



CoEJ Disability

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THE
WORLD
FEDERATION

OF KHOJA SHIA ITHNA-ASHERI MUSLIM COMMUNITIES

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1. INTRODUCTION

- 1.1 This report is an abridged version received by the World Federation from the Council of European Jamaats for the purpose of the Triennial Conference.

The issue of disability has long been ignored by our community; leaving people with disabilities excluded from our communities. Disability issues are an important area of work that our community needs to address at all levels.

- 1.2 The needs of individuals do not differ from country to country but it is the support and services available to them as provided by governments and community organisations that differ significantly.

- 1.3 It is not just about treating impairments and providing medical care but rather about providing the social, religious and cultural rights for all of our community, especially those with disabilities.

- 1.4 The CoEJ Disabilities Project concludes that this issue needs to be addressed urgently. This report will highlight challenges we face, what has been accomplished and how community leaders can carry this work forward

2. RECOMMENDATIONS

2.1 Geographic Focus

- 2.1.1 The approach in Africa and India will obviously differ from the approach in the America's and Europe; however the principle remains the same. The rights and needs of people with disabilities are equally important and must be addressed as matter of priority.

- 2.1.2 Specific needs will always differ from individual to individual and from country to country. In the western world, the discourse has moved onto campaigning for the rights of people with disabilities. Their approach should therefore be based on the CoEJ model in promoting equality of access to Islam and providing the necessary social support.

- 2.1.3 In the developing world as the case studies in India and Bangladesh suggest, many people with disabilities are continuing to struggle for the basics – food, water, shelter and rehabilitation. The approach in these areas will differ depending on the specific needs. Existing development work will need to be widened to include people with disabilities and where appropriate specific programs should be developed to meet their needs.

2.2 Recommendations for the World Federation

As global facilitators and policy makers the World Federation should:-



- Facilitate the Regional Bodies, especially those in the developed world to adopt the COEJ HIB Disabilities project as a model of good practice
- Facilitate Africa Federation and The Council of Gujarat, to establish their own disability agenda that is specific to their regional needs
- Establish a World Federation Disability Desk that recognises the rights and needs of people with disabilities. This desk should commission new areas of work such as statistics on disability (via regional federations) and support existing Desks to incorporate disability into their work

2.2.1 The World Federation strategy should include:

- Education - addressing educational needs of children with disabilities
- Web access for all – ensuring websites accessible
- Recruitment of professionals & training - medical boards to include specialists in social care
- Youth - youth initiatives, camps and conferences should be fully accessible for those with special needs
- Matrimonial - committees to actively address, acknowledge and include people with disabilities and special needs without making assumptions
- Hajj and Ziyarat - trips to be accessible for individuals with special needs
- Religious Support - actively support the religious, educational, professional, social and cultural development of individuals with special needs at all levels
- Disabled Orphans - Development work especially in developing countries to be widened to include disability and specialist programs to be developed

2.3 **Recommendations for Local Jamaats and Regional Federations**

Adopt the COEJ HIB Disabilities Project as good practice by:-

- Consultation - Organise disability consultation events via regional federations and/or local Jamaats
- Acknowledgement - Publicise at a Jamaat level your commitment to recognising the rights of people with disabilities
- Networks - Share expertise and knowledge with other federations and Jamaats via a global Special Needs Network
- Statistics - Create a special needs database in each regional federation so support and services are reflective of actual need as opposed to assumptions



3. DISCUSSION

3.1 Background

3.1.1 Approximately 600 million people around the world, of which 200 million are children – experience some sort of physical, mental or intellectual disability. About 80% of these 600 million live in low-income countries, often in poverty and further limiting their access to basic health services, including rehabilitation and education.

3.1.2 Development initiatives within our community, especially those in the developing world, often ignore the needs of people with disabilities even though poverty is one of the root causes. People living in poverty are less likely to access medical care when needed and are more likely to become disabled by injury, illness or disease. What makes this situation worse is that disability increases poverty even further¹, thus creating a never-ending vicious circle.

3.2 Approaches to Disability

3.2.1 There is no internationally agreed definition of disability however the medical model of disability considers it to be a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day to day activities.

3.2.2 However, the social model of disability (which this report adopts) takes the view that people are made disabled by the barriers that exist in a community or society. These barriers may be physical, organisational or personal - for instance, stairs without lifts, information not available in large print, or simply negative attitudes.

3.2.3 The social model sees people with a disability as having the same wants, needs and aspirations as non-disabled people. People with a disability should therefore enjoy the same freedom and choices as everyone else and be allowed equal responsibility in determining their life choices and the opportunity to participate in their communities. Disability is not and should not be seen as something invoking pity or in need of a cure².

3.3 CoEJ Disabilities Project

The CoEJ Health Improvement Board (HIB) Disabilities Project was a pilot project set up in July 2005 to address disability issues within the European Jamaats. The ethos behind the project is simple: to bring the rights and needs of people with disabilities to the forefront of our social agenda.

¹ World Health Organisation – 'Concept note: World report on disability and rehabilitation'

² Definition taken from http://en.wikipedia.org/wiki/Social_model_of_disability



3.3.1 The Disabilities Project was formally established at the Disabilities Consultation Event held in May 2006 in the UK. Participants ranged from individuals with disabilities or special needs, parents and/or caregivers, professionals working in the field, special needs madrasah teachers and other interested individuals. The aim of this first meeting was to:-

- identify the issues/challenges people with disabilities are faced with,
- evaluate the existing facilities provided (or lack thereof) and
- to clarify what can be done to address the key challenges

The findings of the consultation can be found on the CoEJ website (www.coej.org) under the Health section, as well as an article published on the World Federation Newswire.

3.3.2 The key challenges identified within the European Jamaats include:

- Discrimination and prejudice from community members and leaders
- Poor access to Jamaat facilities resulting from non functional loop systems, lack of ramps for wheelchair users and narrow doors
- Limited access to Islamic information due to resources unavailable in accessible formats (such as Braille, large print and audio) and the lack of facilities for sign language users to receive information
- Lack of disability representation at executive level within community structures

3.3.3 CoEJ has committed itself to establishing a Special Needs Desk under the HIB. This Desk is currently in the process of establishing itself as a national committee with regional special needs co-ordinators in each Jamaat. The Special Needs Desk is working in partnership with all existing CoEJ Desks and local Jamaats the most important task is creating a Special Needs Database of all the disabilities within the European community.

3.4 Disability in Asia – India and Bangladesh

In January 2006, Raihanna Hirji represented Deafblind UK in a visit to the Helen Keller Institute for Deaf and Deafblindness³ (HKIDB) in Mumbai, India⁴ and at the 2nd International Asian Conference of Deafblind International⁵ in Dhaka, Bangladesh.

3.4.1 While in India, Ms. Hirji visited local Shia based orphanages and projects and none of these focused on disability. Approximately 1.5 to 3 million Shia Muslims in India have a disability. There are few Shia or Muslim-based organisations working on disability issues and/or facilitating access to Islamic information. It was a

³ Deafblindness (also known as dual sensory loss) is the condition of a person who has a combined hearing and sight loss and as a result has difficulty in communication, mobility and accessing information.

⁴ <http://www.helenkelleridb-mumbai.org/>

⁵ <http://www.deafblindinternational.org/default.htm>



concern that Deafblind people in India⁶, who had been fully supported, educated, mentored and encouraged to live and think independently by non-Muslim organisations, were converting out of Islam.

- 3.4.2 During the Deafblind International conference in Bangladesh, where approximately 15,000 Shia reside, delegates were presented with case study examples of how Muslim families and individuals living in poverty were coping with deafblindness, an almost unheard of disability both in the developed and the developing world.

For further information contact Sr. Raihanna Hirji – rhirji@coej.org

⁶ There are an estimated 450,000 deafblind people in India according to Sense International (India)