998



CHAPTER 2: PREVALENCE OF DISABILITY

The prevalence rate of disability is important for policy formulation and programme intervention. For instance, by computing the prevalence of disability by sex in different geographic areas of the Gambia, one is able to identify those areas that have higher prevalence rates. Thus, such areas can be targeted by educational and rehabilitation programmes. Furthermore, given the stated goals and objectives of this survey (see page 2 of this report), the need for prevalence rates cannot be over-emphasised. In this chapter we discuss prevalence rates of disability by Local Government Area, residence, age and sex, and type of disability.

2.1 Prevalence of disability by Local Government Area and Residence

The survey enumerated 4,253 persons with disabilities (i.e. significant, moderate and minor cases of disability). Out of this, 2, 348 were males and 1, 905 were females. This gives a national prevalence rate by gender of 17.4 and 13.9 per 1,000 population for males and females respectively. Overall, 16.0 per 1,000 population are disabled (Table 2.1 and Figure 2.1). This prevalence rate is slightly higher than the estimated rate of 14 per 1, 000 population from the 1993/94 Household Survey (Central Statistics Department, 1995).

Among the LGAs, Banjul not only has the highest prevalence (25.5 per 1,000 population), it also exhibits an unusual pattern of higher prevalence for females (26.9 per 1,000 population compared to males (24.1 per 1,000 population). The relative high number of disabled females to males and also the small number of female population can account for this. Furthermore, according to the distribution of the survey population, Banjul has the least proportion share (3.4 per cent).

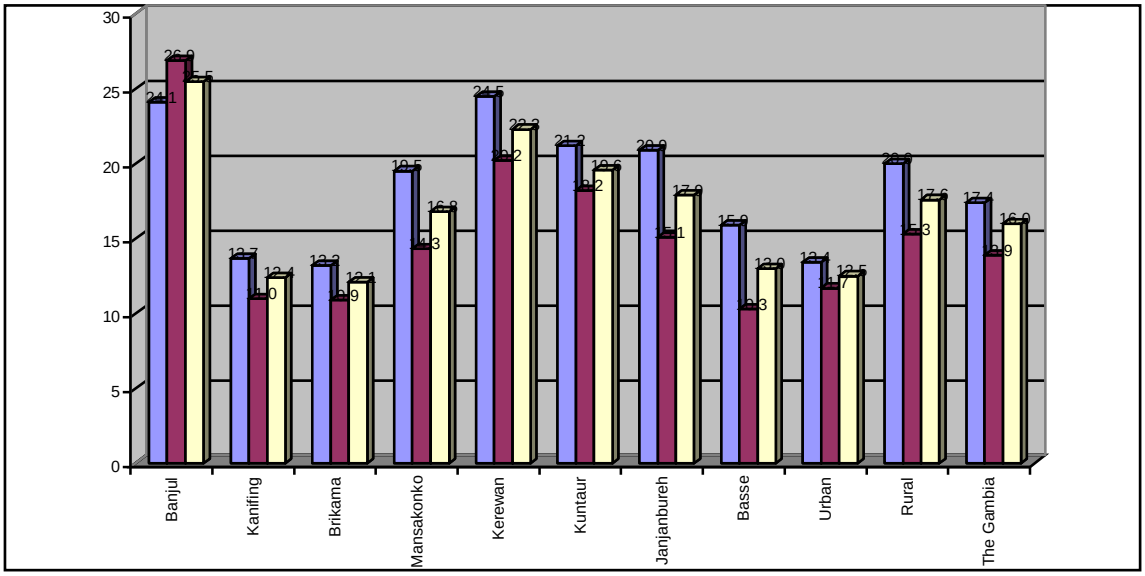
The two adjacent LGAs of Kerewan and Kuntaur have the next highest prevalence of 22.3 and 19.6 per 1,000 population respectively. Janjanbureh (17.9 per 1,000 population) and Mansakonko (16.8 per 1,000 population) have prevalence rates of little above the national average. Basse, Kanifing and Brikama in that order, have prevalence rates of 13.0, 12.4 and 12.1 per 1,000 population respectively. The unusually high population can also explain these low prevalence rates, particularly for Kanifing and Brikama compared to the other LGAs. For example, Kanifing and Brikama LGAs together have a percentage share of 45.7 per cent of the survey population (i.e. 21.3 and 24.4 per cent respectively for Kanifing and Brikama). For the urban-rural, the prevalence rates are (12.5 vs. 17.6) per 1,000 population respectively. However, it is worth noting that a chi-square test shows that both LGA and urban-rural differences are not significant.

Table 2.1: Prevalence rate of disability per 1,000 population by Local Gov't Area, Residence and sex, National Disability Survey, 1998

Local Gov't Area/Residence	Male	Female	Total
Banjul	24.1 (117)	26.9 (122)	25.5 (239)
Kanifing	13.7 (404)	11.0 (314)	12.4 (718)
Brikama	13.2 (443)	10.9 (359)	12.1 (802)
Mansakonko	19.5 (170)	14.3 (132)	16.8 (302)
Kerewan	24.5 (464)	20.2 (397)	22.3 (861)
Kuntaur	21.2 (207)	18.2 (183)	19.6 (390)
Janjanbureh	20.9 (271)	15.1 (207)	17.9 (478)
Basse	15.9 (272)	10.3 (191)	13.0 (463)
Urban	13.4 (724)	11.7 (626)	12.5 (1,350)
Rural	20.0 (1,624)	15.3 (1,279)	17.6 (2,903)
The Gambia	17.4 (2,348)	13.9 (1,905)	16.0 (4,253)

Note: Figures in parentheses are the number of cases

Figure 2.1: Prevalence rates of disability by LGA and Residence per 1, 000 population, National Disability Survey, 1998



2.2 Prevalence of disability by age and sex

While LGA and urban-rural differences are not significant ((χ^2 = p>0.005), age differences in disability are significant (χ^2 = 37.7 d.f.16 p=0.002). Furthermore, a correlation matrix also shows that age and disability are significantly correlated (see figure 2.2b below). For example, as people aged, they are more likely to become blind, deaf or have physical mobility problems (Table 2.2(a) and Figure 2.2(a) and b). A similar finding was found in the 1993-94 Household Education and Health Survey (1995:77). The U.S. Bureau of the Census (1997) also found that the likelihood of having a disability increases with age.

Table 2.2(a): Prevalence rate of disability per 1,000 population by 5 year age groups and sex, National Disability Survey, 1998

Age Group	Male	Female	Total
2-6	5.6	5.7	5.7
7-12	13.1	8.6	10.9
13-18	15.9	11.7	13.8
19-24	16.7	12.5	14.5
25-29	21.6	11.1	15.9
30-34	19.5	14.8	16.9
35-39	20.4	14.3	17.1
40-44	21.5	18.4	19.9
45-49	23.6	27.7	25.5
50-54	30.9	27.8	29.5
55-59	33.2	29.8	31.9
60-64	49.7	47.4	48.7
65-69	49.1	47.8	48.6
70-74	52.3	72.1	61.9
75-79	81.2	90.0	85.2
80+	97.9	100.5	99.2
2-18	11.2	8.5	9.9
Total	17.4	13.9	16.0
Number	2,348	1,905	4,253

Generally, Table 2.2(a) and Figures 2.2(a) and (b) show that prevalence rates are higher among males than females. However, this pattern changes in the age groups 45-49, 70-74, 75-79 and 80 years and above where the prevalence rates are higher among females than males. Whilst the difference is small in the 45-49 age group (23.7 vs. 27.8 per 1,000 population for males and females respectively), the difference is much higher in the upper ages mentioned above. A possible explanation is age mis-reporting. Another factor is the longevity of females in these ages compared to males.

ng the correlation between age and disability, National Disability Survey, 1998

Type of disability								
Other Disability	Hearing	Speaking	Physical Mobility	Physical manipulation	Physical loss of feeling Hands-Feet	Strange Behaviour	Fits	Leaning Difficulties
.025	.058**	.281**	-.002	.049**	-.077**	-.011	.206**	.184**
-.032*	-.203**	-.212**	-.254**	-.174**	-.056**	-.169**	-.186**	-.102**
1.00	-.041**	-.038*	-.016	-.033*	-.014	-.011	-.023	.005
-.041**	1.000	.289**	-.256**	-.162**	-.080**	-.146**	-.169**	-.045**
-.038*	.289**	1.000	-.098**	-.011	-.046**	-.064**	-.054**	.186**
-.016	-.256**	-.098**	1.000	.189**	.039*	-.162**	-.143**	-.044**
-.033*	-.162**	-.011	.189**	1.000	.135**	-.084**	-.022	.040**
-.014	-.080**	-.046**	.039*	.135**	1.000	-.043**	-.026	-.032*
-.011	-.146**	-.064**	.-162**	-.084**	-.043**	1.000	-.078**	-.013
-.023	-.169**	-.054**	-.143**	-.022	-.026	-.078**	1.000	.064**
.005	-.045**	.186**	-.044**	.040**	-.032*	-.013	.064**	1.000

el (2-tailed)
el (2-tailed)

Fgure 2.2 (a): Prevalence rate of disability per 1, 000 population by age and sex, National Disability Survey, 1998

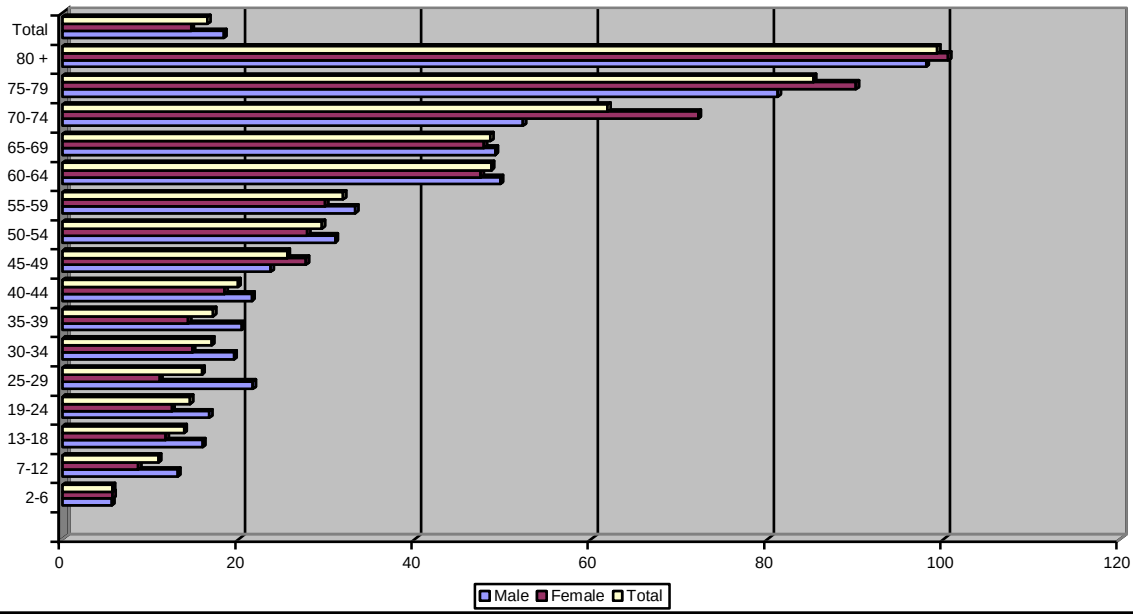
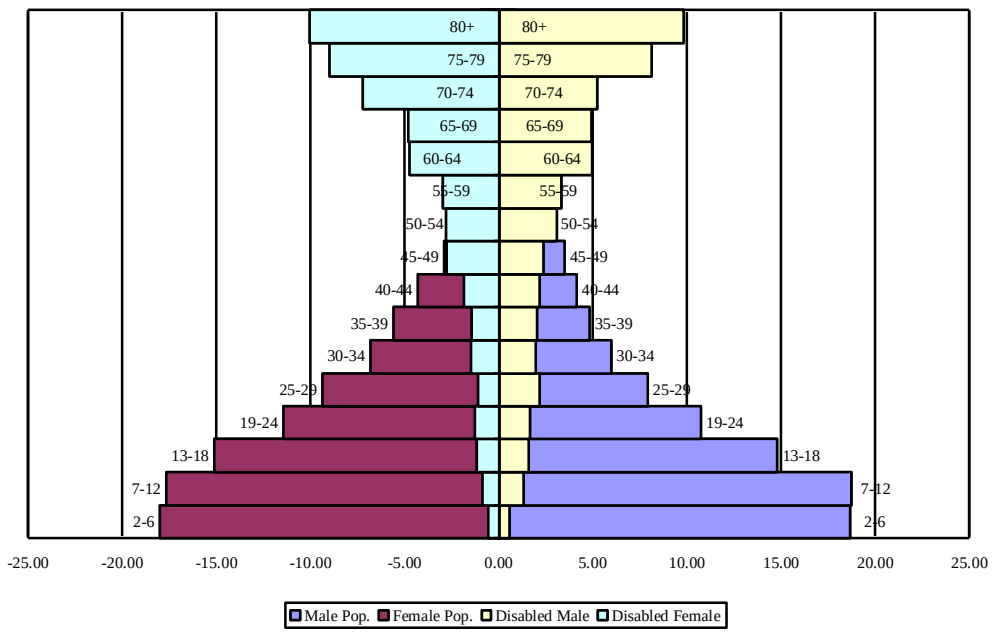


Figure 2.2(b): Pyramid showing age-specific prevalence rate of disability by sex per 1, 000 population, National Disability Survey, 1998



2.3 Prevalence by type of disability and sex

In Table 2.3, prevalence rates are presented by type of disability and sex per 1,000 population. It should be noted that only significant and moderate types of disability are referred to here. Except for the category Other significant disability, males generally have higher prevalence rates for all types of disability. The highest prevalence rate is physical

mobility (3.6 per 1,000 population) with a gender differential of 4.0 and 3.3 per 1,000 population for males and females respectively. Following this is speaking disability, which constitutes 2.2 per 1,000 population. All the other types of disability are under 2 or less per 1,000 population.

Table 2.3: Prevalence rate per 1,000 population by type of disability and sex, National Disability Survey, 1998

Type of Disability	Male	Female	Total
Blind	1.2	1.1	1.2
Partially sighted	2.2	1.7	1.9
Deaf	1.3	0.9	1.1
Hard of hearing	2.0	1.8	1.9
Speaking	2.4	1.9	2.2
Physical mobility	4.0	3.3	3.6
Physical manipulation	2.1	1.4	1.7
Physical loss of feeling hands/feet	0.5	0.3	0.4
Strange behaviour	1.5	1.1	1.3
Fits	1.7	1.5	1.6
Learning difficulties (severe)	0.5	0.3	0.4
Learning difficulties (moderate)	0.4	0.3	0.3
Other sig. Disability	0.1	0.1	0.1

CHAPTER 3: CHILDREN WITH DISABILITIES

Article 23 of the Convention on the Rights of the Child recognises the need to protect disabled children against all forms of abuse, neglect, punishment and discrimination. It calls on States to ensure the full participation of disabled children in education, equal access to opportunities and participation in community activities. Yet, the reality is that in most societies, disabled children are denied their basic human rights to education and participation.

In this chapter, a special focus is made on children with disabilities. This is in line with UNICEF and WHO recommendation that disability prevalence rates be estimated separately for the age groups 0-4, 5-14, 15-19 and 20 or over (United Nations, 1996:72). However, this survey did not collect information on children aged 0 and 1 because we felt it was too difficult to detect any disability at these early ages without a thorough medical examination. Thus, the lower age limit chosen was 2 years. For the purpose of this survey, children are defined as 2-18 years.

3.1 A comparative overview of children with disabilities

The survey enumerated 1, 310 disabled children, representing 30.8 per cent of the overall disabled population (4, 253). Out of this, 748 were males and 562 were females. This represents a child disability rate of 11.2 and 8.5 per 1, 000 for males and females respectively and overall child disability rate of 9.9 per 1, 000 (see Table 2.2(a) p.12).

In Table 3.1 we present comparative data on persons with disabilities in the overall population by type and children (2-18 years) with disabilities. It can be observed that the biggest disability problem for children is speaking where 18.4 per cent are affected compared to 10.6 per cent for all disabled persons. In terms of numbers, children constituted more than half (59.1 per cent) of the overall 587 significant speaking cases. Physical mobility problems (15.6 per cent) also appear quite high among children, although it is higher among all disabled persons. However, deaf (6.5 per cent), hard of hearing (9.8 per cent), significant manipulation problems (9.2 per cent), significant fits problem (11.4 per cent), severe and moderate learning difficulties (4.3 and 3.4 per cent respectively), are higher among children compared to the total disabled persons. In fact, children constitute half of those with fits (431 vs. 215). Another interesting finding is that whilst 30.3 per cent of all disabled persons have multiple disabilities, the corresponding figure is 43.7 per cent among children. The gender differentials are even more staggering with 39.7 and 49.1 per cent respectively for male and female children with multiple disabilities. The comparable figures for the rest of the disabled population are 30.0 and 30.6 respectively for males and females. The above comparative analysis has policy implications in that the future direction of the educational and rehabilitation programme should be more children focused.

Table 3.1: Percentage distribution of all disabled persons and children (2-18 years) by type and number, National Disability Survey, 1998

Type of Disability	Number of cases (All disabled Persons)	Per cent	Number of cases (disabled children 2-18 years)	Per cent
Blind	315	5.7	17	0.9
Partially sighted	531	9.6	84	4.5
Deaf	313	5.6	123	6.5
Hard of hearing	528	9.5	184	9.8
Speaking (significant)	587	10.6	347	18.4
Physical mobility (significant)	993	17.9	293	15.6
Physical manipulation (significant)	472	8.5	174	9.2
Physical loss of feeling hands and feet (significant)	99	1.8	21	1.1
Strange behaviour (significant)	354	6.4	43	2.3
Fits (significant)	431	7.8	215	11.4
Learning difficulties (severe)	115	2.1	81	4.3
Learning difficulties (moderate)	105	1.9	64	3.4
Other sig. Disability	31	0.6	14	0.7
Minor Problem	667	12.0	223	12.0
Total	5,541*	100.0	1,883**	100.0

Notes: (1) * Higher than the total disabled population of 4,253 because of multiple disabilities
(2)** Includes multiple disabilities. Thus, figure is also more than the disabled children of 1,310

3.2 Prevalence by sex and type of disability

Table 3.2 shows prevalence rates among children by sex and type of disability. The highest prevalence rate is significant speaking problems, which account for 2.6 per 1,000 population and gender differentials of 2.9 and 2.4 per 1,000 population for males and females respectively. Significant physical mobility problems (2.2 per 1,000 population), fits (1.6 per 1,000 population), hard of hearing (1.4 per 1,000 population) and significant manipulation problems (1.3 per 1,000 population) follow this. All the other prevalence rates are below 1 per 1,000 population.

Table 3.2: Prevalence rate by type of disability and sex per 1,000 population, National Disability Survey, 1998

Type of disability	Male	Female	Total
Blind	0.1	0.2	0.1
Partially sighted	0.8	0.4	0.6
Deaf	1.0	0.9	0.9
Hard of hearing	1.6	1.2	1.4
Speaking (significant)	2.9	2.4	2.6
Physical mobility (significant)	2.1	2.2	2.2
Physical manipulation (significant)	1.5	1.1	1.3
Physical loss of feeling hands and feet (significant)	0.2	0.1	0.2
Strange behaviour (significant)	0.4	0.3	0.3
Fits (significant)	1.9	1.4	1.6
Learning difficulties (severe)	0.7	0.5	0.6
Learning difficulties (moderate)	0.5	0.5	0.5
Other sig. Disability	0.1	0.1	0.1

3.3 General cause of disability among children

During the survey, all disabled persons were asked about the general cause and medical diagnosis related to their disabilities. Among children, 41.5 per cent (543 cases) responded disease as the cause of their disability while 31.1 per cent (407 cases) reported they were born with the disability. About one in five children (264 cases) do not know the cause of their disabilities. Other causes are due to Other accidents, 1.7 per cent (22 cases), fire, 0.8 per cent (11cases), car accidents, 0.5 per cent (7 cases), injection, 0.3 per cent (4 cases). Other causes and not reported categories of 0.9 per cent (12 cases) and 3.0 per cent (39 cases) respectively were also reported (Table not shown). The category injection means that the children were injected at the hospital, clinic or dispensary, possibly, with an unsterilised needle or due to other reasons, and this resulted to their physical disability.

3.4 Medical diagnosis related to the disability

As expected, when most parents were asked about the medical diagnosis of their children's disability they could not tell, 78.9 per cent (1, 033 cases), the medical diagnosis related to their disabilities. However, 4.6 per cent (60 cases) reported polio as the medical diagnosis. There appears to be a consistent trend in the reported polio cases in that the proportion increases as age of child increases. For example, the highest proportion reported is in the 13-18 age group (7.4 per cent). The other reported medical diagnosis is epilepsy, 4.0 per cent (52 cases), not reported, 6.1 per cent (80 cases), Other, 3.8 per cent (50 cases), injection, 0.3 per cent (4 cases), cerebral malaria, 0.5 per cent (6 cases), mental illness, 0.2 per cent (3 cases), paralysis, 0.2 per cent (3 cases), meningitis, 1.0 per cent (13 cases). There are other numerous diagnoses reported, mostly 0.1 per cent, like measles, diabetes, stroke and fracture. However, what is not clear from the data is how measles, meningitis and cerebral malaria can result to disabilities (Table not shown).

3.5 Level of Education

Out of 1, 251 disabled children aged 4-18 years, 116 attended Dara. However, only 407 of them are currently attending Mainstream or Madrassa School, which represents 32.5 per cent of the total (Table 3.5). This suggests that more than two out of three, (67.5 per cent), of the disabled children aged 4-18 years are not currently attending Mainstream or Madrassa School.

Table 3.5: Percentage distribution of children (4-18) currently attending mainstream madrassa school by grade/level

Grade/level		Age group and Sex						Total
		4-6		7-12		13-18		
		Male	Female	Male	Female	Male	Female	
1	Count	7	7	27	19	3	4	67
	%	53.8	53.8	22.7	23.8	2.5	6.7	16.5
2	Count	4	0	34	20	8	7	73
	%	30.8	0.0	28.6	25.0	6.6	11.7	17.9
3	Count	0	0	29	18	16	5	68
	%	0.0	0.0	24.4	22.5	13.1	8.3	16.7
4	Count	0	0	13	15	17	9	54
	%	0.0	0.0	10.9	18.8	13.9	15.0	13.3
5	Count	0	0	7	6	13	10	36
	%	0.0	0.0	5.9	7.5	10.7	16.7	8.8
6	Count	0	0	3	0	25	5	33
	%	0.0	0.0	2.5	0.0	20.5	8.3	8.1
7	Count	0	0	0	0	15	8	23
	%	0.0	0.0	0.0	0.0	12.3	13.3	5.7
8	Count	0	0	0	0	13	3	16
	%	0.0	0.0	0.0	0.0	10.7	5.0	3.9
9	Count	0	0	0	0	7	0	7
	%	0.0	0.0	0.0	0.0	5.7	0.0	1.7
10	Count	0	0	0	0	0	3	3
	%	0.0	0.0	0.0	0.0	0.0	5.0	0.7
11	Count	0	0	1	0	0	2	3
	%	0.0	0.0	0.0	0.0	0.0	3.3	0.7
12	Count	0	0	0	0	1	0	1
	%	0.0	0.0	0.0	0.0	0.8	0.0	0.2
Not	Count	2	6	5	2	4	4	23
Reported	%	15.4	46.2	4.2	2.5	3.3	6.7	5.7
Total	Count	13	13	119	80	122	60	407
	%	100	100	100	100	100	100	100

It is noteworthy from Table 3.5 that children aged 7-12 are found in large numbers in grades 1-4. The same trend can be observed for the 13-18 age group. This is because disabled children unlike the normal children are usually much older before they are sent to school. In terms of grade levels, only a male in the age group 13-18 reached grade 12. Table 3.5 also shows that except in grade 1, which gives equal proportion of males and females in the age group 4-6, males are proportionately more than females in all grade levels. This means that unlike their male counterparts, disabled female children are either not sent to school (mainstream or madrassa) or if they went to school, they dropout in much larger numbers than the males. In fact, out of the 407 children, males constitute 62.4 per cent (254 cases) compared to 37.6 per cent (153 cases) females. The above finding shows that the *disabled*

girl child is in a much more disadvantageous situation when it comes to education than the *'normal'* girl child. Thus, the policy emphasis for the education of the girl child should not just be the girl child *per se* but also the *disabled girl child*. The Disabled Organisations, the Forum for African Women Educationists, The Gambia (FAWE, The Gambia), the Special Education Unit, Department of State for Education, the NGOs and civil society in general should vigorously campaign against this anomaly.

CHAPTER 4 DEGREE OF DISABILITY

4.1 Basic Physical Functions

For programme development with emphasis on alleviating the plight of the most disadvantaged of the disabled, the study looked at disability in terms of severity – i.e. degree of disability. Out of the 4, 253 disabled persons who answered the question, Gambians constitute about 92.4 per cent compared to the non-nationals who formed about 7.5 per cent and the rest whose nationality could not be established. In terms of gender males constitute about 52.5 per cent of the total disabled population whilst females account for 44.8 per cent.

The categories used for the classification of degree of disability are "never need help", "sometimes needs help", "often needs help" and "always needs help". Those categories are not distinct from each other due to the nature of disability in terms of its continuous characteristics; which is affected by factors such as age etc. Notwithstanding the difficulty in operating the above schematic classification, the data indicate that 2, 585 persons or 60.8 per cent of the disabled persons " never need help" i.e. they can move around their communities without any technical aid. Those who "sometimes need help", "often needs help" and "always need help" represent 14.7, 4.0 and 19.1 per cent respectively. The 19.1 per cent of those who "always need help" i.e. the severely disabled, the most disadvantaged, are whose plights are to be alleviated first through sound rehabilitation programmes. See Table 4.1(a) below

Table 4.1(a): Percentage distribution of disabled persons by sex and degree of disability, National Disability Survey, 1998

Sex	Degree of disability											
	Never Needs Help		Sometimes Needs Help		Often Needs Help		Always Needs Help		Not Specified		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Males	1462	62.3	341	14.5	91	3.9	423	18.0	26	1.1	2345	100
Females	1123	58.9	282	14.7	78	4.1	390	20.5	35	1.8	1906	100
Total	**2585**	**60.8**	**623**	**14.7**	**169**	**4.0**	**813**	**19.1**	**61**	**1.5**	**4251**	**100**

Of the most disadvantaged group i.e. those who always need help, about 90.3 per cent of them are Gambians of whom 17.8 per cent reside in Brikama Local Government Area, 14.9 per cent each in Kanifing and Kerewan. 14.8 per cent in Janjanbureh LGA and 7.6 and 6.8 in Banjul City and Kuntaur LGA respectively. The "on average 14 per cent" observed for Kanifing, Kerewan, Janjanbureh and Basse Local Government Areas is suggestive of the fact that meaningful rehabilitation should view the problem of severely disabled as constituting 14 per cent of the disabled population in all Local Government Areas.

The disabled non-Gambians who always need help for mobility i.e. those at the extreme end of the disability continuum and constitute 9.7 per cent of all disabled people at the national

level, the majority live in Kanifing and Brikama LGAs, constituting 53.2 and 26.6 per cent of the population respectively. These statistics underscore the urban bias preference of the disabled in terms of area of residence.

Table 4.1 (b): Percentage distribution of disabled persons who always need help to move within their communities by local government area and nationality, National Disability Survey, 1998

LGA	Gambian		Non-Gambian	
	No.	Per cent	No.	Per cent
Banjul	56	7.6	2	2.5
Kanifing	110	14.9	42	53.2
Brikama	131	17.8	21	26.6
Mansa konko	64	8.7	1	1.3
Kerewan	109	14.9	6	7.5
Kuntaur	50	6.8	1	1.3
Janjanbureh	108	14.8	4	5.1
Basse	106	14.5	2	2.5
Gambia	**734**	**100**	**79**	**100**

Gender-wise, adopting the same operational classification for those who never need help for mobility within their communities, males constitute 56.5 per cent whilst females account for 43.5 per cent. In the sub group population of "sometimes needs help", "often needs help" and "always needs help" the disabled males constitutes 54.7, 53.8 and 52.0 per cent of these cohorts respectively. These statistics indicate that whatever the degree of disability males constitutes the biggest subgroup.

Table 4.1(c) Percentage distribution of disabled persons by degree of disability and sex, National Disability Survey, 1998

Sex	Degree of disability											
	Never Needs Help		Sometimes Needs Help		Often Needs Help		Always Needs Help		Not Specified		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Males	1462	56.5	341	54.7	91	53.8	423	52.0	26	42.6	2345	55.2
Females	1123	43.5	282	45.3	78	46.2	390	48.0	35	57.4	1906	44.8
Total	**2585**	**100**	**623**	**100**	**169**	**100**	**813**	**100**	**61**	**100**	**4251**	**100**

The analysis by degree of disability shows that the most disadvantaged disabled, i.e. those that always need help, about 65 per cent of them are in the rural areas compared to about 35 per cent who reside in the urban area. For the categories "never needs help", "sometimes needs help" and "often needs help" those that reside in the rural areas account of 72.6, 59.6

and 54.4 per cent of these grouping respectively. For rehabilitation and relief programmes the "always needs help" category more so those in rural areas should be given priority.

Table 4.1(d): Percentage distribution of disabled persons by urban/rural residence and degree of disability, National Disability Survey, 1998

Residence	Degree of disability											
	Never Needs Help		Sometimes Needs Help		Often Needs Help		Always Needs Help		Not Specified		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Rural	1879	72.6	371	59.6	92	54.4	529	65.1	31	50.8	2902	68.2
Urban	706	27.4	252	40.4	77	45.6	284	34.9	30	49.2	1350	31.8
Total	**2585**	**100**	**623**	**100**	**169**	**100**	**813**	**100**	**61**	**100**	**4251**	**100**

4.2 Basic Communication Skills

For analytical purpose basic communication skills is categorised into five grouping viz. "easily", "with difficulty", "not at all", "not applicable" and "not reported" depending on the degree of severity of speech disability. As Table 4.2 (a) indicates 2770 disabled persons or 65.1 per cent of the 4, 252 disabled persons could communicate easily, 17.3 could communicate with difficulty and 5.6 per cent could not communicate at all. The not applicable and not reported categories account for 10.7 and 1.2 per cent respectively. Among children aged 2-6 the "not at all" category constitutes the highest (10.4 per cent) compared to the other age groups. This is what is expected, since children are more likely to have communication problems than adults are.

If we focus on those who are severely disabled i.e. the "not at all" and "with difficulty" categories, these constitute about 976 disabled persons. The question of improving their plight and integration in society for overall social development becomes a pertinent issue.

Table 4.2(a): Percentage Distribution of disabled persons by degree of basic communications skills and age group, National Disability Survey, 1998.

Age Group	Degree of communication										Total	
	Easily		With difficulty		Not at all		Not applicable		Not reported			
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
2 –6	147	54.9	66	24.6	28	10.4	26	9.7	1	0.4	268	100
7 – 12	290	56.8	131	25.7	44	8.6	42	8.2	5	0.9	510	100
13 – 18	330	61.8	116	21.7	44	8.2	42	7.9	2	0.3	534	100
19 – 24	279	67.2	65	15.7	27	6.5	37	8.9	7	1.7	415	100
25 – 29	221	64.6	51	14.9	25	7.3	43	12.6	3	0.9	342	100
30+	1490	68.9	305	14.1	69	3.2	264	12.2	35	1.6	2161	100
Not Reported	3	60.0	0	0.0	2	40.0	0	0.0	0	0.0	5	100
Gambia	**2770**	**65.1**	**736**	**17.3**	**240**	**5.6**	**455**	**10.7**	**51**	**1.2**	**4252**	**100**

According to the data, 31.7 per cent of the disabled population live in the urban area compared to 68.3 per cent in the rural area. Table 4.2(b) below shows that the disabled persons who communicate “with difficulty” and those who responded “not at all” constitute 18.3 and 6.4 per cent in the rural area compared to 15.3 and 4.0 per cent in the urban area. This high trend is expected in the rural area.

Table 4.2(b) Percentage distribution of disabled persons by degree of basic communication skills and residence, National Disability Survey, 1998

Residence	Degree of communication										Total	
	Easily		With difficulty		Not at all		Not applicable		Not reported			
	No.	Per cent	No.	per cent	No.	per cent	No.	per cent	No.	Per cent	No.	Per cent
Urban	848	62.8	206	15.3	54	4.0	211	15.6	31	2.3	1350	100.0
Rural	1922	66.2	530	18.3	186	6.4	244	8.4	20	0.7	2902	100.0
Gambia	**2770**	**65.1**	**736**	**17.3**	**240**	**5.6**	**455**	**10.7**	**51**	**1.2**	**4252**	**100.0**

Table 4.2(c) below shows distribution by nationality and basic communication skills (using Normal speech, expressing daily needs using any means formal sign language and read lip). Gambians account for 91.8, 95.8, 97, 89.2 and 88.2 per cent of the categories “easily”, “with difficulty”, “Not at all”, “Not applicable” and “Not reported” respectively. These figures indicate that most of the disabled with speech difficulty are Gambians.

Table 4.2(c) Percentage distribution of disabled persons by nationality and basic communication skills, National Disability Survey, 1998

Degree of communication	Percentage	Nationality			Total
		Gambian	Non-Gambian	Others	
Easily	No.	2543	224	3	2770
	Per cent	91.8	8.1	0.1	100
With difficulty	No.	705	30	1	736
	Per cent	95.8	4.1	0.1	100
Not at all	No.	233	7	0	240
	Per cent	97.1	2.9	0	100
Not applicable	No.	406	49	1	455
	Per cent	89.2	10.7	0.1	100
Not reported	No.	45	2	4	51
	Per cent	88.2	3.9	7.8	100
Total	**No.**	**3931**	**312**	**9**	**4252**
	Per cent	**92.5**	**7.3**	**0.2**	**100**

Table 4.2(d) further shows that Mansakonko and Kanifing LGAs account for 20.6 and 18.3 per cent of the disabled persons who answered to the category "with difficulty". For the "not at all" category, Basse and Janjanbureh LGAs account for 12.1 and 8.8 per cent respectively. It is worth noting that these two LGAs have the high incidence of the "not at all" categories of basic communication. Future rehabilitation programme on basic communication skills especially among children should focus on these two LGAs.

Table 4.2 (d): Percentage distribution of disabled persons by basic communication skills and residence, National Disability Survey 1998

LGA	Degree of communication										Total	
	Easily		With Difficulty		Not at all		Not Applicable		Not Reported			
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Banjul	145	60.7	33	13.8	5	2.1	29	12.1	27	11.3	239	100.0
Kanifing	406	56.5	132	18.3	20	2.8	155	21.6	5	0.7	718	100.0
Brikama	599	74.7	103	12.8	33	4.1	61	7.6	6	0.7	802	100.0
Mansa konko	216	71.8	62	20.6	8	2.7	13	4.3	2	0.7	301	100.0
Kerewan	721	83.7	56	6.5	34	3.9	14	1.6	6	0.7	861	100.0
Kuntaur	300	77.1	63	16.2	17	4.4	6	1.5	3	0.8	389	100.0
Janjanbureh	242	50.6	85	17.8	42	8.8	104	21.8	5	1.0	478	100.0
Basse	256	55.3	71	15.3	56	12.1	78	16.8	2	0.4	463	100.0
Total	**2886**	**67.9**	**635**	**14.9**	**215**	**5.1**	**460**	**10.8**	**56**	**1.3**	**4252**	**100.0**
Gambian	2657	67.6	601	15.3	210	20.6	413	10.5	50	1.3	3931	100.0
Non-Gambian	225	72.1	34	10.9	5	1.6	46	14.7	2	0.6	312	100.0
Not Specified	4	44.4	0	0.0	0	0.0	1	11.11	4	44.4	9	100.0

4.3 Duration and general cause of disability

The general cause "born with disability" shows a distribution that is not expected. In view of improvement in health services as shown by the increase in life expectancy and the decrease in infant and child mortality rates, this variable is expected to have shown a positive correlation with age and not the almost rectangular distribution over a period of 30 years. One would have thought that 30 years is long enough to detect significant change in the category "born with disability". The distributions showing "car accident" and "old-age" as the causes of disability are expected.

The "Don't know" category shows that whereas the cause of disability is known for persons aged 2-29 years old, for persons' 30 years and above, all of them do not know the cause of their disabilities. This reflects the inability to specify the cause that led to their disability due to old age and low literacy rates (Table 4.3a).

Table 4.3(a) Percentage distribution of persons by 5-year age group and general cause of disability, National Disability Survey, 1998

Age group	Cause of Disability										Total	Per cent
	Born with disability	Disease	Fire	Car accident	Other accidents	Injection	Old age	Other	Don't know	Not reported		
2-6	16.2	4.8	2.2	4.3	15.0	0.9	5.1	0.0	0.0	3.5	268	6.3
7-12	23.9	9.7	8.7	9.5	10.0	9.9	5.1	5.9	0.0	15.4	511	12.0
13-18	19.9	11.0	2.2	12.6	30.0	9.0	7.7	17.7	0.0	8.4	533	12.5
19-24	10.7	10.1	4.3	9.4	5.0	9.0	2.6	29.4	0.0	6.3	415	9.7
25-29	8.4	8.5	12.0	7.0	20.0	12.6	2.6	29.4	0.0	0.3	354	8.3
30+	20.5	55.8	70.7	57.0	20.0	58.6	76.9	17.7	100.0	57.3	2165	50.8
Un known	0.4	0.2	0.00	0.2	0.0	0.0	0.0	0.0	0.0	2.8	13	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	4259	100.0

Table 4.3(b) below gives a break down of the disabled by LGA and general cause of disability. In descending order, Kerewan accounts for 20.2 per cent of all cases, followed by Brikama 18.9 per cent, Kanifing 16.9 per cent, Janjanbureh 11.2 per cent, Basse 10.9 per cent, Kuntaur 9.2 per cent, Mansakonko 7.1 per cent and Banjul 5.6 per cent.

Table 4.3(b) Percentage distribution of disabled persons by LGA and general cause of disability National Disability Survey, 1998

LGA	Cause of Disability											
	Born with disability	Disease	Fire	Car accident	Other accidents	Injection	Old age	Other	Don't know	Not reported	Total *	Per cent
Banjul	5.9	4.2	5.0	5.2	5.4	0.0	0.0	10.9	8.2	4.9	239	5.6
Kanifing	20.3	14.7	15.0	23.1	18.9	52.9	66.7	23.9	18.6	7.0	718	16.9
Brikama	19.15	20.2	40.0	30.8	34.2	11.7	0.0	18.5	14.4	13.3	803	18.9
Mansa konko	6.2	7.3	0.0	2.6	1.8	5.9	0.0	3.3	8.1	10.5	303	7.1
Kerewan	18.7	18.7	25.0	30.8	20.7	29.4	33.3	29.4	22.5	25.9	865	20.2
Kuntaur	6.5	8.5	0.0	0.0	2.7	0.0	0.0	3.3	13.6	14.0	390	9.2
Janjanbureh	11.8	12.0	10.0	0.0	9.9	0.0	0.0	6.5	9.5	18.2	478	11.2
Basse	11.5	14.4	5.0	7.7	6.3	0.0	0.0	4.3	5.1	6.3	463	10.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	4259	100.0

* Total slightly more than the disabled persons (4, 253) because of multiple responses

4.4 Medical diagnosis related to the disability

As expected, in Table 4.4(a), those diagnosed as having cataract (90 per cent), stroke (88.9 per cent), diabetes (87.5 per cent), high blood pressure (92.9 per cent) and leprosy (94.7 per cent) are aged 30 years and above. Conversely, diseases such as polio and epilepsy (fits) are higher among children (2-18 years). This finding for epilepsy (fits) is in conformity with the earlier finding of the high prevalence of fits among children compared to the rest of the disabled persons (see Chapter 3 of this report).

However, what is not clear from Table 4.4(a) is the children (2-6 years) who are reported to be diagnosed as mentally ill (3.5 per cent) and diabetic (6.3 per cent). It could be that the parents do not know the medical diagnosis or their ages have been under-reported.

Table 4.4(a): Percentage distribution of disabled persons by age and medical diagnosis related to the Disability, National Disability Survey, 1998

Disease/ Age	2-6	7-12	13-18	19-24	25-29	30+	Unknown	Total
Mental Illness	3.5	0.0	6.9	6.9	13.8	69.0	0.0	100
Cataract	0.0	0.0	0.0	0.0	10.0	90.0	0.0	100
Stroke	0.0	11.1	0.0	0.0	0.0	88.9	0.0	100
Diabetes	6.3	0.0	0.0	0.0	6.3	87.5	0.0	100
Polio	9.9	17.4	22.3	16.5	5.0	28.9	0.0	100
High Blood Pressure	0.0	0.0	0.0	0.0	7.1	92.9	0.0	100
Meningitis	3.2	19.4	19.4	16.1	12.9	29.0	0.0	100
Injection	7.1	7.2	14.3	21.4	35.7	14.3	0.0	100
Leprosy	0.0	0.0	0.0	0.0	5.3	94.7	0.0	100
Cerebral Malaria	16.7	0.0	33.3	16.7	8.3	25.0	0.0	100
Measles	0.0	0.0	14.3	14.3	14.3	57.2	0.0	100
Fracture	4.2	0.0	4.2	4.2	20.8	66.7	0.0	100
Epilepsy	13.3	15.6	28.9	18.9	7.8	11.1	0.0	100
Paralysis	22.2	0.0	11.1	0.0	15.6	55.6	0.0	100
Others	6.1	12.2	7.1	8.7	7.7	58.2	0.0	100
Don't Know	6.2	12.1	12.4	9.5	8.4	51.0	0.4	100
Not Reported	5.1	14.2	12.3	9.9	6.7	51.8	0.0	100
Total No.	268	511	533	415	354	2165	13	4259 *
Total Per cent	6.3	12.0	12.5	9.7	8.3	50.8	0.3	100

* Total slightly more than the disabled persons (4, 253) because of multiple responses

Table 4.4b shows a frequency distribution of the medical diagnosis without regards to age. Out of the 4, 259 disabled persons, 79.2 could not specify the medical diagnosis or reason that led to the disability (Table 4.4b). Those who answered 'Don't know' though high, could be acceptable in view of the low literacy rates that exist in the Gambia, i.e. 40.9 per cent as at the 1993 population and housing census, 55 per cent for males and 26.9 per cent for females respectively. As Table 4.4(b) indicates the remaining 20.7 per cent gave other causes that were broadly categorised into 17 groupings including categories for "Others" and "Not reported" accounting for 4.8 and 6 per cent respectively. The other reported medical diagnosis are polio 2.9 per cent, epilepsy 2.2 per cent, leprosy 0.9 per cent, meningitis 0.7 per cent, mental illness 0.7 per cent, fracture 0.6 per cent, cataract 0.5 per cent etc. These statistics should be examined in terms of disease prevalence in the Gambia and various interventions that have been in place during the last 30 years as integral components of the National Health Policy. More attention needs to be paid to diseases such as cataract, diabetes, polio, high blood pressure, meningitis, leprosy and cerebral malaria.

4.4(b): Percentage distribution of disabled persons by medical diagnosis related to the disability, National Disability Survey, 1998

Disease	Total Per cent
Mental Illness	0.7
Cataract	0.5
Stroke	0.2
Diabetes	0.4
Polio	2.9
High Blood Pressure	0.3
Meningitis	0.7
Injection	0.3
Leprosy	0.9
Cerebral Malaria	0.3
Measles	0.2
Fracture	0.6
Epilepsy	2.1
Paralysis	0.2
Others	4.8
Don't know	79.2
Not Reported	6.0

For those who reported that polio led to their disability, 27.3 per cent resides in Brikama LGA. 19.8 per cent in Kanifing 18.2 per cent in Kerewan 16.5 per cent in Janjanbureh 7.4 per cent in Basse 5.8 per cent in Mansakonko and 0.8 per cent in Banjul. With respect to meningitis, Kanifing, Brikama and Kuntaur account for 32.3, 16.1 and 16.1 per cent respectively. For Cataract, 35 per cent of the cases were reported in Banjul and 65 per cent in Kanifing Municipal Council. About 37.5 per cent of disabilities caused by diabetes were recorded in Kanifing and 12.5 per cent in Janjanbureh and Basse (Table 4.4c).

In the case of leprosy 26.3 per cent of the cases were recorded in Kerewan and Basse, 15.8 per cent in Kuntaur and 7.9 per cent in Janjanbureh. Cerebral malaria cases that resulted to disability were mostly recorded in Kanifing 41.7 per cent, Brikama 25.0 per cent and Mansakonko 16.7 per cent. Measles, a disease being tackled through the National Immunisation Campaign shows high prevalence in Brikama 42.9 per cent, Mansakonko 28.6 per cent, Kanifing 14.3 per cent and Basse 14.3 per cent (Table 4.4c).

Table 4.4(c) Percentage distribution of disabled persons by LGA and medical Diagnosis related to the - disability, National Disability Survey, 1998

Disease	Local Government Area								Gambia
	Banjul	Kanifing	Brikama	M/Konko	Kerewan	Kuntaur	Janjanbureh	Basse	
Mental Illness	10.4	41.4	3.5	6.9	10.3	0.0	6.9	20.7	100.0
Cataract	35.0	65.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
Stroke	22.2	11.1	22.2	0.0	11.1	11.1	22.2	0.0	100.0
Diabetes	25.0	37.5	6.3	0.0	6.3	0.0	12.5	12.5	100.0
Polio	0.8	19.8	27.3	5.8	18.2	4.1	16.5	7.4	100.0
High Blood Pressure	21.4	28.6	21.4	0.0	14.3	7.1	0.0	7.1	100.0
Meningitis	6.5	32.3	16.1	3.2	9.7	16.1	6.5	9.7	100.0
Injection	0.0	50.0	28.6	0.0	14.3	0.0	7.1	0.0	100.0
Leprosy	5.3	5.3	10.5	2.6	26.3	15.8	7.9	26.3	100.0
Cerebral Malaria	0.0	41.7	25.0	16.7	8.3	0.0	8.3	0.0	100.0
Measles	0.0	14.3	42.9	28.6	0.0	0.0	0.0	14.3	100.0
Fracture	4.2	58.3	8.3	4.2	16.7	0.0	0.0	8.3	100.0
Epilepsy	3.3	21.1	8.9	11.1	20.0	5.6	15.6	14.4	100.0
Paralysis	22.2	44.4	11.1	0.0	22.2	0.0	0.0	0.0	100.0
Others	16.3	20.4	8.2	5.6	34.7	7.2	4.1	3.6	100.0
Don't Know	4.7	15.5	19.1	7.0	20.7	9.6	11.6	11.9	100.0
Not Reported	7.1	13.4	28.5	12.25	11.1	11.9	13.0	2.8	100.0
Total #	239	718	803	303	865	390	478	463	4259*
Total Per cent	5.6	16.9	18.9	7.1	20.3	9.2	11.2	10.9	100.0

* Total slightly more than the disabled persons (4, 253) because of multiple responses

However, utmost care should be taken in the interpretation of the above statistics because most respondents cannot properly identify the diseases concern. Those who can, are the few literates who live in LGAs such as Banjul and the Kanifing area. Thus, high response errors and biases could have been introduced across Local Government Areas.

CHAPTER 5 ACCESS TO HEALTH AND REHABILITATION SERVICES

According to the WHO International Classification of Impairment, Disability and Handicap **[ICIDH]**, a system for coding the long term consequences of disease and injuries, disability could be broadly classified into three major categories i.e. impairment, disability and handicap.

Impairment relates to the dysfunction of an organ or body part; such as amputated leg, partial sight loss of feeling in fingers etc. Disability relates to the personal level such as walking limitation, difficulty in reading, difficulty in grasping or picking up small objects, limited movement etc. whilst handicap relates to societal level e.g. unemployment, underemployment, inability to attend school, homebound state etc. Such a classification scheme could be employed not just in the classification of general disability but also for the classification of type of treatment and rehabilitation rendered as well as degree of disability.

5.1 Type of treatment currently being received

According to Table 5.1 (not shown), 3, 015 persons out of the 4, 253 disabled persons were currently receiving treatment and/ or rehabilitation during the interview period. This translates to about 70.9 per cent access to treatment and/ or rehabilitation. The reason for lack of treatment and/ or rehabilitation for the 29.1 per cent is unknown. It could either be lack of access or complete surrender to a fait accompli state.

In terms of age groups, 7.2 percentage of the disabled currently receiving treatment and/ or rehabilitation falls in the 2-6 year age bracket. By contrast, 11.4 per cent falls in the 7-12 age groups, 13.4 per cent the 13-18, 10.8 per cent in the 19-24, 9.4 per cent in the 25-29 and 47.8 per cent are 30 years and above (Table 5.1 not shown).

With respect to the type of treatment 52.8 per cent received modern medicine, 17.6 per cent are on traditional treatment 24.7 per cent consult marabou or spiritual healers; 4.5 per cent receive rehabilitation services and 0.4 per cent attend special school (Table 5.1 not shown). It is however, important to note that the percentages given above are based on the transformation of the table from multiple responses, which gives more than one count per person, to one based on one count per person. From the multiple responses, the proportions are much higher. For instance, the use of modern medicine account for 76.7 per cent and 25.6, 35.9 per cent account for traditional and marabou or spiritual healers respectively. Special school and rehabilitation services account for 0.7 and 6.5 per cent respectively.

In total, 42.3 per cent of the disabled who currently receive treatment or rehabilitation do so from traditional medicine and marabou or spiritual healers. This percentage is significant but is expected in view of the strong tradition norms and value systems that exist in the Gambia. The percentage share of rehabilitation services of 4.5 per cent is unacceptably low, but reflect the existing level of rehabilitation services, which is centred around the Greater Banjul Area. The 0.5 per cent for special schools are also reflective of current situation. All such facilities or institutions are in the Greater Banjul Area.

In gender terms 54.3 per cent of the disabled who received treatment or rehabilitation services are males and the 45.7 per cent are females. Thus, females lag behind their male

counterparts for all types of treatment or rehabilitation services received (Table 5.1 not shown).

5.2 Non-use of treatment or rehabilitation services

The non-use of treatment or rehabilitation services by the disabled is influenced by the knowledge that the services exist; attitude towards such services, and practices of the recipients and the providers of the services. However, access in terms of affordability and the distances to the services are also factors that influence usage.

In Table 5.2(a) amongst the reasons given for not receiving treatment or rehabilitation "don't think anything could be done" is the modal response and peak at 70.5 per cent of the multiple response. This is followed by 'not affordable' with 18.7 per cent, 'not aware of facility' 12.7 per cent, 'not available' 3.3 per cent and 'not acceptable' 3.2 per cent. The urban-rural differentials show similar proportions (Table 5.2a not shown).

These responses underscore the importance of attitude (resignation to fate), cost (i.e. affordability) and knowledge in descending order of importance. These critical factors of attitude, cost and knowledge are issues that have to be addressed in any meaningful performance for the disabled through sensitisation and minimal cost operations or interventions.

In future, it is important to target all disabled persons within the age bracket 2-30 years in view of the small fluctuations in observations across age groups and the reasons given for not receiving treatment or rehabilitation services.

5.3 Use of technical aid

According to Table 5.3(a), 4, 134 disabled persons out of 4, 253 responded as to whether any type of technical aid is used to enable them integrate in the society by the use of technical aid as disabled persons. This translates into a response rate of 97.2 per cent to the question.

Out of this figure (4, 134), 83.5 per cent do not use technical aid, whilst, 3.8 per cent use eye-glasses, 3.2 per cent crutches 2.9 per cent use the white cane, 3.2 per cent a stick and 2.9 per cent use wheelchair for their movements etc. Of the 3.8 per cent who use eyeglasses, 16.2 and 12.7 per cent are respectively females and males Banjul residents. Kanifing residents follow with 8.8 per cent of its males and 5.8 per cent of the females wearing glasses for their eyesights. Among the rest of the LGAs, Kerewan has the highest percentage of the use of eyeglasses, 4.6 per cent for males and 2.3 per cent for females.

The use of crutches as technical aid are highest in Banjul and Kanifing LGAs, i.e. 5.5 per cent among males for Banjul and Kanifing respectively and 7.1 per cent among females of Kanifing. The use of the white cane is also prominent in Basse LGA, whilst the use of standing frame, orthopaedic shoe, callipers, sighted guard and braces are not significant according to the survey.

ution of disabled persons by LGA, sex and whether any type of technical aid is use, National Disability Survey, 1998.

	Type of technical aid used											Total	
s	Wheel Chair	Artificial Limb	Hearing aid	Eye Glasses	White Cane	Stick	Sighted Guard	Standing Frame	Orthop. Shoe	Callipers	Braces		
5	1.8	0.9	2.7	12.7	2.7	2.7	0.9	0.0	0.0	0.0	0.0	111	100
4	3.4	0.9	3.4	16.2	2.6	1.7	1.7	1.7	0.0	0.0	0.0	119	100
5	5.8	1.0	4.0	8.8	1.3	3.0	0.3	0.0	0.0	0.0	0.0	404	100
1	4.9	1.3	3.2	5.8	0.0	1.3	0.3	0.0	0.3	0.0	0.0	312	100
3	4.1	0.5	0.5	2.9	6.3	2.9	0.2	0.0	0.0	0.0	0.0	418	100
0	6.2	0.9	0.6	0.6	6.5	0.9	0.9	0.3	0.0	0.0	0.0	328	100
3	3.6	0.6	0.6	0.0	2.4	4.2	0.0	0.0	0.0	0.0	0.6	167	100
3	1.5	1.5	0.0	1.5	0.8	3.1	0.0	0.0	0.0	0.0	0.0	130	100
2	1.5	0.9	0.2	4.6	3.1	2.4	0.0	0.0	0.2	0.2	0.0	464	100
5	0.5	0.5	0.3	2.3	0.8	2.1	0.0	0.0	0.0	0.0	0.0	391	100
0	1.0	1.0	0.0	3.0	2.5	2.5	0.0	0.0	0.0	0.0	0.0	199	100
3	1.2	0.6	0.0	1.8	1.2	1.2	0.0	0.0	0.0	0.0	0.0	171	100
6	0.4	0.4	0.0	3.1	4.3	4.3	0.0	0.4	0.0	0.0	0.4	260	100
0	2.0	1.0	0.0	2.0	1.0	1.5	0.5	0.5	0.0	0.0	0.0	200	100
2	3.3	0.0	0.0	0.0	4.8	3.0	0.0	0.4	0.0	0.0	0.0	270	100
6	1.6	0.5	0.0	0.5	2.6	0.5	0.0	0.0	0.0	0.0	0.0	190	100
2	**2.9**	**0.8**	**1.0**	**3.8**	**2.9**	**2.3**	**0.2**	**0.1**	**0.0**	**0.0**	**0.0**	**4134**	**100**

According to Table 5.3(b), urban residents have better access to technical aids than rural residents have. About 22-26 per cent, females and males respectively, of disabled persons in the urban area use technical aid. By contrast, access to technical aid in the rural areas is restricted to 11-14 per cent, females and males respectively. These statistics indicate a skewed distribution in access to technical aid between the urban and rural areas. It also reflects how poorly disabled females are faring compared to males in the access to technical aid and rehabilitation services.

Table 5.3(b) Percentage distribution of disabled persons by residence, sex and whether any type of technical aid used, National Disability Survey, 1998

Type of technical aid used	Residence and sex				**Gambia**
	Urban		Rural		
	Male	Female	Male	Female	**Total**
None	73.7	78.3	85.5	89.1	**83.5**
Crutches	5.2	5.3	2.3	2.1	**3.2**
Wheel Chair	5.0	4.0	2.0	2.3	**2.9**
Artificial Limb	1.0	1.0	0.5	0.8	**0.8**
Hearing Aid	2.8	2.6	0.2	0.1	**1.0**
Eye Glasses	7.6	6.8	2.7	1.4	**3.8**
White Cane	2.1	1.0	4.2	2.5	**2.9**
Stick	3.7	1.0	2.7	1.7	**2.3**
Side Guard	0.3	0.7	0.1	0.2	**0.2**
Stand Frame	0.0	0.3	0.1	0.2	**0.1**
Orthop. Shoe	0.0	0.2	0.1	0.0	**0.0**
Callipers	0.1	0.0	0.0	0.0	**0.0**
Braces	0.0	0.0	0.1	0.0	**0.0**
Total	718	612	1575	1229	**4134**
Per cent	100	100	100	100	**100**

CHAPTER 6: ACCESS TO PHYSICAL ENVIRONMENT

All disabled persons were asked if they encounter any problems in accessing the physical environment. For example, in their home environments do they have widened doors, ramps and special toilets? Furthermore, in using public buildings on their own, do they encounter problems if the buildings have no ramps, if the size of doors are not wide enough, if there are no lifts, problems to access toilets and negative attitude of staff etc.

6.1 Modifications to home environment to suit needs

The results show that only 2.1 per cent (80 cases), 1.7 per cent (66 cases) and 2.0 per cent (77 cases) respectively have ramps, widened doors and special toilets in their home environments. However, the majority, 96.1 per cent, reported that they do not have such modifications to their home environment to suit their needs (not shown).

6.2 Problems encountered in using public buildings

For the use of public buildings, the general response was that they do not encounter any problems of access. This finding is quite surprising. One would have thought the opposite. Possibly this is due to their lack of knowledge and low use of public buildings. However, a small proportion, 1.8 per cent (538 cases), 0.8 per cent (243 cases), 1.5 per cent (461 cases) and 1.6 per cent (475 cases) said they encounter problems in accessing health buildings without ramps, with small doors, without lifts and toilets. Others reported problems of accessing markets in terms of size of doors, 0.7 per cent (222 cases), market toilets, 1.5 per cent (445 cases) and attitude of staff, 1.2 per cent (353 cases). The inability to access mosques or churches was reported in terms of lack of ramps, 1.6 per cent (477 cases), small size of doors, 0.7 per cent (220 cases) and toilets, 1.3 per cent (411 cases). Similar concerns were also reported for public buildings like Post Offices and Banks (not shown).

6.3 Difficulties encountered in moving around the community

The disabled persons were also asked if they encountered difficulties in moving around their communities. According to the results (not shown), 35.4 per cent (2,092 cases) reported they have no difficulties in moving around the community while 16.6 per cent (980 cases) said that due to lack of equipment, they could not move around. Other reasons advanced were social attitudes of people, 14.4 per cent (851 cases), the bad road surfaces, 10.9 per cent (648 cases), lack of personal support, 10.6 per cent (627 cases) and the traffic, 5.7 per cent (338 cases). A few complained about the gutters and pavements, which constituted 3.6 per cent (215 cases) and 2.6 per cent (152 cases) respectively. Reasons like tiredness and communication problems each constituted 0.1 per cent (4 cases each) of the overall response.

CHAPTER 7 EQUAL PARTICIPATION IN FAMILY AND COMMUNITY ACTIVITIES

7.1 Difficulties in joining family activities

In order to assess the level and degree of participation of disabled persons in family activities, the level of participation is judged with reference to joining in the following activities:

1 Working on Farm/Fields
2 Preparing Food
3 Eating Meals
4 Going to Market
5 Caring for Children
6 Praying with the Family
7 Family Ceremonies

Table 7.1:Percentage distribution of disabled persons by participation in family activities, National Disability Survey, 1998

Activities	No difficulty	Some difficulty	Cannot do	Not Stated	Total
Working on Farm/Fields	26.0	16.9	54.1	3.0	100.0
Preparing Food	29.4	15.9	52.3	2.4	100.0
Eating Meals	87.6	6.7	4.2	1.5	100.0
Going to Market	33.2	22.5	39.7	4.5	100.0
Caring for Children	43.8	24.6	29.3	2.2	100.0
Praying with the Family	53.4	26.0	15.8	1.9	100.0
Family Ceremonies	48.4	26.0	23.8	1.8	100.0
Average	**46.0**	**19.8**	**31.7**	**2.5**	**100.0**

Out of a total population of 4, 250 disabled persons, 2, 299 of them or 54.1 per cent cannot participate in farm or fieldwork because of their disability. About 19.9 per cent participate in such activities with difficulty and 26.0 have no problem in participating (Table 7.1).

In terms of preparing food 52.3 per cent were unable to do so, 15.9 per cent do so with some difficulty but 29.4 per cent have no restrictions in terms of their disability in engaging themselves in such chores. Only about 4.2 per cent of the disabled could not eat with family members compared to the 6.7 per cent who encounter some difficulty in eating with family members and the 87.6 per cent who have no difficulty in such family socialisation.

About 39.7 per cent of the disabled cannot go to market in contrast to the 22.5, 33.2 and 4.5 per cent that can with some difficulty, without difficulty and the not stated category respectively. Some 29.3 per cent of the disabled could not help in caring for children in the family because their disabilities. 24.5 per cent can help with this household chore with some difficulty whilst 43.8 persons can without difficulty.

Attendance of Church or Mosque for prayers is not possible for 18.8 per cent of the disabled because of their disabilities, 26.0 per cent can with some difficulty and 53.4 also can attend such congregations without difficulty. Taking part in family ceremonies is not possible for 23.8 per cent of the disabled, 26.0 per cent can join such activities with difficulty whilst 48.4 are well disposed to do so (see Table 7.1 above).

7.2 Difficulties in joining community activities

To analyse the participation of the disabled in community activities, four major activities were identified i.e. participation in social gathering, community work, community ceremonies and praying in mosque or church.

Table 7.2: Percentage distribution of disabled persons by participation in community activities, National Disability Survey, 1998

Activities	Degree of Participation				Total
	No difficulty	Some difficulty	Cannot do	Not Stated	
Social Gathering	39.9	28.2	30.2	1.7	100.0
Community Work	23.1	21.0	54.0	1.9	100.0
Community Ceremonies	36.3	28.2	33.8	1.7	100.0
Pray in Mosque/Church	43.2	25.2	28.9	2.7	100.0
Average	**35.6**	**25.7**	**36.7**	**2.0**	**100.0**

The degree of participation in these activities was measured in terms of ease/difficulty in participation i.e. participating with "no difficulty", "some difficulty", "cannot" and the not stated category included.

As Table 7.2 above shows, 30.2 per cent of the disabled cannot take part in social gathering, 28.2 per cent can "with some difficulty "and 39.9 per cent can with "no difficulty". With respect to community work, 54.0 per cent cannot engage in these activities, 21.0 per cent can with "some difficulty" and 23.1 per cent have "no difficulty" in engaging themselves in community works.

About 36.3 per cent of the disabled can participate in community ceremonies without difficulty, 28.2 per cent can also do so with "some difficulty" but 33.8 per cent cannot because of their disabilities. In congregational prayers in Mosques or Churches, 28.9 per cent of the disabled cannot participate, 25.2 per cent can with "some difficulty" and 43.2 per cent have "no difficulty" in attending such congregations.

7.3 Level of Education of participants

In order to have a better insight into the participation of the disabled persons in family activities, a comparison is necessary between the degree of participation of the disabled with some formal education and the rest of the disabled persons.

Forty-six per cent of the 754 disabled persons could not work on the farm or field because of the severity of their disability. By contrast, 21.8 per cent could with some difficulty and 27.7 per cent could without difficulty (Table 7.3a). With respect to preparing food 46.0 per cent

were totally unable to do so, 16.6 per cent do so with some difficulty and 35.0 per cent were engaged in this activity without difficulty.

Table 7.3(a): Percentage distribution of disabled persons with some formal education by degree of participation in family activity, National Disability Survey, 1998

Activities	Degree of Participation				Total
	No difficulty	Some difficulty	Cannot Do	Not Stated	
Working on Farm/Fields	27.7	21.8	46.0	4.5	100.0
Preparing Food	35.0	16.6	46.0	2.4	100.0
Eating Meals with Family Members	91.2	5.7	2.0	1.1	100.0
Going to Market	42.0	28.2	26.7	3.1	100.0
Caring for Children	49.6	25.2	23.1	2.1	100.0
Praying with the Family	55.7	29.0	13.4	1.9	100.0
Family Ceremonies	53.6	29.3	15.8	1.3	100.0
Average	**50.7**	**22.3**	**24.7**	**2.3**	**100.0**

A mere 2.0 per cent of the disabled are not able to eat with family members because of the severity of their disability as against the 5.7 per cent who do with some difficulty and the 91.2 per cent who have no problem in sharing meals with family members.

Going to the market is not possible for 26.7 per cent of the disabled compared to the 28.2 per cent who do so with some problem. With regards to the activities: "caring for children", "praying with family members" and participation in family ceremonies 23.1, 13.4 and 15.8 per cent of the disabled are not disposed for such activities compared to the respective statistics 25.2, 29.0 and 29.3 per cent who participate in the corresponding family activities. About 49.6 per cent, 55.7 and 53.6 per cent of the disabled have no problem in participating in activities of "caring for children", "praying with family members" and "participation in family ceremonies".

In general, for participation in all activities listed, 24.7 per cent of the disabled cannot participate in family activities, 22.3 can with some difficulty, and 50.7 can without difficulty. The not stated category accounts for 2.3 per cent (Table 7.3a above).

Table 7.3(b): Percentage distribution of disabled by participation in family activities, National Disability Survey, 1998

Education	Degree of Participation				Total
	No difficulty	Some Difficulty	Cannot Do	Not Stated	
All Disabled Persons	46.0	19.8	31.7	2.5	100.0
Disabled Persons with some Formal Education	50.7	22.3	24.7	2.3	100.0

Table 7.3(b) above, compares average participation rates for all disabled persons against rates for disabled persons with some formal education. It is evident from the above table that as the rate for "cannot do" is lower for the disabled with some education than all the disabled

group, i.e. (24.7 per cent Vs.31.7 per cent). This shows that the disabled with some formal education are more likely participate in family activities than all disabled persons, i.e. their education positively influence their participation.

To examine the participation of the disabled in community service, the following broad defined activities were considered:

1 Social gathering
2 Community work
3 Community ceremonies
4 Praying in Mosque/Church

The degree of participation in the above activities are categorised into "no difficulty", "some difficulty", "cannot do" and "not stated". Three hundred and fifty two or 46.7 per cent disabled persons out of 754 persons with disability have no problem in participating in social gathering. In contrast, 30.8, 21.1 and 1.5 per cent have "some difficulty", "cannot do" and "not stated" respectively (see Table 7.3c below).

Participation in community work is not possible for 43.0 per cent of the 754 disabled persons, 27.2 per cent have no problems in participating but 28.1 per cent have some difficulty in participating. Concerning participation in community ceremonies, 23.7 per cent of the disabled are not disposed to take part in such activities, 31.3 per cent have some difficulty in contrast to the 43.8 per cent who have no problem in participating.

With respect to community prayers, 21.2 per cent of the disabled population of 754 persons cannot take part in such activities, 28.2 per cent have some difficulty and 41.8 per cent have no difficulty in participating in such congregations. At community level, for all activities identified on average, 27.2 per cent of disabled persons with some formal education cannot take part in community activities because of their disabilities, 29.6 can with some difficulty and 39.8 per cent can without any difficulty (Table 7.3c).

Table 7.3(c): Percentage distribution of disabled persons by participation in Community Activities, National Disability Survey, 1998

Activities	Degree of Participation				Total
	No difficulty	Some Difficulty	Cannot Do	Not Stated	
Social Gathering	46.7	30.8	21.1	1.5	100.0
Community work	27.2	28.1	43.0	1.7	100.0
Community Ceremonies	43.8	31.3	23.7	1.2	100.0
Pray in Mosque/Church	41.8	28.2	21.2	2.5	100.0
Average	**39.8**	**29.6**	**27.2**	**1.7**	**100.0**

The figures below show that the disabled with some formal education have a lower "cannot" rate than all the disabled combined as such the disabled with some formal education have higher participation in community activities compared to those without education (Table 7.3d).

Table 7.3(d): Participation rates for all disabled persons compared with disabled persons with some formal Education, National Disability Survey, 1998

Education	Degree of Participation				Total
	No difficulty	Some Difficulty	Cannot Do	Not Stated	
All Disabled Persons	35.6	25.7	36.7	2.0	100.0
Disabled Persons with some formal education	39.8	29.6	27.2	1.7	100.0

CHAPTER 8 EDUCATION AND TRAINING

8.1 Ever attended school

As educational attainment or literacy is an arching factor for overall or holistic development any responsive development programme for the disabled must comprehensively address educational needs of these groups not just for the purpose of development but as a human right issue. Table 8.1(a) gives distribution of disabled persons by 5-year age groups, sex and whether respondent ever attended school. Out of a population of 4, 249 disabled persons, 45.2 per cent ever attended school as against 53.5 per cent of those who never attended. Of those who attended, 68.1 per cent were males and 31.9 were females. These figures highlight the lower literacy rates for females compared to males.

Table 8.1(a): Percentage distribution of disabled persons by ever-attended school, National Disability Survey, 1998

Age group	Ever attended						Total	
	Yes		No		Not Stated			
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
2-6	36	13.4	227	84.7	5	1.9	268	100
7-12	285	55.8	224	43.8	2	0.4	511	100
13-18	330	61.9	203	38.1	0	0.0	533	100
19-24	252	60.7	162	39.0	1	0.3	415	100
25-29	215	60.7	139	39.3	0	0.0	345	100
30+	831	38.4	1314	60.7	18	0.9	2163	100
Unknown	2	40.0	3	60.0	0	0.0	5	100
Total	1921	45.2	2272	53.5	26	0.6	4249	100

In terms of age groups, the 13-18 year group showed the highest ranking, 61.9 per cent, for the ever attended followed by age groups 19-24 and 25-29 with 60.7 per cent each. The age groups 7-12 and 2-6 had ever attended rates of 55.8 and 13.4 per cent of disabled persons.

Table 8.1(b): Percentage distribution of disabled persons by LGA and ever-attended school, National Disability Survey, 1998

LGA	Ever attended						Total	
	Yes		No		Not Stated			
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Banjul	172	71.9	65	27.2	2	0.9	239	100
Kanifing	401	55.8	316	44.0	1	0.2	718	100
Brikama	319	39.8	478	59.6	5	0.6	802	100
Mansakonko	147	49.0	152	50.6	1	0.4	300	100
Kerewan	370	42.9	479	55.6	132	1.5	861	100
Kuntaur	150	38.6	235	60.6	3	0.8	388	100
Janjanbureh	232	48.4	245	51.1	2	0.5	479	100
Basse	160	34.5	302	65.2	1	0.3	463	100
The Gambia	**1951**	**45.9**	**2272**	**53.5**	**26**	**0.6**	**4249**	**100**

As Table 8.1(b) above shows, Banjul has the highest rate of ever attended school of 71.9 per cent of the disabled persons, followed by Kanifing, Mansakonko, Janjanbureh and Kerewan with rates of 55.8, 49.0, 48.4 and 42.9 per cent respectively. Brikama and Kuntaur have rates of 39.8, 38.6 per cent respectively, whilst Basse with 34.5 per cent has the lowest rate.

8.2 Type of school attended

The type of educational and/or rehabilitation institution attended by the disabled depends on the degree of the disabilities. It also depends on the access to the different type of institutions to respond to special needs. More importantly, it depends on the knowledge of the existence of the institution and attitude towards disability in terms of its causes, treatment and the conviction that the disabled have full social, political and economic rights as any individual in society, both as contributor to development and a beneficiary.

Out of a population of 1, 979 persons, 51.7 per cent attended mainstream school, 2.4 per cent attended Specialised institution, 5.0 per cent Madrassa, 39.3 per cent Dara 0.2 per cent Nursery School, 0.2 per cent Night School and 2.4 per cent did not respond. These figures show that mainstream schools and Daras are the preferred institutions of learning (Table not shown).

A critical analysis of the attendance of these two types of institutions show that the age groups 4-6 years to 19-24 had percentage share of range of 50-74, with the maximum at age group 7-12 years for mainstream schools. Among those that attended mainstream school, the age group 30 years and above show the highest percentages of 30.7 and 29.7 for males and females respectively. Such a trend is in line with the general increases in literacy and enrolment rates observed over the past two decades. This also implies that more disabled persons are now attending mainstream schools compared to what prevail two decades ago.

For the Madrassa and Daras, male students outnumbered females, 66.3 per cent of the disabled population who attended Madrassa were males and likewise 70.2 per cent of those who attended Dara were males (Table not shown).

In terms of spatial distribution, educational institution attended by the disabled shows a skewed distribution in favour of Banjul and Kanifing LGAs respectively. These statistics indicate that access to education decreases as one move away from Banjul to the hinterland. The data also show urban bias in access to education compared to the rural areas (Table not shown).

8.3 Currently attending mainstream school or madrassa

Table 8.3 shows that the statistics on currently attending mainstream school or madrassa peaks at grade 2 with a rate of 17.5 per cent of disabled persons, then drops down to about 0.2 per cent at grade 12. Such a trend reflects the gains made in the last decade in enrolling disabled children in mainstream school and madrassa. This is a positive development if the disabled are to be integrated in society for a holistic and equitable development. In terms of gender, Table 8.3 also shows that male enrolment outstrip female enrolment by almost twice i.e. 62.9 per cent for males compared to 37.1 per cent for females.

Table 8.3: Percentage distribution of disabled persons currently attending mainstream school or madrassa by grade, National Disability Survey, 1998

	No.	Per cent
Grade 1	68	16.3
Grade 2	73	17.5
Grade 3	68	16.3
Grade 4	55	13.2
Grade 5	37	8.9
Grade 6	34	8.1
Grade 7	23	5.5
Grade 8	16	3.8
Grade 9	8	1.9
Grade 10	4	0.9
Grade 11	4	0.9
Grade 12	2	0.5
Not Stated	26	6.2
Total	418	100
Males	263	62.9
Females	155	37.1

8.4 Highest level attained

Table 8.4 depicts that out of the 754 disabled persons recorded, 38.2 per cent of them had primary education as their highest level attained, 22.5 per cent reached junior secondary, 14.9 per cent post secondary, 4.4 per cent pre-primary and 3.4 per cent reached senior secondary level. Out of the 754 persons, those who attained university education accounted for only 2.4 per cent of the population. The above configuration is generally reflective of the overall low educational attainment rate in the Gambia. According to the gender differentials, the data show that females lack behind males in all levels/types of education except in skill centres. This again conforms to the general educational system.

Table 8.4: Percentage distribution of disabled persons by sex and highest level of educational attainment, National Disability Survey, 1998

Level	Sex	No.	Per cent
Pre Primary	Male	22	2.9
	Female	11	1.5
	Both Sexes	33	4.4
Primary	Male	187	24.8
	Female	101	13.4
	Both Sexes	288	38.2
Junior Secondary	Male	128	17.0
	Female	42	5.5
	Both Sexes	170	22.5
Post Secondary	Male	81	10.7
	Female	31	4.1
	Both Sexes	112	14.8
Senior Secondary	Male	16	2.1
	Female	10	1.3
	Both Sexes	26	3.4
Skills Centre	Male	0	0.0
	Female	1	0.1
	Both Sexes	1	0.1
University	Male	14	1.9
	Female	4	0.5
	Both Sexes	18	2.4
Not Stated	Male	63	8.3
	Female	43	5.7
	Both Sexes	106	14.9
Total	Male	511	67.8
	Female	243	32.2
	Both Sexes	754	100

8.5 Ever attended education and rehabilitation skills training including apprenticeship

The reasons given by 1,227 disabled persons who answered the question for not attending school or not proceeding further than the highest level attained were categorised as follows: “Family decided that it is not necessary”, “no school available”, “could not travel to school”, “school was not useful”, “no opportunities for continuing”, “was not admitted”, “cannot talk” and “isolate and keeps to himself or herself”. Out of the eight reasons, “family decided that it is not necessary” explained 57.1 per cent for not attending, followed by “no school available”, 15.8 per cent and “could not travel to school”, 12.1 per cent. “School was not useful made up 7.1 per cent of the responses whilst “no opportunities for continuing” explained 4.2 per cent. Categories such as “was not admitted”, “cannot talk”, “isolate and keep to himself/herself” as reasons accounted for 2.9, 0.7 and 0.2 per cent respectively (Table not shown).

The above reasons show that access to education is limited for the disabled in that the reason “could not travel to school”, “no school available” and “no opportunities for continuing” in total account for 20.0 per cent for not going to school or continuing schooling. The inappropriateness of the school for the disabled is also significant in that the reasons “was not admitted by school”, “school was not useful”, “cannot talk” and “isolate and keep to himself/herself” in total accounts for 10.9 per cent for reasons given for non-attendance or discontinuing school.

The most significant reason is “family decided that it was not necessary” which account for 51.7 per cent for non-attendance or discontinuing. This response should be viewed in terms of relevance of the system to the needs of the disabled as deem by parents as well as the costs and benefits involved. These issues of access, appropriateness and relevance as well as costs and benefits of the educational system in terms of meeting the needs of the disabled are evident in the above statistics. The issue of belief and the traditional value system in terms of the disabled is also important in the interpretation of the high statistics of 51.7 per cent accounted for by “family decided that it is not necessary”, as the reason for not attending or discontinuing school. The above reason calls for a responsive educational system for the disabled as well as sensitisation programmes for proper social integration of the disabled through education.

CHAPTER 9 EMPLOYMENT AND INCOME

9.1 Employment Status

According to Table 9.1 the disabled who are gainfully employed constitute about 25.3 per cent of total disabled persons over 6 years old. Those who are fully employed account for 16.4 per cent and those on part time basis 8.9 per cent. For all age groups male employment rates are higher than female unemployment rates as depicted in table 9.1.

The unemployed constitutes 73.4 per cent of all disabled persons 6 years and over. If we define 6-19 years as children, the data show that the prevalence of child labour in both full time and part time employment is higher among the disabled male children compared female children. However, among the 15-19 age group, 9.4 and 8.7 per cent of males and females respectively are working full time. Part time work among male children 6-9 and 10-14 constitute 2.1 and 5.9 per cent respectively, whilst in the 15-19 age group, it also constitutes 6 per cent each for males and females. These proportions are quite significant since they highlight the thorny issue of child labour among not just children but *disabled children* i.e. the most disadvantaged and vulnerable group in our society (Table 9.1).

Table 9.1: Percentage distribution of disabled persons by 5-year age group, sex and employment status, National Disability Survey, 1998

Age group	Sex	Employed		Unemployed	Not reported	Number	Total
		Working Full time	Working Part time				
6-9	Male	0.5	2.1	94.3	3.1	255	100.0
	Female	0.0	0.8	94.4	4.8	174	100.0
10-14	Male	2.0	5.9	91.0	1.2	235	100.0
	Female	1.7	1.2	94.8	2.3	183	100.0
15-19	Male	9.4	6.0	83.8	0.9	199	100.0
	Female	8.7	6.0	84.2	1.1	165	100.0
20-24	Male	18.6	9.1	71.9	0.5	218	100.0
	Female	12.7	8.5	76.4	2.4	135	100.0
25-29	Male	23.4	14.7	60.6	1.4	149	100.0
	Female	19.3	14.8	64.4	1.5	131	100.0
30-34	Male	36.2	12.1	51.7	0.0	125	100.0
	Female	19.1	14.5	66.4	0.0	104	100.0
35-39	Male	39.2	16.8	44.0	0.0	114	100.0
	Female	26.0	17.3	56.7	0.0	103	100.0
40-44	Male	34.2	13.2	51.8	0.8	106	100.0
	Female	22.3	15.5	61.2	1.0	105	100.0
45-49	Male	38.7	10.4	49.0	1.9	119	100.0
	Female	27.6	7.6	61.9	2.9	97	100.0
50-54	Male	41.2	10.9	47.1	0.8	80	100.0
	Female	17.5	7.2	75.3	0.0	48	100.0
55-59	Male	26.3	15.0	57.5	1.3	133	100.0
	Female	18.8	8.3	72.9	0.0	107	100.0
60-64	Male	27.8	13.0	58.6	1.5	322	100.0
	Female	14.0	10.3	75.7	0.0	325	100.0
65+	Male	11.5	9.9	77.3	1.2	193	100.0
	Female	2.8	3.4	92.6	1.2	125	100.0
Total		16.4	9.0	73.4	1.3	4050	4050

9.2 Occupational Status

As indicated below in Table 9.2 about 45.3 per cent of the disabled are farmers by occupation, 11.3 per cent are petty traders, 3.4 are tailors, 1.8 per cent are teachers and 1.9, 1.6, 1.3, 1.3 and 1.0 per cent are gardeners, carpenters, watchmen, marabou and masons respectively. Others and not reported are 6.9 and 17.9 per cent. In broad terms their occupational distribution conforms to what was reported in the 1993 census in that according to this source, about 52.0 and 13.8 per cent are "unskilled agricultural workers" and "service and market workers". The occupational distribution also confirms the importance of agriculture and services as the most important industrial activities in terms of employment and value-added to gross domestic product**.**

In terms of age groups, about 12.5, 10.9, 10.8, 8.8, 1.5 and 2.8 per cent of all persons in all occupations are in age groups 25-29 years, 30-34 years, 35-39 years, 40-44 years, 6-9 years and 10-14 years respectively. The age groups 6-19 years represent child labour for the disabled. For the age group 6-9 years the children working are farmers and domestic workers and for the categories 10-19, the children are mainly farmers, petty traders and tailors (see Table 9.2 below).

sabled persons by 5-year age groups, sex and main occupation, National Disability Survey, 1998

Occupation															
Domest c work	Teacher	Black smith	Petty Trader	Tailor	Garden er	Care taker	Marabou	Watch man	Fisher man	Other	NR	Total		Both sexes	
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	88.89	9	100		
16.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	83.3	6	100	15	1.5
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.5	36.8	19	100		
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	60.0	10	100	29	2.8
0.0	0.0	0.0	0.0	7.9	0.0	0.0	0.0	0.0	0.0	2.6	26.3	38	100		
3.4	0.0	0.0	10.4	3.4	3.4	0.0	0.0	0.0	0.0	0.0	42.1	29	100	67	6.3
0.0	0.0	0.0	5.4	10.7	0.0	1.8	0.0	1.8	0.0	10.7	12.5	56	100		
11.1	0.0	0.0	8.3	11.1	2.8	0.0	0.0	0.0	0.0	2.8	22.2	36	100	92	8.7
0.0	3.5	1.9	9.4	1.2	2.3	0.0	1.2	1.2	1.2	4.7	25.9	85	100		
2.1	0.0	0.0	12.8	4.	2.1	0.0	0.0	0.0	0.0	6.4	14.9	47	100	132	12.5
0.0	2.8	1.4	9.7	5.6	1.4	1.4	0.0	0.0	0.0	6.9	13.9	72	100		
4.5	0.0	0.0	13.6	6.8	4.5	0.0	0.0	0.0	0.0	0.0	13.6	44	100	116	10.9
0.0	2.9	1.4	12.9	2.7	1.4	0.0	0.0	2.9	0.0	17.1	14.3	70	100		
0.0	0.0	0.0	178	2.2	6.7	0.0	0.0	0.0	0.0	4.4	17.8	45	100	115	10.8
0.0	1.9	1.9	17.0	1.9	1.9	0.0	3.8	3.8	0.0	7.5	15.1	53	100		
0.0	0.0	0.0	10.0	2.5	5.0	0.0	0.0	0.0	0.0	7.5	20.0	40	100	93	8.8
0.0	7.7	0.0	17.3	5.8	0.0	0.0	0.0	3.8	1.9	9.6	15.4	52	100		
0.0	5.0	0.0	17.5	0.0	2.5	0.0	0.0	0.0	0.0	7.5	22.5	40	100	92	8.7
0.0	3.2	0.0	11.1	1.6	0.0	1.6	4.8	3.2	3.2	9.5	7.9	63	100		
0.0	0.0	0.0	20.8	4.2	8.3	0.0	0.0	0.0	4.2	4.2	8.3	24	100	87	8.2
0.0	5.9	2.9	5.9	2.9	2.9	0.0	0.0	2.9	0.0	8.8	20.6	34	100		
0.0	0.0	0.0	30.8	7.7	0.0	0.0	0.0	0.0	0.0	7.7	15.4	13	100	47	4.4
0.0	0.0	0.0	5.6	0.0	0.0	3.7	7.4	3.7	0.0	5.6	9.3	54	100		
0.0	0.0	0.0	23.1	0.0	0.0	0.0	0.0	0.0	0.0	3.8	7.7	26	100	80	7.5
0.0	0.0	1.4	11.1	0.0	0.0	1.4	5.6	1.4	1.4	6.9	9.2	72	100		
0.0	4.7	0.0	12.5	0.0	4.17	0.0	0.0	0.0	4.2	8.3	25.0	24	100	96	9.1
0.8	**1.8**	**0.6**	**11.3**	**3.4**	**1.9**	**0.6**	**1.3**	**1.3**	**0.7**	**6.9**	**17.9**	**106 1**	**100**	**1061**	**100**

9.3 Opportunities in jobs

This section looks at opportunities at workplace with respect to the disabled i.e. whether they enjoy the same benefits and privileges as the non-disabled counterparts.

According to Table 9.3 below, 44.3 per cent of 1, 008 disabled persons who answered the question reported that they experienced no discrimination and have similar opportunities in their jobs like those of their non-disabled counterparts. In contrast, only 29.6 per cent said that as disabled persons, they have little opportunities. The not stated category constitutes 26.1 per cent of all respondents.

Table 9.3: Percentage distribution of disabled persons by opportunity in jobs, National Disability Survey, 1998

	Opportunities in jobs							
	Yes		No.		Not Stated		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Sex								
Males	283	63.3	205	68.8	160	60.8	648	64.8
Females	164	36.7	93	31.2	103	39.2	360	35.7
Total	**447**	**44.3**	**298**	**29.6**	**263**	**26.1**	**1008**	**100**

In terms of gender differential males who answered “Yes” i.e. equal opportunities constitute 43.7 per cent whilst those who said “No” represent 31.6 per cent. For females who said “Yes”, i.e. equal opportunity account for 45.5 per cent whilst those who said “No” constitute 25.8 per cent (see Table 9.3 above).

9.4 Main source of income for the unemployed

For the disabled who are unemployed, about 91.9 per cent of their income are gifts from family and friends. 3.3 per cent are charity from people 0.5 per cent remittances from abroad, 0.7 per cent from government institutions 0.2 per cent from other welfare organisations and 0.4 per cent are retirement benefits (see Table 9.4)

These statistics, in terms of level indicate those family members and friends wholly cater for the disabled, which is in conformity with traditional norms and value systems.

Table 9.4 Percentage distribution of unemployed disabled persons by place of residence, sex and source of income, National Disability Survey, 1998

Source of Income	Residence				**Total**
	Urban		Rural		
	Male	Female	Male	Female	**per cent**
Gift from Family and Friends	84.3	91.3	92.7	94.9	**91.9**
Charity from People	10.1	5.1	3.2	2.1	**3.3**
Remittances from Abroad	0.4	0.6	0.6	0.2	**0.5**
Government Institutions	0.0	0.0	0.0	0.2	**0.1**
Other welfare Organisations	0.4	0.6	0.1	0.0	**0.2**
Compound Rent	0.2	0.4	0.0	0.0	**0.1**
Retirement Benefits	1.7	0.4	0.1	0.0	**0.4**
Sale of Farm Produce	0.0	0.0	0.0	0.2	**0.1**
Savings	0.2	0.0	0.0	0.0	**0.04**
Not Reported	2.9	1.5	3.3	2.3	**2.6**
Total No.	466	471	967	863	**2767**
Total per cent	100	100	100	100	**100.0**

The statistics also show that most disabled persons claim to receive more support from NGOs than the government. Remittances from abroad are also at an appreciable level in terms of income for the disabled. These sources could include relatives and friends abroad and/or relief or philanthropic organisations abroad. Both in the rural and urban area support from family and friends are highest for disabled females compared to their male counterparts. This configuration holds for all other sources of income except for "retirement benefits" which shows a higher percentage for males than females' i.e. indicating higher employment of males compared to females.

9.5 Level of Education

An analysis of the data, (see Table 9.5), also reveals that about 24.2 per cent of the disabled persons with pre-primary education are employed and 75.8 per cent are not. Of the employed, 62.5 per cent are in full time employment and the remanding 37.5 are part time workers.

Comparatively, for those with primary education, 31.3 per cent are employed and 67.0 per cent are not employed. Those with primary education and in full time employment constitute 58.9 per cent. Among junior secondary and post secondary graduates, 35.3 and 32.1 per cent respectively are employed. However, disabled persons with senior secondary education in employment account for 50.0 per cent, whilst disabled university graduates with employment account for 33.3 per cent with the remaining 66.7per cent unemployed. No disabled person who attended Skills Centre training was captured in the survey (seeTable 9.5 below).

led persons by employment status, sex and level of education, National Disability Survey, 1998

	Level of Education												Total	
y	Junior Secondary		Post secondary		Senior Secondary		Skills Centre		University		Not Reported			
Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
15.3	32	18.8	22	19.6	7	26.9	0	0.0	4	22.2	13	12.3	125	16.6
3.1	10	5.9	10	8.9	4	15.4	0	0.0	1	5.6	3	2.8	39	5.2
8.7	17	10.0	2	1.8	2	7.7	0	0.0	1	5.6	6	5.7	53	7.0
4.2	1	0.6	2	1.8	0	0.0	0	0.0	0	0.0	3	2.8	21	2.8
31.3	**60**	**35.3**	**36**	**32.1**	**13**	**50.0**	**0**	**0.0**	**6**	**33.3**	**28**	**23.6**	**238**	**31.6**
39.6	78	45.9	57	50.9	7	26.9	0	0.0	8	44.4	38	35.8	321	42.6
27.4	30	17.6	19	17.0	6	23.1	1	100.0	3	16.7	31	29.2	175	23.2
67.0	**108**	**63.5**	**76**	**67.9**	**13**	**50.0**	**1**	**100.0**	**11**	**66.7**	**69**	**64.7**	**496**	**65.8**
1.4	1	0.6	0	0.0	0	0.0	0	0.0	1	5.6	6	5.7	12	1.6
0.3	1	0.6	0	0.0	0	0.0	0	0.0	0	0.0	6	5.7	8	1.1
1.7	**2**	**1.2**	**0**	**0.0**	**0**	**0.0**	**0**	**0.0**	**1**	**0.0**	**12**	**11.4**	**20**	**2.7**
100.0	**170**	**100.0**	**112**	**100.0**	**26**	**100.0**	**1**	**100.0**	**18**	**100.0**	**106**	**100.1**	**754**	**100.0**

CHAPTER 10 MIGRATION

10.1 External migration

According to Table 10.1, a total of 321 disabled non-nationals, out of a population of 4, 253 were enumerated during the survey. This represents about 7.5 per cent of the disabled population. Of the total non-nationals, 60.1 per cent were Senegalese, 14.9 per cent Guinea-Conakry nationals, 12.8 were Malians, 4.1 were Guinea-Bissau nationals and 3.1 per cent were citizens of other ECOWAS member states. The remaining 5 per cent were Other Africans (0.9 per cent), Mauritanians (0.6 per cent), nationals of Burkina Faso (0.3 per cent), Liberians (0.3 per cent) and those who did not report their nationality (2.8 per cent).

The 1993 Population Census also showed the percentage distribution of 60.8, 6.3, 20.7 and 4.7 percentage points for migrants from Senegal, Guinea Bissau, Guinea Conakry and Mali respectively. These statistics compare closely for Senegal and Mali nationals.

In terms of area of residence of these migrants, Kanifing accounted for 39.6 per cent, Kerewan 20.9 per cent, Brikama 18.1 per cent, Banjul 6.2 per cent, Kuntaur 5.3 per cent, Janjanbureh and Mansakonko with 3.7 per cent each and Basse 2.5 per cent. According to Table 10.1, Kanifing attracted most of the Senegalese, Malians and Guinea-Conakry disabled migrants.

The data also show that about 83 non-nationals changed residence during their stay in the Gambia. This represents about 25.9 per cent of the non-national migrants.

abled Non-nationals by country of origin, sex and LGA of residence, National Disability Survey, 1998

	Country of Origin										
inea nakry	Guinea Bissau	Other ECOWAS	Other African	Mauritania	Burkina Faso	Liberia	NR	Total		Both	
25.0	0.0	0.0	8.3	0.0	0.0	0.0	0.0	12	100.0		
0.0	0.0	12.5	0.0	0.0	0.0	0.0	12.5	8	100.0	20	6.2
16.7	1.2	4.8	1.2	1.2	0.0	1.2	0.0	84	100.0		
11.6	4.7	4.7	0.0	0.0	0.0	0.0	2.3	43	100.0	127	39.6
10.8	16.2	0.0	0.0	0.0	0.0	0.0	2.7	37	100.0		
4.8	4.8	0.0	0.0	0.0	0.0	0.0	4.8	21	100.0	58	18.1
0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.7	6	100.0		
50.0	16.7	0.0	0.0	0.0	0.0	0.0	0.0	6	100.0	12	3.7
13.2	0.0	2.6	0.0	0.0	2.6	0.0	2.6	38	100.0		
6.9	6.9	0.0	0.0	0.0	0.0	0.0	3.5	29	100.0	67	20.9
38.5	0.0	0.0	0.0	7.8	0.0	0.0	0.0	13	100.0		
0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.0	4	100.0	17	5.3
62.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8	100.0		
0.0	0.0	25.0	25.0	0.0	0.0	0.0	0.0	4	100.0	12	3.7
20.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	5	100.0		
0.0	0.0	33.3	0.0	0.0	0.0	0.0	0.0	3	100.0	8	2.5
15.0	**4.0**	**3.1**	**0.9**	**0.6**	**0.3**	**0.3**	**2.8**	**321**	**100.0**	**321**	**100**

10.2 Internal migration

With respect to mobility of disabled Gambians across Local Government Areas or districts within LGAs, 905 disabled persons changed residence at least once before the survey. This figure represents about 23.0 per cent of the total disabled Gambian population, indicating a high mobility rate.

In descending order of importance of places of destination, Kanifing, Brikama, Kerewan, Janjanbureh, Kuntaur, Basse, Mansakonko and Banjul account for 30.6, 22.2, 17.7, 8.8, 7.9, 4.9, 4.4 and 3.4 per cent respectively (see Table 10.2 below). Three hundred and fifty eight or 34.8 per cent of all disabled Gambian internal migrants, moved within their local Government Areas i.e. across districts within the same LGA.

Table 10.2: Percentage distribution of disabled Gambians by Sex, LGA of Previous Residence and LGA of Enumeration, National Disability Survey, 1998

LGA of Previous Residence		LGA of Enumeration									
	Sex	Banjul	Kanifing	Brikama	Mansa Konko	Kerewan	Kuntaur	Janjan bureh	Basse	Total	
Banjul	M	10.5	79.0	5.3	0.0	0.0	0.0	5.3	0.0	19	100
	F	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	17	100
Kanifing	M	1.4	39.4	35.2	1.4	15.5	2.8	2.8	1.4	71	100
	F	2.4	50.0	28.6	4.8	11.9	0.0	2.4	0.0	42	100
Brikama	M	3.1	34.4	45.3	4.7	7.8	3.1	1.6	0.0	64	100
	F	2.1	37.9	49.5	1.1	7.4	1.1	0.0	1.1	95	100
Mansa	M	9.7	16.1	29.0	25.8	3.2	6.5	9.7	0.0	31	100
Konko	F	0.0	18.2	22.7	40.9	18.2	0.0	0.0	0.0	22	100
Kerewan	M	4.9	24.7	22.8	4.0	40.6	2.0	1.0	0.0	109	100
	F	4.4	17.6	19.8	0.0	52.8	4.4	1.1	0.0	91	100
Kuntaur	M	6.3	21.9	12.5	3.1	6.3	37.5	12.5	0.0	32	100
	F	2.5	7.5	5.0	0.0	0.0	65.0	17.5	2.5	40	100
Janjanbur	M	0.0	21.7	6.5	6.5	2.2	8.7	50.0	4.4	46	100
eh	F	2.6	2.6	12.8	2.6	5.1	23.1	46.2	5.1	39	100
Basse	M	8.0	32.0	10.0	2.0	4.0	4.0	14.0	26.0	50	100
	F	4.4	11.1	11.1	4.4	2.2	2.2	13.3	51.1	45	100
Not	M	2.4	51.0	10.2	4.1	22.4	4.1	4.1	2.0	49	100
Reported	F	0.0	41.2	5.9	3.9	37.3	3.9	5.9	2.0	51	100
Gambia		**3.4**	**30.6**	**22.2**	**4.4**	**17.7**	**7.9**	**8.8**	**5.0**	**905**	**100**

10.3 Duration of years since moved to this area

Table 10.3 gives information on disabled persons by sex, 5-year age groups, duration since person moved to area of enumeration. In broad time periods, 40.6 per cent of persons who moved, moved less than 6 years ago, 19.3 per cent moved between 6-10 years ago, 10.5 per cent moved 11-15 years ago 9.6 per cent moved 16-20 years ago and the remaining 20 per cent moved over 21 years ago. A detailed review of those who moved less than six years ago show that on average 6-7 per cent of the disabled migrants moved every year.

Table 10.3: Percentage distribution of persons by 5 year age groups, sex and duration of years since moved into this area, National Disability Survey, 1998

Age Group	Sex	Years					Total		Both sexes	
		< 6	6-10	11-15	16-20	21+	count	Per cent	count	per cent
2-6	Male	100.0	0.0	0.0	0.0	0.0	13	100		
	Female	100.0	0.0	0.0	0.0	0.0	10	100	23	1.9
7-12	Male	69.8	27.9	0.0	0.0	2.3	43	100		
	Female	40.9	50.0	0.0	9.1	0.0	22	100	65	5.6
13-18	Male	58.7	28.6	7.9	4.8	0.0	63	100		
	Female	53.7	34.1	9.8	2.4	0.0	41	100	104	8.9
19-24	Male	64.8	25.9	5.6	3.7	0.0	54	100		
	Female	60.3	20.7	15.5	3.5	0.0	58	100	112	9.6
25-29	Male	54.0	27.6	11.8	2.6	4.0	76	100		
	Female	49.1	25.4	13.6	8.5	3.4	59	100	135	11.6
30+	Male	33.1	15.6	9.9	11.2	30.2	384	100		
	Female	25.0	13.9	13.4	15.1	32.6	344	100	728	62.4
Total	**Both Sexes**	**40.6**	**19.3**	**10.5**	**9.6**	**20.0**	**1167**	**100**	**1167**	**100**

10.4 Reasons for moving to this area

Out of the total population of 1, 167 disabled persons who migrated, 37.5 per cent moved to join relatives, 14.1 per cent moved to look for better opportunities, 13.1 per cent, mainly females, moved for marriage purposes. However, 7.0 per cent moved for medical and/or rehabilitation services, whilst 6.1 per cent moved to search for work, 4.2 per cent to attend school and 2.8 per cent in order to beg (Table 10.4). In gender terms, males numbered 633 persons who migrated i.e. 54.3 per cent as against the 45.7 per cent for females.

Table 10.4 Percentage distribution of disabled persons by reasons for movement, National Disability Survey 1998

Reasons	Per cent
To join relatives	37.5
To attend school	4.2
In order to beg	2.8
Search for work	6.1
Medical rehabilitation	7.0
Better opportunities	14.1
Refugee	0.4
Move to own home	4.9
Marriage	13.1
Skill training	0.2
Transfer to work	0.7
Widowed	0.2
Orphan	0.1
Homelessness	0.1
Displaced	0.1
Quaranic education	0.6
To get farm land	0.1
Better accommodation	0.5
Fostered	0.1
Not responded	7.0

The above statistics reflect the most important reason for movement of the disabled from places of residence to the place of enumeration. The high figure of 37.5 per cent for the reason "to join relatives" is indicating the strong cohesive nature of society in that families are willing to accommodate their disabled relatives. Similarly, the 13.1 per cent is indicating the importance of marriage as an institution in the Gambia. The 14.1 per cent attributed to seeking better opportunities highlight the importance of economic wellbeing as a reason for migration. The same reason holds for the 6.1 per cent that migrate to search for work. The 7 per cent reported for medical and/or rehabilitation services as reason for movement is also significant in that it points to the lack of access to such facilities in areas of residence of migrants.

10.5 Educational attainment of external disabled migrants

According to Table 10.5 below, out of the 321 disabled non-national migrants, only 68 of them have had any type of formal education – a mere 21.2 per cent. Of the 68 persons, 4.4 per cent had pre-primary education, 45.6 per cent primary education, 13.2 per cent junior secondary, 16.2 post secondary, 1.5 per senior secondary and 19.1 per cent did not report their level of education. This percentage distribution is what is expected in view of the present socio-economic status of the disabled within the sub-region.

Table 10.5: Percentage distribution of disabled non-nationals by country of origin and highest educational level attained, National Disability Survey, 1998

Nationality	Highest Level Attained						Total	
	Pre-primary	Primary	Junior Secondary	Post Secondary	Senior Secondary	Not Reported	count	Per cent
Senegal	2.3	47.7	18.2	13.6	2.3	15.9	44	100.0
Mali	0.0	100.0	0.0	0.0	0.0	0.0	2	100.0
Guinea Conakry	0.0	42.9	0.0	28.6	0.0	28.6	7	100.0
Guinea Bissau	25.0	50.0	0.0	25.0	0.0	0.0	4	100.0
Other Ecowas	16.7	33.3	16.7	33.3	0.0	0.0	6	100.0
Liberia	0.0	100.0	0.0	0.0	0.0	0.0	1	100.0
NR	0.0	0.0	0.0	0.0	0.0	100.0	4	100.0
Total	**4.4**	**45.6**	**13.2**	**16.2**	**1.5**	**19.1**	**68**	**100.0**

The 1993 Population Census gave the following educational attainment of migrants: 72 per cent had no formal education; 8.6 per cent had primary level education, 6.7 per cent secondary education 1.9 per cent post secondary and 3.1 per cent other type not specified. The 72.5 per cent for no formal education reported in the 1993 Census compares reasonably with the 78.8 per cent reported for this study.

10.6 Educational attainment of disabled Gambian internal migrants

Table 10.6 below, shows that 33.2 per cent of the Gambian migrants attained primary education compared to 29.4, 14.9, 3.8, 3.4 and 2.1 per cent for Junior Secondary, Post Secondary, Senior Secondary, University and Pre-primary respectively. The data also show that in pre-primary and primary levels, females compared to males have higher proportions of educational attainment. However, from junior secondary level through to university, the proportion of females declined at each level. This suggests that the educational attainments of most females in the Gambia are

not beyond primary level when they dropout for financial reasons or for marriage. The proportion of primary and post secondary educational attainments are higher among external migrants than Gambian migrants, whilst junior and senior secondary educational attainment are higher among Gambians. However, the survey did not enumerate any university graduate among the external migrants.

Table 10.6: Percentage distribution of disabled Gambian migrants by sex and educational attainment, National Disability Survey, 1998

Sex	Pre-primary	Primary	Junior Secondary	Post Secondary	Senior Secondary	University	Not Reported	Total
Male	1.9	29.7	32.9	16.1	5.2	3.9	10.3	100.0
Female	2.5	40.0	22.5	12.5	1.3	2.5	18.8	100.0
Total	2.1	33.2	29.4	14.9	3.8	3.4	13.2	100.0
Number	5	78	69	35	9	8	31	235

CHAPTER 11 ASSESSMENT OF EDUCATIONAL AND EHABILITATION SERVICES FOR THE DISABLED

11.1 Assessment of the current system of identification, registration and referral of children and youth with disabilities

About 26.3 per cent of persons admitted or registered with institutions or organisations that cater fore the disabled are brought to these facilities by parents or family members. Another 15.8, 13.2 and 10.5 per cent are referrals from Health centres and the Department of Social Welfare and other rehabilitation centres respectively. Referrals from the medical system are 5.3 per cent. Table 11.1 below gives a detail breakdown of mode of admission or registration with institutions or organisations that cater for the disabled.

Table 11.1: Percentage distribution of mode of admission and registration by institutions and organisations, National Disability Survey, 1998

Mode of admission	Per cent
Institution searches for the disabled	5.3
Referral from rehabilitation centres	10.5
Referral from health centres	15.8
Disabled brought by parents	26.3
Referral from school system	15.8
Referral from social welfare	13.2
Referral from medical system	5.3
Identified in own home, community	5.3
Others	2.6
Not reported	0.0
Total	100

The disabled who registered or are admitted to the rehabilitation services, institutions and organisations, 22.7 per cent are from Kanifing Municipal Area, 15.9 per cent are from Banjul, 13.6, 11.4, 11.4, and 9.1 per cent are from Janjanbureh, Kerewan, Basse and Mansakonko respectively (Table not shown).

11.2 Sources of Funding

The sources of funding for the institutions that cater for the disabled vary. They include Government subvention, contributions from local NGOs and International Agencies, community inputs, private sector contributions and charges from fees. For admission or registration to institutions and/or organisations that cater for the disabled, 58.3 per cent of the institutions do not charge fees, whilst 41.7 per cent of them have nominal fees and charges. It should, however, be noted that the subvention from government to the institutions that cater for the disabled is grossly inadequate (Table not shown).

11.3 Expenditure

Generally, information on levels and patterns of expenditures and financial outlays of institutions and/or organisations which cater for the disabled are weak, as is the case of their sources of income accounts. Based on responses from institutions that keep their own accounts in 1994/95, the average percentage expenditure in different recurrent broad expenditure items are administrative costs 11.6 per cent, local training 3.0 per cent,

international training 0.0 per cent, salaries wages and allowances 29.1 per cent, repair and maintenance 0.2 per cent and construction and building 24.9 per cent. Purchase of equipment and materials 0.7 per cent, transportation 30.4 per cent and other costs 0.1 per cent. Table 11.3 below gives corresponding percentage distribution for the years 1995/96 and 1996/97 for the different expenditure items. It is, however, not clear from Table 11.3 why the recurrent expenditures for 1995/96 are low compared to 1994/95 and 1996/97. For instance, the percentage for salaries, wages and allowances, 14.6, is low in 1995/96. One possibly explanation for the low proportions for 1995/96 is that not all the institutions and /or organisations provided information on financial outlays. However, this was not just for 1995/96.

Table 11.3: Percentage distribution of expenditure by broad categories, Nationality Disability Survey, 1998

Items	Year		
	1994/95	1995/96	1996/97
Administrative Cost	11.6	6.9	26.8
Training local	3.0	0.1	3.4
Training international	0.0	0.0	2.8
Salaries wages and allowances	29.1	14.6	39.8
Repair and maintenance	0.2	0.0	0.8
Construction of buildings	24.9	0.8	6.4
Purchase of equipment/materials	0.7	77.6	14.3
Transportation	30.4	0.0	5.6
Other costs	0.1	0.0	0.1
Total	100.0	100.0	100.0

The unsatisfactory reporting of financial transactions of these bodies pin-point the need for improvement in accounting practices through promotion of self-accounting of these institutions with a clear delineation and control of budget line subventions from Central Government by these bodies. Without this prerequisite much cannot be achieved in alleviating the plight of the disabled.

11.4 Subjects and skills

Subjects and skills training offered by the educational institutions, for example, St. Johns School for the Deaf, Blind School, Campama and Methodist Mission School for Learning Difficulties varied and depend on the type of disabilities, the intakes in terms of age and whether they integrate their graduates to main stream schools etc. Basic education skills of reading, writing and arithmetic are given to lower age students together with specialised vocational skills as carpentry, metal work, tailoring, home economics, agricultural science, arts and craft and computer science. In addition, skills such as needlework, candle making, tie-dye etc are also taught as well as Islamic knowledge.

11.5 Course duration and adequacy

One out of three educational institutions that cater for the disability reported a maximum of ten years for attendance in the institutions whilst the remaining two state that duration of attendance depends on individual performance.

With respect to integrating graduates to main stream schools two do and one does not. The institution that does not gave the reason "because of communication difficulty and lack of sign language support in mainstream school" for not integrating.

All three institutions lament inadequate opportunities for integration and specified lack of trained personnel and specialist support in mainstream institutions as bottlenecks for integration.

11.6 Enrolment and drop-out

Table 11.6 below shows that enrolment in the three special education schools (Methodist Mission Learning Difficulties Unit, Campama School for the Blind and St. John's School for the Deaf) increased from 100 students in 1994/95 to 126 in 1995/96 and subsequently to 186 in 1996/97. This is a marked progress in terms of catering for the disabled through the provision of specialised education. For the years, 1994/95, 1995/96 and 1996/97, the percentage share of female enrolment to total enrolment were 36.0, 41.3 and 36.0 per cent respectively.

For the academic year 1994/95, the age groups 10-11 and 14-15 years are the modal age groups each accounting for 23 per cent of total enrolment. In the 1995/96 academic year, the age group 10-11 is the modal age group with 22 per cent total enrolment and for 1996/97 the modal age group is again 10-11 years with 12.4 per cent of total enrolment (Table 11.6). For the three schools, in the 1994/95 academic year, three students or pupils dropped out compared to the figures of 10 and 5 for the academic years 1995/96 and 1996/97 respectively (not shown).

Table 11.6: Enrolment in special education schools for 1994/95, 1995/96 and 1996/97, National Disability Survey, 1998

Year	Sex	Age group									Total	
		<8	8-9	10-11	12-13	14-15	15-16	16-17	17-18	>18	No.	%
1994/95	Both sexes	12	4	23	13	23	10	0	3	12	100	100.0
	Females	4	1	12	6	6	5	0	2	1	36	36.0
1995/96	Both sexes	15	15	28	8	9	12	19	20	0	126	100.0
	Females	5	8	13	4	5	3	8	6	0	52	41.3
1996/97	Both sexes	17	21	23	21	29	18	15	21	21	186	100.0
	Females	5	13	11	8	14	5	3	9	7	67	36.0

11.7 Out Reach Programme

Out of the 12 organisation or institutions that cater for the disabled 7 have outreach programmes. The most common of these outreach programmes are counselling services, followed by assessment of the disabled, and training in vocational skills in descending order of importance (Table not shown).

11.8 Job Opportunities for graduates

Five out of the 12 institutions help look for jobs for their graduates mostly through placements in workplace, provision of materials and tools for private venture and advocacy with employees.

11.9 Training and staffing of institutions

For all institutions that gave profiles of their staff and training received, a total of 10 specialists staff are identified, and 12 voluntary staff of which are disabled and have had some specialised training.

The assessment of adequacy of training for the specialist staff shows responses of 83.3 per cent confirming adequacy of training whilst, 16.7 per cent expressed inadequacy of training of the specialists staff. The reasons given for lack of trained specialists are unaffordability 25 per cent cannot find enough of them 20 per cent, lack of training for local staff 35 per cent, unsatisfactory terms of service 15 per cent and occasional transfer and resignation for better paid jobs 5 per cent. For the last three years the number of staff who resigned was six (Table not shown).

According to the assessment of the institutions, a total of ten specialist staff was needed at the time of the survey. The above revelations show the need for a comprehensive and/ or holistic approach for enhancing the capacities of the organisations or institutions that cater for the disabled through the provision of adequate specialised training, provision of equipment and supplies and attractive conditions of service and a conducive environment.

11.10 Constraints

The constraints identified by the institutions or organisations include the following:

- Lack of recognition by Government institutions;
- Lack of funds for infrastructural development;
- Lack of trained specialised staff;
- Insufficient Government support;
- Salaries and/ or incentives not attractive;
- Lack of proper water and sanitary facilities and electricity;
- Lack of transport and communication facilities;
- No effective monitoring, and;
- Centralised accounting systems that do not cater for the special needs of the institutions.

CHAPTER 12 ACCESS TO INSTITUTIONAL AND ORGANISATIONAL SUPPORT FROM THE PERSPECTIVE OF THE DISABLED PERSONS

12.1 Knowledge of institutions or organisations

In total there are twenty-one registered rehabilitation services, institutions and/ or organisations that cater for the disabled. According to the data, knowledge in the existence of such facilities is low amongst the disabled. Only 7.6 per cent of the respondents indicate knowledge on the existence of these institutions. Ninety-two per cent of the responses were "No" to the question "Have you heard of this institution?". (See Table 12.1a below).

Table 12.1(a): Percentage distribution of disabled persons by knowledge of the existence of institutions and Organisations for and of the disabled, National Disability Survey, 1998

	Have you heard of this institution?						Total	
	Yes		No		Not Stated			
	Count*	Per cent	Count*	Per cent	Count	Per cent	Count*	Per cent
Total	**4369**	**7.6**	**52670**	**92.0**	**185**	**0.3**	**57224**	**100.0**

* More than the disabled persons of 4, 253 because of multiple responses

Of the 7.6 per cent who answered "yes" to the above question, the most known institution is Social Welfare Department with a rating of 39.6 per cent from male respondents and 35.1 per cent from female respondents. Table 12.1(b) below gives information on knowledge of the different institutions and/ or organisations by gender.

Table 12.1(b): Percentage distribution of disabled persons who heard of Institution and Organisation by type of institution and sex, Nationality Disability Survey, 1998

Institution / Organisation	Sex	Yes
Social Welfare Department	Male	39.6
	Female	35.1
National Rehabilitation Centre	Male	17.0
	Female	13.9
Gambian Association of the Physically Disabled (GAPD)	Male	5.9
	Female	4.0
Campama Resource Centre for the Blind	Male	7.0
	Female	6.2
Gambia Organisation of the Visually Impaired (GOVI)	Male	6.0
	Female	5.1
ST. John's school for the Deaf (Catholic Mission and Government)	Male	6.6
	Female	5.2
Gambia Organisation of the Deaf and Hard of Hearing (GADHAH)	Male	4.2
	Female	3.7
Methodist Mission Learning Difficulties Unit	Male	2.1
	Female	1.9
Gambia Association for the Learning Difficulties(GOLD)	Male	2.0
	Female	1.3
Campama Psychiatric Unit	Male	12.9
	Female	10.6
Anglican Training Centre	Male	0.6
	Female	0.4
Farafenni Health Centre	Male	0.5
	Female	0.1
Action Aid	Male	1.4
	Female	3.8
Farafenni Association of the Disabled (GAPD Farafenni Branch)	Female	0.0
Gambia Red Cross Society	Female	100.0
Community Base Rehabilitation Bansang	Male	3.1
	Female	3.4
Buiba	Male	100.0
Future in Our Hands	Male	100.0
Medical Research Council (MRC)	Male	3.1
	Female	2.2
Royal Victoria Hospital (RVH)	Male	1.1
	Female	1.1
Mansakonko Health Centre	Male	100.0
Basse Health Centre	Male	0.0
	Female	16.7
Not Reported	Male	33.3
	Female	0.0
Total		**7.6**

12.2 Reasons for not registering with institutions or organisations

The reasons for not registering with the institution and/ or organisations that deal with the disabled are given in the above table. As the Table 12.2 indicates, the category "Others" account for the highest, 21.3 per cent of all reasons, lack of money finance about 7.2 per cent, lack of access in terms of distance to facility 7.2 per cent and "don't need it/disability not serious" account for about 14.4 per cent. These statistics point out the essential factors that

are to be addressed in any comprehensive programme for the disabled, i.e. notably, access in terms of distance and affordability and knowledge of the existence of such facilities and how to access the services offered.

12.2: Percentage distribution of reasons for not registering with institution or organisation, National Disability Survey 1998.

Reasons	Percentage
Don't know	6.9
Far from residence	7.2
Lack of support	7.2
Don't know location	7.2
Money finance	7.2
Don't need it / disability not serious	14.4
Don't know how to proceed	7.1
Nothing can be done	7.1
Old age	7.2
Traditional	7.2
Others	21.3

12.3 Services or assistance received from organisations or institutions

Table 12.3(a) depicts either lack of knowledge of the type of services available from the 22 listed organisations or institutions for and of the disabled or the actual services or assistance are not available from the organisations and/ or institutions. If it depicts knowledge level of respondents for services offered, then the 86.5 per cent from the respondents who answered "none" means a high level of ignorance of the availability of other services apart from those specified in the table. In this case, a sensitisation programme is required to inform the disabled on the services available from the organisation and/ or institutions.

The 3.0 per cent for crutches, 1.8 per cent artificial limbs, 4.7 per cent for wheelchair, 1.1 per cent for rehabilitation (type not specified) and the 1.4 per cent education services, indicate low utilisation rates. It could also be that the institution and/ or organisations lack the capacity to deliver services or assistance to the disabled.

12.3(a): Services or assistance received from organisations and institutions, National Disability Survey, 1998

Type of Services/Assistance	Per cent
Education	1.4
Artificial Limbs	1.8
Crutches	3.0
White Cane	0.2
Rehabilitation	1.1
Orthopaedic Shoe	0.1
Wheel Chair	4.7
Other	2.5
None	86.5
Total	100.0

12.4 Type of services or assistance needed from institutions or organisations

According to the respondents the organisations or institutions should be rendering other type of services apart from the existing ones. For instance, Table 12.4 below shows that the demand for more specialised aid account for 86 per cent of the expressed needs of respondents. Wheelchairs account for 5.0 per cent, crutches 2.7 per cent, educational services 5.7 per cent, food and clothing 5.2 per cent, eye glasses 4.0 per cent, hearing aid 4.7 per cent, medical aid 25.7 per cent money and finance 13.1 per cent etc.

Table 12.4: Percentage distribution of assistance or services needed by the disabled persons from organisations or institution, National Disability Survey, 1998

Service/Assistance Needed	Per cent
More specialised aid	86.0
Artificial Limb	0.6
Wheel Chair	5.0
Crutches	2.7
Education	5.7
Employment	0.6
Food/clothing	5.2
Eye glasses	4.0
Hearing Aid	4.7
Medical Aid	25.7
Money/finance	13.1
Rehabilitation	3.6
Specialised school	0.5
White cane	0.6
Don't know	4.4
Others	4.0
None	20.4

The above figures in comparison to the distribution of assistance and or services received from the organisations indicate mismatch in the *express needs* of the disabled and the *means available* from the organisation and / or institutions in terms of the type of services and or assistance in both quantity and quality.

The high percentages for "medical aid", "money and/ or finance", "educational services" and "food and clothing" should be given attention in any future policy and programme development for alleviating the plight of the disabled.

The percentage shares of 2.7 for crutches, 4.0 for eye glasses and 4.7 per cent for hearing aid further shed light on the issue of lack of knowledge of the type of services available as raised in section 12.3 of this chapter. This further justifies the need for sensitisation programmes on services and/ or assistance available from the organisation and/ or institutions that cater for the disabled.

12.5 Knowledge of organisations or associations, which support disabled persons in the local communities

It is not surprising that the knowledge of community-based associations or organisations in their local setting is low in view of the fact that their numbers are small and are mostly urban

based. Only 2.7 per cent of the total respondents know of these associations or organisations in their localities. Surprisingly, however, males' knowledge is 49.6 per cent compared to females' knowledge of 50.4 per cent (see Table 12.5 below). The statistics indicate females to be slightly more informed than males of the existence of these associations and organisations at the community level.

Table 12.5: Percentage distribution of disabled persons by 5-year age groups, sex and knowledge of organisations or associations, which support disabled persons in the local communities, National Disability Survey, 1998

Age group	Sex	Knowledge of organisations which support disabled people in your local community						Total	
		Yes		No		Not Stated			
		Count	Per cent	Count	Per cent	Count	Per cent	Count	Per cent
2-6	Male	1	0.8	128	97.0	3	2.3	132	100.0
	Female	3	2.3	128	96.2	2	1.5	133	100.0
7-12	Male	7	2.2	304	97.1	2	0.6	313	100.0
	Female	8	4.1	186	94.9	2	1.0	196	100.0
13-18	Male	10	3.3	289	96.0	2	0.7	301	100.0
	Female	7	3.0	224	97.0	0	0.0	231	100.0
19-24	Male	4	1.7	224	97.8	1	0.4	229	100.0
	Female	7	3.8	178	95.7	1	0.5	186	100.0
25-29	Male	4	1.8	212	96.8	3	1.4	219	100.0
	Female	7	5.2	127	94.1	1	0.7	135	100.0
30+	Male	31	2.7	1105	96.3	12	1.0	1148	100.0
	Female	26	2.6	976	95.9	16	1.6	1018	100.0
	Total Males	**57**	**49.6**	**2262**	**55.4**	**23**	**51.0**	**2342**	**55.1**
	Total Females	**58**	**50.4**	**1819**	**44.6**	**22**	**49.0**	**1899**	**44.9**
Grand Total	**Both Sexes**	**115**	**2.7**	**4081**	**96.2**	**45**	**1.1**	**4241**	**100.0**

12.6 Recommendations on what can be done to improve the conditions of the disabled

All disabled persons were asked to make recommendations on what can be done to improve their conditions. For the exercise, we randomly selected a sample of 100 EAs out of the total 443 Enumeration areas. This represents 22.6 per cent of the enumeration areas. All the completed questionnaires from the 100 EAs were examined for this particular question and the responses were categorised accordingly. As this was an opinion question, the answers were varied and in many case subjective. Furthermore, since the disabilities, degrees of disability and the residence of the disabled people differ, then their needs as well as the recommendations will also differ. Thus, it was not an easy exercise to categorise the responses in an objective manner. However, in order to enrich the analysis, we present the results in Table 12.6 below.

From Table 12.6, it can be observed that 10 per cent of the disabled advocate for technical aid, 12 per cent want regular treatment services and 11 per cent recommend access to medical services and attitudinal change. Two in five disabled persons (40 per cent) recommend financial support, provision of legal protection, rehabilitation services, employment, vocational training and education. This recommendation by the majority of the disabled merits attention as it calls the need to provide them with rehabilitation services, employment,

legal protection, vocational training and education etc. Furthermore, the recommendation also demonstrates that most disabled persons want to acquire vocational skills and education so that they can fend for themselves, thus, reducing their dependence on society. However, a high proportion, 20 per cent did not come up with any specific recommendation about the type of support that would improve the g conditions of the disabled, whilst 7 per cent did not respond or have not made any recommendations.

Table 12.6: Percentage distribution of disabled persons on what can be done to improve their conditions, National Disability Survey, 1998

No.	Recommendation	Percentage
1	Technical Aid	10
2	Regular treatment services	12
3	Access to medical services and attitudinal change	11
4	Financial support, provision of legal protection, rehabilitation services, employment, vocational training and education	40
5	Any type of support	20
6	Not reported/responded	7
7	Total	100

The need for the decentralisation of medical services as well as attitudinal change towards the disabled was also reiterated. For example, those in the far off rural areas emphasised the need for the availability of medical care in their localities as it costs too much to come to the urban area for medical attention. Also noted, was the need for record keeping on the disabled persons, as this will help government and its development partners to identify areas where intervention is highly needed.

CHAPTER 13: CONCLUSION AND RECOMMENDATIONS

Nationally, 12 per cent of the households reported having disabled persons with an overall prevalence rate of 16 per 1, 000 and a gender differentials of 17.4 and 13.9 for males and females respectively. The urban-rural prevalence rates of 12.5 and 17.6 per 1, 000 population respectively and the regional differentials are not significant. However, age differentials in disability are significant and the likelihood of having a disability also increases with age.

Among the disabilities, physical mobility constitutes the highest national prevalence rate of 3.6 per 1, 000 population and a gender differential of 4.0 and 3.3 per 1, 000 population for males and females respectively.

With regards to children (2-18 years), who constitute 30.8 per cent of all disabled persons, the following findings are quite revealing:

- The prevalence rate of disability for children (2-18 years) is 9.9 per 1, 000 population with a gender differential of 11.2 and 8.5 per 1, 000 for males and females respectively;
- About 1 in 6 children (15.6 per cent) have significant physical mobility problems;
- The biggest and most significant disability problem among children is speaking. Significant speaking problems among children account for 18.4 per cent compared to 10.6 per cent for all disabled persons;
- Deaf and hard of hearing disabilities are slightly higher among children compared to all disabled persons. 1 in 15 (6.5 per cent) and about 1 in 10 (9.8 per cent) children are deaf and hard of hearing respectively;
- Significant manipulation problems (9.2 per cent), severe and moderate learning difficulties (4.3 and 3.4 per cent respectively) are also higher among children compared to all disabled persons;
- Significant fits (epilepsy) are also major disability problems among children. About 1 in 9 children (11.4 per cent) have significant fits compared to 1 in 13 (7.8 per cent) for all disabled persons;
- 30.3 per cent of all disabled persons have multiple disabilities compared to 43.7 per cent among children;
- 41.5 per cent reported *"disease"* as the general cause of disability among children and 31.1 per cent reported that the children were *"born with the disability";*
- About 1 in 3 (32.5 per cent) disabled children (4-18 years) are currently attending mainstream or madrassa school; and
- Among male children 6-9 and 10-14 years, part-time workers constitute 2.1 and 5.9 per cent respectively for 6-9 and 10-14 years old. By contrast, 16.7 per cent of disabled female children aged 6-9 years are domestic workers

Other findings from the survey reveal that over 4 in 5 (83.5 per cent) of all disabled persons do not use any technical aid. Access to technical aid is better in the urban area, 22-26 per cent for urban females and males respectively compared to 11-14 per cent for rural females and males respectively.

In terms of education, 45.9 per cent of all disabled persons ever attended school compared to 53.1 per cent who never attended. Education is found to have an overall influence on the participation of the disabled. For instance, disabled persons with some formal education are

more likely to participate in family and community activities (50.7 per cent), compared to disabled persons without formal education (46.0 per cent). Notwithstanding, 57.1 per cent of all disabled persons reported that their families decided that it was not necessary for them to attend school.

In conclusion, the findings of this survey have serious policy implications in order to improve the plight and conditions of the disabled. In the process of policy formulation, it is hoped that the following recommendations, which emanated from the validation workshop on this report in October 21, 1999, will be taken into account.

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 catering 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 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 need to decentralise the existing institutions and services catering for the disabled;
7) There is need to co-ordinate the activities of the institutions and agencies (i.e. Government and NGOs) involve in catering services for the disabled;
8) The NGOs should give support for the provision of technical aids to the disabled. This will help to complement government's efforts;
9) The NGOs should be encouraged to build resource and rehabilitation centres in each division to meet the needs of the disabled;
10) There is 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 alleviate poverty among the disabled, there is need to set up vocational and skills training centres nation wide 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) The trained teachers on 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 equal participation, the government should encourage and promote sports nation wide among the disabled;
15) NGOs such as the Gambia Women's Finance Association and VISACA (Village Savings and Credit Association) should provide a loan scheme to disabled women, who are the poorest and the most disadvantaged, in order to encourage them to go into business. This will greatly help in alleviating their poverty;
16) There is 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 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 need to set up a National Community-based Rehabilitation Programme.

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APPENDIX 1 STATISTICAL TABLES

(ABOUT 15-20 TABLES TO BE INSRTED LATER)

APPENDIX 2

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APPENDIX 3: STANDARD ERRORS AND CONFIDENCE INTERVALS OF SELECTED VARIABLES, NATIONAL DISABILITY SURVEY, 1998

Paired variables	Paired Differences					t-value	df	Sig. (2-tailed)
	Mean	Standard Deviation	Standard Error Mean	90% Confidence Interval of the Difference				
				Lower	Upper			
AGE-Never married females	13.96	10.48	0.40	13.30	14.63	34.75	679	.000
AGE-Females in monogamous marriages	39.33	18.82	0.87	37.90	40.77	45.12	465	.000
AGE-Females in polygamous marriages	41.15	17.63	1.02	39.47	42.83	40.50	300	.000
AGE-Divorced females	38.76	17.51	2.01	35.42	42.11	19.30	75	.000
AGE-Widowed females	59.69	16.17	0.88	58.24	61.14	67.76	336	.000
AGE-Never married males	20.03	13.99	0.37	19.42	20.65	53.66	1, 403	.000
AGE-Males in monogamous marriages	52.38	18.48	0.77	51.11	53.65	67.89	573	.000
AGE-Males in polygamous marriages	58.30	15.55	1.08	56.51	60.09	53.81	205	.000
AGE-Divorced males	44.35	15.57	1.73	41.47	47.22	25.64	80	.000
AGE-Widowed males	58.79	18.14	2.77	54.14	63.44	21.26	42	.000
AGE-NORMCHLD	13.15	4.73	0.91	11.60	14.70	14.45	26	.000
AGE-Disabled population in hholds	20.94	27.94	0.43	20.23	21.64	48.85	4, 248	.000
AGE-Number of living children	4.39	24.88	0.69	3.26	5.52	6.38	1, 309	.000

APPENDIX 4: DEFINITIONS USED IN THE SURVEY

DEFINITION OF DISABILITY

A person who is limited in the kind or amount of activities that he or she can do because of ongoing difficulties due to long-term physical condition, mental condition, sensory impairment or health problem.

Short-term disabilities due to temporary conditions such as broken legs and illness are excluded. Only disabilities lasting for more than six months should be included.

The questions used in Form A and Form B to identify persons with disability have listed **broad categories of disabilities** so that each person can be checked for the presence or absence of each type of disability. Disability is categorised as follows:

1	**Visual**	Does this person have difficulty in seeing?	Seeing (even with glasses, if worn)
2	**Hearing & Speaking**	Does this person have difficulty in hearing or speaking?	Hearing (even with hearing aid, if used) and speaking (talking)
3 a	**Physical (moving)**	Does this person have difficulty in moving?	Mobility (walking, climbing stairs, standing) and Body Movements (reaching, kneeling)
3 b	**Physical (hand and feet)**	Does this person have difficulty in the hands or feet?	Gripping/Holding (using fingers to grip or handle objects)
4	**Mentally ill**	Does this person show strange behaviour?	Behavioural (psychological, emotional problems)
5	**Epilepsy**	Does this person have fits?	Fits (sudden unconsciousness, sudden changes in the mental state) seizures, convulsion
6	**Learning Difficulty**	Does this person have difficulty learning?	Learning (intellectual difficulties, retardation)
7	**Other (specify)**	Does this person have any other disabilities?	Other difficulties

Defining different disabilities

Asking question (1) to (7) alone is not enough to find out persons with disability in a household. Observe each members of the household carefully, ask questions about all members and (when necessary) do the tests described below.

(1) Does this person have difficulty in seeing? - <Visual>

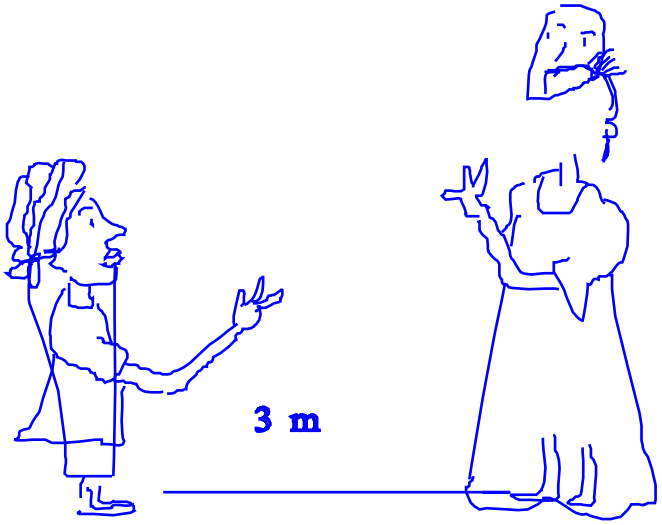
Ask the household head and the family the following questions. Their answers will help you find out if any household members have (visual problem) difficulty in seeing.

1. Is there a person in this household who cannot see as well as others?
2. Is there a person who cannot see well when it is dark?
3. Is there a person who cannot see objects that are far away, such as trees or birds?
4. Is there a person who cannot see objects such as seeds held in his or her hands?
5. Is there a person whose eyes look very different from other people?

If the answer to these questions tell you that a person in the household has difficulty seeing, speak to the person, and observe him/her. Otherwise do the following simple tests:

Test for children 3 years and over, and adults

- Stand at a distance of 3 metres in front of the person facing each other, Hold up three fingers of one of your hands.
- Ask the person to hold up the same number of fingers.



If the person holds up three fingers, you then know that he or she has no difficult in seeing.

If the person does not hold up three fingers, then repeat the test with two fingers. Then repeat it with four fingers.

If the person does not respond correctly to each of these tests, you know that he or she may have difficulty in seeing.

Other things to look for

1. Eyes look red or are full of tears.

2. Eyes that have a grey area over the coloured part of the eye.

(2) Does this person have difficulty in hearing or speaking? <Hearing & speaking>

Ask the household head and the family the following questions. The answers will help you find out if any household members have difficulty with hearing/speaking.

1. Is there a baby in the family who does not make sounds?
2. Is there a person in the family who has difficulty hearing or what others say?
3. Is there a person in the family who cannot understand what others say?
4. Is there a person in the family who cannot speak?
5. Is there a person in the family who cannot speak clearly enough to be understood?

Observe the members of the household carefully. If you are still not sure whether the person has difficulty hearing or speaking, do the following tests.

Test for children 3 years and over, and for adults.

[Speaking]

- Let the person sit and ask the family to bring simple object like, spoon, cups, calabash etc and get the person to name them. Use the local language.
- Compare what the person says with answers of other children or adults of the same age.

If he/she says words and answers questions in the same way as the others of the same age, then he/she has no difficulty hearing or speaking.

If the person cannot say words and answer questions in the same way as others of the same age, the person probably has difficulty speaking.

[Hearing]

- Let the person sit about 3 metres in front of you.
- Tell him that you will say a few numbers like '1,2,3, or 4', and that you want him/her to respond by either repeating the same number or holding up the same number of fingers.
- Now hide your mouth with your hand and say a number e.g. '3' or '2'.
- Ask the person to repeat the number by holding up the same number of fingers. If the person does this correctly, he/she has no problem hearing. If the person cannot do this test correctly, repeat the test 3 times. If she/she still cannot do it correctly, she/he may have difficulty hearing.

(3a) Does this person have difficulty in moving? < Physical mobility >

Ask the household head and the members of the household the following questions. Their answers will tell you if any household member have difficulty moving. (Physical impairment)

1. Is there a person in the family who has difficulty moving part of the body, such as arms, legs, back or neck?
2. Is there a person whose arms, legs, back or neck are weak?
3. Is there a person who has a great deal of pain in the arms, legs, back or neck?
4. Is there a person whose arms or legs are amputated?

If the answer to these questions tell you that a person in the household has difficulty moving, speak to that person. Observe him/her carefully. Make sure that the answers to the above questions are correct.

If you are still not sure whether someone has difficulty moving, do the following tests.

Tests for people who have difficulty moving

You can carry out simple test as follows:

- Ask the person to lift his/her hand above the head.
- Put a small object like a cup or plate in front of the person on the ground and ask him/her to pick it up.
- Ask the person to walk 10 metres while you observe.

If the person can do all the tests and feels no pain while doing them, you know that that person has no difficulty moving. If the person cannot do one or more of the tests, he/she may have difficulty moving.

Note that disabilities due to temporary conditions such as broken legs and illness are excluded.

Only disabilities lasting for more than six months should be included.

(3b) Does this person have any difficulty in the hands and feet? < Physical / gripping & holding >

Ask the household head and the family the following questions. Their answers will tell you if any household members have no feeling in the hands or feet.

1. Has any person in the family lost feeling in either the hands or feet or both?
2. Does any person in the family injure or burn his or her hands or feet often?

If the answers to these questions tell you that a person has lost feeling in his/her hands or feet, speak to that person. Observe him/her carefully.

Then do the following tests to find out if the person has this disability.

How to test a person for loss of feeling

First, test the person's hands.

- Take a piece of straw, paper or cloth, a leaf, or a pencil.
- Tell the person that you are going to touch the skin at a place on his/her hand with, for example, the pencil.
- Tell the person to keep his eyes closed during the test.
- Touch one finger on the person's hand. Then ask the person to point exactly which finger she felt the pencil.

If the person points to the correct finger, then you know that the person has feelings in the hand.

If the person cannot point out correctly, repeat the test 3 times on different fingers and other parts of the hand. If she/her still cannot point out correctly, he/she may have a difficulty in the hands. Next, test the person's feet in the same way.

(4) Does this person show strange behaviour? <Mentally ill/psychological, emotional problems>

Strange behaviour is found mostly in adults. People with this disability have grown up just like other children until their behaviour changed at an older age. When they were children they may have gone to school.

Ask the household head and the members the following questions. Their answers will tell you if any household members show strange behaviour.

1. Has any one in this household/family changed so much that now he/she behaves like a different person?
2. Does the person not talk to anyone any more?
3. Does the person talk much more than before?
4. Does the person become excited or angry for no reason or frighten other people?
5. Does the person complain of hearing voices that other people do not hear or see things that other people do not see?
6. Has the person stopped keeping clean? Has he/she stopped dressing properly?
7. Does the person speak or move around in a strange way?

If the answers to these questions tell you that a person in the household shows strange behaviour, speak to that person. Observe him/her to check that the answers to these questions are correct.

If you have identified a person who shows strange behaviour, then fill in the appropriate column/cell in Form A (4) against the name of person who has difficulty in the hands or feet.

(5) Does this person have fits? < Epilepsy/seizures, convulsion >

Fits, which are also known as seizures or convulsion, are powerful electrical discharges through the brain. They are sudden. Usually brief periods of unconsciousness or changes in the physical and emotional status of the person are noticed.

Ask the household head and the family if any member has fits. Describe what happens during a fit to make sure that the family understands the disability.

Note that people who have fits may often be injured or burned when they fall down during a fit. If you have seen that a person in the family has many scars from injuries and burns, ask if the person has fits.

When you have identified a person who has fits, fill in the appropriate column/cell in Form A (5) against the name of that person who has fits.

Ask the person/or the family whether they have seen a health worker about the fits.
If not, advise them to contact the nearest health centre for treatment.

(6) Does this person have difficulty learning? <Intellectual difficulties/retardation>

A person who has difficulty learning may look different from other people. The person may not be fully-grown or may have a small head. He/she may have narrow, slanted eyes placed far apart and a flat nose.

The person may have a small mouth and a big tongue, and because of this the mouth stays open and the tongue sticks out. He or she may have short fingers and the back of the head may be more flat than usual. A person who has difficulty learning is always slower at understanding and doing things compared with other people of the same age. He or she may have had this disability from birth or from a very young age.
Ask the household head the following questions. Their answers will tell you if any members have difficulty learning.

1. Is there a child in this household/family who cannot learn to do things that other children of the same age do?
2. Is there a child who, when compared to other children, has been slow in learning to sit up, stand, walk, speak, eat or dress? Is there a child in the household/family who has not learned to do these things at all?

3. Does any person appear to be backward dull, or slow when compared to others of the same age?
4. Is there an adult who does not do the things that other adults do?

If the answers to these questions tell you that a person in the household has difficulty learning, speak to that person. Observe him/her carefully. Compare the person with others of the same age.

When you did the tests for seeing, hearing, and moving, you may have seen that this person had difficulty understanding your questions. You may also have seen that this person was slow to follow when you asked him or her to move.

If the person is slower than others of the same age or cannot do the activities that they do, then you know that he/she probably has difficulty learning. You should then fill in the appropriate column/cell in Form A(6) against the name of the person who has difficulty learning**.**

(7) Does this person have any other disabilities? If you know what it is, please specify.

While visiting households, you may find people who have other disabilities that are not mentioned in (1) to (6). In such case, you must fill in the column/cell (7).

The following distinction is made by the World Health Organization, in the context of health experience, between impairment, disability and handicap

IMPAIRMENT: Any lose of abnormality of psychological or anatomical structure or function.

DISABILITY: Any restriction or lack (resulting from an impairment) or ability to perform an activity in the manner or within the range considers normal for a human being.

HANDICAP: A disadvantage from a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is normal, depending on age, sex, social and cultural factors, for that individual. Handicap is therefore a function of the relationship between disabled persons and their environment. It occurs when they encounter cultural, physical or social barriers, which prevent their access to the various systems of society that are available to other citizen. Thus, handicap is the loss or limitation of opportunities to take part in the life of the community on an equal level with others.

Source: Training in the Community for People with Disabilities, Guide for Local Supervisors, WHO, 1989

APPENDIX 5: TOWNS AND SETTLEMENTS DEFINED AS URBAN ACCORDING TO THE 1993 CENSUS

CRITERIA FOR DEFINING URBAN

In 1992, the Central Statistics Department in collaboration with Department of Physical Planning and other concerned Ministries and Departments identified urban settlements based on the following six criteria:

i. Commercial importance;
ii. Institutional importance;
iii. Majority of the population should be non-agricultural in occupation;
iv. Population should be 5, 000 and above;
v. Population density should be high; and
vi. Some degree of infrastructure and facilities should be available

URBAN AREAS AND /OR SETTLEMENTS

LGA	URBAN AREAS/SETTLEMENTS
Banjul	Banjul
Kanifing	Bakau New Town
	Bakau Wasulun Kunda
	Manjai Kunda
	Kotu
	Kololi
	Bakoteh
	Old Jeshwang
	Latri Kunda
	New Jeshwang
	Dippa Kunda
	Serre Kunda
	Ebo Town
	Bundungka Kunda
	Talinding Kunjang
	Latri Kunda Sabiji
	Abuko
	Faji Kunda
Brikama (Western Division)	Brikama Town
Mansakonko (Lower River Div.)	Mansakonko
	Soma
	Pakalinding
Kerewan (North Bank Division)	Barra
	Essau
	Kerewan Town
	Farafenni Town
Kuntaur (CRD-North)	Kaur Wharf Town

	Kaur Janneh Kunda
	Kaur Touray Kunda
Janjanbureh (CRD-South)	Janjanbureh Town
	Bansang Town
Basse (Upper River Division)	Basse Nding
	Basse Santo Su
	Giroba Kunda
	Kaba Kama
	Koba Kunda
	Manneh Kunda
	Mansajang Kunda
	Wellingara (Sare Samba Tako)

APPENDIX 6: SURVEY QUESTIONNAIRES