## MULTIPURPOSE SUPPORT ASSOCIATION

## **General Introduction**

Inclusion is the process of supporting persons with special needs: Disabilities, Difficulties and Disadvantages (DDD) (OECD, 2000, 2003) to enhance their wellbeing and development in different levels of societal settings (family, institution, workplace and community) (Bronfenbrenner, 1979, 1989). It enables them to cope in daily activities and consequently improves the quality of their life. Generally, inclusion is a broad and multidisciplinary field which is internationally well established but contextually contested. Consequently, every society the world over, given the existing challenges and means, has its approach to inclusive education services to promote the wellbeing and progress of its population with DDD. According to the Disabled Peoples' International (DPI, 1981; BCODP, 1981), there is a distinction between the concepts: "impairment"-lacking part of or having defective body organ (e.g. amputated hand or hearing problem) which underlies dysfunctions in activities and "disablement" caused by unfavourable/inadequate societal structures (e.g. health, legal, educational, social.... services) that create barriers to wellbeing or effective participation in daily societal activities. Similarly, the World Health Organisation (WHO, 2002) frame of International Classification of Functioning Disability and Health (ICF) also distinguishes between "Personal Factors"- the defective structure(s) of human body organ(s) and "Environmental Factors"-the unfavourable organisation of societal structures that cause human limitation or restriction in daily activity participation. Since barriers arising from both impairment (personal factors) and disablement (environmental factors) as well as their negative interactions constitute determinants of societal exclusion, inclusion is defined as the process of replacing such barriers with facilitators to enhance the wellbeing, educational/economic empowerment and prosperity of the target population with DDD alongside their families, institutions, workplaces and communities that support them in daily activities. Thus, for cost-effectiveness and cost-efficiency purposes, the MUPUSUA inclusion initiative also envisages challenges of these key stakeholders who play significant roles in the life and development of the people with DDD.

Within our family and community settings, The MUPUSUA (2013) team pre-assessment results indicate that the prevalence of disabilities/disability related health condition is on the rise. Its origin, in conformity with findings of previous studies in other societies (Shonkoff & Meisels, 2000), is traceable from a variety of sources: genetically inherited disorders; chemical imbalances in body system due to inadequate feeding and nutritional intake; neglected injuries sustained during ante-natal, peri-natal or post-natal stages in life; environmentally engineered sanitation challenges, psychosocially (psychologically/socially)-based health problems, among others. Because of lack of these disability/disability related diseases including HIV/AIDS awareness issues, community health promotion education and effective modes of prevention, treatment and management of such prevalence, many family/community members acculturated with superstitious beliefs often resort to inadequate traditionally-driven cultural modes of intervention. In addition to that, due to lack of conventional consultancy/practitioner expertise in inclusion/rehabilitation services in our society, persons with such prevalence often experience lifelong health condition and state of dependency, high rate of morbidity, low rate of life expectancy and high premature mortality rate.

In learning institution settings, most learners with DDD including: those with no access to schooling due to multiple factors; drop outs from schools; slow learners in schools; those struggling with education; those at risk of school exclusion due to academic/non-academic problems; those considered school failures and unemployed among others, all require special support to cope in learning or livelihood skills development activities. Besides these underachievers, there are also overachievers (talented and gifted learners) who require educational enrichment programme to enhance their development and academic excellence or high calibre professional orientation.

In response to these societal categories of special needs support and human investment issues for poverty alleviation, a series of legal/policy frameworks have been promulgated and being implemented by the state of Cameroon and some private organisations to enhance inclusion/rehabilitation initiatives. Hitherto, many challenges are still evident in the area of specialist support provision. Hence, as contribution to efforts deployed by the state and other private organisations in response to these problems, MUPUSUA has emerged with modern

scientific tools, strategies and expertise through a multitask force of health, social welfare, educational and economic support service provision to such persons with their families, institutions, work places and communities in order to facilitate their inclusion into the societal system.

## References

- (British Council of Disabled People (BCODP, 1981) *The Social Model of Disability*. Derby, UK.
- Bronfenbrenner, U. (1979). The ecology of Human development: Experiment by by Nature and Design. Thousand Oaks, CA: Sage.
- Brofenbrenner, U. (1989). "Ecological System Theory". In R. Vasta (Ed), *Six theories of Development*. Greenwich, CT: JAI Press.
- Disabled Peoples' International (DPI, 1981) The Social model of Disability. St John's, Newfoundland: DPI.
- Organisation of Economic Community and Development (OECD, 2000) UNESCO Classification of Special Needs Education Statistics and Indicators, Paris: OECD.
- Organisation of Economic Community and Development (OECD, 2003) Students with disabilities, difficulties and disadvantages, statistics and Indicators for Curriculum Access and Equity, Paris: OECD.
- Shonkoff, J., P. & Meisels, S., J. (2000). *Handbook of Early Childhood Intervention*. Cambridge: Cambridge University Press.
- WHO (2002) International Classification of Functioning, disability and health: towards a common language for functioning, disability and health, Geneva.