



THE AVAILABILITY OF ASSISTIVE DEVICES FOR PEOPLE WITH DISABILITIES

Survey in Namibia

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ABSTRACT

Tampereen ammattikorkeakoulu
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PÄRMÄKOSKI, ILKKA & SIRKKA, KARI-PEKKA:

The availability of assistive devices for people with disabilities
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This bachelor's thesis is a part of a development and co-operation process associated with Finnish and Namibian municipalities Ondangwa, Lempäälä, Keetmanshoop and Kangasala: Partnership for Local Democracy & Development and Social Innovation (PLDDSI). The purpose of this study was to survey the Namibian legislation regarding assistive devices for people with disabilities and how the legislation was implemented in daily living. The objective of this study was to produce a written report for the thesis' partner in co-operation, the municipality of Lempäälä, about the information gathered through interviews and observations in Namibia. This information will be beneficial for the future development work in Namibia.

The basic method that was used in this study was theme interviews. The interviews were analyzed using qualitative methods of research. The process started in the fall of 2011 by data acquisition, and the field work in Namibia occurred in the spring of 2012. During the field work we interviewed different groups of professionals that were associated with assistive devices in Namibia.

Based on our research it is clear that the implementation of the legislation about assistive devices does not function properly in practice. The problems occur in various areas, for example in the availability of wheelchairs and in the number of maintenance services for assistive devices. The situation with children's assistive devices is clearly the worst. The problems are partly a result from the centralization of the services to the capital city, and because of the difficulties in co-operation between the government, regions and municipalities. This hinders the chances for people with disabilities to have an active role in society.

Namibia will benefit from a local company that would be manufacturing and repairing wheelchairs. In the northern region of Oshakati there is a Norwegian funded Local Rehabilitation Workshop (Lorewo) that is manufacturing wheelchairs, but its supply does not cover whole Namibia's demand. A local wheelchair company would create jobs for Namibians and it would make it possible to design wheelchairs that are specifically made to function in Namibian environment. The implementation of the legislation must also be developed and more financial resources should be arranged for it. However, Namibia has been independent only for twenty-two years, and the development of a nation, including the implementation of legislations, is a long and slow process.

Key words: assistive device, disability, legislation, Namibia, wheelchair

TIIVISTELMÄ

Tampereen ammattikorkeakoulu
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Apuvälineiden saatavuus vammaisille ihmisille
Tutkimus Namibiassa

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Opinnäytetyössä tutkittiin apuvälinepalveluiden saatavuutta Namibiassa. Työn tavoitteena oli selvittää, kuinka hyvin lainsäädäntö toteutuu vammaisten ihmisten apuvälineiden saatavuuden osalta käytännössä. Tarkoituksena oli tehdä Lempäälän kunnalle kirjallinen raportti haastattelu- ja havainnointityön pohjalta, mikä auttaisi jatkossa kehittämään apuvälinepalveluita Namibiassa.

Opinnäytetyöprojekti sai alkunsa Namibian ja Suomen ystävyyskuntien (Ondangwa, Lempäälä, Keetmanshoop, Kangasala) pitkään jatkuneesta yhteistyöstä. Projekti alkoi syksyllä 2011 ja tutkimustyö Namibiassa ajoittui keväälle 2012. Kolmen viikon matkan aikana tietoa kerättiin haastatteleamalla eri ammattiryhmien edustajia, jotka ovat vastuussa apuvälinepalveluiden toteutumisesta sekä näiden palveluiden käyttäjiä. Haastattelut toteutettiin teemahaastattelumenetelmällä, ja ne analysoitiin kvalitatiivisen tutkimuksen periaatteita noudattaen.

Tulosten pohjalta voidaan todeta, että Namibian apuvälinelainsäädäntö on hyvä, mutta kaipaa uudistusta. Lainsäädännön käytännön toteutumisessa on erilaisia ongelmia. Näitä ongelmia ovat muun muassa pyörätuolien heikko saatavuus ja apuvälineiden huoltopalveluiden riittämättömyys. Tilanne on erityisen heikko lasten apuvälineiden osalta. Nämä ongelmat johtuvat osittain palveluiden ja päätäntävällän keskittymisestä pääkaupungin alueelle. Tämä tekee kuntien, läänien ja ministeriön välisestä yhteistyöstä haasteellista. Tällöin maaseudulla ja syrjemmässä asuvat namibialaiset jäävät helposti apuvälinepalveluiden ulkopuolelle, mikä yhdessä köyhyyden kanssa vaikeuttaa vammaisten ihmisten tasa-arvoista osallistumista yhteisön toimintaan.

Namibiassa on tarvetta pyörätuoleja valmistavalle ja huoltavalle yritykselle. Norjalaisen kehitysyhteistyön aikaansaama ja rahoittama Lorewo-projekti valmistaa pyörätuoleja Namibian pohjoisosassa, mutta sen toiminta on suhteellisen pientä verrattuna koko maan tarpeeseen. Uusi pyörätuoliyritys loisi työpaikkoja ja mahdollistaisi pyörätuolien suunnittelun varta vasten Namibian ympäristöön soveltuviksi. Apuvälinelainsäädännön toimeenpanoon tarvitaan myös lisää taloudellisia resursseja. Toisaalta Namibia on vielä nuori valtio, joten lakien toimeenpaneminen, kuten muutkin asiat kansakuntaa rakennettaessa, vievät oman aikansa.

Asiasanat: apuväline, lainsäädäntö, Namibia, pyörätuoli, vammaisuus

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1 INTRODUCTION

'' The only disability in life is a bad attitude'' –Scott Hamilton

An assistive device enables versatile activities and therefore increases the participation, independence and independent initiative of a person. For some people the assistive device makes it possible to meet certain tasks that were previously impossible for them. Furthermore, the use of an assistive device simplifies the work of the people tending the person with disabilities (Salminen 2010, 17.)

Personal mobility is an essential requirement to participating in many areas of social life. It is also a precondition for enjoying human rights and living in dignity. It also assists people with disabilities to become more productive members of their communities. For many people, an appropriate, well-designed and well-fitted wheelchair can be the first step towards inclusion and participation in society (WHO 2008, 7.)

The World Health Organization (2008) also states that ‘‘when the need is not met, people with disabilities are isolated and do not have access to the same opportunities as others within their own communities’’. The provision of assistive devices, such as wheelchairs that are suitable and fit for the purpose, not only improve the mobility but also open up a world of education, work and social life. The essential next steps would be developing the national policies and increasing the opportunities of training in the design, manufacturing and supplying of assistive devices (WHO 2008, 7.)

This thesis was initiated by Tuula Petäkoski-Hult and Timo Palander, who are working in the *Ondangwa-Lempäälä-Keetmanshoop-Kangasala – Partnership for Local Democracy & Development and Social Innovation (PLDDSI)*. Their contribution to this work has been considerable. They have provided us the necessary background information and the possibility to travel to Namibia to carry out the studies for this thesis.

The aim of this co-operation was to produce a report for the PLDDSI on the availability of assistive devices for people with disabilities in Namibia. The aim was also to produce information for future development work to build up more effective way to deliver assistive devices for adults and children with disabilities in Namibia.

1.1 The background of the study

In 2007, two Finnish and two Namibian municipalities started a partnership called *Ondangwa-Lempäälä-Keetmanshop-Kangasala – Partnership for Local Democracy & Development and Social Innovation (PLDDSI)*. This collaboration is funded by the North-South Local Government Co-operation programme coordinated by the Association of Finnish Local and Regional Authorities.

The Programme objectives have been harmonized with the official multi-dimensional general objectives of development co-operation policy, the most significant of which are the eradication of poverty, sustainable development and gender equality. In ten years over 15 Finnish municipalities have joined in the Programme (Local and regional government Finland, 2012.)

This survey is a part of the development and co-operation process associated with this partnership. This study was initiated by Tuula Petäkoski-Hult, who contacted the Degree Programme in Physiotherapy in Tampere University of Applied Sciences. The process started in the fall of 2011 by data acquisition, and the field work in Namibia occurred in the spring of 2012.

1.2 The aim of the study

The purpose of this study is to survey Namibia's legislation regarding assistive devices for people with disabilities and how the legislation is implemented in daily living. The objective of this study is to produce information for future development work to build up more effective way to deliver assistive devices for adults and children with disabilities. This information will be written in a report that will be handed out to PLDDSI.

Earlier studies and the conversations with Timo Palander and Tuula Petäkoski-Hult (2011) indicate that the legislation concerning the assistive devices for people with disabilities in Namibia does not function properly in practice. ‘‘If the aim is to support disabled people to be active actors in the society there is a need to develop the possibilities to get suitable and usable technical devices for all.’’ (Petäkoski-Hult 2011, 15).

Previous studies also indicate that the social services for people with disabilities are not qualified comparing with the legislation of Namibia. There is a lack of awareness concerning assistive devices. Furthermore there are different kinds of problems with the availability of proper and suitable assistive devices for people with disabilities (Petäkoski-Hult 2011, 15.)

Based on the background studies and discussions with Tuula Petäkoski-Hult, we found out that there are no education possibilities in the area of physiotherapy in Namibia. The nearest country where physiotherapists are educated is South Africa and most of the graduating physiotherapists get employed there. It is also known that there are not any industrial companies manufacturing wheelchairs or other assistive devices in South-Africa or Namibia.

One study about the number of people with disabilities in Karas region, Namibia has been made in 2011. Lindsay Harris from Disability Resource Centre, Keetmanshoop, gathered information in Karas region about the number of people with disabilities there and how many of them needed walking aids. However, there were some problems in contacting all the people with disabilities in that region. The study doesn't also tell how many people, who need the walking aid, actually have one (Harris 2011.)

In 1999 the Norwegian research organization Sintef started a workshop for manufacturing and repairing wheelchairs in Oshakati. The workshop provides employment for people with disabilities, and their work contribution benefits other people with disabilities in Namibia. Furthermore, Sintef has made various studies concerning people with disabilities in Namibia, such as the survey of the living conditions of people with disabilities in Namibia in 2003, and a study about children with mobility limitations in 2006. Sintef also held a conference with the Namibian Ministry of Health and Social Services about the Provision of wheelchairs in Namibia in 2008.

1.3 Methods and research tools of the study

This study is a qualitative study, and the primary data collection method that was used was theme interviewing. The advantage of the name 'theme interview' is that it does not bind an interview into a certain class, qualitative or quantitative, and it does not take a

stance on the number of interviews or how “deep” the processing of the theme goes. Instead the name tells what is most important in the interview, the fact that instead of detailed questions the interview proceeds through central themes. This will release the interviewer from the point of view of the researcher and brings out the voice of the interviewees. Theme interview considers the fact that the peoples’ interpretations of matters and the meanings of matters are central, as well as which meanings arise in interaction. (Hirsjärvi & Hurme 2009, 48.)

Before the journey to Namibia we studied the legislation about the rights of people with disabilities and previous researches. We also felt that it was important to study the Finnish legislation about assistive devices and how these services are organized in Finland so that we could compare the differences between these countries. The doctoral thesis of Tuula Petäkoski-Hult; “Vammaisten apuvälineiden hankintaprosessi, vaikutukset ja kustannukset (1995)” was a good introduction for us in this matter.

In Namibia, the methods of the study were field observations and interviews of the key persons. The interviews were carried out in Namibia during three weeks at the turn of February and March 2012. The interviews took place in Keetmanshoop, Oshakati, Onandjokwe, Ondangwa, Swakopmund, Walvis Bay and Windhoek. The total number of interviews was 23, and the total number of interviewees was 35. Although the interviewees represented many different professions (appendix 1), all of them had important information and perspectives about the topic. The interviewees were chosen beforehand by Timo Palander and Tuula Petäkoski-Hult, and the interviews were coordinated in cooperation with the Polytechnic of Namibia. Some of the interviews we organized ourselves based on the proposals of other interviewees. A covering letter about this study (appendix 2) was presented to the interviewee before the interview.

All the interviews were recorded and analyzed carefully. The data was categorized by the professions that the interviewees represented, and further by the themes of the survey. Because this is not a statistical study, all the results are qualitative and interviews are reported without any names. In the interviews all participants have answered as experts of their own topic and work.

1.4 The themes for the research questions

The interviews proceeded through themes that were selected beforehand and they were complemented with specified questions as Tuomi & Sarajärvi (2009, 75) guide. The questions for the interviews (appendix 3) were based on the following themes:

1. The legislation of Namibia concerning assistive devices for people with disabilities and its implementation in practice
2. The availability of assistive devices
3. The quality of assistive devices for people with disabilities
4. The equality between different groups of people with disabilities concerning the availability of assistive devices
5. The number of professionals working with assistive devices
6. Other matters that may come out during the interviews

2 NAMIBIA

Finland's relationship with Namibia has been longer than with any other country in Africa. It began when the first Finnish missionaries arrived in Namibia in 1869, and it has transformed from development co-operation into a business, tourism and institutional co-operation. Therefore it is also the closest country to Finnish people in Africa. Finland is also well known to Namibians, mainly because of Martti Ahtisaari and his contribution in the formation of independent Republic of Namibia.

2.1 Facts about Namibia

On 21 of March 1990 Namibia adopted a new flag (photo 1), as it gained its independence (Flags of the World 2011). The Republic of Namibia (previously known as South West Africa) is situated in the south Atlantic coast of Africa (photo 2). Its neighbouring countries are South Africa in the south, Angola and Zambia in the north and Botswana and Zimbabwe in the east. Namibia's total surface area is 824,292 km², making it the 34th largest country in the world (Government of Namibia, 2012.)



PHOTO 1: Flag of Namibia (Flags of the World, 2011)

In 2010 Namibia's population was 2 128 471 inhabitants (Ministry for Foreign Affairs of Finland, 2012). The country consists of 13 regions: the Caprivi, Kavango, Kunene, Omusati, Ohangwena, Oshana and Oshikoto regions in the north, the Omaheke, Otjozondjupa, Erongo and Khomas regions in the central areas and the Hardap and Karas regions in the south. The capital of Namibia, Windhoek, is situated in Khomas region (Government of Namibia, 2012.)

Namibia is one of the most advanced countries of Sahara's south sided Africa. It is classified in the United Nations' development program into middle income countries. Namibia's history and social conditions has been shaped by the country's political location between the apartheid-policy in South Africa and the long guerrilla war in Angola (Sitari 2004, 11.)



PHOTO 2: Map of Namibia (Food and Agriculture Organization of the United Nations, 2002)

Despite the country's rapid urbanisation, Namibia is still mainly a rural society with 33% of the population living in urban areas. Regional population densities have great variations with almost two-thirds of the population living in the four northern regions and less than one tenth of the population living in the two southern regions (Government of Namibia, 2012.)

More than half of the Namibians earn their livelihood from agriculture that focuses on cattle breeding. The most important industry is mining: natural resources of Namibia include uranium, diamonds as well as nonferrous metals and precious metals. Diamonds

have been quarried in Namibia for decades, and today they are the country's most important export. Other exports come from agriculture (cattle, pelts of karakul-sheep and meat) and from fishing industry. The coastal waters of Namibia are considered to have more fish than in any other waters in the world. (Wienecke-Janz 2008, 213.)

2.2 The relationship between Namibia and Finland

As was said before, Finland and Namibia have a long relationship that started in the year 1869 when the first Finnish missionaries arrived to Namibia. The effects of the mission are seen to this day by the formation of the Evangelical-Lutheran church, the development of health care and education in the north where the largest ethnical group Ovambo's learned Finnish and were named with Finnish names. Finland also helped Namibia with its independence and the role of Finland's former president Martti Ahtisaari was significant in the realization of the independence plan. Namibia was one of Finland's largest countries for development co-operation in the 1990's. Finland was one of the first countries to consummate diplomatic relations with Namibia in the year 1990 (Embassy of Finland, 2012.)

The relationship between Finland and Namibia is trouble-free. Finland is constantly mentioned as a country that has supported Namibia in its struggle in independency and helped in many ways in building the young nation after its independency. The relations between Finland and Namibia are broad and multifaceted and the interaction is busy in many areas such as culture, science, education, churches and municipalities (Embassy of Finland, 2012.)

The trade between Finland and Namibia is still relatively small, but it has seen rapid growth over the past few years, especially the import of Namibian meat to Finland has grown fast. Finland's export to Namibia consists mainly from machinery and electronics, but the export has potential in expanding to mining, energy and logistical branches (Embassy of Finland, 2012.)

2.3 People with disabilities in Namibia

World Health Organization (2012) has defined the meaning of the word disability in the following manner:

Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives (WHO, 2012.)

The 2001 Namibia Population and Housing Census, undertaken by the National Planning Commission, has listed the number of people with disabilities living in the country. In the following (table 1) is presented the number of people with disabilities in Namibia and the types of disability they have.

TABLE 1. Types of disability in Namibia (National Planning Commission 2001, 29).

Type of disability	Number		
	Total	Female	Male
Blind	29 949	16 688	13 261
Deaf	18 313	9 590	8 723
Impaired Speech	9 756	4 778	4 978
Impairment of Hands	11 659	5 615	6 044
Impairment of Legs	20 560	9 890	10 670
Mental disability	4 782	2 316	2 466
Other	4 562	2 440	2 122
Not stated	14 673	7 479	7 194
Total*	85 567	43 966	41 601

Note: * The total is the number of persons with a disability. This is not the total in the column as some persons have multiple disabilities

As can be seen from table 1 (National Planning Commission 2001, 29), there were 85 567 people with disabilities in Namibia during the 2001 census. Figure 1 (National Planning Commission 2001, 29) shows the distribution of people with disabilities be-

tween urban and rural areas. It shows clearly how the majority of people with disabilities live in the rural areas.

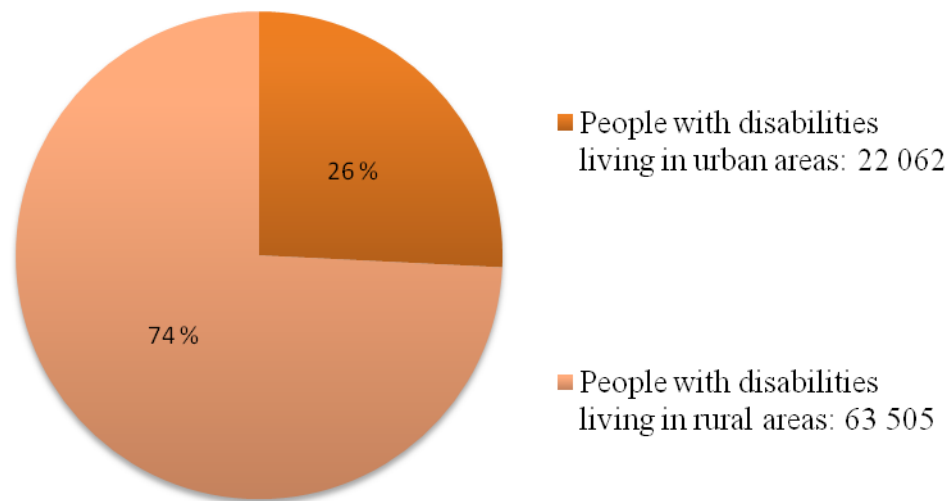


FIGURE 1. The distribution of people with disabilities in Namibia between urban and rural areas (National Planning Commission 2001, modified, 29).

3 POLICIES GUIDING THE AVAILABILITY OF ASSISTIVE DEVICES IN NAMIBIA

There are several policies that guide the availability of assistive devices in Namibia. According to the Namibian Disability Council Act (2004), all the people with disabilities should have full access to rehabilitation, assistive devices and orthopaedic technical services within their communities. This is a part of the Community-Based Rehabilitation programme. The people's families, where possible, will be informed and involved in these rehabilitation programmes (Promulgation of National Disability Council Act 2004, 17.)

3.1 National Disability Policy in Namibia (1997)

This policy was not available for us at an original form. Therefore the policy was read from *Disability Policy Audit in Namibia, Swaziland, Malawi and Mozambique* (2008). It was written by The Leonard Cheshire Disability and Inclusive Development Centre, University College London, and commissioned by Southern African Federation of the Disabled's DFID-funded Research Programme.

The National Disability Policy (1997) states that "disability issues are inherently linked to the advancement of human rights and inextricably linked to human development". The main principles in this policy are: the equalization of opportunities, inclusion and integration.

In contrast, a human rights and development approach to disability would face a better chance of creating equal opportunities. This is the process through which the various systems of society and the environment are made available and accessible to all citizens. As part of the process of equal opportunities, provision should be made to assist them to assume a more complete responsibility as members of society. The principle of equal rights implies that the needs of each and every individual are of equal importance, and that those needs must be made the basis when planning and making policies. Moreover people with disabilities are a natural and integral part of society and in the interest of society as a whole, should have equal opportunities to contribute their experience, talents and capabilities to national and international development (The Leonard Cheshire Disability and Inclusive Development Centre 2008, 30-31).

To achieve these objectives, the National Disability Policy (1997) underlines these tasks:

- “To prevent or reduce the occurrence of physical, intellectual, psychical, or sensory impairments and permanent functional limitation or disability”
- “To assist and support persons with disabilities to reach and maintain their optimal human potential”
- “To make the various systems of society and the environment, such as services, activities, information and documentation available and accessible to all citizens in formats that they can understand. For example, Braille for blind people and sign language for deaf people who use this form of communication” (Disability Policy Audit 2008, 31.)

As for the implementation of this policy, the National Disability Policy (1997) states that:

The Government shall strengthen the coordination, co-operation and communication amongst all governmental and non-governmental bodies dealing with health, education, vocational training, employment, social services and other relevant areas in society; the aim is to ensure a general development towards the equalization of opportunity for people with disabilities in Namibia. Links and coordinating procedures have been established between various bodies, departments, regional and local authorities, families and voluntary organizations. The Government acknowledges the advisory role of representatives of and for people with disabilities as invaluable in the planning and implementation and evaluation of services; and in the programmes and strategies relevant to the needs and lives of disabled people (Disability Policy Audit 2008, 33.)

3.2 National Disability Council Act (2004)

This act is made for the establishment of a National Disability Council. It provides the functions, powers and composition of the Council. The Council consists total of 13 members and a member of the Council holds office for a period of three years. Seven members are nominated by organizations of persons with disabilities, and they should include a broad range of different impairments. One representative from employers working in the private sector, three representatives whose duties relate to rehabilitation, integration or education of persons with disabilities, one member representing the trade

unions and one member who has special knowledge of, or interest in disability or any issues relating to disability. A majority of the members of the Council must be persons with disabilities (The Promulgation of National Disability Council Act 2004, 4, 5.)

The council shall:

- “Monitor the implementation of the National Policy on Disability”
- “Identify provisions of any existing legislation that may hinder the implementation of the National Policy”
- “Comment on proposed legislation that may affect persons with disabilities in any manner”
- “Consult with disabled people's organizations and other disability service providers regarding the implementation of the National Policy”
- “Initiate amendments to the National Policy on Disability in order to ensure that it takes account of changing circumstances”
- “In general take all necessary steps in order to improve the situations of persons with disability in Namibia” (The Promulgation of National Disability Council Act 2004, 3.)

The council has power to make recommendations for the amendment of any law. The Council may gather information regarding persons with disabilities in Namibia or “any information that the Council may require in order to perform any function or exercise any power under this Act” (The Promulgation of National Disability Council Act 2004, 4, 8, 9.)

The Council shall hold at least two meetings every year. At the end of each financial year each government ministry must submit a report on the implementation of the National Policy on Disability to the Council. The Council will then submit a report to the Minister that contains the reports from all the Ministries and a report on the activities of the Council during the year concerned (The Promulgation of National Disability Council Act 2004, 6, 11.)

3.3 Motor Vehicle Accident Fund Act (2007)

The Motor Vehicle Accident Fund Act (2007) is made ‘‘for the establishment, administration and management of the Motor Vehicle Accident Fund as an administrative body to provide assistance and benefits to persons injured in motor vehicle accidents and to dependents of persons killed in such accidents; and to provide for incidental matters’’ (The Promulgation of Motor Vehicle Accident Fund Act 2007, 2).

The money of the Fund consists primarily of money derived from the fund established under the Petroleum Products and Energy Act (1990) (The Promulgation of Motor Vehicle Accident Fund Act 2007, 7). This basically means that each time petroleum product is bought, a small amount from the payment goes to the fund.

This Act entitles benefits for a person who has ‘‘suffered loss or damage as a result of injury to himself or herself, or as a result of the death or injury of any person, in either case caused by or arising out of the driving of a motor vehicle by any person, including the person himself or herself, in Namibia’’ The Fund will cover the costs of medical treatment, injury management, rehabilitation and life enhancement up to 1 500 000 N\$, that is about 151 000 € (The Promulgation of Motor Vehicle Accident Fund Act 2007, 15.)

4 RESULTS

The results of the interviews are presented in the next chapters. The results are divided by the themes that were used during the interviews. Also, the different groups of professionals that were interviewed are separated into six groups: the representatives of the ministry, the councillors, the doctors, physio- and occupational therapists and rehabilitation workers, professionals working with assistive devices in the private sector and the others. Also the answers from the representatives of Motor Vehicle Accident Fund are processed as an own group.

4.1 The legislation and its implementation

All answerers from the ministry were not fully satisfied with the present legislation. One proposal of development to the legislation was to make all buildings accessible for wheelchair users; it should be made mandatory under the penalty of a fine. All answerers felt that the implementation of the legislation is problematic. This is because of the long distances between towns and municipalities. The knowledge and information do not reach all people, especially in the rural areas. The services for people with disabilities are centralized mainly to Windhoek, and the people in rural areas have difficulties reaching these services. The accessibility with wheelchairs is also best in Windhoek and worst in the rural areas. The co-operation between regions and ministries is also something that needs development. The development of the implementation needs regional operation and local supervision.

‘‘It’s good that we have a policy but then there are challenges in terms of implementation. And those challenges are when we talk to people when they go out is the distance to the facility where they need to get, because these services are mostly centralized.’’ (Representative of the ministry 1)

‘‘The current system is in its place... it is sufficient on a national level, and what is now needed is more in terms of regional setups, especially setting up regional offices so that we are able to monitor disability at regional level.’’ (Representative of the ministry 2)

“We have buildings that are not accessible to people with disabilities... So we have a challenge whereby physical buildings in this country, some of them if not 60%, are not accessible and nothing is done about it... so we want to put in a some part in the act if the building is not accessible after this period of time that we will give you, and there’s still nothing done, we can summon you to appear before the council or perhaps you can be fined.” (Representative of the ministry 3)

At the moment there are no statistics available about people with disabilities, but National Disability Council is developing a database about these people. The lack of money is also seen as a problem in the implementation. One of the ministers would like to monitor more closely the use of money in the regions; is enough money used in the purchase of assistive devices such as wheelchairs.

According to the representatives of the councillors, the implementation of the legislation is a challenge, especially in the rural areas. People do not necessarily know about their rights and what services they are entitled to. Also most of the services for people with disabilities are centralized in Windhoek.

All the answerers from the representatives of the doctors did not want to comment on this topic because they felt that they did not have enough knowledge about the legislation. The legislation needs a few changes, such as the rights of the patients should be emphasized more. The first step on the implementation has been taken (the formation of the National Disability Council) but the process must have a continuum. Other opinions that came out during the interviews were that there are not enough professionals, not enough technical skills and knowledge of assistive devices and not enough money. This is why the implementation of the legislation is not sufficient.

“Maybe if the council members were from different regions... the council represents Namibia and not just Windhoek... If there’s a person, for instance from Keetmanshoop, he can make follow up there with the hospitals in the south.” (Doctor 4)

Physio- and occupational therapists and rehabilitation workers were not familiar with the legislation. Therefore they did not want to comment on this subject.

Professionals working with assistive devices in private sector mentioned that the implementation of the legislation is quite good, but it still needs some development. One idea of development was that the transportation services for people with disabilities and for their assistive devices should be included in the legislation. This would improve the accessibility to various services and treatment, especially for people living outside of Windhoek. What was also mentioned was that the ministry's budget for assistive devices is too low. The budget is based on the price level of the year 1994 and today the prices, for example wheelchairs, are double.

In the discussions with the other answerers the implementation of the legislation was not seen as good as it should be. However, it was also seen that some steps forward had been taken, for example the formation of the National Disability Council. Some answerers stated that the implementation does not happen adequately in the rural areas. Some answerers felt that the accessibility for wheelchair users is not on a good level but one answerer stated that all new buildings are accessible nowadays. One point of view was also that some people with disabilities have still a lack in basic needs, such as tolerable living conditions. These necessities should be dealt with before Namibia can progress with other matters.

‘‘The enforcement of any laws and legislations in this country is not strong, it’s not so good.’’ (Other answerer 1)

4.2 The availability of technical devices

The opinion of the representatives of the ministry is that there are not enough assistive devices for people with disabilities. This is because of the lack of funding, the high price of these devices and the slow delivery process. The wheelchairs are ordered abroad, usually from South-Africa, and the delivery process in Namibia is also complicated and slow. There are some workshops in Namibia but these services cannot reach all people. Also because the government cannot offer everyone a suitable wheelchair, some people receive donated wheelchairs from abroad.

The councillors state that most of the services are centralized in Windhoek. Because of the lack of knowledge, many people do not know of the services they are entitled for.

The ministry of health makes a list of the people in need of a wheelchair, and the people get their wheelchairs when there are chairs to be given, whether they are bought or donated.

According to the doctors the availability of assistive devices is a problem. One reason for this might be that in some regions there are no physio- or occupational therapists available who would know how to ask the government money for assistive devices. Getting a wheelchair might last months, years and sometimes it may be impossible. In private sector the process is faster. The process of acquiring a wheelchair is not standardized well. Some of the chairs are bought, some are donated and some are made locally. If a person needs the wheelchair temporarily, he or she pays a deposit. If a person needs the wheelchair for the rest of his or her life, then the wheelchair is given to him or her. Some people, who have the wheelchair on loan from the state, may not necessarily return the wheelchair back when they do not need it anymore and this is a problem.

‘‘There is no physiotherapist in the region or an occupational therapist who can ask for budget to acquire new wheelchairs.’’ (Doctor 4)

Physio- and occupational therapists and rehabilitation workers mentioned that the availability differs between regions. Windhoek has the best situation while regions in the north and south have some problems. This also affects the waiting times; In Windhoek you might have a wheelchair instantly, while in the north or south you might have to wait for it even for years. There are workshops, such as Lorewo in Oshakati region where you can purchase a wheelchair if you have money. Some people receive donated wheelchairs.

‘‘Maybe for three or four years now we have got serious problems with wheelchairs... We have a problem of getting wheelchairs, sometimes due to budget constraint... We want to help those people but the budget doesn’t really allow us to tend all their needs.’’ (Physio- and occupational therapists and rehabilitation workers 3)

Professionals working with assistive devices in private sector commented that in the private sector the delivery process of wheelchairs is quite fast, given that you can afford

to purchase the wheelchair from a private company. The state cannot provide a wheelchair that fast.

The representatives of Motor Vehicle Accident Fund spoke about the availability from The MVA's point of view. The MVA covers the costs of about twenty wheelchairs per year. All the clients do not need a permanent wheelchair. When a new wheelchair is provided, the client is requested to return the old one for that it can be donated to the state. There have also been some clients that have rather borrowed their own wheelchair to some other person for a cost and stayed in bed.

The other answerers stated that getting a wheelchair for your needs is a difficult process. It might take even years to have one. The government will usually provide a wheelchair and the user pays a nominal fee. The amount of the fee varied between interviewees, the average amount being 50 N\$. The donators and sponsors play also a huge part in the availability of wheelchairs.

4.3 The quality of assistive devices

The representatives of the ministry mentioned that in the hospitals there are orthopaedic departments that evaluate the need for a wheelchair and measure the patient. After that the patient receives the wheelchair. Broken down wheelchairs are repaired in the hospitals' workshops. There are currently no companies that would provide repair services for wheelchairs.

The councillors felt that the quality of assistive devices is not sufficient. This situation stands out especially with the donated wheelchairs.

One answerer from the representatives of the doctors felt that the quality of assistive devices is good enough, two answerers replied that the quality is not adequate for daily use. Some of the problems that were mentioned were that many wheelchairs have too thin wheels that are not suitable for the Namibian environment (sand). Also generic wheelchairs are not suitable for all individuals. Some answerers felt that having suitable wheelchairs for children is nearly impossible. The maintenance and repair services are almost nonexistent. These services are only found at the orthopaedic workshops in some

hospitals. Also the vast array of different models of wheelchairs in Namibia make the availability of suitable spare parts very difficult.

“Many of our people who need wheelchairs are from the rural areas, so the wheels are too thin, they sink in the sand and the person can’t really use it.” (Doctor 4)

Physio- and occupational therapists and rehabilitation workers thought that the quality of available wheelchairs differs between regions. The wheelchairs usually fill the quality standards. The tender that the government uses to purchase wheelchairs limits the amount of different models of wheelchairs. The donated wheelchairs do not have cushions, so in some occasions the families of the wheelchair users are instructed to make the cushions themselves. There are currently no viscoelastic cushions available; these cushions would reduce the amount of bedsores. The assessment of the suitability of a wheelchair for the specific patient also differs between regions, depending on the amount and expertise of staff in the region. In some cases the assessment is made based on a photo of the patient.

“Sometimes we have to evaluate the right size of the wheelchair by a photo of the patient.” (Physio- and occupational therapists and rehabilitation workers 2)

Professionals working with assistive devices in private sector told about the wheelchair process in the private sector: The patient is measured and the wheelchair is fitted. The wheels, cushions and the weight of the wheelchair needed are evaluated and the wheelchair is ordered according to the measurement and evaluation. They also mentioned about the quality of donated wheelchairs: these chairs have usually plastic parts that do not last very long and there are not any spare parts available.

“The problem comes with wheelchairs that have a lot of plastic parts... They don’t last in the first place and we can’t get the parts to fix them.” (Professional working with technical devices 1)

During the discussions with the other answerers one question that came up was about donated wheelchairs. Many of the donated wheelchairs that people have are very old,

and this arouses the question whether the chair has been worn out in use or have the donated chairs been second-hand goods. Some answerers also felt that the evaluation and the instruction for the use of wheelchairs is not adequate. All the people do not have right sized wheelchairs and this may cause problems such as the formation of a scoliosis to the spine.

4.4 The equality between different groups of disabled people considering the availability of assistive devices

The representatives of the ministry estimated that the availability of assistive devices is equal between different groups of people. There are some differences in the services available, depending on the region you live.

The representatives of the councillors told that the people with disabilities are seen lower on the social level than healthy people although most of them could act and participate as an active part of the society. People with disabilities are still not a very popular topic of discussion. To have a child that is disabled might be seen as a thing of shame in Namibia, so in some cases the children with disabilities are hidden in the homes. This leads to the social exclusion of the disabled children. This is also one reason why there are no exact statistics or numbers of people with disabilities. If we want to get people with disabilities to be an active part of the society, we have to reach all the people with disabilities, give them information about their rights and raise their self-esteem. It would be essential to increase the information about disability in many sectors. It is also important to increase the number of technical devices and accessibility around Namibia, especially in the rural areas.

Doctors agree that there isn't enough knowledge about people with disabilities and in most cases they are left out from the decisions that affect them. The situation has gotten better since National Disability Council was established. The services for people with disabilities have focused mainly to Windhoek, but people all over Namibia should have the same opportunities for treatment and rehabilitation. Doctors thought that people with disabilities are equal with other people but they are easily forgotten. Society approves people with disabilities but they don't help enough, for example there are no nursing homes for people with disabilities. It's a good thing that people with disabilities

get allowances. Most of the people with disabilities are in the state care because of poverty. They also don't get employed easily. The children's situation is usually worse, children have problems to go to day care or schools and they don't have wheelchairs designed for their needs. Lorewo (in the Oshakati region) has been manufacturing some wheelchairs for children but the production is on a small level.

“We don't have data on how many people are bedridden somewhere in the bush.” (Doctor 2)

Physio- and occupational therapists and rehabilitation workers mentioned that there are several challenges in the question of equality. One theme that rose from the discussions was the children's opportunities to have suitable wheelchairs. Children get suitable wheelchairs only from the Lorewo, if the child's parents have enough money to pay for it. Receiving wheelchairs for the children is a big a problem in Namibia and in many cases they have to think alternative manners to help the child and the family.

Professionals working with assistive devices stated that there are a lot of people who need assistive devices but do not necessarily get them because the lack of availability. The other problem is with the people who are living in the southern or northern parts of Namibia, they do not have the same opportunities to get assistive devices because lack of transportation. Also they may not have enough money to obtain these services. When it comes to ordering wheelchairs for children, there are some difficulties. The availability of different models is poor and the delivery process takes a long time.

“The problem with children's wheelchairs is the availability.” (Professional working with technical devices 1)

According to the MVA representatives, their services reach all over Namibia. They have offices around the country. The only concern is when an accident happens in the rural areas it might be difficult to reach the victims in time.

“Accidents, they happen in very remote areas and sometimes you can't just get to these people in time.” (The representatives of MVA)

Many of the other answerers said the equality varies between adults and children. Especially in the rural areas your opportunity to get assistive devices, treatment and rehabilitation is clearly weaker. There are no schools for children with disabilities in the rural areas and many of the families do not know about the rights and services for the people with disabilities. Furthermore distances are long and people with disabilities have no money to travel, so that also creates difficulties in reaching the services. Many of the answerers have never seen any children sized wheelchairs, many of them also said that children only get adult-sized wheelchairs. In general all people with disabilities have the same rights but you have to know your rights and hold on to them.

“The disabled children in the rural areas, they currently don’t do anything because there’s no special schools for them.” (Other answerer 1)

4.5 The professionals working with assistive devices

The representatives of the ministry state that the lack of professionals in this sector is a big challenge. Few of the Namibian people get employed in disability sector because there’s no necessary education for that in Namibia. Besides, there is a lack of expertise in the people who are working in this sector. Most of the physiotherapists and occupational therapists in Namibia are working in the private sector. Physiotherapy or occupational therapy education should be arranged in Namibia. If there were local training, there would not be need for foreign labour. There would be a lot of work in this sector. Also there is a lack of wheelchair technicians.

“Currently Namibia has a lot of physiotherapists and occupational therapists, but most of the Namibians, they are in private. So I can say, 90 percent of the physiotherapists and occupational therapists working in the ministry, they are foreigners.” (Representative of the ministry 4)

The representatives of the councillors stated that in some regions there is clearly a lack of physio- or occupational therapists. They had positive opinions about physiotherapy education.

The doctors stated that there aren't enough professionals working with people with disabilities and assistive devices. The expertise of the professionals may not always be adequate. Some answerers felt that physiotherapy education is definitely needed, also local manufacturers and repairers for technical devices. Some of the answerers had some doubts about the physiotherapy education in Namibia. They were wondering if it is financially sensible because the need for physiotherapy is limited and that the South-African schools aren't so expensive and not too far to travel to.

“Obviously it will be good if there's something like that but whether it's financially viable I don't know... The schools in South Africa are not that expensive and they are good and it's easy to travel to South Africa and back.” (Doctor 1)

Physio- and occupational therapists and rehabilitation workers had a positive approach on physiotherapy education in Namibia. Some answerers felt that foreign schools might be too expensive for some people, and because of the high standards it is hard to get in. All the answerers had the same opinion with the question of professionals working with technical devices, there is a lack of them and it's a challenge in Namibia. Also one problem is that most of the professionals are working in Windhoek. All the answerers brought out that there are a lot of work in the disability sector.

Professionals working with technical devices mentioned that there is a fair number of professional in this sector, but it is not enough for the whole country's needs.

The other answerers felt that there should be more employees in this sector; in the maintenance of assistive devices, in the evaluation for suitability and correct size of technical devices, and in teaching for the proper use of assistive devices. More professionals should be trained, especially technicians and physiotherapists. Also many of the answerers would like to have more doctors in Namibia. The private sector offers a better income, which is why many professionals decide to work there rather than in the public sector. Furthermore there were discussion that many people may not feel people with disabilities as a priority, which may lead to the lack of services and professionals in this sector.

4.6 Other matters that came out during the interviews

The representatives of the ministry feel that there should be wheelchair production in Namibia. The one problem is that the ministry offers wheelchairs for free of charge. That is why they have a doubt whether there are enough people who are willing to buy an expensive wheelchair from a private company. But ministry and the company could have cooperation between themselves. Many things should be taken into account, for example the price of the manufactured wheelchairs, how high it would be considering the market prices? Many of the African countries also manufacture wheelchairs (Kenya, Malawi, Tanzania and Zimbabwe). One problem that came out also was that there are currently no instructions written in Braille.

The representatives of the councillors think that many Namibians do not know much about rehabilitation and its meaning for people with disabilities. They had a positive attitude about manufacturing wheelchairs in Namibia.

The doctors stated that the need for wheelchairs and rehabilitation is great and growing all the time. This need is not always acknowledged well. There should be more preventive work done. What was also mentioned was that traffic accidents are causing a lot of problems, and the motor vehicle accident fund doesn't always function as well as they claim, for example getting compensation takes a long time.

Physio- and occupational therapists and rehabilitation workers felt that a local wheelchair manufacturer would solve many problems with wheelchairs and their delivery processes. The wheelchairs could be specifically made to last the Namibian environment. The delivery of wheelchairs would be quicker when all the wheelchairs would not have to be ordered through South Africa.

The representatives of MVA mentioned the high number of traffic accidents that happen in Namibia and the high cost of medical treatment. Speeding, driving under the influence and careless attitude in the traffic are some of the reasons for the high number of the accidents. Most taxi drivers drive also recklessly and cause many accidents.

‘The amount (money derived from the MVA fund) is very little compared to what we are spending on daily basis... What we are getting now, it's not

enough because the medical cost is so high these days and the accidents just come up.'' (The representatives of MVA)

Professionals working with technical devices in private sector thought that if Namibia had a factory that would produce wheelchairs, the availability of wheelchairs would be better. Also the lifespan of wheelchairs would be longer if the wheelchairs were designed to last the Namibian environment (thick wheels, sturdy hull).

''A company that can do wheelchairs, then that (delivery) is going to be even faster... If Namibia can get a company, and in the same sense a company that uses materials that can last up in the north.'' (Professional working with technical devices 1)

''If we could set up a factory together in the country locally, where we could manufacture some of these wheelchairs, and so that they would be less expensive so that many people could be able to afford. And we have capable people that can do that.'' (Other answerer 2)

5 CONCLUSIONS

The legislation concerning assistive devices for people with disabilities in Namibia is on a good level but there is a need for further development, for example the accessibility factor does not seem to function properly at this moment. Also the transportation and maintenance services could be considered to be added in the legislation. The greatest challenge is in the implementation of the legislation. This is a result of many reasons, such as the long distances between cities and the centralization of services and authorities to Windhoek. The co-operation between ministries and regional authorities does not seem to function as well as it should. There is a lack of information with both sides. The ministries do not necessarily know what's going on in the regions, and the authorities in the regions do not know the proper codes of conduct.

There are too few people working in the implementation, both nationally and locally. The lack of funding is a problem that was mentioned in many interviews. It was not clear, whether the government simply does not have more money to spend on this sector, or whether there is money but it is used in other sectors that are seen as more valuable.

The establishment of the National Disability Council has been a good thing for the implementation, but it does not function yet as good as it could compared to the present situation with people with disabilities in Namibia. Though it must be stated that the Council was founded just a few years ago and it has only taken its first steps towards better implementation of the legislation.

The process of acquiring a wheelchair is not standardized well. The ministry of health makes a list of the people in need of a wheelchair, and the people get their wheelchairs when there are chairs to be given, whether they are bought or donated. On many occasions the given wheelchair is not suitable for the person in question or to the environment where the chair is used in. The number of repair and maintenance services for wheelchairs is limited to the services of orthopaedic workshops of certain hospitals. Also the vast array of different models of wheelchairs in Namibia make the availability of suitable spare parts very difficult. Because of these reasons, the broken wheelchairs are usually discarded (photo 3).



PHOTO 3: Discarded wheelchair hulls in Keetmanshoop Disability Resource Centre (Photo: Kari-Pekka Sirkka 2012)

The wheelchairs are ordered abroad, usually from South-Africa, and the delivery process is complicated and slow. In the Northwestern Regions of the country, clients buy wheelchairs from the local rehabilitation project workshop Lorewo situated at Oshakati hospital. This does not cover even the needs of Northern regions for the production is not large enough. Because the government cannot offer everyone a suitable wheelchair, some people receive donated wheelchairs from abroad. There are also problems with the loaning process of the wheelchairs. It seems that some people do not return the wheelchair back to the hospital when they do not need it anymore. There is a small deposit that the wheelchair user pays but it does not seem to be large enough to motivate all patients to return the chair for further use.

The assessment of the suitability of a wheelchair for the specific patient also differs between regions, depending on the amount and expertise of staff in the region. In some cases the assessment is made based on a photo of the patient. In hospitals there are orthopaedic departments that evaluate the need for a wheelchair and measure the patient. The tender that the government uses to purchase wheelchairs limits the amount of different models of wheelchairs.

The quality of wheelchairs varies greatly. Many wheelchairs are not suitable for the Namibian environment, for example they have too thin wheels that will sink in the sand. Also generic wheelchairs are not suitable for all individuals. The quality of donated wheelchairs is not sufficient considering everyday use. These wheelchairs usually have problems with suitability, quality and maintenance.

The availability of technical devices is not entirely equal between different groups of people. There are a lot of people who need technical devices but don't get them because the lack of availability. There are also differences in the available services, depending on the region you live. The availability of suitable devices varies between adults and children, situation with children being clearly worse. Also the situation is clearly weaker with people living in the rural areas compared to people living in the urban areas. Many of the families in the rural areas do not necessarily know about these services, which makes their situation even worse. Furthermore distances are long which makes the reaching of these services quite difficult, especially if the people are poor.



Children with disabilities have problems in getting to day-care or schools and they don't have wheelchairs designed for their needs. Lorewo (in the Oshakati region) has been manufacturing some wheelchairs for children but the production is on a small level. There are also problems in the ordering process of children's wheelchairs, for example the duration of the ordering process is very long. The adult-sized wheelchairs are not suitable for small children, and the wheelchairs for small children are not suitable for bigger children (photo 4), as the bad postural support can lead to various problems, such as formation of a scoliosis to the spine.

PHOTO 4: A bad posture caused by a too small wheelchair

(Photo: Ilkka Pärämäkoski 2012)

It seems that the people with disabilities are seen lower on the social level than healthy people although most of them could act and participate as an active part of the society. People with disabilities are still not a very popular topic of discussion.

There are not enough professionals working with people with disabilities and assistive devices in Namibia. This is most clearly seen in the public sector and areas outside of Windhoek. Most of the professionals working with technical devices seem to choose the private sector, mainly because of better income. This naturally reduces the amount of professionals in the public sector. More employees are definitely needed in the disabil-

ity sector; in the maintenance of technical devices, in the evaluation for suitability and correct size of technical devices, and in teaching for the proper use of technical devices.

There are no education possibilities available in the area of physio- or occupational therapy in Namibia. The nearest country to study physiotherapy is South Africa, and whether this arrangement is adequate for the present situation, there are many opinions. Some interviewees felt that there are no available vacancies because the need for these services is small. We disagree that the need would be small, the question is mainly whether there are enough resources set in the field of physiotherapy. At the moment it seems that there is not enough emphasis in this area, but there would definitely be more work.

6 RECOMMENDATIONS

In this chapter we have collected some recommendations for the future work in the field of disability and assistive devices. Some of the ideas came out during the interviews, some are our own proposals that we have formed reflecting on the situation in Finland.

In Finland, the laws that guide the social and health services also guide the services for assistive devices. Furthermore, there are special enactments that guide these services (Petäkoski-Hult 1995, 21). Most of the services for assistive devices in Finland are led by the Ministry of Health- and Social Services. The MOHSS prepares the legislation for health- and social services and guides and monitors its implementation. However, the main responsibility lies with the municipalities and municipal healthcare. In addition, the insurance companies compensate the devices for the insured based on the Transport and Accident Insurance Law. In addition, the employers can apply for assistive devices and necessary modifications to the workstation so that the person with disabilities can work despite his or hers disability (Hurnasti etc. 2012, 29-30.)

As Petäkoski-Hult etc. (2012) state when comparing Namibia's and Finland's differences between the legislation for assistive devices:

“In Finland there are more than 16 laws that ensure the availability of technical devices for people who are in need of them. -- Regional authorities don't have any role in Finland in relation to the decision or delivery process of technical devices. Municipalities as local actors have the largest responsibility in Finland. States role is to establish laws and also follow-up the implementation of the laws. At local level this duty is on municipalities” (Petäkoski-Hult etc. 2012, 24.)

It could be taken into consideration that Namibia could divide the responsibilities about the implementation of the legislation to the municipalities and regional authorities. This would involve more staff locally and make the cooperation easier between the government and the local authorities, thus narrowing the differences considering the availability of the services between Windhoek and the rural areas. In Finland every municipality has its own disability council which is focused on enhancing the services and the rights of people with disabilities in that municipality. It also monitors the implementation of

the disability policy locally. When the responsibility is divided also to the local authorities, the implementation of the disability policy happens better in the whole country.

The National Disability Policy in Namibia should be also revised. The accessibility factor should be enforced, at the moment it is not fully executed. It should be monitored more closely and made mandatory under a penalty of a fine. Transportation for people with disabilities should be considered. Right now it is very difficult for a wheelchair user to use public transportation, and reaching different services is a challenge. The services for maintenance and repair for assistive devices could also be specified in the legislation because these services are not fully available at the moment. The loaning of the wheelchairs should be monitored better, at the moment there are functional or almost functional wheelchairs that are corroding away in people's homes. The deposit could be made bigger, or there should be a fine that is to be charged if the device is not returned to the government.

The process of acquiring technical devices could be simplified so that all the decisions should not necessarily go through the ministry officials. This would be achieved when the regions or municipalities had more responsibility. Accurate statistics would give important data on the current situation and the needs of people with disabilities. With statistics the development of these processes could be monitored much better. Also the budget could be planned more accurately when there are precise numbers about the need of devices.

The National Disability Council should have more resources all over Namibia. There should be more local monitoring and cooperation with different sectors, such as health care, local authorities and organizations of people with disabilities. The importance of cooperation should be highlighted and developed between different sectors. More staff should be hired to the different sectors that are responsible for services for people with disabilities. Currently there is clearly an insufficient number of physio- or occupational therapists in Namibia. It would be important that every municipality had a physio- or occupational therapist because they are experts in the field of rehabilitation and mobility devices. More professionals working with people with disabilities should be educated. If there were local training, there would not be need for foreign labour.

It is good that there are also donated wheelchairs (photo 5), but on the other hand these wheelchairs have problems considering the suitability for the user and the environment it is used in. Furthermore these wheelchairs are not durable and there are no spare parts available for them, so they offer only a temporary solution. The quality of the donated wheelchairs should be monitored more closely and secondhand goods should not be accepted.



PHOTO 5: A donated wheelchair (Photo: Kari-Pekka Sirkka 2012)

If we want to get people with disabilities to be an active part of the society, we have to reach all the people with disabilities, give them information about their rights and raise their self-esteem. It would be essential to increase the information about disability in many sectors. The attitudes towards people with disabilities should be developed, for that the self-esteem of the people with disabilities would grow and that they would be integrated as an active part of the society. This is accomplished through raising awareness about people with disabilities. The availability of assistive devices also enhances the self-esteem by providing people with disabilities a way of independent mobility. Special notice should also be taken with children with disabilities and their opportunities to participate in the society. Sometimes when a child with a disability is born, he or she is being hid from the public. This is because of the embarrassment that is felt. This should not definitely be this way.

There should be emphasis on the preventive work of disability, meaning that the number of traffic accidents should be lowered. According to the Motor Vehicle Accident Fund (2012), the number of road accidents in Namibia in 2011 was 2902, of which 492 fatalities and 5659 injuries (Motor Vehicle Accident Fund, 2012.) In Finland on the same year, the numbers were 6408 road accidents, of which 292 fatalities and 7931 inju-

ries (Tilastokeskus 2012, 8.) These statistics, when compared to the population between these two countries, show the considerable amount of injuries and fatalities that happen in the Namibian traffic. Based on the discussions with the MVA and from our own experiences in the Namibian traffic, we have collected some points of development in the following list:

- Speeding is very common in the traffic in Namibia, and usually the speeding is considerably over the speed limit. There should be more resources for the police to control the speed limits better.
- Animals wandering on the road cause many accidents. Fences that the animals cannot pass should be set up all along the roads, especially in places where there are known to be a lot of accidents because of animals.
- At the moment, driving after sunset is very dangerous, particularly because of the wildlife that is wandering the roads. Lighting the roads would create more safety on this matter.
- The condition of the roads is poor in some places, especially in the north, and some of the roads are very narrow. There are also very few passing lanes. Apparently, some of the roads have been built on top of sand without any base layer. This creates problems especially in the raining season when the roads are under a lot of stress. The roads need more maintenance. There should also be more passing lanes, so that the passings would be safer.
- Driving under the influence of alcohol should be monitored better.
- All the people who get a driver's licence do not attend to a driving school. Also anybody can start a driving school without any previous qualification. Only qualified driving instructors should be allowed to start a driving school. The driving school should also be made mandatory for everyone.
- Anybody can become a taxi driver without any kind of qualification. Only qualified taxi drivers should be allowed to become taxi drivers.

- Many vehicles are overloaded with people (photo 6). When these vehicles get into an accident, many people are in danger of getting injured, or in worst case, killed.



PHOTO 6: A dangerous method of travelling (Photo: Kari-Pekka Sirkka 2012)

7 DISCUSSION

To have an assistive device of mobility makes it possible for people to study, work, participate in cultural life and access health care. People who are lacking independent mobility may be confined to their homes and are unable to live a full and inclusive life. People with disabilities have also to be taken account if we want to eliminate poverty from the world. Lacking personal mobility aids, people with disabilities cannot leave the poverty trap. They will most likely become more disabled and poorer still. If children do not have means for mobility, they cannot access the educational opportunities available for them and will be unable to find employment at adulthood. This drives them even more deeply into poverty (WHO 2008, 22.)

The World Health Organization has documented on the World Report on Disability (2011) "the environmental factors that restrict participation for people with disabilities". These factors are:

- "Inadequate policies and standards"
- "Negative attitudes towards people with disabilities"
- "Lack of provision of services"
- "Problems with service delivery"
- "Inadequate funding"
- "Lack of accessibility"
- "Lack of consultation and involvement"
- "Lack of data and evidence" (WHO 2011, 262-263.)

When the information received through the interviews is analyzed, it is clear that all of the above-mentioned factors are true at some level in Namibia. The legislation and its implementation need development, as well as all these factors. The development of these matters starts from the improvement of attitudes by making the people with disabilities a priority in the policy making. Through the enhancement of the services the participation of people with disabilities will elaborate, thus improving the chances for people with disabilities to be an active force in the society, and therefore making them actually less disabled.

Because disability is not always an obstacle for work, many people with disabilities can have a lot to give to society. The Lorewo project in Oshakati (photo 7) is also one example how these people can be recruited into important areas. There should be more opportunities of employment for people with disabilities. When the situation for people with disabilities is developed, this development process employs professionals in many sectors thus creating more job opportunities in Namibia.



PHOTO 7: The Lorewo project in Oshakati (Photo: Ilkka Pärämäkoski 2012)

There will always be born children with disabilities and they have to have equal opportunities to participate in the society as their healthy peers. With suitable assistive devices and early rehabilitation we can improve the children's development and growth. One of the challenges that must be overcome in the nearby future is that the children with disabilities should have chances for day care, school and recreational activities. The Sunshine Centre in Walvis Bay was a great example how children with disabilities have been taken into account in the Namibian society. In Sunshine Centre, children had rehabilitation, education and daily activities arranged for them (photo 8). Many children had achieved great results while being in the Centre, some of them could actually return back to normal school after a few years. There should definitely be more chances for this kind of activities around Namibia.

In this thesis we have listed some development ideas and recommendations for the future work in Namibia and brought out some central matters surrounding this topic. However it is also important to review this thesis and the methods used in this study, the most important matters being the ethicality and the reliability. If we analyze the ethicality and the reliability of this thesis, we have to consider the following matters. If a study

is not ethically valid it cannot be reliable, but ethical validity itself does not make the study reliable (Tuomi & Sarajärvi 2009, 158-159). The ethicality of this study is evaluated according to the matters that Tuomi etc. (2009) have presented. A good scientific practice includes honesty, care and accuracy (Tuomi etc. 2009, 132-133). We have strived to work in this manner the whole survey process. We have had the permission from the Government of Namibia to carry out this study. We have also asked the permission from each interviewee for the interview and the recording of the interview. We have processed the information confidentially and have strived to interpret and analyze the answers so that our own opinions and feelings would not affect them. The originality and authenticity of the data is brought forth by quotations from the interviews.



PHOTO 8: Rehabilitation in Sunshine Disability Centre, Walvis Bay (Photo: Ilkka Pärämäkoski 2012)

A part of the examination of the study's ethicality is to analyze what sources are used and how they are used (Tuomi etc. 2009, 126). We have strived to use sources that are original and as up-to-date as possible so that the reliability and ethicality remain. Furthermore we have always brought out the original source, if the text has not been our own, and when we have referred to previous studies, results or other sources.

According to Tuomi etc. (2009, 140-141), there are not any unambiguous instructions for the evaluation of a qualitative study. However, he lists some instructions that show how the reliability of a study can be evaluated. In his list he suggests to consider the aim

and the subject of the study, the data collection of the study, the informants of the study, the relationship between the researcher and the informant and the ethicality of the study. We studied how the legislation for assistive devices is implemented in Namibia. Our partner in co-operation had coordinated the interviews with people that were seen significant for this study. We also arranged some interviews with people whose names came up in the earlier interviews. The total number of interviewees was 35 and they represented different professions, which gave the study different perspectives about the matter. Our study does not justify making any quantitative generalizations, but on the other hand it is not the purpose of a qualitative study. All the results have been analyzed confidentially and the personal details of the interviewees are not revealed.

The main data collection method was theme interviewing. During our journey in Namibia the interviews developed into natural conversations, but still the comments of the interviewees cannot be definitely proven truthful. Some of the interviewees may have embellished their comments or they have left something unmentioned. However, we believe that no-one has had the need to embellish their comments. Some of the interviews were group interviews that in some cases may not be ideal. This is because the other interviewees' comments and opinions may affect on the other interviewees comments. (Hirsjärvi & Hurme 2009, 63).

We have described the original data and made conclusions from it without modifying it by our own opinions or by coming up with our own results. All the interviews were recorded so that the answers would remain in their original form thus allowing us to return to the original source when analyzing the results. Furthermore, we observed the situation ourselves, when we visited hospitals in different regions and met some families of people with disabilities. These observations supported the findings from the interviews.

If we look at the purpose and objectives of this study, that were presented in chapter 1, and the results of this study, it would be appropriate to say that this thesis has reached its objective. The assumptions that we had about this subject were mostly correct. We answered in all of our research questions. The report that was one of the aims for this study was approved by the municipality of Lempäälä and was sent to Namibia for comments. Hopefully this report will be beneficial for the future development work in Namibia. Many people in Namibia were very interested in our survey and the possible

future co-operation between Finland and Namibia concerning the manufacturing and repairing of wheelchairs.

The possibilities for further study in this subject are within the matters that the PLDDSI wants to focus on in the future, and in the resources that it has. It remains to be seen whether there will be Finnish and Namibian cooperation for wheelchair production in Namibia. One interesting topic for further study would be the rehabilitation services for people with disabilities and the need for physiotherapy training in Namibia. The education for physiotherapists could be started in cooperation with Finland. There are many topics for further study because Namibia still has a lot of development in the social sector. Through the increase in awareness, information and communication these matters can be developed more effectively. The improvement of the situation for people with disabilities is one important matter alongside other tasks. When the people with disabilities are integrated as a part of the society, the society itself will also prosper through the increased equality between people.

It is important to remember that Namibia has only been independent for twenty-two years, and the development of a nation is a long and slow process. Although we are judging Namibia's situation, we should remember that there are a lot of things that us Finns can learn from the Namibians. For example Namibia's way to grow organic meat is something that the Finnish cattle breeders could learn in these times of intensive farming. Also the Finnish mindset about working, that is concentrated only in the productivity, could learn something about the Namibians relaxed way of life. This kind of cooperation would be fruitful for both of our nations.

This project has been a very rewarding and unforgettable experience. The municipality of Lempäälä and especially Tuula Petäkoski-Hult and Timo Palander deserve our deepest gratitude that we had the possibility to be a part in this project. The Tampere University of Applied Sciences has also helped us by participating in the funding of the journey. It was a wonderful experience to travel to Namibia and meet different people and see a unique country. This project has had a meaningful aim, and it has been great to be a part of it.

When we started to work this thesis, we did not even know each other. This project has built a friendship between us that has been important in the success of the journey to Namibia and in writing of this thesis. We hope that this project will help in the development of the services for the people with disabilities in Namibia in the future.

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APPENDICES

Appendix 1. Interviewed professionals

Teacher of Polytechnic School of Health and Applied Sciences, Windhoek 20.2.2012

Professional working with technical devices, Windhoek 20.2.2012

Representatives Ministry of Health and Social Services, Windhoek 20.2.2012

Council of Churches in Namibia, Windhoek 21.2.2012

National Disability Council, Windhoek 21.2.2012

Professional working with technical devices, Windhoek 21.2.2012

The Motor Vehicle Accident Fund, Windhoek 21.2.2012

The Principal from Vocational School (NIMT), Keetmanshoop 22.2.2012

The director of the Youth Centre, Keetmanshoop 22.2.2012

Private Doctor, Keetmanshoop 22.2.2012

The Disability Resource Centre, Keetmanshoop 22.2.2012

The representatives of Keetmanshoop Municipality, Keetmanshoop 22.2.2012

Sunshine Disability Centre, Walvis Bay 23.2.2012

Ex-Ambassador of the Republic of Namibia to the Nordics, Swakopmunde 23.2.2012

Representative of Ministry of Health and Social Services, Windhoek 24.2.2012

Research Scientist, Windhoek 25.2.2012

Coordinator of Local Rehabilitation Workshop (Lorewo), Oshakati 27.2.2012

Physiotherapists working at the hospital, Onandjokwe 28.2.2012

Senior Physicians, Onandjokwe 29.2.2012

Windhoek State Hospital, Occupational therapist 2.3.2012

Windhoek State Hospital, Orthopaedic workshop 2.3.2012

Keetmanshoop hospital, a doctor and a rehabilitation worker 5.3.2012

Regional Health Officer, Windhoek 7.3.2012

Appendix 2. Covering letter for the interviewee

17.2.2012

Dear interviewee,

We are two physiotherapy students from Tampere University of Applied Sciences, Finland. This interview is a part of our bachelor's degree called *The availability of technical devices for disabled people – Survey in Keetmanshoop, Ondangwa and Windhoek*. Our bachelor's degree is supervised by Dr. Tuula Petäkoski-Hult and our lecturer Liisa Sittig. We are co-operating with Finnish-Namibian municipal North-South programme and Polytechnic of Namibia.

Objective of our survey is to study the implementation of legislation concerning technical devices for disabled people. Having information is vital for that the possible problems would be identified. The acquired information will also benefit the development of the services in the future.

We ask you a permission for the use of a recorder during the interviews. Your personal details will not be revealed during the study or after it, for the records will be destroyed after the completion of this study. Possible pictures will be used only as material for the project report. *The final report documentation will respect anonymity and confidentiality.*

We will provide further information concerning our project with pleasure and hope you to contact us if you have questions about this survey. Our contact information will be covered in the end of this letter.

THANK YOU FOR PARTICIPATING!

Sincerely,

Ilkka Pärämäkoski

Physiotherapy student

ilkka.parmakoski@soc.tamk.fi

Kari-Pekka Sirkka

Physiotherapy student

kari-pekka.sirkka@piramk.fi

Appendix 3. Theme interview plan

The objective of this study is to survey how Namibia's legislation concerning technical devices is implemented in daily living, are people (ministry, doctors, rehabilitation professionals) familiar with the legislation and what kind of problems do they see in the legislation. The aim is also to research the availability of technical devices, their suitability and quality. We will also find out about the number of health care professionals working with technical devices for disabled people in Namibia.

People to be interviewed:

Participants are people who are working with technical devices in Namibia or making administrative decisions about them. The list of interviewees will be designed, scheduled and added into the research plan.

Practical implementation:

The interviews in Namibia will be done within three weeks, two interviews per day. The structure of the interviews will be sent for the participants beforehand if possible. Participants can also contact us afterwards by e-mail.

Equipment needed for documentation:

A recorder, a digital camera and a laptop for documentation.

Documentation:

The interviews will be recorded. Permissions will be acquired if needed. We will photograph the interviewee and surroundings. The interviews will be documented with a laptop and enough time for documentation must be reserved.

Location of interview:

The interviews will be held in the interviewee's workplace or in his/her location of choosing

Introduction:

Before beginning the interview the participant will be informed about the objective of this study, what will the interview be used for and how the interview will proceed.

Having information is vital for that the problems concerning the implementation of legislation and availability of technical devices would be identified. The acquired information will also benefit the development of the services in the future.

Background form:

The background information of the interviewee will be asked at the beginning of the interview; there will be no separate background form. The questions about the background are: Name, position, workplace and work experience in the current job.

A covering letter will be sent to the interviewee beforehand if possible. The covering letter will contain information about the project and participants, the aim of the study and where the information will be used. The themes of the interviews will also be covered in the covering letter.

Themes of the interview:

Different questions will be developed depending on the interviewee's background.

Questions for the ministry and government officials:

1. The legislation

1. How well is the legislation implemented in practice? In other words: do all persons with disabilities have full access to technical devices within their communities?
2. How is the implementation of the legislation followed up?
 - Is the current system sufficient?
3. Are there statistics about technical devices and disabled people?
 - Who gathers the data?
 - What is the information used for?
4. Is there something in the legislation that should be developed?
 - What would it be and why?
5. How has the National Disability Council succeeded in its tasks?
 - In which areas has the council succeeded or failed?
 - Is there something that could be done differently?

2. The availability of technical devices

1. Are there any matters that hinder the availability of technical devices?
 - What are the matters?
 - What is the best way to develop the availability of technical devices?
2. Should there be an increase in the production of technical devices in Namibia?
3. How does the funding of technical devices differ between people disabled in traffic accidents compared to other forms of disability?

3. The quality of technical devices

1. How is the maintenance and repairment of technical devices organized?

- Who covers the costs?
- How the maintenance and repairment should be organized?
- Has this been considered in the legislation?

4. The equality between different groups of disabled people considering the availability of technical devices

1. Does the availability of technical devices differ in different cities or between different groups of people (unemployed, poor people etc.)?

5. The professionals working with technical devices

1. Is there sufficient number of employers working with technical devices compared to the number of disabled people?

- If not, which matters should be developed?

2. Should the education of professionals working with technical devices be increased/started in Namibia?

- For example do you think that there is need for physiotherapy education in Namibia?

Specific questions for the National Disability Council:

- The National Disability Council has specific assignments that have been set in the National Disability Act:

1: Monitor the implementation of the National Policy on Disability in the manner provided in the Act

2: Identify provisions in any law, which may hinder the implementation of the National Policy on Disability and make recommendations in that regard

3: Advise any person responsible for the enforcement of existing legislation which provides for equal opportunities for all people in Namibia on the enforcement of the legislation

4: Comment on proposed legislation which may affect persons with disabilities in any manner

5: Consult with persons with disabilities, organizations of persons with disabilities and organizations rendering services to persons with disabilities, and take any other steps in order to obtain necessary information on the implementation of the National Policy on Disability

6. Initiate amendments to the National Policy on Disability in order to ensure that it takes account of changing circumstances

7: In general take all necessary steps in order to improve the situation of persons with disabilities in Namibia

- How has the Council succeeded in its tasks?
- Have there been any problems with the assignments?
- What is the cause of the problems?
- How will the problems be solved?

Specific questions for the Motor Vehicle Accident Fund (MVA):

1. How does the legislation affect your activity? What tasks does the legislation assign for you?

2. What do you think about the financial model, how does it work?

3. Does the insurance cover all kind of technical devices? For example devices for communication etc?

4. Are there any limitations on the technical devices which can be given?
5. How could the number of accidents in Namibia be reduced?
6. What is the amount of money spent on technical devices? Do you have any statistics?
7. Do you keep statistics?
 - Money?
 - The number of given technical devices?
 - What kind of technical devices are given?

Questions for doctors and physiotherapists:

1. The legislation

1. How well do You know the legislation of Namibia concerning technical devices for disabled people?
2. Is there something in the legislation that should be developed?
 - What would it be and why?

2. The availability of technical devices

1. How does the process of acquiring a technical device happen in practice?
2. How long does it take to have a technical device?
3. Are there any matters that hinder the availability of technical devices?
 - What are the matters?
 - What is the best way to develop the availability of technical devices?
4. Do children have equal opportunities to have technical devices compared to adults?

3. The quality of technical devices

1. Are the technical devices usually suitable for the person in question? For example is the wheelchair size correct?
2. Does anyone evaluate the suitability of technical devices, for example the right size?
3. How is the maintenance and repairment of technical devices organized? Are you satisfied with the present situation?

4. The equality between different groups of disabled people considering the availability of technical devices

1. Are all disabled people equal in the matter of having a technical device for their needs?

5. The professionals working with technical devices

1. Is there sufficient number of employers working with technical devices compared to the number of disabled people?
 - If not, which matters should be developed?
2. Should the education of professionals working with technical devices be increased/started in Namibia?
 - For example do you think that there is need for physiotherapy education in Namibia?

Common questions for all interviewees:

1. The legislation

1. How well do You know the legislation of Namibia concerning technical devices for disabled people?
2. Is there something in the legislation that should be developed?
 - What would it be and why?
3. How has the National Disability Council succeeded in its tasks?

2. The availability of technical devices

1. How long does it take to have a technical device?
2. How does the process of acquiring a technical device happen in practice?
3. How is the funding of the technical devices fulfilled?
4. Are there any matters that hinder the availability of technical devices?
 - What are the matters?
 - What is the best way to develop the availability of technical devices?
5. Do children have equal opportunities to have technical devices compared to adults?

3. The quality of technical devices

1. What is Your opinion on the quality of technical devices in Namibia?

4. The equality between different groups of disabled people considering the availability of technical devices

1. Are all disabled people equal in the matter of having a technical device for their needs?

5. The professionals working with technical devices

1. Is there sufficient number of employers working with technical devices compared to the number of disabled people?

- If not, which matters should be developed?

2. Should the education of professionals working with technical devices be increased/started in Namibia?

- For example do you think that there is need for physiotherapy education in Namibia?