

Disability and armed conflict: A quest for Africanising disability in Uganda

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There are three key revelations from literature on disability and armed conflict in the Global South. First, though disability is a relative term, models from the Global North are widely used irrespective of indigenous knowledges and contexts. Second, though disability is caused by colonial and post-colonial inequalities such as poverty, disabled people are often forgotten in poverty reduction programmes. Third, while many countries experience armed conflict, little is known about its effects on disabled people living in contexts of armed conflict. This realisation led to the aims of this study which were to: i) investigate how disability is understood in the armed conflict setting of Uganda; ii) to understand the experiences of disabled people in armed conflict settings; and iii) examine ways of improving the experience of disabled people in the Global South. Using a critical, constructivist and grounded research methodology, the study revealed the nature of ‘African disabilities’ and the challenges faced by disabled people living in conflict settings: displacement, dehumanisation, rampant poverty and neo-colonialism. Disabled people experience rejection in their communities and invisibility in the provision of services. Using literature as a dialogue partner, this study concludes that the ways in which disabled people are treated runs counter to many African beliefs on what it means to be human and live in a community. Consequently, it proposes a theory which contains critical knowledge on how the Africanisation of disability could be thought of and brought about in conflict settings.

Keywords: Africanisation; Conflict; Disability; Grounded theory; Ubuntu; Uganda

Introduction

Before doing my doctoral field work in Uganda, I conducted a brief review of literature which revealed three insights on disability and armed conflict in the Global South. The first insight is that models of disability from the Global North dominate disability discourses in the Global South (Grech, 2011). These include: religious, medical, social, rehabilitation, and biopsychosocial models (Johnstone, 1998; Oliver, 1996; Thomas, 2004). Some scholars argue that the medical and social models have strongly influenced the Convention on the Rights of Persons with Disabilities (CRPD) that drive the work of disability rights movements in the

Global South (Meekosha & Soldatic, 2011). However, there is lack of research on which models are operative and how they affect people living in conflict settings.

In addition, there is an argument that the daily experiences of disabled people in the Global South lie outside the reach of human rights instruments like the CRPD and the models of disability outlined above (Meekosha & Soldatic, 2011). This means that applying some of the models ignores the fact that disability is a relative term (Schulze 2010; Chataika et al., 2011). It also assumes that the Global South is a 'blank slate waiting for outside intervention' (Grech, 2011:93). For example, applying the medical model in the Global South might lead to the 'normal-abnormal' distinction as it assumes people with disabilities deviate from the statistical norm (Davis, 1997). This means human persons who have a normal body shape and exhibit normal behaviour are 'normal' and those with deviant bodies and exhibit deviant behaviour are 'abnormal' or disabled. Effectively, applying these models without consideration of indigenous knowledges assumes knowledge constructed in the Global North is superior and that in the Global South is inferior. This is scholarly colonialism (Meekosha, 2011). At the time of this study in 2012, there was little or no research on the extent to which scholarly colonialism is persistent in Africa.

The second insight is that disability in the Global South is caused by colonial and neo-colonial inequalities stemming from the Global North (Connell, 2011; Meekosha, 2011). Meekosha (2011) cites poverty as one of the inequalities. Other scholars suggests a cyclical correlation between poverty and disability (Coleridge, 1999; Chataika et al., 2011; WHO, 2011). For example, Coleridge (1999:64) argues that 'disability creates and exacerbates poverty by increasing isolation and economic strain'. However, this complex relationship remains under-researched in the Global South (Groce et al., 2011). Evidence indicates that though disabled people are among the poorest (Coleridge, 1999; Groce et al., 2011), they are often forgotten in poverty reduction programmes in the Global South (Chataika et al., 2011). This calls for research that explores other colonial inequalities that are prevalent and how the experiences and conditions of disabled people in conflict settings of the Global South could be improved.

The third insight is that many people experience armed conflict. UNHCR (2010) notes that approximately 43.3 million people were displaced globally at the end of 2009 and the majority lived in the Global South. Also, conflict affected the provision of services such as in Northern Uganda where 60 per cent of schools were not functioning and over 250,000 children received no education during the twenty-three years of conflict (Nannyonjo, 2005; CSOPNU, 2006;). In addition, disabled people experienced invisibility, marginalisation, exclusion and discrimination in emergencies such as conflicts (Reilly, 2010; UNESCO, 2010; Trani et al., 2011). When disabled people made it to camps for displaced persons, they were invisible and marginalised in the provision of services (Kett and van Ommeren, 2009; UNESCO, 2011). For example in Dadaab, disabled children were sometimes tied up, had

stones thrown at them and were subjected to abuse (Reilly, 2010). In Darfur, disabled children were excluded from formal and informal education (Trani et al., 2011). There is hardly any research on the nature and extent of disability in the conflict of Northern Uganda.

The above insights suggested that colonialism and neo-colonialism shaped the way disability was constructed in the Global South. As little was known about this, there were scholars who called for ‘nuanced understandings of the actual experience of living with a disability within a specific country, taking into account political, economic, social and cultural complexities’ (Groce et al., 2011: 1501).

This paper reports on a study that sought to respond to some of these issues. Its aims were to: investigate how disability was understood in armed conflict settings; understand the experiences of disabled people in armed conflict settings; and examine ways of improving the experience of disabled people.

To accommodate these aims, I chose Uganda as the setting. A landlocked country in East Africa with a population of 34.1 million (UBOS, 2012), Uganda became a protectorate in 1894 when the British colonialists put together various ethnic groups. The forced assimilation of these groups with different histories, languages and livelihoods led to the disintegration of kingdoms and fuelled unrest to the extent that since independence in 1962 Uganda has had over twelve presidents and conflict remained a legacy of colonialism (Wambungu and Adem, 2008; Lang and Murangira, 2009; Bird et al., 2011; Kelly and Odama, 2011).

At the time of this study, Yoweri Museveni was president of Uganda who had been in power since 1986. During his presidency, conflict had continued, Northern Uganda severely affected by a long drawn conflict led by Joseph Kony. This conflict is believed to have been caused by ethnic divisions, forced assimilation, poor living conditions, poor governance and economic and political marginalisation (Bird et al., 2011; Kelly & Odama, 2011). In 2012, Northern Uganda was transitioning from ‘a region in crisis to one focused on rebuilding and recovering’ (Kelly & Odama, 2011: 2). Curious to understand the interface between disability and conflict, Northern Uganda was chosen as the most suitable setting for my study.

Methodology

This study used a critical, constructivist and grounded methodology. Given the research aims related to disabled people who were excluded and marginalised, I felt this was critical. Given some of the methods used to collect and analyse data were not pre-determined, it had elements of grounded theory. Furthermore, given the fact that participants and myself were involved in knowledge construction, it was constructivist. This methodology was evident in three interrelated stages: exploratory, experiential and theorising.

Exploratory stage

This stage explored how disability was understood and the nature of conflict in Uganda. Convenience and purposeful sampling were used to select participants (Glaser, 2001; Morse, 2007). From April to July 2012, 103 invitations were sent by email of which 43 people showed interest and 27 participated (see Figure 1).

Total number of participants	27
Gender breakdown	14 males, 9 females, 4 withheld
Profiles	Lecturer, Professor, Assistant lecturer, Lecturer of economics of education, Teacher, Disabled Teacher, Professional teacher, Researcher in education, Research consultant, Researcher, Human rights researcher, Student, Consultant social worker, Health care assistant, Psychological well-being practitioner, Social worker, Education specialist, International education consultant, Technical Advisor Education, Senior risk consultant, Programme Assistant, Public Relations Officer, Journalist and unidentified

Figure 1: Overview of online participants

Efforts were made to include disabled people but only one participated (see Figure 1). Children were not invited due to ethical issues but were included in the next stage.

An online questionnaire was used to collect data. To reflect the grounded and constructivist nature, questionnaires were modified depending on data from previous participants and gradually sent out. There were several advantages of using questionnaires: reaching varied participants; physically distancing myself from conflict settings (Liamputtong, 2007); allowing participants time to respond with less disruption to their normality (Denscombe, 2002); and saving time for transcribing data (Creswell, 2013). However, questionnaires were available only in English and those who received them might not have been the ones who completed them. For example, one recipient asked her secretary to complete it. Effectively, ownership of responses was one of the issues and thus a limitation.

Questionnaire data was analysed using sifting, open coding and memoing. While sifting involved preparing data, open coding facilitated the construction of provisional codes which

allowed me to see the direction in which to take the study (Charmaz, 2006; Glaser, 2001; Strauss & Corbin, 1990). This was followed by writing memos: a process of thinking about data, developing ideas, directing the coding process and exploring relationships (Strauss & Corbin, 1990; Charmaz, 2006). As my methodology involved iteration, all data was re-analysed during the experiential stage.

Experiential stage

In this stage, I wished to deepen my understanding of the experiences of disabled people and how it could be improved. Purposeful sampling was used and two sites were selected. Kyenjojo in the West because it was convenient, and Gulu because it was in Northern Uganda which was transitioning from ‘a region in crisis to one focused on rebuilding and recovering’ (Kelly and Odama, 2011: 2). In these sites, participants were selected because they knew the settings, were living there, had disabilities or were connected to disabled people. By the end of the field study in August 2012, 45 people had been contacted and 35 had participated as shown in Figure 2 below.

Total number of participants	35
Interview method used	29 face to face 6 interview guide questionnaire
Gender breakdown	20 males 15 females
Profiles of participants	Guide/ translator, College Tutors, Teacher trainees, Social worker, Headteachers, Teachers, Disabled Teacher, Teacher of children with hearing impairment, Leaders, Parents and children with disabilities

Figure 2: Overview of field participants

At this stage, more disabled people and children participated. Participants ranged from approximately 7 to 70 years. Most public sector workers did not participate as they might have been ‘frightened of being overheard talking politics’ (Dowden, 2014: 44). Then, humanitarian workers who had scheduled interviews left me messages stating they were busy with field work.

Interviews and observation were the main methods of collecting data. I went to Uganda with the aim of conducting individualised European style interviews. This was to minimise danger in cases where sensitive information was shared and to maintain privacy (BERA, 2011). However, whenever I conducted individualised interviews, other people joined in and took part without being invited. They often sat in a circular format in their courtyards, fields, local bars, huts and expressed their views, complemented each other and celebrated life as a community. Interviews were recorded and conducted in English, Rutooro and Acholi.

After most interviews, participants accompanied me to other homesteads. In this way, participants were given control of the selection process. Through the narrow footpaths, they advised me where to step and where to avoid in case there were unexploded bombs. On arrival to the next village as a group, we were welcomed, previous participants stayed and we concluded interviews with sharing food and drinks as per their custom. This interview experience made me realise that in this setting, interviews, journeys, dangers, meals and life are all shared as a community. I conceptualised these as Africanised interviews: they were localised in the villages, emerged from the villages, were culturally constructed by the villagers, and reflected the importance of the community (Businge, 2015). During the interviews, I sought to understand the perspective of participants, gave them voice and we constructed knowledge together (Kvale, 1996; Mills et al., 2006; Cohen et al., 2007). Africanised interviews which were a product of my critical, grounded and constructivist methodology, were more appropriate as they were communal events and not individualised sessions to reminisce the horrors of protracted conflict.

During the four weeks of Africanised interviews, I was also a participant observer (Creswell, 2013). As I could not observe everything, I used observation guide sheets and photographs to capture phenomena. As I was not originally from Gulu and therefore an outsider, my research guide took some of the photographs. Whenever I took photographs, I was sensitive so as to avoid compromising my ability to maintain rapport, being suspected a spy and not remaining in the field. Given that I was born in Kyenjojo, I was an insider and took all the photographs there. Using photographs strengthened my study and challenged quantitative researchers who see observation as unreliable in collecting data (Silverman, 2005).

As in the exploratory stage, data was analysed using sifting, coding and memoing. Sifting involved transcribing interviews and preparing observation data using Nvivo. This was followed by 'in vivo' coding which used participant's own words in the naming of codes thus giving them voice (Strauss and Corbin, 1990; Glaser, 2001; Charmaz, 2006). This was followed by focused coding which used the 'most significant or frequent initial codes to sort, synthesize, integrate, and organize large amounts of data' (Charmaz, 2006: 46). Using literature as a dialogue partner, reflective memos were written and they offered opportunities to think about the 'links between my ideas and the stories that gave rise to them' (Charmaz, 2006: 76).

Theorising stage

In this final stage, I ensured that data from the exploratory and experiential stages was appropriately analysed and discussed using relevant literature. Once focused codes and reflective memos were sampled and constant comparison applied (Denscombe, 2007), theoretical coding which specified relationships between focused codes started (Charmaz, 2006). Theoretical coding moved analysis into a theoretical direction because without it data would ‘culminate into mundane descriptions’ (Charmaz, 2005: 511). As open codes in the exploratory stage fractured data and focused codes in the experiential stage clustered it, theoretical coding knitted data together and told a coherent analytic story (Charmaz, 2006) using concept such as ‘African disabilities’.

Findings

Various findings emerged about disabled people living in conflict settings. They were captured in three focused codes: ‘displaced and dehumanised’, ‘normal at home /“abnormal” in the community’, and ‘visible in the community invisible in provision’.

Displaced and dehumanised

This study showed that conflict led to forced displacement and disabled people were abandoned. In Gulu, I met people who remembered being forced to leave their ancestral villages by Ugandan government forces and taken to protected villages which they referred to as ‘artificial villages’ created to be safe zones. One woman narrated what happened to disabled people during this process:

Some were being left and killed because they do not have any effort to run and follow others. Unless the relatives thought of them and collected them. You know in 1997 there were 5 who were killed. In 2010 three in my village were killed. That is the only number I know.

This meant the number of disabled people who were abandoned or dead was unknown. Leaving ancestral villages symbolised the disintegration of the community. Research by Human Rights Focus (HURIFO, 2002:17) indicated that the disintegration was accelerated by the Government of Uganda as:

The Army went rounding up people and marching them to the trading centres not allowing them to carry any luggage and claiming that government would provide for

them. In some areas mortar-bombs were looped into the villages while in others the helicopter gunship went round dropping bombs

This shows the inhumane way people left their villages: uprooted and dispossessed.

While in Gulu, I visited three former protected villages: Laroo, Unyama and Cho Pee which were accessed by dusty roads and footpaths. Most houses were huts made out of mud or grass thatched (see image below).



Image 1: Huts in Unyama village

One of the inhabitants told me how during conflict, this village had over 30,000 people. In 2012, it had approximately only 1,000 residents left.

Parents, leaders and professionals described the experience of disabled people in protected villages as one of suffering. Protected villages were overcrowded, lacked basic facilities, people had no access to land, and this had led to famine. Also, protected villages were attacked by rebels and people were abducted or killed. A man who survived the conflict narrated how ‘when rebels attacked, the soldiers would hide among us’. This meant it was the people who actually protected the soldiers. Due to insecurity, people were not allowed to leave protected villages. These therefore became ‘internment camps’ (Branch, 2008: 153) and people became ‘inmates’ (HURIFO, 2008: 36).

Other participants talked about their over-reliance on international humanitarian organisations. They named organisations that offered education, counselling, and medical care. However, their support did not always reach disabled people. In Unyama, I met a mother and her disabled child who explained the situation:

I struggled with an organisation called X. This organisation told me to take them that spoilt wheelchair so that they can replace it. I moved to those people for almost one year and up to now they have not yet replaced that wheelchair.. Up to today he [disabled child] doesn't go to school because there is no one to take him to school and he had no wheelchair.

This child could not access services and his mother could as well have been a victim of a rogue humanitarian organisation (Dysart, 2007).

For some people, poor living conditions and insecurity triggered further displacement from one protected village to another. In this way, displacement became a routine as expressed by a physically disabled man:

There was a lot of running anytime whether at night, day or morning. There were times people would just run.

However, running was not always an option for physically disabled people. Also, displacement did not stop when the guns had stopped. Some participants told me that many people were being displaced at the end of open conflict. These included people who had originally been forced from ancestral villages and were returning. There were also people born in protected villages who did not know their ancestral villages and followed the exodus without a predetermined endpoint. Some people abducted by rebels were returning and those born in captivity were arriving for the first time.

At the end of twenty-three years of conflict, I was told that not everyone had returned to their ancestral villages. This was the case with the dead whose bodies who had not been returned to their ancestral lands; widows and their disabled children I met in former protected villages; abductees who were still under the control of rebels; and people taken to returnee centres upon their arrival from captivity commonly referred to as 'the bush'. While in Gulu, my research guide escorted me to a returnee centre which was guarded by soldiers. During our visit, we saw children with bodily deformations and others naked and wandering in the compound. This was similar to what Berghs (2011) witnessed in Sierra Leone where the amputees and wounded were put in special camps controlled by humanitarian workers.

Added to the displacement was also dehumanisation. During interviews, survivors of the conflict retold its impact on their community such as people engaging in dehumanising

actions like rape and killing of relatives. This confirmed findings by Klasen et al. (2010) suggesting that more than half of the 330 returnees participating in their study had been killed, a quarter had been raped, many had witnessed killings, and others participated in abductions and shootings. It was not surprising that Carol Bellamy, the former UNICEF Director, referred to Northern Uganda as ‘the worst place on earth to be a child’ (cited in CSOPNU, 2007: 2).

As conflict had become a way of life for many people, some such as the following teacher came up with a set of proposals:

There should be a curriculum that touches the conscience. Most of the people who went through the time of war their conscience is lacking. The inner voice is lacking. The curriculum that caters for the inner voice is lacking. The NCDC [National Curriculum Development Centre] prepared a curriculum for a normal well grown up, well brought up child (socially, emotionally, spiritually), but now the social element, spiritual element; moral element in the war conflict area is dead. We now need to bring it up from the children.

As discernible in this excerpt, it appeared that children living in conflict had lost their humanness and had become ‘conscience-less’. This was an original finding in this study.

As an insider researcher, conscience is a significant marker of being human in African societies and lacking it is often perceived as not being human. For example, the Batooro people of Kyenjojo refer to those lacking conscience as ‘mahoiga’ which means ‘life-less leaves’ no longer attached to the mother tree (Businge, 2015). Other research showed cleansing rituals being performed by healers and elders to reinstall humanness and reattach those lacking conscience to the community (see Finnstrom, 2001; HURIFO, 2008; Annan et al., 2009; Harlacher, 2009; Neuner et al., 2012).

On a different note, participants were concerned that people who had died during conflict were not buried and this was dehumanising. In the villages I visited, it was only in Cho Pee where I saw graves (see the image below).

These graves are few compared to the many people who died in this village. Also, considering the price of cement in Uganda, these graves seem to be more expensive than the traditional huts in the background. It is poignant that families who could not even afford decent homes, spent more money on burying the dead. This was an indicator of the respect people gave to the dead.

Image 2: Graves in Cho Pee village



However, most participants talked about the dead being abandoned. For the Acholi people who live in Gulu, not having a decent funeral in one's ancestral village was not normal. A study by Boas & Hatloy (2005:20) reported how:

People live in the camps, but they also die there. In accordance with Acholi tradition, the dead are therefore to be buried in the land that belongs to their family and clan. The dead and the issue of putting them to rest in the soil belonging to the lineage are important in Acholi culture. Land is survival (i.e. the living), land is the future (i.e. the generations to follow) and land is the past (i.e. the dead). These elements must stay connected to each other if harmony and tranquillity are to be preserved. People are supposed to be buried on their lineage soil, but for many families this is not an option anymore.

Given the loss of ancestral land, most people who died during conflict will neither be buried nor reburied beside their ancestors. In Acholi imagination, this signifies a disconnection from the ancestors who are still part of the community. To conclude, conflict did not only displace and dehumanise the living but also the dead.

Normal at home, "abnormal" in the community

In this study, disability was constructed based on long-term impairments such physical, intellectual, visual and auditory. Participants used words such as 'impairments,' 'limitations'

and 'disabilities' synonymously. For instance, a researcher defined disability as 'impediment hindering normal performance'. A disabled teacher defined disability as 'having a deformity'. A risk consultant perceived it as the 'inability to undertake activities performed by normal people'. A disabled child pointed to her paralysed legs while a disabled man said he acquired physical disability because of the injuries sustained during conflict. This evidence showed 'disabled people' defined themselves and were defined in contrast to 'normal people'.

Participants further disclosed that disabled people experienced stigma and this led to their rejection in communities. Stigma was often linked to the negative attitude people had. It was expressed in derogatory terms and labels given to disabled people such as 'stupid', 'imbecile', 'dumb', 'mentally retarded', 'mad', 'idiot' and 'abnormal'. A disabled man said 'these words are damaging'. In addition, parents told me their disabled children were physically abused or taunted because of their disability. A mother recounted her experience:

He (son) started nursery and he had a lot of problems because children could disturb him so much.

Another mother of a disabled boy narrated:

At times I would go to the garden only to find the neighbour has beaten my kid seriously until one day I decided to fight with the neighbour. The police was involved and I decided to move to another area where the place was not congested. After that place I moved here [Unyama village]. People would despise me with my child.

This child could not go to school because of the difficulties he experienced while there. However, his mother never abandoned him, but instead relocated to another protected village.

In other cases, participants talked about disabled people being disowned, isolated, and living dehumanised existences:

When you are lame you are cursed. You find some parents very early in the morning they pick that child and hide it in the bush when they go to work. They do not want people to see the child. That child is a curse. Sometimes they build a house in the bush for the child and keep taking them some food there (Teacher, Gulu).

This narrative revealed that being cursed was both a personal and family tragedy that affected relationships. As disabled people were socially dislocated from villages (representing human customs) and taken to the bush (representing animal habitat), they were cut off from human communities (Businge, 2015).

In a related finding, some online participants named humanitarian organisations that worked

towards changing society's attitudes towards disability. Some asserted that due to the disability sensitisation people were receiving from humanitarian organisations, the mentality towards disabled people was changing. However, other participants did not agree with this. One education suggested that:

There is still a lot of stigma and CWD [children with disabilities] are seen as the last in line to receive care and education in most families.

This was evident in all the six villages I visited: none of the disabled children went to school. Stigma and negative attitudes towards disabled people existed, and participants wished for an inclusive society.

In their home environment, some disabled people were considered normal, and in rare cases perceived better than others. For example, a grandmother in Kyenjojo asked her disabled child to sing for me. The child accurately sang in English verses from the Christian song 'Jesus loves me'. After singing, the grandmother commented:

You can see she is very clever the rest are stupid. If you happen to come and you do not find me leave my message with her.

For this grandmother, her grandchild was normal and useful. Also, choosing a Christian song suggested that Christianity was important to her. This testified that Christian missionaries had been successful in converting Africans from their traditional religions.

The perception that disabled people were normal and useful was similar to the views of disabled people I met. For instance, in Kyenjojo I met a physically impaired man who was a farmer and treasurer for disabled people. In Unyama, I met a young girl who aspired to be a singer as well as a boy who hoped to be a doctor. In Gulu town, I met a man who had acquired physical impairment during conflict and had a high level leadership role in education. This evidence suggested that disabled people were useful in their communities and had aspirations.

In cases where disabled people were considered normal and useful, they were accepted and cared for. However, caring for them was a daily struggle resulting from poor parents and carers who lacked support from their communities and government. For example, a local councillor in Kyenjojo talked about a parent who used a wheelbarrow to transport his physically disabled child to school because the family did not own a wheelchair. I also met a physically disabled girl whose grandmother felt powerless when she could not provide care at the right time:

She wants me up at midnight that she wants to use the pit latrine. By the time I reach

she has soiled the bed.

Caring for disabled people was also hard when poverty and disease intersected in their lives. According to a local councillor, there was ‘rampant poverty’ in villages. While individual poverty was evident in people’s inability to afford basic necessities, state poverty was visible in the government’s inability to offer quality services. For instance, some children were unable to have treatment for common diseases such as malaria or immunisation against polio due to lack of drugs. In other cases, caring for disabled people in the absence of acceptable medical care paid for by the government exacerbated poverty:

You find that even a child has made the family very poor especially diseases that are incurable. Parent has spent all his money on that child since birth especially epilepsy’ (Head teacher).

Families with disabled people were effectively trapped in poverty and the poor who became disabled due to war descended further into poverty (Groce et al., 2011).

However, some relatives embraced the negative attitude and abandoned disabled people. For example, a grandmother recounted being left to care for her disabled grand daughter:

My daughter left me this girl when she was very little. She ran far away when she knew this girl was disabled.

Another man with a physical impairment lived with his grandchild in an isolated house on the back of a farm which I accessed through a narrow footpath after jumping barbed wires. I observed him crawl diagonally as he tilled the land. He told me that he crawled on a narrow and dusty footpath to the market to sell his agricultural produce. This was his way of coping with poverty.

Visible in the community, invisible in provision

Professionals, leaders and parents admitted that disabled people were visible in their communities but invisible when it came to the provision of services. Those with physical impairments were more visible, as this education advisor explained: ‘Physical disability is often what is meant by disability in Uganda’. Other evidence suggested that people with intellectual, visual and auditory impairments were invisible and only visible after close observation. In Kyenjojo, a head teacher diagnosed intellectual disability by the number of times a child repeated behaviours. In Gulu, a special needs teacher stated that children with invisible disabilities:

...can be judged according to their work, how they behave, how they interact to people, how they react to people and how they play.

This evidence signalled observation as the main mode of assessing impairment in Uganda. This was different from the UK for example where observation is triangulated with standardised tests.

War, disease, domestic violence, accidents and poverty were common causes of disablement: For example, a special needs teacher expressed how ‘war causes physical disability, but even this deafness it comes as result of bombing. A disabled man recounted his experience: ‘When I was born, I used to walk even go to the well fetch water. I caught polio when I was about 4 years old’. Education professionals cited domestic violence inflicted on women during pregnancy as a cause of impairment. An education advisor wrote, ‘Accidents and conflict are also important causes of African disabilities’. The use of the term ‘African disabilities’ was significant as it made a distinction between disability in Africa where she worked and Europe where she originated.

A unique feature of ‘African disabilities’ was revealed by a disabled man who held a senior position in education in Gulu. When asked about disabled children, he shared the following observations:

We have all categories of learners with disabilities. We have those with physical impairment and these physical impairments they are of different causes. We have some who are born with it we can call it congenital, there are others who got it through accidents, disease, hearing, visual problem, mental retardation, slow learners, we have autistic children, we have children with HIV/ AIDS. We have children with Sickle cells. We have children with tuberculosis, children under difficult circumstances and they are the majority. These are children coming from poor socio-economic backgrounds which actually make up the biggest population of this district. They are having parents who are not concerned. They are having parents who are not supporting them. These are children especially girls who are sometimes forced to get married when they are still young. So, those are the categories and we put them under difficult circumstances... Yes we do categorise children in difficult circumstances as disabled.

In this excerpt, categorising children from poor socio-economic backgrounds as disabled suggested a correlation between poverty and disability. It implicated society in causing disability as some people were victims of rape, neglect and forced marriage.

While attempts were made to explain the causes of acquired disabilities, participants lacked explanations for congenital disabilities. This was evident in the gestures and statements they made. Pointing to her daughter’s leg a parent explained that ‘She was born like that... I don’t

know the cause'. Scratching his head in the courtyard of his hut, a parent stated that 'it is really hard to tell the cause of disability'. Relaxing in his living room, a cultural minister asserted that 'people know polio can be caused, but the issue of deaf and blind they don't know'. This evidence captured the uncertainty that surrounded disability and participants' inability to arrive at meaningful explanations.

In the midst of uncertainty, some participants resorted to explaining disability as a curse. For example, a disabled tutor from Uganda wrote how 'traditionally thinking, when I heard of disability, I thought it is something to do with curse from God after you have sinned'. This was the only participant who linked disability to being cursed by God. In a follow-up email, she could not explain further. During the field study, any attempt to sustain a discourse on disability and God resulted in silence. As an insider, I think participants were scared because of the belief that talking about disability could make them or their offspring become disabled (Businge, 2015). It was therefore not possible to explore the relationship between being disabled and cursed. It was not clear whether this discourse originated from African cultural beliefs or if it was a result of the evangelisation by Christian missionaries from the global North. What was clear, was that the discourse on disability as a curse was suppressed by other prevailing explanations. This could well be a subject for future research.

Given the attitudes people had, disabled people were often invisible in the provision of services. Many participants indicated that disabled people were suffering and attributed this to uncaring communities and the Ugandan government. Evidence showed that when funding existed to start development projects, disabled people were locked out by bureaucracy:

The government doesn't care about disabled. They had proposed starter packages (entandikwa) but you must form a group. A lot of bureaucracy and each person who puts a stamp have to be bribed or paid to put a stamp. Groups break easily and thus not able to access funds (Disabled participant).

In this excerpt, the treasurer listed the hurdles he went through to access starter packages-funding to help people overcome poverty. This confirmed findings by Chataika et al. (2011) suggesting that most governments and their development partners excluded disabled people from poverty reduction programmes. Effectively, most disabled people in conflict settings lived and died in poverty.

Discussion

When these findings were read in light of the literature, critical knowledge emerged on the nature of disability and how the experiences of disabled people could be improved. These were captured in two concepts: 'African disabilities' and 'Africanising disability'.

African disabilities

Disability in Africa is distinct as expressed in the concept of ‘African disabilities’ which has three theoretical codes: ‘conscience-less’, ‘living in difficult circumstances’ and ‘scholarly colonialism’.

This study revealed that conflict in Northern Uganda had become a way of life and this led to conscience-less people. Other studies indicated that people who returned from captivity were dispossessed of their humanity and introduced a dangerous dynamic into communities (Kelly and Odama, 2011; Bragin and Opiro, 2012; Spitzer and Twikirize, 2013). As they had lost their conscience or become dispossessed of their humanity, they were detached from the human community. In most African societies, conscience is a significant marker of being human (Businge, 2015). Given that conflict made people conscience-less, people also became disabled.

Once people became disabled, they were rejected by their communities. This was the case with the people I found in the returnee centre in Gulu which was guarded by the military and those in other returnee centres run by humanitarian organisations. The experience of rejection contradicted African beliefs in communal living and being human: beliefs that were valued by the Acholi:

The human being, much as is an individual, is also considered part of the wider community. Communal sense of claim of ownership and responsibility attested to by many respondents is a very rich traditional value in enhancing social cohesion within communities and becomes a natural tool for social safety nets as well as a deterrent to potential conflicts. Individual actions, on the other hand, may affect the well-being of the entire community (HURIFO, 2008: 35-36).

This meant that within the Acholi, being human entailed belonging to the community.

Though this inseparable connection between the individual and community is widespread in African societies, it is also difficult to articulate. Le Roux (2000) indicates that in the African worldview, a human being or ‘umuntu’ consists of the body, breath, energy, heart, spirit, brain, language and humanness of which humanness or ubuntu is the most important quality. Tutu (cited in Waghid and Smeyers, 2012: 11) explains this:

Ubuntu is very difficult to render into a Western language. It speaks to the very essence of being human. When you want to give high praise to someone we say, ‘Yu, u Nobuntu’; he or she has *Ubuntu*. This means that they are generous, hospitable, friendly, caring and compassionate. They share what they have. It also means that my humanity is caught up, is inextricably bound up, in theirs. We belong in a bundle of life.

We say, ‘a person is a person through other people’ (...). I am human because I belong, I participate, and I share. A person with *Ubuntu* is open and available to others, affirming of others, does not feel threatened that others are able and good; for he or she has a proper self-assurance that comes with knowing that he or she belongs in a greater whole and is diminished when others are humiliated or diminished, when others are tortured or oppressed, or treated as if they were less than who they are.

This suggests that being human engenders interdependence and interconnectedness. This supports work by scholars who argue that ubuntu is intrinsically linked to belonging to the community (see Higgs, 2012; Waghid and Smeyers, 2012; Letseka, 2013).

In African cultures, the community always come first as it defines the fabric of life (Mbiti, 1970; Venter, 2004; Higgs, 2012). It defines the individual in that:

Whatever happens to the individual happens to the whole group, and whatever happens to the whole group happens to the individual. The individual can only say, ‘I am, because we are; and since we are, therefore I am’ (Mbiti, 1970: 108).

This means that the community is the foundation for individuality and humanness. The community is not restricted to living human beings, but includes the unborn, the dead and the gods sometimes represented in nature by rivers, mountains, animals (Venter, 2004). This suggests that ubuntu should naturally lead to inclusive communities.

This study showed that before conflict, people lived in communities permeated by ubuntu. During conflict, these communities were destroyed, cherished values were lost, and people became conscience-less and others were excluded. After conflict, people aspired to live in ubuntu communities where there was peace, harmony and reconciliation with each other and with their ancestors (Businge, 2015). As people who were conscience-less were cut off from the community, they were no longer parts of the human chain that links them with their ancestors above and their descendants below (Teffo, 1996). As this contradicted the general consensus in Africa that being human is inseparable from belonging to the community, cleansing rituals were performed to reinstall humanness (see also Finnstrom, 2001; Venter, 2004; HURIFO, 2008; Annan et al., 2009; Harlacher, 2009; Neuner et al., 2012).

Traditionally, rituals took place in ancestral villages. However, as displacement led to the abandonment of ancestral villages, communities and families were broken as documented by Cheney (2005: 32):

...families used to sit around the fire circle in the evening, where children would entertain elders with their antics, and elders would tell stories that helped children

understand who they were and would morally guide them. Traditions such as this have broken down in the IDP camps where thousands of Acholi are forced to live.

This comment accentuated the family as a locus of education where traditional wisdom and values were transmitted to the young and their consciences formed. Given that the communities where rituals were to be performed and conscience nurtured were broken, there were no structures to fully reintegrate people disabled by armed conflict.

Another feature of African disabilities included people 'living in difficult circumstances'. This feature constructed by professionals in Gulu to arrange provision, revealed the extent to which rampant poverty disabled people in conflict settings by creating difficult socio-economic circumstances. This was consistent with the social model of disability from the global North where disability is seen as a result of social barriers that restrict people with impairments, an oppressive social problem that needs to be changed (Finkelstein, 2001; Gabel and Peters, 2004; Thomas, 2004). This model extended disability to people with no impairments, but who were poor, had been raped and/or victims of forced marriage. This is identity dislocation as people who were previously not disabled, were identified and treated differently because of poverty (Businge, 2015).

The last feature of 'African disabilities' related to how scholarly colonialism led to the construction of disability and how neo-colonialism contributed to the oppression of people labelled 'disabled'. While colonisation is defined as 'the direct political, economic and educational control of one nation over another', neo-colonialism refers to a 'planned policy of advanced nations to maintain their influence in developing countries' (Altbach, 1971: 237). This study showed that both colonialism and neo-colonialism existed in the conflict setting of Uganda through humanitarian organisations from the global North. Other research suggested that it would have been impossible for the Ugandan government to keep people in protected villages without support from over 600 humanitarian organisations that provided civil administration and launched a camp management strategy that parcelled war zones amongst themselves (Finnstrom, 2006; Dysart, 2007; Branch, 2008). It could be argued that parceling war zones was like the scramble for and partition of Africa by colonialists in the 19th Century, and humanitarian workers became the new colonialists. It is not surprising that Ugandan government officials were disempowered and told people that it was only humanitarian organisations that could resolve their problems in protected villages (HURIFO, 2008).

This not only showed the extent to which people were neo-colonised and how ancestral land was partitioned in the guise of offering support, but also suggested that humanitarian organisations contributed to the breakdown of communities permeated by ubuntu. For example, traditional leaders were replaced by humanitarian workers and the army in protected villages (Branch, 2008). The breakdown of leadership had implications to communities. Taking counselling as an example, humanitarian organisations used the Western

style individualised approach as opposed to the familiar African communitarian approach. A study by Senyonyi et al. (2012) indicated that counsellors in Uganda trained using Western style assessment tools; counselling was conducted in English with many clients needing an interpreter; and individualised counselling excluded extended families and religious leaders. This implied that approaches used by humanitarian workers to heal people after war, disregarded the culture and wisdom of the African people expressed in proverbs like 'If one person is sick, it is the whole village that is sick' (Businge, 2015). In the context of counselling, for example, this meant that if one person needed counselling, it was the whole community to be counselled. This called for adapting African models of counselling to the African context (Goss and Adebawale, 2014).

Ignoring, suppressing and replacing African ways of knowing was scholarly colonialism (Rao, 2000; Meekosha, 2011). It ignored the 'intellectual, cultural and social resources of the colonised that 'would have provided vital resources for disability discourses' (Connell, 2011:1369). So humanitarian workers applying knowledges from the global North to inform their practice in the global South contributed to the destruction of communities and their knowledge base. For example, after conflict, humanitarian organisations began to run returnee centres where conscience-less people were kept before being reintegrated to the community. This was similar to what Berghs (2011) witnessed in Sierra Leone where amputees and wounded people were put in amputee camps and coached by humanitarian workers that they were 'disabled'. In effect, while people used their new disabled identity to fight for their disability rights (Berghs, 2011), in Uganda, there was evidence that disability was defined using the medical model from the global North and this had suppressed local constructions of being human. Effectively, the term 'disability' was symbolised by labels such as 'conscience-less' and returnees were used to oppress people living in conflict settings.

It was not possible for me to examine the role of humanitarian organisations during the field study. On one hand, the non-participation of most humanitarian workers in my study could be interpreted as fearing to be accountable for their failure to meet the needs of disabled and non-disabled people during conflict and concealing their motive of tolerating a 'convenient war' in Northern Uganda (Dysart, 2007; Dowden, 2014). On the other hand, it could be to conceal these neo-colonial bodies. During his study in South African villagers, Watson (2013) noticed that aid workers experienced themselves as separate from the villagers, resisted invitations to share the local culture and there was a 'strict division, hierarchy, and unidirectionality between an us-who-help and a them-who-receive-help' (Watson, 2013: 25). He also suggested that 'evidence for development's neocolonial nature may be tangibly written directly onto the body conduct of aid workers' (4). In the context of my study, this implied humanitarian workers might not have wished to expose themselves to me. It is worth conducting a study on the role of humanitarian workers or neo-colonialists in averting and sustaining conflict in Northern Uganda.

Africanising disability

It was evident from this study that the way disability was constructed influenced the way people were treated. When disabled people were considered conscience-less or living in difficult circumstances, they were marginalised, excluded and oppressed. In other words, understanding disability in this way gave the impression that disabled people were different and this led to their rejection and exclusion. In addition, the medical and social models of disability from the global North were used by humanitarian workers to construct disability. For example, when the medical model of disability where impairment was associated with disease, accident, trauma, genetic disorder and pathology (see Gabel and Peters, 2004; Thomas, 2004) was used, people labelled 'disabled' were excluded in villages that had traditionally been animated by ubuntu and communalism (Businge, 2015). This was similar in Botswana where colonialists changed traditional notions of disability that were inclusive and in effect people with disabilities were excluded (Novak, 2014).

Effectively, in creating disability as a separate category, colonialists and neo-colonialists undermined traditional ways of supporting people with impairments in Africa (Meekosha, 2011; Businge, 2015). This needs to be decolonised as it is inconsistent with the local knowledges of communalism and ubuntu. Given that disability is relative, it needs to be defined using indigenous knowledges that have been suppressed and devalued by colonialists. I refer to this process as Africanising disability. Africanisation entails using African philosophies to 'mend' communities affected by conflict, re-humanise the relationships between disabled and non-disabled people, and inform disability discourses in the global South.

The Africanisation of disability needs to start with applying the philosophies of communalism and ubuntu, 'Africa's greatest gift to the world' (Niekerk, 2013: 50) to conflict settings. For instance, in relation to mending communities, ubuntu could be part of the curriculum that restores conscience by developing values such as humility, caring, consideration, understanding, wisdom, generosity and hospitality (Le Roux, 2000) in people recovering from conflict. In relation to scholarly colonialism, ubuntu could be used to decolonise disability discourses in Africa and there is hardly any research on this. Only one study has been done by Lorenzo (2013) on disabled women in South Africa which questioned the practice of rehabilitation organisations that advocated for the independence of disabled people while forgetting the interdependence embedded in ubuntu and communalism that women regarded as a means to their development. There is a need for research to investigate which knowledges from the global South and global North could be used to improve the experiences of people living in conflict settings.

Conclusion

This study has revealed how ‘African disabilities’ are constructed and the extent of the challenges faced by people labelled ‘disabled’ in conflict settings: displacement, rampant poverty, invisibility, dehumanisation, and neo-colonialism. It calls for the decolonisation of disability and to use ubuntu as a lens to understand people categorised as ‘disabled’ in Africa. It invites other countries in the global South that are developing inclusive practice to use the values embedded in communalism to inform their policies. It calls for research into identifying which kinds of knowledges from the global South and global North are useful in constructing disability in Africa.

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