

**Towards Economic Empowerment for
Disabled People: Exploring the
Boundaries of the Social Model of
Disability in Kenya and India**

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A thesis submitted to
The University of Birmingham
for the degree of
Doctor of Philosophy

International Development Department
School of Government and Society
University of Birmingham
November 2011

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Abstract

The social model of disability, which provides the ideological basis for the recent UN Convention on the Rights of Persons with Disabilities, emphasizes the need for society to change, in order to remove all forms of disability discrimination and allow for full participation. However, literature debates have raised questions over the relevance of this ideology to the majority world context. This thesis aims to explore this dilemma, by examining the influence of the social model on a range of current approaches to promoting economic empowerment within Kenya and India - two countries that have signed and ratified the Convention.

The methodology is based on a comparative analysis of 26 case studies, conducted between June 2010 and February 2011, which were focused mainly on three particular routes to economic empowerment: vocational training, formal sector employment and self-directed employment.

The study concludes that, while inclusive strategies that were firmly based on social model principles tended to be among the most successful, a total reliance on this ideology would run the risk of excluding a large section of the disability population altogether. In particular, some of the segregated services were found to be continuing to play an important role in disability service provision.

Acknowledgements

Firstly, I would like to thank the Economic and Social Research Council for accepting my proposal and agreeing to fund the entire project.

My two supervisors, Dr Robert Leurs and Dr Tom Hewitt, have made an important contribution to this study. Their advice and feedback was always helpful, constructive and insightful. They supported the concept of a cross-country comparative study from the outset and were always available to offer guidance and encouragement. It has been a great pleasure to share and discuss my work with them.

My wife, Joanna, shared my enthusiasm for the project and supported me through every stage of the journey, even persuading me to take a short break in order to enable me to attend our wedding!

Several NGOs, disability organisations and Government agencies, in both Kenya and India, provided logistical support and allowed me generous access to their schemes. They are too numerous to mention individually here, but they are listed in Appendix XII.

Finally, I would like to thank the research participants themselves, many of whom were able to provide invaluable insights, based on personal experience of confronting disabling barriers themselves.

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Acronyms and Abbreviations

ADB	Asian Development Bank
ADD	Action on Disability & Development
AFUB	African Union of the Blind (Kenya)
AMC	Association for the Mentally Challenged (India)
APD	Association of People with Disability (India)
APDK	Association for the Physically Disabled of Kenya
ANDY	Action Network for the Disabled (Kenya)
BMF	Biwako Millennium Framework
BPO	Business Process Outsourcing
CAG	Controller and Auditors General (India)
CBM	Christoffel Blinden Mission
CBO	Community Based Organisation
CBR	Community Based Rehabilitation
DCC	Disability Community Centre (Kenya)
DFID	Department for International Development (UK)
DIG	Disablement Income Group (UK)
DPI	Disabled People's International
DPO	Disabled Persons' Organisation
ESCAP	Economic and Social Commission for Asia and the Pacific
ESRC	Economic and Social Research Council
FGD	Focus Group Discussion
GDP	Gross Domestic Product
ICF	International Classification of Functioning, Disability and Health
IDDC	International Disability and Development Consortium
ILO	International Labour Organisation
IT	Information Technology
KNHRC	Kenya National Human Rights Commission
KNSPWD	Kenya National Survey for Persons with Disabilities
Ksh	Kenyan Shillings
LCD	Leonard Cheshire Disability
MDG	Millennium Development Goal

MFI	Microfinance Institution
MGCS	Ministry of Gender, Children & Social Development (Kenya)
MSJE	Ministry of Social Justice & Empowerment (India)
NAB	National Association for the Blind (India)
NABARD	National Bank for Agricultural and Rural Development (India)
NCAPD	National Coordinating Agency for Population and Development (Kenya)
NCPD	National Centre for Persons with Disabilities (Trinidad)
NCPEDP	National Centre for the Promotion of the Employment of Disabled People (India)
NCPWDS	National Council for Persons with Disabilities (Kenya)
NGO	Non-Governmental Organisation
NHRC	National Human Rights Commission (India)
PAHO	Pan American Health Organisation
PAR	Participatory Action Research
PDA	Persons with Disabilities Act (Kenya)
PIP	Participatory Identification of the Poor
PRA	Participatory Rural Appraisal
PWDSTO	Persons with Disabilities Small Traders Organisation (Kenya)
Rs	Rupees (India)
SEVAI	Society for Education, Village Action and Improvement (India)
SSK	Spastics Society of Karnataka (India)
UDEK	United Disability Empowerment in Kenya
UDPK	United Disabled Persons of Kenya
UN	United Nations
UNDP	United Nations Development Programme
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Programme
UNESCO	United Nations Economic and Social Council
USAID	United States Agency for International Development
VPRC	Village Poverty Reduction Committee
VSO	Voluntary Services Overseas
VTC	Vocational Training Centre
VRC	Vocational Rehabilitation Centre

WHO World Health Organisation
WPA World Programme of Action Concerning Disabled Persons

Chapter One

Introduction

1.1 Rationale for Study

The concept of empowerment, in the context of poverty reduction, has become increasingly central to mainstream development thinking over the past two decades. An indication of this came in the 1993 Human Development Report, which stated that:

“Development must be woven around people, not people around development – and it should empower individuals and groups, rather than disempower them” (UNDP, 1993, p1)

The economic empowerment of disabled people is vital to the achievement of global development targets, such as the Millennium Development Goals (MDGs), as most international development agencies now acknowledge (Thomas, 2005a). It will be impossible to eradicate extreme poverty and hunger (MDG 1), for example, without taking into account the close relationship between poverty and disability. The 2011 World Disability Report, jointly published by the WHO and World Bank, claims that over 15% of the world’s population is made up of disabled people, with a disproportionately high number of them living in poverty.¹ One of the reasons that so many disabled people are living in poverty is the difficulties that they face in earning a living, due not only to particular impairments that they may have, but also to a wide range of barriers that exist within society and

¹ See Chapter Two for further discussion on the relationship between poverty and disability.

effectively bar them from opportunities to participate as productive citizens. The scale of this problem is illustrated by the estimate that 80% of disabled people living in developing countries are unemployed (ILO, 2003b).

The need to address poverty issues, particularly in developing countries, provides a compelling rationale for promoting the economic empowerment of disabled people. It can also be argued, however, that increasing the productivity of this large chunk of society can only be beneficial to the economies of developing countries as a whole. Enabling one disabled person to make a contribution to the production of goods and services not only increases the net economic benefit of that individual to society, but may also release family members from at least some of their caring responsibilities, thus enabling them to engage in productive activities themselves (Braithwaite et al, 2008).²

The UN Convention on the Rights of Persons with Disabilities (UNCRPD), adopted by the UN General Assembly in December 2006, is the first human rights convention of the 21st century. This international agreement provides a comprehensive framework for protecting disability rights and emphasizes the need for States to create an enabling environment, in order to promote “full and effective participation and inclusion in society” (Article 3, (c)). This reflects the spirit of the social model of disability, which emphasizes the role of societal barriers in reinforcing disability.³ Article 27 is of particular significance to this study, as it emphasizes the rights of disabled persons to

² This argument is further explored in Chapter Three, Section 3.2, p63.

³ See Chapter Two for a full discussion on the Social Model.

compete with others on an equal basis in work and employment. The Convention is a hugely significant development, as it officially defines disability as a human rights issue which needs to be incorporated into national laws and policies. It has so far been signed by 153 countries (UN Enable, 2012), which represents a broad international consensus to adopt the principles that are enshrined in its pages, such as the need to empower, protect rights, promote inclusion and address poverty issues. Of these countries, 112 have also ratified the agreement (ibid), which means that, for them, the treaty is a legally-binding piece of international law.

Among the countries that have signed and ratified the UNCRPD are Kenya and India. While these two countries represent very different contexts, in terms of geography, demography and culture, they also share some common bonds in relation to disability issues. Disabled People living in both countries are likely to be living in poverty, to lack access to basic services and to face huge barriers to participation in society, as the literature reviewed in Chapters Six and Seven highlights. Both countries have, in the past, adopted national legislation that recognises, to some extent, the need to promote disability rights and to remove those barriers to participation.⁴ The Governments of both countries now appear to accept, however, that existing legislation is deeply flawed, and needs to be harmonized in line with the Convention. They also appear to recognize the inadequacy of official disability statistics, and the need to build a true picture of the scale and complexity of disability. Furthermore, there is evidence to suggest that the Governments of both countries, along with

⁴ See Chapters Six and Seven for an examination of relevant national legislation in each of these countries.

NGOs and disability organisations, are increasingly turning their attention to the implementation of strategies designed to promote the economic empowerment of disabled people. Thus, both countries appear to be demonstrating some commitment to promoting and facilitating the empowerment and inclusion of disabled people, in order to meet their obligations under the UNCRPD.

The developments currently taking place in both Kenya and India, apparently triggered by the UNCRPD, provide a clear rationale for examining and comparing the economic empowerment strategies that are being adopted, in both countries, in order to identify the issues and challenges facing scheme providers, to analyse the extent to which particular strategies actually succeed in promoting economic empowerment, and to consider the factors that may contribute to the success or failure of particular strategies.

1.2 Purpose of Study

The UNCRPD clearly calls on State parties to promote inclusion and remove the barriers to participation, in order to facilitate the economic participation of disabled people. Although the social model is not explicitly referred to, the emphasis on removing societal barriers appears to reflect the principles on which the social model is based. However, literature debates highlight doubts over the transferability of this western-orientated model to developing countries, where many disabled people face the everyday realities of poverty and unemployment.⁵ The main purpose of this study, therefore, will be to

⁵ See Chapter Two, Section 2.5, p36, for an analysis of these literature debates.

examine the influence of social model ideology on various economic empowerment strategies within the selected countries, and the relationship between this influence and scheme outcomes. This will lead to some conclusions on the relevance and applicability of the social model, in terms of promoting economic empowerment for disabled people living in India and Kenya. While the social model will be a particular focus of the study, it is recognised that a wide range of factors may contribute to the outcomes of development initiatives. A secondary objective, therefore, will be to identify and critically analyse these factors, in relation to the selected case studies, in order to draw lessons from current practice which may be applied to future models of service provision.

Some of the factors that influence scheme outcomes may relate to the particular local or national context within which schemes are located. The purpose of making a comparison between schemes located in two different countries, as well as in different localities within those countries, is to allow for these contextual variables to be taken into account, in order to build a more complete picture and deeper understanding of the various factors that can influence the outcome of an economic empowerment initiative.

The study will focus on three particular routes to economic empowerment: vocational skills development, self-directed employment⁶ and formal sector employment. Case studies will be based on selected strategies which aim to promote economic empowerment via one or more of these routes.

⁶ See Section 1.7.2, p12, for a definition of ‘self-directed employment’.

1.3 Disability and Impairment

Historically, definitions of disability have tended to relate directly to impairment, which can be defined as “problems in body function or structure such as deviation or loss” (PAHO & WHO, 2006, p4). One example of an impairment-based definition is the one used in the 1970s by the WHO in its International Classification of Impairments, Disabilities and Handicaps, in which disability is defined as:

“any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being” (Wood, 1980, p27)

The social model of disability, which defines disability in terms of the societal barriers that prevent people with physical, sensory or mental impairments from fully participating in society, is increasingly reflected in the language of international agreements⁷ and the mission statements of disability organisations and development agencies around the world. Oliver emphasizes the importance of definitions, pointing out that if disability is defined in social model terms, “disabled people will be seen as the collective victims of an uncaring or unknowing society rather than as individual victims of circumstances” (1990, p2). The trend towards defining disability in terms of the disabling role of society, therefore, should encourage policies makers and service providers to consider the need for society to adapt, rather than focusing solely on the prevention and the rehabilitation needs of disabled people.

⁷ See Chapter Four, for a discussion on international agreements.

The social model is based on the idea that disability arises from the social oppression of people with impairments (UPIAS, 1976). Carol Thomas provides a social relational definition of disability, based on that premise:

Box 1: Social Relational Definition of Disability

“Disability is a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional wellbeing” (Thomas, 1999, p60)

According to this definition, disability, which is created by social oppression, imposes ‘restrictions of activity’ for people with impairments. This wording is useful because it does not exclude the likely possibility that impairments themselves can also lead to ‘restrictions of activity’. Disability, defined thus, refers only to those ‘restrictions of activity’ that arise through social oppression. Defining disability in this way helps to clarify the relationship between disability and impairment, while countering some of the criticisms connected with various interpretations of the social model.⁸

This definition is adopted for this thesis, because it reflects an awareness of the original ideas that led to the creation of the social model, while also taking into account the psychological aspects of disabled people’s experiences.

⁸ These debates will be discussed in Chapter Two, Section 2.5, p36, where the rationale for adopting this definition is fully developed.

1.4 Disability Terminology

Disability terminology can be a sensitive issue, as well as theoretically significant. The use of appropriate language is vital to the process of building positive and respectful relationships, and the choice of terminology can reflect the way in which disability is perceived. In particular, it is important to avoid labeling people by their impairments (for example, ‘the blind’ when referring to people with a visual impairment) or devaluing expressions, such as ‘invalids’, which reinforce notions of disabled people as helpless objects of pity.

The Irish National Disability Authority (2002) has produced some useful guidelines on consulting with disabled people, simply entitled ‘Ask Me’. The guidelines include the following ‘disability etiquette’ checklist:

Table 1: Disability Etiquette Checklist

Terms No Longer in Use	Preferred Terms
The disabled	Disabled people/ people with disabilities
Wheelchair-bound	Persons who use a wheelchair
Confined to a wheelchair	Wheelchair user
Cripple, spastic, victim	Disabled person
Mental handicap	Learning disability
Mentally handicapped	Learning disabled
Normal	Non-disabled / able-bodied
Schizo, mad	Person with a mental health disability
Suffers from (eg. asthma)	Has (eg. asthma)

Source: Adapted from National Disability Authority, 2002, p42

While this checklist certainly highlights some of the more glaring examples of inappropriate terminology, in relation to disability, it is important to remember that these guidelines were produced for use in Ireland, and that preferred expressions will vary considerably in different contexts around the world. The World Bank recognises that different expressions are considered appropriate in different languages and cultures, and recommends asking disabled individuals for their own preferences. However, it does approve the term ‘people (or persons) with disabilities’, in order to emphasize the person first and the disability second (Guernsey et al, 2006, p7). While this term appears to have been accepted on the international stage (it is adopted, for example, by the UNCRPD and other recent international agreements), it does appear to conflict with the opinions of many of those involved in founding the social model. Mike Oliver, a prominent figure within the British disability movement and a key figure in the advance of the social model, argues that it does not make sense to separate the person from their disability, because “disability is an essential part of self” (1990, pxiii). He prefers, therefore, the term ‘disabled people’.

This thesis adopts the terms ‘disabled people’ and ‘disabled person’, in recognition of Oliver’s argument.

1.5 Disability Prevalence

The recent World Disability Report applies prevalence rates derived from the WHO’s World Health Survey (a household survey covering 70 countries,

conducted between 2002 and 2004) to 2010 population estimates to conclude that “over a billion people (or about 15% of the world’s population) are thought to be living with disability” (WHO & World Bank, 2011, p29). However, as the report acknowledges, such estimates can vary enormously, due to differing definitions of disability and methods of collecting data. Another reason for variations, as Mont (2007) observes, is the under-reporting of disability in many developing countries, where the shame and stigma attached to disability leads many households to deny the existence of disabled family members altogether.

While estimates of disability prevalence rates may be quite unreliable, there does seem to be a general consensus that these rates will increase in the future. Thomas (2005a) points out that increasing life expectancy means that more people will acquire impairments that are associated with ageing. Additionally, development interventions and advances in health care provision are likely to bring about better survival rates for disabled children. The WHO predicts a huge increase in the numbers of people dependent on daily care in the first half of this century, including a 120% increase in India and a 257% increase in Sub-Saharan Africa (Harwood et al, 2004).

1.6 What is Economic Empowerment?

For the purposes of this study, economic empowerment is defined as

“being able to engage freely in economic activity” (UNDP, 1993, p21)

This seems a fairly narrow definition. Receiving disability benefits, for example, could be considered a form of economic empowerment which falls outside of this definition. The UNDP definition fits well with this study, however, since all of the economic empowerment strategies that were included tend to define the concept in this way.⁹

To understand what is required for disabled people to achieve the goal of ‘economic empowerment’ requires an examination of the factors, sometimes known as ‘barriers’, that prevent them from accumulating material assets through education, skills development, employment and income-generation activities, in order to live a productive life.¹⁰

1.7 Routes to Economic Empowerment

This section summarizes the three routes to economic empowerment that provide the study focus.¹¹

1.7.1 Vocational Skills Development

Disabled people face many barriers to acquiring the skills that are necessary to engage in economic activity. Many will have been denied an education, for example, or face inhibitions due to low self-esteem. Access to vocational skills development, appropriate to the economic environment in which they live, is crucial to achieving the goal of economic empowerment (Coleridge 2006). It follows from this that approaches to economic empowerment should consider the type of vocational skills that need to be developed, in order to enable

⁹ The concept of economic empowerment will be further examined in Chapter Three.

¹⁰ These barriers will be further examined in Chapter Three.

¹¹ These routes will be explored in greater detail in Chapter Three.

disabled people to take advantage of local economic opportunities. These may include technical skills linked to particular trades, entrepreneurial skills, designed to equip disabled people to run their own businesses, or personal skills, such as effective communication and interviews skills.

1.7.2 Self-Directed Employment

Self-Directed Employment can be defined as:

“employment where people with disabilities to a significant degree, have a prime decision-making role in the kind of work that is done, how time is allocated, what kinds of investment in time and money should be made, and how to allocate revenue generated” (Neufeldt, 1995, p163).

This obviously includes self-employed individuals, but may also include family businesses, where one or more family member has a disability, worker co-operatives that include disabled people and business ventures run by Disabled Person’s Organisations (DPOs). For many disabled people living in developing countries, these types of employment options, often based in the informal economy, may represent the most realistic route to economic empowerment (Powers, 2008). However, self-directed employment requires some resources as a starting point - such as confidence, knowledge, skills and savings or credit - and numerous barriers exist to prevent disabled people from acquiring these assets. Schemes that focus on this route to economic empowerment need to consider how these barriers can be overcome, in order to enable disabled people to succeed in business.

1.7.3 Formal Sector Employment

Breaking into the open labour employment market may seem a daunting proposition for many disabled people living in developing countries, who may lack formal qualifications, vocational skills and even a basic education.

Additionally, they are likely to face a wide range of barriers, such as those related to physical access and transportation, as well as deep prejudices and discrimination within recruitment processes. Even if successful in finding a job, a disabled person may be disadvantaged by a workplace not designed to meet his or her needs, or be denied opportunities for career development (Arthur & Zarb, 1995). The formal sector should not be ruled out, however, as a source of economic opportunities for disabled people. Many countries around the world, in the spirit of the UNCRPD, are now committed to facilitating the participation of disabled people in the open labour market. Schemes focusing on this route need to identify the opportunities that currently exist in the formal sector, and to equip disabled people to take advantage of those opportunities

1.8 Research Hypothesis

The UNCRPD places a clear emphasis on the importance of inclusion, participation and equality. Countries that have signed and ratified the Convention have thus committed themselves to facilitating economic empowerment strategies that are based on the principles of removing societal barriers, protecting rights and promoting mainstream opportunities for disabled people, in both training and employment. These principles reflect the logic of the social model. However, the continued existence of segregated

training institutions and sheltered employment options in developing countries, as observed by O'Reilly (2007), suggests that not all approaches to promoting economic empowerment are based on the logic of the social model. Some analysts have even argued that fighting for social inclusion and mainstreaming, in the name of the social model, can actually be detrimental to the welfare of disabled people. Yeo (2005), for example, suggests that the 'upward focus' of the disability movement can often put too much emphasis on lobbying those that seem to have the most power, rather than building horizontal alliances with other parts of communities that may have common aims, and be better placed to assist with the more pressing needs of disabled people.¹² This kind of dilemma raises the question as to what extent economic empowerment strategies in developing countries are currently being influenced by the social model, and whether this influence really does lead to more successful strategies. The primary aim of this study, therefore, will be to examine the following research hypothesis:

Box 2: Research Hypothesis

'Adoption of the social model of disability leads to more successful¹³ strategies for the economic empowerment of disabled people living in Kenya and India'

1.9 Research Questions

Based on a comparative analysis of economic empowerment strategies that are taking place within the two countries, and bearing in mind the primary

¹² These arguments are further explored in Chapter Two, Section 2.5, p36.

¹³ See Box 5, Chapter Five, Section 5.7, p125, for indicators of scheme success.

objective of examining the hypothesis, the main research questions to be addressed are as follows:

- i) What are the main barriers to economic empowerment for disabled people?
- ii) How successful are particular economic empowerment strategies?
- iii) What are the factors that influence the success of economic empowerment strategies?
- iv) To what extent do ‘social model’ principles influence economic empowerment strategies?
- v) Is there an association between ‘adoption of the social model’ and the success of economic empowerment strategies?

1.10 Background of Researcher

My interest in researching disability arises from working for over 20 years in the field of disability service provision, mainly in the UK. In 1999, I established a small residential service for adults with intellectual and sensory impairments, giving me an insight into the challenges involved in adjusting from being employed by others to starting my own business. A short research visit to Uganda, in 2008, researching disability employment issues for my Masters dissertation, sparked an interest in the wider topic of economic

empowerment for disabled people across the developing world, thus providing the stimulus for this study.

1.11 Research Limitations

This research focuses on three main routes to economic empowerment. It should be noted, however, that a fourth route to economic empowerment is through education. As Jonsson and Wiman point out, disabled children who are excluded from education will “almost inevitably become an economic burden on society and on their families” (2002, p9). Including disabled children in schools can only increase their chances of accessing vocational training, engaging in self-directed employment or entering the formal employment market in the future. However, while education is clearly a priority for future generations, the focus of this study is on current generations of working-age disabled people. While issues around education will not, therefore, be a particular focus of the study, they may well arise in the course of discussions with research participants, and will be acknowledged where relevant.

Given that field research was planned to take place in two developing countries, it was important to consider whether my own personal background, as an able-bodied, white researcher from a high-income country, with past colonial links to both Kenya and India, would limit or distort the findings in any way. One danger was that, given my vastly different cultural background, I could be perceived as someone with very little insight into the realities facing research participants, particularly disabled participants, in their everyday lives.

However, given my experience of working in the disability field, it was to be hoped that there would at least be some common ground between participants and myself, in terms of engaging with disability issues, albeit in very different contexts. The ‘culture gap’ could also be addressed, to some extent, by ensuring that I entered the field having gathered and absorbed as much relevant local contextual information as possible in advance, so as to ensure that research could be conducted with sensitivity and an awareness of local realities. Another danger, in relation to my personal identity, was that participants may perceive me as someone with influence, power and connections, who may be able to transform their lives in some way, in exchange for their participation. This risk was minimised by attempting to ensure that participants understood the purpose of the study, and were fully aware that their participation would be highly unlikely to bring about immediate benefits or change in their lives.

A further limitation of the study is that it does not focus on the situation facing those members of society, with particularly profound or complex impairments, who, realistically, may never be able to engage in economic activity. As Abberley (1999) points out, policies and development initiatives designed to promote employment opportunities for disabled people who have the potential to earn a living may risk further marginalising those who will never be able to work. Barnes tackles this issue, pointing out that “to expect people with ‘severe’ or multiple and complex impairments to be as ‘productive’ as non-disabled peers is one of the most oppressive aspects of modern society” (1999, p18). He provides a possible solution, however, suggesting that some

reconsideration of what is considered to be meaningful work can lead to greater inclusion, giving such examples as the expansion of user-led services in the U.K., which has involved more disabled people in service provision, and the introduction of ‘direct payments’, which now means that some people with severe impairments are able to employ and manage their own staff. He also points out that a “positive disabled identity and lifestyle need not and must not be determined by an individual’s ability to participate in a labour market constructed around ‘able-bodied/minded’ ideals” (ibid, p 21). These issues need to be considered by policymakers, in order to ensure that consideration is given to how those who will never be able to engage in conventional work can maintain a positive identity, as well as achieving economic independence in other ways, such as through social protection schemes. These considerations, however, lie outside the main scope of this study.

1.12 Thesis Structure

Following this introduction, Chapter Two reviews the general literature on disability, presenting differing perceptions of disability and related conceptual frameworks. The concept of economic empowerment is explored in Chapter Three, including an examination of the barriers to economic empowerment and ways of overcoming them. Chapter Four focuses on the UNCRPD, in the context of previous international agreements. Chapter Five will present a review of literature debates over different ways of researching disability, and then set out the research design and methodology for this study. Chapters Six and Seven will examine the country contexts and present research findings from Kenya and India. A comparative analysis of the country findings will

follow in Chapter Eight. Finally, Chapter Nine will present final conclusions and suggestions for further research.

Chapter Two

Key Concepts of Disability

This chapter provides an overview of disability literature and introduces some useful conceptual frameworks. The starting point for this review will be an examination of the diversity among disabled people, and the potential impact of these differences. This will be followed by an exploration of the close relationship between poverty and disability in developing countries, which forms part of the rationale for the study focus on economic empowerment. Various models of disability will then be compared and contrasted. These models are particularly important as they enable us to view disability from different perspectives. The choice of model can strongly influence the approach of development interventions and, in turn, the impact of such interventions on the lives of disabled people. Finally, the review will examine literature discussions on the rights-based perspective, social inclusion and the barriers to inclusion, all of which are associated with the social model, and of foremost importance in current development thinking in relation to disability.

2.1 Disability and Diversity

Disability is often categorized according to different types of impairment. A person with a hearing impairment, for example, is thought to have a different type of disability to someone with an intellectual impairment. Oliver (1990), however, rejects the categorization of disabled people in terms of medical impairment, arguing that

“all disabled people experience disability as social restriction, whether those restrictions occur as a consequence of inaccessible built environments, questionable notions of intelligence and social competence, the inability of the general population to use sign language, the lack of reading material in braille or hostile public attitudes to people with non-visible disabilities” (1990, pxiv).

It follows from Oliver’s argument that it makes more sense to categorise the various types of impairment that a disabled person may have, rather than the disability itself. There is some evidence of an association between the type (or types) or impairment that a disabled person has and the levels of discrimination and barriers to participation that they face. The World Disability Report, for example, states that “people who experience mental health conditions or intellectual impairments appear to be more disadvantaged in many settings than those with physical or sensory impairments” (WHO & World Bank, 2011, p8).

Besides impairment type, disabled people can be differentiated by a multiplicity of social factors, each of which may be a basis for additional marginalization. The UNCRPD recognises this, pointing out that disabled people may be “subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status” (UN, 2006, Preamble, (p)). The Convention pays particular attention to gender discrimination, recognising that “women and girls with disabilities are subject to multiple discrimination” (ibid, Article 6). Morris (1998) observes the close association between poverty and single parenthood, which often

means that disabled mothers are not able to afford the assistive devices or personal assistance that they need. Meekosha argues that much of the academic literature on disability has failed to come to terms with gender issues, pointing out that “for the most part women are still ‘added-in’ to disability texts with special references to their particular issues” (1998, p165)

The impacts of various impairment types can also vary due to local factors, such as the “environment (urban/rural), type of society (developed/less developed) and cultural and societal norms” (World Bank, 2007a, p31). For example, rural environments may be far more disabling, for those with physical impairments, than urban environments (ibid). In Africa for instance, a lack of physical infrastructure in rural areas, such as pavements, may create more difficulties in moving around than in urban areas. Additionally, as Grech (2009) points out, rural livelihood strategies in Africa are often very reliant on hard physical labour, making it harder for those with physical impairments to make productive contributions. In terms of economic empowerment, the characteristics of the local economy may place those with certain types of impairment at a greater disadvantage than those with other types. According to the World Bank (2007a), those with intellectual impairments may face greater barriers to economic empowerment in societies where jobs require high levels of literacy and IT skills, than in societies where manual skills are more in demand. This argument is rejected by Ryan and Thomas, however, who point out that technological advances have simplified many types of work, as “many complex and skilled operations have been broken down into short repetitive sequences” (1987, p25). People with intellectual impairments are often able to

cope with these tasks well, while those without are more likely to struggle with the “resulting boredom and frustration” (ibid).

The experience of disability may also depend on specific circumstances surrounding the disability. In terms of economic empowerment, for example, individuals acquiring impairments later in life may have already had the opportunity to acquire skills and work experience, and therefore have an advantage over those who have impairments from an early age (Powers, 2008).

In summary, it is vitally important to avoid homogenization, when researching disability issues. It is also important to take account of how local factors may impact on various groups within the community, and on how the experience of disability itself may vary from one individual to another. As Brisenden points out:

“it is important that we do not allow ourselves to be dismissed as if we all come under this one great metaphysical category ‘the disabled’. The effect of this is a depersonalization, a sweeping dismissal of our individuality, and a denial of our right to be seen as people with our own uniqueness, rather than as the anonymous constituents of a category or group” (1986, p21)

2.2 Disability and Poverty

“poverty, disability and impairment are clearly linked in a deadly mutual embrace” (Albert et al, 2004, p13)

There is much evidence to support this emotive description of the relationship between poverty, disability and impairment. The Chronic Poverty Report notes a “disproportionate number of disabled people living in poverty in all countries” (Grant et al, 2005, p19). Specific estimates have suggested that as many as “15% to 20% of poor people in developing countries are disabled” (Elwan, 1999, p15).

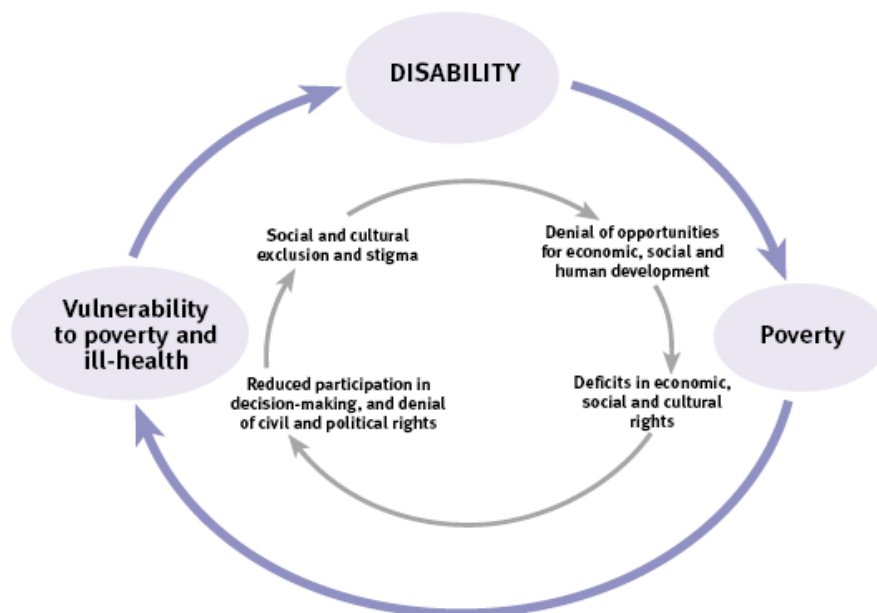
If poverty is considered in the context of the MDGs, the same picture emerges. James Wolfensohn, the former World Bank president, famously stated that “unless disabled people are brought into the development mainstream it will be impossible to cut poverty in half by 2015” (2002, as cited by Guernsey et al, 2006, p8). This realization - that the MDGs cannot be achieved without taking disability issues into account - is now acknowledged by most development agencies (Thomas, 2005a). Guernsey is able to provide examples of the linkages that exist between disability and each of the eight MDGs. For example, the goal of achieving universal primary education for all, by 2015, cannot possibly be achieved without taking into account the finding that “forty million of the 115 million children not attending primary school in developing countries have disabilities” (2006, p9).

Among the reasons for high levels of poverty, among disabled people living in developing countries, is the lack of safety nets, or welfare benefits, which are commonly in place to support disabled people that are unable to work in developed countries. Very often, the only safety nets are families, which means that, as Neufeldt points out “if a family can’t look after its disabled

member, there are few options other than starvation” (1995, p162). When one also considers that disabled people are often considered to be incapable of meaningful work (ibid), it is hardly surprising that the correlation between poverty and disability is so strong.

Some analysts have referred to a ‘vicious cycle of poverty and disability’, which is illustrated below:

Figure 1: The Vicious Cycle of Poverty and Disability



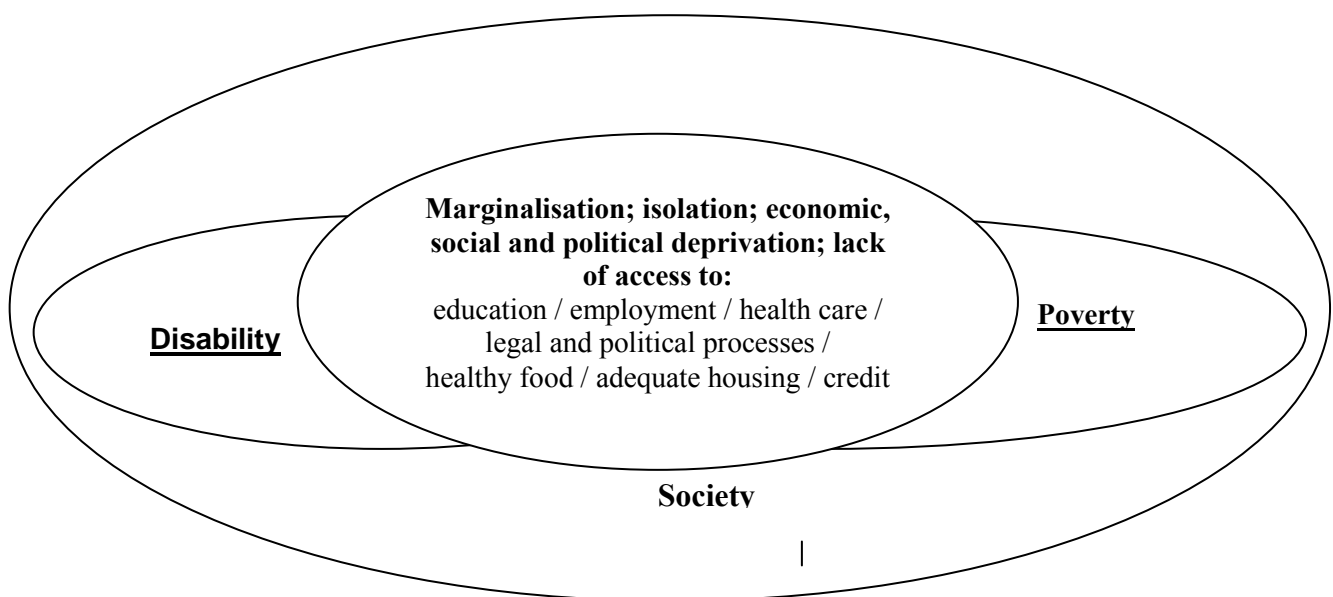
Source: DFID 2000, p4

The diagram shows how disability and poverty cause and reinforce each other. Disability leads to poverty, through such factors as social exclusion, denial of rights and lack of opportunities for economic, social and human development. Conversely, poverty creates vulnerability and ill-health - through such factors as poor nutrition and sanitation, lack of access to vaccination programmes and

dangerous working and living conditions - which in turn cause disability (DFID, 2000).

The ‘vicious circle’ concept has been criticized by Rebecca Yeo (2005), who points out that disability and poverty have much in common, and that the DFID diagram, due to its emphasis on the two-way causal link, obscures the common factors that characterise both disability and poverty in general . She argues that processes of social exclusion, which apply to disabled people, such as limited access to education, employment and basic health services, are very similar to those that apply to poor people in general. This view is echoed by Philippa Thomas, who states that “disabled people share the general profile of the non-disabled poor” (2005a, p4). Yeo suggests that, given this common ground between disability and poverty, the relationship between the two would be better represented by the diagram below:

Figure 2: The Relationship between Poverty and Disability



Source: Yeo, 2005, p34

This diagram shows how processes of marginalization, isolation and deprivation, as well as lack of access to most aspects of community life, are common to both the disabled and non-disabled poor, although there are also characteristics that are specific to each of these groups. For example, the disabled poor might face additional exclusion, such as lack of physical access to public buildings, due to the nature of their particular impairments, while, conversely, the non-disabled poor may face additional disadvantage, as they would not benefit from positive discrimination measures targeted at those who are disabled, such as employment quotas. When the relationship between disability and poverty is understood in this way, the implication, as Yeo goes on to explain, is that any initiatives designed to reduce poverty, in general, are also likely to benefit disabled people who are poor. She concludes that disability activists should consider making alliances with other more general campaigns to reduce poverty.

Yeo's point becomes clearer if one considers poverty from the perspective of 'capability', defined by Amartya Sen as "the freedom to do the things one has reason to value" (1999, p18). According to Sen, poverty is not simply a lack of material wealth, but a lack of capability to attain the various components, or 'substantive freedoms', that constitute an acceptable standard of living. These are determined by individual priorities, but may include, for example, adequate shelter, nourishment, social status, educational achievement, political freedom or being able to form and maintain a family. Poverty and disability both lead to deep inequalities in life, which restrict these 'substantive

freedoms'. Therefore, in the language of Sen, both can be viewed as a lack of 'capability'. However, Sen (2004) has also observed that disabled people are at a particular disadvantage, when compared with non-disabled poor people, due to a 'conversion handicap'. This relates to the extra cost faced by disabled people in converting a given level of income into well-being, however they define it (ibid). For example, if a person with a physical impairment particularly values having the freedom to travel, he may well have to use a greater proportion of his income to attain this freedom than a non-disabled person. The 'conversion handicap' concept reflects the arguments put forward in the past by the Disablement Income Group (DIG), a UK-based pressure group formed by two disabled women, who campaigned for a national disability income, which would include a 'disablement costs allowance'. They pointed out that:

“it is not generally realized how it expensive it can be for disabled people to live a full life. Many activities have to be carried out in special ways, while others must be abandoned altogether and acceptable substitutes must be found if their quality of life is not to suffer. In each case extra costs are likely” (DIG, 1987, paragraph 4).

In my view, these conceptualisations of the relationship between poverty and disability actually complement each other, rather than representing opposing views, because they simply highlight different aspects of a complex relationship. Yeo's Venn diagram highlights the commonalities between poverty and disability, highlighting the social factors which reinforce both and providing a basis for disability activists to align themselves with anti-poverty campaigners. The vicious circle concept, illustrated by the DFID diagram,

focuses more on the impact of impairment, but it also highlights the chains of causality, which helps to explain why the overlap between poverty and disability that Yeo observes is so large and deep-rooted. Sen's observations and the arguments put forward by DIG tend to reinforce both of these positions. Taken together, these concepts deepen our understanding of the relationship between disability and poverty, each adding weight to the justification for promoting the economic empowerment of disabled people.

2.3 Individual Model of Disability

Traditionally, disability has been understood in terms of the 'individual model of disability', which tend to perceive "the problems that disabled people experience as being a direct consequence of their impairment" (Oliver & Sapey, 2006, p22). These problems may be caused by functional limitations or psychological losses, but either way they are located firmly within the individual, and "assumed to arise from disability" (Oliver, 1996, p32). For example, a spinal injury, which causes paralysis, may disable an individual by preventing them from walking, which in turn may limit their ability to travel or to find employment (Abberley, 1999). If the individual also incurs psychological losses, such as depression or loss of confidence, as a result of the injury, then this creates further disability.

Two individual perspectives that are commonly referred to are the 'charity model' and the 'medical model'. The 'charity model' describes the philanthropic approach, which tends to view disabled people as less fortunate people, requiring care, help and protection. The 'medical model', on the other

hand, is “rooted in an emphasis on clinical diagnosis, the very nature of which is destined to lead to a partial and inhibiting view of the disabled individual” (Brisenden, 1986, p20). This perspective tends to imply that medical intervention and rehabilitation, in order to restore ‘normal functioning’, are the only means of enabling disabled people to cope with life in mainstream society.

The categorization of individual models is rejected by Oliver, who argues that

“there is no such thing as the medical model of disability, there is instead, an individual model of disability of which medicalization is one significant component” (1996, p31)

For Oliver, the individual model of disability covers a wide range of issues, including medicalization, psychological and charitable perspectives. These are all underpinned by personal tragedy theory, which perceives disability as “some terrible chance event which occurs at random to unfortunate individuals” (1996, p32). This way of thinking has been reflected in the perception that disabled people are unable to make a useful contribution to society and should, therefore, be separated into special institutions “for their own good and to stop them being a burden on others” (Barnes & Mercer, 2003, p3) . This approach was prevalent through much of the twentieth century, and applied through various religious, educational and charitable institutions, as well as through medical and psychological interventions (ibid). However, as O’Reilly (2007) observes, segregated institutions are still very much in existence, particularly in developing countries.

Personal tragedy theory, therefore, is seen by various commentators as the driving force behind the individual model of disability. An awareness of the perceptions which embody personal tragedy theory is evident in the sentiments expressed back in the 1960s by Paul Hunt, who had lived for several years in segregated institutions. He wrote that people with impairments were regarded as “unfortunate, useless, different, oppressed and sick” (1966, p3).

Despite the criticisms, the individual model continues to exert a powerful influence, as evidenced by the continued existence of segregated services and the widespread prevalence of charitable attitudes towards disability and disabled people around the world today.

2.4 The Rise of the Social Model

Increasing dissatisfaction, often expressed by disabled people themselves, with individual model perspectives, has led to the rise of the ‘social model of disability’. The model has its origins within the UK disability movement of the 1970s, when a group of disabled people, including several that had been involved in protests against institutional practices at the Le Court Cheshire Home (Barnes & Mercer, 1997), came together to form the Union of the Physically Impaired Against Segregation (UPIAS). The Union provides an early example of an organisation *of* disabled people, which created a platform for disabled people themselves to voice their concerns and opinions, rather than having them represented by others.

UPIAS viewed disability in terms of social oppression: This understanding of disability is encapsulated in the Union's 'Fundamental Principles of Disability', document which contains the following statement:

"In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from participation in society. Disabled people are therefore an oppressed group in society" (UPIAS, 1976, pp3-4)

The statement goes on to draw a clear distinction between disability, defined as social oppression, and impairment:

"thus we define impairment as lacking all or part of a limb, or having a defective limb, organism or mechanism of the body and disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities" (UPIAS, 1976, p14)

This definition was later widened to include sensory and intellectual impairments, as well as physical impairments (Barnes, 1998).

The UPIAS document constitutes, according to Finkelstein, one of the Union's founder members, a 'theory of social oppression', which would lay the groundwork for a future "social barriers model of disability" (1991, p5).

Further theoretical groundwork for the social model was laid by Finkelstein himself, in his essay entitled 'Attitudes and Disabled People' (1980). In this essay, he describes disability as a paradox, caused by the growing numbers of

professional and voluntary ‘helpers’, exerting influence and control over disabled people in modern industrial society, which has in turn led to growing numbers of disabled people that are able to function independently in society. The paradox, according to Finkelstein, is that:

On the one hand there is the appearance that disability implies a personal tragedy, passivity and dependency. On the other hand disability can be seen as a form of group discrimination, involving constant struggles and independent action” (ibid, p1)

Finkelstein divided the history of disability, in the modern era, into three distinct phases. Phase one represents the period before the industrial revolution in Europe, when disabled people were at the lower end of the social scale, but not segregated from society. Phase two represents a period when, as a result of industrialization, disabled people were considered surplus to the needs of industry, and often segregated as a result. Phase three, which was just beginning, in his view, marked a time when disabled people would finally be liberated from social oppression and reintegrated in society. In his own words, “phase three heralds the elimination of disability” (ibid. p8).

In the early eighties, a number of other disabled writers articulated their own experiences of social oppression and discrimination (see, for example, Campling’s (1981) collection of essays written by disabled women in the UK, entitled ‘Images of Ourselves’). Sutherland captures the feeling of optimism among disabled people that seems to have been created by the new way of conceptualizing disability:

“Over the last few years, a new, more uncompromising mood has been springing up among people with disabilities. Increasingly, we are jettisoning passive acceptance of our situations, taking pride in our selves and our bodies, and coming to see ourselves as disabled, if we are disabled at all, not by the idiosyncrasies of our bodies but by a society which is not prepared to cater to our needs” (1981, p1).

The growing feeling, among disabled people themselves, that social oppression and discrimination was the root cause of their disability, was articulated in academic terms by Mike Oliver (1983) as the ‘social model of disability’, a new paradigm which would locate disability firmly within society, rather than within the disabled individual. Oliver attributed the ideas behind the social model to the original distinction between impairment and disability drawn in the 1976 UPIAS document, and called for

“a switch away from focusing on the physical limitations of particular individuals to the way the physical and social environments impose limitations on certain groups and categories of people” (1983, p23)

The social model sees disability, therefore, as created by the impact of environmental factors (or societal barriers) on a person with an impairment. The clear implication is that society itself should adapt to the needs of disabled people, rather than the other way around. This provides the basis for the argument that societal barriers need to be removed, in order to reduce and eliminate disability.

Oliver takes the analysis a stage further in 'The Politics of Disablement' (1990), which provides a materialistic account, explaining how the individualistic ideology of capitalist society has shaped attitudes towards disabled people and created much of the social oppression which disabled people experience. He also argues that the structure of capitalist economies has tended to exclude disabled people, as industrial societies have developed and production has been increasingly organized around factory work and individual, waged labour. As a result, he concludes, "disabled people came to be regarded as a social and educational problem and more and more were segregated in institutions of all kinds" (ibid, p28). In the final chapter, Oliver calls on the disability movement to play a central role in the eradication of social restrictions and oppressions.

The social model provides a powerful alternative to traditional approaches based on the individual model, reflected in the current tendency of many development agencies, as well as governments, to advocate for the inclusion, empowerment and participation of disabled people. For example, DFID acknowledge the importance of the social model, particularly in terms of the emphasis that it places on "promoting social change that empowers and incorporates the experiences of people with disabilities, asking society itself to adapt" (2000, p8). Thomas (2005a) observes the increasing mainstream acceptance of the model, noting that almost all international NGOs, working in the disability sector, now claim to base their work on the principles of the social model. The current prominence of the social model is also reflected in the language of disability-related international agreements, such as the UNCRPD, which actually defines disability in terms of "the interaction

between persons with impairments and attitudinal and environmental barriers” (UN, 2006, preamble (e)). While the social model is not explicitly referred to in the Convention, its recognition of the role of societal barriers in creating disability signifies implicit acceptance of the social model, in my view.

2.5 Debates on the Interpretation and Application of the Social Model

While the social model has gained increasing recognition and acceptance, there have been growing debates over the interpretation and application of the model. In particular, concerns have been expressed that the model’s strong focus on the disabling impact of society has led to the experience of specific impairments being ignored, dismissed or trivialized. Shakespeare and Watson contend that some advocates of the social model have adopted a ‘strong’ version of the model, ignoring the significance of impairment, which is at odds with their private views:

“most activists concede that behind closed doors they talk about aches and pains and urinary tract infections, even while they deny any relevance of the body while they are out campaigning. Yet this inconsistency is surely wrong: if the rhetoric says one thing, while everyone behaves privately in a more complex way, then perhaps it is time to examine the rhetoric and speak more honestly” (2002, p6)

They go on to argue that the clear line drawn between disability and impairment in the UPIAS (1976) document, reinforced by Oliver (1996), creates a dichotomy which can oversimplify the complex relationship between the two. Moreover, they argue, denying the impact of impairment can create a risk that the need to avoid and reduce impairments may be underestimated:

“if the social model argument was pushed to its logical extreme, we might not see impairment as something which we should make efforts to avoid”(ibid, p13)

It is important to emphasize that Shakespeare and Watson do stress that they “entirely concur with the political imperative to remove disabling barriers” (ibid, p15). They do not argue against the need for the social change, or the basic logic of the social model. They simply point out that by taking this logic to extremes, and underplaying the significance of impairments, there is a danger of undermining the whole argument.

These views are supported by several other disabled writers. Jenny Morris, while acknowledging the value of making the distinction between disability and impairment, in order to give focus to the campaign against disabling barriers, appoints out that “we have tended to push to one side the experience of our bodies” (1998, p13). She goes on to suggest that, as a result:

“we have sometimes colluded with the idea that the ‘typical’ disabled person is a young man in a wheelchair who is fit, never ill, and whose only needs concern a physically accessible environment”(ibid).

Another disabled writer who has raised this issue is Liz Crow (1996). She argues that, by focusing so strongly on the impact of disabling barriers:

“we have tended to centre on disability as ‘all’. Sometimes it feels as if this focus is so absolute that we are in danger of assuming that

impairment has no part at all in determining our experiences.” (ibid, p2)

Crow goes on to call for a ‘renewed social model’, highlighting the ways in which disability and impairment work together. She is at pains to stress, however, that:

“the social model has never suggested that disability represents the total explanation or that impairment doesn’t count – that has simply been the impression we have given by keeping our experiences of impairment private and failing to incorporate them into our public political analysis” (ibid, p9).

Writers such as Shakespeare, Watson, Morris and Crow, while acknowledging the value of the social model in highlighting the disabling role of society, appear to share a concern that it tends to ignore the ‘disabling’ role of impairment. Carol Thomas addresses this concern by pointing out that the 1976 UPIAS document:

“associates disability with those restrictions of activity caused by the societal response to people with impairments. It does not assert that all restrictions of activity are socially caused” (2004, p578)

Thomas’s point is that, while impairment may well lead to restrictions of activity, these restrictions do not equate to disability, according to the UPIAS statement. UPIAS, led by Finkelstein and Hunt, have effectively redefined disability in social relational terms, she explains, as an “oppressive social reaction visited upon people with impairments”. When seen in this way, it is

clear that the UPIAS view does not deny that impairments can also cause suffering or restrict activities. While the social model is based on this redefinition of disability, Thomas goes on to suggest that its success, in terms of widespread acceptance, has led to conceptual confusion, because the model itself tends to oversimplify the social relational aspect of the UPIAS view, by equating disability with social barriers:

“it is only a short distance, and one that has been commonly travelled, from these blunt social modellist assertions to the proposition that ‘all restrictions of activity are caused by social barriers’” (ibid. p579).

Finkelstein himself appears to agree that the social model has been widely misused:

“sadly, a lot of people have come to think of the social model of disability as if it were an explanation, definition or theory and many people use the model in a rather sterile formalistic way” (2001, p6).

He goes on to point out that:

The social model does not explain what disability is. For an explanation we would need a social theory of disability” (2001, p11).

Thomas (2004) argues that, despite the theoretical groundwork that Finkelstein has helped to lay down himself, through the UPIAS statement and his ‘Attitudes and Disabled People’ (1980) book, further developed by Oliver (1990), this social theory has yet to be fully developed. However, she

attributes many of the apparent criticisms of the social model to a loss of the social relational understanding of disability expressed through the original UPIAS document. In calling for a revival of this understanding, she proposes a social relational definition of disability, based on the ideas contained in that document:

“Disability is a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional wellbeing” (Thomas, 1999, p60)

Thomas’s definition, which has been adopted for this thesis, would appear to avoid much of the confusion that has arisen over the common interpretation (or ‘misinterpretation’) of the social model that impairments alone do not lead to ‘restrictions of activity’. Disability, according to this definition, equates to only those ‘restrictions of activity’ that arise through the social oppression of people with impairments. While impairments may well restrict activity as well, as pointed out by Shakespeare and Watson (2002), these impairment-caused restrictions fall outside of the definition. Thomas’s definition also recognises the psychological aspects of disabled people’s experiences, which will be discussed in the next section.

Debates over the interpretation and application of the British social model have also touched on the context of developing countries. The social model provides the basis of a political strategy, aimed at changing the structures of society and removing societal barriers, and many disability organisations and

NGOs around the world have committed themselves to achieving these objectives. However, there are some doubts as to whether these political objectives truly reflect the priorities of disabled people themselves, particularly those living in poverty. Grech questions the wisdom of moving the focus away from impairment and functional limitations, in countries where “poor livelihoods (and ultimately survival) are often dependent on hard physical labour (e.g. agriculture), making a healthy body an imperative” (2009, p776). He suggests that a focus on medical or rehabilitative solutions, aimed at enabling disabled people to cope better with those impairments themselves, may reflect their immediate priorities more closely than strategies designed to bring about societal change in the longer term.

Emma Stone faced similar dilemmas in her research on CBR project in China, where she observed that “In Shanlin County, the needs and aspirations expressed by research participants who had disabled children centered almost exclusively on western-style medical intervention” (1997, p222). She goes on to report that many of the disabled adults, who participated in the research, shared these views. In another part of China, Heping County, she observes that many disabled people were employed in social welfare factories, in which over half the workforce are made up of disabled people, and that these disabled workers greatly valued this type of employment, even though these types of institution tend to reinforce the segregation of disabled people.

Yeo (2005) argues that promoting the social model agenda may sometimes put disability activists at odds with broader-based community movements that are

fighting poverty. She gives an example of this from post-tsunami Sri Lanka, where disability NGOs were lobbying for physical access to new hotels that were being built, while at the same time whole fishing communities were campaigning against their displacement if the hotels were built at all. She argues that disabled people living in those communities would have been better served if the NGOs had added their weight to that broader campaign, rather than pursuing the social model-based agenda of trying to tackle barriers to accessing the proposed new hotels. This is not an argument against the logic of the social model, or the need to make buildings accessible. Yeo's point is that the social model's strong focus on the role of society in creating disability, and implied 'call to action' on changing society, can sometimes lead to a diversion of resources, which may be better employed in supporting poverty-focused community organisations that are trying to address the more immediate concerns of local disabled people.

Oliver himself accepts that the social model has sometimes been interpreted too rigidly, presenting an oversimplified view of reality. However, he points out that "such criticism ... raises questions about the way the model is used, rather than the model itself" (1996, p40).

2.6 Psychological Aspects of Disabled People's Experiences

The social relational definition of disability, discussed in the previous section and adopted for this thesis, takes into account the oppressive impact of society on the 'psycho-emotional wellbeing' of people with impairments. Reeve (2004) welcomes this as a widening of the social model, pointing out that

these psychological aspects of disabled people's experiences are the most restricting forms of disability, for many disabled people.

There is evidence to suggest that the social model not only takes account of these psychological aspects, but has also helped many disabled people to cope with them. Crow credits the social model with playing "a central role in promoting disabled people's self-worth" (1996, p1). She also bears testament to the value of the social model to her personally in coping with the psychological aspects of her own experiences:

"My life has two phases: before the social model of disability, and after it: Discovering this way of thinking about my experiences was the proverbial raft in stormy seas. It gave me an understanding of my life, shared with thousands, even millions, of other people around the world. I clung to it" (ibid).

The potential value of the social model in guiding rehabilitation programs, in order to empower disabled people to take control of their own rehabilitation and to overcome psychological barriers, is noted by Johnston, who observes that "rehabilitation therapists may create a more enabling environment with greater expectations which raise the individuals' perceptions of control, thus raising their levels of performance or functioning" (1997, p283). This is illustrated by an evaluation of an independent living programme, conducted alongside a medical rehabilitation programme, for people with spinal injuries in the United States (Tate et al, 1992). This initiative allowed participants to follow an independent living programme as part of their rehabilitation, offering "self-sufficiency and self-determination in daily routines, social

identity and life choices” (Tate et al, 1992). The study showed that the independent living programme, which focused on self-help and barrier removal, complemented the medical rehabilitation program, and helped participants to adjust to their new situations with fewer negative psychological effects (ibid). This backs up Finkelstein’s view that “medical interventions should be guided by an understanding and analysis of the barriers to be overcome, rather than on the functional limitations of the individual” (1991, p12).

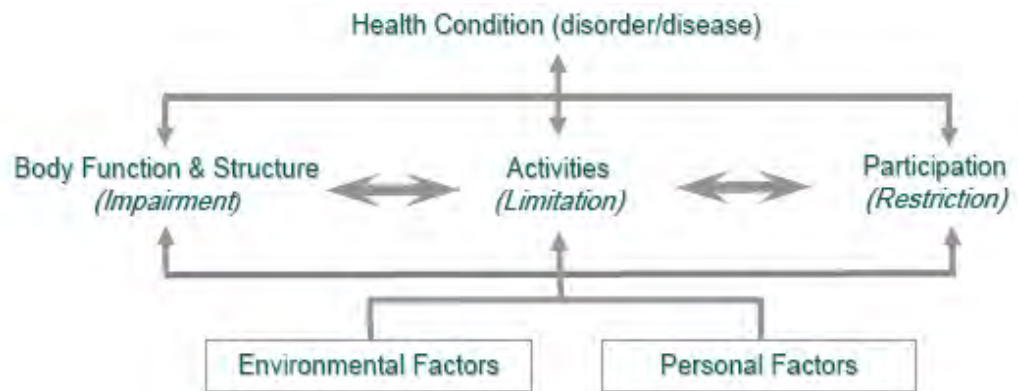
Recognition of the need to take account of the psychological aspects of disability forms part of the rationale for the International Classification of Functioning, Disability and Health (ICF) model of disability, to be discussed in the next section.

2.7 The ICF Model

“Disability is a complex dialectic of biological, psychological, cultural and socio-political factors, which cannot be extricated except with extreme imprecision” (Shakespeare and Watson, 2001, p22).

This understanding of the complexity of disability appears to be the driving force behind the WHO’s ICF model, adopted by the World Health Assembly in 2001. This is a holistic, integrated model, which incorporates environmental factors, as well as biological and psychological factors. The model is illustrated below.

Figure 3: The ICF Model



Source: World Bank 2007a, p5

The World Disability Report describes the ICF as a “bio-psycho-social model, it represents a workable compromise between medical and social models” (2011, p4). Within this model, disability is defined in terms of three components: body function and structure; activity limitations and participation restrictions. Body function and/or structure may be affected by impairments, such as blindness or paralysis, although this component also takes account of biological factors, such as gender and age (World Bank, 2007a). Activity limitations are restrictions in carrying out activities, such as getting dressed (ibid). Participation restrictions relate to “activities that are integral to economic and social life, such as being able to attend school or hold a job” (ibid, p5). This is a much broader definition than the social relational definition, on which the social model is based. While taking into account the disabling impact of environmental factors, it perceives impairment as part of what constitutes disability, rather than as a separate concept.

The model also draws a distinction between health conditions (such as illness or disease) and disability, with the two way arrow suggesting that each can be

a cause of the other. Interestingly though, the model appears to view personal (or psychological) factors as only contributing to disability, rather than being a possible consequence of disability. The model, therefore, appears to view the psychological aspects of disabled people's experiences in an opposite way to how the social model views them, reversing the direction of causality.

While acknowledging that the model does take account of environmental factors, Oliver and Sapey criticise the methodological approach of the ICF for assuming "that not only can the components of each level be reduced to numbers, so also can the complex relationships between them" (2006, p60). They conclude that the model will be difficult to operationalize and is unlikely to contribute to improving the lives of disabled people.

Notwithstanding these criticisms, the ICF model is currently being promoted as an international framework for assessing a person's overall level of functioning in society, "with the perspective that disability arises when barriers exist to participation" (WHO & World Bank, 2011, p5). It is interesting to note that reported disability rates have increased enormously in several countries where the ICF has been adopted as a means of classifying disability. For example, a 2001 census in Brazil reported a disability rate of 14.5%, using the ICF method, compared with 1-2% in the 1991 census (World Bank, 2005, p1). It should be noted, however, that other factors, such as increased disability awareness, may have contributed to this increase. Nevertheless, if using the model helps to provide a more realistic picture of disability, in countries where disability is currently under-reported, this could

be an agent for change, if it leads to more resources being allocated to providing services to disabled people.

2.8 The Rights-based Perspective

The rights-based perspective provides an ideological basis for challenging the disabling role of society, because those who adopt this perspective tend to regard the social exclusion of disabled people as a denial of basic rights. Miles (1999), for example, argues that “inclusion, advocacy and empowerment are key components of a rights-based approach to disability and development” (ibid, p7). This represents a major shift in thinking from the individual model perspective, in which disabled people are required to adapt to the norms of a society that is not designed to include them, to an approach which values and respects disabled people as citizens with equal rights. These principles appear to have been embraced by donors and policy-makers throughout the world. The UNCRPD, for example, strongly emphasizes the rights-based perspective, declaring that

“the promotion of the full enjoyment by persons with disabilities of their human rights and fundamental freedoms and of full participation by persons with disabilities will result in their enhanced sense of belonging and in significant advances in the human, social and economic development of society and the eradication of poverty” (UN, 2006, preamble (m))

While this rights-based discourse, as illustrated above, appears to have gained increasing acceptance within the international development community, there is some doubt as to how such rhetoric relates, in practice, to the everyday lives

of those for whom the promotion of rights and empowerment may seem like irrelevant concepts. Mikkelsen (2005), for example, observes that many development organisations claim to have adopted the rights-based approach, without actually having developed their methodologies and capacities in order to fully operationalize such an approach. Uvin goes further, arguing that development agencies have tended to adopt the rights-based perspective in order to “benefit from the moral authority and political appeal of the human rights discourse” (2002, p4). He implies that, given fierce levels of competition for development funding, this approach is driven by a need to protect reputations and attract donor funding, rather than any genuine desire to challenge the power structures that lead to inequality and injustice. Uvin even criticizes Sen, on whose work much human rights discourse is based, for failing to complement his broad philosophical insights with some consideration of the practical implications of trying to apply them to development interventions. Uvin’s criticisms are broadly based on the premise that the language of human rights is the sole preserve of the western-dominated development establishment. However, as Slim (2002) points out, the rights-based perspective has also been adopted by grass-roots movements around the world, in order to bring about social change and justice for under-privileged groups. He describes, for example, how the language of human rights has played an important role in struggles against political repression in Latin America, apartheid in South Africa and land rights in South Asia. Slim concludes that the rights-based perspective has the potential to bring about real change in the lives of oppressed people, as long as those that represent them at the local level are fully engaged in the change process.

Slim's arguments are particularly relevant to the disability movement, because as Oliver and Sapey point out:

“it is this from growing consciousness and political power of disabled people that solutions to the problems of disability may ultimately emerge” (2006, p167)

Disabled People's International (DPI), which was formed in 1981 and now consists of over one hundred and thirty national assemblies, aims to promote human rights, as well as promoting the economic and social integration of disabled people around the world, and supporting organisations of disabled people (DPI Website, 2011). Many of the organisations that represent disabled people, in developing countries also appear to be adopting the rights-based perspective and committing resources to the promotion of disability rights. In Uganda, for example, the National Union of Disabled Persons has been credited with winning unique constitutional rights for disabled people, who are now represented at every level of Government, and having a positive influence on national legislation (Dube et al, 2005). This suggests that the rights-based approach does appear to be gaining currency in some low income countries.

While the recognition of disability rights in national legislation is surely a positive development, actually ensuring that these rights are upheld in practice may be more problematic. In the field of employment, for example, there is an obvious need to tackle highly visible barriers, such as poor workplace access and direct discrimination within recruitment processes. However, as Abberley

points out, disabled people may also be disadvantaged by the ‘structure of employment’, with most jobs “designed around the capacity, stamina and resources of the average worker, nine-to-five, five days a week employment” (1999, p11). This illustrates the He concludes that a much more flexible approach may be needed, to ensure that disabled people can compete on an equal basis in the jobs market (ibid). Abberley’s observations show how the denial of rights can run deeper than may at first be apparent, due to the various ways in which society “takes little or no account of people who have physical impairments and thus excludes them from participation” (UPIAS, 1976, p14). This suggests that, as the social model implies, strategies designed to promote disability rights should be based on an understanding of the full scope of discrimination in a particular context.

One danger of adopting the rights-based perspective is that excessive focus on lobbying for improved rights may shift attention away from the more pressing needs of disabled people, particularly those living in extreme poverty. This dilemma, over whether the promotion of political freedom undermines the need to address poverty issues, was considered and rejected by Sen (1999). He argued that the promotion of rights can actually raise awareness and understanding of economic need (i.e. poverty) and that the “the intensity of economic needs adds to – rather than subtracts from – the urgency of political freedoms” (1999, p148). Others claim that the dilemma is real, because the process of actually fighting for political freedoms, or rights, can divert resources from service provision. Coleridge acknowledges this danger, pointing out that “reducing an NGO’s activities to advocacy for inclusion may

mean that disabled people receive no services at all” (2007, p121). It seems vital, therefore, that disability organisations consider the possible trade-offs, at least in the short-term, between advocacy and service provision.

2.9 Social Inclusion, Mainstreaming and the Twin-track Approach

Full social inclusion for disabled people is one of the ultimate objectives of the disability movement throughout the world (Barnes, 1998). The World Bank defines social inclusion as:

“the removal of institutional barriers and the enhancement of incentives to increase the access of diverse individuals and groups to development opportunities” (2003, p3)

This definition focuses on the need to remove institutional discrimination, which occurs when:

“the policies and activities of public or private organisations, social groups and all other types of organisation in terms of treatment and outcome result in inequality between disabled and non-disabled people” (Barnes, 1991, p3).

Social inclusion, therefore, requires organisations and institutions to treat disabled people fairly, ensuring that their needs are taken into account and that their policies and practices avoid discriminating against them, in order to allow them equal access to development opportunities.

National governments and international development agencies have increasingly responded to the call for disability issues to be included in general development planning, emanating mainly from the disability movement, by adopting an approach that is sometimes referred to as ‘disability mainstreaming’. This is aimed at achieving equality for disabled people (UN, 2008). The mainstreaming approach, in the context of disability, can be defined as:

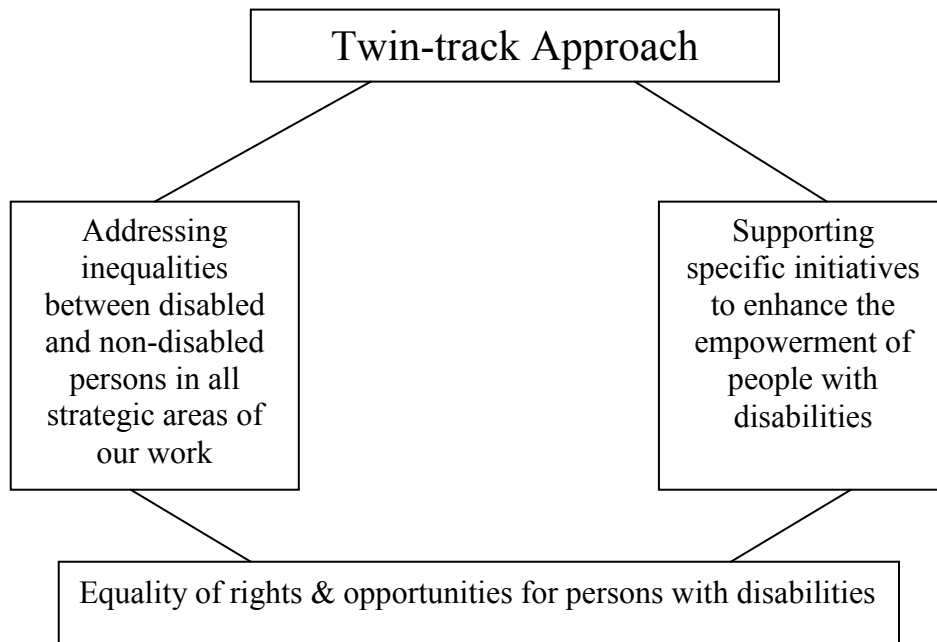
“the process of assessing the implications for disabled people of any planned action, including legislation, policies and programmes, in all areas and at all levels” (Albert et al, 2005, p2)

This approach is underpinned by the belief that “the same rights and opportunities accorded to others should be available to people with disabilities with the necessary accommodations” (McClain-Nhlapo, 2010, p114). There is some doubt, however, as to the extent to which mainstreaming can really achieve meaningful social inclusion. The International Disability and Development Consortium (IDDC) (2004) consider that, while mainstreaming disability is a necessary tool, mainstreaming policies tend to overlook the need for specialist support services, which many disabled people require. Barron & Amerena (2007) also express doubts over the extent to which mainstreaming equates to social inclusion. They, point out, for example, that simply increasing the number of disabled children attending mainstream schools does not represent real social inclusion, unless the quality and outcomes of education for these children reaches an acceptable standard. This implies that mainstream schools need to be adapted (by, for example, ensuring that

teaching materials are accessible to all), otherwise children with impairments are likely to receive a second-rate education (disabling them, in social model terms), even within the mainstream system.

One solution to the perceived inadequacies of mainstreaming disability is the twin-track approach, as proposed by DFID, which is illustrated below:

Figure 4: DFID’s Twin-track Approach



Source: DFID, 2000, p11

This approach entails mainstreaming disability into all areas of development planning, while simultaneously supporting more focused initiatives designed to empower disabled people and the organisations that support them. There appears to be a general consensus in the literature that this kind of approach represents the best hope of achieving meaningful social inclusion for disabled people. The IDDC, for example, boldly declare that “the full human rights of

disabled persons will not be realized without a twin-track approach to inclusive development” (2004, p3).

2.10 Societal Barriers to Inclusion

Societal barriers, according to the social model, create and reinforce disability.

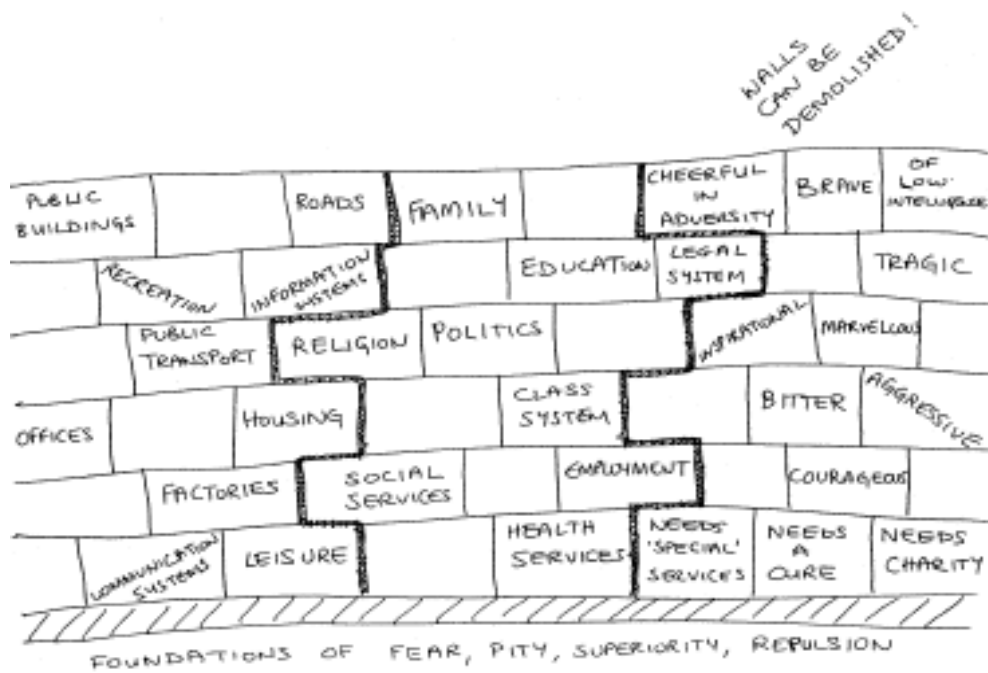
These barriers can be described as

“all the things that impose restrictions on disabled people; ranging from individual prejudice to institutional discrimination, from inaccessible buildings to unusable transport systems, from segregated education to excluding work arrangements, and so on” (Oliver, 1996, p33)

In social model terms, the removal of societal barriers is essential to reducing, or even eliminating, disability itself.

Harris and Enfield provide a useful conceptual framework called ‘The Wall of Barriers’, which groups these societal barriers into three distinct categories: physical, institutional and attitudinal. This is illustrated below:

Figure 5: The Wall of Barriers



Source: Harris & Enfield, 2003, p180

The left side of the wall shows physical (or environmental) barriers. The most obvious man-made physical barriers that disabled people have to contend with, in general, are those that relate to the built environment, such as badly designed public buildings and poorly maintained pavements. There are other, slightly less obvious, physical barriers, however, such as communication systems that exclude those with sensory impairments. At railway stations, for example, people with visual impairments may be disadvantaged by signs that are not clearly printed, while people with hearing impairments may be excluded by verbal announcements that are not accompanied by visual alerts (ibid).

The middle section of the wall shows institutional barriers, created by the segregation or exclusion of disabled people through the workings of key

institutions, such as the family, the education system, health services, employment organisations or the political system (ibid). For example, with regard to education systems, Jonsson and Wiman observe that segregated residential educational institutions are still very common in many developing countries. They argue that promoting inclusive schools, which recognise the diverse needs of students through appropriate organisational arrangements and teaching strategies, would mean “avoiding the waste of money and human potential” (2001, p9)

The right side of the wall displays attitudinal barriers, where descriptions or views of disabled people are based on negative or patronizing generalizations (such as ‘tragic’ or ‘brave’), rather than any knowledge or appreciation of the individual strengths and weaknesses of disabled people, thus leading to discrimination and limiting their capacity to lead ordinary lives (Harris & Enfield, 2003). The existence of attitudinal barriers is widely reported in the literature. The World Disability Report, for example, states that “negative imagery and language, stereotypes and stigma – with deep historic roots – persist for people with disabilities around the world” (WHO & World Bank, 2011, p6). The social stigma attached to disability is also referred to in the Chronic Poverty Report, which notes that “beliefs that disability is associated with evil, witchcraft, bad omens or infidelity persist in many parts of the world” (Grant et al, 2005, p20). The long-term impact of these attitudinal barriers is also widely recognised. Coleridge (2006), for example, describes a vicious circle of low expectations, especially from parents, leading to low achievement, leading to further low expectations.

The ‘Wall of Barriers’ will be revisited in Chapter Three, where it will be adapted in order to illustrate barriers to the economic empowerment of disabled people.

2.11 Conclusions

It can be seen from the literature that disability is a complex phenomena, which has been viewed in very different ways over the years. There are many different types of impairment, and a wide range of other factors, including social factors, that determine the particular needs and experiences of each disabled person. One factor that is common to a large proportion of disabled people living in the developing world, however, is the high likelihood that they are living in poverty.

The various models of disability help to identify some of the many factors which cause and exacerbate disability. The individual model, which is underpinned by personal tragedy theory and locates disability within the individual, is now largely discredited and seen as disempowering. The social model, which has risen to prominence in its place, provides a powerful conceptual framework, which seriously challenges the narrow, impairment focus of the individual model, and provides an ideological basis for the international campaign for the empowerment and inclusion of disabled people, as reflected in the language of the UNCRPD. However, literature debates have called into question the way that some interpretations of the social model have

tended to downplay the impact of impairments, while others have questioned the transferability of the model to developing country contexts.

Criticisms of the social model have been addressed, to some extent, by Thomas's (2004) call to revive the social relational understanding of disability, on which the social model is built. This helps to clarify the relationship between disability, impairment and the social model, by defining disability in terms of the 'restrictions of activity' which result from social oppression, as opposed to those resulting from impairment. As stated in Chapter One, Thomas's social relational definition is adopted for this thesis.

The individual and social models, rather than being seen as mutually exclusive alternative standpoints on disability, could be viewed as representing opposite ends on a spectrum of disability models. More holistic and nuanced models, such as the ICF model, which incorporate features of both the individual and social model, represent a perception of disability that lies somewhere closer to the middle of the spectrum. Particular disability service providers will have their own perceptions of disability, partly shaped by the context in which they operate, from which they can develop their own standpoint, which may lie at any point along the spectrum. This study will examine the ideological principles and assumptions that underpin economic empowerment schemes in Kenya and India, in order to roughly determine where each scheme appears to be positioned on the spectrum of disability models.

The rights-based perspective, which has been embraced by international development agencies, has also been adopted by DPI and many of the smaller organisations that represent disabled people around the world. As with the social model, this perspective encourages us to move away from the perception of disabled people as objects of sympathy and charity, to viewing them as citizens that should be empowered to enjoy the full participation in society to which they are entitled. However, literature debates question the extent to which the adoption of the rights-based perspective actually translates to real and positive changes in the lives of disabled people, particularly when motivation for the use of rights-based discourse may arise simply from the need to attract donor funding, rather than a real desire to challenge the power structures that lead to discrimination and marginalization.

Development strategies designed to support disabled people need to be informed by an awareness of these perspectives. The current orthodox view, strongly influenced by the social model, is that these strategies should be rooted in a commitment to promoting the rights of disabled people and to removing disabling barriers. However, there are those who contend that the close relationship between disability and poverty, particularly in developing countries, may sometimes require a balance to be struck between fighting for social change, and more direct strategies designed to alleviate their poverty.

The literature clearly highlights dilemmas that might exist in practice between applying the principles of the social model and achieving the best outcomes for disabled people, particularly in countries where barriers to inclusion may

seem insurmountable and poverty is the overriding issue. These dilemmas provide a clear rationale for examining the influence of the social model on economic empowerment strategies, and for considering whether this influence really does enhance these strategies.

Chapter Three

Economic Empowerment

This chapter will firstly consider the meaning of ‘empowerment’, in the context of development, and then examine why ‘economic empowerment’ matters so much in relation to disability. The main barriers to economic empowerment for disabled people, as described in the literature, will then be analysed, using the ‘Wall of Barriers’ conceptual framework, which was introduced in Chapter Two.

Economic empowerment strategies, as Coleridge (2007) observes, should take account of local cultural and economic conditions. This chapter will go on to consider some of the main contextual differences between low income and high income countries, in relation to economic empowerment, including the relationship between the formal and informal sectors of the employment market and the nature of communities. Finally the three particular routes to economic empowerment that are the main focus of this study – vocational training, self-directed employment and formal sector employment – will be closely examined.

3.1 What is Empowerment?

‘Empowerment’ is an emotive word, which is often used in relation to the aspirations of marginalized and oppressed groups. This word frequently pops up in modern development discourse, usually in connection with concepts such as participation, equity, human rights, sustainability and inclusive

development. Gergis, for example, sees empowerment as being “about helping people unleash their creative and productive energies to achieve sustainable growth and continuous improvement in their living standards” (1999, p7). He also identifies a ‘motivational dimension’ of empowerment, which takes account of three factors:

Box 3: The Motivational Dimensions of Empowerment

- People will not be empowered unless they want to be. They must, therefore, understand the benefits of empowerment.
- The necessary conditions for enhancing motivation must be created. This means developing self-belief and building people’s confidence.
- People must be provided with opportunities for empowerment, and have the necessary abilities, or skills, to use these opportunities.

Source: Gergis, 1999, p7

Gergis’s analysis highlights the need for disabled people to take on board the concept themselves, and for others to work together in order to create an enabling environment, so that they are able to empower themselves. This process may involve Governments, who have a responsibility to ensure that disability rights are protected in legislation and upheld in practice, and disability organisations, who seek to sensitize communities and represent the interests of disabled people. However, it can be argued that all members of society can and should contribute to the process of creating an enabling environment, simply by adopting positive attitudes to disability and valuing the potential contributions that disabled people can make to society.

More recently, the World Bank has adopted the following definition of empowerment:

“the enhancement of the assets and capabilities of diverse individuals and groups to function, and to engage, influence and/or hold accountable the institutions that affect them” (2003, p3)

It follows from this definition that the empowerment of disabled people is about enabling them to build their assets, to be aware of their rights and to engage more fully in the decision making processes affecting them. In the language of Sen (1999), this may translate to removing the ‘unfreedoms’ that prevent people from living the lives that they would choose to live.

3.2 Why does Economic Empowerment matter?

According to the study definition,¹⁴ economic empowerment means “being able to engage freely in economic activity” (UNDP, 1993, p21). This should not be interpreted in a neo-liberal sense, implying that open markets and liberal economic policies are necessary preconditions for economic empowerment. The definition, as the UNDP report goes on to explain, simply implies that economic empowerment is about increasing “people’s power to control their lives” (ibid).

It has long been recognized that disabled people have a fundamental right to economic empowerment, as evidenced by the DIG (1987) campaign for a national disability income in the UK. This right is also acknowledged in

¹⁴ See Chapter One, Section 1.6, p10, where this definition is introduced.

various international agreements, including the UNCRPD.¹⁵ Given this recognition, along with the current emphasis in mainstream development thinking on poverty reduction, as exemplified by the prominence of the MDGs, it follows that the economic empowerment of disabled people should be a priority development issue.

While the rights-based perspective, together with the need to reduce poverty, provides a compelling rationale for promoting economic empowerment, it should not be forgotten that increasing the productivity of disabled people can have economic benefits for society as a whole. Powers (2008) makes the point that increasing employment levels among disabled people increases both the *amount* of goods and services produced and the *demand* for goods and services, thus contributing to the supply and demand side of the economy. This argument is backed by research commissioned by the World Bank in 2000, which, based on country data for Canada (extrapolated to cover the rest of the world), concluded that “the global GDP lost annually due to disability is estimated to be between \$1.37 trillion and \$1.94 trillion” (Metts, 2000, p6). A more recent study, by Buckup (2009), uses data on disability prevalence rates and employment rates from ten low and middle income countries, across Asia and Africa, to show that economic losses resulting from the exclusion of disabled people from work ranged from 3% of GDP in Malawi and Viet Nam to 7% of GDP in South Africa. This is far more conservative than the Metts estimate, which, when applied to the same ten countries, puts the losses at between 15% and 40% (ibid). Buckup argues that his estimates are more

¹⁵

See Chapter Four for a discussion on relevant international agreements.

precise than the Metts estimate, as they are country-sensitive and do not rely on extrapolation, and Metts (2000) himself accepts that his methods and assumptions are less than reliable. While these studies may vary enormously in terms of approach and the estimates produced, they do give some idea of the potentially huge macroeconomic costs of excluding disabled people from work. Much of this is due to the difficulties that disabled people have in accessing the labour market. However, Braithwaite et al also attribute some of the loss in GDP to “a lack of services for disabled persons, which compels other household members to withdraw from the labour market” (2008, p1).

Whether you consider the economic empowerment of disabled people as a fundamental human right, a necessary pre-requisite for the achievement of poverty reduction targets or simply an instrument for creating sustainable economic growth, it is clear that economic empowerment matters.

3.3 Physical Barriers to Economic Empowerment

An accessible physical environment, including access to transportation, technology, information sources and buildings, is an essential pre-requisite for disabled peoples to participate fully in community life (Braithwaite et al, 2008). Merilainen and Helaakoski (2001) distinguish between ‘access to’ the built environment, or simply being able to reach and enter places, and ‘accessibility of’ the built environment, which is about being able to easily make use of the built environment without assistance. They argue that construction programmes in developing countries have lacked consideration of both of these required elements of a barrier-free built environment. Arthur & Zarb have also stressed the importance of considering all types of

accessibility. They point out, for example, that, in the context of employment, accessibility should include “physical access to all work premises, including other work or training sites, and access to equipment and to organisational information (1995, p9). The need to deal comprehensively with physical barriers in the workplace is emphasized in the ILO Code of Practice on Managing Disability in the Workplace (2001), which recommends that workplace accessibility should include: the provision of accessible toilets and washrooms; appropriate signage (taking account of those with visual or hearing impairments); accessible workplace instructions; electronic equipment that can be used by disabled people and a plan to ensure that disabled people can be safely evacuated in the event of an emergency.

Barriers to information are also among the environmental barriers that can prevent disabled people from finding employment or engaging in business. Miles (1999) points out that information is required in various formats, in order to ensure that all types of impairment that people may have are taken into account, and should be complemented by a variety of support services. These might include dissemination and technical support, as well as an assessment of exactly what type of information disabled people require, whether that be to apply for jobs or courses, or to start and grow a business. The World Bank also include a lack of reasonable accommodations (such as sign language interpretation) and the unavailability of assistive technologies or accessible formats among factors which create “barriers to knowledge, and consequently, to employment” (2007a, p34).

Albert et al (2004) emphasize the role of appropriate technology in producing built environments, including equipment and machinery, that create opportunities for disabled people, rather than placing restrictions on them. They argue that technology should be “appropriate, accessible and amenable to the needs of disabled people across the world” (2004, p12). Metts supports this view, pointing out that enabling disabled people to access mainstream technology can be more cost-effective than creating specialized technologies. He gives the example of ‘e-mail’, which has “revolutionalised the communicative abilities of the hearing impaired, at a fraction of the cost of highly specialized communication equipment designed specifically for their use” (2000, p38).

In the long term, perhaps one of the best ways of promoting a barrier-free built environment is to take account of the needs of disabled people when designing new infrastructure projects. As Berman-Bieler (2010) points out, the additional costs of making infrastructure fully accessible to all are thought to be less than one per cent at the design stage, as compared with the far greater cost of making alterations or renovations at a later stage.

3.4 Institutional Barriers to Economic Empowerment

Institutional barriers are created by the workings of key institutions within society (Harris & Enfield, 2003). For disabled people, they arise when these institutions fail to take full account of their needs, or discriminate against them in various ways (Barnes, 1991). Barnes goes on to distinguish between direct and indirect forms of institutional discrimination:

“it incorporates the extreme forms of prejudice and intolerance usually associated with individual or direct discrimination, as well as the more covert and unconscious attitudes which contribute to and maintain indirect and/or passive discriminatory practices within contemporary organisations” (ibid. p3)

The institutions of particular relevance to economic empowerment include workplaces, educational and vocational training establishments and financial institutions, such as banks and micro-finance institutions.

Arthur & Zarb (1995) describe discriminatory processes within workplaces, which may affect job security and promotion chances, as well as preventing entry to the labour market in the first place. Ncube & Macfadyen also comment on these discriminatory processes, observing that “even if a young disabled person does manage to get a job, lower salaries and benefits may be imposed” (2006, p8).

Similar exclusive mechanisms exist in financial institutions. The extent of these were highlighted by a global survey (covering 38 developing countries), carried out by Handicap International (2006), in which microfinance providers reported that less than 0.5% of their clients were disabled, despite estimated disability prevalence rates in the countries surveyed of around 10%. The providers offered a wide range of explanations for this, including the inability of disabled people to meet the requirements and fees attached to financial products that were not tailored to their needs and abilities. Cramm & Finkenflugel, in their analysis of the exclusion of disabled people from

microcredit in Africa and Asia, describe how microcredit programmes often demand entry fees, collateral and prior business experience, all of which tend to exclude the poorest members of society, among which disabled people are disproportionately represented. However, they also suggest that the perceived risks of providing loans to disabled people are inflated by negative perceptions among loan or credit officers, some of whom feel that disabled clients are “problematic and will create increased work burden” (2008, p3).

3.5 Attitudinal Barriers to Economic Empowerment

Attitudinal barriers to economic empowerment, such as those described above within the microfinance industry, are widely reported in the literature. Albu, for example, in his report on a project for developing apprenticeship-based training services for disabled people in Northern Uganda, observes an “accumulation of negative self-image and lack of confidence that is inculcated from a lifetime of being denigrated” (2005, p11). Negative perceptions of disability are likely to hamper any efforts on the part of disabled people to lift themselves out of poverty. For example, employers may be reluctant to take them on, due to a lack of awareness about their abilities and potential to perform well, as well as fears about accidents and the costs of accommodating them (O’Reilly, 2007).

There appears to be growing mainstream acceptance of the existence of attitudinal barriers. The UN Economic and Social Council (UNESCO), for example, note that “employers often resist employing persons with disabilities because of discriminatory attitudes and the mistaken belief that employees

with disabilities will necessarily entail high costs for the employer” (UN Enable, 2007, paragraph 30(d)). In a similar vein, the 2007 World Development Report states that “disabled youth face a lack of access to jobs and employment centers because of stigma” (World Bank, 2007b, p115). The report does not, however, provide evidence to back this assertion.

Elwan observes how negative attitudes towards disability, together with unequal power relations within households, can sometimes lead to disabled people being subject to physical abuse (such as beatings or rape) and psychological abuse (such as isolation, or even confinement, and being made to feel guilty or inadequate). She concludes that these forms of marginalization “reduce the opportunities for disabled people to contribute productively to the household and the community, and increase the risk of falling into poverty” (1999, p27)

3.6 Reconstructing the Wall of Barriers

Using the preceding analysis, the ‘Wall of Barriers’ can be adapted to provide a visual representation of the barriers to economic empowerment, as described in the literature. This is illustrated below:

Figure 6: The Wall of Barriers to Economic Empowerment

<u>Physical</u>		<u>Institutional</u>		<u>Attitudinal</u>	
training centres	colleges	resources	low salaries	Stigma	isolation
accessible formats		workplace rules		low expectations	
transport	technology	enforcement	legislation		problematic
workplaces		entry requirements		low confidence	
equipment	interpreters	implementation		low achievers	abuse
information		discrimination		expensive	
Foundations of fear, pity, superiority, revulsion					

Source: Adapted from Harris & Enfield (2003, p3)

While some of the barriers illustrated here mirror those that prevent the general inclusion of disabled people in society,¹⁶ many of them, such as ‘workplace rules’ and ‘low achievers’ are barriers that may present particular difficulties to those wishing to engage in economic activity. This illustration, therefore, provides a representation of the barriers that particularly need to be taken into account in relation to the promotion of economic empowerment. In social relational terms (Thomas, 1999), these are some of the social barriers that restrict activity, thus creating and reinforcing disability.

3.7 Formal and Informal Sectors

The formal sector of the economy, according to the ILO, consists of “regular, stable, and protected employment and of legally regulated enterprises” (2002b, p12). Many formal sector jobs are provided by the government and corporate sectors, with the government sector tending to dominate in most low income countries, especially in Africa (Coleridge, 2006). These jobs tend to be located mainly in urban areas, and usually require at least secondary level education

¹⁶ As illustrated by Figure 5, Chapter Two, Section 2.10, p55.

(ibid). The usual benefits of formal sector employment include a minimum wage, written contracts, pensions, paid holidays and trade union membership. However, attaining these benefits may seem a formidable challenge, given that many disabled people in developing countries have not even been to school (Thomas, 2005a). Even those that have an education may find opportunities hard to come by because, as Powers points out, “formal sector jobs in developing countries are often more scarce and subject to intense competition” (2008, p7). He concludes that formal sector employment, for disabled people living in developing countries, is very rare.

The concept of an ‘informal sector’ was referred to in an ILO research project in the early 1970s, on the conditions facing poor workers in Kenya, and related to small-scale, unregulated enterprises falling outside of the formal sector. The research concluded that the relative ease of entry, low capital costs, small scale of operation and absence of formal education skills, which typically characterise the informal sector, make this the most realistic choice for many poor people in developing countries (ILO, 1972).

The idea of an ‘informal sector’ was broadened following the International Labour Conference in 2002, during which an expanded conceptual framework was presented. This new understanding encompassed informal enterprises, as before, but also included informal employment *outside of* informal enterprises, such as domestic workers and temporary or casual workers. This second category of informal sector workers may well include disabled people who, as the ILO report goes on to point out, are likely to be among those who “need or

prefer flexible work hours or to work at home” (2002b, p49). Taking into account this new, broader interpretation, the ILO Conference adopted a resolution which included the following definition of the ‘informal sector’:

“all economic activities by workers and economic units that are, in law or in practice, not covered or insufficiently covered by formal arrangement” (ILO, 2002c, point 3)

A huge number of factors determine the existence of economic opportunities in a given country. One of these factors is the size of the informal sector relative to the size of the formal sector, which tends to be far greater in low income countries than in high income countries. According to the ILO (2002b), for example, informal employment accounts for around 93% of total employment in India, but only 30% in fifteen European countries and 25% in the United States. These statistics suggest that, in low income countries, such as India, employment opportunities are generally likely to be more prevalent in the informal sector.

While the idea of distinct formal and informal sectors is quite convenient conceptually, it is important to recognize that there are many grey areas and links between the two. Devey & Valodia (2009) describe the linkages between the two sectors in South Africa, for example, where informal enterprises often use the formal sector as a source of raw materials, while many formal sector jobs are low-waged. They also note that workers move frequently between formal and informal jobs. These findings are supported by the 2002 ILO report entitled ‘Decent Work and the Informal Economy’, which observes that the

activities of each sector impact on the other. For example, tax avoidance in the informal sector creates unfair competition for the formal sector. The report concludes that “formal and informal enterprises and workers coexist along a continuum, with decent work deficits most serious at the bottom end, but also existing in some formal jobs” (2002a, p4).

Decent work is also very much a theme of the UNCRPD, which states that disabled people have the right to “just and favourable conditions of work” (UN, 2006, Article 27). Disabled people need to be able to find such conditions in both the formal and informal sectors, and economic empowerment strategies need to be informed by an understanding of how these sectors operate locally.

3.8 The Role of Communities

The potential of local communities, including families of disabled people, to support and promote economic empowerment initiatives should not be underestimated, particularly in poorer countries, where community interdependence is often very strong. According to the IDDC, “80% of information, skills, resources that disabled persons need to enable them to fully participate and access their rights can be met within their local communities” (2004, p4).

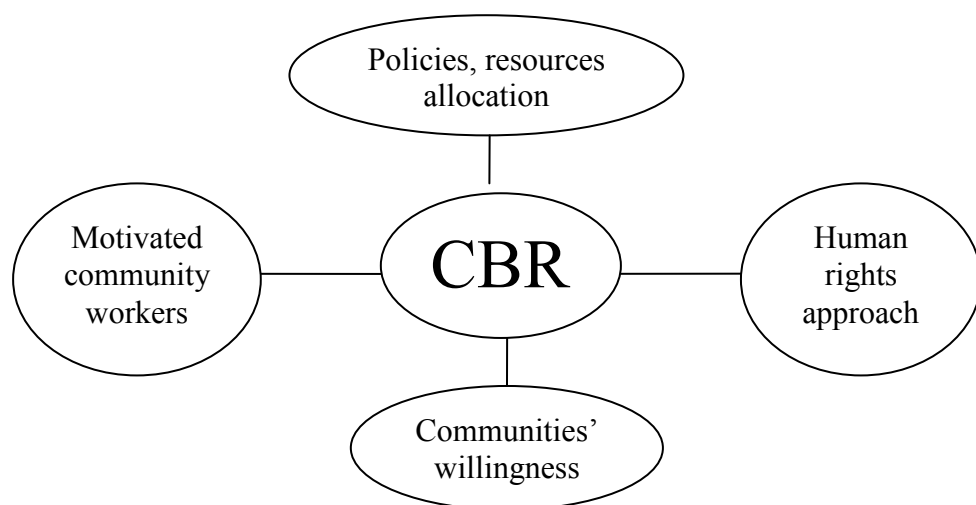
Many community-based schemes, aimed at supporting disabled people in developing countries, come under the umbrella of Community Based Rehabilitation (CBR), a strategy for improving service provision which has

evolved over the past thirty years. There are a wide variety of definitions of CBR, but perhaps the most widely recognised is the one agreed by the ILO, UNESCO and WHO:

“CBR is a strategy within general community development for rehabilitation, equalization of opportunities and social inclusion of all children and adults with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational and social services” (1994, p1)

The main objective of CBR is to empower disabled people to make best use of their abilities and access services, with the support of trained CBR workers who provide them with information and advocate for their inclusion, so that they can become “active contributors to the community and society” (ILO et al, 2004, p2). The four basic elements of this approach, are illustrated below:

Figure 7: The Basic Elements of a CBR Programme



Source: ILO et al, 2004, p9

The World Disability Report (WHO & World Bank, 2011) notes that interventions designed to promote employment and develop the livelihoods of disabled people are often based on CBR strategies. Such initiatives, as Metts (2000) observes, are being implemented in several developing countries, and are seen as particularly well-suited to social and economic environments that are characterized by high levels of poverty, high unemployment rates and limited social services.

Despite the rapid spread of CBR throughout developing countries, there have been some criticisms of the way the concept has been understood and implemented. Miles, for example, argues that CBR initiatives are sometimes ‘imposed’ on communities, with little value placed on the knowledge and wishes of participants. She notes concern, within the disability movement, that “institutional practices and attitudes have, in some cases, simply been relocated to the community” (1999, p14). Lang (1999) also notes these criticisms, but claims that CBR has the potential to become a powerful tool for empowerment, as long as disabled people are made aware of what they themselves can achieve, and supported, rather than led, along the road to empowerment by communities and professionals. These types of concerns are acknowledged in the Joint Position Paper produced by ILO, UNESCO, and WHO in 2004, which emphasizes “the importance of the participation of people with disabilities in planning and implementing CBR programmes” (p27).

One of the biggest challenges facing any community-based disability programme is the need to overcome negative attitudes within communities. The scale of this problem is illustrated by an evaluation of a CBR initiative in Nigeria, where a restaurant owner was asked whether she would ever consider employing a disabled person. She replied that she would not, because “they can’t do anything right; besides, they will bring bad luck to my business” (Tsengu et al, 2006, p55). Unfortunately, as Tsengu goes on to report, this view was shared by 80% of private employers in the district!

There is a clear need for community-based strategies to challenge these negative attitudes, and all stakeholder groups with an interest in disability issues could play a role in this. For example, O’Reilly (2007) reports that government agencies or employer groups have organised information and awareness-raising campaigns, using public seminars or the media, while disability equality training for employers and employees has been organised in some countries, usually by disability-focused NGOs. However, there is also a need – as Tsengu et al (2006) point out - for disabled people themselves to make the best of work opportunities that come their way, through credible performance, in order to alter these negative perceptions of disability.

Coleridge (2007) highlights the potential of role models in changing attitudes towards the empowerment of disabled people. He gives the example of the Ugandan vet David Luyombo, who was disabled by polio from the age of three. Luyombo trained as a veterinary technician by distance-learning at Makerere University and went on to set up a model farm and training centre,

from which he was able to train other disabled people and their families in animal husbandry. While Luyombo may have been able to draw on some personal assets, in order to access university and start a business, his successful career path provides a powerful example of what can be achieved through determination and ambition.

While disabled people themselves need to be central to empowerment processes within communities, there is also a crucial role to be played by community-based organisations. DPOs, in particular, are in a unique position to initiate discussions among disabled people, and to advise governments and development agencies on how to address their specific needs (ILO et al, 2002). DPOs are also able to provide services directly, and usually do. A Handicap International (2006) survey of 58 DPOs in 24 developing countries, which formed part of a global study on the economic exclusion of disabled people, revealed that 99% of the DPOs offered some training and business development services for their members. The central role of DPOs in the empowerment process is also noted by Lang (1999), who calls on development agencies to do far more to support and strengthen these organisations, in order to further their abilities to address the social and political dimensions of disability issues.

The potential of local communities, including disabled people themselves and their families, to play a significant role in the economic empowerment of disabled people is clearly huge, especially in many developing countries. This is consistent with Oliver's (1983) social model, which locates disability in

society, and therefore calls on society itself to adjust, in order to remove the disabling barriers that limit all kinds of activity, including economic activity. It seems vital that economic empowerment strategies recognise the full potential of communities, and seek to harness it.

3.9 Economic Empowerment through Vocational Skills Development

Vocational training and rehabilitation strategies for disabled people first emerged in the United States, when rehabilitation services were offered to US war veterans after the First World War (Metts, 2000). Metts describes how these strategies spread throughout North America and Europe during the twentieth century, with the goal of directing disabled people towards gainful employment and reducing their dependence on segregated care institutions. He concludes that these early strategies have “advanced the conceptual framework of disability policy to include consideration of the quality of the lives of people with disabilities” (2000, p11).

The importance of vocational skills development to the social inclusion of disabled people is now well recognised. DFID, for example, claim that the “development of human resources, through skills development and inclusive training strategies, is crucial in facilitating the inclusion process” (2000, p13). While this is not contentious, it is important to remember that training strategies must be appropriate for the local context, particularly in relation to the economy and characteristics of the local employment market. Powers points out that “training in the absence of relevant economic opportunity will

not produce results” (2008, p10). He suggests that local employers should be involved in developing curricula for skills development programmes.

Before examining different approaches to vocation skills development, it is important to consider what skills are actually required by disabled people in a given context, in order to increase their chances of engaging in economic activities. Coleridge (2007) asserts that one of the primary issues to consider is the need to build confidence, because disabled people are often disadvantaged by negative assumptions about their abilities and potential within their families and communities. He suggests that these assumptions can become internalized by disabled people and lead to low expectations, which need to be addressed by developing positive attitudes, knowledge and life skills.

Another important skills area to consider is basic skills, such as numeracy and literacy, which are essential pre-requisites for many types of employment in either the formal or informal sectors. As Fluitman (1989) observed long ago, a lack of these basic skills may be the single most restrictive barrier preventing people from climbing out of poverty in low-income countries. Skill deficits in this area is likely to be a particular issue for disabled people, given that many will have missed out on schooling altogether (Guernsey, 2006).

Technical skills, which enable people to perform specific tasks competently, are required for many types of work. These may include skills needed in manual occupations, such as farming, carpentry, tailoring, construction, plumbing and electrical work, as well as service occupations, such as vehicle

repair, sales, marketing, secretarial, food and laundry businesses (Ransom, 2010). Some advanced technical skills, such as engineering and computer technology, usually require formal training and certification (ibid).

Entrepreneurial skills, such as book-keeping, business planning and marketing, may well be an essential requirement for self-directed employment. Such training should be delivered in a way that is appropriate and accessible. Lund & Skinner, for example, in their study of Durban's informal economy, call for consideration of child-care facilities for women and "courses conducted in the learners' mother tongue". (2005, p15). While the Durban study does not specifically focus on disabled workers, it highlights some of the issues that may need to be considered, given the likelihood that many disabled people that are interested in starting their own businesses are likely to face the kind of practical difficulties that are common to poor people in general (Yeo, 2005).

There are many different ways of delivering vocational training to disabled people. Historically, training has tended to be based in segregated institutions, such as vocational training centres and sheltered workshops. Powers (2008) points out that sheltered schemes may provide some disabled people with their best chance of being productive and earning income. Ransom (2010) provides some evidence to support this assertion, based on a case study of the National Centre for Persons with Disabilities (NCPD) in Trinidad. He describes how the Centre has created individualised training plans geared to successful, accredited training and job placement outcomes. When trainees graduate from the Centre, they are invited to join a one year apprenticeship programme in the

local community, mostly with private sector companies, before accessing the NCPD's job placement scheme. Ransom claims that, in a typical year, around fifty of the graduating trainees obtain job placements through the scheme. Both Powers and Ransom, however, also note that segregated training institutions have attracted much criticism for reinforcing the isolation of disabled people from the rest of society, and for not providing the accredited learning or employability skills that are necessary for participation in the labour market. The NCPD example seems to avoid this danger to some extent, as it is certified to provide accredited training, and the scheme links segregated training to apprenticeship training, which is a more inclusive strategy. Another criticism of segregated training institutions is that the training curricula often reinforces traditional, stereotypical occupational roles for disabled trainees. Ransom, for example, observes that they "sometimes offer training in stereotypical and outdated skills, such as broom-making and basket weaving to blind trainees and woodworking to deaf trainees" (2010, p163).

The mismatch between the content of training provided by segregated institutions and the requirements of local labour markets has led many to call for a more integrated approach to vocational skills development, which makes use of mainstream training programs. O'Reilly notes the gradual transition from segregated institutions to mainstream programmes for disabled people. However, he observes that this transition is much slower in developing countries, for reasons such as "physical inaccessibility of training centres, distant or inconvenient location of training, courses which are not relevant, inadequate transportation, unavailability and/or cost of child care, little

flexibility in course design or delivery” (2007, p84). This last point is reinforced by Tsengu et al, in their study of economic empowerment strategies in Asia and Africa, in which they observe that the few inclusive training centres that exist in Nigeria “do not have appropriate curricula for the special needs of people with disabilities” (2006, p53).

One inclusive strategy, which is likely to ensure that the content of training is matched to work opportunities, is to involve employers directly in the provision of training opportunities through apprenticeship schemes, as with the NCPD example above. Albu (2006) reports on another apprenticeship scheme in Northern Uganda, implemented between 2001 and 2004. Of 103 placements that were set up, 60 were completed, and at least 38 of those completing placements were already productively employed by 2004 – including several who were taken on by the employers that had provided their placements. Albu refers to several success stories, “demonstrating that disabled people can, in the right circumstances, use enterprise-based training and support to find employment or establish their own business with dramatic impact on their lives” (2006, p6)

Measuring the outcomes of vocational training initiatives is not straightforward. One possible measure of success is placement and drop-out rates. However, as O’Reilly (2007) points out, these can be misleading, due to the tendency of some training providers to select only those disabled trainees that are most likely to succeed. Powers also notes that a lack of reliable data on vocational training makes it “very difficult to draw reliable conclusions

about the effectiveness of skill development strategies in elevating the productivity of disabled people” (2008, p9)

In summary, one of the main lessons to be learned from the literature is that disabled people are likely to need a wide range of vocational skills, including life or personal skills that equip them to overcome the negative attitudes and discrimination that they are likely to have faced throughout their lives. The precise combination of skills required needs to be matched to the requirements of local employment markets. In terms of approach, inclusive strategies are generally favoured, particularly those that involve employers in some way, although disabled people are likely to face many barriers in accessing mainstream training provision. There is also some doubt, according to the literature, as to the relevance and suitability of some inclusive training programmes that are currently operating in developing countries.

3.10 Economic Empowerment through Self-directed Employment

Self-directed employment refers to individuals running their own businesses, either individually or in collaboration with others (Neufeldt, 1995). This concept, as Neufeldt explains, includes business ventures started by disabled individuals, but may also include family businesses, where one or more family member has a disability, worker cooperatives involving disabled people or even businesses run by DPOs, which provide employment for their disabled members. While self-directed employment may not offer the security and stability of waged employment, it does offer the flexibility of being able to work at one’s own pace, and often at home, which, as Moodie (2010) points

out, may well suit many disabled people. This type of employment also allows for others to fill gaps in the supply chain, thus enabling entrepreneurs to overcome limitations that may arise due to the nature of their particular impairments. Moodie notes the potential value of these types of linkages, giving the example of a disabled entrepreneur in South Africa who started a laundry business, and was then able to develop it further by linking with another disabled entrepreneur, who had a car and was able to collect and deliver the laundry for her. Coleridge (2007) observes that business ventures of this type are most likely to operate in the informal sector, at least initially, and hence may provide some of the best employment opportunities for disabled people in countries where the informal sector dominates.

Given that many disabled people are living in poverty, lack of capital is likely to be a significant stumbling block for those that are interested in running their own businesses. The 2000 World Bank Development Report recognises the importance of savings and credit facilities in enabling the urban poor to “take advantage of profitable business opportunities and increase their earnings potential” (p74). Government and donor funds can be used to provide such facilities, or to provide incentives for micro-finance institutions to target the poor. Such measures may prove to be quite cost-effective since, as the Grameen Bank have demonstrated in Bangladesh, repayment rates can be surprisingly high when financial schemes are tailored to the needs of the poor (ibid). Disabled entrepreneurs represent potential customers that can, with appropriate support, enable micro-finance institutions to improve their financial performance, as well as helping them to achieve important social

objectives, such as poverty-reduction and inclusion, which underpin the whole concept of micro-finance (Martinelli & Mersland, 2010).

Strategies designed to promote and support self-directed employment enterprises for disabled people have been taking place around the world for many years now. Neufeldt & Albright report on a wide-ranging research project, conducted in 1991, which examined 81 such schemes across 34 low and middle income countries. The study found that the more successful initiatives were those that included all or most of the following inputs: business advisory services; skills training; awareness raising (including confidence building); access to funds; community development (i.e. involving the local community); provision of equipment or work space and marketing assistance. The report acknowledges that entrepreneurial ventures are, by nature, risky, and not necessarily for everyone. However, it concludes that “the self-directed employment option is one which is worthy of further examination, given that people with disabilities are under-represented in these forms of employment” (1993, p7). The need for a holistic approach to supporting disabled people along the road to economic empowerment, through self-directed employment, is also demonstrated by a more recent global study on economic inclusion, carried out by Handicap International in 2006, based on field visits to seven countries in Asia and East Africa (including Kenya and India). The study report concludes that successful strategies for promoting self-employment among disabled people require “complementary activities in multiple sectors” (p24). These activities include physical rehabilitation, building self-esteem, raising disability awareness and advocacy services, as

well as developing business skills and facilitating access to financial services. The most cost-effective way of providing such comprehensive support, the report suggests, is to establish partnerships between organisations working in different domains.

It seems clear from the literature that self-directed employment represents a route to economic empowerment that is seen as among the more realistic options for many disabled people living in low income countries. While lack of access to capital is perhaps the most obvious barrier that disabled entrepreneurs are likely to encounter, there are clearly many others, as the Neufeldt and Handicap International studies have shown. These two studies suggest that strategies which adopt a holistic approach, taking account of the full range of barriers, are most likely to succeed in enabling disabled people to make the most of self-directed employment opportunities.

3.11 Economic Empowerment through Formal Sector Employment

The value of employment for disabled people, in terms of overcoming social discrimination, has long been recognized. Back in 1982, Eda Topliss, put forward the argument that:

“the values which underpin society must be those which support the interests and activities of the majority, hence the emphasis on vigorous independence and competitive achievement, particularly in the occupational sphere, with the unfortunate spin-off that it encourages a stigmatizing and negative view of disabilities” (pp111-112).

This view of society reflects the individualistic ideology on which capitalist societies are based, which, according to Oliver (1990), has given rise to the individual model of disability and the exclusion of many disabled people from the workforce. These arguments lead to the conclusion that, as Abberley points out, the social exclusion of disabled people is “intimately related to our exclusion from the world of work” (1999, p5).

There appears to be a growing international consensus that disabled people should not be excluded from the open employment market. This was clearly stated in ILO Convention No. 159, back in 1983, which aims at “promoting employment opportunities for disabled persons in the open labour market” (Article 3), and is also an important theme of the UNCRPD, which calls on Governments to protect the employment rights of disabled people through legislation.¹⁷ Some countries are clearly heeding these international calls, and have measures in place to increase the participation rates of disabled people in the formal sector, such as quota schemes and incentives for employers. In Uganda, for example, the 2006 Persons with Disabilities Act details tax exemptions and incentives designed to encourage the employment of disabled people, including a 15% annual tax reduction for private employers who employ ten or more disabled people.

The increasing international recognition of disability rights and the spread of pro-disability employment legislation should provide encouragement for disabled people to at least consider the formal sector as a possibility. However,

¹⁷ See Chapter Four, for further information on these international agreements.

Dube et al report that “despite these efforts at international and national level, there has been modest impact on the lives of disabled people” (2005, p10). This conclusion is based on their own research findings, which show that disabled people feel that legislation is either not mandatory, has inadequate penalties for non-compliance or ineffective enforcement mechanisms. They also report a lack of resources allocated to the implementation of pro-disability legislation. This view is supported by O’Reilly (2007), who also points out that high unemployment rates and economic difficulties in many countries are making these measures hard to implement. It is not surprising, given these arguments, that labour market participation rates remain “considerably below average” (ILO, 2007, p44). O’Reilly (2007) suggests that non-obligatory measures, based on persuasion or self-regulation, should be used in addition to legislation. For example, government agencies or employer associations could make awards to employers for offering employment opportunities to disabled people. The World Disability Report also recognizes this issue, and states that “more research is needed to understand which measures improve labour market opportunities for people with disabilities, and are cost-effective and sustainable” (WHO & World Bank, 2011, p240).

Coleridge comments on the negative impact of globalization on formal sector employment opportunities for vulnerable groups, such as disabled people, in developing countries, with manufacturing businesses tending to downsize their workforces. However, on a more positive note, he points out that the rise of corporate social responsibility, with increased pressure on multi-nationals to adopt more ethical recruitment practices, may work in favour of disabled

people. For example, Marks and Spencer have “committed themselves to employing disabled women as garment makers in Sri Lanka” (2007, p133). However, the creation of employment opportunities through corporate social responsibility suggests a charity-based outlook, based on sympathy, to supporting disabled people, which is not consistent with the rights-based tone of the UNCRPD and tends to reflect a perception of disability based on personal tragedy theory, which underpins the individual model, rather than Oliver’s (1983) social model.

The experience of actually living with a disability could well be a significant advantage for disabled people seeking to access employment opportunities with disability service providers. Metts (2000) comments on the growing trend towards privatization, leading to more competition in service provision. He suggests that this trend could lead to more opportunities for disabled people and DPOs to engage themselves in disability-related service provision.

It is clear that breaking into the formal sector employment market remains a huge challenge for many disabled people. Even for those that are able to gain employment, there is no guarantee that their full work potential will be realised. It is important to ensure that the type of work that disabled people are engaged in is meaningful and appropriate to their true abilities. As Coleridge points out, “disabled people have as much need to have fulfilling and creative careers as anybody else” (2006, p7). Given the barriers to mainstream formal sector employment, it is hardly surprising that, as O’Reilly (2007) observes, sheltered employment continues to exist in many countries. The World

Disability Report, while recognising that this option is normally intended for those who are thought to be unable to compete in the open labour market, notes that “sheltered workshops are controversial, because they segregate people with disabilities and are associated with the charity ethos” (WHO & World Bank, 2011, p242). This is a dilemma which will be further explored during the course of this study.

3.12 Conclusions

The urgent need to promote economic empowerment for disabled people around the world, in order to enable them to access their internationally-recognised rights, to lift themselves out of poverty and to make a contribution to the economic development of their own countries, has been clearly established in this chapter. Social model ideology implies that strategies designed to promote economic empowerment need to take account of the full range of societal barriers, which undermine the rights of disabled people to engage in economic activity, as illustrated by the ‘Wall of Barriers to Economic Empowerment’ diagram.¹⁸

There appears to be general agreement, according to the literature reviewed in this chapter, that a starting point for any strategies designed to remove the barriers to economic empowerment should be an understanding of the local context. Particular attention should be paid to the nature and requirements of local employment markets, in order to identify where opportunities exist, and which skills and resources are needed by disabled people, in order to make the

¹⁸ See Figure 6, Section 3.6, p71.

most of those opportunities. Strategies should also be based on an understanding of how communities operate, including identifying those who have relevant influence and knowledge within communities, and determining how that influence and knowledge can be directed as a positive force for change. Disabled people themselves, who understand what it means to live with a disability, within these communities, should be central to the process of identifying the potential role of local communities. Once these factors have been analysed, economic empowerment strategies can be devised and implemented in ways that are most likely to succeed in the particular context within which they operate.

The three routes to economic empowerment that have been examined in the latter half of this chapter are all vital to achieving the goal of significantly reducing poverty among disabled people across the developing world. The development of vocational skills would seem to be an essential pre-requisite for success in almost any kind of employment or income-generating activity. Self-directed employment, of one kind or another, is perhaps the most likely route to economic empowerment, once those skills have been developed, given the high levels of unemployment and significant barriers to formal sector employment that exist in most developing countries. However, the formal sector employment route is one that should not be ignored, because not all disabled people will favour the entrepreneurial route. Furthermore the UNCRPD recognises the rights of disabled people to compete on an equal basis with others, and these rights can only be realized in full if the formal sector becomes fully accessible to those disabled people that have the

necessary skills and qualifications. Countries that are party to the UNCPRD now have a clear obligation to facilitate that process.

Chapter Four

The UNCRPD and Previous International Agreements

The enactment of the UNCRPD, in 2006, represents a major landmark for the worldwide disability movement, as it provides a legally-binding, internationally-agreed framework for promoting the economic and social participation of disabled people. In doing so, the Convention raises the profile of disability issues, such as the need to promote economic empowerment and to tackle poverty issues among disabled people, thus forming part of the rationale for this study. The purpose of this chapter is to first put the UNCRPD into its historical context, by examining earlier international agreements that are relevant to disability issues, and then to consider its content in detail, with particular attention to the articles that are of most relevance to the study.

4.1 Historical Context

In 1944, the ILO stated that “Disabled workers, whatever the origin of their disability, should be provided with full opportunities for rehabilitation, specialized vocational guidance, training and retraining, and employment on useful work” (1944, p1). Stimulated by the need for trained workers to replace those called to fight in World War II, this signaled the beginning of rehabilitation and training programmes for disabled people in Europe (O’Reilly 2007). Since then, there have been a series of international agreements that have relevance to the issue of economic empowerment for disabled people.

Perhaps the most famous of these agreements is the 1948 Universal Declaration of Human Rights, which was the first major global declaration on the basic rights to which all are entitled. Although this declaration did not make any specific reference to disability, it clearly does not exclude disabled people either. For example, Article 23 declares that “*everyone* has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment”. The implicit inclusion of disabled people is underlined in the following statement by Bengt Lindqvist, who was the UN’s Special Rapporteur on Disability from 1994-2002:

“Disability is a human rights issue. So long as people with disabilities are denied the opportunity to participate fully in society, no one can claim that the objectives of the Universal Declaration of Human Rights have been achieved” (1999, as cited by DFID, 2000, p5)

The next significant agreement with a specific disability focus was ILO Recommendation No. 99, adopted in 1955, which built on the provisions of the 1944 Recommendation, particularly in relation to vocational rehabilitation training and equal pay. There was a recognition of the right of all disabled people to vocational training, as long as they have “reasonable prospects of securing and retaining suitable employment” (Point 2), and the processes involved in providing vocational training were set out in detail. This agreement formed a basis for national legislation and practice on these areas for the following thirty years (O’Reilly, 2007).

In the 1970s, two important UN declarations demonstrated growing international awareness of the importance of recognising the human rights of disabled people. The first of these was the 1971 UN Declaration on the Rights of Mentally Retarded Persons, in which the economic rights of people with intellectual impairments and psychiatric issues were specifically addressed, perhaps for the first time in an international agreement. This wide-ranging declaration established that 'mentally retarded persons' should have the same rights as all other human beings, including the "right to perform productive work or to engage in any other meaningful occupation" (UN, 1971, Point 3). The second UN landmark of the decade was the 1975 Declaration on the Rights of Disabled Persons, which promoted the political and civil rights (including rights to economic security and employment) of all disabled people. This declaration also stated the need to consult with DPOs "in all matters regarding the rights of disabled persons" (Point 12), which is an indication that the principle of actually involving disabled people themselves in the process of promoting and protecting disability rights was finally achieving international recognition.

4.2 World Programme of Action (WPA) and ILO Convention No. 159

Following the International Year of Disabled Persons in 1981, which was marked by various research projects, conferences and policy recommendations, the United Nations adopted the World Programme of Action Concerning Disabled Persons (WPA), in December 1982. This programme effectively restructured disability policy into three broad areas - prevention, rehabilitation and equalization of opportunities – and advocated

long-term, multi-sectoral strategies that could be integrated into national policies (UN, 1983). The UN General Assembly also stipulated that 1983-1992 would be known as the UN Decade of Disabled Persons, in which member states would be encouraged to implement the WPA.

The WPA represents an important landmark, as it was the first major international agreement to view disability from a social model perspective, emphasizing the role of societal barriers in creating and reinforcing disability. The guiding principle of the WPA was the concept of ‘equalization of opportunities’, which was about promoting the full participation of disabled people in all aspects of economic and social life, in order to achieve equality. This declaration represented mainstream acceptance of a newly-perceived reality: that medical and rehabilitation solutions, focused on the individual needs and capabilities of disabled people, would not be sufficient to achieve these goals, and that “societies have to identify and remove obstacles to their full participation” (UN, 1983, paragraph 22).

The WPA was closely followed by ILO Convention No. 159 (1983), which was built on the same principles and applied them to vocational rehabilitation and employment policies. This document presented a new set of international standards, aimed at promoting equality of opportunity and the integration of disabled people into mainstream employment. It also introduced the idea of ‘special positive measures’, which “shall not be regarded as discriminating against other workers” (Article 4). This was an important statement, as it paved the way for affirmative measures, such as quota schemes and incentives

for employers to recruit disabled people, to be included in national policies, as they are in many countries today.

4.3 UN Standard Rules

The UN Decade of Disabled Persons culminated in the introduction of the ‘UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities’, which was adopted in December 1993. This set of guidelines was designed to “ensure that girls, boys, women and men with disabilities, as members of societies, may exercise the same rights and obligations as others” (Paragraph 15). The aim, essentially, was to eliminate all forms of disability discrimination. The twenty-two rules included four relating to ‘preconditions for ‘equal opportunities’ (such as awareness raising), eight relating to target areas for equal participation (such as education and employment) and 10 relating to implementation measures (such as information and research, economic policies and international cooperation). These rules were not compulsory, but the UN envisaged that they would become “international customary rules when they are applied by a great number of States with the intention of respecting a rule in international law” (Paragraph 14). The UN also appointed a Special Rapporteur to monitor implementation and provide regular reports.

The Standard Rules were based on the same guiding principles, such as the rights-based perspective and the need to promote inclusion, as the earlier WPA and ILO Convention No. 159, and much of the content covered similar

ground, with more detail in some areas. For example, Rule 7 advocates a wide range of measures designed to promote economic empowerment, including:

“vocational training, incentive-oriented quota schemes, reserved or designated employment, loans or grants for small business, exclusive contracts or priority production rights, tax concessions, contract compliance or other technical or financial assistance to enterprises employing workers with disabilities” (UN, 1993, Paragraph 2)

The positive impact of this agreement was highlighted by the Special Rapporteur, in his 1998 statement to the UN on the implementation of the Standard Rules, in which he summarized the findings of two global surveys that had been conducted under his supervision. He reported that

“a considerable number of Governments have adopted new legislation, made plans of action or otherwise initiated a further development of their policies, based on the Standard Rules” (Lindqvist, 1998)

He also notes, however, that disabled people were still discriminated against in many areas of life, and largely excluded from employment. Lindqvist’s explanation for this demonstrates a perception of disability that appears to be strongly influenced by the social model. He states that

“the exclusion of disabled people from the open society has its roots in lack of knowledge and attitudinal barriers. It mainly leads to neglect of the needs of disabled people when designing and constructing environment, services and programmes, available to nondisabled people”. (ibid)

Lindqvist refrains from calling for discussions on a ‘special convention’ on disability, arguing that more time was needed for strengthening disability rights through existing channels, including the Standard Rules. O’Reilly (2007) observes some disappointment, however, that the UN had failed to introduce a legally-binding Convention at this stage, leaving disabled people at a legal disadvantage in comparison with other vulnerable groups, such as refugees, women and migrant workers.

4.4 Copenhagen Declaration on Social Development

The World Summit for Social Development, in March 1995, was attended by 117 Heads of States or Governments, making it the largest gathering of world leaders that had ever taken place (UN, 1995). The conference ended with the adoption of the Copenhagen Declaration on Social Development, which set out a range of social development objectives, to be achieved through sustainable policies that promoted human rights and the empowerment of vulnerable groups. The tone of the Declaration is set in the introduction, with the acknowledgement that “in both economic and social terms, the most productive policies and investments are those that empower people to maximise their capacities, resources and opportunities” (Paragraph 7).

The Copenhagen Declaration was accompanied by a ‘Programme of Action’, which has a clear disability dimension. For example, in order to increase employment opportunities for disabled people, the Programme calls for anti-discrimination laws, affirmative measures (such as support services and incentive schemes), workplace adjustments and “promoting public awareness

within society regarding the impact of the negative stereotyping of persons with disabilities on their participation in the labour market” (Paragraph 62(e)). The Programme also underlined the importance of earlier ILO Conventions, particularly No. 159, by calling on nations to “strongly consider ratification and full implementation of ILO conventions ... relating to the employment rights of ... persons with disabilities” (paragraph 54(c)).

The broad international consensus, achieved by the Copenhagen Declaration and Programme of Action, provided a firm platform on which national governments and international agencies could set their social development priorities and agendas over the coming years. The emphasis on promoting human rights, and empowering marginalised groups, was particularly helpful in focusing attention on disability issues. The World Bank (2004), for example, acknowledge the contribution of the Copenhagen Declaration in helping to ensure that the Bank’s support for poverty reduction includes an emphasis on vulnerable groups, including disabled people.

4.5 Millennium Declaration

An even larger gathering of the UN took place five years later, resulting in the adoption, by all 189 member states, of the 2000 Millennium Declaration. This famous declaration set out a blueprint for a global partnership, aimed at ensuring that “globalization becomes a positive force for all the world’s people” (Paragraph 5). This global partnership would focus on promoting peace and reducing poverty, through achieving the eight Millennium Development Goals (MDGs) by 2015.

The Declaration refers to various vulnerable social groups, including women, children and those with HIV/AIDs. Surprisingly, however, there is no specific mention of disability. The Secretary-General of the UN, Ban Ki-Moon, has recently acknowledged the error of ignoring disability in the wording of the Millennium Declaration, and its accompanying guidelines, pointing out that, “as a consequence, periodic reviews of the MDGs that are under way within the UN do not include reference to disability issues” (UN, 2009, p3). His report concludes that these omissions, together with the difficulties in obtaining sufficient data on the disability situation in developing countries, have made it very difficult to assess the impact of the MDGs on disabled people.

Despite the lack of a disability dimension, there is a general acceptance among development agencies that, in the words of Philippa Thomas, the “MDGs “cannot be achieved without addressing the needs and rights of disabled people” (2005a, p7). This mirrors the conclusion of the UNESCO, who stated in 2007 that, in relation to disabled people, “the failure to include them in all development activities will mean failure to achieve the MDGs” (UN Enable, 2007a, paragraph 30 (c)). This realisation helps to justify the allocation of resources for implementing strategies aimed at reducing poverty among disabled people, and forms part of the rationale for this study. The Millennium Declaration, therefore, is a hugely significant international agreement for disabled people, despite making no mention of them.

4.6 ILO Code of Practice

In 2001, following consultations with Governments, employers' organisations and workers' organisations at a tri-partite meeting of experts, the ILO produced a Code of Practice for Managing Disability in the Workplace. The Code gives guidance on the implementation of various measures covered in earlier international agreements and covers a wide range of employment-related issues. These include recruitment processes, workplace accessibility and adjustments, provision of training opportunities, career development, communication and awareness-raising. While not a legally-binding instrument, the Code was intended as a good practice guide to employers throughout the world, to be used in the context of national conditions, in order to "enable workers with disabilities to contribute productively to the enterprise and to maintain valuable work expertise" (ILO, 2001, p1). While aimed primarily at employers, the Code was also intended to assist public sector agencies (in forming the necessary policies for promoting disability employment rights), workers' organisations (in representing the interests of disabled workers) and DPOs (in promoting employment opportunities for their members) (ibid).

With the introduction of the ILO Code, together with previous non-binding agreements, such as the Standard Rules, there was now a good range of detailed international guidelines in place to facilitate the economic empowerment of disabled people around the world. Since the eighties, these agreements had all been firmly rooted in the language of the social model, emphasizing society's responsibility to adapt in order to meet the needs and recognise the rights of disabled people. The stage was now set for a legally-

binding UN Convention, in order to firmly establish these rights and draw a commitment from countries around the world to taking measures that would see these principles put into practice.

4.7 The UNCRPD

In December 2006, the long-awaited UNCRPD was adopted by the General Assembly. This Convention places legal obligations on States to promote and protect the rights of disabled people. The introduction, for the first time, of a legally-binding instrument to promote the universal inclusion of disabled people provided an opportunity for real progress to be made in actually putting into practice the recommendations that were made in previous agreements, such as the Standard Rules and WPA.

The UNCRPD is a thoroughly comprehensive document, consisting of fifty articles that address an array of civil and political, economic, social and cultural rights. The rights-based language clearly implies that the participation of disabled people should be regarded as a basic human right, rather than a charitable obligation. The Convention views disability as arising from “the interaction between persons with impairments and attitudinal and environmental barriers” (2006, preamble, (e)). This perception of disability appears to be strongly influenced by Oliver’s (1983) social model, although this is not explicitly referred to.

Article 27, entitled ‘Work and Employment’, recognises that disabled people should have the “the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and

accessible to persons with disabilities” (Paragraph 1). Article 27 goes on to list several State responsibilities in this area, such as prohibiting discrimination, enabling disabled people to access vocational and continuing training, promoting self-employment and the development of cooperatives, employing disabled people in the public sector and promoting private sector employment opportunities. In relation to this latter responsibility, Article 27 specifically calls for “appropriate policies and measures, which may include affirmative action programmes, incentives and other measures” (Paragraph 1 (h)).

While Article 27 would appear to be of most direct relevance to the issue of economic empowerment, there are several other parts of the Convention that are also significant. Article 28 reflects an awareness of the link between poverty and disability, calling for recognition of the right of disabled people to “an adequate standard of living for themselves and their families” (paragraph 1). Article 8 recognises the need to raise disability awareness, in order to create the kind of inclusive societies that are essential to the creation of employment opportunities, calling on State Parties “to promote recognition of the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace and the labour market” (Paragraph 2(a)). There is also some provision for providing various kinds of assistance to countries seeking to implement the Convention, either through international development programmes or general co-operation between States. This is covered by Article 32, entitled ‘International Cooperation’, which calls for measures such as “providing, as appropriate, technical and economic assistance, by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies” (Paragraph 1(d)). This

Article provides a clear framework for the donor community, including international agencies and the richer nations, to support and encourage developing countries to sign and implement the Convention.

The UNCRPD has now been signed by 153 nations (UN Enable, 2012), which represents a broad global consensus. Only 112 of these countries, however, have also ratified the agreement (ibid).¹⁹ Ratification is an important step as it signifies acceptance of the Convention as a binding piece of international law. Countries that have ratified, therefore, have a legally-binding commitment to facilitating the implementation of the Convention within their own boundaries. This implementation process, as stated in a recent report by Ban Ki-Moon, the current UN Secretary-General, “calls for the formulation of strategic options for policies, programmes and evaluation measures that promote the full and equal participation of persons with disabilities in society and development” (UN, 2009, Paragraph 7). The apparent reluctance of many countries to ratify, at this stage, may simply be due to the time that it takes to make the necessary preparations, such as reviewing policies and legislation. It may also suggest, however, that agreement with the Convention in principle does not necessarily equate to a willingness, or readiness, to actually take the steps necessary to put this implementation process into action. Gideon Mandesi (2007), the chairperson of International Disability Alliance, points out that ratification is very much dependent on political will, and that some countries that have signed the Convention may not have ratified due to a subsequent change in political leadership. Another impediment to ratification, as Mandesi goes on to explain, is that many countries do not have disability specific legislation in

¹⁹ Kenya and India are among the countries that have signed and ratified the UNCRPD.

place, which would enable them to implement the Convention. He suggests that these countries should make use of Article 32, on International Cooperation, in order to gain support and guidance from those countries that already have disability laws in place.

In order to deal with issues relating to non-compliance or violations of the UNCRPD, the UN also established the Committee on the Rights of Persons with Disabilities. The working procedures of this Committee are set out in an Optional Protocol, accompanying the main Convention, which contains an agreement that all State Parties to the Protocol recognise the competence of the Committee to pass judgment on any perceived violations of the Convention within their own countries. Individuals or groups within those countries that have ratified the Optional Protocol are, therefore, provided with an avenue for bringing their grievances to the Committee, once “all available domestic remedies” (Article 2) have been exhausted. It should be noted, however, that countries that have signed and ratified the Convention have a right to make declarations, which relates to how they interpret particular terms of the agreement, or reservations, which means that they can effectively opt out of certain clauses. This means that any investigation of perceived violations would have to take account of these declarations and reservations. The UK, for example, has reserved the right not to apply obligations in relation to equal treatment in employment, under the terms of the Convention, to admission to the armed forces (UN Enable, 2012). It should also be noted that there are no details of any significant penalties for non-compliance with the Convention, other than a commitment on behalf of the Committee to “forward its suggestions and recommendations, if any, to the State Party

concerned and to the petitioner” (Article 5). This suggests that the enforcement strategy amounts to little more than ‘naming and shaming’ the countries where disability rights have been violated. The Optional Protocol has been signed by 90 countries to date, with 64 of them ratifying (UN Enable, 2012).²⁰

4.8 Conclusions

There is now a raft of international agreements in place that are designed to protect the rights of disabled people, including their right to earn a living, and promote their full inclusion in society. Over the past thirty years, the language of these agreements has tended to reflect a perception of disability that takes into account the disabling role of society and the need to remove societal barriers, thus reflecting the increasing influence of the social model. Together, these agreements provide a firm platform on which nations can build inclusive policies and strategies, which reflect the common principles on which these agreements are based.

It can be seen from this review that many of the measures proposed in the UNCRPD had already been covered by previous agreements. The real significance of this Convention, therefore, is that it provides a legal basis to support the implementation of these measures, once the Convention has been ratified. While there may be some concern at the significant number of countries that have signed up to the Convention but still not ratified, it should be remembered that this process can take some time. Even the U.K., which introduced its own Disability Discrimination Act back in 1995, only ratified

²⁰ Kenya and India have not, as yet, signed the Optional Protocol.

the Convention as recently as June 2009, more than two years after becoming a signatory.

It is to be hoped that more countries will ratify the UNCRPD, so that disability rights are increasingly recognised in law throughout the world. However, for this process to make a real difference to the lives of disabled people, the Convention needs to be implemented effectively. The evidence suggests that this process is only just beginning, and that the meaningful inclusion and participation of disabled people in many countries may be a long way off. In terms of economic empowerment, for example, it will not be possible to claim real progress until there are signs of a significant increase in the numbers of disabled people around the world that are engaging in economic activity, and lifting themselves out of poverty. Penalties for non-compliance appear to be minimal, if they exist at all, so it may be that countries need to see clear and tangible benefits from promoting disability rights, in order to ensure that the rhetoric of the Convention is turned into effective implementation. This is where donor countries and agencies perhaps have a role to play, in terms of providing resources and building the capacity of disability service providers in developing countries, in order to support and build on initiatives that demonstrate the potential of disabled people to make a positive contribution to society.

Chapter Five

Researching Disability: Approaches, Design and Methodology

This chapter examines the potential impact of disability research on disabled people themselves, and then considers two particular approaches to research – participatory and emancipatory – which are built on the principle of placing participants at the centre of the research process and giving priority to their own views and experiences. The research design and methodology for this study will then be presented in detail.

5.1 Can Disability Research be Oppressive?

There is a significant body of opinion which suggests that carrying out research on disability issues can actually be oppressive and disempowering for those disabled people that are intended to benefit from the research, particularly if researchers adopt the objective and detached standpoint which is often required by conventional research models. Dissatisfaction with traditional approaches can be traced right back to the 1960s, when residents at the Le Court Cheshire Home in Hampshire were the subjects of a three-year research project, examining various aspects of their daily lives (Barnes & Mercer, 1997). The final report rejected the residents' complaints and reinforced the institutional practices already in place. This left the disabled participants feeling that their concerns had been overlooked, even though the researchers themselves had described institutional life as a 'living death' (ibid, p2).

Several others have commented on the potential negative impact of disability research. Mike Oliver, for example, notes that

“Disabled people have come to see research as a violation of their own experiences, as irrelevant to their needs and as failing to improve their material circumstances and quality of life” (1992, p106).

In a similar vein, Shakespeare (1996) describes the ‘lack of fit’ between disabled people’s descriptions of their own experiences and the way in which academic researchers articulate those same experiences. Moore et al give several examples from their own experience, highlighting the dangers and pitfalls of allowing service providers and other non-disabled stakeholders to exert such influence over research design and processes that the views of disabled people themselves are devalued, or even ignored altogether. They attribute this tendency to the ‘minority status’ afforded to disabled people within society, claiming that “identification with minority and oppressed groups impinges on a person’s right to be heard by the majority” (1998, p36). They conclude that disability researchers are justified in counteracting this bias by openly aligning themselves with the views of the disabled people who are intended to benefit from their research, and declaring from the outset that research is intended to promote disability rights.

Historically, there has been a feeling within the disability movement that basing research design on the individual model²¹ has heavily contributed to the

²¹ See Chapter Two, Section 2.3, p29, for an explanation of the individual model of disability.

oppressive nature of disability research. French & Swain (2004) claim that most disability research has tended to reflect the view that disability can be defined in an “individualistic, medicalised way as an internal condition of the individual” (p16). They go on to describe how this can lead to questions being framed in such a way as to emphasize the tragic nature of disability, and even call on disabled people to question whether they feel that their lives are worth living at all. Similarly, Moore et al contend that research based on the individual model will “inevitably recycle individual-blaming images of disabled people” (1998, p12). Over the past two decades, however, disability research has increasingly reflected an acceptance of the social model as a starting point for research, with an emphasis on examining the disabling role of society, as opposed to focusing on the limitations arising from the specific impairments of individual disabled people (Barnes and Mercer, 1997). The mainstream establishment has appeared to gradually accept this new orthodoxy, with many international organisations now routinely referring to the social model and disability rights as central to their thinking on disability issues (Yeo 2005).

5.2 Participatory Research

Ever since Schumacher (1973) produced his radical work ‘Small is Beautiful’, which he subtitled ‘A study of economics as if people mattered’, participatory methods have been increasingly favoured by poverty analysts. In ‘Small is Beautiful’, Schumacher proposed small-scale, regional development projects, using appropriate, locally-sourced, sustainable technologies, and putting local people at the centre of the development process right from the outset. This

concept of empowering local people and involving them in their own development has led to the widespread implementation of Participatory Rural Appraisal (PRA), defined by Robert Chambers as

“a growing family of approaches and methods to enable local people to share, enhance and analyse their knowledge of life and conditions, and to plan, act, monitor and evaluate” (Chambers, 1997, p102).

The obvious advantage of PRA methods is that they analyse poverty from the perspective of those that have actually experienced poverty. Chambers himself points out that PRA experience has demonstrated that “local people have largely unexpected capabilities for appraisal, analysis and planning” (ibid, p130). The same principle applies to disability, and participatory research methods have increasingly been adopted by researchers seeking to break down the disabling barriers that limit the ability of disabled people to present their own experiences and priorities. Zarb (1997), for example, describes how he involved DPOs in the methodological design of his research on the defining and measuring of disabling barriers, a project which he hoped would “provide a model for undertaking large-scale participatory research based on the social model of disability” (1997, p49).

It can be argued that participatory approaches are more likely to identify appropriate solutions to problems, because the knowledge and intelligence of those who really understand the issues is validated through the research process (Laws et al, 2003). While not inherently associated with the social model (French & Swain, 2004), this concept fits nicely with ideas of

inclusiveness promoted by social model advocates, as well as the slogan of the disability movement “Nothing about us, without us”, which has been adopted by Disabled Peoples’ International and many other disability organisations throughout the world.

There are various approaches and methods for facilitating the participation of beneficiaries in the development process. These range from the use of practical, analytical tools, such as mapping, ranking or scoring, to simply allowing participants time and space to raise the issues that are of most importance to themselves. One particular approach is known as participatory action research (PAR), which aims to

“re-negotiate the position of ‘the researched’ to one of co-researchers, involving participants in every stage of the research process from the design stage to the writing of the research results” (Kitchin, 2001, p63).

Kitchin adopts the PAR method in three projects examining accessibility issues in Ireland. He acknowledges, however, that there were a number of difficulties in using this approach, including some reluctance on the part of participants to fully commit themselves to the projects. As a result, he explains, the involvement of disabled participants was limited to the early stages of the process, including setting up the projects and data collection. Kitchin concludes that “despite the rhetoric, most disabled people are unable or unwilling to actually contribute to full PAR projects” (ibid, p67).

Whichever methods are used, it is important to ensure that participation is as meaningful as possible. For example, many disabled people have communication difficulties or lack confidence. Participatory methods should aim to ensure that these obstacles are identified and overcome where possible (World Bank, 2007a). It is also important to ensure that those disabled people who are able to participate are as representative as possible, which is not always the case. DPOs, for example, are often “dominated by disabled men, for whom the concerns of women and children and the rural disabled are low priority” (ibid, p36).

While the mainstream participatory movement would appear to have much in common with the disability movement, there are critics who have warned that participation alone does not go far enough, in terms of putting disabled people, who are the subjects of research, in control of the research process. For example, Oliver argues that “participatory and action research is about improving the existing social and material relations of research production; not challenging and ultimately eradicating them” (1997, p26). He goes on to conclude that we, as researchers, “remain on the wrong side of the oppressive social and material relations of research” (ibid). Oliver is among those that advocate an even more radical research paradigm known as emancipatory research.

5.3 Emancipatory Research

Emancipatory research aims to enable participants to take control of the whole research process, thus turning the balance of power between researchers and

their subjects upside down. The concept evolved from within the UK disability movement, and was introduced by Oliver (1992) in his article entitled ‘Changing the Social Relations of Research Production’. He argued that if the goal of researching disability is emancipation, in line with the objectives of the disability movement, then the balance of power between researchers and disabled research subjects needs to be altered. In essence, research should be done *with* disabled people, rather than *on* them.

Zarb (1992) goes even further than Oliver. Writing in the same journal, he argues that, as well as changing the social relations of research, the *material* relations would need to be addressed, in order for disability research to be truly emancipatory. In other words, disabled people would need to be enabled to take control of the resources required for research, such as research funding and determining how these resources should be utilized. Zarb’s seemingly utopian vision highlights a clear distinction between emancipatory research and participatory research. Indeed, he goes on to assert that

“simply increasing participation and involvement will never by itself constitute emancipatory research unless and until it is disabled people themselves who are controlling the research” (1992, p128)

It is hard to see how researchers themselves can turn such a vision into reality. Much academic research is ultimately controlled by the funding bodies and donors that actually commission research, so it is only by gaining control, or at least significant influence, over these bodies that power can begin to change hands. However, even if the funding bodies were to become more inclusive,

there is no guarantee that those disabled people who actually find themselves in positions of power and influence would be truly representative of other disabled people who find themselves the subjects of research.

There has been much debate among researchers about how to actually go about putting emancipatory research into practice (see French & Swain 1997, Albrecht et al, 2001). Stone & Priestley perhaps give the clearest guidance by outlining six key principles, against which a research project can be measured. These are summarised below:

Box 4: Six Key Principles of Emancipatory Research

- The social model should be accepted as the epistemological basis for research.
- The researcher should surrender claims to objectivity, in favour of a political commitment to the emancipatory objectives of the disability movement
- Researchers should aim to empower disabled people and to remove disabling barriers, in line with the social model.
- Disabled people and their representative organisations should be enabled to guide and control the research process.
- Research should incorporate the personal experiences of individual disabled research subjects in order to promote a political agenda.
- Researchers should be willing to adopt a wide range of data collection and analysis methods.

Source: Adapted from Stone & Priestley, 1996, p706.

Barnes (2001) offers a similar checklist, while placing extra emphasis on the importance of the dissemination of research findings, in order to trigger practical outcomes. He gives several examples of research projects which have

adhered, at least in part, to the emancipatory research paradigm, and from which findings have been “disseminated widely in various ways throughout the disabled community” (2001, p15).

It is interesting to note that, five years after introducing the concept, Oliver himself, conceded that “one cannot ‘do’ emancipatory research” (1997, p25). He goes on to explain that the key issue is the role of research within the wider struggle for emancipation, which can only be judged at a later date, when the impact of research is known. This implies that the impact of a single piece of research should not be judged in isolation, but should be considered in the context of similar studies and competing arguments, which together may contribute, over time, to bringing about real change in people’s lives. Barton takes this argument a step further, suggesting that the emancipatory research process itself should be put into its proper context. He argues that

“the task of changing the social relations and conditions of research production is to be viewed as part of the wider struggle to remove all forms of oppression and discrimination in the pursuit of an inclusive society” (1998, p38)

The question of objectivity is one that needs to be addressed in relation to emancipatory research. Disability researchers who declare a political commitment to endorsing the views of the disability movement are certainly vulnerable to accusations of subjectivity, or even bias (Barnes, 2001).

However, as Barnes goes on to point out, all judgments and interpretations of data made by social science researchers are influenced by a variety of forces,

such as personal experiences and the political or cultural context (ibid).

Kitchen (2002) makes an even stronger defence of researchers adopting inclusive research methodologies, arguing that these approaches may be even more academically rigorous than standard ‘expert’ methodologies, because research participants are encouraged to verify findings and to help to ensure that both data and interpretations are valid.

5.4 Data Collection: Qualitative and Quantitative Methods.

Both the participatory and emancipatory approaches to disability research have close association with the use of qualitative data collection methods. The participatory approach actually has its roots in general qualitative research methodology, which is concerned with “meaning, interpretation and giving research participants a right of voice” (French & Swain, 1997, p17). The emancipatory research paradigm, which is founded on social model ideology and has its roots within the disability movement (Barnes 2003), is similarly associated with qualitative methods. In fact, Stone & Priestley observe that “emancipatory research ... is often regarded as synonymous with the use of qualitative data” (1996, p9). However, they go on to point out that “such an association is problematic since there can be no simple causal relation between the use of qualitative data and the removal of disabling barriers” (ibid).

Despite the tendency to favour qualitative methods, among researchers committed to the principles of empowerment and social inclusion that feature strongly within both of these research paradigms, there are several researchers, similarly committed to these principles, who argue that quantitative methods

can also be of great value. Abberley (1992), for example, calls for empirical methods to be used in order to generate an overall picture of the oppression of disabled people. In a similar vein, Zarb (1997) observes the “under-development of empirical research tools consistent with the social model” (p51), and makes use of both quantitative and qualitative methods in his research on disabling barriers.

It would seem, therefore, that there is scope for a wide range of data collection methods, including both quantitative and qualitative approaches, in disability research. As Barnes points out,

“all data collection strategies have their strengths and weaknesses. It is not the research methods themselves that are the problem it is the uses to which they are put” (2003, p9).

5.5 Defining the Approach for this Research Project

The social model, which emanates from western society, advocates the identification and removal of societal barriers, so as to transform the lives of disabled people. However, literature debates have highlighted doubts about how this ideology relates to the priorities of disabled people themselves living in developing countries.²² The main objective of this research project, therefore, was to consider to what extent the principles of the social model should be transferred and applied to economic empowerment strategies in Kenya and India.

²² See Chapter Two, Section 2.5, p36, for an examination of these debates.

This project aimed to be participatory in nature, by seeking to facilitate the meaningful involvement of disabled people themselves, and to value their views and experiences. By adopting this approach, some of the criteria for emancipatory research, as laid down by Stone and Priestley (2006),²³ were also met. For example, the ultimate goal of the project, which was to promote economic empowerment, is certainly in line with the ‘emancipatory objectives’ of the worldwide disability movement. The research design and methodology, which will be described in the remaining part of this chapter, allowed for a range of data collection methods and processes, which were guided, to some extent at least, by disabled people themselves and the organisations that represent them.

This approach does not come close to matching Zarb’s vision of emancipatory research, in which the social and material relations of research are turned upside down. However, it is to be hoped that, in time, the lessons which have emerged from exploring the boundaries of the social model and examining different approaches to economic empowerment, in a way which takes into account the views, priorities and experiences of disabled people themselves, may contribute to the process of promoting social change and empowering disabled people, within the context of their own societies. This approach to research arises from the critical social science perspective, which defines social science as

“a critical process of enquiry that goes beyond surface illusions to uncover the real structures in the material world in order to help

²³

See Box 4, Section 5.3, p117.

people change conditions and build a better world for themselves”
(Neuman, 1994, p67)

This implies that by examining society’s hidden structures of power and influence, which form part of the context within which economic empowerment schemes are implemented, research can contribute to the processes of social change, which may improve the lives of marginalized people.

One branch of the critical social science perspective is ‘realist evaluation’, which stems from Pawson and Tilley’s (1997) work, entitled ‘Realistic Evaluation’. They highlight the importance of examining the overall context of a particular scheme, including social and economic structures, organisational structures and historical background, and considering how these interact with scheme ‘mechanisms’, which are determined by the way in which participants make decisions and the resources available to them. The interaction between these mechanisms and the overall context determines the scheme outcomes. In order to take account of these processes, research needs to be designed in a way that seeks to discover “why a program works for whom and in what circumstances” (ibid, pxvi).

The study began by recognising the undisputed fact that many disabled people, living in developing countries, face marginalisation, poverty and lives of dependence. Economic empowerment enables disabled people to change these realities for the better. The ultimate purpose of this research project is to help facilitate this process, through comparing and learning from current

approaches to promoting economic empowerment. The research design, presented in the next section, will take into account the need to consider a wide range of contextual factors, as represented by a range of case studies (the units of analysis), and how these interact with the decision making processes of scheme participants and the resources available to them. The purpose of this will be to produce a ‘realistic evaluation’ of scheme outcomes, articulated in a way that will be easily accessible to a range of stakeholders, including policy makers, service providers, disabled people and their families.

5.6 Research Design

The basic research design for this study involves a comparative analysis of multiple case studies, conducted in Kenya and India. The units of analysis were case studies of specific economic empowerment schemes, or groups of schemes, designed to promote vocational skills development, self-directed employment or formal sector employment.

Case studies are a particularly flexible type of research design, which allow for a wide range of data collection methods and approaches, in order to build up as complete a picture as possible of each case. They rely on the observation and analysis of existing differences, rather than examining the impact of artificial interventions, as with experimental designs. For these reasons, as Hakim (2000) observes, case studies are well suited to cross-national studies. The holistic nature of case study design also allows for “more complex and fuller explanations of phenomena” (De Vaus, 2001, p221) than with other designs. For this study, the phenomenon to be investigated was the level of

success achieved by various economic empowerment strategies, in order to examine the validity of the research hypothesis, which states that:

‘Adoption of the social model of disability leads to more successful strategies for the economic empowerment of disabled people living in Kenya and India’

To carry out this investigation, it was necessary to try to evaluate scheme outcomes, and to identify the various factors that may have contributed to these outcomes.

In order to build as complete a picture of each case as possible, information was gathered from a wide a range of participants, including beneficiaries and service providers, but also those with less direct involvement, such as donor representatives, relatives and employers that had some knowledge of each scheme. It was also important to gain a historical perspective of each case, through examination of primary documents, as well as discussions with those involved, in order to determine how strategies had evolved over time. Through this process, a wide range of contextual factors were identified, as well as internal factors relating to the schemes and the participants themselves.

5.7 Information Required.

Before considering the means of collecting data, it was necessary to establish exactly what kind of information was actually needed, in order to examine the research hypothesis.

Firstly, it was necessary to consider what information could be collected, in relation to each case study, to indicate ‘successful strategies for the economic empowerment of disabled people’. The main indicators to be taken into account, in order to analyse how successful schemes were, are stated below:

Box 5: Indicators of Scheme Success

- | | |
|----|--|
| a) | Economic Activity: The proportion of beneficiaries who were engaged in economic activity, as a result of project activities. |
| b) | Sustainability: How long the scheme had operated, and the existence of perceived threats to sustainability. |

The underpinning philosophy of each scheme was closely examined, in order to determine the level of social model influence, or the extent to which schemes appeared to have ‘adopted the social model’, using the language of the hypothesis. The following indicators were used to identify social model influence:

Box 6: Indicators of Social Model Influence

- | | |
|----|---|
| c) | Rights base: Is economic empowerment perceived as a right or a charitable obligation. Does the project promote disability rights? |
| d) | Participation: To what extent are scheme participants involved in decision making processes? |
| e) | Societal barriers: Do strategies aim to remove them? |
| f) | Inclusion: Do strategies promote inclusion or reinforce segregation? |

The research hypothesis suggests an association between the adoption of the social model and scheme success. The indicators described in this section

provide a framework for examining the validity of that assertion. It was also necessary, however, to identify the other factors, besides social model influence, that may contribute to the success or failure of a strategy. Identifying the full range of possible success factors involved gathering information in relation to the characteristics of individual scheme participants, the internal features of particular schemes, as well as local and national contextual information. The table below provides a list of potential success factors for an economic empowerment scheme, in terms of these four categories.

Table 2: Potential Success Factors

Individual Variables	Scheme Variables
Impairment Type and Severity Communication Skills Levels of Education Self-confidence Attitude	Inclusion/segregation Levels of participation Ideological approach Scheme resources Type of project activities Leadership quality Staff motivation
Local Contextual Variables	National Contextual Variables
Urban/rural Nature of local employment markets Job opportunities Transport accessibility Local government by-laws Local community attitudes	Policy and legislation framework Implementation mechanisms National economic climate Cultural & religious beliefs

It can be seen from Table 2 that there are a wide range of factors that may influence the outcomes of an economic empowerment strategy. While some of

these, such as ‘inclusion/segregation’ can be related to the social model, many of them cannot. It follows that the relationship between social model influence and success cannot be properly analysed without considering the impact of these other factors.

The need to collect information in relation to the indicators of scheme success and social model influence, identified in this section, as well as the full range of factors that may contribute to scheme success, provided the basis for the main research questions, which are stated below:

Box 7: Research Questions

- 1) What are the main barriers to economic empowerment for disabled participants?
- 2) How successful are particular economic empowerment strategies?
- 3) What are the factors that influence the success of economic empowerment strategies?
- 4) To what extent do social model principles influence economic empowerment strategies?
- 5) Is there an association between ‘adoption of the social model’ and the success of economic empowerment strategies?

Interview and focus group checklists were designed with the purpose of obtaining answers to these research questions, from the perspectives of various stakeholder groups.²⁴

5.8 Sampling Strategy

The two countries chosen for this study, as well as the cases studies within these countries, were selected through a process of strategic, or purposive, sampling, which is described in this section.

The first sampling task was to select countries for comparison. The choice was initially limited to the 74 countries that had signed and ratified the UNCRPD in 2009, when the study began, thus committing themselves to promoting economic participation and social inclusion for disabled people living within their own borders. Of these 74 countries, 37 were categorised as developing countries, based on their inclusion within the medium or low human development bands on the Human Development Index (UNDP, 2009). From these 37 countries, the main selection criterion was evidence of the existence of an interesting range of economic empowerment initiatives. Identifying these initiatives proved to be quite a challenge, since few, if any, countries have a central register of disability projects and programmes. Services are provided by a variety of disability organisations and NGOs, as well as the Government, and many of these providers appear to operate in isolation from each other. However, schemes were identified in several countries, through a review of government and non-governmental sources. These were mainly online sources, such as Government and NGO websites. For example, the Leonard

²⁴ See Appendices III, IV, V, VI and VII, for interview and focus group checklists.

Cheshire Disability website provides details of various economic empowerment schemes located in several of the countries where they work. Other schemes were identified by contacting disability organisations in various countries by 'e-mail', in order to gather information about relevant schemes. Kenya and India were eventually selected on the basis that they appeared to have the most interesting range of schemes operating, in both urban and rural areas. These countries were also chosen to represent a diversity of cultural, geographic, economic and demographic backgrounds. For example, in terms of the economic situation, India has a booming economy, with an increasing demand for labour (Government of India, 2007), while Kenya's economy is characterized by falling investment and rising labour surpluses (UNDP, 2005).²⁵ The differences between the two countries would allow for a broad range of contextual factors to be taken into account, when examining various economic empowerment strategies, as well as creating opportunities for comparing similar strategies that were being implemented in both countries.

Having decided on Kenya and India, the next task was to increase the population of potential cases through a process of 'multi-point snowballing', or following up leads provided by various key contacts within each country. These included contacts from local disability organisations and international NGOs with a disability focus, as well officials from relevant national and local government bodies. As Overton and van Diermen (2003) point out, using this approach runs the risk of being too selective, as key contacts may deliberately exclude some potential cases and steer the researcher towards others that they

²⁵ These contextual backgrounds will be fully explored in the country chapters, while the contextual differences will be examined in Chapter Eight.

feel are more appropriate. This channeling process could lead to a sample that is not fully representative of the economic empowerment strategies within a country. Despite this risk, however, the multi-point snowballing strategy seemed to be the most practical way of identifying the maximum number of potential cases within each country.

The next task was to select particular regions within each country, so as to avoid spending too much time travelling from one location to another, particularly in a country as vast as India, during the limited time that was available for fieldwork. The snowballing process helped to identify particular regions where a good range of potential case studies were located. Regions were also selected to include a range of urban and rural districts, as well as the capital city in each country, so as to provide an opportunity to gain a national perspective, through contact with Government ministries.

Within the selected regions, it was necessary to select specific cases for the final sample. One aim was to achieve a balanced sample in terms of varying levels of social model influence. In order to achieve this, it was decided to base selection, primarily, on the inclusion/segregation indicator of social model influence,²⁶ since this seemed to be the most easily identifiable indicator. Half of the selected cases were, according to the scheme literature available, inclusive, community-based schemes, which are normally associated with the social model. These schemes, involved the provision of services pre-dominantly within mainstream, self-help group or home-based

²⁶ See Indicator (f), Box 6, p125.

environments, rather than within segregated premises provided by the scheme itself. Although some of these schemes provided some specialist vocational training on their own premises, their main focus appeared to be on promoting inclusion and mainstream integration, through community-based support. The other half of the selected cases were segregated schemes, traditionally associated with the individual model (which lies at the opposite end of the spectrum of disability models).²⁷ These schemes were predominantly providing services within their own segregated premises, although some of them were also involved in developing links with their local communities and providing some outreach services. It was intended that a more nuanced understanding of each scheme's underlying philosophy would arise through the data collection and analysis process.

Another sampling aim was to ensure that cases selected were representative of the three particular routes to economic empowerment which are the focus of this study: vocational skills development, self-directed employment and formal sector employment.²⁸ The various combinations of basic sampling criteria that particular cases represented can be illustrated by the sampling grid below:

²⁷ See Section 2.9, Chapter Two, p44, for a discussion on the spectrum of disability models.
²⁸ These three routes to economic empowerment are fully explored in Chapter Three.

Table 3: Sampling Grid

Routes	Vocational Skills	Self-directed	Formal Sector
Approaches	Development	Employment	Employment
Inclusive schemes			
Segregated Schemes			

Some cases represented more than one cell (for example, a scheme that develops vocational skills as well as supporting participants to access formal employment opportunities). The aim was for each cell to be represented by at least two cases in each country. This would ensure that, across the two countries, there would be at least four cases representing each combination of criteria, which should be enough to allow for meaningful comparison and analysis. Where there were more than two suitable cases to represent a particular cell, then other factors were taken into account, in order to produce the most balanced and representative sample possible. For example, if there were more urban schemes than rural schemes overall, then a rural scheme was selected over an urban scheme. Similarly, if a certain impairment type was under-represented, then a scheme supporting those with that particular type of impairment was given preference. This helped to ensure that a wide range of possible influencing factors, on scheme outcomes, were represented in the final sample, which consisted of a total of 26 cases.

In both countries, some of the case studies were based on two or three similar projects that were grouped together. Adopting this approach helped to ensure that each of the case studies in the final sample was unique in terms of at least

one of the sampling criteria. It is not possible to make any definitive judgment as to how representative the sample was of economic empowerment schemes, within each country, as a whole, due to the limitations of the multi-point sampling method, as discussed earlier, as well as the fact that research took place in pre-selected regions. There may even have been some unique cases within these regions that were simply not discovered. It can be claimed, however, that the final sample at least represented every possible combination of the sampling criteria on the sampling grid (Table 3), within each country, as well as representing a range of other contextual and scheme variables.

5.9 Kenyan Case Study Sample

Research was conducted in three areas of Kenya: Firstly, Nairobi, the capital city, together with the nearby Central Province towns of Limuru and Githunguri; Secondly, Eastern Province, including the towns of Meru and Embu, as well as surrounding rural districts; Thirdly, the Coast Province city of Mombasa, together with the nearby Shanzu district. These regions were chosen to provide a balance between urban and rural districts, and because the majority of schemes that had been identified prior to the field trip were located in these areas.

Particular schemes, or groups of schemes, were then selected to comprise 12 case studies, representing a wide range of sampling criteria. The most important of these criteria was the perceived level of social model influence, and this initial judgment was based on the inclusion/segregation indicator of

social model influence,²⁹ as discussed in the previous section. Initially, six case studies were selected representing segregated service provision and six were selected representing inclusive, community-based strategies. These judgments were based on scheme literature and preliminary discussions with service providers. The sampling grid below shows how the three routes to economic empowerment – vocational training, self-directed employment and formal sector employment - were represented by case studies, numbered 1 to 12, based on segregated and inclusive approaches.

Table 4: Kenyan Case Studies: Sampling Grid A

	Vocational Training	Self-Directed Employment	Formal Sector Employment
Inclusive Approaches	1, 3, 4, 5, 11	1, 3, 4, 5, 6, 11	4, 5
Segregated Approaches	7, 8, 9, 10, 12	7, 8, 9, 10, 12	2, 8,12

It can be seen from the grid that there were fewer schemes targeting formal sector employment. This reflects the Kenyan reality that the informal sector offers far more employment opportunities for disabled people, particularly in the rural areas.³⁰ Besides trying to ensure that each cell of the sampling grid was represented at least twice, selection of case studies was influenced by the need to ensure that other contextual factors were also represented. For example, the balance between rural and urban contexts, within the same sample, is shown in the sampling grid below:

²⁹

See Section 5.8, p128, for further explanation of the sampling strategy.

³⁰

See Chapter Six, Section 6.2, p161, for more information on the Kenyan employment markets.

Table 5: Kenyan Case Studies: Sampling Grid B

	Vocational Training	Self-Directed Employment	Formal Sector Employment
Urban	4, 5, 7	4, 5, 6, 7	2, 4, 5
Rural	9, 10, 11, 12	9, 10, 11, 12	12
Urban and Rural	1, 4, 8	1, 4, 8	8

Other sampling criteria that were taken into account included scheme size, type of service provider, project activities and impairment types. In terms of size, the sample included national schemes, covering all eight provinces of Kenya, as well as small local projects. Service providers included the Government, international NGOs, religious institutions and DPOs. Project activities included vocational training, employment preparation, sheltered workshops, community outreach, microfinance, capacity building and advocacy. It was particularly hard to balance the sample in terms of impairment type, because the vast majority of schemes identified catered for those with physical impairments. Some case studies, therefore, were specifically selected because they focused on a different impairment type.

5.10 Indian Case Study Sample

Research was conducted in four areas of India: Firstly, New Delhi, the capital city, which was included so as to gain a national perspective from Government and human rights bodies, although one case study was also conducted here; Secondly, Bangalore, in the State of Karnataka, where around half of the case

studies were conducted; Thirdly, Chennai, in Tamil Nadu, where a further two case studies were carried out; Fourthly, southern Tamil Nadu, including the provincial towns of Thiruchirapalli and Nagapattinam, where three rural case studies were conducted. The southern States of Karnataka and Tamil Nadu were chosen as the main sites for field research because the literature reviewed prior to the visit had revealed a number of positive developments, such as the growth of the self-help movement,³¹ in these regions. Bangalore, in particular, offered a wide range of potential case studies, since a large number of disability-focused NGOs base their operations in this city.

As with Kenya, particular schemes, or groups of schemes, were selected as case studies, representing a wide range of sampling criteria. The most important of these criteria was the perceived level of social model influence, with the initial judgment based on the inclusion/segregation indicator of social model influence.³² Seven case studies were selected representing segregated service provision and seven were selected representing inclusive, community-based strategies. The sampling grid below shows how the three routes to economic empowerment were represented by the 14 Indian case studies, numbered 13 to 26, based on segregated and inclusive approaches.

³¹ See Chapter Seven, Section 7.6, p254.

³² See Section 5.8, p128, for a further explanation of the sampling strategy.

Table 6: Indian Case Studies: Sampling Grid A

	Vocational Training	Self-Directed Employment	Formal Sector Employment
Segregated Approaches	13, 14, 15, 16, 17, 18, 19	13, 15, 17, 18, 19	13, 14, 15, 16, 17, 18, 19
Inclusive Approaches	20, 21, 22, 23, 24, 25, 26	20, 21, 22, 24, 25, 26	20, 21, 23, 24, 26

The grid presents a striking difference to the Kenya context, where fewer schemes were focused on formal employment. Despite the dominance of the informal sector in India (Government of India, 2007),³³ several schemes were identified that were focused on placing disabled people in formal employment. As a result the grid shows that all three routes to economic empowerment were well-represented. Selection of case studies was also influenced by the need to ensure that other contextual variables were represented. For example, the balance between rural and urban contexts, within the same sample, is illustrated below:

Table 7: Indian Case Studies: Sampling Grid B

	Vocational Training	Self-Directed Employment	Formal Sector Employment
Urban	14, 15, 16, 17, 18, 19, 20, 22	15, 16, 17, 18, 19, 20, 22	14, 15, 16, 17, 18, 19, 20
Rural	24, 25, 26	24, 25, 26	24, 26
Urban and Rural	13, 21, 23	13, 21	13, 21, 23

³³ See Chapter Seven, Section 7.2, p240, for further discussion on the employment markets in India.

Although this sampling grid shows that a majority of the schemes were urban-based, it should be noted that several of these schemes included beneficiaries who lived in rural areas and travelled into the cities on a daily basis.

Other sampling criteria that were taken into account included scheme size, type of service provider, type of project activities and impairment type. In terms of size, the sample included State-wide schemes, as well as small local projects. Service providers included the Government, international NGOs and Indian disability organisations. Project activities included vocational training, employment preparation and placement, sheltered workshops, community outreach, microfinance, capacity building and advocacy. The sample also represented a wide range of impairment types, including intellectual impairments.

5.11 Data Collection Methods

The data collection process involved examining each of the selected cases through direct observation, analysis of primary project documents, and interviewing those involved in, or with some knowledge of, the schemes, either individually or in groups. The main methods used are described in this section.

5.11.1 Stakeholder groups

Stakeholders can be defined as “people, groups, or institutions with interests in a project or programme” (Laws et al, 2003, p336). Research participants were

selected to represent a range of relevant stakeholder groups, so that the issues could be viewed from various perspectives. It is useful to make a distinction between ‘primary stakeholders’, who are those directly affected by the initiative, and ‘secondary stakeholders’, who are not so directly affected, but may have an interest in the success or otherwise of the initiative (World Bank, 1996). Some of these secondary stakeholder groups may be particularly powerful or influential within a community, and one objective of engaging with them is to encourage them to take account of disability issues. Table 8, below, lists the main stakeholder groups that were thought to be relevant to this study:

Table 8: Relevant Stakeholder Groups

Primary Stakeholders	Secondary Stakeholders
Scheme Participants	Government Representatives
Scheme Staff	Donor Representatives
Scheme Managers	Disabled Person’s Organisations
Organisation Representatives	Disability Rights Campaigners
	Employers
	Relatives

5.11.2 Semi-structured Interviews

The main data collection method to be used for this study was the semi-structured interview, based on a checklist of key topics, or themes. It was hoped that this approach to interviewing, rather than a more formal list of questions, would encourage interviewees to relax and to raise issues that they themselves felt strongly about, thus enabling them to guide the research agenda to some extent. The danger of too much structure is that topics are

imposed on participants (Copestake et al, 2005), which could verge on the type of oppressive approach to research that has received so much criticism from within the disability movement. The use of totally unstructured interviews was also considered, but this approach runs the risk of valuable research time being lost in discussing issues that are entirely unrelated to the project, as well as the ethical risk that, as Mangen (1999) points out, such an approach could inflate the expectations of participants in terms of their understanding of the scope of the research. The semi-structured approach, with built-in flexibility and room for participants to manoeuvre, provided a compromise solution to this dilemma. Separate interview checklists³⁴ were designed for each stakeholder group, in order to ensure that the questions raised were as relevant as possible to each particular group, and that interviewees were able to consider the issues from their own perspectives. In this way, it was hoped that research findings would not be constrained by my own pre-set agendas as the researcher, and that participants would be involved in guiding me to the areas which they felt were most relevant to the study.

5.11.3 Focus Group Discussions

Focus groups provide an opportunity for research participants to discuss ideas with each other and to learn from each other. Observing the way in which participants discuss the issues may even be of more value to the researcher than what they actually say (Brockington and Sullivan, 2003). This method of data collection can take discussions to a deeper level than would normally occur during individual interviews, and help participants to clarify and develop

³⁴ See Appendices III, IV, V, VI and VII.

their own thinking on particular issues. The make-up of focus groups required careful consideration, because, as Mikkelsen (2005) observes, certain group dynamics may bring forward useful extra information. Bringing together a diverse group of participants, for example, can increase awareness of different perspectives among participants, perhaps encouraging them to re-examine their own feelings on certain issues. Homogeneous focus groups, on the other hand, which are comprised of members that have particular common ground, may find it natural to engage with each other, leading to a more fruitful discussion. This latter choice seemed most appropriate for this study, given that many of the disabled participants may have lacked confidence to express themselves freely in a mixed group, so the majority of focus groups comprised members of one, or at most two, particular stakeholder groups.³⁵ Another advantage of arranging focus groups was that there would not always be enough time for everybody connected to a case to be interviewed individually, so holding group discussions provided a means of ensuring that as many research participants were included as possible.

5.11.4 Documentary Evidence

Key documents, such as mission statements, publicity documents and progress reports, were collected from each case. These documents were particularly useful in terms of learning about the underlying philosophies of each scheme. They also provided useful evidence for measuring the success of schemes, by presenting numerical data on scheme participation rates and outcomes. However, documentary evidence was used with caution, due to the very real

³⁵ See Appendices IX and XI for a list of Focus Group Participants, and the stakeholder groups represented.

risk that, as Mangen points out, such documents may be “highly edited and structured for purposes extraneous to the research project” (1999, p118). In order to minimise this risk, any documentary evidence used was corroborated where possible, by attempting to verify claims made through discussion with research participants, particularly the scheme beneficiaries themselves, and cross-checking with other public records.

5.12 Methods used in Kenya and India

All of the methods described in the previous section were used in both countries. A total of 293 respondents (137 in Kenya and 156 in India) participated directly in the study, either through being interviewed or by contributing to a focus group discussion. Additionally, simple observation of project activities, including staff and beneficiary meetings, helped to build up the researcher’s knowledge of each case study.

In Kenya, the data collection process included 103 semi-structured interviews, eight focus group discussions and documentary analysis. The interviews and focus groups combined involved a total of 137 respondents, of whom 78 were disabled, including 64 with physical impairments, 10 with visual impairments and four with hearing impairments. A further 94 people participated indirectly, through their attendance at one of four meetings that were observed (one project staff meeting and three DPO meetings).³⁶

³⁶ See Appendices VIII, IX, X and XI for the full composition of interviews and focus groups.

In India, data was collected through 98 semi-structured interviews, 10 focus group discussions and documentary analysis. The interviews and focus groups combined included a total of 156 respondents, of whom 72 were disabled. These included 34 with physical impairments, 27 with visual impairments, nine with intellectual impairments and two with hearing impairments. A further 27 people participated indirectly, through their attendance at one of three self-help group meetings that were observed. Useful data was also collected at an employability conference in New Delhi.³⁷

The table below summarises the composition of interviews and focus groups, conducted during the study, showing respondent numbers for each stakeholder group, within each country:

³⁷ This conference, entitled 'Employability: the inclusion of persons with disabilities in the workplace', was hosted by Sarthak Education Trust, and took place on 18th February 2011, in Gurgaon, New Delhi.

Table 9: Summary of Interviews and Focus Groups

Stakeholder Group	Kenya Interviews	India Interviews	Kenya Focus Groups	India Focus Groups	Number of Participants
Organisation Representatives	7	12	7	6	32
Staff / Managers	36	33	14	22	105
Beneficiaries	42	29	11	30	112
Donor Representatives	4	3	0	0	7
Relatives	6	2	0	0	8
Government Representatives	5	12	2	0	19
Other ³⁸	3	7	0	0	10
Total	103	98	34	58	293

5.13 Data Analysis

The first main data analysis task was to examine the evidence relating to each case, in order to gain an understanding of the philosophy on which each strategy was based. Initially, this understanding was gained from scheme literature, such as websites, leaflets and project reports. In order to deepen this understanding, I then worked through the transcripts of interviews and focus group discussions, coding any comments relating to the underlying philosophy on which schemes were thought to be based. By comparing these comments with the ‘official’ underlying philosophy described in scheme literature, as well as taking into account my own observations of scheme activities, I was

³⁸ The ‘Other’ category included: four employers, three Human Rights Commissioners, two training providers and one Bank Manager.

able to arrive at a balanced assessment of the ideological principles on which each scheme appeared to be based. By comparing these principles with the ‘indicators of social model influence’, outlined in Box 6,³⁹ it was then possible to make a judgment on the extent to which these principles appeared to reflect a level of social model influence.

The next task was to attempt to measure the success of the strategies represented by each of the case studies. This was done by considering each of the success indicators: economic activity and sustainability.⁴⁰ The ‘Economic Activity’ criterion was assessed by considering the proportion of scheme beneficiaries engaging in economic activity, with ‘over 50%’ rated as high and ‘under 50%’ rated as low. The ‘Sustainability’ criterion was assessed by considering how long schemes had been running, the extent to which they were dependent on donor funding and the existence of perceived threats to sustainability (such as the withdrawal of donor funding or failure of business enterprises). There was no attempt made to compile a composite measure of success, because there appeared to be no meaningful way of weighting one criterion against another. For example, how would it be possible to judge whether a scheme which was enabling a high proportion of beneficiaries set up their own businesses was more successful than another scheme which was enabling less people to engage in economic activity but achieving greater sustainability? The decision was made, therefore, to measure the success of each scheme against each indicator, without attempting to combine the two indicators to produce an overall measure. With the measures established, the

³⁹ See Box 6, p125.

⁴⁰ See Box 5, p125.

evidence was then gathered by scrutinizing project documents, such as evaluation reports, and coding interview and focus group transcripts for comments relating to each of the success criteria. This facilitated a fairly narrow initial assessment of scheme success in two separate areas, based on fairly arbitrary indicators. This initial assessment was broadened by coding interview and focus group transcripts for further evidence of positive or negative scheme outcomes. For example, if participants referred to increased self-esteem, or social status, as a consequence of participation in a scheme, then this would provide further evidence of success, since these positive social outcomes are likely to increase the likelihood of lasting economic empowerment.

Having assessed scheme outcomes, using the method described above, it was necessary to identify the factors which may have contributed to the success or failure of strategies, in relation to each case. Evidence for this was gained from a range of stakeholders, through the interviews and focus groups. Transcripts were coded for any factors identified that were thought to be important to the success of schemes. It should be noted that the list of potential success factors, which were identified in Table 2,⁴¹ was not presented to participants. All the participants were free to identify the factors that they thought to be most significant, and I was extremely careful not to lead them in any particular direction. Once all the success factors had been coded, it was an easy task to record how often each of the success factors were identified. The decision was then made to include each of the success factors that were separately identified

⁴¹ See p126.

at least ten times, within each of the countries, in the final analysis. This was a natural cut-off point to select because there were several factors identified between ten and fifteen times, in either country, while all of the factors that were excluded from the final analysis were actually identified no more than 3 times, in either country. Another task, in terms of analyzing the success factors, was to disaggregate the emerging success factors by stakeholder group, within each country. This was important, because different stakeholder groups may have had different motives for identifying particular factors, and it was important to determine whether particular factors were identified more often by one stakeholder group, such as scheme beneficiaries, than another group, such as organisation representatives.

Having coded the interview and focus group transcripts for success factors and recorded the frequency with which each success factor was identified (applying the cut-off point of 'ten'), the next task was to separate the success factors that had been identified into two groups. The first group consisted of those factors that *did not* appear to be closely associated with the principles of social model, while the second group consisted of those factors that *did* appear to be closely associated with the social model. By separating the identified success factors in this way, it was possible to get an idea of the extent to which research participants felt that the adoption of social model principles contributed to scheme success, *even for those research participants that had never heard of the social model*. This was an important part of the strategy, since the social model is a western concept, which may have been unfamiliar to many of the participants. To take the analysis a stage further, the transcripts

were then re-examined to consider which of the identified success factors appeared to be most significant for each scheme. This allowed for some tentative conclusions to be drawn on the existence of associations between particular success factors and scheme success, in the context of particular case studies. By considering whether the success factors which emerged as particularly important, for each scheme, belonged to the first or second group of success factors, it was then possible to examine the validity of the research hypothesis, in the context of each case study, before drawing more general conclusions based on the findings overall.

5.14 Internal and External Validity

Internal Validity measures the extent to which a research design ensures that causal claims are valid (De Vaus, 2001). The main threat to internal validity, for the design outlined in this chapter, was the likely presence of many different factors that may contribute to scheme success. If there were several factors, not closely related to social model, which appeared to be positively associated with success, then it would be difficult to attribute successful outcomes to those factors that were closely related to the social model. This threat was addressed by trying to build up as complete and detailed a picture of each case as possible, in order to ensure that as many success factors as possible had been taken into consideration, and to gain as full an understanding as possible as to the extent to which each of these success factors were thought to influence scheme outcomes.

The external validity of a design is a measure of the extent to which any conclusions drawn from a study can be generalized (ibid). One of the threats to external validity, whichever design is chosen, is the impact of the local context within which each scheme operates, which will obviously vary from country to country, and may well vary within countries. The need to counter this threat to external validity was one of the main reasons for choosing to undertake a cross-national study, with cases selected from within each country to represent a range of contextual variables. By selecting two countries from very different parts of the world, it was to be hoped that the study would take account of a range of different local and national contextual factors, such as those listed in Table 2.⁴² This reflects a ‘societal’ approach to taking account of context, which recognizes that contextual differences may act as independent study variables in themselves (Hantrais 1999). According to this school of thought, it should be possible to draw conclusions from observations of social processes which can be generalized from one society to another, as long as these contextual factors are fully taken account of, along with all the other variables (ibid). It was recognized, however, when analysing the findings, that any attempts to generalize beyond the geographical areas in which the case studies were located would be dangerous, since it was unlikely that the impact of contextual factors could be fully understood within the relatively short study timeframe. However, taking account of various contextual factors helped to provide possible explanations for the differences arising between the findings emerging from each country.

⁴² See p126.

5.15 Ethical Considerations

Ethical considerations are another important issue which can influence the selection of a research design. As Blaikie observes, “there is always a risk that even asking someone quite innocent questions could be disturbing to that person” (2000, p19). This is likely to be a particular danger when interviewing participants, such as people with intellectual impairments, whose ability to understand the meaning and purpose of research may be affected by their impairment. For those that were unable to provide informed consent for their own participation in the research project, a judgment needed to be made as to whether to exclude them from the data collection process altogether, at the cost of limiting the scope of the research findings. Similarly, there were issues around how to include those that want to be involved, but faced some practical difficulties, such as the need for an interpreter. Research preparations allowed for this, by ensuring that resources were available to facilitate the meaningful inclusion of all those who were able and willing to participate. For example, sign language interpreters were employed, on some occasions, to facilitate the inclusion of those with hearing impairments, and extra time was set aside for some participants with intellectual impairments, so that interviews could be conducted at a slower pace, in order to ensure that questions were understood as fully as possible.

The ethical approach adopted for field research was guided by the Economic and Social Research Council (ESRC)’s ‘Framework for Research Ethics’ and the University of Birmingham’s ‘Code of Practice for Research’. Ethical clearance was obtained through the University’s ethical review process, prior

to the first field trip, which involved providing detailed information on the procedures to be adopted, for data collection, storage and usage, to the ethical review panel. One issue considered during this process was whether to obtain written consent from participants, as required by the Code of Practice, before each interview and focus group. There was a risk, in my view, that some participants may feel intimidated by the need to sign a written consent form, particularly if they were not used to signing such documents. This opinion was partly based on prior experience of conducting research with disabled people in Uganda, as part of my Masters research project. The decision was made, therefore, to rely on verbal consent. The Code allows for this, as long as there are “ethical or legally justifiable reasons” (University of Birmingham, 2011, p7) for doing so, and the ethical review panel reached the conclusion that the decision was justifiable on this basis. Another concern, arising from my prior research experience, was that the use of recording equipment may also have created an intimidating atmosphere for some research participants. In view of this, I decided to rely on written transcripts only throughout the fieldwork.

Another ethical consideration was the danger of raising false expectations, in relation to the likely outcomes of research. This risk was minimised by ensuring that all participants had as full an understanding as possible of the nature and purpose of the project, as well as its limitations, should they choose to participate. This information was provided in a Participant Information Sheet,⁴³ the contents of which were fully discussed prior to the start of interviews and focus groups. This document also stated that data gathered

⁴³ See Appendix I.

would be regarded as confidential and stored securely, and that participants had a right to withdraw at any stage, as well as a right to anonymity. Where it was necessary for third parties, such as interpreters, to be present at interviews, they were required to sign a confidentiality agreement⁴⁴ prior to commencement. These steps were necessary, in order to ensure that “the confidentiality of information supplied by research participants and the anonymity of respondents must be respected” (ESRC, undated, principle 3).

With regards to anonymity, it was surprising that, of the 293 interview and focus group participants, only 14 opted for full anonymity. However, several other participants stated that they would prefer that their first names only were used. Participants were reminded of their option to remain anonymous whenever comments were made, during interviews or focus group discussions, which may have been controversial or critical, with the possibility of unexpected consequences or reprisals. This was given high priority, in recognition of my duty to comply with the important ethical principle that “harm to research participants must be avoided in all instances” (ESRC, undated, Principle Five). For example, if scheme beneficiaries were critical of the schemes that they were involved with, which may have risked offending service providers or scheme staff, they were asked whether they would prefer their critical comments to be reported anonymously. At a later stage, following consultation with the University’s Ethics Committee, a decision was made to remove all participant names from the final thesis, regardless of the preferences that they had expressed, in order to ensure the highest ethical

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See Appendix II.

standards. Accordingly, the full lists of interviews and focus group participants, contained in Appendices VIII, IX, X and XI, have been fully anonymised.

5.16 Personal Reflections on the Methodology.

The research methodology, as described in this chapter, provided an effective strategy for making good use of my fieldwork time, and a comprehensive framework for analysing the data collected. However, certain issues came to light during and after fieldwork, which led to a re-thinking of the methodological approach. These issues are discussed in this section.

One frustrating difficulty that arose during fieldwork was the failure of many scheme providers to maintain records relating to the outcomes for past beneficiaries, particularly in terms of whether the schemes had actually enabled them to ‘freely engage in economic activity’. This made it extremely hard to measure scheme outcomes in terms of the economic activity criterion. As a result, I often had to rely on anecdotal evidence and very rough estimates, in order to make these judgments. For example, if participants informed me that ‘the majority’ of scheme beneficiaries went on to engage in economic activity, as a result of the scheme, then I took ‘the majority’ to mean ‘over 50%’, and the scheme would therefore be rated as successful, in terms of the economic activity criterion. However, the non-availability of comprehensive evaluation records, for many of the schemes, made it impossible to verify the claims that participants were making, and I could not rule out the possibility that some participants may have simply been trying to present their schemes in

a positive light, particularly as most of the participants that were able to provide information on overall scheme results were organisation representatives and scheme staff, rather than beneficiaries. In view of these difficulties, I reached the conclusion that the quantitative data that I had managed to collect, in relation to scheme outcomes, was not comprehensive or reliable enough to facilitate a meaningful quantitative analysis, based on a deductive reasoning strategy, in order to test the hypothesis, as had been my original intention. This became obvious during the course of Kenya field research, and was further confirmed during India fieldwork. Having considered this difficulty at some length, I took the decision, following the fieldwork, to adopt a more inductive reasoning strategy, in response to the emerging data. The qualitative data which had been compiled was rich in terms of presenting the realities of a wide range of participants, lending itself to a more qualitative approach in terms of analysis. This led me to rethink my entire data analysis strategy. Rather than carrying out statistical tests, in order to identify statistical correlations between study variables, such as ‘social model influence’ and ‘scheme success’, I decided to use the qualitative evidence to form a broad picture of the way in which these study variables interacted with each other. The success criteria could still be used, as part of this process, as indicators of scheme success, but the success ratings assigned to each case, on the basis of these indicators, would need to be treated with caution, and balanced by taking into account the wide range of participant views on what constitutes a successful scheme.

Another issue that arose, in relation to the success criteria, was my initial choice of ‘scope’, as a third indicator of scheme success. This criterion was selected on the basis that even a small scheme could achieve significant scope, if it had operated over a long period of time, reaching a large number of beneficiaries in the process. However, it cannot be denied that larger schemes, such as nationwide and statewide schemes, are bound to be greater in terms of scope than small local schemes. It would not be fair, therefore, to describe a high quality local scheme as ‘unsuccessful’, merely because it was operating on a small scale. Scope is an important issue, given the huge scale of disability in Kenya and India, so it is appropriate that the scope of schemes was considered, when building up a picture of each case study. However, the scope criterion was not used as a measure of success in the final analysis.

In terms of data collection, my strategy of using semi-structured formats for interviews and focus groups worked very well. While the checklists were designed to obtain answers to my specific research questions, the less structured approach often allowed discussions to move into areas which I had not previously considered to be particularly relevant to my study, such as constitutional developments in Kenya and census design in India. However, these issues were considered to be of great importance, by many participants, particularly in terms of shaping societal attitudes and creating the necessary conditions for empowerment and inclusion. The data collection strategy allowed the research agenda to be guided by participants, to some extent, therefore, which was in line with my objective of conducting a participatory study.

My decision to rely on written transcripts had the impact of slowing down interview processes, in particular, with the knock-on effect of allowing participants more time to consider their responses. Another advantage of this was that I was able to read through my notes at the end of each interview and focus group, giving participants the opportunity to validate their responses, and clarify anything that was unclear. This proved extremely valuable, because it helped to ensure that I had correctly understood and recorded all responses.

In summary, while the methodological approach has clearly evolved, particularly in terms of how the data was to be analysed, during the course of study, this was a necessary response to the nature of the data that emerged from the fieldwork. I believe that the more qualitative approach adopted in the end was the correct route, and has led to more meaningful findings and conclusions that would have resulted from the use of statistical tests, as originally planned. Furthermore, the data collection strategy appeared to work extremely well, in terms of allowing me to investigate a wide range of schemes within a relatively short time span, and in terms of allowing participants the time, space and flexibility to feel comfortable in their roles and to raise the issues that they considered to be of the most relevance.

5.17 Conclusions

The methodological approach described in this chapter is based on the critical social science perspective, which views research as a means of contributing to

processes of social change, in order to improve the lives of people who face marginalization and discrimination. The case study approach is designed to take account of the wider context in which schemes operate, in order to produce a realistic evaluation of scheme outcomes and the various factors that contribute to these outcomes.

This chapter has summarised some of the main principles associated with the participatory and emancipatory research paradigms. Both of these approaches have been championed by an increasing number of disability researchers who have sought an alternative to traditional approaches, based on the individual model, which have been widely criticized as oppressive and disempowering. While there appears to be much debate over what exactly is meant by ‘participatory’ and ‘emancipatory’, and how to apply these philosophies in practice, there is no doubt that several key principles are common to both, in the context of disability research. In particular, the need to put disabled people at the centre of the research process, to listen carefully to their views and to allow them to exert a guiding influence on the direction of the research, so that research findings reflect their realities and their understandings of their own situations.

The research design and methodology, which is described in the second half of this chapter recognises these principles, while retaining a commitment to conducting a rigorous academic study, based on logical thought processes, which would lead to valid findings. This might seem like a difficult balancing act, with inevitable compromises required, but, as Stone and Priestley

conclude, the desire to achieve both of these aims “must ultimately be the disability researcher’s obligation and contract” (1996, p22).

Chapter Six

Kenya: Country Context and Research Findings

This chapter is divided into two parts. Part One presents an overview of the Kenya context, with a particular focus on the employment markets, the disability picture, the legislative framework and the current state of disability service provision. This overview is based on a desk study of academic literature, as well as Kenyan Government and NGO reports, and the observations of international development agencies, such as the World Bank and the International Labour Organisation. Part Two presents the empirical research findings from Kenya, emerging from a six-week field visit which took place between mid-June and the end of July 2010.

Part One: Country Context

6.1 General Context

Kenya, gained its independence from Britain in 1963, and became the Republic of Kenya in 1964. The country had a population of 37.8 million in 2007, which is expected to rise to 52 million by 2020 (UNDP 2009). This population contains more than 40 ethnic groups, the largest of which are the Kikuyu (ILO, 2004). In terms of religious beliefs, Kenya is 40% Protestant, 30% Roman Catholic and 20% Muslim (AFUB, 2007).

Kenya is a democracy, with multi-party elections having taken place on a five-yearly basis since 1992. The disputed outcome of the 2007 elections triggered civil unrest in many parts of the country. While the conflict was fought along ethnic lines, between supporters of the rival Kikuyu and Luo election candidates, it was also fuelled by long-standing land disputes and perceived social injustices (Harneit-Sievers and Peters, 2008). The conflict was brought to an end when a power-sharing deal was brokered between the rival candidates, Mwai Kibaki and Raila Odinga. However, doubts remain as to whether this coalition government will be able to put aside political and ethnic differences in order to effectively address Kenya's long-standing social issues (ibid).

Widespread poverty is one of the key social issues facing the coalition, as indicated by Kenya's current standing at 128th, out of 169 countries, on the Human Development Index (UNDP, 2010). According to the Government's National Coordinating Agency for Population and Development (NCAPD), "the key challenge facing the Kenyan economy is reversing the rising levels of poverty and income inequality" (2006, p61). Pollin et al (2008) observe that even those in full-time employment are often living with their families in poverty. They call for increased investment in basic infrastructure and strategies that increase formal sector employment opportunities and promote private investment in small businesses, in order to generate 'decent employment' that lifts people out of poverty.

6.2 Employment Markets

According to the ILO (2004), the labour force participation rates in Kenya are around 89% for men and 74% for women. The agriculture sector dominates, employing around 75% of the labour force, with 16% employed in the service sector and the remaining 9% in industry (ibid). The 2005-06 Kenya Integrated Household Budget Survey (KIHBS), a more recent Government survey, puts the overall labour force participation rate at around 72%. The survey also shows that around 85% of households in rural areas are directly involved in agricultural activities, as compared to around 13% in urban areas (Government of Kenya, 2007). Many of those not employed in agriculture are engaged in informal sector enterprises involving small-scale trading of goods, often without being licensed or registered (Haan, 2001). The formal sector offers higher wages than the informal sector, but comprises just 13% of the labour markets (Pollin et al., 2008). Even in urban areas, the formal sector is now smaller than the informal sector (ibid).

The 2005 National Human Development Report observed a growing labour surplus in Kenya, caused by a rapid increase in educational opportunities coupled with falling levels of investment. These factors have reduced employment opportunities and “generated a sense of hopelessness” (UNDP, 2005, p20). Given the rising levels of insecurity and ethnic tensions following the 2007 elections, further damaging Kenya’s image as a stable country to invest in, labour market recovery may be a long way off. This bleak picture was reinforced by an Africa Research Institute report, which predicted that, following the election violence, “the damage to Kenya’s economy will be far

greater than the authorities concede. Tourism has ground to a virtual halt, while the national infrastructure is paralysed... a sharp drop in economic output is probable” (2008, p3).

6.3 Disability Picture in Kenya

In Kenya, as in many developing countries, it is widely recognized that disabled people are a marginalized group, with the majority living in poverty and very few able to access education, health services or employment (Ingstad and Grut, 2007). Until recently, however, it has been difficult to gauge the full scale of the issues facing disabled people in Kenya, because the statistics available on disability were insufficient and largely inaccurate (ILO, 2004).

The Kenya National Survey for Persons with Disabilities (KNSPWD), carried out by the Government in 2007, acknowledges the inadequacy of national disability data and attempts to rectify this problem by providing a more comprehensive picture of disability issues in Kenya (NCAPD, 2008). The survey was based on a sample size of 70,691 people, including 3,248 disabled people, giving an overall prevalence rate of 4.6%. This is surprisingly low, when compared with the recent World Disability Report estimate that around 15% of the world’s population are disabled (WHO and World Bank, 2011). However, the survey does appear to give a more realistic picture of disability prevalence than previous Government initiatives, such as the 1989 Kenya Population Census, which put the rate at just 0.7% (ILO, 2004)!

The survey found that the most common forms of impairment were “associated with chronic respiratory diseases, cancer, diabetes, malnutrition, HIV/AIDS, other infectious diseases, and injuries such as those from road accidents, falls, land mines and violence” (ibid, pix). Disability was classified in terms of seven impairment categories, as shown in Table 10 below, which gives the prevalence rates and gender splits for each of these categories.

Table 10: Distribution of Disabled People by Gender and Impairment Type

Impairment Type	Gender		Total Number	%
	Male	Female		
Hearing Impairment	194	187	381	11.7
Speech Impairment	71	59	130	4
Visual Impairment	438	543	981	30.2
Mental Impairment	103	87	189	5.8
Physical Impairment	550	556	1,107	34.1
Self-care Impairment	157	128	285	8.8
Other	80	96	176	5.4
Total	1,593 (49%)	1,656 (51%)	3,249	100

Source: Adapted from NCAPD, 2008, p9

The table indicates a relatively even gender split overall with 49% male to 51% female (compared to 49.6% male to 50.4% female for the whole sample). The two impairment types found to be most prevalent were physical impairment and visual impairment, together accounting for 64.3% of the total disability population.

The survey found no significant difference between the overall rural and urban prevalence rates, although some interesting differences were noted in terms of the situation facing disabled people in rural and urban areas. For example, those living in urban areas were far more likely to have access to assistive devices (such as wheelchairs, braces or hearing aids), while those living in rural areas were more likely to be affected by environmental factors, such as difficult terrain and poor infrastructure, and had greater difficulties in participating in daily activities, such as going to school or college (ibid).

In relation to employment, the survey found that only 16% of disabled people had worked for pay in the past seven days. However, some striking differences emerged between those living in rural and urban areas. Only 9% of disabled people living in rural areas had worked for pay, as compared with 25% in urban areas (rising to 31% in Nairobi). However, in rural areas 32% of disabled people had been contributing to family businesses, as opposed to 21% in urban areas. The survey report does not provide corresponding figures for non-disabled participants, however, making it difficult to put the findings into their full context. However, given the overall labour force participation rates revealed by the KIHBS, which was conducted at around the same time, the KNSPWD findings do highlight the exclusion of disabled people from the Kenyan labour markets

Negative attitudes towards disability are among the social barriers which, as emphasized by the social model, reinforce disability by preventing community participation. In another recent study, conducted by the African Union of the

Blind (AFUB) and based on individual interviews with 95 disabled people, living in three different areas of the country, almost 75% of participants reported that they had faced discriminatory attitudes “in their own communities” (2007, p49). According to the study report, much of this discrimination arose from “deep, entrenched stereotypes prevailing in Kenyan society that portray people with disabilities as burdens, useless, good for nothing, and curses” (p11). Almost 30% had faced discriminatory attitudes in the workplace, usually in the form of rejection by work colleagues or “mistreatment from their bosses” (p50). Samuel Tororei, a Kenyan Human Rights Commissioner with a visual impairment, argues that these kinds of attitudes arise from a general ignorance, within Kenyan society, of what causes disability. This ignorance, in his view, is reinforced by religious or spiritual beliefs, which lead many to view disability as a payment for sins of forefathers or a sign of the displeasure of the gods. He also notes, however, that disabled people themselves often reduce their chances of employment by displaying negative attitudes, such as resentment or even hostility towards society, or resigning themselves to “acceptance of society’s view that they are incapable of doing anything for themselves” (2009, p3).

6.4 Legislation and Policy Framework

The 2003 Persons with Disabilities Act (PDA), which sets out the rights of disabled people in all areas of life, is the main piece of legislation concerning disability in Kenya. The PDA represents a signal of intent, by the Kenyan Government, to promote the equal participation of disabled people in society, in line with the principles underlying preceding international agreements, such

as the UN Standard Rules. Section 12 of the PDA, concerning employment rights, prohibits various forms of discrimination, from recruitment processes to working conditions and career development. Section 12 also contains some affirmative measures designed to promote disability employment, including tax benefits to employers for adapting their workplaces and for employing disabled people, tax exemptions for disabled employees themselves, and a requirement that all public and private sector employers reserve five per cent of jobs for disabled people. These are the kind of ‘special positive measures’ that were called for by ILO Convention No. 159.⁴⁵

The PDA has been criticized, in some quarters, for lack of clarity and legal inconsistencies, which have proved a hindrance to its implementation. AFUB, for example, criticize its planned phased implementation, with some sections excluded initially, which has caused “mental anguish” among disabled people that are unsure as to how to interpret the Act (2007, p38). Their report also claims that the use of phrases such as “...to the maximum of its resources” relies too much on discretion, leaving the PDA unenforceable and open to abuse (p39). Action Network for the Disabled (ANDY), a Kenyan youth disability organisation, have also criticized the slow implementation process, which they attribute to “lack of information and limited political and social acceptance of the extent to which disabled people continue to be denied their rights” (2008, Section 1).

⁴⁵ See Chapter Four, Section 4.2, p96.

In 2004, in line with PDA provisions, the Government set up the National Council of Persons with Disabilities (NCPWDS) as a semi-autonomous Government Agency, with a membership drawn from key government ministries as well as representatives from DPOs and disability-focused NGOs. The aim of this Council was to facilitate the implementation of the PDA, by formulating policies and measures designed to promote the participation of disabled people in society (ILO, 2004). Among the objectives set out in the Council's 2006-2009 Strategic Plan was a commitment to "promote and facilitate the mainstreaming of persons with disabilities in social and economic development through financing viable income-generating projects" (NCPWDS, 2006, p16). This would be achieved, according to the Plan, by developing criteria for the identification of viable income generating projects at the grassroots level and setting aside financial resources to support these projects (ibid).

In March 2007, the Government further demonstrated its commitment to promoting disability rights, in principle at least, by signing up to the UNCRPD (UN Enable, 2012). This was followed by ratification in May 2008, which indicates recognition of the Convention as a legally-binding instrument of international law (ibid). Lawrence Mute, of the Kenyan National Human Rights Commission (KNHRC), welcomes Kenya's commitment to the UNCRPD as an important step towards the realization of a dream "that we would no longer be treated as helpless victims needing 'care' and 'protection'" (2008, p3). However, he goes on to warn that the Convention will not make a real difference in Kenya unless disability is mainstreamed into development,

so that all forms of discrimination affecting disabled people, including those relating to other social factors, such as ethnicity or gender, are tackled simultaneously. He also points out that implementation of the Convention's ideals in Kenya will require huge political will, given that "unfashionable models such as the charity model or the biocentric model remain deeply entrenched in many of our legal, political and social contexts" (2008, p4).

In a more recent KNHRC report, Mute (2009) observes that Kenya has no national plan for the implementation of the UNCRPD, although some provisions of the NCPWD's strategic plan were in line with the Convention. Mute's point is that there was no specific implementation plan formulated in response to the UNCRPD, with the strategic plan already being in place. He also suggests that the KNHRC would be ideally placed to serve as an independent monitoring agency, while the National Council implements. He notes, however, that the Government have not allocated any resources to KNHRC for this purpose, apparently preferring that the National Council perform both roles (ibid). This would appear to contravene Article 33 of the UNCRPD, which calls for "independent mechanisms, as appropriate, to promote, protect and monitor implementation of the present Convention".

6.5 Disability Services

Historically, disability services in Kenya can be traced back to the post-war missionary era, with Christian churches establishing schools and institutions around the country to care for disabled people (Ingstad and Grut, 2007). As missionaries departed, the Government gradually took over the management

of these services, as well as creating new organisations, such as the Association for the Physically Disabled of Kenya (APDK), to provide specialized services (AFUB, 2007).

Following independence, the Government set up the Industrial Rehabilitation Centre in Nairobi in 1971, followed later by twelve rural vocational rehabilitation centres, which offer training in technical skills (ILO 2004).

During the eighties, partly in recognition of the inadequacy of institutional rehabilitation services, the Government also introduced CBR initiatives⁴⁶, with the aim of changing attitudes and involving communities more in meeting the needs of disabled people (AFUB, 2007). Other service providers have followed this model, and CBR strategies remain an important feature of current service provision (ibid).

Currently, the Department for Gender and Social Services, within the Ministry for Gender, Children and Social Development (MGCSA), is the main Government Department responsible for disability service provision. Within this department, the Social Welfare and Persons with Disabilities Division is “mandated to mobilize and build capacities of ... persons with disabilities to actively participate in socio-economic development” (Government of Kenya, 2010a). In order to fulfill this mandate, they run several programmes, including the ‘Persons with Disabilities Programme’, which aims to “identify, train and resettle persons with disabilities in the wage and self-employment to ensure they are economically independent” (ibid). This program includes a

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See Chapter Three, Section 3.8, p74, for a discussion on CBR approaches.

campaign of awareness-raising, in order to promote the acceptance and participation of disabled people in society, and a commitment to building the capacity of community rehabilitation facilities and services (ibid).

International NGOs play a significant role in the provision of disability services in Kenya, either by providing them directly or supporting local service providers. Leonard Cheshire Disability (LCD) and Sense International are among those who provide direct services, while Christoffel Blinden Mission (CBM) and Voluntary Services Overseas (VSO) are among those who prefer to partner and support local disability organisations.

Overall, the Government, together with various other disability-focused organisations, are currently delivering a wide range of disability services in Kenya. However, as the KNSPWD shows,⁴⁷ a large proportion of disabled people miss out on these services, particularly in rural areas. AFUB have also expressed concern at the lack of coverage, claiming that “services have reached only a small percentage of people with disabilities and are unequally distributed between and among various disabilities” (2007, p37). Ingstad and Grut (2007) observe that, despite the Government emphasis on inclusion, most services remain institution-based and fragmented, failing to reach many of those living in rural areas.

⁴⁷ See Section 6.3, p162.

6.6 Disabled Person's Organisations (DPOs)

There is a wide network of DPOs across Kenya, ranging from community-based organisations to national associations, which are run by disabled people themselves. Several of these were formed in the late-eighties, when disability activism grew rapidly in Kenya, as part of a global disability movement to promote disability rights and independent living (AFUB, 2007). DPOs aim to advocate, both locally and nationally, for better disability services and greater awareness of disability issues, with many actually providing services themselves. Several parent's organisations have also been established in order to advocate on behalf of those with intellectual impairments or psychiatric disorders (ibid). The national cross-disability umbrella organisation for DPO's in Kenya is United Disabled Persons of Kenya (UDPK), whose vision is "to realize a barrier-free society where persons with disabilities enjoy equal access to opportunities in all spheres of life" (UDPK website, 2012). The UDPK also represent Kenya as a national assembly within Disabled Persons' International.

Ingstad and Grut (2007), based on their World Bank-commissioned study of disability issues in Kenya, comment on the potential of DPOs to play an even more significant role in implementing disability services and advocating on behalf of disabled people, as their members have first-hand knowledge of disability and are in a position to give peer-counseling and act as role models. However, they argue that much of this potential is currently being wasted, due to the limited resources available to them. The NCPWDS recognised this concern in its 2006-2009 Strategic Plan, which included the strategic objective

to “strengthen capacity of DPOs ... to influence and monitor the implementation of service delivery” (2006, p9). The plan goes on to outline a strategy for achieving this objective, which includes support for leadership training and facilitating access to financial resources.

While many Kenyan DPOs cite insufficient resources in their reports and publicity materials as a major constraint to their effectiveness, there are some that argue for greater coordination and collaboration between disability organisations, in order to make better use of the resources that already exist. ANDY, for example, observe that, because many disability organisations focus on particular impairment types or specific issues, “there is a lack of inclusiveness and team work in addressing the issues which affect disabled people, which is hindering the development of the disability sector in the country” (2008, Section 1).

6.7 Conclusions

With an official policy of affirmative action in favour of disabled people, as outlined in the PDA, together with the setting up of the National Council and ratification of the UNCRPD, the Government has clearly signaled an intention to address the various forms of disability discrimination that are prevalent in Kenya. Notwithstanding criticisms of the PDA wording, and the effectiveness of its implementation, there is at least a legislative framework in place which provides a mandate for promoting disability rights. There are also a large number of institutions and organisations, including Government agencies, international NGOs and a well-established network of DPOs, that are

committed to ensuring that this political commitment translates into real change for disabled people.

Despite these apparent good intentions, however, the studies and literature reviewed in this chapter suggests that a large proportion of the disabled people in Kenya are still living in poverty, and unable to access services that are currently being provided. This is particularly true in relation to economic empowerment, as demonstrated by the large majority of respondents to the KNSPWD who were not working for pay, particularly in rural areas. There remains an enormous amount of progress to be made in terms of implementing existing legislation and bringing it into line with the requirements of the UNCRPD, improving the accessibility of the physical environment, ensuring that DPOs and other disability-focused organisations are adequately resourced, increasing the coverage and effectiveness of service provision and tackling the deep prejudices within Kenyan society.

Part Two: Research Findings

The main aim of the data collection process was to examine various economic empowerment schemes that were currently operating in Kenya. A secondary aim was to further examine some of the issues discussed in Part One, through engagement with a wide range of stakeholder group representatives. Part Two presents a discussion of these issues, from various perspectives, before going on to examine the case study findings in detail.

6.8 Government Perspective

In addition to the case studies, data was also collected through a series of interviews with representatives of the NCPWDS. These meetings provided a valuable Government perspective on current progress with the implementation of domestic laws and the UNCRPD.

The slow, piecemeal implementation of the PDA is one of the issues that appears to have angered disability activists and organisations within Kenya.⁴⁸

The four Government representatives that were interviewed all appeared to accept the criticisms, but felt that there were signs of significant progress since mid-2009. One senior National Council representative reported that the Council had been lobbying the public and private sectors to work towards achieving the five per cent disability employment reserve⁴⁹ and that, despite doubts over the ability of disabled people to perform adequately, employers were “beginning to see the light”. The National Council, she mentioned, has set an example by employing disabled people to fill over 50% of staff positions. She also declared that disabled people were now, finally, able to claim tax exemptions, as stipulated by Section 12 of the PDA, reporting that the Kenya Revenue Authority was already issuing the tax exemption certificates.

In terms of workplace accessibility, there were some signs of progress.

Another National Council representative explained that the Council was working with employers to produce an ‘Employability’ manual, based on the

⁴⁸ See Section 6.4, p165, for criticisms of the PDA implementation process.

⁴⁹ See Section 6.4, p165, for a discussion on affirmative measures, such as the employment reserve.

ILO Code of Practice,⁵⁰ which would provide employers with guidance to make the changes necessary to bring them into line with PDA requirements. Following a five year grace period, penalties were now to be issued to private sector employers who fail to comply with these guidelines. According to this representative, accessibility requirements will be extended to all public buildings by 2015, while public transport providers will be required to comply by the end of 2011. This attempt to address transport barriers reflects an awareness of the obvious concern, noted in Chapter Three,⁵¹ that making buildings accessible will have little impact if disabled people are unable to reach them.

One significant current development is the operationalisation of the National Development Fund, a permanent fund established by Articles 32 and 33 of the PDA. The senior National Council representative explained that one of the main objectives of this fund is to promote economic empowerment. Funds are being channeled through disability organisations to support group income-generating projects, run by DPOs that are legally registered and have formal governance structures in place. This addresses the Council's Strategic Plan objective of setting aside financial resources to support viable income-generating projects at the grassroots level.⁵² The representative explained that the Council was hoping that, in the future, the fund would be expanded in order to provide social protection (i.e. cash benefits) for people whose impairments are so severe that they have no realistic prospects of engaging in

⁵⁰ See Chapter Four, Section 4.6, p103, for information on the ILO Code of Practice for Managing Disability in the Workplace.

⁵¹ See Chapter Three, Section 3.3, p65.

⁵² See Section 6.4, p165, for details of the Strategic Plan.

economic activity. This would help to guard against the risk, identified in the introductory chapter,⁵³ that focusing on economic empowerment may risk further marginalising those with the most severe impairments.

The inaugural disbursement from the National Development Fund took place on 6th July, 2010, at a special ceremony in Nairobi, arranged by the National Council to mark the occasion. Guest of honour was Esther Muthenge, the Minister for Gender, Children Affairs and Social Development, who declared the occasion to be a “milestone in Kenyan history, which shows that the Government cares and wants to embrace every Kenyan”. She went on to emphasize the Government’s determination to promote integration for all disabled people, and called on parents to “stop hiding their disabled children ... bring them out into the open.” The fund had been allocated 200 million Ksh (around 1.8 million pounds) for the financial year 20010/11, and around a quarter of this was distributed on the spot, with cheques presented to a queue of representatives from disability service providers. Among the other speechmakers at the ceremony was the Fund Chairman, Phitalis Masakhwe, who claimed that this disbursement was just one of several recent developments which showed that the PDA was now being fully implemented.

Another important requirement, under the PDA, is the registration of individual disabled people, as well as DPOs, in order to establish a data base for the magnitude and patterns of disability, as well as types and causes of impairment. This represents an attempt to address concerns over the under-

⁵³ See ‘Research Limitations’, Chapter One, Section 1.11, p16.

reporting of disability in Kenya, as indicated by the 1989 census prevalence rate of just 0.7%.⁵⁴ The registration process began in 2009, but had been accelerating rapidly in the first half of 2010, partly because registration is required in order for individuals to access tax exemptions and for groups to access National Development Fund grants. The senior National Council representative estimated that around 50,000 individual disabled people were now registered, exceeding the target set out in the Performance Contract between the National Council and the MGCSD, which was for 13,020 to be registered by June 2010. While conceding that this number was still very small, in relation to the estimated four million disability population in Kenya, she predicted that the recent ‘rush to register’ would continue for the foreseeable future.

The National Council also has a programme in place to build the capacity of registered DPOs. This involves holding training workshops for DPO leaders, covering areas such as leadership, development and constitutions. According to one of the Council officials responsible for this programme, groups are required to demonstrate “stable leadership, transparency and good record keeping”, in order to be selected for these workshops. Training grants are then provided to the participating groups so that leaders can, in turn, pass on the training to their members. He estimated that over 250 DPOs around the country had participated in the programme, since it began in 2006. He also explained that the Council visits each group on a three-monthly basis to monitor the progress that they are making in terms of passing on skills to their

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See Section 6.3, p162, for a discussion of disability prevalence rates in Kenya.

members and developing their organisations. This initiative would appear, therefore, to have significant scope, suggesting that some headway is being made towards achieving the capacity building objectives of the Council's Strategic Plan, in order to address DPO resource restraints that are seen by many, such as Instad and Grut (2007), as an obstacle to service provision in Kenya.⁵⁵

Besides trying to build the capacity of DPOs, so that they can provide better and more sustainable services to their members, the Government is engaged in delivering disability services directly, through their Vocational Training Centres (VTCs).⁵⁶ According to one National Council official, these Centres are “doing a disservice to people with disabilities, because they are ill-stocked, offer outdated courses and have poorly trained staff”. However, the same official reported that the National Council are working with the Ministry to upgrade the Centers, by revamping training curricula to include market-orientated courses, and that this process was beginning to “pay dividends”. This appears to indicate a strong awareness, within the Council, of the need to match training curricula to the requirements of local employment markets, as observed by Powers (2008).⁵⁷

In terms of the Government's position on international agreements, the senior National Council representative reported that Kenya had not yet ratified ILO Convention 159, despite recent progress on implementing some of the

⁵⁵ See Section 6.6, p171, for a discussion on DPO resource constraints and the Strategic Plan objectives.

⁵⁶ Visits to two of these VTCs provide a basis for Case Study 8. See Section 6.18, p207.

⁵⁷ See Chapter Three, Section 3.9, p79, for a discussion on this issue.

affirmative measures called for in this international agreement.⁵⁸ Asked why Kenya had also not signed up to the UNCRPD Optional Protocol,⁵⁹ she explained that “ratification of the Convention does not equate to domestication”, and that Kenya must ensure that its domestic laws are in full harmony with the Convention, before it is in a position to sign the Protocol. Otherwise, she argued, they would not be in a position to adequately defend themselves against accusations of violating disability rights. As part of this harmonization process, she explained, all Government performance contracts must now include a disability component. This suggests that the Kenyan Government are starting to regard disability as a cross-cutting issue, which needs to be taken account of in all areas of Government planning and service delivery, as called for by Mute (2008).⁶⁰ The main priority, though, in her opinion, was to bring the PDA into line with the Convention - a process that was already underway. However, she went on to explain that the review process cannot be completed until the proposed Constitutional changes, which were due to be put to a national referendum⁶¹, have also been agreed, because the PDA must also be brought into line with the new Constitution. Once this process has been completed, she explained, the Council are hopeful that the Government will be in a position to sign up to the Optional Protocol, as well as ILO Convention 159.

The issue of constitutional reform was dominating media news broadcasts at the time of research, and promoting the new Constitution seemed to be high on

⁵⁸ See Chapter Four, Section 4.2, p96, for a discussion on the implications of ILO Convention 96.

⁵⁹ See Chapter Four, Section 4.7, p104, for an explanation of the Optional Protocol

⁶⁰ See Section 6.4, p165, for a discussion on Mute’s views.

⁶¹ The new Constitution was passed on 4th August 2010.

the Government's list of priorities. The document contains a specific disability component, which states that disabled people should be treated with "dignity and respect", as well as paying particular attention to the need to remove societal barriers, including physical barriers preventing access to public buildings and transport, and communication barriers for those with sensory impairments (Government of Kenya, 2010b, Section 54). This section also refers to the need to ensure that facilities for disabled people are fully integrated into society, which suggests that the Kenyan Government has tried to ensure that the disability component is in harmony with the UNCRPD and the social model, in terms of recognizing the need to remove disabling barriers. Phitalis Masakwe, in his emotive Disbursement Ceremony speech, made reference to the old Constitution's referral to disabled people as being of "unsound mind", and declared that for a disabled person to vote against the new Constitution would be "like calling yourself an imbecile".

6.9 Disability Rights and NGO Perspectives

Several of the issues touched on in the previous section, although not included in semi-structured interview checklists for non-Government participants, came up naturally during the course of interviews. These issues were generally considered important and relevant to the research topic, so a summary of responses is included here. This diversion from my initial list of interview themes provides an example of how a research agenda can be guided by

participants, in line with the principles of participatory and emancipatory research.⁶²

The recent implementation of tax exemptions for disabled people in employment or business were universally welcomed and thought to be a powerful measure for promoting economic empowerment. One respondent, who manages a Vocational Training Centre, felt that the two-year tax exemption certificate would give more of his students the opportunity to get their own businesses established on leaving the Centre.

The recent operationalisation of the National Development Fund was seen as another welcome development, particularly by representatives of disability organisations, many of whom were hoping to access the fund, although there was less awareness of the fund among disabled people themselves. This perhaps reflects the Government policy of channeling most of the funds through organisations and institutions, as noted in the previous section.

Attempts to implement the five per cent employment reserve were welcomed, in principle, by several respondents. One NGO staff representative believed that the reserve would create opportunities and give a boost to economic empowerment programmes, particularly if employers were given support to accommodate disabled people in the workplace. However, a representative of the Kenyan National Human Rights Commission (KNHRC) cautioned that

⁶² See Chapter Five, Sections 5.2, p112, and 5.3, 115, for a discussion on the principles underlying the participatory and emancipatory research paradigms.

“there is a chronic lack of market-oriented vocational training services for disabled people in Kenya, so there may not be a sufficient number of suitably skilled people with disabilities to actually fill this reserve. Threatening employers with fines for not reaching the five per cent threshold is both unfair and likely to cause resentment.”

One senior representative of a donor organisation echoed this sentiment, reflecting that for the policy to work employers need to *want* to employ disabled people, which will only be the case if the skills base is up to the required standard.

Several respondents observed that public buildings were starting to become more accessible, particularly in urban areas. One disabled entrepreneur, based in the central business district of Nairobi, had noticed that some new ramps were appearing around the city, although he felt that there was still “a long way to go”. A recent spread of wheelchair ramps was also noted during a focus group discussion with staff members at an APDK branch office in the town of Embu. Similarly, staff members at APDK’s Coast Branch observed the recent appearance of new ramps, wider doorways and even reserved parking spaces in Mombasa.

There was more skepticism, however, regarding Government promises to ensure that public transport providers comply with accessibility requirements within two years. The Embu focus group participants agreed that there was much discrimination in the transport sector, with wheelchair-users often being charged double to use ‘matatus’ (minibus taxis). One NGO representative responded to a question on this topic with the simple words “This is Kenya”.

He went on to clarify that overcrowding on public buses and discriminatory attitudes cannot change overnight. The KNHRC representative shared these misgivings, and suggested that a more realistic target would be to introduce some public vehicles that could be accessed by wheelchair-users, rather than insisting that all providers comply.

The issue of registration arose during the course of several interviews. One organisation representative welcomed the registration initiative as

“crucial for providing the Government with an idea of the overall scale of disability, as well as the needs of different regions, so as to assist with national planning and budgeting”

However, several respondents identified barriers to registration, including the cost of compulsory medical examinations, required to prove that impairments are of a permanent nature. One respondent, an Occupational Therapist who provides support and assessment services to disabled people in one of Nairobi’s informal settlements, noted that many of his clients did not see the point of registration, particularly if they were not engaged in economic activity, and so would not benefit from tax exemptions.

Overall there was significant divergence of opinion on the state of PDA implementation. One senior NGO representative wholeheartedly praised the Government, declaring the Act to be “99% implemented”, while another gave a more measured response, calling the implementation “lukewarm.” The

range of views on this issue can perhaps best be summed up in the words of the KNHRC representative, who stated that the PDA was

“the beginning of a very long journey. It is a seriously defective piece of legislation, but can serve as an excellent advocacy tool.”

Awareness of the UNCRPD appeared to be much lower among research participants, with many unaware that Kenya was even a signatory to the Convention. Few respondents were able to identify any tangible differences that Kenya’s ratification of the Convention had made to the lives disabled people living in Kenya. In relation to deaf-blind people, for example, a representative of Sense International reported that, despite some progress in the area of education, general awareness levels in Kenya were still very low, and that baseline information on the needs of deaf-blind people and provision of services across the country remained wholly inadequate. This reflects the concerns of some commentators, such as Uvin (2002),⁶³ that adoption of the rights-based agenda ‘on paper’ does little to change the power structures that lead to inequality and injustice. Another NGO representative pointed out that

“domestication of the Convention has been hampered by high levels of fragmentation between Kenya’s disability organisations, with fierce competition for resources preventing meaningful cooperation and coordination of activities between them”

Some, however, were more optimistic. One senior NGO representative viewed the Convention as an important framework, within which the Kenyan

⁶³ See Chapter Two, Section 2.8, p47, for further discussion on Uvin’s arguments.

Government could mould its own laws and policies to promote disability rights. Few non-government respondents expressed any opinion on the likelihood of Kenya signing up to the Optional Protocol, with the exception of the KNHRC representative, who declared that for Kenya to sign this would be “a miracle, because history shows that Kenya usually signs up only to the main treaty”.

The national debate over Constitutional reform cropped up during the course of several interviews, with very few respondents opposed to the proposed new Constitution. Awareness was very high on this issue, presumably due to extensive media coverage, and several disabled respondents complained about the demeaning language, used in reference to disability, in the old Constitution. Political representation rights for disabled people, outlined in Article 54 (2) of the new Constitution, were seen by many as a key measure for promoting disability rights and tackling discrimination. This finding supports the views of Sen (1999), who argued that, far from being irrelevant, political freedom was even more important in the context of poverty.⁶⁴ One NGO representative explained political awareness was considered to be such an important part of the empowerment process that they include a session on constitutional and democratic rights in their vocational training programmes.

Overall, the issues that appear to be of most concern, from a disability rights perspective, to the majority of respondents, were the state of implementation of the PDA and constitutional reform. Opinions on the former were fairly

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See Chapter Two, Section 2.8, p47, for a discussion on Sen’s arguments.

evenly divided between those who were frustrated at the slow and ineffective implementation process and those who felt that recent Government initiatives represented encouraging progress. Opinions on the latter, on the other hand, were strongly in favour of the proposed new Constitution, the adoption of which was felt to be vitally important to the future status of disabled people within Kenyan society.

6.10 Barriers to Economic Empowerment

Interview and focus groups participants were asked to identify some of the most important barriers to economic empowerment, for disabled people living in Kenya.

The barrier most commonly identified was low levels of education, with many children still being denied an education, or attending schools where their specific needs were not being catered for. CBR staff working in the rural Meru North district explained that this was sometimes due to parents having low expectations for their children. The issue was highlighted at two DPO meetings in this region, where several parents revealed that their disabled children did not attend school. One such child, who was actually present at a meeting of the Machungulu DPO, was apparently considered by her parents to be ‘unteachable’, simply because her right hand was paralysed. For those disabled children that were able to attend school, some concerns were expressed as to the quality of education that they received. For example, one organisation representative criticized the education system for not focusing

enough on the practical skills that could enable children to engage in income-generating activities when they leave school.

Lack of access to vocational skills training was also identified as a major barrier, closely linked to low levels of educational attainment. One staff member at a vocational training centre pointed out that many mainstream polytechnics are not accessible for disabled students, and that fee levels are often unaffordable. Several focus group discussions, including one with APDK staff in Nairobi, identified a lack of entrepreneurial and business skills as barriers to self-employment.

Negative perceptions of disability were frequently discussed. One disabled scheme participant in Nairobi reported that

“job interviews are very hard to come by, because many employers believe that disabled people are destined to become beggars, and would not be able to perform well in a professional environment.”

This view was fairly typical, and consistent with the findings of the AFUB (2007) survey on discriminatory attitudes in Kenya.⁶⁵ However, there was a general feeling across all the stakeholder groups that stigmas were gradually reducing, as disability awareness grows. This view was expressed, for example, by several parents of disabled children that were interviewed in Nairobi’s informal settlements. Other participants pointed out that disabled people sometimes limit their potential through their own attitudes, which

⁶⁵ See Section 6.3, p162, for details of the AFUB survey.

supports the observations of Tororei (2009) on negative attitudes presented by disabled people themselves.⁶⁶ One DPO Chairman, for example, explained that when their revolving loans fund was first set up, group members were resistant to the idea of paying back business loans, believing that they should be entitled to grants or handouts. Some members had to be taught, he explained, that “to succeed in business, people need to take responsibility for themselves.”

Physical barriers to access, often exacerbated by a lack of assistive devices and rough physical terrain, were seen as significant, particularly in rural areas. This supports the KNSPWD finding that these difficulties affect those living in rural areas the most.⁶⁷ One vocational skills trainer in Eastern Province explained that most of her training was delivered at people’s homes, to disabled people that would be unable to travel to a training centre due to transport costs and mobility difficulties. In urban areas, a wide range of physical access barriers were identified. For example, a focus group discussion with members of a Nairobi street hawkers association revealed difficulties in accessing Mathurwa Market, where the majority of group members had been relocated by the City Council. These difficulties were primarily caused by uneven paths between stalls and a lack of accessible washrooms.

Resource limitations were identified as a barrier, usually by those in charge of schemes. A senior representative of LCD, for instance, identified this barrier as the main challenge facing her organisation’s economic empowerment

⁶⁶ See Section 6.3, p162, for a discussion on Tororei’s article.
⁶⁷ See Section 6.3, p162, for details of these findings.

programmes in Kenya. Isolated rural projects seemed to have particular difficulties in meeting their resource requirements. A representative of the Shanzu Transitional Workshop in Coast Province reported that hostel accommodation, needed for scheme participants, was being constructed one room at a time, due to financial constraints.

Another barrier that was repeatedly identified, particularly by those running vocational training facilities, was a lack of productive assets and start-up capital - often preventing graduates from utilising their business skills, once training was completed. Many of the schemes had tried to overcome this barrier, in the past, by providing graduates with business start-up kits, although this practice was becoming increasingly rare, due to a gradual withdrawal of donor support.

One other barrier that cropped up, on occasions, was Council harassment. This seemed to be a particular problem for market and street traders. One disabled street trader in the town of Embu revealed that the Council had moved him from his pavement pitch on several occasions, and that it was only due to the intervention of APDK project staff, who had advocated on his behalf, that he was now able to trade free of harassment.

The 'Wall of Barriers', introduced in Chapter Three, can now be adapted to provide a visual representation of the barriers to economic empowerment described by research participants in Kenya. This is illustrated below:

Figure 8: Kenyan Wall of Barriers

<u>Physical</u>		<u>Institutional</u>		<u>Attitudinal</u>	
accommodation		transport costs		stigma	beggars
uneven terrain		access to capital		low expectations	
washrooms	markets	resources		unable to perform	
training institutions		education system		dependency	
access to transport		quality of education		low achievers	
assistive devices		training fees		harassment	
Foundations of fear, pity, superiority, revulsion					

Source: Adapted from Harris & Enfield (2003, p3)

6.11 Case Study 1: APDK Microcredit Programme

This national scheme began in 1997 with the ‘Faida’ (meaning ‘profit’ in Swahili) project, based in Mombasa. The scheme was extended to Nairobi in 2002, and then to regional branch offices from 2003. APDK provide soft loans to DPOs, to enable the groups to run income-generating projects and operate revolving loans funds, as well as to individual group members. The scheme also supports the DPOs, which were initially formed through APDK’s community outreach programmes, by providing training in business skills, leadership and loans management.

The scheme aims to build the capacity of DPOs, so that they can eventually manage their own affairs and support members to develop their own businesses. Groups are encouraged to promote participation, and this was clearly in evidence at one group meeting, in the Makuru informal settlement, which was observed. All members present were encouraged to air their views, and contributions were meticulously recorded by the Group Secretary. There also appeared to be a healthy respect for rules and procedures. One elderly

lady had the role of ‘Discipline Master’, and her duties included collecting fines from latecomers! Group members that were interviewed separately, following the meeting, confirmed that they felt fully involved in decision-making processes.

As the groups mature and build up their capital, efforts are made to link them with mainstream financial institutions for access to larger loans. This appeared to present quite a challenge for the Makuru group, however, despite the group appearing to be so well-organized and cohesive. The Group Chairman explained that

“In Makuru there is always the risk of demolition or fire, which would mean having to move. It is impossible to get business insurance, and most of us have no title deeds for our properties, so banks are very reluctant to lend us money.”

Despite these challenges, most group members felt that the programme was helping to break down some of the barriers to accessing financial institutions, such as lack of capital and business knowledge, and some were hopeful that they would soon be able to use group savings as collateral for bank loans.

According to project documents, the scheme now services over 100 groups, and currently has around 4,700 clients nationally. The Mombasa Branch alone issued 5.6 million loans in 2009, of which 88% have now been repaid. Staff at all three of the APDK branches visited claimed that default rates had improved significantly when the scheme started to work through groups, rather than

individuals, in 2005. This improvement was attributed to peer pressure within groups and the group guarantee system, whereby group members act as loan guarantors for each other. Beneficiaries that were interviewed reported that they had been able to build up their private businesses as a result of scheme support, and one reported that he had used his business loan to buy a plot of land, in order to build a house to rent out. One Project Coordinator in Mombasa reported additional social benefits, including the ability to “become respected members of communities, to socialize and to marry”.

The scheme is partly dependent on the support of donors, such as CBM. A senior APDK representative pointed out, however, that donor funding could not be guaranteed in the long term, and that the provision of banking services, in particular, puts a strain on APDK resources. APDK hope to reduce this burden and strengthen the scheme in terms of sustainability, he explained, by further building the capacity of groups to manage their own affairs and partnering with a mainstream bank, so as to relieve the burden of providing day-to-day banking services.

In conclusion, this long-established and rapidly-growing scheme appears to be highly effective, in terms of promoting inclusion and economic empowerment on a wide scale. While donor-dependency threatens sustainability to some extent, APDK’s future strategy appears to be geared to promoting self-reliance within the groups and forging closer links with mainstream financial institutions, in order to reduce this threat.

6.12 Case Study 2: UDPK Economic Empowerment Programme

United Disabled Persons of Kenya (UDPK), the national cross-disability umbrella organisation for DPOs, works closely with the National Council on policy formation and service delivery. The economic empowerment programme, funded through the National Development Fund, covers all eight provinces of Kenya. The scheme provides training on entrepreneurial skills and democratic processes to DPO leaders, who are then expected to disseminate the training to their members, as well as providing grants to enable groups to operate revolving loans funds and to run income-generating projects. The aim, therefore, is to build the capacity of DPOs to manage their own affairs and to empower their members.

Project documents show that, at the time of research, the scheme was providing grants and training to 24 DPOs, which typically have over 25 members. According to project staff, regular monitoring visits have shown that most of the group members contribute to small family businesses, operating in the informal sector, with some also involved in group income-generating projects. One Project Coordinator explained that

“This approach is geared to meeting the needs of today’s market, where opportunities for people with disabilities are mainly in the informal sector. The scheme is sustainable because it targets the informal sector, and because the funding is guaranteed and continuous”

One of the member groups, the Githunguri Disabled Self Help Group, was originally formed in 1994 and now has 65 members, including people with

various impairments and their parents. The group is based at a small rural production workshop, located in the Central Province town of Githunguri, which was provided by UDPK. The workshop is used for weekly group meetings, and for the production of curios, made from banana fibres and tree seedlings, which are in abundance locally and usually donated to the project by locals. Products are sold, via agents, at trade fairs around Kenya and even abroad. Those members of the group that are unable to reach the workshop, due to mobility difficulties, are able to work at home, since products are made by hand. According to one group member, the group has worked hard to integrate with the local community. For example, drama productions are regularly staged in order to raise disability awareness, and to teach the local community how to make best use of their natural resources. The Group Chairman claimed that these initiatives have altered community perceptions from seeing the group as a 'charity case' to a self-reliant organisation. Most members, he reported, are also engaged in private business activities, supported by the group revolving loans fund, and loan defaults are extremely rare. He attributed this to strong leadership, as well as peer pressure within the group.

By working through the group structure and encouraging self-reliance, in a similar way to the APDK microcredit scheme, this programme has the potential to promote economic empowerment on a wide scale, and the Githunguri example suggests that the approach is working. However, the programme differs from the APDK scheme, in that groups are given grants rather than loans. While this is not a difficulty at present, with Government

funding secure for the foreseeable future, the approach could be hard to sustain if Government priorities, or the Government itself, were to change.

6.13 Case Study 3: Meru North CBR Programme

This case study examines a multi-disciplinary, departmentalized CBR programme, aimed at promoting economic empowerment, while addressing various other disability issues, across the vast district of Meru North. The scheme, which began in 1996 and is based at the District Disability Centre (DDC) in the Eastern Province town of Maua, provides a range of home and community-based services, including vocational training and medical rehabilitation. The programme also supports local DPOs to manage revolving loans funds, used to support individual livelihood activities, and to operate group income-generating projects.

The scheme aims to promote a wide range of disability rights, as well as tackling societal barriers through institutional and community awareness-raising, aimed at challenging community perceptions, as well as educating disabled people on how to access both specialist and mainstream services. This was very much in evidence at two DPO meetings that I attended with the scheme's social worker, who repeatedly challenged members not to 'limit their aspirations' and encouraged them to take advantage of the services that were locally available. At both of the meetings there were family members present, who were encouraged to air their concerns and participate in group decision making. At one of the meetings, held in the open-air at the Chief's compound in the village of Machungulu, a local special education teacher made an

impassioned plea to the parents present to “be at the forefront of promoting disability rights”, and to take advantage of the special unit at the local school. She emphasized the potential skills that an education can develop, and illustrated her point by asking one of her pupils, an eight-year-old child with paralysed hands, who had accompanied her to the meeting, to sign his name on my notepad by gripping a pen between his toes.

While the scheme is clearly focused on promoting the social model principles of inclusion and participation, it was interesting to note that high priority is also given to medical rehabilitation. Several of those present at the Machungulu meeting raised the issue of assistive devices, and some members, it was reported, had been unable to attend due to a lack of wheelchairs, braces or boots. In response to this, the Chairman was asked to provide the DCC with a list of all those in need of assistive devices, including artificial limbs, so that those in need could be properly assessed, and arrangements could be made to transport them to Nairobi, where such items were available free of charge. One of the scheme’s medical specialists summed up the DCC’s holistic approach by asserting that “economic empowerment aspirations cannot be achieved unless an individual’s physical impairment needs are also met”.

The scheme has wide scope, reaching 60 DPOs across the Meru North District, which range in size from 15 to over 200 members. In order to maintain contact with such a large number of people, many of whom live in isolated rural communities, the project relies on an extensive network of trained Disability Support Volunteers, who report back to professional staff at

weekly DCC staff meetings. At one of these meetings, at which I was present, several of these volunteers reported on a range of local issues, which included identifying individuals in need of home-based vocational training, assistive devices, or professional counseling. In each case specific action was agreed to address the identified need. Whenever it was felt that an issue could not be addressed within the programme, arrangements were made to refer the item to local Government authorities, or other organisations within the district.

According to a scheme Social Worker, most of the groups run income-generating projects, such as dairy goat farming or charcoal production, and all provide business loans to members, enabling them to engage in activities such as bee-keeping, fish farming and kerosene selling. Eight of the groups have raised enough capital to access mainstream microfinance institutions for larger business loans. One issue recently identified, however, was that some of the poorest disabled people were excluded from joining DPOs, as they could not afford the weekly membership fee of Ksh20. In order to address this, groups have been encouraged, since June 2009, to introduce multiple levels of membership, to allow for those who can only afford to pay 10Ksh, or even 5Ksh per week. Each level within the group has its own secretary to keep records of member shares, loan disbursements and repayments. This innovative approach, according to the Social Worker, has enabled the scheme to empower some of the very poorest people in the community.

In summary, this scheme appears to have achieved incredible results, in terms of addressing a wide range of disability issues and empowering people on such

a huge scale, including some who are so poor that they would normally be excluded from joining DPOs. This lends weight to the views of Lang (1999),⁶⁸ that CBR can be a powerful tool, when communities and professionals work together to support disabled people to empower themselves. The DCC receive some donor and Government support, but the use of volunteers and the focus on promoting self-reliance appears to be keeping costs to a minimum and paving the way to future sustainability.

6.14 Case Study 4: ANDY Livelihoods for Young Persons with Disabilities Programme

ANDY is a community-based youth disability organisation, situated in Kibera, the largest informal settlement in Africa, with an estimated population of one million. The livelihoods programme, established in 2003, provides vocational training in information technology and business skills, as well as forging links with micro-credit institutions, to facilitate access to credit for self-employed beneficiaries, and with local employers, to facilitate short-term youth apprenticeships. The programme also contains advocacy and sensitization components, which promote disability rights, and specifically tackle some of the barriers to formal employment and financial institutions. The organisation itself has recently become an NGO, with policies set by a Board made up entirely of disabled members. Several of the staff members also have personal experience of disability.

⁶⁸ See Chapter Three, Section 3.8, p74, for a discussion on Lang's views and the CBR approach.

The programme targets youths living within Kibera, and aims to integrate them into the local community. According to the Scheme Director, around 150 youths have completed the vocational training programme. Of these, 30 have also completed internships with local employers, and 20 of these internships have led to long-term employment, often with the same employer. This impressive outcome lends weight to Albu's (2006) claims on the potential of enterprise-based training to stimulate disability employment.⁶⁹ Some of those that have not gained employment are engaged in volunteer work. Another staff representative explained that voluntary work helps to "integrate disabled youths into the community, build their confidence and open up other work opportunities". This was confirmed by one beneficiary, who recently completed a paid internship at Pamoja FM, the only radio station in Kibera. He continues to work at the station on a voluntary basis and, as a result of contacts made there, is occasionally paid to work on NGO documentaries or as a 'Master of Ceremonies'. He praised the scheme for exposing him to challenges, building his confidence and giving him 'psychological strength'. The Station Manager stated that this beneficiary had proved to be a talented presenter, highly valued by the station. He was the second trainee placed by ANDY, he reported, and both had performed extremely well.

Scheme staff informed me that most of the beneficiaries that were not involved with internships have been supported to set up informal sector enterprises. One such beneficiary was running two busy market stalls at one of

⁶⁹ See Chapter Three, Section 3.9, p79, for further discussion on Albu's comments.

Nairobi's central bus stations, with the help of his wife and daughters. He reported that

“ANDY provided training on record keeping and taught me how to deal with the banks. Many disabled people don't know how to use capital, even if they have it, so this support is really important. Staff visit me regularly to see how the business is going. I tell them that I can now feed my family. My children can go to school and they have a future”

The project receives limited donor funding, and resource limitations have been a hindrance. The Scheme Director explained that they hope to build synergies with Kenyan disability organisations, as well as accessing Government funding, in order to expand their resource base and build sustainability. Since the programme serves one of the most deprived areas in Africa, and appears to be achieving tangible results, in terms of promoting economic empowerment, integration and social cohesion, it would appear that they are building a strong case for future donor support.

6.15 Case Study 5: UDEK Economic Empowerment Programme

This Nairobi-based programme, which began in 2004, provides training on information technology and business skills to people with physical and sensory impairments. The scheme also assists them with business planning, produces accessible communication materials and includes a UNDP-funded advocacy component, designed to sensitize employers and promote disability rights. UDEK also provide job recommendations and forward C.V.s to partner employers.

The programme aims to promote inclusion, through a combination of service delivery and advocacy. Training curricula is market-orientated, with a strong emphasis on IT, as well as sessions on a broad range of topics, such as democratic and constitutional rights, designed to raise awareness among the trainees of their political entitlements and prepare them for full participation. The advocacy component is designed to tackle societal barriers, through sensitizing key institutions such as employers, hospitals and the police, as well as direct political lobbying. The Programme Director felt that the advocacy focus, alongside delivering services, is a key to the success of the scheme, because “barriers need to be broken down in order to achieve long-term inclusion”. The underlying philosophy, therefore, appears to be strongly based on social model principles.

According to the Director, the programme has so far trained 300 disabled people in IT skills and 68 in entrepreneurial skills. She explained that scope was limited, however, by the high cost of media publicity, which means that most beneficiaries come to hear of the service by ‘word of mouth’. One staff member reported that the majority of trainees have gone on to engage in economic activity, with around 40% entering formal sector employment and 60% starting their own businesses, although he admitted that there was no documentary evidence available to support this. Other staff members interviewed were equally positive about programme outcomes, however. One stated that

“the project is not just about enabling trainees to make a quick profit, but also to ensure that they are IT literate and empowered for the long term. Many of our beneficiaries are making valuable contributions to their communities, and one is now a senior accountant to the President.”

Beneficiaries that were interviewed appeared to support this assertion. One was employed as a receptionist, and very proud to also be the Secretary of her local DPO, while another had his own market business and campaigns for disability rights in his role as the Chairman of a small traders association.

Training programme costs are relatively high, due to the need to produce training materials in accessible formats for those with sensory impairments, and many trainees cannot afford to pay the full fee. The Programme Director reported that the training component of the scheme was a drain on resources, although staff were very committed to providing the training, and sometimes even willing to forfeit pay. The organisation has also worked hard, she claimed, to forge close links with the National Council and local partner organisations, and they have recently been able to access the National Development Fund.

In conclusion, while scope is limited by resource constraints, the programme appears to have enabled a significant number of trainees to access both formal and informal sector employment, as well as preparing them to exercise their rights and function as contributing members of society. There are threats to future sustainability, due to partial reliance on donor support. However, as with the ANDY scheme, the strategy of building local partnerships and

working closely with the Government appears to be the key to overcoming these challenges.

6.16 Case Study 6: PWDSTO Revolving Loans Scheme

PWDSTO (People with Disabilities Small Traders Organisation) is a community-based DPO, formed in 2003 to support street hawkers based at Mathurwa Market, in central Nairobi. The group seeks to promote disability rights and operates a revolving loans scheme, which enables members them to develop their market businesses, which range from shoe-shining to the sale of foodstuffs and clothing.

This grassroots project is run by and for disabled people. The group has an elected committee, serving three-year terms, and a Constitution. Democratic processes are clearly in place, and members reported that they participate fully in decision making. The approach also promotes inclusion, with members being supported to trade in a busy, mainstream marketplace. According to the Group Treasurer, able-bodied traders at the market have been invited to join some of the group's training workshops, which has helped to challenge negative perceptions and promote acceptance of the disabled traders. They have also successfully campaigned for improved market infrastructure, such as accessible toilets, she reported, in order to tackle some of the physical barriers that disabled traders are faced with. Social model principles of participation, inclusion and tackling barriers, therefore, appear to form a strong part of the scheme's underlying philosophy.

At the time of research, PWDSTO had 37 active members, all of whom had received business loans, enabling them to develop their existing market businesses or start new ones. Members are expected to explain how they intend to use funds before a loan is agreed by the group. Loans can be up to 3,000 Kenyan shillings and are normally repaid within one month, with 10% interest. One committee member explained that, in cases of difficulty, installment plans are set up and repayment periods can be extended to three months. She recalled that there were originally 97 members, but many of these had dropped out over the years, as they were not fully committed to following group rules. The current membership, she claimed, were all committed to the Constitution and actively involved in working towards group objectives.

The scheme is largely self-reliant, with running costs covered by interest payments and monthly membership fees, and group savings have grown large enough to enable some members to obtain bank loans. The Group Chairman reported, however, that the group has no premises of its own, and does not have sufficient resources to provide training in vocational skills, such as juice making, or business skills, such as record keeping, that some members require. He explained that the group was currently approaching donors and Government bodies, such as the National Council, for support, in order to overcome this constraint to business development.

Overall, this appears to be a successful and sustainable approach, with members of the group working together effectively to support each other in their business enterprises, and to integrate themselves in the busy market

environment. The scheme also has the potential to achieve even better results, if the group can attract donor or Government support, in order to build their capacity to provide members with a full range of business support services.

6.17 Case Study 7: Brian Resource Centre

This Nairobi-based scheme, named after Brian Shiroko, the deaf-blind son of the scheme's Founder, provides vocational training for young deaf-blind people. The training programme, which has been running since 2007, focuses on craft skills, small-scale agri-business (including animal husbandry and water harvesting), self-reliance skills and sustainable resource management. One of the instructors, a former trainee himself, was able to describe how the project trains students to utilize all the natural resources available to them and put them to productive use, in order to support themselves and to generate income when they return to their home environments. For example, students are trained to manage small kitchen gardens, or to produce charcoal briquettes from waste products.

This is a small-scale segregated scheme, which has close links with the local community. One agriculture extension worker, seconded to the scheme by the Government, revealed that public awareness days are held on a regular basis, and that local farmers are encouraged to visit the project, in order to learn about the innovative income-generating and resource management strategies being put into practice. Parents are also encouraged to visit the project, in order to receive training themselves on the various vocational skills that are being developed, so that they can see the potential contribution that

beneficiaries can make to their family businesses, and support them to make full use of their new skills when they leave the project. The scheme's Founder stressed the importance of involving and supporting families:

“The family is a ‘key institution’ in Kenya. When students graduate, we visit the families every three months to monitor progress, and to ensure that former trainees are using their skills. Without the support of families, the project would be doomed to failure. For example, a sewing machine given to a scheme graduate could be sold by the family for a quick profit.”

Therefore, although the Centre is segregated, the approach is strongly geared towards promoting community and family integration.

Although BRC can cater for up to four trainees at a time, there were only two enrolled at the time of my visit. The Founder explained, however, that they expected to be up to full capacity within a few months, and pointed out that the trainees were among the most severely marginalized people in Kenyan society, due to their profound and multiple impairments. Since the project began, 12 deaf-blind students had completed the training programme, and three of these were now employed as instructors. The others, according to the Founder, have received business start-up kits and are contributing to family business, or running their own income-generating projects.

This project is largely self-sufficient, although the business start-up kits are provided by CBM, and the Government has funded a water harvesting project at the Centre, as well as providing agricultural extension workers. Donor

dependency is kept to a minimum, however, due to the project focus on sustainable resource management. The Centre also engages in several income-generating activities, such as rabbit breeding, which help to sustain the project. One interviewee, a CBM community worker who regularly visits BRC, felt that key strengths of the project were its ability to adapt and evolve, in order to survive, and the strong commitment from families, who “even push the Founder to do more!”

Although small and segregated, this project appears to provide a blueprint for the type of approach to vocational training which can really empower those with the most profound sensory impairments in the Kenyan context. By making the best use of natural resources, and linking closely with families and the local community, the scheme is able to demonstrate that deaf-blind people can make a valuable contribution to family livelihood strategies.

6.18 Case Study 8: Government Vocational Training Centres

This case study included visits to two Government VTCs. Firstly, the Industrial Rehabilitation Centre (IRC) in Nairobi, established in 1971, which provides a range of vocational courses, including metalwork, leatherwork, electronics, secretarial and business skills. Secondly, the Embu Rural VTC, established in 1973, which is one of 12 rural centers, run along similar lines to the IRC, but not catering for students with visual impairment.

The two training centres were originally set up as segregated institutions. However, a recent Government policy stipulates that around 20% of trainees

enrolled should be able-bodied. Able-bodied trainees and instructors at both Centres felt that the policy was working well, because the able-bodied trainees were able to appreciate the achievements of the disabled trainees, challenging their previous negative perceptions of disability. One instructor at Embu felt that the only difference between the performance of able-bodied and disabled trainees was speed of work. Disabled trainees were also positive about the policy. One second-year trainee at IRC, for example, reported that

“We work together, eat together and form a bond. My self-esteem received a boost when I realized that I could perform as well as my able-bodied colleagues. Some of them also give me practical support from time to time.”

It was interesting to note that, at the IRC, the proportion of able-bodied trainees was over 75%. Asked why there were so few disabled trainees, one staff member explained that they had great difficulty in attracting disabled trainees, and that if the 20% guideline was strictly followed, the IRC would be virtually empty. He attributed this to difficulties in meeting training fees, as most disabled trainees come from very poor backgrounds. Asked why the Government had not addressed this issue, he explained that they were under instructions not to turn away disabled trainees that could not afford to pay, but that this was “kept quiet, otherwise we would be inundated!” A staff member at the Embu Centre, revealed that they had received similar instructions not to turn away disabled people who were unable to pay, but that the policy was kept secret there as well. Another staff member at Embu reported that the Centre promotes family involvement by holding regular visiting days, usually

well-attended, in order to teach parents that “the Centres are not dumping grounds”.

Both of the Centres were operating at well below full capacity, at the time of research. The IRC, with a capacity of 60, had 47 trainees (including only 15 disabled trainees). The situation was far worse at the Embu VTC, though, which has a capacity of 100. There were just 15 trainees (including 12 disabled trainees). Management staff at Embu attributed this low usage to a lack of instructors. They explained, however, that the Government was currently in the process of recruiting new instructors, so that they could develop new, market-orientated courses, such as IT, and that they expected the Centre to be full within a year. This was consistent with the assurances given by the National Council, on this subject.⁷⁰

Neither Centre appeared to have kept records relating to outcomes for trainees when they leave the Centres. Some of the instructors interviewed, at both Centres, were former trainees themselves, and several reported that they maintained occasional contact with past trainees, and that some had gone on to obtain employment or set up businesses. For example, one former trainee at the IRC, who had gone on to work there as an instructor, reported that

“Many students are successful in finding employment as fitters, welders or machine operators. Some work for themselves. I call them to see how they are getting on, and recommend them to particular employers”

⁷⁰

See Section 6.10, p186.

None of the participants, however, were able to give precise details of how many former trainees were now engaging in economic activity. Both of the Centres had previously provided trainees with a toolkit on graduation, but this practice ceased in 1992 when the ILO, who had paid for these toolkits, withdrew support.

In terms of sustainability, the Centres are long-established and may well survive for the foreseeable future, given the Government's current commitment to recruiting new instructors and upgrading courses. However, current low attendance rates, particularly for disabled trainees, will need to be addressed, if this specialist service is to be considered cost-effective.

This was a particularly interesting case study, as it showcases an attempt to promote integration within segregated settings. Although participants appear to view the integration policy positively, there is an obvious concern that the majority of places will simply be filled by able-bodied trainees, as appears to be happening at the IRC, which would seem to defeat the object of providing a specialist facility for disabled people in the first place. Would it not make more sense to simply introduce an integration policy within mainstream facilities? Another concern is the lack of available data on post-training outcomes, which makes it very hard to assess the schemes in terms of promoting economic empowerment. It is certainly not safe to assume that a majority of trainees go on to engage in economic activity.

6.19 Case Study 9: Limuru Vocational Training Centre

This rural VTC, situated close to the town of Limuru, in Central Province, was established by LCD in 1972. The Centre provides training courses, for young disabled women, in tailoring, knitting, hairdressing, agricultural and computing skills, as well as teaching self-reliance skills and ‘bible-reading’. Some of the courses lead to grade exams, enabling the trainees to gain formal qualifications.

The aim of the service, according to one senior LCD representative, is to “enable the girls to succeed in life and business”. Most of the girls come from long distances, and will return to their family homes when training is completed. The representative saw this as a weakness of the scheme, because the project has not been able to forge links with the local community and families are rarely able to attend visiting days. The Centre is managed by Assumption nuns who are strongly motivated by their religious faith, regarding their work as a ‘duty to God’. The underlying philosophy of the scheme, therefore, would appear to be strongly based on a charity model ethos.

There were 28 trainees enrolled, at the time of my visit, with hundreds more having graduated over the years. Seven current trainees were interviewed, and all appeared to be very happy at Limuru, although a couple mentioned that they would like to see a wider range of courses. One trainee, who was due to leave the Centre within a month, had obtained qualifications in dress-making and was proud of her achievements. However, she was worried about how she would cope on returning home, as she lived in a rural area, where there were

few formal jobs, and was not sure how she would market the products that she had learned to make. The Centre Manager, admitted that very few trainees were able to engage in economic activity on leaving, due to lack of capital, lack of employment opportunities and negative attitudes within their home communities. The project used to provide graduates with sewing machines, funded by CBM, but this had ceased due to withdrawal of donor support. A CBM representative explained that this approach was no longer viewed a cost-effective route to economic empowerment, as the machines were sometimes sold by other family members, or fell into disuse when they broke down.

The Centre has been running for a long time, and is able to meet some of its costs through training fees, as well as income generated by a small on-site farm. However, as one of the nuns explained, many families cannot afford to pay the full fees, so the project is largely dependent on donors and well-wishers, and struggles to survive from day to day. This was confirmed to me when one of the instructors showed me a room full of broken computers, which had been donated over the years but they could not afford to have repaired.

In conclusion, this project appears to provide a pleasant and stimulating environment for the trainees, who seem to enjoy living at Limuru. However, their prospects of engaging in economic activity on leaving the project appear to be extremely limited. Limuru can do little to support them, post-graduation, and the Centre itself is struggling to meet its daily running costs, which raises questions over sustainability. While the scheme has imparted useful practical

skills and qualifications to a large number of beneficiaries, over the years, there is little evidence to suggest that it is succeeding in achieving one of its core objectives, which is to promote long-term economic empowerment.

6.20 Case Study 10: Irene Training Centre for the Blind

This rural VTC, established in 1986, lies in Eastern Province, close to the town of Meru, and is managed by nuns from the Catholic Diocese of Meru.

The Centre differs from the Limuru scheme in that it specifically caters for young women with visual impairment, including some with albinism.

Otherwise, the set up is very similar, and the range of courses on offer is much the same.

This segregated institution is even more isolated, geographically, than Limuru.

The unsealed access road is virtually impassable in the rainy season, and a lack of suitable transport means that, for long periods, the trainees are unable to even travel into Meru. Like Limuru, the Irene Centre is strongly based on the charity ethos. The Centre Manager emphasized this point by informing me that the Centre was named after Sister Irene Stefani, whose motto was “I will love charity more than myself”.

At the time of my visit, there were 36 trainees at the Centre, from all provinces of Kenya, with a further 300 having graduated since 1986. A few of these former trainees were now employed as instructors at Irene. The nuns try to maintain some contact with those that have returned to their home communities, and receive support in follow-up work from sister communities

and regional branches of the Kenya Society of the Blind, aimed at ensuring that the trainees are being supported by their families to utilize their vocational skills. However, they acknowledged that this support network was patchy, and that they had no clear idea as to how many graduates were currently engaging in economic activity. Some of the difficulties facing the trainees, on leaving Irene, were highlighted during an interview with one former trainee, who explained that

“Some girls cannot do business when they leave Irene because, even if they are given a sewing machine, there is no start-up capital. Many are taken advantage of by men, who are attracted to them as they assume that they are virgins, and often take control of their machines.”

She went on to credit the Irene Centre for raising her awareness of the needs of other visually impaired people, many of whom had less sight than she did, and inspiring her to work them. However, she also informed me that, despite living locally, she had not received a single follow-up visit since leaving the project, seven years previously.

The main donor supporting this project is CBM, who used to provide an annual grant of Ksh1.2million, as well as sewing machines for scheme graduates. However, free provision of sewing machines was stopped in 2008, and the annual grant has been halved. As with Limuru, this withdrawal of donor support is threatening the sustainability of the project, which now struggles to meet its daily running costs, and trainees can only have their own sewing machines if their families pay for them. The Centre Manager seemed

very concerned for the future of the Centre, telling me that even this year's graduation ceremony had been cancelled, due to a lack of funds.

In conclusion, the similarities between this scheme and the Limuru project were quite striking, particularly in terms of underlying philosophy, lack of integration with local communities, difficulties in providing effective follow-up and the withdrawal of donor support. The Irene Centre is run by a highly committed team of nuns and instructors, who have created a happy and stimulating community environment. However, as with Limuru, there is little evidence to show that scheme graduates are able to put their vocational skills to productive use, and the project appears to face an uphill battle to simply survive from one day to the next.

6.21 Case Study 11: APDK Sheltered Workshops

This urban case study included visits to three sheltered workshops run by APDK. The Bombolulu Handicrafts Centre, in Mombasa, is the largest sheltered workshop project in the country. First established in 1971, the project was taken on by APDK in 1987, and includes several craft workshops, where disabled artisans produce jewelry, woodcarvings, leather goods and textiles, a cultural centre, which stages regular cultural shows and exhibitions, a fair trade shop and residential accommodation for workers and their families. The Likoni Furniture Workshop, also in Mombasa, was established shortly after APDK's Coast Branch was set up in 1971. Originally set up as a vocational training centre for carpentry, the site was converted into a factory, producing high quality furniture, marketed to top-end hotels, offices, schools

and hospitals. The project also has a sales showroom in central Mombasa. The Kabete Wheelchair Workshop, based at APDK's main headquarters in Nairobi, was set up in 2006, with funding from USAID and Ireland Aid, and now produces a wide range of wheelchairs, tricycles and walking appliances, specially designed to cope with African terrain. Each of these workshops provide formal employment opportunities, mainly for people with physical and visual impairments.

The workshops represent the segregated, institutional approach to disability service provision which is often associated with the individual model of disability.⁷¹ One disabled beneficiary, who had lived and worked on-site at Bombolulu for seventeen years, said that he sometimes felt “cut off from the general community”, due to the segregated nature of the project. However, when asked if he would like to see able-bodied workers employed at Bombolulu, he rejected this idea, as he felt that this would reduce opportunities for disabled people, many of whom are unable to access mainstream employment markets.

There was some evidence to suggest that social model principles influence, to some degree, the way that the workshops are run. For example, regular school visits to the Bombolulu project help to promote community links, and to raise awareness of what disabled people are able to achieve, thus challenging negative community perceptions. In terms of worker participation, Managers at all three of the workshops reported that workers are involved in decision

⁷¹ See Chapter Two, Section 2.3, p29, for an explanation of the individual model.

making through regular staff meetings. However, several of the beneficiaries interviewed suggested that they would feel more involved if their views were represented at APDK board level by someone with personal experience of disability.

At the time of research there were 125 disabled people employed at Bombolulu (85 on permanent contracts), 48 at Likoni (eight on permanent contracts) and 17 at Kabete (all permanent). One employee, who has been employed at Kabete from the start, reflected that

“the project gives me immense satisfaction, as it has enabled me to help other disabled people by producing good quality disability appliances. I believe that disabled people have more chance of succeeding in business if they work together.”

One issue that frequently arose, during the course of interviews, was how beneficiaries would cope on retirement. According to the Manager of Likoni Workshop, permanent workers receive retirement benefits, and some are able to access the APDK microfinance programmes, in order to start retirement businesses. However, with an apparent shift towards short-term contract working at the two Mombasa projects, fewer workers would be able to rely on these benefits. Several contract workers were concerned about lack of job security and post-contract opportunities for continuing to engage in economic activity. One feared that she would simply go back to depending on her family when her contract finished. Many of the beneficiaries have a low education base, reducing prospects of employment elsewhere.

Although the workshops are all long-established, they face serious threats to sustainability. The Bombolulu project, despite having an export department, was very dependent on local tourism, and retrenchments were a threat due to heavy reliance on permanent staff. Likoni Furniture Workshop was threatened by cheap imports and, according to one senior APDK representative, currently sustaining 20% losses. The Kabete Wheelchair Workshop, however, was reported to be self-reliant. According to one Manager at APDK's Mombasa branch, a gradual move towards flexible contract working, automated production methods and product diversification, at both Bombolulu and Likoni, is seen as the key to future sustainability. One of the managers at Bombolulu, informed me that staff had, in the past, agreed to take pay cuts in order to ensure the survival of the project.

In conclusion, the sheltered workshops do enable a large number of disabled beneficiaries, many of whom have profound impairment and little or no education, to engage in economic activity. However, with the schemes moving towards contract working, employment is likely to be less secure in the future, and many of the beneficiaries appear to have little hope of alternative employment. Sustainability represents a huge challenge, particularly at the two Mombasa projects, due to high production costs and unstable markets, and the development of profit-orientated business models is seen as vital to survival.

6.22 Case Study 12: Shanzu Transitional Workshop

This rural Coast Province project, set up by Damu Shah, of the Kenya Girl Guides Association, in 1992, provides a two-year vocational training programme, covering sewing and self-reliance skills, for young women with physical and sensory impairments. The project supplies sewing machines to scheme graduates and also has a small production unit, which provides piece-rate employment opportunities post-training, and a hostel, where trainees can stay while they are on the programme. Although located close to the tourist hotels at Shanzu Beach, which provide a potential market for tailored products, the scheme is isolated, segregated and, according to trainees interviewed, has very little contact with the local community. The underlying philosophy, therefore, appears to sit close to the individual model on the spectrum of disability models.⁷²

The project mainly caters for young women living in Coast Province. There were 19 trainees enrolled, at the time of my visit. Most of those interviewed appeared to enjoy the training programme, although several revealed that they would like to learn other skills, such as typing, knitting or beadwork, as well as sewing. One trainee, for example, stated that “my creative talents are not being maximised”. One staff member agreed that having only one department was a weakness of the programme. Over 80 trainees have completed the training programme, and 13 of these are currently employed, on a piece-rate basis, in the project’s production unit. The project places a strong emphasis on follow-up, and project staff regularly visit or telephone former trainees. The

⁷² See Chapter Two, Section 2.11, p57, for a discussion on the ‘spectrum of disability models’.

Project Administrator claimed that most of them were using their sewing machines to generate income. Others, she reported, have been accompanied to job interviews by the scheme's Founder, and are now in formal employment. She also revealed that some former students had been assisted to obtain business loans, through APDK's Faida project,⁷³ and that "one girl started her own tailoring school in Rabai, where she now has 40 students." One former trainee agreed that many of the former trainees had found employment or started their own businesses. She claimed, however, that many of these businesses had failed, because their sewing machines had broken and they were not able to afford repairs. She also criticized the piece-rate system of pay in the production unit, stating that:

"the problem is that if a girl falls ill, she is not able to earn. This is an area where the project could improve, if it had more funds"

The project is partly funded through training fee contributions and production unit profits. However, sales are very dependent on tourism levels, which were still recovering from the impact of the 2007 post-election violence, at the time of research.⁷⁴ The Scheme Administrator admitted that the project depends to some extent on Government support (to provide sewing machines) and charitable donations, and was currently struggling to raise funds to extend the hostel.

⁷³ See Case Study One, Section 6.11, p190.
⁷⁴ See Section 6.1, p159.

In conclusion, this approach appears to be effective in terms of enabling the trainees to engage in some kind of economic activity, as long as they don't mind earning their living through sewing! Although scheme graduates do appear to receive ongoing support from project staff, they face a high level of insecurity, as sewing machines can be expensive to repair and the market demand for their products fluctuates. Their ability to diversify, when demand falls, is extremely limited, since they have only been trained in one type of activity.

6.23 Measuring Case Study Outcomes

Based on the case study findings, the outcomes of each scheme, or group of schemes, can be measured against the two success criteria – 'economic activity' and sustainability - as described in Chapter Five.⁷⁵ Schemes which appeared to have enabled over half of their beneficiaries to engage in long-term economic activity were judged to be highly successful, in terms of the economic activity criterion. Schemes which appeared to be experiencing relatively few threats to sustainability and generating significant income themselves were judged to be highly successful, in terms of the sustainability criterion. This initial assessment is presented below:

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See Box 5, p125.

Table 11: Summary of Kenyan Case Study Outcomes

Case Study	Inclusive Schemes	Economic activity	Sustainability
1	APDK Microcredit Programme	High	High
2	UDPK Economic Empowerment Programme	High	High
3	Meru North CBR Programme	High	High
4	ANDY Livelihoods for Young Persons with Disabilities Programme	High	High
5	UDEK Economic Empowerment Programme	High	High
6	PWDSTO Revolving Loans Fund	High	High
	Segregated Schemes		
7	Brian Resource Centre	High	High
8	Government Vocational Training Centres	Low	Low
9	Limuru Vocational Training Centre	Low	Low
10	Irene Training Centre for the Blind	Low	Low
11	APDK Sheltered Workshops	High	Low
12	Shanzu Transitional Workshop	High	Low

Based on the success ratings shown above, it is possible to consider the possible relationship between each criterion for success and the inclusion/segregation indicator, which is one measure of social model influence. In terms of ‘economic activity’, the table shows that only half of the case studies representing segregated approaches achieved a high success rating for ‘economic activity’, whereas all six of the case studies representing inclusive approaches achieved high success ratings for this criterion. This suggests some association between inclusion and ‘economic activity’, with twice as many inclusive schemes enabling over half of their beneficiaries to engage in economic activity. In terms of sustainability, the table shows that only one of the case studies representing segregated approaches achieved a

high success rating for sustainability, while all six of the case studies representing inclusive approaches achieved high ratings for this criterion. This suggests a strong association between inclusion and sustainability, with inclusive schemes tending to rely less on donor funding and face fewer threats to sustainability than segregated schemes.

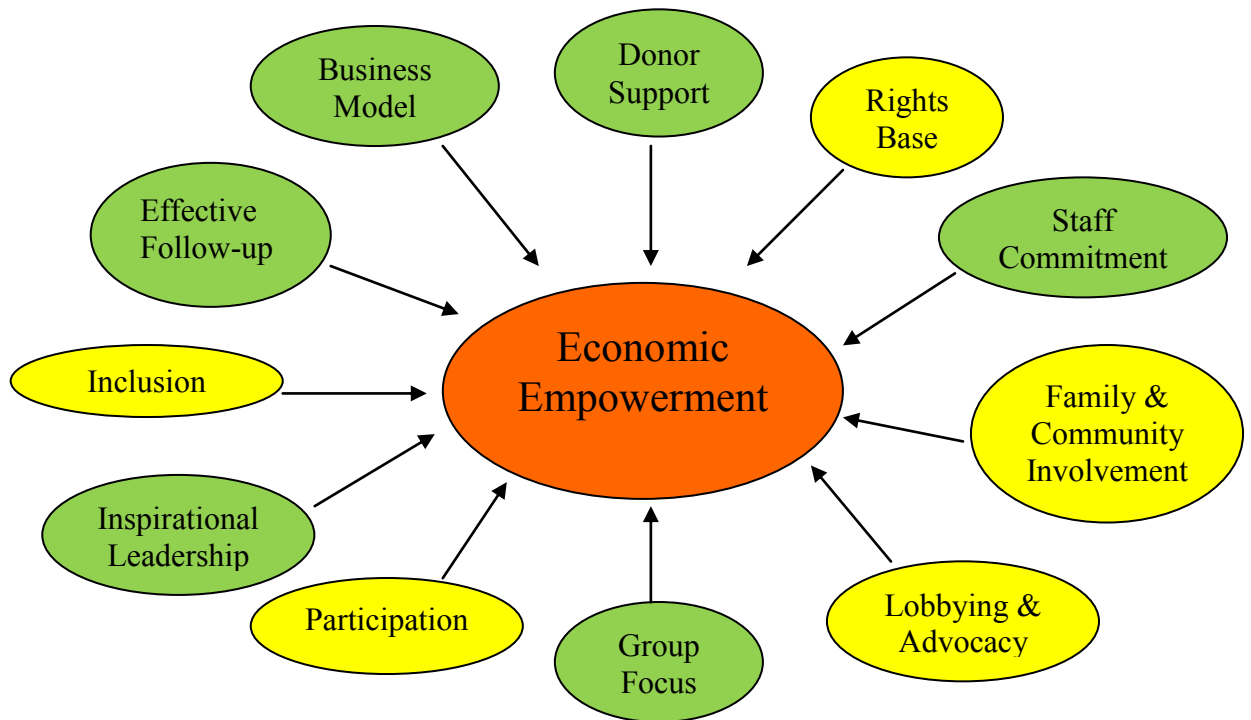
In conclusion, Table 11 provides some evidence of an association between inclusion and ‘economic activity’ and stronger evidence of an association between inclusion and sustainability. However, it is entirely possible that these apparent associations are purely coincidental, because there are several other factors, besides the inclusion/ segregation factor, which may have led to the successful outcomes identified through this process. It is necessary, therefore, to analyse all the potential success factors that were identified during the data collection process, in order to consider how significant the inclusion/segregation factor was thought to be, for each case study, in comparison to various other factors.

6.24 Identification of Success Factors

Research participants were asked to identify ‘success factors’ for the economic empowerment schemes that they were familiar with, or involved in. The diagram below shows all the success factors that were coded at least 10 times. Among those identified were five that relate to social model principles, which are shown in yellow, and six that are not directly related to social model principles, shown in green. There is no suggestion that these unrelated factors are associated with any other model of disability, or that they are in any way at

odds with the social model. They simply do not appear to relate directly to social model principles, in the way that those shown in yellow do.

Figure 9: Success Factors for Schemes in Kenya



Success factors were coded 283 times, from a total of 137 sources, representing interview and focus group participants. The coding process involved analysing the detailed notes taken during interview and focus groups for any comments made by participants in relation to factors that were thought contribute to scheme success. ‘Success factors’ was one of the interview and focus group topic headings, so most of the factors were identified during this part of the interviews and focus groups. However, some success factors were also identified by respondents at other stages, either before or after this topic was presented to them. Table 12, below, shows the total number of codings for each success factor, together with the stakeholder group split. As in the

previous illustration, factors related to the social model are shown in yellow, while those factors that do not appear to be directly related are shown in green. The final column assigns an overall ranking to each success factor, with ‘1’ indicating the most frequently identified and ‘11’ indicating the least frequently identified.

Table 12: Identification of Success Factors by Stakeholder Group in Kenya

Success Factors Identified	Coding Totals	Stakeholder Group Split							Rank
		Or	S	B	D	R	G	O	
Donor Support	30	7	20	3					4
Business Model	11	4	6		1				9 =
Group Focus	42	5	16	15	1	4	1		3
Effective Follow-up	25	3	8	9	2	1	1	1	5
Staff Commitment	11	3	6	2					9 =
Inspirational Leadership	10	3		5	2				11
Inclusion	46	6	11	17	2	2	4	4	2
Family/Community Involvement	49	4	16	22		4	1	2	1
Lobbying and Advocacy	19	5	8	2	2		1	1	7 =
Rights Base	19	5	5	4	2		2	1	7 =
Participation	21	4	5	7	1	3		1	6
Coding Totals	283	49	101	86	13	14	10	10	

Key: Or = Organisation representatives, S = Staff (including managers), B = Beneficiaries, D = Donor representatives, R = Relatives, G = Government representatives, O = Other

The table shows that ‘family/community involvement’ was pinpointed as a success factor by the highest number of respondents overall, closely followed by group focus and inclusion. These three factors were also identified most often by beneficiaries, who formed the largest stakeholder group. It is interesting to note, however, that ‘donor support’ was identified most

frequently by staff and organisation representatives, who formed the second and third largest stakeholder groups respectively. This reflects considerable concern, among those delivering services, over funding issues, which did not appear to be shared by those receiving services. Social model factors were identified more frequently, in general, by disabled beneficiaries, than by scheme staff and organisation representatives, although it is interesting to note that Government representatives also identified social model factors more frequently.

6.25 Analysis of ‘Non-Social Model Related’ Success Factors

Donor support, as noted above, was identified as a success factor mainly by project staff and organisation representatives, and all of the schemes included in the study had received donor assistance at some stage. This may well reflect the reality that donor support is a necessity for most disability service providers in Kenya, given that few beneficiaries are able to afford to pay market rates for the services that they receive. Those schemes, however, that were actively focusing on reducing donor dependency, through reducing costs and generating project income, achieved higher success ratings, unsurprisingly, for the ‘sustainability’ criteria. The Country Representative for CBM, one of the largest donors in the Kenyan disability sector, explained that the extent to which partner organisations could demonstrate that their programmes were sustainable and cost-effective, as well as promoting beneficiary participation and community integration, was now a crucial criteria for donor support. Therefore, while donor support is undoubtedly a key success factor, which helps to explain why some of the schemes have survived

for so long, it seems that having strategies in place to reduce donor dependency was seen by many, including donors themselves, as vital to future survival.

One way in which some schemes were trying to reduce donor dependency was by basing their strategies on profit-maximising ‘business models’. The adoption of ‘business models’ was identified as a success factor by organisation representatives and scheme managers, in particular. This approach was particularly evident in the APDK sheltered employment case study.⁷⁶ At the Bombolulu workshops, for example, the showroom stocks high-profit lines produced by able-bodied producers from the local community, as well as products produced at the workshops. The Githunguri curio workshop,⁷⁷ which uses waste products as raw material, provides an example of a project that has flourished by keeping its production costs to a minimum.

The first three case studies represented schemes which focused on delivering services primarily to DPOs, rather than individuals. This strategy is termed as ‘group focus’ in this analysis. The ‘group focus’ success factor has been categorized as non-social model because simply delivering services through the group mechanism does not, in itself, indicate that those services are underpinned by social model principles. However, where particular aspects of the services delivered are related to social model principles, then these aspects may well have been identified separately as success factors. For example,

⁷⁶ See Case Study 11, Section 6.21, p215.

⁷⁷ See Case Study 2, Section 6.12, p193.

where service providers were trying to promote member participation within the groups, this was sometimes identified as a success factor, which I have later categorized as ‘related to the social model’. The three schemes with a strong ‘group focus’ all achieved high success ratings, for both economic activity and sustainability, which suggests a possible association between ‘group focus’ and success. As well as increasing the potential scale of service delivery, the ‘group focus’ strategy enables disabled people to support each other as peers, by acting as loan guarantors for each other, as well as providing mutual psychological support. Groups also have the potential to build up capital, through member savings schemes, which can facilitate the development of group income generating activities, and several beneficiaries reported that their involvement in these projects supplemented income generated through private enterprises. Scheme managers reported that, in each of the three cases, some groups had built up sufficient capital to access mainstream microfinance institutions, thus increasing their potential to access larger business loans. There is strong evidence to suggest, therefore, that adopting the strategy of delivering services through groups can have a very positive impact on scheme outcomes, particularly in terms of empowering individuals, by enabling them to work together and support each other, and developing linkages with mainstream society. Another advantage of the group mechanisms, as commented on by several respondents, is that the benefits of services delivered through these mechanisms have the potential to reach many more beneficiaries than those delivered to individuals. This conclusion

supports the findings of Ingstad and Grut (2007), who advocate building the capacity of DPOs, in order to expand service delivery in Kenya.⁷⁸

The provision of ‘effective follow-up services’, to scheme graduates, was identified mainly by participants connected to the five vocational training case studies.⁷⁹ The two schemes (Brian Resource Centre⁸⁰ and Shanzu Transitional Workshop⁸¹) which were able to provide follow-up services achieved high success ratings for the ‘economic activity’ criterion. Staff members, in particular, thought that this follow-up work was vitally important, in order to ensure that graduates were being supported, by their families and communities, to utilize their productive skills. The other VTC schemes achieved low ratings for the ‘economic activity’ criterion, and difficulties in providing follow-up support were seen by participants from, all stakeholder groups, as the main reason for this. This provides evidence of an association between ‘effective follow-up’ and the ‘economic activity’ success criterion for the VTC schemes.

Two other success factors that were identified in relation to several schemes were inspirational leadership and staff commitment. Three of the schemes (Brian Resource Centre,⁸² the UDEK scheme⁸³ and the ANDY scheme⁸⁴), had particularly charismatic leaders, who were thought by many beneficiaries and staff members, as well as outside observers, to be a key driving force behind

⁷⁸ See Section 6.6, p171.

⁷⁹ See Case Studies 7, 8, 9, 10 and 12, Sections 6.17, 6.18, 6.19, 6.20 and 6.22.

⁸⁰ See Case Study 7, Section 6.17, p205.

⁸¹ See Case Study 12, Section 6.22, p219.

⁸² See Case Study 7, Section 6.17, p205.

⁸³ See Case Study 5, Section 6.15, p200.

⁸⁴ See Case Study 4, Section 6.14, p198.

the schemes, and each of these schemes seemed to be performing particularly well on limited resources. It should also be noted, however, that several of those schemes achieving low success ratings were clearly operated by highly committed managers and staff. The importance of staff commitment was raised mainly by organisation representatives and scheme managers, two of whom reported that staff had forfeited pay to ensure scheme survival. The Director of the Meru North District Disability Centre⁸⁵ informed me that staff commitment was considered so important to their CBR programme that new staff were usually expected to complete a volunteer placement, prior to their employment, in order to ensure that their commitment was genuine.

In summary, there appear to be possible associations between several of the ‘non-social model related’ success factors, and successful outcomes. There is strong evidence to suggest that several of these success factors were thought to have a significant positive impact on scheme outcomes, by a range of respondents representing various stakeholder groups. The ‘group focus’ and ‘effective follow-up’ success factors, in particular, were thought to be highly influential.

6.26 Analysis of ‘Social Model Related’ Success Factors

The principle of inclusion, as opposed to segregation, was used as a sampling criteria, and the analysis in Section 6.25 has provided evidence of some association between inclusive strategies and the two success criteria:

⁸⁵ See Case Study 3, Section 6.13, p195.

‘economic activity ‘ and sustainability. Table 12⁸⁶ shows that a high number of participants, across all stakeholder groups, identified inclusion as a success factor, which suggests that the association that has been identified is unlikely to be purely coincidental. Several participants felt that inclusive strategies were more likely to succeed, in terms of promoting economic empowerment, because they supported people to exploit businesses opportunities or access jobs within their own communities, rather than detaching them from these communities. While the importance of inclusion, in terms of promoting economic empowerment, was clearly recognised by participants involved in the inclusive strategies, it was interesting to note that some service providers were even trying to promote inclusion within segregated settings. The Government VTC case study⁸⁷ provides the best example of this. Participants felt that these attempts were achieving some success, in terms of boosting the self-esteem of disabled beneficiaries and preparing them for future mainstream inclusion.

Closely linked to inclusion, the principle of involving families and communities in economic empowerment programmes was also widely identified as a key success factor. Given the culture of community interdependence, which exists in Kenya and is common to many developing countries,⁸⁸ it was felt by many participants that economic empowerment would be very difficult to achieve without the active support of families and the local communities. It was interesting to note that all the DPOs included in

⁸⁶ See p225.

⁸⁷ See, for example, Case Study 8, Section 6.18, p207.

⁸⁸ See Chapter Three, Section 3.8, p61, for a discussion on interdependence and the role of communities.

the study included some family members, who were representing minors or those with intellectual impairments, as well as disabled members. This in turn enabled service providers supporting the groups to involve these family members in their strategies. Most of the segregated schemes tried to involve families by holding regular visiting days, and some, such as the Bombolulu Workshops and the Brian Resource Centre, were actively trying to forge links with the local community, as the case study reports highlighted.

Some of the inclusive strategies included advocacy or lobbying components, designed to sensitise communities and tackle societal barriers, which reflects another key social model principle. Staff representatives from the Nairobi-based organisations UDEK and ANDY reported that time spent sensitising employers and guiding them on how to remove workplace barriers was vital to the success of their job placement schemes. Representatives from organisations with a strong advocacy focus felt that their efforts at lobbying the Government to fully implement the PDA were beginning to result in a removal of societal barriers, which was likely to give a boost to their programmes in the future. For example, participants at a UDPK focus group agreed that the gradual removal of barriers to education would raise literacy levels and therefore increase the potential of future generations to develop successful businesses, thus increasing the effectiveness of UDPK's economic empowerment programme.⁸⁹

⁸⁹ See Case Study 2, Section 6.12, p193.

The adoption of a rights-based approach helped to combat a phenomenon referred to by some participants as ‘dependency syndrome’, caused by a long history of charity and Government ‘handouts’. Several organisation representatives pointed out that when service provision is viewed as a charitable obligation, beneficiaries tend to expect ‘something for nothing’ and lack motivation to contribute to their own economic empowerment. This was particularly evident in the microfinance case studies. APDK’s National Director, for example, pointed out that newly-formed DPOs often had difficulty in accepting the principle of paying back loans, rather than simply receiving a grant. Without a willingness on the part of beneficiaries to take some responsibility for their own economic empowerment, it was felt that schemes would be forever dependent on donor funding, and therefore unlikely to achieve sustainability. It was interesting to note that some scheme beneficiaries that had successfully repaid loans reported satisfaction and increased self-esteem at having been able to use their loans productively and repay them. One such beneficiary, the Manager of a growing hardware business in Coast Province, for example, seemed proud of an enterprise award that he had received from APDK, and also reported that he had been able to act as a role model and mentor for other loan recipients.

The importance of beneficiary participation, in order to ensure that project benefits reached those most in need, was raised by several participants. One interviewee, who was the parent of a disabled child and a member of his local DPO, felt that the involvement of group members in decision-making processes increased the cohesiveness of the group and motivated members to

fully commit themselves to the group's income-generating project. It should be noted, however, that this was a well-established group. According to an APDK Project Coordinator in Mombasa, less mature groups were sometimes less participatory, which often led to powerful members controlling group resources, thus reducing the impact of programme activities, in terms of empowering poorer group members. These barriers to participation were sometimes so severe, he went on to explain, that APDK staff had to bypass the group administration and deliver training or business advice directly to individual group members.

In summary, the findings show that all of the social model-related success factors, identified by participants, were generally thought to have a positive impact on scheme outcomes. Participants from all stakeholder groups felt that economic empowerment strategies needed to be as inclusive as possible, even where they were based at segregated institutions, and that engagement with families, in particular, was a vital ingredient for success. There is also evidence to suggest that where strategies are based on a rights-based approach and promote participation then beneficiaries and communities are more likely to 'buy into' the economic empowerment process, thus increasing the prospects of long-term success. Therefore, the findings discussed in this section provide some support for the research hypothesis.

6.27 Conclusions

The research findings present firm evidence to suggest that basing economic empowerment strategies on social model principles, such as inclusion,

promoting rights, encouraging participation and removing barriers, can have a positive impact on scheme outcomes. In particular, the strong association identified between inclusion and successful outcomes in Table 11, across the case studies, was also identified by a large number of respondents, across all stakeholder groups. However, it is important to bear in mind that several other success factors were identified, including some not directly related to the social model, which also emerge as highly influential on scheme outcomes. In particular, the strategies of providing services through group mechanisms and engaging closely with families and local communities were thought by many to be key determinants of success.

Given the importance of donor support, which was evident from all of the case studies, a vital question raised is which types of approach donors are likely to support in the future. The Kenyan Government has made clear its commitment to the principles of the social model, both in signing up to the UNCRPD and through the mission statements of the National Council, which clearly emphasise the importance of promoting inclusion and breaking down barriers. It was interesting to note that donor representatives seemed to share these commitments. It seems likely, therefore, that service providers will need to be able to demonstrate that their strategies promote these objectives, in order to attract Government and donor support in the future.

The increasing influence of the social model raises questions as to the long-term viability of segregated workshops and training centres. Several of those visited were struggling to survive, with donors increasingly reluctant to

support such projects. It is interesting to note, however, that the majority of research participants involved with sheltered schemes felt that this model of disability service provision would continue to play an important role in Kenyan society for a long time to come. One reason for this is that segregated schemes often cater for those with particularly severe impairments, for whom the prospects of obtaining mainstream employment or running a competitive enterprise are extremely low. Another reason is that, while some attempts are being made at removing barriers to mainstream employment and training facilities, the pace of change is likely to be extremely slow. The fact that the PDA is only just starting to be implemented now, eight years after coming into being, provides strong evidence to support this argument. An important message from these findings, though, is that for segregated institutions to survive in Kenya, given the apparent shift in donor priorities towards inclusive strategies, they need to be run, as far as possible, as commercially viable enterprises.

Vocational Training Centres face the additional challenge of providing ongoing support to scheme graduates, in order to ensure that they are able to utilise their productive skills. Those schemes that are unable to provide follow-up support would appear to have very little chance of achieving this objective, since formal employment opportunities are rare, and many graduates will lack the necessary capital to start a business. In the past, donors, such as CBM, have supported these schemes by providing graduates with a productive asset, such as a knitting machine. This practice is now increasingly rare, however, as donors divert their support to more sustainable and cost-

effective approaches. The Brian Resource Centre, which trains students to engage in a wide range of simple, home-based enterprises, which do not rely on costly machinery and make use of readily available local resources, provides a model for the type of sustainable approach to specialized vocational training that is perhaps more likely to attract donor support in the future.

In summary, the findings highlight a wide variety of approaches to promoting economic empowerment in Kenya, and a number of common factors that are regarded as important to the success of these approaches. Social model principles influence most of the schemes included in the study, to a greater or lesser extent, and were thought by a significant number of research participants, across all stakeholder groups, to be among the success factors, providing support for the research hypothesis and suggesting that this ideology is both relevant and appropriate to the Kenyan context. However, with huge barriers to mainstreaming and inclusion likely to exist for a long time to come in Kenya, it would appear that segregated schemes will continue to play an important role in promoting economic empowerment. While this finding is not supported by the success ratings, presented in Table 11, it clearly reflects the views of a large number of respondents that were involved in the segregated schemes. The conclusion to be drawn from these findings is that segregated schemes need to adapt, in order to achieve success in terms of economic activity and sustainability, so that they can continue to support those disabled people for whom full mainstream inclusion does not appear to be a realistic possibility in the foreseeable future. In particular, as this analysis has highlighted, they need to base their survival strategies on sustainable business

models, rather than depending too heavily on donor support. Additionally, as some of the segregated schemes showcased in this chapter demonstrate, they should consider how they can develop links with families and communities and promote social model principles, such as inclusion and participation, even within the segregated settings, so that they can make a contribution to the process of breaking down societal barriers in the long term.

Chapter Seven

India: Country Context and Research Findings

This chapter is divided into two parts. Part One presents an overview of the Indian context, focusing on the employment markets, the disability picture, the policy framework and the current state of disability service provision. The literature reviewed here includes several studies focusing on South India, as field research was planned for this region. Part Two presents the empirical research findings from India, based on a six-week visit during February and March 2011.

Part One: Country Context

7.1 General Context

India has a population of over one billion, making it the largest democracy in the world (World Bank, 2010). The country has a rich cultural and religious heritage, as the birthplace of four of the world's major religions – Hinduism, Buddhism, Sikhism and Jainism (Deka, 2007). According to the most recent national census, conducted in 2001, 80% of the population are Hindu, with 13.4% Muslim, 2.3% Christian and 1.9% Sikh (Government of India, 2001). The census also revealed that 72% of the population was living in rural areas.

Administratively, India is divided into 28 States, each of which has its own State Government. States are sub-divided into districts, which are in turn sub-divided into blocks. Within each block are a number of village panchayats,

typically comprising two or three villages, and these are grouped together to form clusters, typically comprising around 15 village panchayats.

Since gaining its independence from British colonial rule in 1947, India has registered significant macroeconomic achievements in many areas - notably agricultural production and information technology - and is now the world's fourth largest economy (World Bank, 2010). The scale of economic success is illustrated by a 77% increase in per capita income between 1992 and 2006, with exports growing by around 20% per annum (Government of India, 2007). Despite this impressive economic progress, however, poverty remains widespread and deep-rooted. Research conducted by the World Bank, in 2005, revealed that 42% of the Indian population were living below the international poverty line of \$1.25 per day, when adjusted for purchasing power parity (Chen and Ravallion, 2008). Other dimensions of poverty are also highly prevalent, as indicated by an adult literacy rate of just 66% and school enrolment rates of 61% (UNDP, 2009). This bleak picture is reinforced by India's current standing at 119th, out of 169 countries, on the Human Development Index (UNDP, 2010).

7.2 Employment Markets

The Indian Government estimates that the workforce comprised 457 million people in 2005, with 92% of the workforce employed in the informal sector (Government of India, 2007). The study report acknowledges that, for most of these informal sector workers, "conditions of work are utterly deplorable and livelihood options extremely few" (ibid, p1). Although India has experienced

very high economic growth rates over the past decade, employment rates do not appear to have risen accordingly. The ILO (2011) observe that much of the growth has been in the service sector, with the manufacturing sector declining to less than 15 per cent. As a result, the report concludes, India has experienced the phenomenon of “jobless growth” (ibid, p3), with employment rates fairly static over the past twenty years. The ILO paper also observes some interesting employment trends in recent years. Between 1993-4 and 2007-8, based on data from the National Sample Surveys, there has been a marked decline in agricultural self-employment, with non-agricultural self-employment rising over the same period. The same surveys indicate rising levels of self-employment in urban areas, with waged employment falling, over the same period (ibid).

7.3 Disability Picture in India

The 2001 census puts the disability prevalence rate at 2.13% of the population, which equates to around 22 million people. This is widely contested, however, with many organisations working in the field putting the figure as high as 70 million (Thomas 2005b). The census also found prevalence rates to be significantly higher among males, who accounted for 58% of the total, and in rural areas, where three-quarters of the disability population were living. Visual impairment emerged as the most prevalent type of impairment, accounting for almost half of the disability population.

One apparent reason for the gap between official and unofficial estimates of disability prevalence in India is the stigma attached to disability. This problem

has led to the under-reporting of disability in many developing countries, as Mont (2007) has noted.⁹⁰ However, this stigma appears to be particularly strong in India due to the concept of ‘karma’, which leads people to perceive disability as the result of divine justice, meted out by the Gods as a punishment for sins committed in previous lives (Erb and Harris-White, 2002). Rural village surveys in the States of Uttar Pradesh and Tamil Nadu, conducted in 2005 and covering over 1400 households, found that

“for both households with and without a disabled member, around half the respondents believed that disability was always or almost always a curse of God” (World Bank, 2007c, p21)

It is interesting to note that this belief was slightly more prevalent within those households *with* a disabled member than those without (ibid). This suggests, as the report acknowledges, that negative beliefs and attitudes that exist within Indian society generally are likely to be internalized by disabled people and their households. Lang, through interviews with around 70 disabled people living in Karnataka, found that, as a result of such beliefs, some respondents felt that they “had become objects of pity, derision, and should be shut away and cared for by their parents” (2001, p296). However, Lang’s study did reveal some differences between attitudes in rural and urban areas, with those living in rural areas strongly associating disability with karma, while those in urban areas were more likely to acknowledge medical causes of impairments.

⁹⁰ Mont’s observations are noted in Chapter One, Section 1.5, p9.

Poverty and disability are thought to be closely related across the developing world, as discussed in earlier chapters,⁹¹ and there is much evidence to suggest that India is no exception. For example, the World Bank's (2007c) rural village surveys, in Uttar Pradesh and Tamil Nadu, found that only 37% of households including disabled people were able to eat three meals per day all year round, as compared with 48% of households in general. When other poverty indicators, such as health and education levels, are taken into account, a similar picture emerges. The 2001 census, for instance, finds that over 50% of disabled people are illiterate, as compared with around 35% of the general population. Many disabled people live in areas where basic amenities, such as clean water, electricity and sanitation, are virtually non-existent (Ghai, 2001). The deep inequalities experienced by disabled people are further exacerbated when combined with those arising from other axes of social difference, such as gender and caste. For example, Erb and Harris-White (2002) attribute lower disability prevalence rates among women to higher mortality rates among disabled girls, who receive less care than disabled boys. They also note that, while inequalities arising from disability are an obvious cause of poverty, mass poverty in India can also be a cause of disability, due to factors such as malnutrition, exposure to disease, inadequate health care and occupation-related accidents. This supports the 'vicious cycle' conceptual framework, which views disability as both a cause and consequence of poverty.⁹²

India's physical environment presents major barriers to the participation of disabled people. Merilainen and Helaakoski (2001) note that public buildings

⁹¹ See Chapter Two, Section 2.2, p23.

⁹² See Chapter Two, Section 2.2, p23, for an examination of the 'vicious cycle of poverty and disability'

are rarely accessible, and that transport systems are usually overcrowded and hard to access for those with physical impairments, while bus and train stations are lacking in appropriate information systems for those with sensory impairments. They also note that buildings in rural areas are usually elevated, for drainage purposes, which can create difficulties for those with physical impairments, and that Indian-style toilets, common in homes where poor people live, can be difficult to access and use. Given that many disabled people in India are both poor and living in rural areas, these observations are not insignificant. Rungta (2002) identifies workplace-specific barriers, including a lack of medical facilities and modified equipment, as well as institutional barriers,⁹³ such as inflexible working hours, and concludes that “all mainstream training programmes and work sites exclude disability groups due to these barriers” (2002, p16).

According to the 2002 National Sample Surveys, the employment rate for disabled people in India was 37.6% (NSSO, 2003). Mitra and Sambarmoorthi (2006) use evidence from these surveys to show that this rate was around 60% of that for the general working age population. Research conducted in India has shown that obtaining employment is of primary importance to disabled people, in terms of raising self-esteem, gaining independence and being accepted as valued members of society. For example, Lang’s research in Karnataka found that

⁹³ See Chapter Three, Section 3.4, p67, for a discussion on workplace institutional barriers.

“the dignity and self-esteem of disabled people, both within their own estimation and as perceived by others, was contingent upon financial security and the ability to obtain employment” (2001, p304)

Erb and Harris White (2002), who carried out an anthropological study in three Tamil Nadu villages, reached similar conclusions, and noted a general expectation within these rural communities that disabled family members should contribute to household income, either through employment or domestic work.

7.4 Legislation and Policy Framework

The Indian Constitution, which came into force in 1950, lists a number of fundamental rights, to which all Indian citizens are entitled. While this implicitly includes disabled citizens, there is no reference to any concept of making “reasonable accommodations” in order to ensure that disabled people can access these rights (Centre for Legislative Research and Advocacy, 2008). Articles 15 and 16 of the Constitution prohibit discrimination on the basis of certain social differences, such as gender and caste. However, disability is not included in the list of social differences, which means that legislation and policy which discriminates against disabled people may not necessarily be regarded as ‘unconstitutional’ (ibid). One of the few explicit references to disability within the Constitution is contained in Article 41, which calls for “effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want.” (Government of India, Ministry of Law and Justice Website).

India has signed up to the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002, which was adopted by the Economic and Social Commission for Asia and the Pacific (ESCAP) in 1993. The Agenda for Action contained policy guidelines in 12 specific areas, including ‘training and employment’, designed to promote the full participation of disabled people in national development programmes (Price and Takamine, 2003). In 2002, the Decade was subsequently extended for a further 10 year period, from 2003 to 2012, for which a new agreement was signed, known as the Biwako Millennium Framework for Action Towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities, in Asia and the Pacific (BMF). The BMF contained seven priority areas, again including ‘training and employment’, with specific targets and action plans (ibid). An interesting feature of this new agreement was that it attempted to incorporate a disability dimension into some of the recently adopted Millennium Development Goals (ibid).

The 1995 Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act defines a disabled person as someone with “not less than 40% of any disability as certified by a medical authority” (Government of India, 1995, Section 2). Additionally, the Act introduced seven classifications of disability: blindness, low-vision, leprosy (cured), hearing impairment, locomotor disability (cerebral palsy, or any disability of the limbs, joints or muscles leading to restriction of movement), mental retardation and mental illness (ibid). While these impairment-based

classifications appear to derive from an ‘individual model’ understanding of disability⁹⁴, the Act also reflects social model principles by promoting integration and the removal of societal barriers, particularly those relating to transport and the built environment. Therefore, as the World Bank have noted, the Act’s “underlying philosophy can be considered a hybrid between medical and social models of disability” (2007c, p124).

Although India have not yet ratified ILO Convention No 159 (ILO, 2003a),⁹⁵ the 1995 Act answers the international call for affirmative measures to promote disability employment, which was a feature of this Convention, by establishing a three per cent reserve for disabled people in all poverty-alleviation schemes (Section 40) a three per cent public sector employment reserve (Section 33) and a three per cent reserve in all Government and government-funded educational institutions (Section 39). These reserves, however, only apply to those with locomotor, vision and hearing impairments, thus excluding those with other types of impairment. Another affirmative measure was the provision of incentives to encourage both public and private sector employers to fill five per cent of posts with disabled people (Section 41). These measures represent an attempt to integrate disabled people into mainstream employment, which suggests some commitment, on the part of the Indian Government, to meet its obligations as a signatory to the Agenda for Action for the first Asian and Pacific Decade of Disabled Persons, 1993-2002 (Rungta, 2002). However, a survey of 70 top Indian companies - conducted in 1999 and including 20 from the public sector, 40 from the private sector and

⁹⁴ See Chapter Two, Section 2.3, p29, for an explanation of the ‘individual model of disability’.
⁹⁵ See Chapter Four, Section 4.2, p96, for an examination of ILO Covention No. 159.

10 multinationals - revealed that the percentage of posts filled by disabled people was just 0.54% in the public sector, 0.28%, in the private sector and 0.05% for multinationals, which suggests that the affirmative measures have been a dismal failure (Abidi, 2010).

In 2004, nine years after the enactment of the 1995 Act, the Government itself commissioned an audit review, which was carried out by the Controller and Auditors General (CAG). This review criticised progress in several areas, including lack of identification of public sector posts suitable for disabled people, and concluded that, overall, the Act was being poorly implemented. The report attributes this mainly to unreliable data on disability, which makes planning difficult, and poor institutional performance, with public funds not being released to service delivery organisations in line with Government commitments. Others have attributed the poor implementation record to weak enforcement mechanisms. As the World Bank (2007c) observe, the Office of the Commissioner, which is mandated to monitor the implementation process, has no real authority to enforce compliance, other than to refer those in breach of the Act to the court system.

Another important piece of legislation is the 1999 National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act (commonly referred to as the National Trust Act). Under this Act, the National Trust itself was created to support this particularly marginalized sub-group of the disability population, whose particular needs were virtually ignored by the 1995 Act. Among the objectives

of the Trust are a commitment “to empower persons with disabilities to live as independently and as fully as possible within and as close to the community to which they belong” (Government of India, 1999, Chapter 3(a)). The Trust is also mandated to set up guardianship procedures, in order to protect the welfare of those whose parents are no longer able to care for them, thus addressing one of “the most important concerns of parents and family members of persons with autism, mental retardation and multiple disabilities” (ADB, 2002, p10).

In 2006, the Ministry of Social Justice and Empowerment (MSJE) formulated a new National Policy for Persons with Disability, which advocates community-based rehabilitation (CBR),⁹⁶ as a means for promoting inclusion and integration, as well as recognising some of the shortcomings in existing legislation, including the inaccuracy of disability statistics and lack of mechanisms for monitoring and coordinating NGO activities (MSJE, 2009). Introduction of the National Policy was followed by a series of consultation meetings with NGOs and DPOs, aimed at formulating proposed amendments to the 1995 Act, in order to address the shortcomings (ibid). Simply including DPOs in this process suggests a significant change in Government strategy, since these organisations received no mention at all in the 1995 Act.

With India signing up to the UNCRPD in March 2007, the consultation process began to take into account the need to bring domestic legislation into harmony with the Convention as well (ibid). Proposed amendments, for

⁹⁶ See Chapter Three, Section 3.8, p74, for a discussion on CBR approaches

example, included a new section on ‘Awareness Creation’, mandating local authorities to promote positive perceptions of disability, in line with Article Eight of the Convention (ibid). However, with India’s ratification of the Convention, in October 2007, providing further impetus to the review process, the Government appears to have accepted that, rather than making numerous amendments to existing legislation, a new Disability Act, which fully reflects the ideology of the Convention, was required. A review committee was constituted in April 2010, in order to consider this matter (MSJE, 2010).⁹⁷

7.5 Disability Services

The Government of India appears to have adopted a twin-track approach⁹⁸ to promoting economic empowerment, by providing specialist, segregated services as well as promoting mainstreaming. Specialist services include 20 Vocational Rehabilitation Centres (VRCs) around the country, including one that is exclusively for women (Ministry of Labour, 2010). According to the Ministry’s most recent annual report, these Centres evaluate the vocational capacities of trainees and provide skills training “with a view to integrate them in the economic mainstream and make them productive citizens of the country” (ibid, p275). The report finds that 13,477 disabled people were registered at the VRCs during the year ending September 2009, and that 5522 of these were rehabilitated, meaning that they had completed their programmes and were engaged in economic activity. However, there is no mention in the report of any follow-up support for those who were not rehabilitated. The World Bank have criticized the VRCs for failing to update

⁹⁷ The new Act was enacted in June 2011, and is known as the The Rights of Persons with Disabilities Bill, 2011.

⁹⁸ See Chapter Two, Section 2.9, p51, for a discussion on the twin-track approach.

courses in line with labour market requirements, and also point out that “little effort is dedicated to ensuring that clients secure and maintain employment” (2007c, p105).⁹⁹

In order to promote integration, the Government reserve three per cent of places on its mainstream vocational training courses for disabled trainees (Government of India 1995). However, evidence suggests that this reserve is far from being filled. For example, the Apprenticeship Training Scheme, which supports employers to provide on-the-job training to apprentices, managed to fill only one per cent of its training places with disabled trainees in the first half of 2009 (Ministry of Labour, 2010, p322). The report provides no information on completion rates, or post-training outcomes. Another initiative designed to promote mainstream employment is the Special Employment Exchanges, established to facilitate job placements for disabled job-seekers (ILO, 2003a). However, the Government’s own audit, conducted in 2004, found that only 1% of those on the live register (around half a million) were placed in employment each year between 1998 and 2000 (CAG, 2004). By 2007, there were over one million disabled job-seekers on the live register, and only 1,051 of these (representing around 0.01%) were placed in employment that year (Ministry of Labour, 2010, p274). This suggests that, while increasing numbers are being registered, the Special Employment Exchanges are simply not working, in terms of finding employment for those on the register.

⁹⁹ See Case Study 26, Section 7.24, p317, for further examination of the Government VRCs.

While the majority of State disability services are urban based (Thomas, 2005b), the Government has shown some commitment to reaching those living in rural areas through its national network of District Rehabilitation Centres, launched in 1995, which provide services to individuals and groups at the community level, including vocational training and job placement support (ILO, 2003a). In addition, some of the VRCs have rural rehabilitation extension centres, where mobile rehabilitation counselors provide CBR services, in partnership with NGOs (World Bank 2007c). The Asian Development Bank (ADB) view the CBR approach, with its potential to utilize India's strong communities, which have traditionally cared for their own disabled people, as the "only viable and practical solution for the massive problem of disability in India" (2002, p32).

There are thought to be over 5,000 NGOs currently providing disability services across India (World Bank, 2007c). The ADB Country Report, while recognizing that many deliver quality services, notes that "their activities and programs are not coordinated and effective collaboration among organisations is low" (2002, p42). The report also criticises the extent to which the Government engages effectively with NGOs, arguing that more productive partnerships between the two sectors would create a "synergy that promotes more effective coverage as well as quality of services" (ibid, p21). Thomas shares this view, observing that, while some NGOs do not engage with the State at all, others appear to be acting as "little more than subcontractors to the Government" (2005b, p38). She also claims that those that do try to access Government funds are often frustrated by long bureaucratic delays.

One example of Government-NGO collaboration is the Government's 'grant-in-aid' scheme, through which NGOs receive funding to deliver vocational training programmes, usually taking place in segregated residential institutions located in urban areas (Rungta, 2002). According to the World Bank (2007c), however, these training programmes are often informal, with no accreditation process, and tend to focus on traditional activities, such as book-binding or furniture restoration, which attract relatively low wages. The report does go on to acknowledge, however, that an increasing number of NGOs are starting to address this problem by carrying out market-based assessments, in order to tailor their courses to the needs of local markets.

Traditionally, NGOs are credited with democratic values and the ability to build partnerships with the poor and promote participation, in contrast to the more hierarchical, authoritarian nature of Governments (Edwards and Hulme, 2002). The Indian NGO sector, however, has received much criticism for failing to involve disabled people themselves in their decision-making processes. Javed Abidi, a leading disability activist in India, provides an example of this mindset by describing a "prestigious and famous NGO building in the heart of Delhi. The entire complex is barrier-free, except the topmost floor, which is meant for the organisation's trustees and executives" (2010, p296).

The overall picture of disability service provision in India is that of a wide range of governmental and non-governmental service providers, sometimes

working together and sometimes independently to deliver a range of institutional and community-based services. The literature suggests, however, that poor coordination between and within the Government and NGO sectors, as well as a lack of consultation with, and involvement of, disabled people themselves, is seriously limiting the coverage and effectiveness of services.

7.6 Disabled Person's Organisations (DPOs)

While there is no national cross-disability umbrella organisation for DPOs in India (Rungta 2002), there are a number of disability rights coalitions and networks, at both state and national level. One such organisation - the National Centre for the Promotion of the Employment of Disabled People (NCPEDP) - has established a national disability network, by linking with partner organisations and individuals at State and District level, with the aim of creating a common platform for sharing information, raising concerns and applying pressure to authorities at all levels of Government (NCPEDP, 2004). Thomas (2005b), however, criticises NCPEDP's choice of partner organisations which has, in her view, led to a lack of cohesion within the network, in terms of ideology and values, and an urban bias. She also criticises India's disability movement, in general, for its lack of maturity, with rivalries and tensions existing between organisations representing those with different impairment types, and the top-down structures of these organisations, which "raises questions about how relevant and representative they actually are" (ibid, p40).

The past two decades have been marked by the spread of self-help groups, or 'sanghas'. Based on the well-established model of women's sanghas in India, these are small groups of disabled people who have joined together to share information and work towards common goals, such as obtaining disability benefits or assistive devices (Coleridge and Venkatesh, 2010). As the concept has evolved, self-help groups have also focused on building economic self-reliance, by developing their own revolving savings and credit schemes, in order to build group funds, which can be used to support income-generating projects and as capital to access mainstream finance (ibid). This relatively new approach represents a radical, 'bottom-up', alternative to the established disability networks, with the basic aim of encouraging disabled people to take responsibility for their own personal development and empowerment.

Coleridge notes that the concept has been adopted by CBR programmes in both urban and rural areas, and is now the "dominant mechanism for grassroots development in India" (2007, p150). Action on Disability and Development (ADD), an international NGO who seem committed to engaging with disabled people, rather than simply providing services for them, supported the formation of the first disability self-help groups in the late 1980s. According to ADD's 2007-08 annual report, there are now several thousand such groups in South India, many of which have linked up to form federations, allowing their voices to be heard beyond village level. The report also describes how the groups promote economic empowerment by supporting livelihood activities, and claims that "repayment of loans by people with disabilities is about 95%" (2008, p15). This kind of evidence suggests that the rapid spread of self-help groups may be transforming India's DPO sector into

the kind of disability movement that Slim (2002) sees as having the potential to turn rights-based rhetoric into reality and bring about real change in the lives of oppressed people.¹⁰⁰

7.7 Conclusions

The studies and literature reviewed here reveal that, as in many developing countries, disabled people living in India are likely to be among the poorest in society, and to face a wide range of environmental and attitudinal barriers which prevent them from accessing services, starting businesses and obtaining employment. A long-established disability policy framework appears to be having little impact on these everyday realities, due to weak implementation mechanisms and a lack of official data on the scale and complexity of disability across such a vast country. However, India's ratification of the UNCRPD highlights the deficiencies, and provides hope that policies and implementation mechanisms will eventually be brought into line with the international standards laid out in the Convention.

The Indian Government have a range of strategies in place, involving both specialist services and mainstreaming measures, designed to promote economic empowerment. In addition, there are a huge number of NGOs delivering a variety of services across India. However, there are serious doubts as to the effectiveness of Government strategies, an apparent lack of coordination within the NGO sector, and widespread concerns about the lack of involvement of disabled people themselves in the planning, delivering and

¹⁰⁰ See Chapter Two, Section 2.8, p47, for a discussion on Slim's arguments.

monitoring of services provided by both the Government and NGOs. The spread of self-help groups, particularly in Southern India, provides hope that alternative grass-roots strategies, which enable disabled people to claim their statutory rights and take responsibility for their own economic empowerment, can provide a more effective and relevant means of reaching disabled people, including those living in remote areas, and bringing them into the development process.

Part Two: Research Findings

The main aim of the fieldwork was to examine, at first hand, a range of economic empowerment strategies, using methods that would closely mirror those used in Kenya. A secondary aim was to further examine some of the issues discussed in Part One, through engagement with a wide range of stakeholder group representatives. This section presents a discussion of these issues, from various perspectives, before going on to examine the case study findings in detail.

7.8 Government Perspective

In order to obtain a Government perspective on disability issues, interviews were conducted at the Ministry of Social Justice and Empowerment (MSJE), the nodal ministry for disability affairs, and the National Trust, which is a statutory body set up to implement the 1999 National Trust Act.¹⁰¹ Additional interviews were conducted with various State-level and District-level Government officials in Karnataka and Tamil Nadu.

¹⁰¹ See Section 7.4, p245, for an explanation of this Act.

At the time of research, the Government was engaged in a national consultation process on the working draft of a proposed new Disability Act, designed to address the perceived inadequacies of current disability legislation and to reflect the spirit of the UNCRPD. One senior Government official at the MSJE stated that the Drafting Committee was “made up of the most imminent personalities. We are hoping that a comprehensive Act will result.” She went on to explain that each State had formed its own consultation committees, involving a wide range of stakeholders, including representatives from the disability community and the NGO sector. This suggests that the Government was showing some commitment to including disabled people in the drafting and consultation process, as required by the UNCRPD (Article 4).

Regarding specific measures designed to empower disabled people, the Government representative acknowledged that the Special Employment Exchanges,¹⁰² in particular, were less effective than hoped for. The extent of this ineffectiveness was revealed on a visit to the Special Employment Exchange in Bangalore. The official on duty at the time informed me that, while the Exchange had registered 4,074 disabled people from Bangalore in the Year 2010, only 35 job vacancies had been notified to the Exchange, for which 237 disabled people had been recommended as suitable candidates. Of these, only two had gained employment! One State-level official at the ‘Directorate for the Welfare of Disabled and Senior Citizens’ in Bangalore, attributed the failure of the Karnataka State Government to achieve its five per

¹⁰² See Section 7.5, p250, for an explanation of the Special Employment Exchanges.

cent public sector employment reserve for disabled people to poor identification of suitable jobs and the failure of these Special Employment Exchanges, claiming that “they even tell disabled people who come to register that it is futile to apply for jobs!”. While the MSJE representative acknowledged these failings, she explained that the Government was looking at ways of improving the Exchanges, and felt that there was a need to view the Government’s strategy in its totality.

Among the more promising measures, the MSJE representative claimed, was the Arunim Project, launched by the National Trust in 2008, which aims to assist in the design and marketing of goods produced by disabled people at various NGO production units and sheltered workshops. According to the Director of this project, 20 sales outlets have already been established in Delhi, and the aim is to set up retail outlets across India, as well as improving the productivity of production centres through the introduction of adaptations and machinery, and establishing a recognized ‘Arunim’ brand, which will represent standardized quality.

Another proactive Government measure is the Prime Minister’s Employment Generation Programme, which is among the poverty alleviation measures that were allocated a three per cent reserve for disabled people under the 1995 Disability Act.¹⁰³ Under this scheme, self-employed disabled people are among the ‘special categories’ which are entitled to a Government subsidy of up to 35% towards the costs of setting up their businesses (as compared to

¹⁰³ See Section 7.4, p245.

25% for general categories). According to one District-level official within the Government of Tamil Nadu's Department of Industries and Commerce, this subsidy can also be given to self-help groups registering business enterprises. He claimed that the scheme was being widely accessed within the Nagapattinam District, where he was based, and that they were exceeding their three per cent reserve for the inclusion of disabled people.

A major Government undertaking at the time of research was the gathering of information, from every household across the country, for the 2011 National Census. Government officials at all levels acknowledged that the lack of raw data on disability in India was a major hindrance to the planning of Government programmes, and were hopeful that the current Census would produce a more realistic picture, which would lead to an increase in budget allocations and enable support to be targeted where it was most needed. The Karnataka State Commissioner for Disabilities explained that

“a lot of effort has been put into ensuring that the Census gives an authentic picture of the disability situation. There have been debates and workshops across the State, involving NGOs and DPOs, as well as extensive training for enumerators and wide media publicity.”

The Commissioner's comments suggest that the Government has learned from the mistakes made at the time of the 2001 Census, when, as one NGO representative explained, the question on disability was only inserted at the last minute, leaving no time for training of enumerators as to how to ask the question sensitively.

All Government officials interviewed were positive about the impact of India's signing and ratification of the UNCRPD, particularly in terms of providing impetus for the new Disability Act and raising awareness on disability across the Government sector. The MSJE representative stated that India's ratification placed an obligation on the Government to implement the spirit, as well as the letter, of the Convention, which would require a huge concentration of resources and political will. However, she felt that signing of the Optional Protocol¹⁰⁴ was not an important priority at this stage, as the Government needed to focus on the harmonization process.

While the Government clearly faces some huge challenges in meeting its commitments to the disability sector, as the MSJE representative acknowledged, there are signs at least that the economic empowerment of disabled people is starting to be viewed by the Government as an important issue. This was underlined by Amarjeet Kaur, the Deputy Director General of the Ministry of Labour and Employment. Speaking publicly at the Employability Conference in New Delhi,¹⁰⁵ she stated that "economic inclusion determines one's place in society, shapes one's psychological identity and sense of wellbeing." She went on to question why disabled people should be deprived the benefits of economic growth, and called for an increase in public-private partnerships, in order to enable disabled people to take advantage of the opportunities currently arising in the private sector. These

¹⁰⁴ See Chapter Four, Section 4.7, p104, for a discussion on the Optional Protocol and its implications.

¹⁰⁵ Conference hosted by Sarthak Educational Trust, on 18th February 2011, in Gurgaon, New Delhi.

comments suggest that at least some members of the Government are beginning to view the economic inclusion of disabled people as a rights issue¹⁰⁶, rather than a social welfare issue.

7.9 Disability Rights and NGO Perspectives

Data for this section was collected from several prominent members of India's disability movement, as well as members of the National Human Rights Commission (NHRC) and representatives from various advocacy-focused NGOs.

There appeared to be much debate within the disability movement over the proposed new Disability Act. One leading disability rights campaigner felt that the working draft, though a nice vision, was full of contentious issues, and not clear enough on enforcement mechanisms. He also pointed out that terms such as 'public space' and 'accessibility' were poorly defined in the draft.

Regarding the consultation process, he complained that the Drafting Committee had initially contained only three disabled members (out of 27 members), and had only been enlarged, to include a further four disabled members, following a hunger strike and candlelit vigil organized by the NCPEDP. However, he felt that the Committee was still dominated by "professionals, parents and 'old guard'". He also felt that State-level consultation committees were "excluding stalwarts of the disability movement", although he himself had been invited to take part. Another disabled activist who expressed discontent at the State-level consultations was

¹⁰⁶ See Chapter Two, Section 2.8, p47, for a discussion on the rights-based perspective.

a member of the Vidya Sagar Advocacy Unit in Chennai. He had recently resigned from the Tamil Nadu Consultation Committee, and explained his actions by claiming that “I was not being listened to ... I feel that the whole process is non-participatory and against the spirit of the UNCRPD.” It became apparent, however, as this topic was discussed with various participants, that these views were not shared by all disability advocates. The founder of one Chennai-based disability organisation, who is also disabled and a member of the same Committee, felt that the Government was doing their best to consult with the disability sector and to push the legislation through.

Based on these interviews, there appeared to be a clear split within the disability movement between those who were adopting a confrontational standpoint and those who appeared to accept the bureaucratic nature of Government and favour constructive dialogue, preferably within the consultation framework. This latter position was epitomized by one senior NGO representative, who stated that:

“some are taking the confrontational approach and using the media at every opportunity. This runs the risk of alienating ordinary people, who become bored at the constant protests. We feel that it is better to work hand in hand with the Government. If we hear that an Organisation has been left out of the consultations, we pass their contact details to the Committee, so that they can be invited, rather than protesting.”

These views were endorsed by one Chennai-based Government official. He felt that disability activists sometimes took advantage of ordinary disabled people, turning them against those who were trying to help them.

Another bone of contention within the disability movement appeared to be the issue of whether existing legislation should be merged into one single Disability Act. This was strongly favoured by one disabled respondent, who felt that previous Acts had been passed at different times, as lessons had emerged from historical mistakes, and that it now made sense to merge these into a single Act. Those against this idea included the NHRC's Special Rapporteur on Disability, who has a visual impairment. He advocated for one main Act for common disability issues, in order to prevent disability discrimination in general, and separate laws for matters that were specific to those with particular impairment types, who may face additional marginalization. This latter view was shared by several interviewees representing organisations working for those with intellectual impairments. One reported, for example, that parents of children with intellectual impairments and autism were very concerned that some aspects of the 1999 National Trust Act, particularly the guardianship provisions,¹⁰⁷ could be watered down if these provisions were not preserved in a separate Act.

Regarding the Census, there appeared to be a general feeling among participants that the Government was working effectively with NGOs to ensure that a far more realistic picture of disability in India would emerge this

¹⁰⁷ See Section 7.4, p245, for an explanation of the guardianship provisions within the National Trust Act.

time around. The four members of the Vidya Sagar Advocacy Unit, who participated in a focus group discussion, agreed that the Government's handling of the Census had been "participatory, pro-active and inclusive." The data-gathering process for the Census was one of several areas in which NGOs appeared to be collaborating effectively with each other. One Programme Coordinator at ADD,¹⁰⁸ explained that ADD were working with other NGOs across India to distribute leaflets, produced in local languages, stressing the importance of answering the disability questions accurately. He claimed that the NGOs that partner with ADD "believe in working together, as we all have different strengths."

Several other positive examples of NGO cooperation were also in evidence. For example, four of the Bangalore NGOs visited were engaged in job placement programmes, and all claimed to work together by referring candidates to each other as vacancies were identified, as well as cooperating on the setting up of 'jobs fairs'. A similar picture emerged in Chennai, where a representative of Vidya Sagar reported that "once a year we have a big mela at Vidya Sagar. We invite around 25 other local NGOs to sell their products. We also network with them in other ways". These examples appear to counter some of the criticisms of NGO collaboration in India.¹⁰⁹ However, a representative of the Leonard Cheshire Project, in Nagapattinam, did acknowledge that, while NGOs do frequently work together on issues of common concern, they also have their own cultures and agendas, which can sometimes inhibit information sharing.

¹⁰⁸ ADD were instrumental in the spread of disability self-help groups in Southern India, as discussed in Section 7.6, p254.

¹⁰⁹ See Section 7.5, p254, for a discussion on these criticisms.

A range of views were expressed on the current impact of the UNCRPD in India. Some respondents, such as one representative of the Association for the Mentally Challenged (AMC), felt that the impact was minimal. He argued that change will not take place in India simply because the UN are calling for it, and that only a change of mindset within the Government and society as a whole can bring about real change. The majority of those questioned on this topic, however, took a more optimistic view. Typical of the responses was that given by LCD's South Asia Regional Representative, who felt that the main impact of the Convention, thus far, had been in "prompting the Government to review the Disability Act, include a disability component in the new Census and specifically take account of disability in budget planning across all sectors". A senior NHRC representative added general awareness-raising to this list. Another respondent felt that the Convention had also had a significant impact in terms of making the disability sector more participatory, because Government and NGOs were more willing to listen to the views of ordinary disabled people. Respondents were more skeptical, however, when it came to discussing the likelihood of India signing the Optional Protocol.¹¹⁰ The NHRC's Special Rapporteur, for example, thought it very unlikely, as India had not signed up to such protocols for previous UN Conventions.

7.10 Barriers to Economic Empowerment

Several participants identified infrastructural barriers, particularly in relation to the inaccessibility of public buildings and spaces. Where efforts had been

¹¹⁰ See Chapter Four, Section 4.7, p104, for a discussion on the Optional Protocol and its implications.

made to improve accessibility, it was clear that, in many cases, the needs of disabled people had been largely ignored in the planning process. For example, pavements in New Delhi are often so high off the ground that even able-bodied people tend to walk round them, rather than on them. Where ramps have been installed, as one focus group participant observed, they are often so steep that “only someone of unusual strength and fitness would be able to propel a wheelchair up them”. A representative of the Association of People with Disability (APD), in Bangalore, reported some improvements in workplace accessibility in recent years, although these were mainly confined to the larger employers. He felt that smaller employers were generally willing to try and improve accessibility, but require technical support and guidance, which is often lacking. Public transport presented further difficulties for many. With public buses inaccessible to wheelchair users, and usually overcrowded, disabled people were usually forced to hire auto-rickshaws or taxis, in order to get around, as several participants reported. There were also safety concerns around using public transport. A representative of Jan Madhyam, a Delhi-based NGO, felt that disabled women, in particular, were often afraid to commute to work, which discouraged them from seeking formal employment.

Poverty issues were frequently raised when discussing barriers to economic empowerment. A representative of AMC observed that many disabled people live in poor families, who view their situation with “hopelessness and resignation, as a result of which they do not always look for help”. Due to this mentality, he explained, they may not access available services, even when they know about them. Others noted that disabled people are often particularly

vulnerable to exploitation, which can deepen their poverty. This was highlighted by another NGO representative, who reported that

“one of the disabled girls we gave a job told me that she could not cross the road, but the auto driver charges her Rs100 for a two-minute drive across the road, knowing her vulnerability”

A representative of APD, in Bangalore, estimated that 80% of his organisation’s beneficiaries came from poor backgrounds, many of whom were trapped in a poverty cycle, whereby they had received little or no education, and therefore had great difficulty in acquiring vocational skills. Even when they had attended training courses in the past, he noted, the courses were often too short and not market-based. As a result, he concluded, there is a huge skills gap, which the Government has failed to address.

Poverty issues are particularly acute in rural areas, as several participants mentioned. With fewer opportunities for formal employment in these areas, self-employment represents the most realistic route to economic empowerment for the majority. However, as one staff respondent observed, accessing capital is a major obstacle, because very few micro-finance institutions (MFIs) have tailored their products to the needs of disabled entrepreneurs, who often lack savings and education. Another pointed out that many rural businesses involve high levels of risk. Activities such as sheep rearing and animal husbandry, for example, may suddenly be affected when animals die. This discourages MFIs from investing in those who are thought to be less able to cope with these setbacks. One representative of Oracle Financial Services, an international

company that supports various disability projects in Chennai, also identified a lack of appropriate financial services in rural areas as a major barrier to economic empowerment. However, he noted that the spread of self-help groups, along with the advent of mobile phone banking, was creating new opportunities for disabled people to access finance.

One interesting perspective on poverty was presented by a psychologist who provides counseling services to beneficiaries of the Jan Madhyam project in Delhi. While recognising the challenges that arise due to poverty, she observed that

“poorer families are often easier to work with, because more affluent families do not always see why their disabled children need to become economically independent, and they do not like to see them doing lower status jobs, such as working in a canteen.”

This view was supported by the manager of SSK’s vocational training unit for autistic people in Bangalore. She had noticed a resistance among parents to the Society’s work in preparing their sons and daughters for what were sometimes seen as menial jobs, such as shelf-stacking, despite the fact that, for many of her trainees, this was where their most realistic employment opportunities lay.

There were several similar discussions on societal attitudes to disability, with the general feeling being that recent years had witnessed a positive change.

One NGO representative in Chennai, for example, observed that

“there has been a sea-change in attitudes over the last fifteen years. Parents now believe that if their children are educated then there will be job opportunities for them ... disabled people are starting to have aspirations. They are aiming higher.”

She also observed a greater awareness of disability rights, which was gradually challenging a deep-rooted culture of charity-oriented attitudes to disability. She attributed this partly to an increase in media coverage, with disability now being treated as a hard issue, rather than a human interest story, and more respectful language being used. One of her colleagues shared these views, pointing out that the Indian film industry is now portraying disability in a much more positive way, rather than presenting disabled characters as “comic or tragic diversions.”

Several representatives of organisations running job placement schemes observed a radical change in employer attitudes, particularly over the past five years. Large corporate employers, in particular, were starting to develop inclusive disability policies, and were seen as far more proactive about employing disabled people. One Human Resources Manager, based at a five-star hotel in Bangalore, gave the following example, which illustrates growing awareness of a business case for employing disabled people:

“We employed one deaf person in the finance department. When he arrived for work each day, he linked up with his computer and focused 100% on his work for the whole day. He would not get involved in office gossip. As a result, his output was 10-15% higher than others. He won an award for our best employee of the year.”

Others noted the positive impact that employing disabled people can have on staff morale. This was evidenced by the General Manager of WelcomEnviron Initiatives, the corporate social responsibility arm of a large hotel chain. He reported that, in 2008, the Company had conducted a national staff survey, in which “54% of employees stated that they liked working for us because of our policy on employing people with disabilities.”

While the majority of participants seemed to feel that attitudes to disability across society were gradually improving, there were some whose experiences showed that negative attitudes have not been completely eradicated. One disabled respondent, who has limited use of his upper arms, is employed as a software engineer in Chennai. He reported that many employers still see the impairment before a person’s job qualifications, and that “it is a tough task for people like me to convince them that we are physically fit for work”. The most striking perspective on this subject, however, was provided by the Director of SSK in Bangalore, who reported that

“an eminent scholar, whom I shall not name, recently gave a talk to 300 of our parents, telling them that their disabled children were proof that they were being punished for sins in a past life. Parents were crying and upset. I had to stop the presentation.”

The attitudes of disabled people themselves were seen, by some, as a barrier to economic empowerment. One State Government official, based at the District Industrial Centre in Nagapattinam, observed that disabled people often lacked the necessary confidence to start new enterprises, and were unwilling to

approach Government offices to ask for assistance. A staff respondent, working at the Leonard Cheshire Project in the same district, revealed that he was constantly faced with the challenge of trying to motivate disabled people themselves and persuade them to take some responsibility for their own empowerment. Some encouragement on this subject was offered by another Government official in this district, who observed that disabled people “are learning more and more about their entitlements, such as identity cards. They will come to my office and ask questions. This would not have happened five years ago”.

The ‘Wall of Barriers’, introduced in Chapter Three, can now be adapted to provide a visual representation of the barriers to economic empowerment described by research participants in India. This is illustrated below:

Figure 10: Indian Wall of Barriers

<u>Physical</u>		<u>Institutional</u>		<u>Attitudinal</u>	
access to workplaces		personal safety	snobbery	charity	
steep ramps		training curricula	punishment for sins		
overcrowded buses		poverty cycle	low confidence	tragic	
public buildings		access to education	physically unfit		
infrastructure	pavements	access to capital	resignation	motivation	
access to transport		poor planning	exploitation		
Foundations of fear, pity, superiority, revulsion					

Source: Adapted from Harris & Enfield (2003, p3)

7.11 Case Study 13: Cheshire Livelihoods Resource Centre

Leonard Cheshire Disability (LCD) has been providing disability services in Bangalore for the past 50 years. A recent initiative is the Cheshire Livelihoods

Resource Centre, which was launched in 2008. LCD's Regional Representative reported that the Centre is one of five planned for the South Asia region, with the aim of "enabling disabled people to live independent, dignified lives, free from poverty". The Centre Manager explained that services were aimed at those with a minimum of 10 years schooling, with those not meeting this criterion referred on to other organisations, such as APD.

The Centre offers a short foundation course, covering self-grooming, confidence building, interview skills and basic software skills. Those with the aptitude and interest can then take advantage of a range of in-house training courses, geared to the identified needs of local industry, or be referred to mainstream training institutions. Links have also been established with several local companies, mainly in the IT and service sectors, and the scheme seeks to match suitably qualified candidates with vacant posts. One staff respondent explained that the first six months of any job placement were considered critical, so a Placement Coordinator provides close support during that period, in order to ensure that a firm base for lasting employment is established. One difficulty frequently encountered is the cost of travelling to work, or re-locating, so the scheme supports newly-placed candidates with travel and accommodation costs, as necessary, for the first month of employment. The Centre also supports those choosing the self-employment route, by developing entrepreneurial skills and facilitating financial linkages.

Scheme activities are not limited to training and individual career support. The Centre Manager reported that they work hard to network with like-minded organisations, including other NGOs, Government bodies, microfinance organisations and employer organisations, to raise awareness on disability employment issues and to promote barrier-free work environments. The Centre also acts as an information gateway, she explained, providing information on workplace adaptations, livelihoods opportunities, employment rights and how to access financial entitlements, such as social security benefits.

The results have been impressive, in terms of enabling disabled people to access formal employment. In the two years since the scheme began, according to project documents, 324 candidates completed training programmes, and 222 of these have been placed in jobs. In terms of stimulating self-employment, on the other hand, the impact has been very small. Nine candidates completed the entrepreneurial skills programme, and six of these were now looking for formal employment, having apparently lost motivation for self-employment. The other three already had their own businesses, which are still running. One of the training instructors felt that interest in self-employment was low because candidates were aware of the growing opportunities in the formal sector and wanted to have a stable wage. Another staff respondent confirmed that the Centre's focus was almost entirely on formal employment, and reported that interest in the scheme was rapidly expanding, with candidates sharing news of their successes with other potential candidates, via SMS. One of the trainees interviewed had heard about

the scheme in this way. He had worked for two years at a housekeeper at a local hotel, but had become disillusioned by his lack of career development opportunities. He was now learning new skills, in order to achieve his goal of becoming a store manager in the retail sector. His experience shows that the scheme is not just about finding employment for disabled people, but also about enabling those who already have employment to further develop their careers.

This scheme, which demonstrates an innovative and structured approach to breaking down the barriers to mainstream employment, is achieving impressive results, in terms of its main focus, which is enabling disabled people to obtain formal sector jobs and further their careers. The scheme is funded by Accenture, a multi-national company, and would appear to be building a strong case for continued support. In order to further develop the project, there are plans to enlist the support of successful beneficiaries, who could provide peer support and act as role models for new candidates. The ultimate aim, according to one staff member, is for the Centre to become a national resource centre, and a blueprint for similar projects.

7.12 Case Study 14: Samarthanam Trust Livelihoods Programme

Another Bangalore-based organisation seeking to promote mainstream career opportunities for disabled people is the Samarthanam Trust. Founded in 1997 by a young man with a visual impairment, Samarthanam has developed into an established NGO, which aims to empower young disabled people, as well as

young people from poor economic backgrounds, through a range of development initiatives.

The organisation is particularly focused on equipping young disabled people to take advantage of emerging opportunities in the IT industry. A four-month basic training programme, covering computers skills and basic English, is provided at Samarthanam's Bangalore base, while new advanced IT training centres have recently been established in Bangalore and the city of Hubli, in Northern Karnataka. These provide a free six-month training programme, delivered in state-of-the-art computer laboratories, equipped with screen-reading software to support those with visual impairments. The courses are available to disabled candidates with a higher level secondary education, as a minimum, and a basic knowledge of English. The Centres also offer hostel accommodation and food, for the duration of courses, and a job preparation and placement service on completion of training.

The Bangalore training centre, established in 2010, had recently completed its first training programme, with a batch of 25 students. The programme covers a range of market-based skill areas, including IT, customer relations, product selling and presentation skills. The Training Coordinator reported that all 25 students had completed the course and been placed in jobs, mostly with private companies. Four of the batch had been employed by the Trust itself, at a small call centre, located within the training centre, where they were involved in marketing and fundraising activities. One of these employees, who has a visual impairment, had received several performance bonuses, in recognition of her

excellent performance. She told me that she had easily adjusted to the working environment and hoped, one day, to be a manager in the corporate world. The second batch of students, currently training, contained 20 students, all of whom participated in a focus group discussion. Despite being only two months into the course, virtually all members of the group had the confidence to stand up and state their career ambitions, which ranged from primary school teaching to being a newsreader, in front of the whole group. One of the instructors explained that confidence-building was a vital part of the process, as trainees would need to be able to present themselves in a confident manner when they put themselves forward for jobs in the future. It was interesting to note that only one of the trainees wanted to be an entrepreneur, which again demonstrated the strong preference for formal sector employment, among the urban-based beneficiaries that participated in the India fieldwork.

An even more recent Samarthanam initiative is the setting up of a rural Business Process Outsourcing (BPO) Centre in the semi-rural town of Bidadi, in the south of Karnataka, which was due to open a few weeks after my visit. The BPO Centre would function as a self-sustaining enterprise, providing various services, such as telesales and data entry, outsourced from local companies. The project's Recruitment Manager reported that recruitment was already underway, and that the BPO would eventually employ up to 200 people, with a balance of 70% disabled employees to 30% able-bodied employees. Samarthanam's Founding Director explained that one of the aims of this initiative was to show how an inclusive workplace can work, because "inclusion happens when you set an example."

The training centres receive some Government funding, covering 40% of costs, with the remaining costs being covered through Samarthanam's fundraising and income-generating activities. The Founder felt that having a diverse range of initiatives was a means to stability, and that creating new programmes, such as the rural BPO project, would generate new revenue, which would help to ensure the future sustainability of the economic empowerment programme.

This case study provides another example of a highly successful economic empowerment strategy, which highlights the opportunities that currently exist in India's formal sector, for disabled people who have been equipped with the necessary skills and are able to present themselves with confidence. The rural BPO initiative is an exciting new development which promises to provide rural employment on a significant scale, in an inclusive environment, while hopefully generating income as well, which will help to sustain the training programmes.

7.13 Case Study 15: Jan Madhyam Economic Empowerment Project

Jan Madhyam is a Delhi-based NGO, founded in 1982 by three friends – a puppeteer, a dancer and an artist – who used their creative talents to design and deliver special education programmes for schools and day centres. After 10 years, they acquired premises and set up their own special education centre. As the organisation has grown, the range of activities has expanded to encompass economic empowerment initiatives, focused on young women with

intellectual and sensory impairments. These include a self-help group, known as Rozgaar, a home-based production scheme and an open employment scheme. Jan Madhyam demonstrates a strong commitment to the principle of inclusion by opening these programmes to able-bodied young women from economically disadvantaged backgrounds.

Rozgaar is an inclusive self-help group, with 70% of its members disabled and 30% non-disabled, based at Jan Madhyam's premises. According to one of the three founders, the non-disabled members gel with the disabled members very quickly, and there are no barriers between them. To illustrate this, she described the process of electing officers:

“when Rozgaar members elect officers, they don't take into account disability. They elected one able-bodied member as Secretary, because she was an extrovert. Then they elected a member with a learning disability as treasurer, because she would not let go of the tin!”

Rozgaar was initially formed in 2000, and is now split into two sections: Rachna and Annapurna. The Rachna section, with 15 members at present, produces a range of hand-crafted products, from bags and jewelry to self-help books, with project staff providing product design and marketing support. The Annapurna section has five members, working from the kitchens at Jan Madhyam to prepare lunches, snacks and preserves for sale in the local community. Both groups were provided with seed money, which has now been repaid, and the project is self-sustaining. The groups keep detailed accounts and divide profits between them, according to the inputs of each member. One

Rozgaar beneficiary revealed that “I now have a bank account and a fixed deposit to earn some money”. The Project Manager reported that members “usually stay for up to five years”, and estimated that “around 300 people have passed through Rozgaar. Most have moved on to work for themselves or find jobs.” One current member had recently obtained a place at a computer training college for people with hearing impairments, and would be receiving a scholarship from Jan Madhyam to enable her to take up the offer. She summed up her experience at Jan Madhyam by saying “I have learnt the value of education, and want to pass this on to others”.

The home-based production scheme, which also started in 2000, involves training young women, together with their parents, and then supporting them to set up their own home-based businesses. One staff respondent explained how the process worked for one beneficiary, with an intellectual impairment, whose family was loaned money to purchase a spice grinding machine:

“We helped the girl and her mother to set up a work corner at home, so that the business would be respected within the family, and provided a cabinet for storing raw materials and products. We also helped them to design a work timetable, which would not interfere with home chores. Eventually, the brother and father also got involved, helping to deliver products to customers. Now the family have a small shop”

Another beneficiary interviewed had spent eight years developing her skills at Jan Madhyam, before leaving to set up her own business, providing on-demand catering for a corporate enterprise run by her father. She revealed that her training at Jan Madhyam had taught her to structure tasks in an organised

way, and given her the confidence to manage her own venture, with her parents' support.

The open employment scheme involves setting up apprenticeships with local firms. A staff respondent told of one beneficiary who had successfully completed an apprenticeship with a local motor garage, and had now moved on to a higher paid job. She explained how he had arrived at Jan Madhyam, five years previously, with very low self-esteem, but had been encouraged to develop his interest in artwork, and eventually had a drawing sold at an exhibition. This gave him confidence in himself, and also prompted his mother to see his potential, and to support him in his attempts to find work. The staff respondent admitted, however, that these open employment successes were very rare, due to the stigma-related barriers facing those with intellectual and sensory impairments in mainstream workplaces.

This case study provides another example of a scheme designed to empower those who are highly marginalized, due to the stigmas attached to their particular impairment types. What sets this scheme apart, however, is the strategy of creating an inclusive working environment for those who are not ready or able to access mainstream employment, and the use of creative media to build the confidence necessary to succeed in life. The organisation also works hard to engage with families, and to involve them in the economic empowerment process. One of the founders claimed that, although few take up formal employment, most of Jan Madhyam's beneficiaries were able to use the skills that they had developed in a productive or useful way, as a result of

which their families started to see them as contributors, rather than as a burden to them. She also outlined plans to improve the sustainability of the schemes, by encouraging families to take more responsibility for home-based businesses, and trying to obtain a retail outlet for the Rozgaar group.

7.14 Case Study 16: Ability Foundation Employment Wing

The Ability Foundation, based in Chennai, was founded in 1995 by a young disabled lady, with the issue of a disability magazine entitled ‘Success and Ability’. Her mission, in her own words, was to “change perceptions and work towards an inclusive society, long before this ideology was popular in India”. The magazine is still running today, and the organisation is now an established NGO, with a national focus, which seeks to promote the inclusion of all disabled people, through information dissemination, advocacy and employment. Among the Foundation’s wide range of activities are a national awards scheme, recognising outstanding achievements in the disability sector, a bi-annual film festival, featuring films with a disability theme from across the globe, and regular integrated cultural shows, featuring disabled performers and artists alongside their non-disabled counterparts.

In order to promote mainstream employment, the Foundation has set up an Employment Wing. This unit aims to sensitise employers on the need to treat disabled people fairly in the workplace, while also working directly with suitably qualified disabled candidates, in order to improve their employment prospects. There are now over 200 companies registered with the Employment Wing, representing various sections of the private sector, including IT, sales,

finance, retail, hospitality and banking. According to one staff respondent, an increasing number and variety of businesses are beginning to recognise the valuable human resource potential of qualified disabled people. There are now ample opportunities in the private sector, she claimed, and employers sometimes approach the Employment Wing looking to fill up to 100 posts. One beneficiary has been working as a software engineer since 2008. He praised the Ability Foundation for its “many pioneering activities to empower disabled people in society”. He feels that his job placement has given him the opportunity to lead a good life, although his career progression has been limited by an apparent reluctance on the part of his employer to extend his range of responsibilities. There is little that the Foundation can do to support candidates once they are in employment since, as a staff respondent explained, candidates are placed all over India, which means that follow-up is often limited to occasional telephone calls.

In order to prepare candidates for mainstream employment, the Foundation runs the National Centre for Information and Communication Technology, which provides training in a range of communication and life skills, including business English, personality development and interview techniques. Courses are free and arranged on an ‘ad hoc’ basis, starting when enough suitably qualified candidates have passed through the pre-screening process. One staff respondent described the Centre as “a finishing school, filling skills gaps to make candidates more employable”. The approach is working well, she claimed, as the vast majority of trainees go on to find jobs.

Perhaps the major activity of the Employment Wing is the hosting of the annual Employability Jobs Fairs. These started in 2004 and have become increasingly popular, now attracting up to 75 companies and 800 graduate-level candidates from across India each year. Participants at a staff focus group discussion estimated that around seven per cent of these candidates obtain jobs. In order to reach out to candidates in other States, who often travel huge distances to attend, the Foundation recently organised additional jobs fairs in the northern cities of New Delhi and Guwahati. The Deputy Director explained how the fairs work:

“they last for two days, with the first day involving screening, written tests and job matching, which helps to ensure that candidates only apply for those jobs that interest them and match their abilities. The aim is to set a high benchmark, so that employers know they will recruit high quality candidates and candidates know they have a good chance of success”.

One beneficiary attended the 2008 Jobs Fair and was selected for a job by Standard Chartered Bank, for whom he now works as a Customer Services Executive in Jaipur. As with many of the scheme beneficiaries that were interviewed during this study, he is grateful for his opportunity to lead an independent life and would like to help others to do the same. His ambition is to set up a rural organisation in Rajasthan, providing IT training to disabled people who have little or no education.

This case study provides an example of a highly successful, holistic economic empowerment strategy, firmly based on the social model principles of

inclusion and integration. One of the key features of this scheme, however, is its sole focus on graduate-level candidates, for whom the formal sector appears to offer an increasing range of opportunities. The success of this scheme demonstrates the importance of educating and training more disabled people to reach this level, so that they can take advantage of these opportunities. The Ability Foundation, which is entirely funded through donor support and local fundraising, has limited capacity to meet this challenge itself, but is able to play an important role in persuading others, such as the Government and society in general, that the investment is worthwhile.

7.15 Case Study 17: Vazhndhu Kaattuvom Project

Vazhndu Kaattuvom, meaning ‘let’s show them how to live’, is an empowerment and poverty reduction initiative of the State Government of Tamil Nadu. Launched in 2005, with the assistance of the World Bank, the project aims to reduce poverty among vulnerable groups within rural communities. This case study is based on an in-depth interview with the Differently Aabled and Vulnerable Specialist at the project’s headquarters in Chennai, who is in charge of the disability component, and a visit to the rural Tiruvarur District, in the south of the State, to see the project in action.

The senior project representative explained that 16 of the 32 districts in Tamil Nadu had been selected for project implementation, based on selection criteria such as mortality rates and ‘backwardness’. Within these districts, the main target beneficiaries were disabled people (officially termed ‘differently aabled’ in Tamil Nadu), tribal communities and other vulnerable groups, such as

widows and orphans. Beneficiaries are identified through a process known as Participatory Identification of the Poor (PIP), through which project staff use participatory methods,¹¹¹ such as social mapping, to enable rural communities to identify the most vulnerable people. These methods, which rely on pictorial representation of streets and houses, are considered most appropriate, he explained, due to high levels of illiteracy within the villages. The District Project Manager in Tiruvarur District highlighted the transparency of the process, as beneficiaries are selected in front of everyone, and claimed that the process had only needed to be repeated on a couple of occasions in his district, when mistakes had been made and people had been missed.

Once the beneficiaries have been identified, the Chennai-based representative explained, they in turn elect a voluntary Village Poverty Reduction Committee (VPRC), including at least one disabled person, to represent their interests and govern the local implementation of the project. Each VPRC is allocated funds to be used for a range of local project activities, including skills development, livelihoods support, medical rehabilitation and building the capacity of self-help groups. Each VPRC also appoints a Community Development Facilitator, drawn from the community, to be responsible for disabled beneficiaries and their families within the village panchayat.¹¹² Facilitators undergo a short foundation course on disability awareness, before taking up responsibilities, and work under the supervision of Special Group Facilitators, who operate at Cluster Level.¹¹³ The VPRCs themselves are supported at Block Level¹¹⁴ by

¹¹¹ See Chapter Five, Section 5.2, p112, for a discussion on participatory methods.

¹¹² See Section 7.1, p239, for an explanation of the term 'panchayat.'

¹¹³ See Section 7.1, p239, for an explanation of the administrative system.

¹¹⁴ See Section 7.1, p239, for an explanation of the administrative system.

Block Disability Facilitating Agencies, comprising local NGOs with disability experience, hired on a fixed contract basis to provide ‘hand-holding support’.

One of the core project activities is the formation of self-help groups, known as ‘common livelihoods groups’, designed to bring together 10-15 people, including non-disabled and disabled people, with similar livelihoods interests. Groups receive training in management processes and social mobilisation, after which they are allocated a grant, which can be used to set up revolving saving and loans schemes. Then, after six months, the groups are linked with a bank, and receive a further allowance (part-subsidy, part-loan), enabling them to increase their revolving funds and further develop their livelihoods activities. As the process continues, he explained, the groups become more cohesive and increase their credit rating with the bank.

In addition to the common livelihoods groups, the project supports special self-help groups, for disabled people only, although those with intellectual impairments can be represented by a family member. These groups are usually smaller, but supported in the same way as the mainstream groups. The Chennai-based representative explained the rationale behind this twin-track approach:

“the special self-help groups are for the differently abled only, because we have found that when they join mainstream groups they often feel that their voices are not heard and they become more marginalized. For this reason they prefer to have their own groups, where they are able to build their confidence. Although we aim for inclusion, we

understand the member's views on this and feel that we should let the communities decide for themselves”.

He also highlighted another difficulty commonly raised by disabled beneficiaries, which is the cost of travelling to group meetings. In order to minimise these costs, it was decided that the special groups should be allowed to have as few as five members.

In Tiruvarur District, Leonard Cheshire Disability (LCD) are one of the NGO implementing partners. The District Project Manager reported that monthly review meetings were held, in order to plan each stage of implementation and to discuss challenges, and that the NGO was seen as an equal partner, with valuable specialist knowledge on disability. LCD's local Project Manager was present during this discussion, and agreed that the collaboration was effective and balanced. The project is currently being implemented in four of the Tiruvarur District's 10 blocks. According to the District Project Manager, 543 special self-help groups had been established in the District, covering 159 village panchayats, and 343 of these had reached the bank linkage stage (around 63%).

One of the special self-help groups, named 'Roja' (Rose), held a group meeting on the day of my visit. The meeting was attended by all six members, as well as the Community Development Facilitator and representatives of the local VPRC. One of the members described the main purpose of the group as “to promote cooperation, generate economic activity and reduce inequality in society”. Another described the process of decision making within the group:

“one member proposes an activity, then we brainstorm. Everyone has their say, and we usually reach mutual agreement”

The group was formed through the PIP process, and had received a loan from the VPRC, which it was in the process of repaying. Though not yet linked to a bank, they had been able to build up group savings for internal loans, used to fund various economic activities, as well as marriages and medical expenses. Discussions with group members revealed, however, that non-monetary benefits were valued as highly as the economic benefits. As one member put it:

“Before, our status was not recognized in the community. Now we have gained recognition and others want to join the group”

This view was typical, according to the Community Development Facilitator, who supports 12 special self-help groups in total, attending meetings and visiting individual members in their homes. She confirmed that the majority of them felt that their economic and social status had improved, within their village communities, as a result of the project.

While the self-help group system appears to be the main vehicle for delivery of services, the project also involves working with beneficiaries on an individual basis. I accompanied the Assistant Project Manager, together with the LCD Project Manager and a local Community Development Facilitator, on several home visits, during which a wide range of issues were tackled. For

example, a mother, whose husband had deserted her when her two children were born with intellectual impairments, had started a food vending business, using a loan from the special self-help group that she attended on behalf of her children. She was very distressed at the time of our visit, due to a recent incident, in which drunken youths had attacked her stall. The Government and NGO representatives worked together to counsel the mother on this and other issues, as well as arranging some additional support for her children.

In terms of State-wide outcomes, the Chennai-based representative reported that the project had so far reached 2,509 village panchayats, and was supporting 7,840 special self-help groups across the State. He estimated that 90% of disabled people, living in the project implementation areas, had been mobilised into one of these groups or a mainstream group. He also reported that 70% of the special self-help groups had received a credit rating through bank linkage, and that around 50,000 disabled beneficiaries had received individual financial assistance, through the VPRCs, to develop livelihoods activities, such as petty shops, dairy farming and brick making. A similar number had been enrolled on vocational training courses, at District Rehabilitation Centres,¹¹⁵ located around the State, with 70-80% of those completing training going on to formal employment. According to the State Government's Mid-Term Review, carried out in 2009, "mid-term results of the project have been exemplary and have surpassed the targets set in the appraisal document". The World Bank appear to be similarly impressed, having agreed to extend their support, for a further three years, until 2014.

¹¹⁵ See Section 7.5, p250, for an explanation on the role of District Rehabilitation Centres.

This case study represents a well-structured, community-driven approach to empowering the most vulnerable members of society, including disabled people, which appears to be achieving extraordinary results. The mass proliferation of self-help groups, which is a central theme of the project, lends support to Coleridge's claim that this is now the "dominant mechanism for grass-roots development in India" (2007, p150).¹¹⁶ This appears to be a genuinely participatory project, providing an excellent example of the Government 'handing over the reins' to beneficiaries, and working in tandem with NGOs, in order to deliver services as effectively as possible, thus countering criticisms that have been directing at them in the past for failing to do so.¹¹⁷ According to the Chennai-based representative, there are plans to extend the project to cover a further 10 districts, over the next four years, and it seems likely that Vazhndhu Kaattuvom could also provide a blueprint for other States to follow.

7.16 Case Study 18: Leonard Cheshire Project

In addition to its involvement in the Vazhndhu Kaattuvom initiative, LCD runs its own livelihoods project in the south of Tamil Nadu, known as the Leonard Cheshire Project. The project is based in Nagapattinam, a coastal town that was severely affected by the 2004 tsunami, and covers the rural Nagapattinam, Tiruvarur and Cuddalore Districts. The scheme covers medical rehabilitation, livelihoods and advocacy, with a strong emphasis on mainstream inclusion. The livelihoods component includes vocational training,

¹¹⁶ See Section 7.6, p254.

¹¹⁷ See Section 7.5, p250, for a discussion on these criticisms.

career guidance, job placement and entrepreneurial support. The project was launched in 2005, in response to concerns that, as communities were being rebuilt in the wake of the tsunami, the specific needs of disabled were not being met.

While some beneficiaries are trained at a small tailoring unit, located at the back of the project office, the majority are trained within their own communities or referred to mainstream institutions. Among the local mainstream training companies that the project has established links with are Avice, where four beneficiaries had recently been trained in computer servicing. A representative of Avice explained that LCD provided special equipment, such as screen readers, to enable their candidates to attend, as well as subsidising their training fees. He reported that there were no barriers between the disabled and non-disabled trainees, although the disabled trainees sometimes needed a little more time. A range of other vocational training options are also facilitated through the project. LCD's Project Manager explained that

“in rural areas, not everyone can be trained for IT companies. We do a market survey to match their skills to opportunities. Many have been trained to make artificial jewelry or repair mobile phones.”

In order to promote self-employment, which is seen as the most realistic option for the majority of beneficiaries, training is provided in entrepreneurial skills, such as market and profit analysis, and linkages are established with local financial institutions. One beneficiary interviewed had acquired a

physical impairment following a car accident two years previously. He was already managing a general store, owned by his father, but had got into debt, due to his medical expenses, and was using moneylenders. Project staff helped him to get a national ID card, so that he could access his disability entitlements, and referred him to the Government's Prime Minister Employment Guarantee Scheme,¹¹⁸ through which he received a business loan, including a 30% subsidy on account of his disability. He had used the cash injection to invest in stock, and was keeping up with loan repayments. The project had helped him to adjust to the difficult situation, he explained, and he now felt that he had the respect of his family and the local community, as a successful entrepreneur who employed five staff. Another beneficiary interviewed had lost both his house and fishing livelihood to the tsunami. He had been re-housed in a low-lying area, which was now semi-flooded, and the project had provided him with a loan to enable him start a firewood selling business. This was a trade he knew and understood, he explained, as fishing communities often cook over open fires. With the business established, LCD disbursed a further loan, which he was required to match, in order to raise the level of his house, as the flooding problem was making it difficult to keep the firewood dry. He reflected that

“without the project I would not have been able to start the business. Then I would have been fighting. Now people ask to borrow from me. If we have money, people respect us”.

¹¹⁸ See Section 7.8, p257, for an explanation of this scheme.

The interpreter explained that by ‘fighting’ he meant that he would have lived a reckless life. A staff respondent also identified this beneficiary as a positive role model for other beneficiaries, as he often came to the office to make his loan repayments, rather than waiting for project staff to visit him.

In terms of general outcomes, the Project Manager reported that, over the past two years, 74 disabled beneficiaries had been placed in formal employment and 240 had established their own businesses, in a variety of fields. Living standards had vastly improved for these beneficiaries, he claimed, and local employers were now far more receptive to employing disabled people. The livelihoods component of the scheme is sponsored by Accenture Tech, although, as he went on to explain, they try to meet some of their own costs by charging user fee contributions, even if they are minimal, and giving loans rather than grants, thus encouraging beneficiaries to take some responsibility for their own empowerment,

As well as providing individual support, the project has formed over 20 self-help groups, across the three districts, and supports the groups to manage their affairs, access entitlements and establish links with local financial institutions. The groups are for disabled people only, although under-18s can be represented by their parents. One staff respondent explained that members tend to prefer this exclusivity, as they feel that their concerns would not be heard in mainstream groups. The groups have been encouraged to solve their own problems, he went on, and are now flourishing, with some virtually self-sustaining. A Bank Manager at the Lead Bank in Nagapattinam, with whom

the project has established a productive partnership, also expressed a positive view:

“peer pressure within the groups creates solidarity, which leads to good repayment rates. The disability self-help groups are now seen as a good banking investment”.

One of the self-help groups, called Vadagudi (meaning ‘revolutionary flower’), which has 11 members, held their fortnightly meeting in the open air, under the setting sun, on the day of my visit. The group operates a revolving loans fund, boosted by a sizeable bank loan, from which internal loans are made, mainly to support individual agricultural activities. A staff respondent, with whom I attended the meeting, explained that the bank had initially refused to lend to the group, fearing it would be unable to repay, and had only changed this decision when a new manager arrived. Now the group was repaying on schedule, and serving as a role model to other groups. The Group President reported that Vadagudi had joined with other self-help groups within the scheme to form a local pressure group, with the support of LCD. Another member reported that “We now have respect in the village. People fear us because we are a group and we know our rights”. The staff respondent pointed out that even my visit had highlighted this transformation:

“this group used to find it tough to talk to visitors. Now they are openly asking the researcher what is the purpose of his visit and how research will be used.”

This case study represents another highly successful approach to promoting economic empowerment in rural and semi-rural communities, through a diverse range of project activities, designed to encourage disabled people to take charge of their own development, either individually or through membership of self-help groups. One key feature of the strategy is the close links that appear to have been established with local partner organisations, including financial and training institutions, as well as local Government authorities. Project staff act as facilitators and intermediaries, enabling beneficiaries to access their entitlements and take advantage of local opportunities, while advocating on their behalf to break down the barriers to inclusion. While the project benefits from donor support, it is achieving tangible results and building a strong platform for future sustainability, which should help to satisfy donors that the funds are being put to good use.

7.17 Case Study 19: SEVAI Self-Help Groups

This case study examines a rural development programme run by the Society for Education, Village Action and Improvement (SEVAI), an Indian NGO based in the Thiruchirapalli District of Tamil Nadu. The organisation was founded in 1975, with the aim of promoting a more equitable society, through a range of sustainable development activities, designed to raise living standards and empower the poorest and most marginalised sections of local rural communities.

In order to promote economic empowerment for women, SEVAI have long adopted the self-help group model, and have established around 7000 groups

across four local districts. This initiative has recently been extended to reach out to disabled people living in these districts, and 32 disability self-help groups, each with between five and eight members, had been set up within the previous year. SEVAI's Founding Director explained that, while some disabled people had gained membership of the mainstream groups, the majority were not accepted, so it was felt that separate groups were necessary. One beneficiary who *is* a member of a mainstream group, however, reported that she had received an educational loan through her group, enabling her to obtain a commerce degree, and also contributed to the group's income-generating project, producing hollow blocks. She was proud to have been a member of the group for six years now, and felt that she was listened to and had a full say in group decisions.

One Programme Coordinator reported that SEVAI staff had provided intensive support to the disability self-help groups, since were formed, attending meetings and guiding members through the process of electing leaders, record keeping and establishing bank linkages. SEVAI also provide surety for initial bank loans, which each group had received, in order to enable them to set up revolving loans funds. Once established and running for over a year, she explained, the groups would be able to join Panchayat Level Federations, and would then qualify to receive economic activity bank loans, via the Federations, of up to five times group savings, which can be used to set up group income-generating projects.

Although the groups had not been formed long enough to join federations, some of them collaborated on an informal basis, and I observed one group meeting at which three groups, named Idhayam, Roja and Sigaram, were gathered together. Each group had five members, and those present included several with physical impairments, one with a visual impairment and one with an intellectual impairment. Each member had their own savings account with the local bank, and paid a monthly contribution to the group savings fund, from which loans were regularly disbursed for a variety of purposes, including business development, education and weddings. It was interesting to note that all of the members present were engaged in some form of economic activity, except for the two members with non-physical impairments, both of whom were unemployed. Although the groups were newly-formed, some members reported that they had already benefitted from the opportunity to establish saving habits, while others felt that the group meetings were an important social occasion, which they looked forward to.

Programme costs are met through a combination of Government funding and donor support, although SEVAI does have a sustainability strategy in place, which was described by a former volunteer helper, who is now one of the organisation's supporters:

“SEVAI believe in providing assistance through loans and capacity building, rather than grants. This can create a problem because disabled people are used to receiving free Government handouts, so sometimes they are reluctant to make contributions.”

She felt that SEVAI was right to continue this approach, however, and even suggested that they should consider charging self-help group members a small monthly fee towards the cost of capacity building and advocacy.

Although the disability component of this programme is relatively new, SEVAI has a firm track record of delivering services on a wide scale, and its leadership appears to have strong links with State Government, who are similarly committed to the self-help group concept. The Founding Director informed me that they hoped to establish at least 100 disability self-help groups, and had also been invited by the Government to participate, as an implementing partner, in the next phase of the Vazhndhu Kaattuvom Project,¹¹⁹ which would involve them in the formation of a further 164 groups. This case study provides further evidence to show that disability self-help groups can be a powerful means of mobilising and empowering disabled people. However, the experience of the respondent who belongs to a mainstream self-help group shows that disabled people can also thrive in mainstream groups, which suggests that service providers need to ensure that mainstream groups are encouraged to be as inclusive as possible, so that more disabled people will have the opportunity to join them, especially if they live in an area where there are no disability groups.

7.18 Case Study 20: APD Livelihoods Programme

Established in 1959, APD is a Bangalore-based cross-disability NGO, which has gradually moved its focus from sheltered employment to training,

¹¹⁹ See Case Study 17, Section 7.24, p285, for details of the Vazhndhu Kaattuvom Project.

mainstreaming and advocacy. When disabled people register with the organisation, they receive initial counselling and assessment, which may be followed by enrolment on an APD training course or direct access to the job placement service. Those considered suitable for mainstream courses are referred to local colleges, and may even receive scholarships to cover training fees.

APD's main site is the Industrial Training Centre, which offers foundation training, covering basic skills and interview techniques, as well as pre-vocational training for those with intellectual impairments. For those that have obtained educational qualifications, there are two-year certificated courses in a range of trades, such as electronics, mechanics, multi-media and office management, as well as shorter courses designed to fill specific skills gaps, often identified by employers. APD also run two Horticulture Training Centres in the city, providing courses covering a range of practical tasks, aimed at those who have not had formal schooling (including some with intellectual impairments).

Once trainees have acquired the necessary skills, they are able to access the job placement service, which aims to match them with appropriate mainstream job opportunities. Job Placement Officers liaise with employers in the corporate, NGO and service sectors, as well as providing intensive support to candidates during the early months of employment, including workplace visits and facilitating peer group support. APD sets a good example itself in disability employment, as 40% of its own workforce are disabled people. The

Director of Programmes explained that they maintain this ratio despite the policy of seeking to move employees into mainstream jobs after two years of employment at APD, so that they do not become “dependent on a safe environment.”

Although APD is based in Bangalore, many of their target beneficiaries live in surrounding rural areas, so community outreach is an important part of the strategy. APD have 20 field staff, working in four districts of Karnataka, providing career guidance, as well as forming and supporting self-help groups. As one staff respondent explained, community contacts help to ensure that those living in rural areas are able to access training and employment services, “often within their own communities, where many want to help, but do not know how to. Community resources are there, waiting to be tapped.” This view is supported by the 2002 ADB Country Report, which advocates community approaches to take advantage of the untapped potential within Indian communities.¹²⁰

Another important component of the Livelihoods Programme is ‘focused advocacy’, which involves lobbying and consulting with State Government on how best to promote mainstream employment and implement the State employment reservations. A staff respondent reported that APD had been fully involved in consultations over the new Disability Act, which he expected to be strong on economic rehabilitation.

¹²⁰ See Section 7.5, p250, for a discussion on the ADB report.

According to project documents, APD facilitates training for over 1,000 disabled people each year. Around half are trained at APDs own training centres, while the others are sponsored to attend mainstream colleges. Of those graduating from the Industrial Training Centre, around 70% are placed in formal sector employment, with most of the others accessing higher education, and a very small number starting their own businesses. The bias towards formal employment reflects a view, shared by all three of the trainees interviewed, that this type of employment is more secure. One staff member, who has worked at APD for 15 years, attributed the success of the job placement scheme to the strong links that have been established with regular employers, and reported that job placements rarely break down. The Horticulture Training Centres have also achieved considerable success in securing post-training employment. One of the Project Coordinators reported that most graduates are placed in Bangalore's numerous garden centres and nurseries, or in the packing industry. Others are employed as gardeners, or return to their home communities in rural areas, where they can use their agricultural skills to contribute to family livelihood strategies.

The Livelihoods Programme is able to meet some of its costs by levying means-tested user charges. Funds are also raised through local fundraising efforts and sponsorship from international agencies and companies, such as the Ta-Ta Trust. According to the Director of Programmes, the policy of accessing a diverse range of funding avenues is a key to sustainability. The Horticulture Centres are virtually self-sustaining, with 70% of costs covered by the sale of plants. The Project Coordinator explained that revenue is also raised by buying

in plants from other nurseries, which are then sold on at a profit, as well as hosting weekend horticulture courses for the general public. While they do rely on some public donations and sponsorships, the business-oriented approach helps to ensure that the project is not over-reliant on goodwill.

In summary, this programme represents a holistic and wide-reaching approach to promoting economic empowerment, in both rural and urban areas. While the core training activities are provided in a segregated environment, the strategy of feeding beneficiaries into the mainstream at the earliest opportunity suggest that segregation is viewed as a platform for long-term inclusion. This focus on mainstreaming, where possible, reflects an underlying belief that, as the Director of Programmes put it, “exclusion must not be tolerated.” A key part of this strategy is the job placement scheme, which appears to be achieving incredible results, in both enabling disabled people to access appropriate formal sector jobs and to keep them. The programme also scores highly on sustainability, due to the business-oriented approach to providing services, which includes a willingness to charge user fees, based on ‘ability to pay’, and the establishment of various avenues for generating revenue.

7.19 Case Study 21: NAB Training and Employment Programme

The Bangalore branch of the National Association for the Blind (NAB) offers hostel accommodation, vocational training and job placement services to young adults with visual impairment.

The Technical Training Institute, established in 1982, provides courses in general mechanics, leading to Government trade certificates, along with training in basic skills and mobility. Courses last for two years, with each batch containing up to 14 trainees. One Training Officer, who conducted a tour of the workshops, showed how industrial machines had been fitted with simple adaptations for training purposes. For example, pieces of string were attached at one end to various parts of the drilling machine, and at the other end to a braille information board, giving instructions for safe use. The Institute's Superintendent explained that students were taught skills that were required by modern-day industry, and trained on regular machines, so that they would be able to adapt to ordinary workplaces. He reported that course drop-outs were extremely rare, and estimated that around 90% of trainees were successful in finding jobs, usually in local factories.

More recently, a Computer Training Centre has been established on the same site, in order to take advantage of new job opportunities arising in Bangalore's booming IT sector. One of the instructors explained that students are trained to use open-source software, which is free to download, so that their future employers will not need to buy software licenses, in order to accommodate them in the workplace. The Head of Computer Studies reported that very few students drop out of courses, and that demand for graduates is high, in both the corporate and Government sectors. Nine of the computer trainees participated in a focus group discussion, and all of them expressed a preference for the corporate sector, believing that, as one put it, the environment would be more "supportive and friendly." Participants also reported that company

representatives made regular visits to the Centre, which gave them confidence that their skills would be needed.

The job placement service, established in 1977, aims to match five suitably trained candidates with each vacant post that is identified. Successful candidates are provided with a three-day job orientation programme, familiarizing them with the layout of the workplace. The Placement Officer explained that her role was to maintain close contact with both the employee and employer, during the early months of employment, in order to ensure that the placement is working out from both sides. As a result, she explained, job placements rarely break down. She also reported that over 1500 disabled people had been successfully placed, since the scheme began. They were currently registering around 70 new candidates each year, with the vast majority finding work within six months. According to NAB's Chief Executive Officer, the process of building rapport with local companies was vital to the ongoing success of the scheme.

One major difference between this scheme and the APD scheme is that the NAB have a policy of providing all services free of charge. The Chief Executive Officer explained that the majority of beneficiaries come from poor backgrounds, and claimed that "if we charged 50 paisa, they would not come." As a result of this policy, he explained, the organisation is heavily reliant on public and private funding sources, including international agencies, such as Sightsavers UK. Meeting day-to-day costs was a constant challenge, he

reflected, and they were working hard to expand local funding sources, so as to reduce reliance on international donors.

This case study provides further evidence of a growing demand for suitably qualified disabled people, particularly in India's corporate sector, and shows how appropriate job placement support can facilitate the transition from training to employment. However, a reluctance to charge user fees does appear to be putting a strain on resources, raising questions over the future sustainability of the programme. One interesting aspect of the NAB approach was highlighted by one of the instructors, who explained that "NAB train the disabled to cope with workplace barriers, rather than expecting employers to remove them." This was evidenced by the strategy of using regular industrial machines in the Technical Training Institute, and working with open-source software in the Computer Training Centre, as described above. This approach puts an interesting twist on the social model, acknowledging the cost barriers associated with adapting workplaces and attempting to 'meet society halfway', in order to promote integration.

7.20 Case Study 22: SSK Inclusive Vocational Training Centre

Among the wide range of educational and rehabilitation services provided by the Spastics Society of Karnataka (SSK) is the Inclusive Vocational Training Centre, established in 2005. While the aim is to promote long-term economic inclusion, as the name suggests, this is basically a segregated unit, situated within the main SSK campus in Bangalore. Courses run for three years, and include secretarial skills, embroidery, carpentry and bakery skills. The bakery

section, which includes a production unit, caters mainly for those with intellectual impairments. A range of extra-curricular recreational activities are on offer, and my visit happened to coincide with preparations for the annual sports day. There is also a pre-vocational unit, for those aged between 14 and 16, which includes some able-bodied students who are economically disadvantaged. The Director explained that many of the students come with no prior training and, in some cases, have been shut away by their parents, resulting in behavioural issues. The pre-vocational unit seeks to address these issues and teaches basic self-help skills, together with functional numeracy and literacy.

There were 46 trainees enrolled at the Inclusive Vocational Training Centre, at the time of my visit, many of whom travelled in from rural areas on a daily basis. On completion of training, social workers maintain contact with the students, and try to find suitable employment for them. The Centre Manager estimated that around 30% of trainees, mostly those with secretarial skills, were placed in jobs. Those in the bakery unit were less successful in finding outside work, although some were able to stay at the Centre and work on the production side, for which they received a small stipend. Trainees were also able to use their bakery skills to make a greater contribution to domestic duties at home, she added. Only one former trainee had, to her knowledge, started his own bakery business, with the support and involvement of other family members.

The job placements that had been established were not always successful. One senior organisation representative reflected that

“those with obvious, visible disabilities tend to succeed in job placements, while those with learning disabilities, autism and other less obvious disabilities often switch jobs and eventually drift back to us. They are not understood in the workplace.”

She went on to describe how they had set up a self-help group, for some of the trainees with the most severe impairments, who would have virtually no prospect of employment, and their parents. The group, which had been running for four years, had set up a successful cooperative income-generating project, with SSK supporting them on the marketing and coordination side.

The scheme relies on some Government funding and a number of local private and corporate donors, in order to meet its costs, although it does try to generate some of its own income as well, as the Director explained. Trainees are asked to make a contribution to training fees, although these are minimal, as most come from very poor backgrounds. The bakery unit also raises some additional income through the sale of products. The interview was interrupted, just as we were discussing this, when four of the trainees arrived with trays of freshly baked bread and biscuits for sale! She went on to outline plans to diversify production and expand sales, with the goal of building a self-sustaining training and production centre. This vision was endorsed by a representative of Oracle Financial Services, who are among the local corporate donors. He felt that, although Oracle was strongly committed to supporting

disability projects, as part of its corporate social responsibility strategy, these projects needed to be based on sound business planning.

This scheme caters mainly for those who face the greatest difficulty in fitting into the mainstream, due to the type and severity of their impairments. By providing alternative post-training options, such as working in the bakery production unit or becoming part of a self-help group, the scheme tries to ensure that those who cannot be placed in mainstream employment will at least have the opportunity to engage in some kind of meaningful work, within a supportive environment. The current vision of turning the Centre into a self-funding project provides hope that these opportunities will be available on a long-term basis. This case study demonstrates a flexible approach, which seeks to mainstream where possible, while ensuring that those for whom mainstream economic activity is not a realistic prospect are not left out of the economic empowerment process altogether.

7.21 Case Study 23: AMC Multi-Category Workshop

Established in 1961, the Association for the Mentally Challenged (AMC) is a multi-faceted Bangalore institution, which aims to provide ‘cradle to grave’ support to people with intellectual impairments, through its team of professional staff and volunteers, as well removing stigmas and raising awareness through research, training and dissemination activities. Though initially focusing mainly on education and medical rehabilitation, AMC have gradually expanded its range of activities to promote economic empowerment as well, through its vocational training programme and sheltered workshop.

One organisation representative explained that this changing focus was necessary because those with intellectual impairments often lack marketable skills, and the mainstream colleges will not accept them.

The vocational training programme, which began in 1973, offers a three-year programme covering a wide range of practical skills, including gardening, tailoring, craftwork, candle making, plastic welding, carpentry and dairy farming, as well as basic computer skills. There were 65 trainees on the programme, at the time of research. No training fees are levied, one staff respondent, explained, because 90% of the trainees come from the lowest socio-economic strata. However, attendees are expected to pay for their bus transport into the Centre each day.

Although AMC tries to find mainstream employment for those who complete the training programme, this has proved extremely difficult. The General Secretary reported, in fact, that they had only managed to place 38 people in the 50 year history of the Association! In response to this challenge, AMC set up its own sheltered workshop in 1996. At the time of my visit, there were 23 disabled people employed at the workshop, on an indefinite basis, producing candles, greeting cards, jute mats and toys. Products are sold at regular NGO bazaars, and they also receive bulk orders for certain items from multi-nationals.

One of the beneficiaries interviewed, who has an intellectual impairment, had been at AMC since 1983, first as a trainee, then a sheltered workshop

employee, and for the past five years had been employed by the Association as an office assistant. Commenting on the difference that his career development at AMC had made to his family life, he reported that “they respect me for the job that I do, and I am now able to help out around the house.”

The main challenge facing the programme was how to build sustainability, with sales revenue barely covering the cost of raw materials, leaving very little to provide for employee stipends and other project costs. The programme receives no Government funding, so is heavily reliant on private and corporate donations. This issue was discussed at length during a staff focus group, which led to the conclusion that there was a need to increase sales revenue by marketing existing products better and developing new products. One member of the group identified the potential of the nearby Kidwai Hospital to provide a ready market for disposable clinical items, required on the wards and in the operating theatres, which could easily be produced at the workshop.

This scheme focuses exclusively on a sub-section of the disabled population that face extreme marginalization, due to their particular types of impairment, and would appear to have very little prospect of participating in the economic mainstream of society. The failed attempts, over many years, at placing trained beneficiaries in mainstream employment provides a firm rationale for offering a segregated alternative, which at least offers an opportunity for meaningful work and a small income. The long-term success of the project, however, would appear to depend on whether a market niche can be found for the skills

that are being developed on the training programme and the items produced in the workshop.

7.22 Case Study 24: Vidya Sagar Employment Education Centre

Vidya Sagar is a Chennai-based NGO, established in 1985. Their main mission is to provide opportunities for the holistic education and development of children and young people with various physical, sensory and intellectual impairments. The organisation also has a very active advocacy unit, which engages with State Government and raises awareness on issues of inclusion.

The Employment Education Centre, set up in 1987, provides a post-education training and employment preparation programme. Following an initial assessment, which takes into account interests, aspirations and functional abilities, as well as family background and wishes, a vocational programme is agreed. Training activities include tailoring, weaving, paper bag making and block printing, as well as a range of recreational activities for those with profound intellectual impairments. The Centre also has a sheltered workshop section, producing various items, such as begonia leaf cups, for sale.

On completion of training, a Placement Officer works to place the more able graduates in open employment, liaising with local employers and maintaining regular contact to resolve issues during the settling in period. One Project Coordinator reported that placements were hard to find, however, as very few employers were open to employing disabled people, especially those with low cognitive abilities. She also identified the issue of commuting, which is a

major barrier to open employment, particularly for wheelchair-users, unless parents were willing to transport them to and from work. Vidya Sagar's Director estimated that around 25 trainees had been placed in open employment since the scheme began. She observed, however, that many of them had tended to switch jobs frequently, as they were often assigned tedious or repetitive tasks, and then drifted back to Vidya Sagar after a couple of years. This observation was consistent with the experience of one beneficiary, who had twice been placed in local factories. Both placements had been short-lived, as he had quickly become bored with the repetitive tasks. He had returned home for a couple of months, before his parents arranged for him to return to Vidya, where he joined the sheltered workshop. He reflected that he was much happier at the workshop, but would like to try open employment again in the future, perhaps in a hotel.

Another post-training option is the neighbourhood initiative, running for seven years now, which aims to link up ex-trainees, together with their parents, in order to form income-generating groups, which either rent workspace or work from a group member's home. Vidya Sagar provides equipment to enable the groups to produce items for sale, as well as assisting with securing loans and marketing. One Project Coordinator explained that the aim was to gradually reduce dependency on Vidya, by encouraging parents to take the lead.

However, the initiative has not been as successful as hoped. All four groups that have been set up flourished for a while, but then disintegrated as members became bored with the production tasks, or discouraged by the low earnings, and lost interest. The Director noted that parents had sometimes withdrawn

their support when faced with new priorities, such as weddings or grandchildren. Despite these setbacks, the Project Coordinator reported that they were persevering with the initiative, and that five more groups would soon be ready to move into the community. She also explained that those who preferred to work from home on their own were supported to set up their own businesses, although many parents were opposed to this idea, fearing isolation.

The Employment Education Centre is heavily dependent on Vidya Sagar fundraising activities for its survival. Training fees are levied, dependent on family income, but these tend to be very low, and are also used to cover the trainee's daily travel costs. The Director revealed that the organisation was currently developing a more sustainable economic empowerment model, which would focus on training disabled beneficiaries to excel in specific aspects of the production process, while "hiring top-class product designers, finishers and marketing professionals, so as to ensure that products are high quality and reach the market." She hoped that, within two years, the organisation would be able to create a successful and sustainable business operation, which trainees would be able to participate in.

This scheme has clearly achieved limited success, in terms of enabling beneficiaries to engage in mainstream economic activity. However, a high proportion of the beneficiaries have intellectual or multiple impairments, and face significant workplace barriers, including stigma. While the Centre offers interesting alternatives to mainstream employment, these have also met with limited success, providing only a small income, and are dependent on donor

goodwill. The vision of building a sustainable future, based on an innovative business strategy, provides hope that this long-established economic empowerment scheme can be developed to offer more stimulating and economically viable livelihood opportunities to those who are unable to gain access to open employment.

7.23 Case Study 25: Aikya ‘Centre to Integrate’

Aikya is a Chennai-based NGO, founded in 1990 by the mother of a child with Downs Syndrome, which aims to serve people with intellectual and multiple impairments, including those with autism. As with many of the organisations visited, Aikya started out with a focus on education, before identifying the need to develop vocational training and employment preparation services, in order to provide ongoing support to their beneficiaries. Staffed by a team of professionals, including therapists, psychologists and social workers, Aikya now has a special education unit, a pre-vocational-unit, a vocational training centre and a sheltered workshop, known as the ‘Centre to Integrate.’ Courses at the vocational training centre last for three years, and cover a range of practical skills, geared to equipping trainees for gainful employment. On completion of training, most trainees join the sheltered workshop, producing items such as artificial jewelry, cloth bags and re-usable dishes, made from arika leaves. Aikya also has a commitment to long-term inclusion, and seeks to place as many of the trainees as possible in open employment or self-employment.

At the time of my visit, there were 25 trainees at the 'Centre to Integrate.' In the past year, according to project records, seven trainees had been placed in open employment, mainly in showrooms, bakery units or clerical posts. The Founder explained that close contact was maintained with employers, in order to "try to ensure success, so that they will employ more people with learning disabilities." Only a couple of the placements had broken down, she reported, in both cases because parents had been unable to transport them from home to work. One beneficiary that been successfully placed had now been working at a local company for three years. At first he was asked just to clean the shelves, he reported, but now he was given a range of tasks, including unpacking and pricing, and was able to travel to and from work independently.

A further seven trainees had been successfully placed in self-employment, as part of family enterprises. Aikya had provided skills training to the beneficiaries, together with their parents, and small business start-up grants. In some cases, two or three families had joined together to start business enterprises. The Founder strongly emphasized the importance of engaging with families and enlisting their support. For those whose families were not able to provide their time and support, she explained, their chances of surviving in self-employment or mainstream employment were greatly reduced. However, she went on, the sheltered workshop at least provided an opportunity for those who were excluded from the mainstream to do some meaningful work, and they could stay for as long as they wanted to.

Another beneficiary interviewed had been with Aikya since 2004, when he attended the special school, and was now employed at the Centre to Integrate as a teaching assistant. He was proud of his achievements, and felt that his confidence had greatly increased in his present role. His ambition was to “become a master teacher, and to earn enough money to be able to look after my mother and keep her safe”

This case study provides another example of a scheme which, while seeking to mainstream where possible, also recognises that, for many of its beneficiaries, particularly those with profound intellectual impairments, segregated employment represents the most realistic route to economic empowerment. However, the challenge lies in ensuring the sustainability of the vocational services, given that the Centre to Integrate does not charge fees and receives no Government funding. Product sales generate some income, but the project is largely dependent on private and corporate sponsorship. The Founder was aware of this challenge, and recognised the need to find more ways of generating their own income, in order to ensure that this crucial aspect of her organisation’s work would continue.

7.24 Case Study 26: Government Vocational Rehabilitation Centres (VRCs)

This case study is based on visits to the Government VRCs¹²¹ in Bangalore and Chennai, both of which provide a range of free training courses to adults aged between 18 and 45, irrespective of education level and impairment type. Following an initial evaluation, focusing on functional capacity, those

¹²¹ See Section 7.5, p250, for a description of the Government’s national VRC service.

considered suitable for mainstream colleges are referred on, while the others are allowed to stay for up to a year, receiving a small stipend for the duration of their courses. Each Centre offers a job placement service as well, with the aim of placing scheme graduates in mainstream employment or assisting them to start their own businesses.

The Bangalore VRC, established in 1980, has eight trades on offer, including electronics, general mechanics, secretarial skills, carpentry, tailoring and book-binding. The Centre was in a state of transition, at the time of my visit, having recently moved from a central location to a site in the outlying Peenya suburb. As a result, they were still waiting for furniture and equipment to arrive, so there were only 20 trainees enrolled, although there was capacity for up to 120. The Centre Manager explained that the new site was in the heart of a major industrial area, which created opportunities for establishing links with the nearby factories, with a view to identifying suitable job openings. The downside, however, was that some trainees would have difficulty in reaching the Centre, due to travel costs, and she felt that there was an urgent need for hostel accommodation, in order to address this problem. She explained that the aim was to simulate a real working environment, within the VRC, so that instructors could see how trainees cope with such an environment, and would then be better able to assess their suitability for mainstream employment. One staff respondent reported that:

“most get placements with Government or private employers. Placement breakdowns are very rare. When they do we check case notes and provide psychological counseling. If possible, we transfer

them to another placement. They get 3 or 4 chances before we stop supporting them.”

Project documents presented a slightly less rosy picture, however, revealing that, of the 38,920 trainees enrolled at the Bangalore VRC since 1980, only 6,431 had gone on to obtain wage employment, with 4,865 going on to further training, 1,221 to self-employment and 58 to sheltered workshop employment. These outcomes are fairly consistent with an official evaluation of the VRC service as a whole, as recorded in the Ministry of Labour’s 2010 Annual Report.¹²²

The Chennai VRC, established in 1975, had an even wider range of courses on offer, covering 13 different trades and including less traditional skills, such as commerce, photography and media studies. There is also accommodation available, for male trainees only, at a nearby hostel. The Centre has capacity for 260 trainees (up to 20 per trade), although there were only around 90 enrolled at the time of my visit. The Centre Manager reported that most trainees were able to get job placements on leaving the Centre, with others preferring self-employment, for which they were assisted to access seed money from the Government. Those not able to find employment would be able to use their skills in some ways, he believed, if only to assist with family businesses, or to do voluntary work. One of the trainees, who was on a computer course, felt that the training was preparing him well for business, and hoped that one day he would be self-employed as a business consultant. However, he felt that there was a need for the VRC to add English to its list of

¹²²

See Section 7.5, p250, for further comments on this report.

courses, as this was needed in the business world. While the trainees appeared to be happy with the content of courses, in general, some complained at the lack of a women's hostel, which was seen as discriminatory.

There was a general feeling, among staff and beneficiaries at both of the Centres, that formal employment opportunities, in particular, were on the rise. Most of the trainees interviewed had definite career ambitions, and staff believed that many would be able to go on and fulfill those ambitions. Some acknowledged, however, that others would have great difficulty in making the transition from training to employment, and the evaluation statistics confirm that, historically, the majority of trainees have tended to fall into this category. The current under-utilisation of training places at both sites, despite courses being free, suggests that barriers to attendance are significant. Travel costs and low expectations, among disabled people and their families, were among the barriers identified by respondents. While ongoing Government funding for the VRCs would appear to be secure at present, there may be a need to tackle these barriers directly, so as to ensure that the training resources are not wasted. The provision of hostel facilities for both men and women at both sites, for example, was seen by many as an urgent requirement.

7.25 Measuring Case Study Outcomes

Based on the case study findings, the outcomes of each scheme, or group of schemes, can be measured against the success criteria - 'economic activity' and sustainability – as described in Chapter Five.¹²³ Schemes which appeared

¹²³ See Section 5.7, p124.

to have enabled over half of their beneficiaries to engage in long-term economic activity were judged to be highly successful, in terms of the economic activity criterion. Schemes which appeared to be experiencing relatively few threats to sustainability and generating significant income themselves were judged to be highly successful, in terms of the sustainability criterion. This initial assessment is presented below:

Table 13: Summary of Indian Case Study Outcomes

Case Study	Inclusive Schemes	Economic activity	Sustain-ability
13	LCD Livelihoods Resource Centre	High	High
14	Samarthanam Trust Livelihoods Programme	High	High
15	Jan Madhyam Economic Empowerment Project	High	High
16	Ability Foundation Employment Wing	High	High
17	Vazhndhu Kaattuvom Project	High	High
18	Leonard Cheshire Project	High	High
19	SEVAI Self-Help Groups	High	High
	Segregated Schemes		
20	APD Livelihoods Programme	High	High
21	NAB Training and Employment Programme	High	Low
22	SSK Inclusive Vocational Training Centre	Low	High
23	AMC Multi-Category Workshop	Low	Low
24	Vidya Sagar Employment Education Centre	Low	Low
25	Aikya Centre to Integrate	High	Low
26	Government Vocational Rehabilitation Centres	Low	High

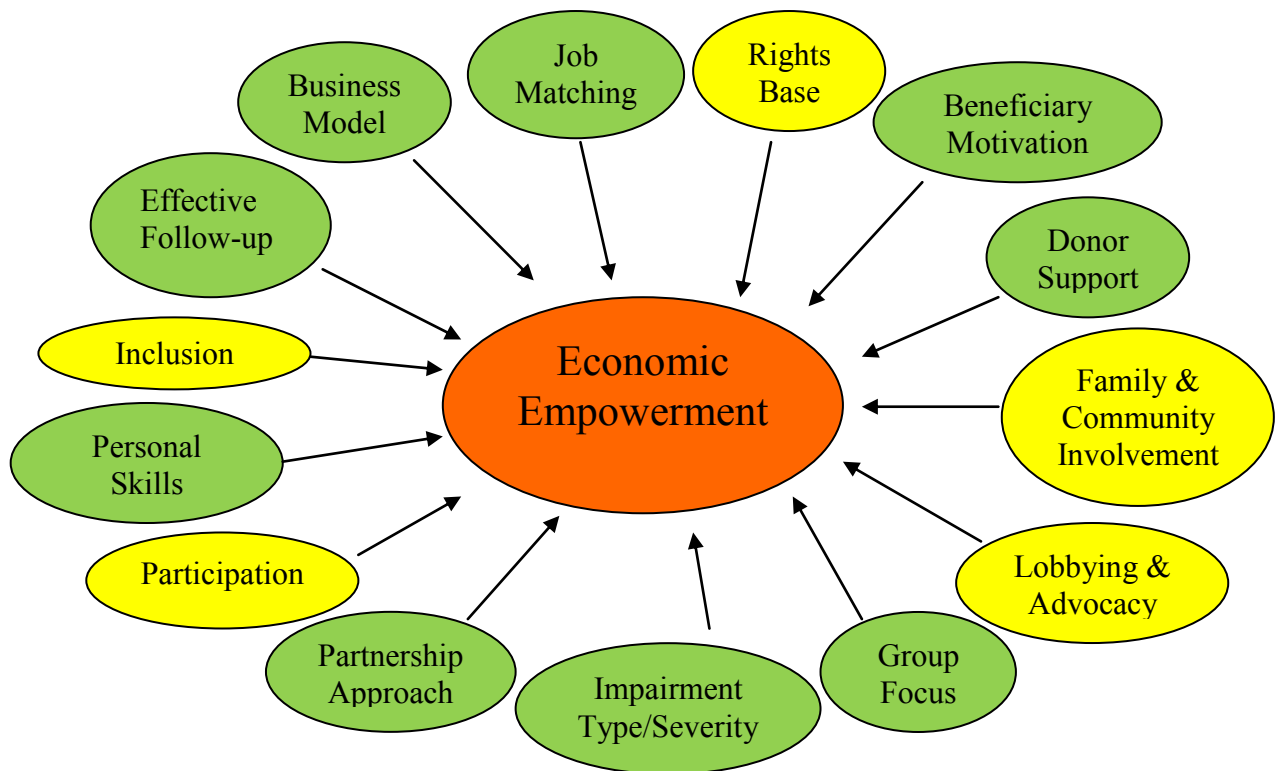
Based on the success ratings shown in Table 13, above, it is possible to consider the possible relationship between each criterion for success and the inclusion/segregation indicator, which is one measure of social model

influence. In terms of both success criteria, the table shows that all seven of the case studies representing inclusive approaches were rated as highly successful, whereas only three of the case studies representing segregated approaches were rated as highly successful for each criterion. This suggests that there may be an association between inclusive approaches and success, in terms of both 'economic activity' and sustainability. However, this apparent association may be purely coincidental, because there are several other factors, besides the inclusion/ segregation factor, which may have led to the successful outcomes identified through this process. It is necessary, therefore, to analyse all the potential success factors that were identified during the data collection process, in order to consider how significant the inclusion/segregation factor was thought to be, for each case study, in comparison to various other factors.

7.26 Identification of Success Factors

Research participants were asked to identify 'success factors' for the economic empowerment schemes with which they were familiar, or in which they were involved. The diagram below shows those success factors that were coded at least ten times. Among these were five that relate to social model principles, shown in yellow, and nine that are not directly related to social model principles, shown in green. As with the Kenya analysis, there is no suggestion that these unrelated factors are associated with any other model of disability, or that they are in any way at odds with the social model.

Figure 11: Success Factors for Schemes in India



Success factors were coded 349 times, from a total of 156 sources, representing interview and focus group participants. As with the Kenya analysis, the coding process involved analysing the detailed notes taken during interview and focus groups for any comments made by participants in relation to factors that were thought contribute to scheme success. ‘Success factors’ was one of the interview and focus group topic headings, so most of the factors were identified during this part of the interviews and focus groups. However, some success factors were also identified at other stages, either before or after this topic heading was presented to them. Table 14, below, shows the total number of codings for each of the success factors illustrated above, together with the stakeholder group split. Again, success factors related

to the social model are shown in yellow, while unrelated factors are shown in green. The final column assigns an overall ranking to each success factor, with ‘1’ indicating the most frequently identified and ‘14’ indicating the least frequently identified.

Table 14: Identification of Success Factors by Stakeholder Group in India

Success Factors	Coding Totals	Stakeholder Group Split							Ranking
		Or	S	B	D	R	G	O	
Donor Support	12	7	3		2				14
Business Model	21	13	5		2		1		8
Job Matching	24	7	11	5				1	7
Effective Follow-up	26	7	12	5		1	1		6
Beneficiary Motivation	18	3	10	2		1	1	1	9 =
Personal Skills	18	7	8	2				1	9 =
Group Focus	47	9	12	17	1	2	4	2	1
Partnership Approach	13	6	3		1		3		12 =
Impairment Type and Severity	32	9	15	2		1	4	1	5
Inclusion	42	14	9	12	2		3	2	2
Family/Community Involvement	35	8	13	11		2	1		3
Lobbying and Advocacy	34	13	9	7	2		2	1	4
Rights Base	14	4	4	3			2	1	11
Participation	13	3	2	4	1		2	1	12 =
Coding Totals	349	110	116	70	9	7	24	11	

Key: Or = Organisation representatives, S = Staff (including managers), B = Beneficiaries, D = Donor representatives, R = Relatives, G = Government representatives, O = Other

The table shows that the total number of success factors coded from beneficiary sources was fewer than that for staff or organisation

representatives, despite beneficiaries forming the largest stakeholder group.¹²⁴ This reflects the fact that most beneficiaries identified single success factors, whereas other participants would typically identify a range of success factors. ‘Group focus’ was identified by the highest number of participants overall, including representatives from each stakeholder group, and was the most popular choice among beneficiaries. Other success factors frequently identified included ‘family/community involvement’, ‘lobbying and advocacy’, inclusion and ‘impairment type and severity’, each of which were identified by at least 30 participants. Scheme staff members, who formed the second largest stakeholder group, identified ‘impairment type and severity’ most frequently, while organisation representatives, who formed the third largest stakeholder group, identified ‘inclusion’ most frequently.

7.27 Analysis of ‘Non-Social Model Related’ Success Factors

Donor support was identified as a success factor by relatively few participants. Those who did were mainly organisation representatives and project managers, who acknowledged the vital role that donors had played in supporting their initiatives. Few of the schemes had received international assistance, with most relying on the support of local corporate and private donors. Many of the organisation representatives felt that it was far better to rely on local donors, who had a personal knowledge of the schemes and were more likely to sustain their interest. Some also expressed a preference for Indian donors, as a matter of principle. One NGO representative, for example,

¹²⁴ See Chapter Five, Section 5.12, p142, for stakeholder group sizes.

stated that “we don’t look for international sponsors, as we believe that India should help itself.”

Virtually all of the organisation representatives, that were interviewed, acknowledged the danger of relying too heavily on donors. Some felt that the risk could be reduced by establishing links with a diverse range of smaller donors, while others outlined plans to achieve self-sustainability. These plans included various business models, designed to involve beneficiaries in self-sustaining or profit-making enterprises, which would take advantage of market niches. Perhaps the most ambitious of these was the rural BPO centre,¹²⁵ recently established by the Samarthanam Trust, which would create rural employment opportunities for disabled people, while hopefully providing the organisation with a valuable income stream, which could be used to offset the cost of other activities, such as vocational training. Business models were identified as success factors more frequently than donor support, and were seen by many as vital to reducing donor dependency in the long term.

Another frequently identified success factor was ‘job matching’, which was seen as particularly important for ensuring that job placements were successful and fulfilling. Three of the job placement schemes¹²⁶ were highly successful, in terms of promoting economic activity, and scheme staff stressed the importance of ensuring that beneficiaries were placed in jobs that would be interesting and stimulating for them, as well as appropriate to their skills and

¹²⁵ See Case Study 14, Section 7.12, p275.

¹²⁶ See Case Studies 13 (Section 7.11, p272), 20 (Section 7.18, p299) and 21 (Section 7.19, p303)

qualifications. The importance of getting this balance right was acknowledged by one Human Resources Manager in Bangalore, who stated that:

“a key success factor is ensuring that the job is suitable for the individual. Otherwise frustrations can arise. Also, if the job cannot be performed properly, other employees will feel like they are carrying the disabled employee.”

Among those participants who identified ‘job matching’, there were some who also highlighted the need to avoid making assumptions about the types of jobs that disabled people were capable of. Some reported that placements had failed due to a tendency, on the part of employers, to allocate only menial and repetitive tasks to disabled employees, particularly those with intellectual impairments.

One of the most important success factors, arising from the data, was ‘effective follow-up’. This was particularly relevant to vocational training programmes, as well as job placement schemes. Virtually all of the schemes took account of the need to ensure that those completing vocational training programmes were assisted in making the next step, whether that involved making the transition to mainstream employment, starting a business or joining in with a group or family income-generating project. Those involved with job placement schemes stressed the importance of maintaining close contact with both employers and employees, in order to resolve difficulties in the early months of employment.

With lack of motivation, on the part of disabled people themselves, being identified as a barrier to economic empowerment by several participants,¹²⁷ it is not surprising that ‘beneficiary motivation’ was also seen as an important success factor. A representative of the Nagapattinam branch of the National Bank for Agricultural and Rural Development (NABARD) felt that “raising motivation should be an integral part of any economic empowerment programme for disabled people.” This view was shared by some beneficiaries themselves. One beneficiary of the AMC scheme¹²⁸ in Bangalore, for example, reported that he had been encouraged to take pride in his work, which had helped him to believe that he could do a good job. Another important component of several of the schemes, closely linked to raising motivation, was developing personal skills, ranging from self-grooming to interview techniques. A staff respondent from the APD Horticulture Centre¹²⁹ reported that “many beneficiaries come from families where they have been pampered and not taught to look after themselves.” Several of the schemes included lengthy foundation courses, focusing on these areas, which were seen as a vital first step to economic empowerment.

‘Group focus’ emerges from the data as the highest ranked success factor, as Table 14¹³⁰ shows. The self-help group concept was central to the three rural schemes, all of which were highly successful against all three criteria. This mechanism was particularly effective in terms of enabling services to be delivered on a wide scale to those living in rural areas. Self-help groups were

¹²⁷ See Section 7.10, p266.

¹²⁸ See Case Study 23, Section 7.21, p309.

¹²⁹ See Case Study 20, Section 7.18, p299.

¹³⁰ See p324.

also seen as a particularly sustainable approach, as each of the schemes included capacity-building components, designed to enable the groups to take charge of their own affairs in the long term. It was interesting to note that the majority of beneficiaries involved with these schemes preferred to belong to disability self-help groups, rather than mainstream groups, as they felt that they would have more influence within these special groups, and that the specific needs of disabled members, such as access to benefit entitlements, could be more easily addressed. The success of these schemes demonstrates the potential of the self-help group model to enable Indian communities to take charge of their own development, which, as ADB (2002) have acknowledged,¹³¹ may be the only realistic way of addressing the huge scale of disability in India. While ‘group focus’ was thought to be a strong determinant of success for the rural schemes, it was also an important component of some urban-based schemes. Several of them supported the development of self-help groups, among a range of strategies to enable disabled beneficiaries to engage in economic activities, once skills have been developed. These appeared to be less formal in structure, however, and often disintegrated when interest in the economic activity waned, as evidenced by the Vidya Sagar case study.¹³²

One particularly interesting success factor, identified by 13 participants, was ‘partnership’. This related to the strategy of partnering with various Government and civil society agencies, in order to promote sustainability and to enable beneficiaries to easily access other organisations that were better

¹³¹ See Section 7.5, p250, for details of the ADB report.
¹³² See Case Study 24, Section 7.22, p312.

placed to assist them. The Leonard Cheshire Project,¹³³ for example, was linked with a wide range of partners, including training providers, financial institutions and Government agencies, and this was seen by many of those involved as a key strength of this highly successful scheme. Several organisation representatives stressed the importance of working in partnership with others, and were able to demonstrate this in various ways. For example, I witnessed a productive meeting between a representative of the Government VRC in Bangalore and two representatives of a nearby computer training centre, run by Samarthanam Trust, at which it was agreed that the Samarthanam programme would be a natural progression for students on the VRC's secretarial course, while the VRC could provide Samarthanam with a convenient venue for conferences and training workshops. The willingness of service providers, from different sectors, to work in partnership provides further evidence to suggest that service provision in India may not be as fragmented as some commentators have suggested.¹³⁴

One other success factor, widely acknowledged as a crucial variable to be taken into account when analyzing the success of an economic empowerment programme, was 'impairment type and severity'. Several participants observed that the stigmas attached to intellectual impairment, in particular, were far greater than those attached to visible physical impairments. This view is supported by the World Disability Report's claim that those with intellectual impairments "appear to be more disadvantaged, in many settings, than those who experience physical or sensory impairments" (WHO and World Bank,

¹³³ See Case Study 18, Section 7.16, p291.

¹³⁴ See Section 7.5, p250, for a discussion on criticisms of coordination among service providers in India.

2011, p8). This issue was particularly apparent for those involved in mainstream job placement schemes. While schemes catering mainly for those with physical impairments were achieving placement rates in excess of 70%, those organisations trying to place those with intellectual or multiple impairments found that successful, lasting placements were extremely rare. It is not possible to make a valid comparison of the outcomes of various schemes, therefore, without taking into account the impact of impairment type and severity.¹³⁵

In summary, there were a wide range of ‘non-social model related’ success factors identified during the course of fieldwork in India. The ‘group focus’ and ‘impairment type and severity’ success factors, in particular, were thought to be particularly influential on scheme outcomes, by a large number of respondents. ‘Effective follow-up’, ‘job matching’ and ‘business models’ were also seen by many as crucial determinants of scheme success.

7.28 Analysis of ‘Social Model Related’ Success Factors

The principle of inclusion, as opposed to segregation, was again used as a sampling criterion, and the analysis presented in Section 7.25¹³⁶ has produced evidence of a possible association between inclusive strategies and successful outcomes. Inclusion was identified as a success factor by the second-highest number of respondents, and these respondents were spread fairly evenly across the stakeholder groups. Some felt that inclusive, community-based strategies were needed to increase the scope of services, given the huge scale of

¹³⁵ See Chapter Two, Section 2.1, p20, for a discussion on the impact of impairment type and severity.

¹³⁶ See p320.

disability in India. LCD's Regional Representative, for example, observed "a growing realization, within LCD, India that the Cheshire Homes have limited capacity, and community work is essential if services are to be scaled up."

Others felt that inclusive approaches were more sustainable, as they were aimed at enabling disabled people to support themselves, as fully participating members of society, rather than relying on costly specialist service provision. It should be noted, however, that several participants also pointed out that, while mainstream society is gradually becoming more open to the concept of inclusion, there are many disabled people for whom prospects of mainstream employment, in particular, are virtually non-existent. This was particularly evident from the case studies focusing mainly on those with intellectual impairments, where segregated alternatives were seen as vital to ensuring that all beneficiaries had some opportunity to engage in economic activity. As in Kenya, however, there were a small number of service providers who, while recognising the difficulties involved in mainstreaming, were doing their best to turn segregated environments into more inclusive environments. The Jan Madhyam scheme,¹³⁷ for example, allows for able-bodied participants from economically disadvantaged backgrounds to work together with disabled participants in its group income-generating activities. This suggests that, while the stigmas attached to certain impairment types may appear to present an insurmountable barrier to the mainstream, they should not necessarily rule out some degree of inclusion, perhaps as a step towards fuller inclusion at some stage in the future.

¹³⁷ See Case Study 15, Section 7.13, p278.

The involvement of families and communities in economic empowerment programmes was the third-highest ranked success factor overall. Some felt that this was essential for breaking down the stigmas within families and communities, while others focused on the practical advantages. Several scheme staff, for example, reported that beneficiaries had lost job placements because parents were no longer able to transport them to and from work. Others noted the vital role that families play in supporting home businesses, as beneficiaries often needed support with certain aspects of a business enterprise, such as marketing products or collecting raw materials. Some of the schemes formally involved family members, by training them alongside their disabled relatives, and then establishing group income-generating projects, usually involving two or three families. The importance of involving communities as a whole was also recognised, particularly in terms of raising awareness of schemes, and establishing links with local companies and individuals, who could provide practical and financial support. The APD Horticulture Centre,¹³⁸ for example, although essentially a segregated scheme, holds regular events, such as public horticulture training workshops, designed to raise awareness of the project and to generate income from the local community. The support of families and communities, therefore, was seen by many as vital to the success of both inclusive and segregated strategies.

The social model places great emphasis on the need to break down societal barriers, and several of the schemes included advocacy or lobbying components, as a part of their economic empowerment strategies. Some

¹³⁸ See Case Study 20, Section 7.18, p299.

participants felt that this approach was a vital supplement to direct service provision, which would help schemes to achieve their longer term objectives of creating a more inclusive society for all. Vidya Sagar's Director, for example, underlined the importance of their small advocacy unit by declaring that "advocacy is the soul of Vidya Sagar". In a similar vein, representatives of the Ability Foundation highlighted the role their organisation had played in liaising with State Government on disability issues, as well as arranging a series of innovative events designed to show that disabled people can achieve excellence in all areas of life, given the opportunity.¹³⁹ Perhaps the strongest argument for identifying 'lobbying and advocacy' as a success factor, however, was made by an ADD Programme Coordinator, who stated that:

"Service provision is an endless story. If we keep providing them, the Government will sleep and forget. Many organisations provide services. ADD help people to receive them."

These comments also highlight the importance of enabling disabled people to access their entitlements, given the sometimes bewildering array of Government and NGO schemes designed to meet their needs. Several other respondents felt that economic empowerment strategies should include activities designed to ensure that disabled people have full access to their existing entitlements, rather than simply providing free services to compensate for benefits that have not been claimed. This is reflected by the fact that most of the schemes examined included some counseling provision, in order to raise awareness, among beneficiaries, of their entitlements and how to access them.

¹³⁹ See Case Study 16, Section 7.14, p282.

The principle of beneficiary participation was considered an important aspect of several schemes. This was particularly evident in the Vazhndhu Kaarttuvom Project,¹⁴⁰ where the process of ‘participatory identification of the poor’ was used to identify target beneficiaries, and local communities were encouraged to take full responsibility for day-to-day implementation of the project.

Participation is also an important aspect of the self-help group model, and research participants involved in the rural schemes, in particular, emphasized the need for group members to be able to express their views freely and participate in decision-making, in order to ensure that the groups are effective in meeting the needs of all members. In more general terms, there were those who attributed successful outcomes to the encouragement that scheme beneficiaries had been given to take responsibility for their own individual economic empowerment, which closely relates to the ‘beneficiary motivation’ success factor, discussed in the previous section. Several beneficiaries of the Leonard Cheshire Project in Nagapattinam, for example, reported that the scheme had encouraged them to turn their own lives around, when their livelihoods had been devastated by the tsunami, rather than simply allowing them to become passive recipients of charity.¹⁴¹

In summary, the findings show that success factors linked to the social model were thought to be important determinants of scheme success by respondents across all stakeholder groups. Inclusion, family/community involvement and ‘lobbying and advocacy’ emerged as particularly significant success factors.

There was a particular tendency among beneficiaries to identify social model-

¹⁴⁰ See Case Study 17, Section 7.15, p285.

¹⁴¹ See Case Study 18, Section 7.16, p291.

related factors. In fact, over half of the success factors identified by beneficiaries were from the ‘social model-related’ group.

7.29 Conclusions

It is widely acknowledged that disabled people living in India are likely to be poor and face a wide range of barriers to economic participation, as the first part of this chapter has highlighted. While these findings certainly do not contradict that notion, fieldwork was conducted against a background of hope and expectation. Two important developments were taking place at the time of my visit to India. Firstly, a widespread consultation exercise over the drafting of the new Disability Act, designed to bring existing legislation into harmony with the UNCRPD. Secondly, a national data collection exercise for the 2011 Census, in which the questions on disability had been given greater prominence and clarity, in the hope that they would produce a realistic picture, for the first time, of the nature and prevalence of disability in India. In addition to these Government-led processes, there was a general feeling among research participants that attitudes towards disabled people, within society, were becoming more positive, and that the corporate sector, in particular, was rapidly opening up to the employment of disabled people.

Against this background, it appears that an ever increasing number of disability organisations are shifting their focus towards developing economic empowerment strategies, often alongside their long-established education and medical rehabilitation initiatives. The case studies show that many of these strategies are based on social model principles, such as inclusion, promoting

rights and encouraging participation, even when they are based in segregated settings. A number of factors, related to these principles, were identified by research participants as important determinants of scheme success. However, the strength of any associations between social model principles and successful outcomes is hard to verify, because a large number of success factors that were not directly related to the social model were also identified. In particular, the strategy of providing services through the self-help group mechanism was thought to be highly effective, even though the majority of these groups are exclusively for disabled people or their representatives (i.e. not inclusive). Another crucial factor, to be taken into account when judging scheme success, according to participants, was the particular severity and type of impairments among beneficiaries.

Vocational training formed an important component of virtually all of the economic empowerment strategies examined in this chapter. Most training providers appeared to recognise the importance of gearing the content of training courses to market needs, with an increasing focus on IT skills, and supporting beneficiaries to make the transition from training to work. As a result, reported job placement rates were surprisingly high, particularly for those with physical and sensory impairments. This suggests that training providers are beginning to respond to criticisms, levied at them in the past,¹⁴² of focusing too much on traditional skills, which are not matched by market demand.

¹⁴² See Section 7.5, p250, for a discussion of these criticisms.

The task of empowering those with intellectual and multiple impairments appeared to present far greater challenges, although organisations targeting this group were working hard to develop alternative livelihood options, often in segregated or home-based environments, so that all beneficiaries were given an opportunity to engage in some type of meaningful economic activity, regardless of their type of impairment. The evidence presented here suggests that segregated service provision will still be needed for a long time to come, due to the continued existence of huge social barriers to the inclusion of those with these particular impairment types, especially in mainstream workplaces. Organisations providing segregated services also face the challenge of achieving financial sustainability, although it seems that many of the Indian schemes rely mainly on the support of local donors and well-wishers, who appear to value these segregated services. Nevertheless, the need to develop sustainable business strategies for the future was frequently acknowledged by those in charge of these schemes.

In summary, the findings highlight a wide variety of approaches to promoting economic empowerment in India, and a number of common factors that are regarded as important to the success of these approaches. Social model principles influence most of the schemes included in the study, to a greater or lesser extent, and were thought by a significant number of respondents, across all stakeholder groups, to be among the success factors, suggesting that this ideology is both relevant and appropriate to the Indian context. However, with significant barriers to mainstream inclusion still existing, particularly for those with certain types of impairment, many respondents felt that segregated

settings still have an important role to play. Furthermore, the preference for non-inclusive self-help groups, among beneficiaries themselves, suggests that community-based strategies may also continue to contain an element of segregation. However, there is a world of difference between an exclusive group of disabled people working together to empower themselves within their own communities, and the more traditional and isolated segregated institutions that have received so much criticism from social model advocates, such as Oliver and Finkelstein.

Chapter Eight

Kenya and India: Comparative Analysis

This chapter begins with a comparison between the two country contexts, within which field research took place. Particular attention is paid to the various barriers to economic empowerment that were identified, within each country, and to how Governments and scheme providers were attempting to address these barriers. The main objective of this comparison is to examine the extent to which contextual factors may help to explain the various differences and similarities that have arisen between the study findings from each country. The 26 case studies, conducted across the two countries, are then examined together as a whole, in order to analyse the extent to which they appear to be influenced by social model ideology and to consider the relationship between this influence and scheme outcomes.

8.1 Contextual Comparison

The enormous geographic, demographic and cultural differences that exist between Kenya and India immediately call into question the validity of any study that is based on a comparison between these two countries. However, the contextual analyses of each country, presented in the two preceding chapters, together with data gathered in the field, highlight a surprising number of contextual similarities, as well as some interesting differences, in relation to disability.

The areas that I visited in both countries were characterised by poorly developed infrastructure. In urban areas, pavements were often uneven or non-existent, while buildings were rarely accessible for wheelchair users. Rural areas presented even greater challenges, with many disabled people lacking the assistive devices necessary to cope with rough terrain. Public transport, in both countries, was typically cramped and overcrowded, with disabled people often having to rely on expensive taxis, although auto-rickshaws in India provided a slightly cheaper alternative. Research participants in both countries also reported widespread discrimination, particularly in relation to transport, which exacerbated the difficulties. Scheme providers in both countries recognised the need to support disabled people with transport or re-location costs, or even to provide on-site accommodation, in order to enable them to overcome these infrastructural barriers.

Another issue that was frequently raised by participants, in both countries, was that many disabled people lacked basic education, due to the continued exclusion from schools of disabled children. Scheme staff, in particular, often reported that beneficiaries had been kept from attending schools by their parents, who did not see the value of educating disabled children. Even those that had attended school were often disadvantaged by a lack of appropriate facilities and suitably trained teachers, particularly for those with intellectual or sensory impairments. The obvious knock-on effect is that many disabled people are unable to acquire vocational skills, which may partly explain why the Governments of both countries have had such difficulties in filling disability employment reserves. Several of the vocational training schemes

visited, in both countries, incorporated a period of ‘foundation training’, covering basic literacy skills, and often including self-help skills, such as personal grooming and confidence building, in order to provide support in areas where beneficiaries had ‘missed out’ during childhood.

Many similarities emerge from the literature review and research findings in relation to the economic situation facing disabled people in each country. India and Kenya are at a similar stage in terms of human development, sitting close together on the Human Development Index, with India placed 119th and Kenya placed 128th out of 169 countries (UNDP, 2010). Kenya has significantly lower income levels, however, with a gross national annual income per capita of \$1,628 (adjusted for purchasing power parity), compared with \$3,337 in India (ibid). While India may be better off in terms of overall income, deep income inequalities ensure that a large proportion of its population continue to live below the international poverty line.¹⁴³ Both countries are characterised by high levels of income poverty, therefore, and the literature suggests that, as in many developing countries, disabled people living in India and Kenya are disproportionately represented among the poor. Barriers related to poverty were strongly reported in both countries, during the course of research. Kenyan participants frequently referred to the practical difficulties associated with poverty, such as not being able to afford to travel to clinics or rehabilitation centres. Indian participants identified these issues as well, but some also referred to the psychological aspects of poverty, such as the tendency of those living in poor families to resign themselves to their

¹⁴³ See Chapter Seven, Section 7.1, p239, for the evidence on which this assertion is based.

situation and ignore opportunities that might lead to their future empowerment. It was interesting to note that several of the Indian schemes included counseling components, designed to raise self-esteem and address these psychological issues, perhaps reflecting a greater awareness of this particular type of barrier.

In terms of economic opportunities, the field research has highlighted one significant difference between the two countries, at least for the areas in which research was carried out. In the urban areas where fieldwork was conducted in India, there appeared to be a growing range of formal sector employment opportunities for disabled people with relevant skills and qualifications. The corporate sector, in particular, seems to be increasingly pro-active on disability employment, recognising a business case for the inclusion of skilled disabled people, as well as the social responsibility. In the urban areas where fieldwork was conducted in Kenya, on the other hand, prospects of formal employment appeared to be extremely limited, despite the affirmative measures contained within the PDA.¹⁴⁴ As a result of this, service providers in Kenya were tending to focus predominantly on promoting economic empowerment through self-directed employment, in both rural and urban areas, while in India there appeared to be a much stronger focus, among scheme providers, on enabling disabled people to access formal employment, particularly in urban areas.

Lack of access to capital, due to a lack of savings and assets, compounded by perceived discrimination within the microfinance sector, was seen as a major

¹⁴⁴ See Chapter Six, Section 6.4, p165, for a description of these measures.

obstacle to self-directed employment. With this particular route to economic empowerment considered so vital in Kenya, it is not surprising that this barrier was identified far more frequently by Kenyan participants. Several of the Kenyan scheme providers were seeking to address this barrier by providing microfinance services themselves, often through the DPO mechanism, and these schemes appeared to be among the most successful economic empowerment strategies in Kenya. In India, microfinance schemes appeared to be largely confined to rural areas, where loans and grants were provided through the self-help group mechanism. The approaches were fairly similar across both countries, prioritising the establishment of bank linkages at an early stage and building the capacity of groups, in order to enable them to break down the barriers to mainstream microfinance.

Stigmas attached to disability were evident in both countries, with the literature reviewed suggesting that negative stereotypes and spiritual beliefs strongly influence attitudes to disability. However, the general feeling among respondents in both countries was that, while these stigmas and beliefs still persist, particularly in rural areas, there appears to have been a gradual improvement in attitudes and an increase in disability awareness in recent years. Parents interviewed in Nairobi felt that communities were more accepting of their disabled children, while scheme staff in Chennai observed that the Indian media were portraying disability issues in a far more positive light. One significant attitudinal difference between the two countries, however, which emerges strongly from the data, is that in India there appears to be a general expectation that disabled people should contribute towards

family livelihood strategies, to the best of their abilities, whereas in Kenya there appears to remain a widespread perception that disabled people are unable to be productive and simply need to be cared for. This perhaps provides a clue as to why it appeared that more formal sector employers were positive and proactive about disability employment in the Indian study areas than in the Kenyan study areas. Scheme beneficiaries in India seemed to feel that most employers would be willing to hire them, provided they were suitably skilled and qualified, while those in Kenya were far less optimistic about the likelihood of employers being willing to give them a chance.

Turning to the attitudes of disabled people themselves, another interesting parallel emerges from the data. Several research participants in both countries identified the issue of 'low motivation' as a barrier to economic empowerment, due to a phenomenon which one Kenyan interviewee termed 'dependency syndrome'. This was usually attributed to a history of Governments and charities providing 'handouts' to disabled people, without expecting anything in return. With an increasing number of service providers now adopting social model ideology, which views economic empowerment as a right, rather than a charitable obligation, there is an increasing expectation that scheme beneficiaries should take some responsibility for their own economic empowerment. This might mean accepting the repayment terms of a loan agreement, rather than simply receiving a grant, or being prepared to relocate in order to study or find employment. Organisation representatives and project staff in both countries were frustrated, at times, by a perceived resistance, among their own beneficiaries, to taking on these commitments.

An interesting comparison can be made with regard to the situation facing people with intellectual impairments. There was a general consensus, among respondents in both countries, that people with intellectual impairments tend to encounter more stigma than other disabled people. There appears to be a significant contextual difference, however, in terms of efforts being made to promote the economic empowerment of this particular sub-group of the disability population. In Kenya, I was not able to find a single organisation providing vocational training, or even sheltered employment, for those with intellectual impairments. A representative of the Kenyan Society for the Mentally Handicapped, a national organisation committed to the inclusion of people with intellectual impairments, even informed me that economic empowerment was not considered a realistic objective at the present time. In India, on the other hand, several of the organisations visited included those with intellectual impairments in their economic empowerment programmes, and some had even succeeded in securing formal sector work placements, despite the challenges involved.

Another interesting comparison can be made regarding attitudes to donor support. In both countries, there appeared to be intense competition for resources, among disability service providers, and an acceptance of the need to reduce donor dependency, in order to ensure the sustainability of schemes. With many donors adopting social model ideology themselves, segregated schemes were seen as particularly vulnerable to the loss of donor support, and service providers were anxious to explore ways of generating their own

income in the future. In India, however, it was interesting to note that several of the organisation representatives expressed a reluctance to rely on donors, particularly international donors, on moral grounds. There appeared to be a general feeling, within this stakeholder group, that India should solve its own problems, and not rely on other countries. This attitude should perhaps be viewed in the context of India's remarkable transformation from being a net recipient to a net provider of development aid. Aggrawal observes that, from being the world's largest recipient of foreign aid in the mid-1980s, India now relies on foreign aid for less than 0.3% of its national GDP, and is "increasingly eager to portray itself as a provider of development assistance" (2007, p3). The views expressed by participants perhaps reflect, therefore, a strong national culture of self-reliance in India, which may help to explain why 'donor support' was less frequently identified as an important success factor in India than in Kenya.

Despite the existence of a wide range of physical and attitudinal barriers, as reported in the literature and identified by study participants, the Governments of both countries have signaled a political commitment to promoting the participation of disabled people in society, by being among the first to sign and ratify the UNCRPD. In order to turn this commitment into reality, however, both Governments are faced with the daunting task of overhauling existing disability laws which, while including affirmative measures and making some strides towards promoting disability rights in each country, have been roundly criticised for inconsistencies, lack of clarity and weak implementation. Compounding the difficulties associated with this task, both

Governments have been faced with a serious lack of raw data on the scale and complexity of disability within each country. At the time of research, both Governments were engaged in consultations on how to harmonise existing legislation with the ideals of the UNCRPD, while simultaneously addressing the data inadequacies. The Indian Government was engaged in a national consultation process over a comprehensive new Disability Act, while at the same time conducting a new national census, in which far greater prominence and clarity had been given to questions on disability. The Kenyan Government, on the other hand, was focusing on the long-awaited implementation of various parts of its own 2003 Disability Act, while consulting on possible amendments to the Act and, at the same time, facilitating a national registration process, designed to produce a comprehensive national disability data base.

Further similarities emerge through examining the strategies that each Government was adopting towards promoting economic empowerment themselves, within each country. Both Governments have acknowledged the inadequacy of their own vocational training services, and expressed a commitment to upgrading these services, by introducing a wider range of market-oriented training courses and investing in both equipment and instructors. It remains to be seen whether these changes will have a significant impact on results, although there is some evidence to suggest that the Indian VTCs are starting to enable more trainees to access employment.¹⁴⁵ Both Governments have also adopted a clear strategy of seeking to strengthen

¹⁴⁵ See Case Study 26, Section 7.24, Chapter Seven, p317.

groups run by and for disabled people. The Kenya Government are working through UDPK, the national umbrella organisation, to build the capacity of DPOs across the country,¹⁴⁶ while the Indian Government are supporting the formation and strengthening of special self-help groups on a vast scale, as the Vazhndhu Kaattuvom Project¹⁴⁷ demonstrates.

In summary, it would appear that disabled people living in India and Kenya have a lot in common, in terms of the issues and challenges facing them. There are also notable similarities in terms of Government strategy to empower disabled people and implement the ideals of the UNCRPD within each country. It is important to be aware of the differences that have been identified, however, when analysing the case studies. In particular, the possibilities afforded by the apparent opening up of the formal sector in some urban areas of India and the difference between cultural expectations of what a disabled person can achieve in life would appear to be significant factors which may influence scheme outcomes.

8.2 Social Model Influence

In order to examine the influence of the social model on economic empowerment strategies, it was necessary to draw some distinction between those schemes that appeared to be strongly influenced by the social model and those where the influence appeared to be weaker. For this purpose, the initial selection of case studies was largely based on the most easily identifiable indicator of social model influence: inclusion versus segregation. Half of the

¹⁴⁶ See Chapter Six, Case Study 2, Section 6.12, p193.

¹⁴⁷ See Chapter Seven, Case Study 17, Section 7.15, p285.

case studies, selected for the study, were based on schemes that appeared to be focused on mainstream, community-based inclusion, while the other half were based on schemes that were based on segregated models of service provision, involving the provision of training and/or employment within segregated settings, traditionally associated with the individual model. However, as the case studies were conducted, it was possible to develop a more nuanced understanding of the underlying philosophies by considering other indicators of social model influence, such as the extent to which strategies were promoting disability rights and challenging societal barriers, as well as the extent to which scheme beneficiaries were encouraged to participate in decision-making processes.¹⁴⁸

At first sight, many of the schemes appeared to be very clearly segregated, while others appeared to be strongly focused on inclusion. On closer inspection, however, the line between segregation and inclusion was often surprisingly blurred. Several of the segregated schemes were making great efforts to promote community integration, and to prepare beneficiaries for their future inclusion in society. For example, the Government vocational training centres in Kenya, which were originally set up exclusively for the rehabilitation of disabled people, had adopted a policy of recruiting able-bodied trainees, in order to create an inclusive training environment. Conversely, some of the ‘inclusive’ community-based schemes appeared to be deliberately maintaining a degree of segregation within the community. Many of the community-based microfinance schemes, for example, in both Kenya

¹⁴⁸ See Chapter Five, Box 6, p125, for a summary of these indicators.

and India, were providing services to groups of disabled people whose membership was not open to able-bodied people, other than parent representatives. Beneficiaries themselves appeared to favour this arrangement, fearing that their voices may not be heard in mixed groups.

The inclusive schemes, on the whole, appeared to be strong on promoting beneficiary participation. Perhaps the most participatory of all the schemes was the Vazhndhu Kaattuvom Project,¹⁴⁹ run by the State Government of Tamil Nadu, where scheme beneficiaries were selected through a process known as ‘participatory identification of the poor’, and local village committees, including disabled representatives, were elected to roll out the project. All the schemes which worked through the group structure, in both Kenya and India, placed a firm emphasis on encouraging disabled group members to participate as fully as possible in the running of the groups. Other inclusive schemes, such as those focusing on job placements and self-directed employment, involved working with beneficiaries on an individual basis, encouraging them to develop their own career plans and take responsibility for their own empowerment. The segregated schemes also provided some evidence of beneficiary participation, with scheme staff reporting that frequent efforts were made to consult with beneficiaries, either individually or through meetings, on how projects should be run. However, some beneficiaries, involved in these schemes, felt that this consultation process was superficial and inadequate.¹⁵⁰

¹⁴⁹ See Chapter Seven, Case Study 17, Section 7.15, p285.

¹⁵⁰ See, for example, Chapter Six, Case Study 11, Section 6.21, p215.

Many of the inclusive schemes included advocacy components, with the specific objective of promoting disability rights and challenging societal barriers, in order to reinforce the strategy of promoting inclusion. It should be noted, however, that even some of the segregated schemes were accompanied by advocacy and lobbying activities, designed to promote a more inclusive society, which would provide more opportunities for beneficiaries to participate in mainstream society in the future. For example, the Vidya Sagar scheme¹⁵¹ in Chennai, which was essentially a sheltered workshop and training programme, functioned alongside a vibrant advocacy unit. Similarly the Limuru Vocational Training Centre,¹⁵² a highly segregated scheme in Kenya, is run by an organisation which also commits significant resources to advocacy and campaigning, both within Kenya and internationally.

In summary, the schemes that were initially selected as ‘inclusive’ do appear, in terms of the indicators considered, to be more strongly influenced by social model principles than those selected to represent segregated service provision. It would be misleading, however, to simply categorise these schemes as ‘social model’ and ‘non-social model’. In reality, the case studies revealed that all of the schemes appeared to be influenced by both social model and individual model ideals, to a greater or lesser extent, as well as reflecting a range of contextual influences and practical considerations. This supports the argument, developed in Chapter Two,¹⁵³ that the social and individual models represent two extreme points on a spectrum of disability models, with most service

¹⁵¹ See Chapter Seven, Case Study 24, Section 7.22, p312.

¹⁵² See Chapter Six, Case Study 9, Section 6.19, p211.

¹⁵³ See Chapter Two, Section 2.11, p57.

providers basing their strategies on a philosophy that lies somewhere between those two points.

8.3 Case Study Outcomes

Very few, if any, of the schemes were fully inclusive or totally segregated, as the previous section has highlighted. The initial selection of case studies can be viewed, therefore, as an even split between schemes, or groups of schemes, that were primarily based on a model of community-based inclusion and those that were primarily based on a model of delivering services within a segregated environment. The success of these schemes was measured against the criteria of economic activity and sustainability,¹⁵⁴ in order to facilitate a ‘first glance’ comparison of scheme outcomes.

The results of this analysis, for each country, were strikingly similar. In both countries, a strong association emerged between the inclusive schemes and success, in terms of both economic activity and sustainability. In the Kenyan analysis, all seven of the case studies representing inclusive schemes received high success ratings against both criteria, as compared to only three of the seven case studies representing segregated schemes for the ‘economic activity’ criterion, and just one of the case studies representing segregated schemes for the ‘sustainability’ criterion. In the Indian analysis, all seven of the case studies representing inclusive schemes received high success ratings for both economic activity and sustainability, as compared to only three of the case studies representing segregated schemes, against each of the success criteria.

¹⁵⁴ See Box 5, p125, for a description of these criteria.

The suggested association between inclusion and success, emerging from both sets of data, was an interesting parallel. This finding alone, however, does not imply that the inclusive schemes were achieving greater success, in terms of sustainability and enabling beneficiaries to engage in economic activity, simply because they were based on a model of inclusion. Study findings from both countries revealed that, although inclusion was considered an important success factor by many respondents, the relative success of various schemes was also attributed to a wide range of other factors. These factors need to be examined in detail, before any conclusions can be drawn.

8.4 Comparing the Success Factors

Virtually all respondents were able to identify one or more factors, which they considered to be most important in determining the success of the economic empowerment schemes in which they were involved, or of which they had some knowledge. Table 15, below, lists all of the success factors that were identified by at least 10 respondents, in at least one of the countries. Success factors related to the social model are shown in yellow, and those not directly related are shown in green. The table also shows the rank assigned to each success factor, for each country, with a ranking of '1' indicating the most frequently identified, as well an overall ranking for each factor.

Table 15: Identification of Success Factors in Kenya and India

Success Factors	Sources Coded (Kenya)	Sources Coded (India)	Sources Coded (Total)	Rank (Kenya)	Rank (India)	Overall Rank
Group Focus	42	47	89	3	1	1
Donor Support	30	12	42	4	14	6
Effective Follow-up	25	26	51	5	6	5
Business Model	11	21	32	9 =	8	9 =
Impairment Type and Severity		32	32		5	9 =
Job Matching		24	24		7	11
Beneficiary Motivation		18	18		9 =	12 =
Personal Skills		18	18		9 =	12 =
Partnership Approach		13	13		12 =	14
Staff Commitment	11		11	9 =		15
Inspirational Leadership	10		10	11		16
Inclusion	46	42	88	2	2	2
Family/Community Involvement	49	35	84	1	3	3
Lobbying and Advocacy	19	34	53	7 =	4	4
Participation	21	13	34	6	12 =	7
Rights Base	19	14	33	7 =	11	8
Coding Totals	283	349	632			

The table reveals some interesting similarities and differences, in terms of the frequency with which particular success factors were identified in each country. The most obvious similarity is that three factors – group focus, inclusion and family/community involvement - were most frequently identified in both countries. The order is slightly different, however, with family/community involvement ranked highest in Kenya and group focus ranked highest in India. The ‘inclusion’ and ‘family/community involvement’

success factors relate closely to the principle of integration, which suggests that many respondents felt that approaches which avoided separating disabled people from their families and communities would be more successful. The highest ranked success factor overall was ‘group focus’, reflecting a general recognition, in both countries, of the need to reach a vast number of people with limited resources, as well as a feeling that disabled people can support and empower each other, through the group structure.

When we look beyond the three highest-ranked success factors, clear differences begin to emerge. Donor support, for example, is ranked fourth among the Kenyan success factors, but only 14th among the Indian success factors. This difference may be attributed to the differing structural funding arrangements for the schemes included in the study, with the Kenyan schemes tending to be more reliant on the support of the Kenyan Government and international donors. Another possible influencing factor is a perceived cultural difference, between the two countries, in terms of attitudes to donor support, as discussed earlier in this chapter.¹⁵⁵ This apparent difference may also partly explain why Indian participants tended to consider scheme success to be less dependent on donor assistance, and more dependent on factors such as beneficiary motivation and personal skills (of beneficiaries).

Another factor that was identified far more frequently by Indian participants was ‘impairment type and severity’. This may reflect the fact that the Indian schemes included in the study were covering a wide range of impairment

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See Section 8.1, p340.

types, often including those with intellectual impairments, while those in Kenya appeared to focus almost exclusively on those with physical and/or sensory impairments. There were some Kenya participants, however, who noted that segregated schemes often catered for those with more severe physical impairments, for whom the barriers to mainstream training or employment were considered insurmountable at present. For these beneficiaries, segregated solutions were thought to be providing an opportunity to acquire skills and engage in economic activity, which they would not otherwise have.

‘Job matching’ was another factor that was identified chiefly by Indian participants. This may simply reflect the fact that more of the Indian schemes were focused on formal sector employment, and scheme staff had become aware, through experience, of the importance of matching the skills of beneficiaries to the requirements of particular jobs. Also emerging strongly from the Indian findings was the importance of ‘partnership’, or working together with other service providers, as well as mainstream training institutions, employers and Government agencies, in order to ensure that information was shared and resources were used as efficiently as possible. This finding was particularly interesting, because the literature reviewed on India was highly critical of NGOs for failing to engage with others and coordinate their resources effectively.¹⁵⁶ In Kenya, by contrast, very few participants identified ‘partnership’ as a success factor, and those that did

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See Chapter Seven, Section 7.5, p250, for a discussion of these criticisms.

tended to emphasise the importance of funding partners, rather than service delivery partners.

While a narrower range of success factors emerged from the Kenyan findings, there were a couple that were identified only by Kenyan respondents. These were 'staff commitment' and 'inspirational leadership', with some respondents suggesting that schemes would not have survived at all, if not for the commitment and personal sacrifices made by staff and managers. This may reflect a strong perception, among Kenyan respondents, that attempting to promote economic empowerment was something akin to 'swimming against the tide', due to resource constraints and the lack of economic opportunities for disabled people. Indian respondents, on the other hand, appeared to have more confidence in the stability and sustainability of schemes, and were more likely to attribute the success of schemes, in terms of promoting economic activity, to the determination and motivation of beneficiaries themselves.

The importance of 'effective follow-up' was identified by a similar number of respondents in each country, suggesting a general recognition of the need to ensure that beneficiaries are provided with ongoing support, particularly when making the transition from training to work. In Kenya, the failure of some vocational training schemes to provide this support was often seen as the main reason that beneficiaries were unable to put their skills and abilities to productive use. In India, on the other hand, the remarkable success of several job placement schemes was largely attributed to the quality of follow-up

support and the strong rapport developed between scheme providers and employers.

The importance of sustainability was widely recognised by respondents in both countries, particularly organisation representatives, scheme managers and those representing donors. Several highlighted the need for sound business planning, or ‘business models’, in order to ensure that schemes were able to survive in the future. The fact that nearly twice as many Indian participants identified this factor, however, may be indicative of the strong national culture of self-reliance in India, as noted earlier in this chapter.¹⁵⁷

Also emerging as an important success factor, across both countries, was the need to promote economic empowerment as a right, rather than a charitable obligation, with several respondents recognising that disabled people themselves need to take responsibility for their own economic empowerment. It is interesting to note, however, that the ‘participation’ success factor was identified far more frequently in Kenya than in India, while ‘lobbying and advocacy’ was identified far more frequently in India than in Kenya. This suggests, perhaps, that Kenyan respondents felt that schemes should promote disability rights by encouraging their own beneficiaries to participate in strategic decision making, whereas Indian respondents were more likely to highlight the importance of service providers promoting disability rights across society as a whole.

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See Section 8.1, p340.

8.5 Conclusions

This comparative analysis has highlighted some interesting similarities between the study findings from Kenya and India, with many of the lessons emerging from each set of data being reinforced by those emerging from the other. Most of the schemes examined appear to be influenced by social model ideology, to a greater or lesser extent, and this influence was widely thought to contribute to scheme success. In fact, as Table 15 shows, the five success factors that directly relate to social model principles all ranked among the eight most frequently identified success factors overall. In particular, there is strong evidence from both countries to support the argument that promoting inclusiveness is a key determinant of success, both in terms of sustainability and enabling beneficiaries to engage in economic activity. This finding should be viewed with caution, however, given the presence of so many other influencing factors that can also contribute to the success of a scheme. In particular, the ‘group focus’ approach, which relates to the strategy of promoting economic empowerment through networks of DPOs, in Kenya, and self-help groups, in India, was considered a very important success factor in both countries.

The contextual differences that were highlighted in the earlier part of this chapter are important influencing factors in themselves, providing plausible explanations for some of the differences that have emerged between the two data sets. In particular, differing cultural attitudes to disability, particularly in terms of societal expectations, as noted by authors such as Lang, Erb and Harris-White, may help to explain why Indian employers appeared to be more

willing to hire disabled people than Kenyan employers. This contextual difference may be one explanatory factor for the impressive job placement rates that were being achieved by many of the Indian schemes. Differing societal expectations may also help to explain why there were so many schemes in India promoting economic empowerment among people with intellectual impairments, as compared to Kenya.

It seems clear, given the scale of disability and the continued presence of huge barriers to mainstream inclusion, particularly for those with intellectual, sensory and multiple impairments, that a range of strategies, including inclusive and segregated approaches, will continue to exist, in both countries, for a long time to come. These study findings suggest, however, that all strategies should take into account the role of societal barriers in creating and reinforcing disability. Whichever type of approach is adopted, schemes are more likely to succeed, on this evidence, if community links are maintained and fostered, and the rights of disabled people to shape their own futures and to participate in society, as fully as possible, are recognised.

Chapter Nine

Final Conclusions

The UNCRPD has set out an internationally-agreed framework for tackling the continued exclusion and discrimination faced by disabled people across the globe. The agenda for change, as outlined in the pages of the Convention, is based on the principles of inclusion and integration, which are among the underpinning concepts of the social model of disability. Among the signatories to the Convention, however, are a significant number of developing countries, where many disabled people live in conditions of extreme poverty, are unable to access basic services and face huge barriers to mainstream participation.

The literature reviewed in Chapter Two highlighted debates over the relevance and applicability of the social model in this context, with some commentators concerned that the struggle to break down barriers and create a more inclusive society could divert attention from the more pressing day-to-day needs and priorities of disabled people themselves, living in these countries. The primary aim of this study was to explore this dilemma, by examining a range of current approaches to promoting economic empowerment within two of the developing countries that have signed and ratified the Convention: Kenya and India.

9.1 Summary of Findings

The methodological approach was based on a comparison between 13 economic empowerment schemes that were based, at first glance, on social model ideology, and 13 schemes that appeared to be based on a rejection of

this ideology. On closer inspection, however, virtually all of the schemes included in the study were actually influenced, to a greater or lesser extent, by the principles of the social model. Even where services were being provided in segregated institutions, attempts were being made to foster community links or even, in some cases, to create an inclusive environment within those institutions.

The analysis of scheme outcomes, measured against the success criteria, revealed that those schemes that were based in communities and strongly focused on promoting inclusion appeared to be more successful than those based in segregated settings, in terms of enabling beneficiaries to engage in economic activity, on a long-term basis, and achieving sustainability.

However, this finding needs to be balanced with the observation that schemes based in segregated settings were often supporting those with particularly profound or multiple impairments, providing them with livelihood-building opportunities that many felt would simply not be available to them in mainstream society.

The social model ideals of promoting disability rights, tackling societal barriers and encouraging participation were repeatedly identified as principles that scheme providers should take account of, in order to facilitate long-term economic empowerment. Engaging with local and national Government authorities on behalf of scheme beneficiaries, as well as attempting to raise disability awareness within local communities, was seen as an important component of the majority of schemes visited. Some strategies, such as the

Vidya Sagar scheme in Chennai and the UDEK scheme in Nairobi, included structured advocacy programmes, while others simply sought to raise awareness by holding open days, in order to demonstrate the abilities of their beneficiaries to local communities. Promoting beneficiary participation was seen as crucial to the process of breaking ‘dependency syndrome’ and encouraging beneficiaries to share responsibility for their own empowerment. The Vazhdhu Kaattuvom Project, in Tamil Nadu, exemplified this approach, by attempting to actually put beneficiaries, and their representatives, in control of the project. Other schemes were simply attempting to involve beneficiaries in decision-making process, as well as encouraging them to take risks, face challenges and make the sacrifices that are sometimes necessary to succeed in life.

Service providers, in Kenya and India, are faced with the challenge of providing services on a huge scale, with very limited resources. Given this constraint, the strategy of delivering services through groups of disabled people, rather than to individuals, makes perfect sense. By empowering these groups to operate effectively, for the benefit of their members, the burden of service provision can be shared. The study findings support this argument, with schemes adopting this strategy among the most successful, in both countries. The findings show that group-based strategies can radically increase the scale of service provision, as well as contributing to the empowerment process in other ways. For example, the strength of peer support, both practical and psychological, which builds up within the groups, was thought to be of great value, particularly by group members themselves.

Another factor, seen as vital to the success of schemes in both countries, was recognising the importance of the family unit. Many of the scheme beneficiaries had been reliant on their families for their whole lives, and were unlikely to be able to reduce that reliance unless their families believed that they could and should live more independently. For this reason, many participants felt that it was important for schemes to engage closely with families, encouraging them to buy into the empowerment process, and to offer the practical support that was often needed to enable beneficiaries to make the best use of their skills and abilities.

A number of other factors emerge from this study as important determinants of scheme success. Many of these relate closely to the particular context in which schemes were operating. For example, the success of job placement schemes in the Indian cities of Bangalore and Chennai, where the formal sector appears to be increasingly open to the employment of disabled people, was often attributed to the strength of partnership between disability organisations, employers and training providers, as well as the strategy of ensuring that disabled people are only placed in jobs which match their skills and interests. On the other hand, the success of livelihood schemes in the Kenyan cities of Nairobi and Mombasa, where formal job placements were much harder to come by, was often attributed to the strength of scheme leadership, the commitment of staff and the ability of service providers to build a convincing case for donor support.

Several other contextual differences, between and within the two countries, have been identified, and these have been taken into account when comparing the findings from each country.¹⁵⁸ For example, the strong national culture of self-reliance, which appears to exist in India, together with societal expectations that disabled people should make a productive contribution where possible, may help to explain why beneficiary motivation was identified as a success factor in India, but not in Kenya. The approach of conducting case studies in a range of settings, across the two countries, has therefore facilitated a more holistic analysis of the many factors, which can influence the outcome of an economic empowerment scheme, than would have been possible by carrying out the study within a narrower geographical context.

9.2 Implications of Findings

The research hypothesis, introduced in Chapter One, states that ‘adoption of the social model of disability leads to more successful strategies for the economic empowerment of disabled people living in Kenya and India’. These findings do provide evidence to support this hypothesis, which implies the existence of a positive association between social model influence and scheme outcomes, within these two countries. The schemes which placed a strong emphasis on promoting social model ideals, such as inclusion, the rights-based approach and beneficiary participation, were certainly among the more successful ones, and a large proportion of respondents, in both countries, felt that adherence to these principles were among the factors contributing to success, particularly in terms of enabling beneficiaries to engage in economic

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See Chapter Eight.

activity on a long-term basis. However, the strength of any association between adherence to the social model and scheme success is hard to determine, given that several success factors which are not directly related to the social model were also regarded as highly influential.

While the study findings tend to support the research hypothesis, in general, there is also evidence to suggest that a *total* reliance on strategies that are rigidly based on social model ideology, in order to facilitate the economic empowerment of disabled people living in Kenya and India, may actually exclude a large section of the disability population within these countries. While this is not supported by the outcomes data, a significant number of respondents presented views that support this position. Several respondents pointed out, for example, that if support was withdrawn from special self-help groups in Tamil Nadu, in order to encourage members to join inclusive, mainstream self-help groups, it is likely that many disabled people would simply withdraw from the system altogether, due to a fear that their voices would not be heard in the mainstream groups. Similarly, a significant number of respondents felt that if segregated employment workshops and training centres were simply closed down, in favour of alternative approaches based on the mainstreaming principle, it is likely that many of those currently employed at these workshops would simply not be accepted and accommodated in mainstream workplaces and training institutions. While self-directed employment may provide an alternative route to economic empowerment for some, others would simply return to being inactive and totally dependent on their families.

If services are going to continue to be delivered in segregated settings, within these countries, then the question of sustainability needs to be addressed, given the current tendency of donors to favour inclusive, community-based approaches. This study has addressed this question extensively, and two important conclusions can be drawn. Firstly, segregated schemes need to pay particular attention to economic viability, given the likelihood that donor support will decrease, as is already happening at several of the schemes visited in Kenya. This implies that scheme providers need to develop innovative business strategies, aimed at generating income and achieving self-reliance. Interviews with scheme managers and organisation representatives connected with segregated schemes revealed that many are already thinking along these lines. SSK, for example, plan to diversify production and expand sales at their bakery unit in Bangalore, which provides sheltered employment mainly for young adults with intellectual impairments. Similarly, the Brian Resource Centre in Nairobi, which provides training for deaf-blind adults, has a range of revenue-generating activities in place. Secondly, some of the case studies have demonstrated that it is possible to promote social model ideals within segregated settings. The Government VTCs in Kenya, for example, have introduced a policy of recruiting able-bodied trainees to work alongside disabled trainees, while the NAB in India have attempted to replicate a mainstream working environment at its Technical Training Institute in Bangalore. This type of approach has the advantage of preparing beneficiaries for the possibility of mainstream inclusion at some stage in the future, when

their skills and confidence have developed, and when society itself may be more accessible to those with more profound or complex impairments.

In summary, the main implication of the study findings (particularly in relation to outcomes and success factors) is that social model ideology does appear to be both relevant and applicable to the promotion of economic empowerment for disabled people living in Kenya and India, at least in the areas where field research was conducted. However, the qualitative findings also provide evidence to support the argument that segregated services may still have an important role to play in both countries, in supporting those for whom full mainstream inclusion is not considered to be a realistic option, at the present time. However, the case studies have shown that social model principles can be incorporated into segregated models of service provision, and that adopting these principles can at least begin the process of breaking down the societal barriers that create and reinforce disability, as well as forming part of a sustainability strategy which is more in tune with donor priorities and the international call for inclusion and equality.

9.3 Contribution Made

While the overall value of this research project is for others to judge, the lessons emerging from the study can, in my view, make a potentially useful contribution to the body of disability research in the majority world context, particularly in the area of livelihoods development. The literature debates that have been taking place over the transferability of the western-oriented social model to the majority world context have been examined in the light of

empirical evidence gathered in Kenya and India. The study has also highlighted a range of innovative models of service delivery, some of which are achieving impressive results. There is certainly scope for replicating some of the successful methods and approaches which have been showcased by the case studies. The country findings have already been shared with a number of participating service providers, in both Kenya and India, and the initial feedback has been encouraging. One Indian Government representative, for example, wrote that “this document will be a great resource for us as professionals, who rarely get to see an overview of where we are heading.”

9.4 Suggestions for Further Research

Several potential areas for further research, within Kenya and India, arise from the study findings: Firstly, a research project involving families of disabled people, focusing on ways of involving families more fully in economic empowerment strategies; Secondly, research focusing specifically on the barriers to economic empowerment for those with intellectual and multiple impairments, and how best to overcome those barriers; Thirdly, research on the issues and challenges facing DPOs (or self-help groups), and how best to strengthen these groups; Fourthly, research on ways of enabling service providers to improve sustainability and reduce donor dependency, perhaps including a comparison of various business-oriented strategies; Fifthly, research into ways of improving and fostering cooperation and partnership between and within the Government, NGO and disability sectors.

Finally, given the large number of developing countries that have now signed up to the UNCRPD, thus committing themselves to promoting the inclusion and economic participation of disabled people, it would be perfectly feasible to conduct a similar study to this one in a different country, or group of countries.

Appendix I

Participant Information Sheet

The aim of this research project is to examine strategies that are designed to promote the economic empowerment of disabled people. In particular the study will seek to uncover the underlying principles on which strategies are based, and to determine the factors that lead to successful outcomes.

The project is being conducted by David Cobley, a research student at the University of Birmingham, U.K. Research findings will form part of a doctoral thesis, to be submitted by September 2012.

If you agree to participate in this project, your anonymity will be guaranteed, unless you specifically state that you would like to be named in the research. You will be asked to take part in a semi-structured interview or focus group discussion, typically lasting 30-60 minutes, based on a checklist of key topics. There will, however, be scope to raise issues that are not included on the checklist, but which you feel are relevant to the study.

Interviews and discussions will not be recorded, but notes will be taken. You will be allowed to check the notes at the end of the interview or focus group discussion, in order to verify that they accurately reflect your views. All data collected will be treated as confidential and stored securely until the study has been completed.

You are free to withdraw from the study at any stage. Your decision to withdraw will be fully respected, and data that you have provided will not be used without your permission.

David Cobley
Student Researcher
University of Birmingham

Dr Robert Leurs
Academic Supervisor
University of Birmingham

Appendix II

Third Party Confidentiality Agreement

Project Title : Towards Economic Empowerment for Disabled People:
Exploring the Boundaries of the Social Model of Disability in
Kenya and India.

Researcher ; David Cobley

Institution : University of Birmingham, U.K.

Thank you for agreeing to provide translation or interpreting services, in order to enable participants to contribute to this study.

By signing this document I agree that all information provided by research participants will be treated as private and confidential. I will not discuss the content of interviews or focus group discussions with anyone that was not present at those interviews or discussions.

Third Party Name : _____

Signed : _____

Date : _____

Researcher Name : David Cobley

Signed : _____

Date : _____

Appendix III

Semi-Structured Interview Checklist: Scheme Beneficiaries

Introduction and description of research project, with reference to Participant Information Sheet.

Interview themes:

1. Personal background
2. Barriers to economic empowerment
3. Aims of the scheme – underlying philosophy
4. General scheme outcomes
 - 4.1 Scope
 - 4.2 Economic activity
 - 4.3 Sustainability
5. Personal outcomes
6. Success factors
7. Future development of the scheme
8. Other relevant issues

Appendix IV

Semi-Structured Interview Checklist: Scheme Staff and Managers

Introduction and description of research project, with reference to Participant Information Sheet.

Interview themes:

9. Barriers to economic empowerment
10. Scheme background
11. Aims of the scheme – underlying philosophy
12. General scheme outcomes
 - 12.1 Scope
 - 12.2 Economic activity
 - 12.3 Sustainability
13. Success factors
14. Future development of the scheme
15. Other relevant issues

Appendix V

Semi-Structured Interview Checklist: Organisation Representatives

Introduction and description of research project, with reference to Participant Information Sheet.

Interview themes:

16. Barriers to economic empowerment
17. National and local context
18. Organisation background
19. Scheme background
20. Aims of the scheme – underlying philosophy
21. General scheme outcomes
 - 21.1 Scope
 - 21.2 Economic activity
 - 21.3 Sustainability
22. Success factors
23. Future development of the scheme
24. Other relevant issues

Appendix VI

Semi-Structured Interview Checklist: Relatives

Introduction and description of research project, with reference to Participant Information Sheet.

Interview themes:

25. Family background
26. Barriers to economic empowerment
27. Local context
28. Impressions of scheme
29. General scheme outcomes
 - 29.1 Scope
 - 29.2 Economic activity
 - 29.3 Sustainability
30. Success factors
31. Future development of the scheme
32. Other relevant issues

Appendix VII

Semi-Structured Interview Checklist: Government Representatives

Introduction and description of research project, with reference to Participant Information Sheet.

Interview themes:

- 33. National and local context
- 34. Disability data
- 35. Disability legislation
- 36. Disability policies and programmes
- 37. International agreements
- 38. Barriers to economic empowerment
- 39. General scheme outcomes for Government schemes
 - 39.1 Scope
 - 39.2 Economic activity
 - 39.3 Sustainability
- 40. Success factors
- 41. Future Government priorities
- 42. Other relevant issues

Appendix VIII

Kenya: Occupational Roles and Stakeholder Groups of Interviewees

No.	Date	Organisation	Position	Stakeholder Group
1	17/06/10	ANDY	Executive Director	Organisation Representative
2	17/06/10	APDK Kabete	Production Supervisor	Beneficiary
3	17/06/10	APDK Kabete	Sheltered Workshop Employee	Beneficiary
4	17/06/10	APDK Kabete	Showroom Manager	Staff/Managers
5	17/06/10	APDK Kabete	Sheltered Workshop Employee	Beneficiary
6	17/06/10	APDK Kabete	Administration Assistant	Staff/Managers
7	18/06/10	APDK Kabete	Microfinance Coordinator	Staff/Managers
8	18/06/10	PWDSTO	Entrepreneur	Beneficiary
9	18/06/10	UDEK	Executive Director	Organisation Representative
10	18/06/10	UDEK	Administrative Assistant	Staff/Managers
11	21/06/10	APDK	National Director	Organisation Representative
12	22/06/10	NCPWDS	Communications Officer	Government Representative
13	22/06/10	LCD Nairobi	Regional Representative	Organisation Representative
14	22/06/10	LCD Limuru	Manager	Staff/Managers
15	22/06/10	LCD Limuru	Instructor	Staff/Managers
16	22/06/10	LCD Limuru	Instructor	Staff/Managers
17	23/06/10	LCD Limuru	Trainee	Beneficiary
18	23/06/10	LCD Limuru	Trainee	Beneficiary
19	23/06/10	LCD Limuru	Trainee	Beneficiary
20	23/06/10	LCD Limuru	Trainee	Beneficiary
21	23/06/10	LCD Limuru	Trainee	Beneficiary
22	23/06/10	LCD Limuru	Instructor	Staff/Managers
23	23/06/10	LCD Limuru	Trainee	Beneficiary

24	24/06/10	NCPWDS	Director	Government Representative
25	24/06/10	BRC	Director	Organisation Representative
26	24/06/10	BRC	Instructor	Staff/Managers
27	24/06/10	BRC	Trainee	Beneficiary
28	24/06/10	BRC	Trainee	Beneficiary
29	24/06/10	BRC	Extension Worker	Government Representative
30	24/06/10	CBM Nairobi	CBR Worker	Donor Representative
31	25/06/10	Makuru DPO	DPO Chairman	Relative
32	25/06/10	Makuru DPO	DPO Member	Relative
33	25/06/10	Makuru DPO	DPO Treasurer	Relative
34	25/06/10	Makuru DPO	DPO Member	Relative
35	28/06/10	Meru North DCC	Social Worker	Staff/Managers
36	28/06/10	Meru North DCC	Community Worker	Staff/Managers
37	28/06/10	Meru North DCC	Special Education Teacher	Staff/Managers
38	28/06/10	Irene VTC	Manager	Staff/Managers
39	28/06/10	Irene VTC	Instructor	Staff/Managers
40	28/06/10	Irene VTC	Instructor	Staff/Managers
41	28/06/10	Irene VTC	Trainee	Beneficiary
42	28/06/10	Irene VTC	Trainee	Beneficiary
43	29/06/10	Meru North DCC	Vocational Skills Trainer	Staff/Managers
44	01/07/10	APDK Kabete	Entrepreneur	Beneficiary
45	01/07/10	Embu RVTC	Manager	Government Representative
46	01/07/10	Embu RVTC	Counsellor	Staff/Managers
47	01/07/10	Embu RVTC	Agricultural Skills Instructor	Staff/Managers

48	02/07/10	IRC	Manager	Government Representative
49	02/07/10	IRC	Deputy Manager	Staff/Managers
50	02/07/10	IRC	Tailoring Instructor	Staff/Managers
51	02/07/10	IRC	Leatherwork Instructor	Staff/Managers
52	02/07/10	IRC	Metalwork Instructor	Staff/Managers
53	02/07/10	IRC	Typing Instructor	Staff/Managers
54	02/07/10	IRC	Metalwork Instructor	Staff/Managers
55	02/07/10	IRC	ICT Instructor	Staff/Managers
56	03/07/10	Meru North DCC	Director	Organisation Representative
57	05/07/10	ANDY	Economic Empowerment Manager	Staff/Managers
58	05/07/10	ANDY	Manager	Other (Employer)
59	05/07/10	ANDY	Disc Jockey	Beneficiary
60	05/07/10	ANDY	Entrepreneur	Beneficiary
61	05/07/10	SENSE International	National Director	Donor Representative
62	05/07/10	SENSE International	Field Coordinator	Donor Representative
63	07/07/10	KNHRC	Human Rights Commissioner	Other
64	08/07/10	Githunguri SHG	Chairman	Relative
65	08/07/10	Githunguri SHG	Secretary	Relative
66	09/07/10	UDEK	Programme Officer	Staff/Managers
67	09/07/10	UDEK	Project Officer	Staff/Managers
68	09/07/10	CBM Nairobi	Country Representative	Donor Representative
69	09/07/10	Safaricom	Senior Talent Acquisitions Officer	Other (Employer)
70	12/07/11	IRC	Trainee	Beneficiary
71	12/07/11	IRC	Trainee	Beneficiary

72	12/07/11	IRC	Trainee	Beneficiary
73	12/07/11	IRC	Trainee	Beneficiary
74	13/07/11	IRC	Trainee	Beneficiary
75	13/07/11	IRC	Trainee	Beneficiary
76	13/07/11	IRC	Trainee	Beneficiary
77	16/07/10	APDK Bombolulu	Production Supervisor	Staff/Managers
78	16/07/10	APDK Bombolulu	Tour Guide	Staff/Managers
79	16/07/10	APDK Bombolulu	Showroom Manager	Staff/Managers
80	16/07/10	APDK Bombolulu	Employee	Beneficiary
81	16/07/10	APDK Bombolulu	Exports Assistant	Beneficiary
82	16/07/10	APDK Bombolulu	Sheltered Workshop Employee	Beneficiary
83	16/07/10	APDK Bombolulu	Cashier	Beneficiary
84	19/07/10	APDK Bombolulu	Executive Officer	Organisation Representative
85	19/07/10	APDK – Momb	FAIDA Microfinance Coord	Staff/Managers
86	19/07/10	APDK – Momb	CBR Coordinator	Staff/Managers
87	19/07/10	APDK Bombolulu	Entrepreneur	Beneficiary
88	20/07/10	APDK Likoni	Manager	Staff/Managers
89	20/07/10	APDK Likoni	Permanent Employee	Beneficiary
90	20/07/10	APDK Likoni	Foreman	Beneficiary
91	20/07/10	APDK Likoni	Contract Worker	Beneficiary
92	20/07/10	APDK Likoni	Contract Worker	Beneficiary
93	20/07/10	APDK Likoni	Permanent Employee	Beneficiary
94	21/07/10	Shanzu Workshop	Manager	Staff/Managers
95	21/07/10	Shanzu Workshop	Instructor	Staff/Managers

96	21/07/10	Shanzu Workshop	Trainee	Beneficiary
97	21/07/10	Shanzu Workshop	Production Worker	Beneficiary
98	21/07/10	Shanzu Workshop	Production Worker	Beneficiary
99	21/07/10	Shanzu Workshop	Production Worker	Beneficiary
100	21/07/10	Shanzu Workshop	Trainee	Beneficiary
101	23/07/10	Shanzu Workshop	Trainee	Beneficiary
102	23/07/10	Shanzu Workshop	Trainee	Beneficiary
103	23/07/10	Shanzu Workshop	Production Worker	Beneficiary

Appendix IX

Kenya: Occupational Roles and Stakeholder Groups of Focus Group Participants

No.	Date	Group Details	Group Participants	Occupational Role	Stakeholder Group
1	17/06/10	NCPWDS	Participant 1	Principal Accountant	Government
			Participant 2	Accounts Assistant	Government
2	17/06/10	UDPK	Participant 1	Project Administrators	Staff/Managers
			Participant 2		Staff/Managers
3	18/06/10	PWDSTO	Participant 1	Chairman	Organisation Representative
			Participant 2	Treasurer	Organisation Representative
			Participant 3	Secretary	Organisation Representative
			Participant 4	Assistant Secretary	Organisation Representative
4	21/06/10	APDK Nairobi	Participant 1	Microfinance Coordinator	Staff/Managers
			Participant 2	Program Assistant	Staff/Managers
			Participant 3	CBR Coordinator	Staff/Managers
			Participant 4	Occupational Therapist	Staff/Managers
			Participant 5	Social Worker	Staff/Managers
5	29/06/10	Meru North DDC	Participant 1	Orthopaedic Technologist	Staff/Managers
			Participant 2	Occupational Therapist	Staff/Managers
6	01/07/10	APDK – Embu	Participant 1	National Coordinator	Organisation Representative
			Participant 2	Accounts Assistant	Staff/Managers
			Participant 3	Branch Secretary	Staff/Managers
			Participant 4	Field Officer	Staff/Managers
			Participant 5	Physiotherapist	Staff/Managers

7	02/07/10	Embu Rural Vocational Training Centre	Participant 1	Woodwork Instructor	Staff/Managers
			Participant 2	Trainee	Beneficiary
			Participant 3	Trainee	Beneficiary
			Participant 4	Trainee	Beneficiary
			Participant 5	Trainee	Beneficiary
			Participant 6	Trainee	Beneficiary
			Participant 7	Trainee	Beneficiary
			Participant 8	Trainee	Beneficiary
			Participant 9	Trainee	Beneficiary
			Participant 10	Trainee	Beneficiary
			Participant 11	Trainee	Beneficiary
			Participant 12	Trainee	Beneficiary
8	07/07/10	Kenya Paraplegic Organisation	Participant 1	Resource Officer	Organisation Representative
			Participant 2	Administration Assistant	Organisation Representative

Appendix X

India: Occupational Roles and Stakeholder Groups of Interviewees

No.	Date	Organisation	Occupational Role	Stakeholder Group
1	01/02/11	APD	Director of Programmes	Organisation Representative
2	01/02/11	APD	Assistant Director	Staff/Managers
3	01/02/11	APD	Senior Manager, Administration and Estates	Staff/Managers
4	01/02/11	APD	Programme Coordinator	Staff/Managers
5	01/02/11	APD	Trainee	Beneficiary
6	01/02/11	APD	Trainee	Beneficiary
7	01/02/11	APD	Trainee	Beneficiary
8	02/02/11	APD	Senior Coordinator	Staff/Managers
9	02/02/11	NAB	Head - Computer Studies	Staff/Managers
10	02/02/11	NAB	Volunteer Teacher	Staff/Managers
11	02/02/11	NAB	Trainee	Beneficiary
12	02/02/11	NAB	Training Officer	Staff/Managers
13	02/02/11	NAB	Superintendent	Staff/Managers
14	02/02/11	NAB	Chief Executive officer	Organisation Representative
15	02/02/11	NAB	Head of Mobility Department	Staff/Managers
16	03/02/11	SSK Bangalore	Director	Organisation Representative
17	03/02/11	SSK Bangalore	Vice Principal	Staff/Managers
18	03/02/11	SSK Bangalore	Principal: Research and Training	Staff/Managers
19	03/02/11	SSK Bangalore	Trainee	Beneficiary
20	03/02/11	SSK Bangalore	Trainee	Beneficiary
21	04/02/11	LCD Bangalore	Livelihoods Manager	Staff/Managers

22	04/02/11	LCD Bangalore	Resource Centre Manager	Staff/Managers
23	05/02/11	Oracle	Vice President	Donor Representative
24	07/02/11	ADD	Program Coordinator	Organisation Representative
25	07/02/11	AMC	Office Assistant	Beneficiary
26	07/02/11	AMC	General Secretary	Staff/Managers
27	08/02/11	SSK Bangalore	Principal	Staff/Managers
28	09/02/11	Special Employment Exchange	Official	Government Representative
29	09/02/11	Karnataka State Government	Official	Government Representative
30	09/02/11	LCD Bangalore	Receptionist	Beneficiary
31	09/02/11	LCD Bangalore	Instructor	Staff/Managers
32	09/02/11	LCD Bangalore	Trainee	Beneficiary
33	10/02/11	Bangalore VRC	Deputy Director	Government Representative
34	10/02/11	Bangalore VRC	Intake Assistant	Staff/Managers
35	10/02/11	Bangalore VRC	Woodwork Instructor	Staff/Managers
36	10/02/11	Bangalore VRC	Trainee	Beneficiary
37	10/02/11	Samarthanam Trust	Student Coordinator	Staff/Managers
38	10/02/11	Samarthanam Trust	Rural BPO Coordinator	Staff/Managers
39	10/02/11	Samarthanam Trust	Call Centre Operator	Beneficiary
40	10/02/11	Samarthanam Trust	Call Centre Operator	Beneficiary
41	11/02/11	Samarthanam Trust	Founding Director	Organisation Representative
42	11/02/11	Samarthanam Trust	Recruitment Officer	Staff/Managers
43	11/02/11	SEVAI	Entrepreneur	Beneficiary
44	14/02/11	NHRC	Joint Secretary (Training)	Other
45	14/02/11	NHRC	Special Rapporteur	Other
46	14/02/11	National Trust	Managing Director:	Government

			Arunim	Representative
47	15/02/11	MSJE	Director Disabilities Division	Government Representative
48	15/02/11	NCPEPD	Honorary Director	Organisation Representative
49	17/02/11	Jan Madhyam	Counsellor	Staff
50	17/02/11	Jan Madhyam	Project Manager	Staff
51	17/02/11	Jan Madhyam	Founder	Organisation Representative
52	17/02/11	Jan Madhyam	Scheme Graduate	Beneficiary
53	17/02/11	Jan Madhyam	SHG Member	Beneficiary
54	17/02/11	Jan Madhyam	SHG Member	Beneficiary
55	17/02/11	Jan Madhyam	SHG Member	Beneficiary
56	18/02/11	WelcomEnviron Initiatives	General Manager	Other (Employer)
57	21/02/11	Vidya Sagar	Director	Organisation Representative
58	21/02/11	Vidya Sagar	Instructor, AAC	Staff/Managers
59	22/02/11	Vidya Sagar	Project Coordinator	Staff/Managers
60	22/02/11	Vidya Sagar	Sheltered Workshop Employee	Beneficiary
61	22/02/11	Vidya Sagar	Trainee	Beneficiary
62	22/02/11	Wadhvani Foundation	Director	Organisation Representative
63	23/02/11	Chennai VRC	Deputy Director	Government Representative
64	23/02/11	Chennai VRC	VRC Trainee	Beneficiary
65	23/02/11	Chennai VRC	VRC Trainee	Beneficiary
66	25/02/11	Vazhdhu Kaattuvom	Differently Abled and Vulnerable Specialist	Government Representative
67	26/02/11	LCD Nagapattinam	Project Manager	Staff/Managers
68	27/02/11	SEVAI	Founding Director	Organisation Representative
69	28/02/11	SEVAI	Programme Coordinator	Staff/Managers
70	28/02/11	SEVAI	Data Entry Operator	Beneficiary
71	28/02/11	MSJE	Technical Assistant	Government

				Representative
72	28/02/11	SEVAI	Physiotherapist	Staff/Managers
73	01/03/11	SEVAI	SHG President	Beneficiary
74	01/03/11	SEVAI	SHG Secretary	Beneficiary
75	01/03/11	SEVAI	SHG Coordinator	Staff/Managers
76	02/03/11	LCD Nagapattinam	Technical Coordinator	Staff/Managers
77	02/03/11	LCD Nagapattinam	Entrepreneur	Beneficiary
78	02/03/11	LCD Nagapattinam	Entrepreneur	Beneficiary
79	02/03/11	Avaice	Computer Consultant	Other (Training Provider)
80	02/03/11	NABARD Tamil Nadu	Assistant General Manager	Donor Representative
81	02/03/11	Yogitha Institute	Manager	Other (Training Provider)
82	02/03/11	Lead Bank Nagapattinam	Manager	Bank Manager
83	03/03/11	Vazhndhu Kaattuvom	District Project Manager	Staff/Managers
84	03/03/11	Vazhndhu Kaattuvom	Assistant Project Manager	Staff/Managers
85	03/03/11	Vazhndhu Kaattuvom	Community Development Facilitator	Staff/Managers
86	03/03/11	Vazhndhu Kaattuvom	Entrepreneur	Relative
87	03/03/11	Vazhndhu Kaattuvom	Entrepreneur	Relative
88	04/03/11	Bedroc	Chief Executive Officer	Organisation Representative
89	04/03/11	District Industrial Centre	Assistant Director	Government Representative
90	04/03/11	LCD Nagapattinam	Entrepreneur	Beneficiary
91	04/03/11	District Government	District Differently Abled Welfare Officer	Government Representative
92	07/03/11	Ability Foundation	Customer Services Executive	Beneficiary
93	08/03/11	AIKYA	Founding Director	Organisation Representative
94	08/03/11	AIKYA	Sheltered Workshop Employee	Beneficiary
95	11/03/11	Karnataka State Government	State Commissioner	Government Representative

96	11/03/11	Royal Gardenia Hotel	Human Resources Manager	Other (Employer)
97	11/03/11	Royal Gardenia Hotel	Hotel Porter	Beneficiary
98	11/03/11	Ability Foundation	Software Engineer	Beneficiary

Appendix XI

India: Occupational Roles and Stakeholder Groups of Focus Group Participants

No.	Date	Group Details	Group Members	Occupational Role	Stakeholder Group
1	02/02/11	NAB Trainees	Participant 1	Trainee	Beneficiary
			Participant 2	Trainee	Beneficiary
			Participant 3	Trainee	Beneficiary
			Participant 4	Trainee	Beneficiary
			Participant 5	Trainee	Beneficiary
			Participant 6	Trainee	Beneficiary
			Participant 7	Trainee	Beneficiary
			Participant 8	Trainee	Beneficiary
			Participant 9	Trainee	Beneficiary
2	04/02/11	LCD Bangalore Staff	Participant 1	Regional Representative	Organisation Representative
			Participant 2	Campaigns Manager	Staff/Managers
			Participant 3	Inclusive Education Mananager	Staff/Managers
			Participant 4	Administration Officer	Staff/Managers
			Participant 5	Fundraising Officer	Staff/Managers
			Participant 6	Administration Officer	Staff/Managers
			Participant 7	Finance Officer	Staff/Managers
			Participant 8	Design and Communication Officer	Staff/Managers
			Participant 9	LCD Trustee	Organisation Representative
3	07/02/11	AMC	Participant 1	Psychiatrist	Organisation Representative
			Participant 2	Psychology Teacher	Organisation Representative
			Participant 3	Physicist	Organisation Representative
			Participant 4	General Secretary	Staff/Managers
			Participant 5	Volunteer Counsellor	Staff/Managers

4	08/02/11	SSK Bangalore	Participant 1	Associate Director Technical Services	Staff/Managers
			Participant 2	Associate Director CBR	Staff/Managers
5	10/02/11	Samarthana m Trust	Participant 1	Trainee	Beneficiary
			Participant 2	Trainee	Beneficiary
			Participant 3	Trainee	Beneficiary
			Participant 4	Trainee	Beneficiary
			Participant 5	Trainee	Beneficiary
			Participant 6	Trainee	Beneficiary
			Participant 7	Trainee	Beneficiary
			Participant 8	Trainee	Beneficiary
			Participant 9	Trainee	Beneficiary
			Participant 10	Trainee	Beneficiary
			Participant 11	Trainee	Beneficiary
			Participant 12	Trainee	Beneficiary
			Participant 13	Trainee	Beneficiary
			Participant 14	Trainee	Beneficiary
			Participant 15	Trainee	Beneficiary
			Participant 16	Trainee	Beneficiary
			Participant 17	Trainee	Beneficiary
			Participant 18	SHG Member	Beneficiary
			Participant 19	SHG Member	Beneficiary
6	21/02/11	Vidya Sagar Advocacy Unit	Participant 1	Coordinator	Staff/Managers
			Participant 2	Assistant Coordinator	Staff/Managers
			Participant 3	Assistant Coordinator	Staff/Managers
			Participant 4	Assistant Coordinator	Staff/Managers
7	23/02/11	Chennai VRC	Participant 1	Social Workers	Staff/Managers
			Participant 2	Social Workers	Staff/Managers
8	24/02/11	Ability Foundation	Participant 1	Director (Operations)	Staff/Managers
			Participant 2	Deputy Director	Staff/Managers
			Participant 3	Founder	Organisation Representative
9	03/03/11	Vazhndhu Kaattuvom Project	Participant 1	SHG Member	Beneficiary
			Participant 2	SHG Member	Beneficiary
10	04/03/11	Leonard Cheshire Project	Participant 1	Development Worker	Staff
			Participant 2	Development Worker	Staff
			Participant 3	Development Worker	Staff

Appendix XII

List of Contributing Organisations and Agencies

The following organisations provided assistance and contributed to this study in various ways. The list includes Non-Governmental Organisations, Disabled Persons' Organisations, Self Help Groups, Government Agencies, Training Institutions and Employer Organisations, Donor Organisations and Human Rights Bodies.

Kenya

Action Network for the Disabled
Athiru Ruigine Disabled Persons' Organisation
Association for the Physically Disabled of Kenya
Brian Resource Centre
Christoffel Blinden Mission
Embu Rural Rehabilitation Centre
Githunguri Disabled Self Help Group
Industrial Rehabilitation Centre
Irene Training Centre for the Blind
Kenya National Human Rights Commission
Kenya Paraplegic Organisation
Leonard Cheshire Disability
Lunga Lungu Welfare Poverty Eradication Self Help Group
Machungulu Disabled Persons' Organisation
Meru North Disability Community Centre
Ministry of Gender, Children and Social Development
National Council for Persons With Disabilities
Persons with Disabilities Small Traders Organisation
Safaricom
Sense International
Shanzu Transitional Workshop
Bangalore Special Employment Exchange
United Disability Empowerment in Kenya
United Disabled Persons of Kenya

India

Ability Foundation

Action on Disability and Development

Aikya

Association for the Mentally Challenged

Association of People with Disability

Bangalore Special Employment Exchange

Bangalore Vocational Rehabilitation Centre

Chennai Vocational Rehabilitation Centre

Directorate for the Welfare of Disabled and Senior Citizens

Idhayam Self Help Group

India National Human Rights Commission

Jan Madhyam

Leonard Cheshire Disability

Ministry of Social Justice and Empowerment

National Association for the Blind

National Bank for Agriculture and Rural Development

National Centre for the Promotion of the Employment of Disabled People

National Trust

Rayanallur Self Help Group

Roja Self Help Group

Royal Gardenia Hotel (Bangalore)

Samarthanam Trust

Sarthak Educational Trust

Sigaram Self Help Group

Society for Education, Village Action and Improvement

Spastics Society of Karnataka

State Government of Karnataka

State Government of Tamil Nadu

Vazhdhu Kaattuvom Project

Vadagudi Self Help Group

Vidya Sagar

WelcomEnviron Initiatives

Yogitha Training Institute

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