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## Examining Inclusion: Disability and Community Driven Development

*This note discusses the varied strategies adopted by CDD programs to ensure the inclusion of disabled people. It is based on five case studies, which represent a wide spectrum of approaches ranging from micro interventions for building social capital and community-based rehabilitation to macro strategies for policy reform and advocacy efforts based on a disability rights perspective. The note argues for an approach which integrates micro and macro interventions and balances participatory processes with social protection mechanisms that are designed to include the needs of vulnerable groups. The importance of improved targeting and building an appropriate enabling environment is also highlighted.*

### Introduction

It is estimated that disability affects the lives of more than 600 million people globally; the majority living in developing countries. Some estimates suggest that roughly 15 to 20 percent of poor people in developing countries are disabled. Their numbers are rising due to conflict, malnutrition, accidents, violence, communicable and non-communicable diseases including HIV/AIDS, ageing and natural disasters. Disabled people are often subject to stigmatization, excluded from school or the workplace, and often end up depending on others in the family and community for physical, social and economic support. In addition to being vulnerable to exclusion, “disabled people are disproportionately poor, and poor people are disproportionately disabled.”<sup>1</sup> World Bank studies have revealed that Ugandan households with a disabled head are 38 percent more likely to be poor than households headed by a person without a disability (Hoogeveen 2003). Research conducted in India

### Box1. What is Disability?

Disability is not easily conceptualized, and increasingly, it is being recognized as a socio-economic construct that is influenced by differing cultures, social institutions, and physical environments. Disability is caused by a wide range of interacting aspects like communicable diseases, genetic factors, injuries, aging and many more. Each disability has its own range of possible causes; the list of disabilities itself is very lengthy, including physical disabilities, cognitive disabilities, vision and hearing problems, and mental health disorders, such as depression.

*Source: World Bank, Disability and Development Website*

### Box 2. Case Studies Examined

1. Andhra Pradesh Rural Poverty Reduction Project (APRPRP)
2. Lebanon Community Development Project (LCDP)
3. Yemen Social Fund for Development Project (YSFDP)
4. Ukraine Social Investment Fund Project (USIFP)
5. Malawi Social Action Fund Project (MASAF)

indicates that people with a disability were more likely to be poor with fewer household assets and incur ring greater debts (Harris-White, 1996).

Community Driven Development (CDD), an approach that supports participatory decision-making and is directly concerned with community empowerment, is seen as an important means to enhance the inclusion of vulnerable groups such as disabled people. This note analyzes the varied interventions that have been used by CDD programs to address disability issues, and is based on case studies of five projects (see Box 2).

### **CDD Approaches towards Inclusion of the Disabled: Case Studies**

CDD programs have typically addressed disability through sub-project level interventions that are geared towards vulnerable groups such as the disabled, elderly, or at risk children and youth. However, the chosen case studies differ in this respect as they have an overt and substantial emphasis on disability.

*Andhra Pradesh Rural Poverty Reduction Project:* APRPRP applies the CDD principles of participation, voice and agency by organizing disabled people into self-help groups (SHGs) and federations.<sup>ii</sup> The project links these SHGs to the wider community and other stakeholders. It aims to empower and build social capital of the disabled people, so that they can effectively demand and articulate their interests and needs and participate actively in the development of options for how best to address these. Furthermore, having disabled facilitators ensures self-representation and improves targeting, while ensuring empowerment and enhancing the local ownership of CDD by people with disabilities. .

The interventions in this project cut across various sectors like health, education, nutrition, infrastructure, and livelihoods and include: provision of surgical corrections and assistive devices, family support programs, training para-professionals in community based rehabilitation (CBR), reviving defunct rehabilitation centers and establishing bridge residential schools for disabled children. APRDRP also focuses on providing livelihood support and income generation through micro credit loans, small enterprise development, and vocational training. Advocacy forms an important part of the project, and multiple stakeholders like public banks and the private sector have been rallied to provide loans and employment for people with disabilities.

*The Lebanon Community Development Project:* The LCDP works primarily at the macro level to advocate,

train, and build capacities of multiple stakeholders to ensure the implementation of provisions as promulgated by the 2000 disability law. It seeks to empower disabled people, their families, Non-governmental organizations (NGOs) and Disabled People's Organizations (DPOs) with knowledge about and capacity to demand the rights and entitlements of people with disabilities.<sup>iii</sup>

LCDP has sub-contracted its disability program to four DPOs which are headed by disabled activists with strong advocacy influences. The project is an example of a relatively new approach in the Bank, wherein CDD programs work within a rights based framework in order to be more inclusive of vulnerable groups.

*Yemen Social Fund for Development Project:* Disability accounts for the highest funding amongst all YSFDP social assistance sub-projects. It supports and works directly with the disability union, comprising of NGOs and DPOs to build capacities of civil society. It also works with the government to lobby for better policies and stronger implementation. The project's major contribution has been in the area of education. Through the Al Aman Association for Blind Girls, the project is preparing a national cadre of educators and training the trainers in rehabilitation, therapy and inclusive education.<sup>iv</sup>

The project is focused on education interventions in urban areas. In its third phase, the project will address issues of broader inclusion of families and communities of people with disabilities and will strive for closer coordination with local governments and line ministries.

*Ukraine Social Investment Fund Project:* USIFP aims to develop innovative community-based care strategies as an alternative to the more conventional residential care interventions.<sup>v</sup> Implemented by NGOs, it will include interventions such as CBR, day care centers, foster care services, training families of disabled people and social workers, minor repairs on buildings, and some educational programs. Since local NGOs do not have enough experience working on community-based care, international organizations will provide technical support and guidance. The project seeks to not only test innovative demand-driven social care services, but also to inform national policy so as to make the reforms more sustainable.

*Malawi Social Action Fund Project:* Disability interventions in MASAF have been limited to income generation support.<sup>vi</sup> MASAF III proposes to facilitate registration of volunteer groups working in rural areas. It will also enhance capacities of NGOs and CBOs,

and adopt a more holistic approach to disability issues guided by the framework of the Millennium Development Goals.

### **CDD and Disability: Implications for Design**

CDD approaches provide an opportunity to integrate the concerns of vulnerable groups in development initiatives. However, if the CDD approach is to move towards more effective inclusion of the disabled, there needs to be an emphasis on improved targeting and building supportive enabling environments.

#### *Targeting Mechanisms:*

All five projects used some form of thematic targeting<sup>vii</sup>, often in conjunction with geographical and poverty targeting techniques to address disability.<sup>viii</sup> The APRPRP targeted 560 disadvantaged *mandals* in 16 districts based on levels of human, economic, and infrastructural development. The disabled were then specifically selected and targeting was facilitated by NGOs/DPOs, as well as by the SHGs of the disabled themselves. The USIFP used geographical targeting to shortlist the two most deprived Rayons and subsequently micro-targeted vulnerable groups. The LCDP identified special needs groups such as the disabled, orphans, and the elderly, who were dispersed and spread across geographical boundaries. Targeting in YSFDP was principally thematic in nature. Targeting was facilitated through the network of NGOs and DPOs, which were based primarily in urban areas. Targeting in MASAF was also primarily thematic, and was carried out by NGOs through sponsored sub-projects, though in some instances the NGOs diversified their target population in order to capture wider funding opportunities.

The fact that disabled people were targeted primarily through NGOs and DPOs disconnected them from the broader CDD program cycle. A twin track approach that combined specific targeting with efforts to mainstream the needs of vulnerable groups could have been more effective. While it is important to have thematic targeting mechanisms, the social inclusion principle in CDD design encourages communities to identify and incorporate the needs of their vulnerable social groups.

#### *Enabling Environment:*

An enabling environment, which includes the legal and regulatory framework, , as well as organizational strengthening and institutional development of government, private and civil society actors, plays a

crucial role in promoting the inclusion of disabled stakeholders in CDD programs.

In Andhra Pradesh, the Persons with Disability Act of 1995 and the presence of proactive DPOs and NGOs provided a relatively strong enabling environment for the APDPRP. More importantly, APDPRP improved the responsiveness of local government and other stakeholders, such as the private sector, towards the needs of the disabled. Lebanon's disability law which was promulgated in 2000 provided a favorable enabling environment for the LCDP. The creation of the National Committee for the Disabled (NCD) comprising of government representatives, disabled people's associations and other civil society members also influenced the design of the project. LCDP sought to improve the implementation of existing policies, as well as influence the policy environment by introducing tangible changes at the national regulatory level.

Yemen's strong network of NGOs and DPOs allowed the YSDP to learn and gain momentum from their experiences. The project played a significant role in the promulgation of the disability law in 1999. In partnership with the Ministry of Education, NGOs, and the National Union of Disabled, the project has been able to mainstream education for disabled children at the policy and practice level. In its next phase, the project will build capacities of local governments to manage inclusive school systems and will also strengthen its efforts to meet the MDGs.

The Ukraine project aims to inform national policies by testing innovative approaches towards deinstitutionalized social care services for the disabled. Due to the political and economic transition in Ukraine, there has been shift from traditional institutionalized social care towards deinstitutionalized community based care. USIFP seeks to develop the operational knowledge necessary to translate this shift into both policy and practice.

In comparison, MASAF has a weak enabling environment for inclusion of people with disabilities. Lack of comprehensive legislation on disability, unclear sector agendas and weak coordination between civil society, local and national government have posed particular challenges. However, MASAF III now has a well-coordinated plan of action with a strong emphasis on strengthening the enabling institutional environment.

## Conclusions and Emerging Lessons

The case studies analyzed represent a wide spectrum of approaches, ranging from micro interventions such as CBR, education, vocational training and provision of other social and welfare services at community level, to macro interventions such as policy reform and advocacy within a disability rights framework. For CDD to be truly effective as an approach towards promoting the inclusion of disabled people, micro and macro approaches need to be integrated. Some emerging lessons on ways to include disabled people in CDD programs are:

- Supporting a twin track approach of targeting people with disabilities and integrating their voices and needs within the broader project cycle. While specific sub-projects with an emphasis on addressing disability concerns are valuable, communities should be encouraged to address the voices and needs of vulnerable groups.
- A strong enabling environment, wherein disability concerns are mainstreamed into institutional frameworks and are supported by progressive legislation is critical to empowering disabled people. To ensure sustainability, it is also important that multiple stakeholders such as local government, civil society organizations, and the private sector, as well as disabled people be involved.
- Project staff should be equipped in terms of capacities and resources to integrate disability in CDD programs. People with disabilities should be employed as facilitators and project managers to ensure self-representation and better outreach.
- Inclusion of disabled people can be accomplished only if a “vulnerability perspective” is integrated in all aspects of CDD operations. Disability, much like gender, is a cross-cutting issue and should be incorporated in all stages of the project cycle - design and appraisal, implementation, review and monitoring and evaluation.

Finally, it is important to balance the participatory and demand-driven approach of CDD programs with social protection mechanisms that include the special needs of vulnerable groups as part of a rights-based paradigm. Owing to historical, systemic, and physical barriers, disabled people, especially severely disabled, can only participate in the process of decision-making if they are included in the entire project cycle. Therefore, it is important to complement participatory processes with the provision of safety nets to not only ensure that the needs of people with disabilities are included in CDD programs, but also that disabled people themselves are engaged as active participants..

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<sup>i</sup> World Bank, Development and Disability Website

<sup>ii</sup> Andhra Pradesh Rural Poverty Reduction Project (APRPRP), 2003. *Project Appraisal Document. Report No. 24771-IN*, Rural Development Sector Unit. India Country Unit, South Asia Regional Office.

<sup>iii</sup> Lebanon Community Development Project (LCDP), 2001. *Project Appraisal Document. Report No: 2204 1-LE*. Human Development Sector, Middle East and North Africa Region.

<sup>iv</sup> Yemen Social Fund for Development Project (YSFDP), 1997. *Project Appraisal Document. Report No.16301 YEM* Human Development Group, Middle East and North Africa Region.

<sup>v</sup> Ukraine Social Investment Fund Project (USIFP), 2001 *Project Appraisal Document. Report No: 23085 UA*. Human Development Sector Unit, Ukraine and Belarus, Europe and Central Asia Region.

<sup>vi</sup> Malawi Social Action Fund Project (MASAF), 1998. *Project Appraisal Document. Report No. 17993 MAI*, Human Development, Africa Region.

<sup>vii</sup> Thematic targeting refers to programs/services designed specifically for a particular group of beneficiaries.

<sup>viii</sup> Gibbons and Somma (2004), *Draft: Targeting Disabled People through Demand-Driven Projects.*” The World Bank Group