Disability Studies Quarterly
Fall 2001, Volume 21, No. 4
pages 84-97 <www.cds.hawaii.edu>

Geographies of Disability and Development in Southern Africa

Marcus Power
University of Leeds

Introduction: Disabling Geographies of Development

The complex relationships between space and disability have received increasing attention in recent years as it is become necessary to explore how social and spatial processes can be used to disable rather than enable people with physical disabilities. Brendan Gleeson talks about the `long disciplinary silence' in Geography and writes that geographers were `absent without leave' from the broader intellectual campaign around disability issues:

> A failure to embrace disability as a core concern can only impoverish the discipline, both theoretically and empirically. (Gleeson 1999: 1)

Debates about how space informs experiences of disability have expanded considerably in the 1990s, but largely urban, Anglophone, western societies remain the predominant focus of attention. Much of this work does however highlight the heterogeneity of physical conditions and social experiences that are commonly lumped together under the disability rubric. Some researchers have criticised approaches that have avoided or understated these differences, but there is arguably also a political need for inclusive theorisations that illustrate the range of social forces that bear down upon `impaired bodies' and explore the possibility of collective responses. Gleeson (1999, 2001) has referred to the need to bring about `enabling environments and inclusive social spaces'. Instead, many development organisations arguably construct elaborate `landscapes of dependency'. Geographies of Disability begins by expressing the author's hope that eventually no geographer will be able to claim that disability is irrelevant to their work. As geographers interested in development, it is absolutely crucial to play our part in bringing an end to these disciplinary silences through an illustration of the discipline and power of development and dependency and by exploring the possibility of alternatives.

Most of my past research has been focused on the Southern Africa region, in particular on Mozambique. Previous work has explored the role of media communications technologies in the making of cultural spaces of identification and partly sought to highlight the social and cultural exclusion of certain communities from the construction of national belonging. In several parts of the Southern Africa region today, the interests of war veterans have received increasing amounts of publicity, raising some important and neglected questions about conflict, national defence and disability. Although much of my recent research has been concerned with war-related physical disabilities and with definitions of disability in Mozambique and Angola, recent political struggles and debates in Botswana, South Africa and Zimbabwe also have a direct relevance.

Two central objectives in this research were, firstly, to contribute to recent debates about the role of geography in disability studies and secondly to contribute to a further understanding of the shifting and complex landscapes of disability in Southern Africa. There are a number of common themes and experiences shared by disability movements within and between Southern African countries and regional and international co-operation remains an important objective for the future, particularly in the shape of SAFOD, the Southern African Federation of the Disabled. This research tries to explore the `commonality of disability' in Southern Africa where, on almost every indicator of participation in `mainstream life', disabled people come out extremely badly; for example in employment statistics, income levels, suitable housing, access to public transport, buildings, information (newspapers, radio and television) and leisure facilities. Being disabled clearly has negative implications and this kind of marginalisation is precisely what many development organisations now seek to `manage'.

My research seeks to understand the ways in which we produce the `private room' of disability in the most public spaces and representational discourses of development and seeks to explore how disabled subjectivities are constituted in a struggle with the able-bodied public's perceptions and investments in maintaining disability as alterity (Mitchell and Snyder 1999: 30).

Defining Disability

It is necessary at this juncture to define what is meant here by the term `disability.' I use the term disability to designate cognitive and physical conditions that deviate from normative ideas of physical ability and physiological function. The terms disability and disabled denote more than a medical condition or an essentialised `deformity' or difference and are preferable to the terms `impairment' and `handicapped' which suggest inherent biological limitations and individual abnormalities. Following Mitchell and Snyder (1999: 3) this research adopts a definition of disability that "denotes the social, historical, political and mythological co-ordinates that define disabled people as excessive to traditional social circuits of interaction and as the objects of institutionalised discourses."

There are a range of estimates and some disagreement on the exact numbers of people with disabilities world-wide and there all kinds of problems involved with the use of global level statistics and the `politics of labelling' that these guesstimates can give rise to. Most health professionals estimate that there are about 450 million disabled people in the world, around 3-13% of the population of each country.

Although there is much that is indeterminate about these statistics they do indicate that their are `root causes of physical impairment' in many parts of Southern Africa which include land mines, malnutrition, iodine and Vitamin A deficiencies, polio, Hansons disease and childbirth complications. The World Health Organisation (WHO) estimates that as little as 1-2% of the total number of disabled people actually have access to rehabilitation services and as a response the WHO has championed the idea of Community Based Rehabilitation (CBR) with the aim of making rehabilitation services available to communities in cost-effective ways.

Managing Disability in Development

It is important however to question the remaining vestiges of what Sung Lee (1997) calls the `postcolonial paternalism' of the WHO and to contest the centrality of western medical knowledge. In recently reformulating its international standard languages (in ICIDH-2), the WHO reportedly came perilously close to returning to the `medical model', with all is older imperial connotations (Hirst 2000, WHO 2000). There are now a plethora of CBR training programmes and manuals, professional trainers, CBR workers, managers and evaluators. Nonetheless a variety of western trained professionals, employed by particular aid and development organisations, have published widely on experiences of CBR implementation, though it has not always been sensitively implemented and appropriate to local practices and perceptions. For Emma Stone (1999: 9) "what is happening is simply an updated, less obviously imperialistic, version of what missionaries were doing in the 1890's".

Despite the multiple references to rehabilitation discourses as `imperialist' in some way, things have clearly changed since the 1890s. Today there are important international networks, e-mail distribution lists and newsletters (e.g. Disability Awareness in Action) and umbrella organisations like Disabled Peoples' International (DPI) which have been crucial in mobilising people with disabilities across the world and have been an important avenue for the international exchange of ideas about issues like CBR and income-generation.

The UN often talks of disability issues as a `silent crisis' affecting societies of the Southern Africa with UNICEF, UNESCO, the ILO and the WHO as the major agencies involved in developing responses. According to the UN "it is imperative that planners remain sensitive to the disability dimension early and throughout the development process" (UNDP 2000). Again however there is the notion of a singular disability dimension that needs to be appended to an untransformed process. The UN has now produced a Manual on Inclusive Planning and a `society for all' is promised in this global crusade on behalf of `disadvantaged persons', otherwise known as the UN World Programme of Action (allied to the African Decade of People with Disabilities, 1999-2009). Many development agencies silence disabled people, however, in their representations, in their disabling politics and in their desire for impairment-specific and technological solutions.

In the majority of cultures physical difference is understood in terms of physical incapacity, special needs accommodations and statistical deviance. Disabled bodies defy correction and normalisation however and so this urge to medicalise disability concerns needs to be widely contested. Historically, disability has been the province of numerous professional and academic disciplines that concentrate on the management, repair and maintenance of physical and cognitive capacity. In Southern Africa this means that disability is often problematically used as evidence of `damaged populations'. What partly defines disability in Southern Africa however is the `voicelessness' and institutional neglect of disabled people who are often forced to take positions on the outermost margins of their societies.

How have people with disabilities in Southern Africa become the objects of institutionalised discourses of development and how can this objectification be challenged? In the 1960s many western disability movements struggled to separate the issue of disability from questions of health and illness and to contest the medicalisation of their experiences. This led to a famous and often discussed shift from the `medical model' to a `social model'. In the countries of

Southern Africa, this shift is underway, but far from complete.

In the West, the term people/persons with physical disabilities is now adopted in a variety of official and institutional settings and its supporters argue it is preferable to referring to `disabled people' in that it emphasises `personhood' over the fact of disability. This is said to be a humanising practice that supports the general quest for cultural respect and equal rights. Advocates of the term `disabled people' question the `rhetorical humanism' of this project that they argue lacks political power, particularly in the light of continuing oppression. Replacing one label with another "seems to be an exercise in changing fashions" (Finkelstein 1993: 2) though such `fashionable' exercises are very common in development circles.

In this paper the term `people with disability' will be used although it is important to remember that both Angola and Mozambique have Portuguese as their official language and that the translation of key terms like these is not unproblematic. People with disability is used here primarily as a consequence of discussions with ADEMO (the major national disability movement in Mozambique) which has recently campaigned for the use of the term pessoa portadora de deficiencia (people with disability) in preference to deficiente (disabled).

Key Organizations Informing Geographies of Development in Southern Africa

The World Bank

In Southern Africa people with disabilities are often the object of a range of institutionalised discourses of development. The World Bank's position is that disability issues are central to their mission, but they talk of disability-reduced productivity within the workforce and view disability very much within a kind of `cost-benefit' analysis. The Bank website (with over 150 sub-sites) lists the `growing portfolio' of projects they have funded (last updated in mid-1999). Bank officials are themselves still implementing changes to the accessibility of their buildings.

At the Peoples Health Conference 2000 in Bangladesh, the Bank's Health policies were described as `anti-Third World' and inconsistent on their own terms. Delegates from 3000 NGO's from 95 countries called instead for "justice, not charity". Charles Mutasa from Zimbabwe argued that disease specific interventions, such as World Bank spending on TB or Leprosy, will not be enough as long as the `trap' of indebtedness remains.

Is the Bank's expanding remit too much for the organisation to handle? The organisation seems to be trying to become the leading global think tank on every issue. A leaked Bank memo for the North Africa office in January 2001 argued that the Bank is overstretched with no focus, driven by the President's favourite subjects and even fads (Bretton Woods Project 2001). This agenda seems to be cumulative rather than selective or even reflective.

Can this self-styled `knowledge Bank' ever think beyond the economistic and universal frames of reference that have dominated for so long? As a creator of poverty in Africa, where does the Bank's moral authority and expertise come from? (BWP 2001). The recent strategic review and reformulation process has signalled that the Bank intends to escalate investment in health and link its policies to global programmes. What about thinking through the global implications of its own policies?

Save the Children Fund (SCF)

On a different scale, Disability has been part of the work of Save the Children Fund since it was first founded in 1919, even though in the early years European medical models of disability initially predominated (Jones 1999). SCF's Policy on Disability seeks the active participation of children with disabilities in their respective communities (SCF/UK 1998). SCF aims to integrate disability into its programmes and advocacy work and a regional Disability Advisor was appointed in 1988, whilst to date the SCF has supported 10 programmes - in Mozambique, Zimbabwe, South Africa, Swaziland and Lesotho.

According to the SCF, the disability rights movement in Southern Africa has its roots in Zimbabwe and as a result SCF has often tried to organise its disability programmes around Zimbabwean initiatives or with Zimbabwean influence (Miles 1996). Based in Bulawayo, Zimbabwe, the Southern African Federation of the Disabled (SAFOD) has been one of the most active and dynamic regional bodies of the DPI and SCF has increasingly tried to work with disabled peoples organizations like SAFOD consequently coming to prioritise disabled people's access to education and employment rather than to medical rehabilitation. Nonetheless tensions have arisen between the SCF and Southern African DPOs in that the former have always concentrated on children, the latter on adults. Additionally, the SCF still subscribes to the contested idea of CBR, with a small `r' for rehabilitation but also focusing on the development and `capacity-building' of DPOs.

Across the region however SCF remain one of only a handful of agencies that have supported comprehensive and inclusionary strategies which go beyond traditional activities. There has generally been only meagre support for Disability related activities and relatively few donors had mainstreaming strategies or even a set of Disability policies until the mid-1990's, as has also been the case in parts of West Africa (Metts and Metts 2000).

Disabled Peoples' International (DPI)

With Zimbabwean Joshua Malinga, a key figure in the struggle for disability rights in Southern Africa, the DPI has focused on economic and social inclusion and talked of empowerment, pioneering agendas for development agencies and making it easier for them to adapt to changing priorities and concerns. Most importantly the DPI has a Women's Committee that has forged links with a number of disability movements across Southern Africa and played an important role in advocating a rights-based approach at Beijing and Biejing+5. This is a passage from the DPI committee's evaluation of the UN in Beijing:

> We expressed deep concern, that such [UN] instruments and mandates have yet to create a significant impact on improving the lives of people with disabilities, especially women and girls with disabilities, who remain the most invisible of all disadvantaged groups. (DPI Women's Committee, 2000)

A poem from Botswana, cited at the beginning of Margaret Snyder's work begins: "Guarantee me an opportunity, not a charity ticket" (Snyder 1995). She argues that gendered issues make coping with disability a much tougher task for women, through unequal access to income-generation opportunities, through male bias in planning and in the way that providing care for people with disabilities is constructed as an exclusively female concern. Until relatively recent there had been little consideration of the ways in which gender might structure the experience of disability and disabled identities (Oliver 1990).

There are important links between the assumed passivity of disabled people and the assumed passivity of women and thus the struggle against social stigma is more complex for women. Women have to negotiate the idea of the nuclear family as the centre of social provision and a range of complex and contradictory sets of social relations. Tensions and contradictions between the discourses of care and rehabilitation abound but have particular implications for women.

There is hope however that at least some states in the region are beginning to comprehend the interconnections between gender and disability. The post-apartheid government in South Africa recently published a comprehensive White paper on Disability in 1997 putting forward an Integrated National Disability Strategy (Office of the Deputy President Thabo Mbeki 1997). This is based firmly on the social model advocating a rights-based approach and referring to both people with disabilities and disabled people. Despite the numerous references to the social model throughout this important White paper, some authors still argue however that the social model should not be transferred beyond the West and that this would be more like imperialism than empowerment (Stone 1999: 4). Komardjaja (2000) has also argued that a lot of caution is needed when exploring the wider relevance of disability debates grounded in particular cultural values and geographical spaces.

Initiatives in South Africa

Estimates suggest that the number of people with disabilities in South Africa is somewhere between 5% and 12% of the population. Government departments and State organisations now have a responsibility to ensure that the same fundamental rights and responsibilities are accessible to all South Africans.

The Office on the Status of Disabled Persons has been established in the office of the President. The need for a national strategy was first recognised in the RDP (Reconstruction and Development Programme). The text is very much based around UN programmes, rules and guidelines, but involves significant input from the DPSA (Disabled People South Africa), recognised by the DPI as the national assembly of disabled persons in South Africa. Interestingly the strategy refers to the `medical model' adopted by the Apartheid government and talks of disability as simultaneously both a human rights and a development issue.

A National Environmental Accessibility Programme is also underway which works alongside a National Co-ordinating Committee on Disability (NCCD). There is an important focus on rural areas and on education and employment with constitutionally recognised rights that are monitored by national political institutions.

Initiatives in Mozambique

Across the border in Mozambique a very different (but not unrelated) set of struggles is being waged by ADEMO (Associatio dos Deficientes de Mozambique) and ADEMIMO (Associatio dos Deficientes Militares e Paramilitares de Mozambique). ADEMO has always maintained an open and inclusive policy of membership whereas ADEMIMO is an organisation established for and on behalf of former FRELIMO (Front for Liberation of Mozambique/Frente de Libertacio de Mozambique) combatants.

The opening paragraph of ADEMO's constitution refers to their desire to contest the legacies of colonial paternalism bequeathed by missionaries and the Portuguese colonial state. Both organisations, despite early conflicts over contrasting notions of membership, have recently begun to work more closely together and both now belong to FAMOD (Forum of Mozambican Disability Groups), an umbrella organisation for disabled peoples organisations founded in May 1999 to facilitate co-operation and collective action. FAMOD and its members are well aware however that the mere existence of legislation is far from enough and that longer term strategies to guarantee the effective implementation of that legislation will also be necessary.

There are an estimated 1-1.5 million people with disabilities in Mozambique. ADEMO has 63,000 members across the country and is growing at a rapid rate with representations in all 10 provinces and even in many districts. In the provinces, ADEMO runs a number of initiatives, such as the `New-Horizons' theatre groups which focus on the rights of disabled children. Sporting activities are also an important part of the agenda, bringing different disability movements together for regular basketball competitions for example. There is also a community school in Maputo, run by ADEMO, which provides courses to about 500 children a year.

Mapping out the competing cultural understandings of physical disability in Africa is not a simple process (Devlieger 1995, 1999) but research can help to contest negative cultural myths and stereotypes. When members of ADEMIMO organised a land invasion in Matola in June 2000 to protest at the governments neglect of former soldiers, one Mozambican paper referred to the invaders as os mutilados (the mutilated) assuming that the protestors constituted a kind of redundant, homogenous group of disaffected combatants.

ADEMO's work also raises questions about the supposed economic prosperity of post-war Mozambique campaigning for example against the charges imposed by customs and excise for the importation of `compensation material'. By law this ought to be free but in practice it is for some kinds of material but not the kind required by organisations like ADEMO and its members. In a country where the majority of wheelchairs (not made of local materials) are imported from abroad these problems have become increasingly acute.

Most importantly, ADEMO publicly represents the "many and rich experiences, capacities and talents of disabled people in implementing small and medium-sized employment generation projects" (ADEMO 1999: 3). With this in mind ADEMO has embarked on a two-year pilot project that aims to study the life and visions of people with disabilities and uses participatory methodologies, funded by SCF-UK through a grant from the Princess Diana Memorial Fund.

ADEMO has had problems working with aid agencies in the past though where NGO support for particular initiatives (e.g. women's sewing projects) has often been inconsistent or withdrawn at short notice. ADEMO has been a key part of recent Disability legislation and acts as a pressure group on state agencies like the Ministerio da Coordenatio para Accio Social (MICAS). MICAS seeks to contribute to ADEMO's struggle by highlighting the gross underrepresentation of people with physical disabilities within the Mozambican media. This is an area that ADEMO and FAMOD are beginning to focus their attention upon in a country where radio is a particularly important medium of communication.

Transport and urban planning (particularly in the aftermath of major flooding) are also key themes for all the major Disability organisations in Mozambique. ADEMO brings together groups of disabled people and encourages a common identity, representing an historic leap in defining disability in positive terms.

Effectiveness of Local and Regional Responses in Southern Africa

In contrast to the under whelming reaction by development agencies to the need to further consider disability issues in development planning and practice, organisations like the DPSA in South Africa and ADEMO in Mozambique are busy confronting these challenges head on. Each country has its own very specific history, culture and economy but both have recently passed progressive forms of disability legislation and both have active disability movements which are engaged in a variety of urban and rural communities. In regional terms organisations like SAFOD can and have attempted to consider the collective nature of these experiences with development and underdevelopment and to explore the possibility of collective responses.

Conclusions:

Disempowerment, Disability and Development

Mike Oliver argues that `the question of doing emancipatory research is a false one, rather the issue is the role of research in emancipation" (1990: 25). Emancipation has different meanings in different parts of Southern Africa and at different times and so it is unlikely that one set of `emancipatory' research methods are relevant to all countries in the region at any given moment. Vic Finkelstein (1999) argues similarly that methodological debates have often been reduced to issues of control by disabled people in order to characterise a research project as `emancipatory'.

Although there are cultural differences of class and gender that can present barriers to the researcher (Priestley 1999), excessive emphasis is often placed on the positionality of the researcher and the limits upon research to the exclusion of discussion about the role of research in emancipatory struggles.

Life histories are an important methodology that can be used in African contexts with the caveat that by narrativizing an impairment, one tends to sentimentalise it, and link it to the bourgeois sensibility of individualism and the drama of an individual story (Davis 1995). Important commonalities are thus denied. Solutions to disability oppression are often impairment specific and frequently technological. This kind of disability focus is disabling in that it silences what are undoubtedly shared meanings (Ingstad and Whyte 1995).

The growth of specialist professions as gate-keepers to medical, social and welfare services reinforces the view that disability is a medical problem and leads to the administrative construction of disability as a separate policy category. Discourses of personal tragedy (Oliver 1990) individualise disability rather than identifying a collective form of oppression that is socially produced (Priestly 1999). Sentimentality and patronage are important with disabled people portrayed as powerless and the victims of violence (Priestley 1999).

This paper illustrates that the construction of disability as a separate development policy domain is problematic and argues that to develop enabling alternatives development agencies need to radically rethink their entire notion of development taking their lead directly from the disability movements who endure its contradictions and shortcomings on a daily basis. Disability issues can not be hidden away in a private room or policy document and must not be allowed to appear as an obscure sub-site of key institutional web sites like that of the World Bank.

Perhaps the very success or failure of every form of `development' should be measured by the extent to which it is inclusive of disability. In turn Southern African DPOs like ADEMO are showing that effective self-organisation within a cohesive social movement is a necessary prerequisite for the liberation of disabled people in Southern Africa. Additionally important regional/international contexts also have an important bearing on the scope and terms of that liberation.

There remains nonetheless an "urgent need for development organisations and funders to take disability on board as an equal opportunities issue (as with gender and ethnicity)" (Stone 1999: 10). Disability is much more than just a singular issue to take on board however whilst the co-option of disability movements by development organisations is not unproblematic. My own interpretation of the links between disability and development is that to recognise development as disabling is to begin to open up a variety of quite profound questions about the margins of `development' and its impulse to objectify the `marginal'. To add disability to a development agenda as if it was some kind of cumulative list of needs means that the underlying ableist assumptions of development remain unchallenged.

Acknowledgements: This research was made possible by an award from the Economic and Social Research Council (ESRC) Award number: R000223079. ADEMO and the DPSA in South Africa offered their time, help and encouragement. I am particularly grateful to Pedro Francisco and Fatima Gulamo and all the staff at the Research Unit of the Instituto da Comunicatio Social in Maputo. Deb Metzel and Mike Dorn provided useful suggestions and comments on an earlier draft of this paper. The usual disclaimers apply.

About the author: Marcus Power has been at the School of Geography at the University of Leeds in the UK since 1997. His doctoral research was completed at the University of Birmingham and was concerned with territory, the state and cultural identity in post-colonial Mozambique. E-mail: <Marcus@geog.leeds.ac.uk>.

List of acronyms:

Associatio dos Deficientes de Mozambique (ADEMO)
Associatio dos Deficientes Militares e Paramilitares de Mozambique (ADEMIMO)
Community Based Rehabilitation (CBR)
World Health Organisation (WHO)
Southern African Federation of the Disabled (SAFOD)
Disabled People's International (DPI)
Disabled People South Africa (DPSA)
Disabled People's Organisations (DPO's)
International Labour Organisation (ILO)
Federation of Mozambican Disability Associations (FAMOD)
National Co-ordinating Committee on Disability (NCCD)
Ministry of Social Action (Mozambique) (MICAS)
Save the Children Fund (UK) (SCF)

Bibliography

Associaioo dos Deficientes de Mozambique (ADEMO) (1999) *Deficiente 4 (October)*, Maputo, Mozambique.

Bretton Woods Project (BWP) (2001) "Health Policy Attacked," *Bretton Woods Update*, February/March 2001, page 8; <http://www. brettonwoodsproject.org>.

Coleridge, P. (1993) *Disability, Liberation and Development*, Oxford: Oxfam.

Correio de Manhi (June 30 2000) *Mutilados de Guerra justificam occupatoo de Terras: Tambem temos direito da posse da terra*, p. 6.

Davis, L. J. (1995) *Enforcing Normalcy: Disability, deafness and the body*, London & New York: Verso.

Devlieger, P. J. (1995) `Why disabled? The cultural understanding of physical disability in an African society' in *Disability and Culture*, Ingstad, B. and Whyte, S. R. (Eds), Berkeley: University of California Press, pp. 94-106.

Devlieger, P. J. (1999) "Frames of Reference in African Proverbs on Disability," *International Journal of Disability, Development and Education*, 46 (4), pp. 439-451.

Disabled Peoples' International (DPI) (1999) *Beijing declaration on the rights of people with disabilities in the new century*, <http://www.dpi.org/beijing2.html> [on-line], date accessed February 10, 2001.

Finkelstein, V. (1990) "`We' are not disabled, `you' are," in *Constructing Deafness*, Gregory, S. and Hartley, G. (Eds). Milton Keynes: Pinter, Open University, pp. 265-271.

Finkelstein, V. (1999) "Review essay: Doing disability research," *Disability and Society*, 14 (6), pp. 859-867.

Gleeson, B. (1999) *Geographies of Disability*, London & New York: Routledge.

Gleeson, B. (2001) "Disability and the open city," *Urban Studies* 38(2), pp. 251-265.

Hirst, R. (2000) *The International Disability Rights Movement*, text of a public lecture given as part of the `New Directions in Disability Studies' seminar series, Disability Studies Unit, University of Leeds. Copy available from author or DSU.

Ingstad, B. and Whyte, S. R. (Eds) (1995) *Disability and Culture*, Berkeley: University of California Press.

Ingstad, B. (1995) "Public discourses on rehabilitation: From Norway to Botswana," in *Disability and Culture*, Ingstad, B. and Whyte, S. R. (Eds), Berkeley: University of California Press, pp. 174-195.

Imrie, R. (2000) "Disabling environments and the geography of access policies and practices," *Disability and Society* 15(1), pp. 5-24.

Imrie, R. (2001) "Barriered and bounded places and the spatialities of disability," *Urban Studies* 38(2), pp. 231-237.

Jones, H. (1999) "Integrating a disability perspective into mainstream development programmes: The experience of Save the Children (UK) in Asia," in *Disability and Development: Learning from action and research on disability in the majority world*, Stone, E. (Ed.), University of Leeds, Leeds: Disability Press, pp. 54-71.

Komardjaja, I. (2000) "New cultural geographies of disability: Asian values and the accessibility ideal," *Social and Cultural Geography* 2(1), pp. 5-24.

Kothari, R. (1995) *Poverty: Human consciousness and the amnesia of development*, London: Zed.

Lee, S. (1997) "WHO and the developing world: The contest for ideology," in *Western Medicine as Contested Knowledge*, Cunningham, A. and Andrews, B. (Eds), Manchester & New York: Manchester University Press, pp. 24-45.

Metts, R. L. and Metts, N. (2000) "Official development assistance to disabled people in Ghana," *Disability and Society* 25(3), pp. 475-488.

Miles, S. (1996) "Engaging with the Disability Rights Movement: The experience of community-based rehabilitation in southern Africa," *Disability and Society* 11(4), pp. 501-517.

Mitchell, D. T. and Snyder, S. L. (1999) "Introduction: Disability Studies and the double bind of representation," in *The Body and Physical Difference: Discourses of Disability*, Mitchell, D. T. and Snyder, S. L. (Eds), Ann Arbor: University of Michigan Press, pp. 1-34.

Office of the Deputy President, Republic of South Africa (1997) *White paper on an Integrated National Disability Strategy*, Johannesburg, South Africa.

Oliver, M. (1990) *The Politics of Disablement*, Macmillan, London.

Peterson, A. and Bunton, R. (1997) *Foucault: Health and Medicine*, London & New York: Routledge.

Priestly, M. (1999) *Disability Politics and Community Care*, London: Jessica Kingsley.

Stone, E. (1999) *Disability and Development*, University of Leeds, Leeds: Disability Press.

World Health Organisation (WHO) (2000) *ICIDH-2: International classification of functioning, disability and health*, Geneva, Switzerland: Classification, Assessment, Surveys and Terminology Team, WHO.

Related web sites:
Disability Awareness in Action, <http://www.daa.org.uk>.
Disabled Peoples' International, <http://www.dpi.org>.
The World Bank, <http://www.worldbank.org>.
Landmine Survivors Network, <http://www.landminesurvivors.org>.
People's Health Assembly 2000, <http://www.twnside.org.sg /title/pha2000.htm>.