

# Did What?

Research Project in Brief

## **A-PODD in Sierra Leone**

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**SLUDI**



THE SECRETARIAT OF THE AFRICAN DECADE OF PERSONS WITH DISABILITIES

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## 1. Introduction

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

## 2. Statement of the Problem

There is credible evidence to suggest that disability issues do not feature in most development policies, such as the Millennium Development Goals (MDGs) and Poverty Reduction Strategy Papers (PRSPs).<sup>1,2</sup> This is in spite of the declaration that the World Bank and the International Monetary Fund (IMF) launched the PRSP to assist low-income countries achieve poverty reduction.<sup>3</sup> It was expected that the PRSPs would steer low-income countries to promote opportunities, facilitate empowerment and enhance security for their poorest citizens, including people with disabilities.<sup>4</sup> However, most governments and their development partners, continue to exclude people with disabilities from the PRSP process. These partners persistently view disability as a separate issue from mainstream development, and so do not feel obliged to include disability issues in their development plans. Consequently, people with disabilities are perpetually marginalised, and they remain poor. Without getting disability issues on the PRSP agenda, it will be very difficult indeed to achieve MDG 1, on poverty reduction and most of the other MDGs. The World Report on Disability<sup>5</sup> stresses the need to address poverty and to ensure that people with disabilities are involved in, and benefit from, policy initiatives aimed at poverty reduction. The A-PODD project explored the extent to which disability issues are included in the PRSP process in Sierra Leone. The study also investigated how disability can be put on the agenda of national development initiatives, and how research evidence can be utilised to facilitate such a process.

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

<sup>2</sup> Dube, A. (2006) Dube, A. K. (2005). ‘*Participation of Disabled People in the PRSP/PEAP Process in Uganda*’. ([http://disabilitykar.net/docs/uganda\\_prsp.doc](http://disabilitykar.net/docs/uganda_prsp.doc)).

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

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

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

### 3. Policy Context

Sierra Leone is a small country in West Africa, which is bordered by Guinea in the north, Liberia in the southeast, and the Atlantic Ocean in the southwest. It covers a total area of 71,740 km<sup>2</sup>, and has an estimated population of 6,296 803. Although rich in natural resources, the country has been impoverished by a ten-year civil war (1991 – 2002) that severely devastated the country's infrastructure, economy and its people. About 70% of the country's population live below the poverty line, and approximately 26% is classified as extremely poor<sup>6</sup>. The 2010 United Nations' Human Development Index ranked Sierra Leone 158 out of 169 countries. Nearly 65 000 people are wage earners in Sierra Leone, and this makes the country largely dependent on aid, with international grants and loans financing almost half of the government budget.<sup>7</sup>

There is no clear available data on the prevalence of disability in Sierra Leone. The 2004 national census estimated that 2.4% of the country's population is that of people with disabilities<sup>5</sup>, while the Food and Agricultural Organisation's estimate is 4%.<sup>8</sup> These percentages are likely to be an under-estimate as the latest World Disability Report suggests that nearly 15% of the population is made up of people with disabilities.<sup>9</sup> The lack of reliable disability statistics, however, compromised the extent to which disability can be included in PRSPs, but there is a clear and urgent need to address the links between disability and poverty<sup>10</sup> and disability and international development<sup>11</sup> and to network evidence into action through inclusive debate and planning<sup>12</sup> Experiences in post-conflict countries suggest that the percentage of people with disabilities in Sierra Leone could be five times higher than the government's official figures if the level of poverty, historically low HDI, and the conflict the country has experienced, are considered. After the ceasefire, several international NGOs focused specifically on the 'war wounded and amputees', while ignoring people whose disabilities were not a result of war. Most of these organisations have since left, and many people with disabilities and their children resort to street begging as a means of survival.

There are few DPOs in Sierra Leone, and these are all relatively new and, therefore, do not have much capacity. Sierra Leone Union on Disability Issues (SLUDI) is the umbrella organisation for DPOs in Sierra Leone. As such, it is a key organisation representing the interests of people with disabilities. SLUDI is decentralised in various districts. Its affiliates include Disability Awareness Action Group, Sierra Leone Union for the Deaf, Sierra Leone Union for the Blind, Sierra Leone Union of Polio Persons and the Amputees and War Wounded Association.

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<sup>6</sup> Sierra Leone Integrated Household Survey (2004), Freetown: Office of Statistics Sierra Leone.

<sup>7</sup> EURODAD & Campaign for Good Governance (2008). *Old Habits Die Hard: Aid and accountability in Sierra Leone*.

<sup>8</sup> Food and Agricultural Organization (2004)

<sup>9</sup> World Health Organisation & World Bank (2011). *World Report on Disability*. Geneva: WHO.

<sup>10</sup> Eide, A.H. and Ingstad, B. (2011) *Disability & Poverty: A global perspective*. Bristol: Policy Press.

<sup>11</sup> MacLachlan, M. and Swartz, L. (Eds.) (2009) *Disability & International Development: Towards inclusive global health*. New York: Springer.

<sup>12</sup> Mji, G., Gcaza, S., Swartz, L., MacLachlan, M. & Hutton, B. (2011) An African way of networking around disability. *Disability & Society*, 26, 365–368.

#### **4. The A-PODD Project**

Sierra Leone is one of the four African countries that participated in a three-year A-PODD research project (2010-2011), funded by the Irish Health Research Board (HRB) and Irish Aid. It is jointly run by Trinity College Dublin, Centre for Global Health; the Secretariat of the African Decade for Persons with Disabilities; and Stellenbosch University, Centre for Rehabilitation Studies, where the project is based. A-PODD investigated the need for disability to be included on the agenda of national and international development initiatives. It aimed at documenting and analysing factors that contribute to realising the rights of people with disabilities, promote their health and well-being and release their economic potential. The project also considered how research evidence can be utilised to inform the policy environment, development initiatives and institutions. It also explored community and grass-roots decision-making and inclusion efforts.

Malawi, Uganda, and Ethiopia were selected also to participate in the A-PODD project for their unique characteristics. Uganda and Malawi were the only two African countries that had a Disability Ministry at the time. Then, South Africa created the Ministry of women, children, and people with disabilities. Sierra Leone had just emerged from conflict that resulted in many people being disabled but had no centralised Ministry. Ethiopia is considered the second most populous country in Africa, with significant geographical barriers and a highly dispersed population; presenting challenges to the inclusion of people with disabilities, again without a centralised Ministry.

#### **5. Collaboration with local partners**

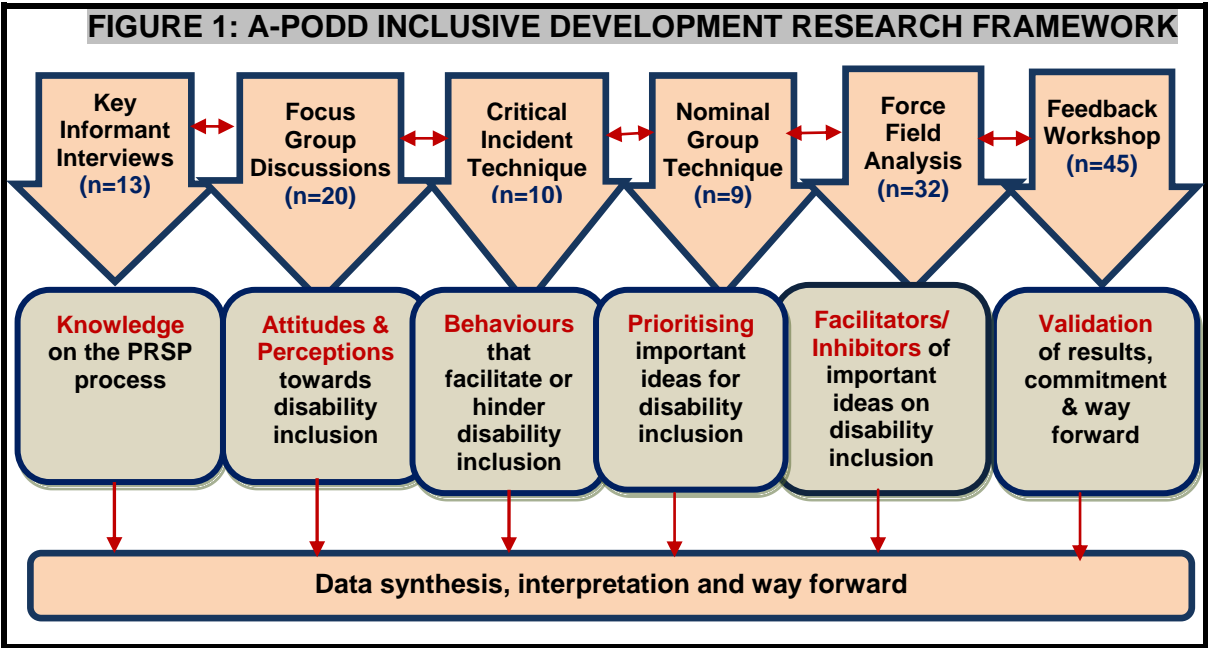
A-PODD's commitment to the countries in which the research was being undertaken was to work with, and support, local partners. To this effect, SLUDI hosted the A-PODD project, in close collaboration with the Ministry of Social Welfare and Children's Affairs, and the Human Rights Commission Sierra Leone. A-PODD signed a memorandum of understanding (MOU) with the stated organisations. Through this MOU, the Research Assistant, Mr. Frank Kallon, sought to contribute the equivalent of one day's work per week for SLUDI as part of A-PODD's support to the organisation. The local partners were instrumental in identifying key stakeholders and participants for the study, including the organisation of the end-of-year feedback workshop held at Lacs Guest House Villa in Freetown. Throughout the year, the A-PODD team was invited to participate in workshops and meetings organised by SLUDI. The other A-PODD staff sought, also, to ensure that the research, conducted across the four countries, was coordinated in a standardised and comparable fashion.

#### **6. Methods**

The A-PODD study was conducted in Freetown and Grafton. A-PODD, in collaboration with SLUDI, also brought in people from Bo, Makeni, Kabala, Bonthe Kenema and Kambia districts into Freetown, to participate in the A-PODD feedback workshop. The project employed a series of five qualitative data collection methods, followed by a feedback workshop. Key informant interviews were conducted first, followed by focus group discussions, critical incident technique, nominal group technique and finally, the

force field analysis. The methods complemented each other, while each method emphasised a specific characteristic, such as ‘knowledge’ and ‘attitudes’, as indicated in figure 1. Participants were drawn from government departments, Disabled People’s Organisations (DPOs), including people with disabilities at grassroots level, Civil Society Organisations (CSOs), Community Based Organisations (CBOs), national and international non-governmental organisations (NGOs) and research institutions. This research process is illustrated in figure 1.

Figure 1 illustrates the interconnectedness of the data collection methods, culminating in the feedback workshop that also explored the validity of the research findings with key stakeholders. Each method highlighted specific attribute(s), which converged in the final analytical process. Key informants concentrated on knowledge; emerging issues informed focus group discussions, which highlighted attitudinal issues and perceptions regarding the inclusion of disability in the PRSP process. The Critical Incidents Technique was conducted to establish behaviours and skills that contribute to disability inclusion or exclusion from the PRSP. Data from these three methods was analysed thematically. The Nominal Group Technique was used to prioritise factors identified as crucial in disability inclusion. While the force field analysis was used to identify factors for and against disability inclusion. Finally, the feedback workshop was carried out to synthesise and explore the validity of our interpretation of the research findings.



Delegates of the feedback workshop committed their respective organisations to utilise the research evidence, with a view to improving the participation of people with disabilities in national development processes.

Over the page is a photograph of some of the participants who attended the feedback workshop at LACS Guest House Villa, Freetown on 20<sup>th</sup> February 2009.



## 7. Results

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

**Definition of Disability** – Disability was described as a complex concept, with different agencies defining it according to their own organisational understanding, making it difficult to ensure disability inclusion. However, the traditional way of understanding disability is still prevalent, resulting in the marginalisation of disability issues in local and national development processes. Some participants from the disability movement understood disability as a manifestation of attitudinal and environmental obstacles, which impact on their participation in community and national activities. However, participants felt that donors focused more on the ‘war wounded and amputees’ at the expense of people whose impairments are a result of other causes. By implication, society’s understanding of disability seems to be limited to war-related bodily impairments.

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

stereotypes and discrimination, the effects of which are considered worse than those imposed by bodily impairments.

**Legislation** - Sierra Leone ratified the UNCRPD in October 2010. However, the disability movement was concerned that there was no effort by the government to domesticate and implement this historic Convention. As a result, people with disabilities have not yet reaped the benefits enshrined in the UNCRPD. At the time that A-PODD was leaving Sierra Leone, the Disability Bill, which had been tabled in Parliament, had not yet been passed into an Act of Parliament. This process, which had been going on for more than 5 years, was constrained by a slow legal process, the absence of a binding legislation recognising the rights of people with disabilities, and a lack of financial resources. In the absence of a disability law, organisations that violate the rights of people with disabilities cannot be held accountable by the court of law. Lack of appreciation of disability issues and minimal inclusion of disability in the Constitution of Sierra Leone, were also seen as detrimental to disability inclusion. Accordingly, disability issues are not prioritised in the country's PRSP, known as the 'Agenda for Change'.

**Self representation** – The first PRSP process in Sierra Leone was described as a 'government-donor affair', the second as 'more consultative', and the third as 'top-down', with civil society consulted only to endorse the document, which was based on the ruling party's manifesto. It emerged that the disability movement did not participate in the three PRSP formulation processes. The majority of participants, including people with disabilities, had not seen the 'Agenda for Change' document; until the A-PODD feedback workshop, when copies were made available by the Development Assistance Coordination Office (DACO). This office is the custodian of the PRSP process in Sierra Leone. Unequal power relations and 'petty jealousies' were seen to cause infighting; not only within impairment-specific DPOs, but among the different disability groups. Consequently, these groups emerge with conflicting voices, which are often neglected by policy makers. DPOs were seen to be lacking the capacity to meaningfully contribute to national development processes. Also, minimal self-representation of people with disabilities in the PRSP process was attributed to factors such as, limited educational opportunities, lack of information on PRSPs, limited disability awareness, and the lack of adequate funding for efficient running of DPOs.

**The Ministry** - The Ministry of Social Welfare, Gender and Children's Affairs (MoSWGCA) is the main focal point in charge of disability issues in Sierra Leone. A lack of human capacity and financial resources were said to impact negatively on the Ministry's ability to influence other government sectors to mainstream disability. The absence of employees with disabilities, and the limited understanding of disability issues within this Ministry, was regarded as detrimental to disability inclusion. Furthermore, issues of welfare, labour, gender and children were seen to be overshadowing disability issues. Participants were optimistic that, once the Disability Bill is passed and the proposed independent Disability Commission is instituted, disability issues may be more effectively addressed. At this time, the Disability Bill had not yet been enacted into law.

**Research evidence and utilisation** - Participants noted that there is a lack of research evidence on disability in Sierra Leone, particularly with regard to disability statistics and



the situational analysis of the phenomenon. They indicated that both government and donors minimally fund disability-related studies. Thus, A-PODD was seen as a well-timed project since the country had committed itself to the UNCRPD, and was also considering enacting a disability-specific legislation.

## **8. Impact**

The A-PODD project managed to bring together various stakeholders, particularly policy makers, CSOs, DPOs, including disability representatives at grassroots level; development partners, research institutions and the media. These organisations came together to discuss disability and development issues; and they perceived this process as an 'eye opener'. For example, most participants admitted that prior to A-PODD's engagement in Sierra Leone; they had not thought 'in-depth' regarding the participation of people with disabilities in the PRSP process. Therefore, they felt that the A-PODD project had allowed them to have a better understanding of disability issues. The project had also provided them with the necessary 'ammunition' to fight for disability inclusion in national development processes.

Although A-PODD had committed the research assistant to work for SLUDI, this arrangement did not work according to plan. However, Mr Kallon acknowledged that working for the A-PODD project, had equipped him with the necessary research skills, and a better understanding of disability issues. To this end, he is now employed by Concern Canada, focusing on provision for people with visual impairment in Sierra Leone.

The A-PODD project got coverage on both electronic and print media in Sierra Leone; thus putting disability issues in the limelight. Four radio prime-time slots were secured with Star Radio and Cotton Tree News; and the A-PODD project as well as the situation of disability in the country was discussed. Each programme was of one-hour's duration, and we understand that the A-PODD project was well-received by listeners. In three of the programmes, listeners were given the opportunity to either phone in, or send text questions, on disability-related matters and the A-PODD team responded to them. A time slot on the Sierra Leone Broadcasting Cooperation was obtained and, once again, the A-PODD research project and other disability-related issues were discussed.

A-PODD also facilitated the involvement of people with disabilities in the generation of the Sierra Leone National HIV and AIDS Strategic Plan. The consultant engaged by the Ministry of Health acknowledged that, prior to A-PODD's intervention, there had been an oversight and people with disabilities had not been invited to participate in the process.

A half-day training session on disability awareness and disability mainstreaming to 22 Human Rights Commission Sierra Leone (HRCSL) commissioners and employees was provided. The training was timely in that it was a precursor to the development of the Commission's Disability Policy. The employees acknowledged that the training had equipped them with the necessary information and skills to enable them to review their organisational policies and programmes; and be able to establish practical ways of mainstreaming disability in their work. They were glad that the knowledge they had

accumulated would assist them in developing the HRCSL disability policy. HRCSL promised to show the draft disability document to the A-PODD team, and said that they would appreciate the team's input at that stage.

The feedback workshop was attended by 45 delegates from various stakeholders, and these included government departments, donors, DPOs, CSOs, and research institutions. The workshop also attracted several print and electronic media agencies, which saw disability receiving prime media coverage, as well as putting disability in the limelight. These included the Sierra Leone Broadcasting Cooperation, Believers' Broadcasters' Network and Star Radio. The presence of key policy makers, CSOs and development partners created a huge impact with regard to acknowledging disability issues and the A-PODD findings. It was at this workshop that DACO was challenged, and they requested that copies of the 'Agenda for Change', pamphlets and posters be brought to delegates who had indicated that they had never seen them. Participants appreciated DACO's gesture.

We have built long-lasting relationships with various stakeholders working in disability and development in Sierra Leone. We network, regularly, with SLUDI and the HRCSL through updates with regard to the situation of people with disabilities in Sierra Leone. We, also, share disability-related information and advise each other of upcoming events. For example, the HRCSL told us that the Disability Bill had been passed into law in March, 2011. We hope that the presence of the A-PODD project team in Sierra Leone from January 2010 to February 2011 influenced and, to some extent, contributed to the passing of this legislation.

## **9. Recommendations**

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

**9.1 *Mainstreaming a human rights view of disability:*** The MoSWCA, SLUDI, the Human Rights Commission, in collaboration with other relevant stakeholders, should promote disability awareness in both urban and rural areas, incorporating lessons learnt from mainstreaming gender and HIV/AIDS. Awareness-raising is the key to success; and workshops and training events, electronic and print media, drama in local languages at community and national gatherings, should be used to promote a rights-based approach to understanding the concept of disability.

**9.2 *Policy Infrastructure & Monitoring:*** Government should put in place the Disability Commission in accordance with the 2010 Disability Act. Once the Disability Commission is set up, it should work together with SLUDI and other relevant stakeholders in monitoring the performance of other government ministries, while the NGOs in collaboration with DPOs, should undertake to conduct community monitoring and evaluation, looking at the implementation of the 'Agenda for Change' at grassroots level.

**9.3 *Advocacy for Implementing the United Nations Convention:*** Following Sierra Leone's ratification of the UNCRPD in October 2010, the MoSWCA, SLUDI and

the Human Rights Commission, in collaboration with their allies, should lead the advocacy campaign to promote the domestication and implementation of the Convention and its tenets.

**9.4 Disability Profile and Presence in Ministries:** Existing disability desks in each Ministry should be easily identified, and these positions should be filled by capable individuals - ideally people with disabilities - who have clear targets and indicators to ensure that disability inclusion is a priority in the development agenda. Where a Ministry has no disability desk, it should be created to promote a coordinated approach to disability inclusion.

**9.5 Creating an Evidence-Base:** There is a lack of aggregated disability-related data in Sierra Leone and a need for research of this nature; and for the utilisation of such data to inform the PRSP process. Research institutions, government departments and SLUDI are encouraged to develop a 'clearing house' for disability research in, and relevant to, Sierra Leone. Policy makers, employees of the Office of Statistics and DPOs should be supported to attend disability-related conferences and information exchange programmes, in and around the continent (e.g. African Network on Evidence to Action on Disability – [www.afrinead.org](http://www.afrinead.org)) so that they can become more proficient creators and users of evidence.

**9.6 Self-Representation:** People with disabilities are the most compelling advocates for people with disabilities. Greater efforts should be made to identify, support and give skills training to people with disabilities to act as disability advocates. Greater efforts should also be made by development partners to seek consultation from such advocates and relevant DPOs.

### Annex A: List of all Participants

Name	Position	Organisation
Soccoh Kabia	Minister (former)	Min. of Social Welfare Gender and Children's Affairs
John Kallon	Senior Labour Officer	Ministry of Employment, Labour and Social Security
Franklyn Kabba Bangura	President	Sierra Leone Union on Disability Issues (SLUDI)
Thomas Allieu	Director	Educational Centre for the blind
Osman Bah	Regional programme Manager	Leonard Cheshire International
Issa D. Turay	Project Manager Social Inclusion & Rights	Handicap International
Patrick J. Taylor	Different Abilities Officer	Human Right Commission Sierra Leone
Wainde Samura	Women's Leader	SLUDI
Stephen Korosa	Special Needs Education Focal Point	Ministry of Education
Miss Patricia Mansaray	Ag. Chief Social Development Officer	Ministry of Social Welfare, Gender & Children's Affairs
Thomas Thoronka	Coordinator	Sierra Leone National Association for the Deaf
Ramatu Sesay	President	Sierra Leone National Association for the Deaf
Kabbakeh Noah	Director	CBR of the Blind
Mathew Tholley	Chairman	POPDA – Makeni
Doris Alpha	Community Health Nurse	Grafton
Albert Sandy	Principal	Milton Margai School for the Blind
Henrietta Sesay	Principal	Freetown Cheshire Home
Melrose Cotay	Executive Director	INCLUDE
Jonathan Conteh	Director	Vision for the Blind
Mohamed Mansaray	Secretary General/Executive Director	SLUDI/ Kyphoscoliosis Initiative for Therapy and Empowerment [KITE]

Mr. Kawusu Kebbay	Director	Development Assistance Coordination Office (DACO), Ministry of Finance & Economic Development,
Eugene Soya		DACO, Ministry of Finance & Economic Development
Al-Sankoh Conteh	President	National Youth Coalition
Mr.Sahr Kortequee	Coordinator	Disability Awareness Action Group
Emma Parker	Director	Sierra Leone Association for the Blind (SLAB)
Dyan Turay	Deputy Director	SLAB
Alfred Lahai	Senior Assistant Secretary/Disability Focal Point	Ministry of Health and Sanitation
Julius Nye Cuffie	MP with a Disability	Sierra Leone Parliament
Mohamed Sidi Sheriff	Communications & Civil Society Specialist	World Bank-Sierra Leone Country Office
Aminata Koroma	Member	Grafton Camp Amputee Rehab Centre
Sylvanus Bundu	Coordinator	SLUDI – Western Area
Sorie Sawaneh	Member	Grafton Camp Amputee Rehab Centre
Alex Kamara	Chairman	SLUDI – Makeni
Samuel Sesay	Chairman	SLUDI – Kabala
Charles Mambu	National Coordinator	Coalition of Civil Society and Human Rights
Kadie Mahoi	Local Councillor	Sierra Leone Government
Mohamed Kainessie	Coordinator	SLUDI - (Southern Region Branch)
Hinga Demby	Admin Officer/ Office Manager	SLUDI
Anafi Sowa	Coordinator	Vocational Centre for the Blind
Joesph Alieu	Chairman	WESOFOD –Kambia
Mohamed Labbie	Senior Planning Officer	Ministry of Finance and Economic Development
Thomas Leigh	News Reporter	Sierra Leone Broadcasting Cooperation
Victor Person	News Reporter	Believers Broadcaster Network
Sam Jalloh	Manager	Informal Sector (NASSIT)
Patrick Salia	News Reporter	Star Radio
Willie Taylor	Social Worker	Freetown City Council
Alusine B. Mansaray	Chairperson	Sierra Leone Amputee Persons Asso.
Paul Ngegba	Social Worker	Ministry of social welfare
Paul O. Kabia	Coordinator	Sierra Leone Union of People with Polio (SLUPP)
James Gbamanja	Coordinator	SLUDI – Kailahun
Abubakarr Kamara	Social Worker	Ministry of Social Welfare
John T. Kamara	President	SLUPP
Mohammed Kadi	Chairperson	SLUPP – Grafton
Victor Koroma		SLUDI
Emerica King	Programme Manager	Sight Savers International
Tiangay Gondoe	Programme Officer	Sight Savers International

## Annex B: A-PODD Research Team

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

## Research Advisors

1. Patrick J. Drudy, Department of Economics, Trinity College Dublin, Ireland
2. Arne Eide, SINTEF Health Research, Oslo, Norway.
3. Siphokaszi Gcaza, Centre for Rehabilitation Studies, Stellenbosch University, South Africa

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

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### **For more information:**

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

The Project website:

[www.a-podd.org](http://www.a-podd.org)

Stellenbosch University's Centre for Rehabilitation Studies:

[www.sun.ac.za](http://www.sun.ac.za)

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