The Inclusion of Disabled People in Mainstream Micro Finance Programmes

Global Poverty

The need and commitment of the international community to redress the situation of the world's poor has been well documented and is familiar to most of us. The international target has been set to halve the proportion of people living in extreme poverty in developing countries by 2015. To achieve this three fundamental requirements have been defined. Economic growth primarily through promoting private sector activity. Equity to ensure that the economic growth is pro poor, meaning both providing opportunities for and utilising the skills of poor people as well as providing access to health, education, markets and assets. The third requirement is the reduction of vulnerability of poor people to shocks, such as conflict, natural disaster, ill health and economic downturns (DFID, 2000). The enormity of the problem is recognised as are the strategies to be put in place in order to achieve these targets in all countries and regions of the developing world.

The Faces of Poverty

Poverty is multidimensional and financial hardship is only one aspect. People who live in poverty do not have ready access to basic facilities and infrastructures including housing, water, sanitation and health services. They are less likely to have had access to education for themselves and for their children. They have little or no voice in civic and political life.

Due to both the economic and social dimensions of poverty, poor people are amongst the most marginalised and vulnerable group in society. They have little or no opportunity and means to change the quality of their own and their families' lives.

The "woman's face" of poverty has importantly been acknowledged. An estimated 70% of the world's poor are women. The need to take positive and proactive initiatives that target women in programmes of poverty alleviation has been realised and included in the policies which define and govern poverty alleviation programmes (Blackden and Bhan, 1999). Social exclusion and economic inequality due to race or ethnicity resulting in poverty is also acknowledged and specific strategies and targets to redress the situation are being put in place.

Disability is a dimension of poverty which on the whole remains neglected. It is estimated that as many as one in five of the world's poorest people are disabled people (Elwan, 1999).

A review of major strategy papers and documents of governments, donors and development organisations on poverty alleviation reveals that the real needs and rights of this group of marginalised and poor people are rarely acknowledged. Only recently has it been recognised that in order to achieve the international development targets set, disabled people will need to be included in the poverty alleviation strategies already defined and there is need to develop specific initiatives which address disability (DfID, 2000, World Bank, 2002).

However, there remains limited understanding of the situation of disabled people and of how best to positively and effectively work towards enabling change of the social and economic exclusion of this significant group of people in our society. Most mainstream development organisations continue not to include disabled people in their programmes. The prevailing view is that disability is a specialist issue and best addressed by organisations with expertise in this area of work (Yeo and Moore, 2002). Most mainstream organisations feel they are unqualified and lack the required knowledge as well as resources to try and include disabled people in their practice.

Defining Disability

Disability is defined in this paper as the long term impairment leading to social and economic disadvantages, denial of rights and limited opportunity to play an equal part in the life of the community (DfID, 2000). The impairment may be physical, sensory, intellectual or a mental condition.

Use of this definition places the disabling impact of the impairment within the society and context where the person is living. Different impairments may have different disabling impacts on an individual depending on where this person is living, their lifestyle and the access or barriers they may have to services, aids, intervention and the attitudes of those around them and with whom they interact.

Use of this definition places the emphasis on the disabling factors within society rather than on the individual. In order for the disabled person to participate and be included with equal rights in society, there is need to make societal change. This contrasts with the more traditional approach which focuses only on the "problem" of disability being with the individual and the implementation of strategies which aim to alleviate his / her impairment.

Measuring disability

Because of inconsistency in definition and limitation of the methods used and effort towards appropriate data collection, there is a dearth of reliable information and data about disability in poor countries (Elwan, 1999).

The limitation of data on disability is acknowledged and much of the information presented in this paper to illustrate the extent of the issues is anecdotal from case studies and field practice. It is however worth referring to data used popularly and by recognised and reputable organisations and agencies. This does give a certain measure of the problem and the level of exclusion and marginalisation of disabled people in poor countries and adds weight to the illustrative individual and personal case studies given below.

Conservative estimates put the incidence of disability at about one person in 20. The more acceptable and widely used figure is that one in 10 of the world's population may be defined as having a disability, or about 500 million people (World Bank, 2002, Helander, 1992). More than 3 out of 4 disabled people live in developing countries and and most live in rural areas (Elwan, 1999).

Disability and Discrimination

Disabled people face numerous barriers in realising their equal opportunities and exercising their rights. Social exclusion and marginalisation are commonplace and result from environmental, legal, institutional, access and attitudinal barriers. Disabled people are often treated and feel like worthless citizens. Feelings of rejection, shame and low self esteem are commonly found amongst disabled people (DfID, 2000).

Ignorance, misconceptions and traditional beliefs often lead to negative attitudes and the marginalisation of disabled people and their family within communities. In Zambia mothers of disabled children spoke of their fear and reluctance of taking their children out of the home because of the beliefs of other community members. It was believed that if a pregnant women saw the disabled child this would increase the likelihood of her giving birth to a disabled child and the family (mother) would be held responsible. This led to women being unable to participate in every day community and social life. It also had negative economic impacts, as women felt unable to participate and were unlikely to succeed in petty trading and business enterprises.

Within the immediate family mothers of disabled children were at risk of exclusion and abandonment. It was not uncommon that women were given the choice of abandoning the child or being forced to leave the family home. There was pressure and expectation that she must produce a healthy child and also focus her attention on the non disabled child rather than the disabled child (Field journals, 1995 – 1997). Examples of stigmatisation are relatively common and have often been recorded elsewhere (Elwan, 1999).

As well as negative and exploitative attitudes, the mother was also confronted by the reality of the economic cost to the family unit of having a disabled child. Any time she spent with that child, the costs of medication s/he may need or equipment or intervention detracted from the families' earning base. It was considered a diversion and for a child who was not seen as a potential contributor but rather a consumer of the limited family resources. The investment in the disabled child was viewed as being at the expense of her contributing to the family income or resource base. This reality meant she was sometimes forced to covertly seek support such as rehabilitation and education for her child. Where there is a lack of support outside the household, additional resources needed because of disability within the family has been shown to have a detrimental effect on the family's well being (Elwan, 1999).

Disability within a family unit can also jeopardise the marriage potential and eligibility of a family member. Disabled women are certainly unlikely to be seen as candidates for marriage and in India the need to ensure marriage prospects of other family members has led to the hiding and abandoning of disabled children. As well as social implications this also has economic implications.

Abandonment for economic and attitudinal reasons is relatively common and has been found in projects in SE Asia, Latin America, and Africa. Given an estimated 29% of families live with disability this is significant and can prevent the rightful inclusion of disabled people and family members in the family unit and wider community (Elwan, 1999).

The negative attitude of community towards disability has been seen when attempts have been made to try and include mothers of disabled children and disabled people in mainstream micro finance programmes. Because of the self selection of groups, where there is inadequate preparation and education of the group disabled people and family members are often not selected as group members. In part it is attitude and additionally they are seen as vulnerable and high risk members of the community (Field reports from Tanzania and Malawi).

The attendance at school of disabled children is extremely low. It has been estimated that as few as 1-2% of disabled children access any form of education and many of those do so through the special education system rather than inclusion in mainstream education (Lewis and Sygall (ed), 1997) . It is worth reminding ourselves that the development target and an indicator against which poverty alleviation will be measured is access and enrolment in education. Estimates of 44% non enrolment in Africa in 1990 for the total population are being targeted. The gap from 98% non attendance for disabled children to education for all requires serious attention and significant commitment of resources as part of the current initiatives being put in place on achieving education for all by 2015.

UNICEF acknowledges that some 150 million disabled children lack access to services, including education and that they are likely to remain illiterate, untrained and ultimately join the unemployed (Elwan, 1999). Even so, too often the comment is heard by disability practitioners, " ----- we will look at the needs of disabled children once we have looked at the "normal" children" (Quote from UNICEF staff person in Zambia office in 1997).

Obstacles faced by disabled children in obtaining education are attitudinal, both of peers and teachers, as well as lack of adequate resources to enable full and meaningful access and inclusion for children with disability into an environment where they are able to learn. Barriers include physical access, lack of equipment such as wheelchairs and other aids and appliances and teachers and pupils not able to communicate with deaf children or enable access to learning by blind children.

Examples of disabled children being bullied by teacher and fellow pupils is not uncommon. In Zimbabwe some disabled girls who were high achievers in the primary school and earned places in a secondary boarding school were discriminated by fellow pupils who because of "fear of catching the disability" would not share the bathroom facilities with them. The teachers also isolated them within the classroom. Not surprisingly this negatively impacted on their work performance and led to low personal self esteem and confidence (Field report, 2003).

Without education, disabled people are further marginalised and their potential to earn a living further jeopardised.

Unemployment and underemployment are common phenomena in poorer economies. The rate of unemployment of disabled people is higher and often disabled people are employed unfairly working in poor conditions and for lower wages than non disabled peer workers. The approach of sheltered employment where employment is given, but payment is in the form of welfare, rather than payment of a reasonable and fair wage, is common.

There is strong evidence that disabled women face "double discrimination" of being both women and being disabled. They are marginalised from education, health and social services more often than disabled men. Appalling stories of their abuse and exploitation by family and community members are common (Elwan, 1999).

The cycle of poverty and disability
Poverty is both a cause and consequence of disability (DfID, 2000). The risk of disability is increased by poverty. Poor households are less likely to have access to adequate food, sanitation, health care. They are more likely to live in poor housing conditions and work in environments which are more hazardous.

As well as intervention for disabled people there needs to be continued prevention programmes and policies implemented to minimise disability where possible. Too often disability is one of the "shocks" experienced by already poor and vulnerable family units and communities (Elwan, 1999).

The anecdotal studies presented above show some of the ways in which disabled people and their family members are excluded and marginalised in society. They are more likely to face barriers which will prevent them being included in community activities, exercising their rights to education, health care and employment. Because of discrimination and exclusion, disabled people and their family members are more likely to be poor and so the causal and consequential cycle of poverty and disability is reinforced.

It has been estimated that as many as one in five of the world's poorest people are disabled people (Elwan, 1999). Further, it is not just the individual who is affected but the whole community. The cost of exclusion of disabled people from community life is high. The impact is particularly seen on women, who most often take on care responsibilities of disabled family members. Estimates are as high as 1 in 4 of the population being adversely affected due to loss of productivity and human potential (DfID, 2000).

Communities recognise the relationship between disability and poverty. Mapping exercises of resources and needs within a community will commonly highlight households where there is disability as needy and vulnerable (Elwan, 1999).

Approaches to disability

Typically disability has not been included as a mainstream development issue. Intervention remains the responsibility of organisations which specifically work in the disability sector, either as organsiations of or for disabled people.

Acceptance of the responsibility of society and the recognition of the rights of disabled people has meant a change in approach to policy and programme design. Previously when disability was viewed from an individualistic perspective, interventions focused on how best to enable the disabled person to adapt ("normalise") in order to fit into the expectations and demands of society. This model was largely medically and technically based and saw the disabled person being the recipient of expertise which aimed to help them adapt to the demands of society (Miles, 1999). Too often they had little or no voice in how and what type of intervention they received. Further, the reach of disability specific rehabilitation programmes has been shown to be limited and has not utilised to greatest effect limited resources. It is currently estimated that less than 2% of disabled people access the rehabilitation services to meet their needs (DfID, 2000).

The social model of intervention looks at disability from the perspective of societial change. Interventions focus on what changes are required in order to enable the full inclusion and participation of disabled people in society. Effective implementation of a social model of intervention means that strategies are required to remove the barriers preventing inclusion of disabled people. It requires a multi sectorial approach targeting removal of attitudinal, environmental and institutional barriers (DfID, 2000).

Combination of the best practices from the social and medical model is required to ensure maximising of resources and the greatest impact. The key to success is the full and active participation and leadership of disabled people in any intervention process.

DfID describes a "twin track approach" for disability, in line with policies implemented for greater equality of women. It has been suggested that to tackle disability effectively and to maximise resources, there is need to ensure inclusion and respect of the rights of disabled people in all mainstream development initiatives. Additionally there is need to support specific initiatives, including support to disability organisations, which focus on the needs and lead to the empowerment of disabled people (DfID, 2000).

Implementing strategies

Leonard Cheshire is a UK registered organisation which works globally with disabled people. In our international work with over 250 partner projects in 57 countries, issues of poverty and the need for economic empowerment programmes have been identified as a major priority.

In 1997, like many other disability organisations, our first reaction was to set up our own credit facility for small business entrepreneurs who needed capital to either set up or expand their own small enterprises. This was one part of our 4 pronged approach to economic empowerment, which also included support of skills and vocational training, production unit development and access to employment by disabled people.

A review of the credit component during the second year of its operation showed some positive impacts of the work (The International Self Reliance Programme, internal review document, 1999). Disabled people had been able to set up and expand their enterprises and some had improved their earning power. However, the impact in terms of numbers reached and the rate of success was disappointingly low. Additionally, the administrative costs of implementing the programme were disproprotionally high in relation to the outcomes achieved.

It was clear that if the programme was to be more successful in terms of reach, and making real and positive changes to the economy of the beneficiaries, we would need to invest more human, financial and technical resources. To properly monitor and expand the work would require long term and significant investment by the organisation and this would be at the risk of diverting resources from other priority areas of our work.

The findings of this review were in line with the views of other organisations working with disabled people and who had established savings and credit programmes. The over riding feeling is that where organisations focusing on disability try and extend their work into credit provision it has detracted from their work and diverted already limited resources (Thomas, 2000). In the words of one disability organisation, they " --- became focused on debt collection rather than social change" (Correspondence, 1999).

Because of resource constraints, conflicting interests and priorities and limited technical knowledge and experience, the credit programmes operated by disability organisations have had limited success. "Good" loan repayment rates are often reported to be as low as 65%. The rate expected and needed for sustainability by successful mainstream providers is at least 90%. As a result many if not most, credit programmes operated by disability organisations struggle to achieve self sustainability let alone growth.

If disability organisations continue to implement micro finance programmes, many of which are not viable, it not only diverts resources, it also reinforces the larger problem of mainstream providers not seeing disabled people as a group they have a responsibility to target.

Because of these findings, and in line with our policy of working for recognition of and inclusion of disability as mainstream development issue, Leonard Cheshire redefined its policy for promoting access to credit for poor and disabled people (Policy document for International Self Reliance Programme, 2000 and Global Training and Development Strategy, 2000).

As one of the 4 strategic lines of our programme towards economic empowerment it was decided to ensure access to micro finance for disabled people. The choice of improving access to micro finance programmes was made because of the interest and demand from stakeholders. Micro finance is also one of the main accepted interventions used in programmes aiming to economically improve the lives of poor people (DfID, 2002).

It was decided that we would not act as implementors of micro finance or credit programmes. Instead we would focus on developing partnerships with established micro finance mainstream providers with experience and proven expertise. Our role as a disability organisation instead focusing on raising the awareness and understanding of the mainstream providers in disability issues and to work with them to develop programmes where disabled people would be successfully targeted and included in their work. By taking this approach we felt we could better use our experience and expertise in disability and maximise, rather than divert, our limited resources and achieve greater impact.

The first step was to put the needs and potential of poor disabled people in the minds of micro finance providers. This was done through a series of formal and informal meetings, presentations and discussion forums. Initially we targeted those responsible for policy development and through them management and programme staff.

We found that most had not had contact with disabled people and were unaware and ignorant of the real problems faced by poor people experiencing disability. Common responses and misconceptions were that disabled people needed “welfare and charity” and questions of the potential and capacity of disabled people to be economically active and successful were raised (Field Trip report, 2000). However, a number of micro finance programme staff could give examples of successful inclusion of disabled people in their own work and were interested to include more.

Most organisations were positive about seeing disabled people being included in their programmes, as long as they were able to fulfil the criteria they had for any potential borrower. There was preparedness to consider adapting the programme to facilitate inclusion, but if this required additional resources, the mainstream provider would be looking for us to provide these additional inputs.

A positive outcome of these meetings was that many micro finance providers started to look more closely at the needs of disabled people when establishing or extending their programmes and the meetings certainly positively sensitized and raised awareness of disability as an important issue in their mind (Field report, Tanzania, 2003).

To strengthen our links with a mainstream micro finance provider and to increase our own capacity and knowledge about micro finance, Leonard Cheshire International in the UK formed a partnership with the micro finance network Opportunity International in 2002. A part time job share with one of their staff has been established. Through this our staff and partner projects can access technical support. Opportunity International and its partners also have access to personnel with experience and knowledge in disability who will be able to give training and advice on how to include disabled people in their micro finance policies and practice. A similar part time partnership with another mainstream provider has been established in the Philippines for our South East Asia programme.

Another challenge faced was changing misconceptions and increasing understanding of disabled people and staff in our projects about micro finance. Because the main source of support had been more welfare based and previously in the form of grants rather than loans, many were doubtful and fearful of entering a loan scheme. Others had negative experiences of lending schemes. Some had been refused credit or had been unable to meet the repayments. There was need to increase understanding by providing information and exposure to the work. Additionally and importantly we have started to implement preparatory training programmes in business and basic financial management.

The Practice Implemented

In the Philippines a partnership has been formed with the registered micro finance provider Alalay sa Kabuhayan Foundation Inc. (AKAY). AKAY's mission is to fight poverty and focuses its work in metro Manila targeting poor women, disabled people and their family members through group lending programmes. It was established and is mainly staffed by disabled people, but operates fully inclusive programmes.

In 2001, Leonard Cheshire provided US$50,000 to AKAY for an inclusive group lending programme. US$9,500 was a grant for social preparation and capability purposes. US$41,500 was given as a loan, repayable over 4 years at 7% interest. The target is 1800 borrowers of which 20% (360) will be disabled people or their family members. Additional technical support has been provided by Leonard Cheshire through a locally based micro finance consultant and administrator.

In September 2002, 47 centres had been established and are operated by 10 staff of whom 7 are disabled people. One thousand and forty four borrowers have taken out loans and of these 151 are disabled people and 75 are relatives of disabled people. The repayment rate is currently 93%. The programme is currently looking at how it can expand to both reach more borrowers and also to meet the demand for larger loans needed by borrowers who are successfully expanding and extending their businesses. The aim is that the funds granted as a loan by Leonard Cheshire will be used to extend this programme and over time to help establish other partnerships. In this way our initial capital input will have a multiplying impact.

There are many personal success stories from the AKAY programme. Lisa who is married to Luoloi, a member of one of the groups. She has taken out a second loan and has successfully expanded her sari sari store and now operates a hot snack store. Luoloi, who was disabled as a result of gunshot wounds and because of this cannot walk long distances, works with her. They are now better able to support their children's education and health needs in particular and have set up a savings account (Trip report, 2002).

Discussions with the borrowers show wide and positive impact for both disabled and non disabled poor people. Through improved household income and savings, borrowers spoke of being able to afford to access better health services, improved household food and nutrition and children being able to go to school. In the poor urban slum areas where the borrowers live, there were clear indicators of positive steps towards breaking the poverty and disability cycle.

The majority of the staff are themselves disabled people. This has clearly had a positive impact on the communities where they are working and promoted a change and more positive attitude and greater understanding of the community of disability. The stereotype of the vulnerable and needy disabled person has been changed to one of provider and positive role model within the community. This is a significant step towards breaking the prevailing attitudinal barriers and misconceptions towards disability in the community.

In Dodoma, Tanzania, a similar partnership was formed with a micro finance provider which again targets poor women and disabled people. In 2001, Leonard Cheshire International provided a small start up grant to the provider for training and initial credit provision. Our primary target group is parents of disabled children.

Over a 9 month period 103 parents of disabled children have participated in the group lending programme. The repayment rates are reported as high (above 90%) and there has been strong commitment to the programme (Internal Review document, 2002).

From meetings with the borrowers there are clear indicators of improvement in the level of household incomes. Parents gave examples of now being able to pay for medication needed by their disabled children, being able to afford school uniforms and affording more and better quality food for the family. In addition to financial gains, some of the groups of borrowers were now starting to work together, developing projects to try and improve the standard of their housing (Trip report, 2003).

Other community members, who are not parents of disabled children, have been attracted to the programme and have applied to become members. This is a positive outcome and can be taken as an indicator of a change in the community' attitude towards disability. Previously, many of the parents of disabled children had experienced exclusion because of their disabled child and the negative attitudes of community members. Now, community members can see the achievements and benefits of the programme and want to be part of a programme initially set up to target disabled people and their family members. With a further injection of capital and additional inputs for capacity building, it is hoped that this will be possible and over the coming year expand the work and widen it to be a fully inclusive programme.

In Ndola, Zambia, the Leonard Cheshire project has provided vocational and skills training to young disabled women. The challenge for many of the graduates of this programme is how to earn an income which will enable them to be financially independent. Most of the young women currently do not have sufficient experience in small business enterprise to meet the criteria set by the local micro finance provider. Many also lack experience and confidence to try and join a mainstream micro finance programme.

Anne Chibesa Mweemba operates a successful tailoring business in Ndola and as a disabled woman, appreciates and understands the challenges faced by disabled women in starting and succeeding in their own business enterprise. Anne is working with the local Leonard Cheshire project as an animator and supporter with the graduate trainees. She is helping them to develop further their dress making and business skills. The aim is that with greater experience and confidence, they will be better prepared and able to enter the money earning economy. It is expected that for some this will be by establishing their own businesses with the support of micro finance.

To compliment this preparatory work, Leonard Cheshire is continuing discussions with the mainstream micro finance provider with the aim of ensuring accessibility to their existing programmes by the disabled women who aspire to this. It is expected that Leonard Cheshire will provide disability awareness and equality training to the staff and management and also inputs to the existing group social preparation and training programmes.

The impact

The impact of our practice in terms of the number of disabled people and family members accessing and benefiting from mainstream micro finance programmes is still relatively low. About 350 people worldwide have participated in the programmes in two countries since the policy was implemented 2 years ago. However, we believe that significant and important steps have been taken towards achieving long term access and inclusion of more disabled people into mainstream and quality programmes in the future.

Awareness and greater understanding of the needs and rights of disabled people to participate in quality and relevant micro finance programmes has been put in the minds of policy makers and implementors of mainstream micro finance organisations. There is clear indication that there is an interest and commitment by a number of these organisations to implement more inclusive programmes through partnerships with disability organisations and through changes to their policy and practices.

The examples from the field of positive changes in the lives of disabled people who have successfully participated in the programmes serves to demonstrate that disabled people, with the right opportunities, can succeed and benefit from credit and savings schemes. This has served as a motivator for both micro finance providers and other disabled people.

The strength of affirming and including disabled people has been most apparent. First and most important are the economic and social gains of the disabled persons who have participated in the programmes. Secondly and of significant importance is the impact of the visibility of disability in the community. There are examples where the attitudes of community members have positively changed towards disabled people after seeing them participate and succeed in such programmes. Additionally, where disabled people have been leaders in the programmes it has further triggered changes in attitudes and dispelled previously held negative misconceptions and beliefs.

Challenges and Future Direction

One of the major challenges that we still face is the inclusion and participation of disabled people in micro finance programmes operated by organisations with no previous experience of working with disabled people. The two partners we have worked with so far already had disabled people as part of their defined target group and both had existing knowledge and experience of working in disability.

Partnerships with providers who have not had experience of working with disabled people are currently being formed in South East Asia, East and Southern Africa. Over the next 12 months programmes which include the target group of disabled people and their family members as part of their existing practice should be implemented.

It has taken time to develop these partnerships, in part because of the understanding and attitude of the disabled people wanting financial services. Many expressed concern and fear of being able to take part in a mainstream programme. A number had been refused access to the programmes previously and others lacked the confidence to participate. Many felt that the design and accessibility of the programme would make it difficult for them to succeed. Disabled people and the management of the local Leonard Cheshire partners have expressed these concerns.

A number of micro finance organisations were willing and interested to include disabled people in their work, but were not prepared to discuss how to work together to make their programmes more accessible and disability sensitive. For example, they were not prepared to change the social preparation and training to include disability issues and would not consider changing meeting locations to more accessible locations. Without these changes barriers to enable disabled people to have access remain. Other organisations were interested to target disabled people but wanted to design a separate strand to their existing programme, rather than include disabled people within their existing work. The reason given for this was that disabled people require specific inputs and have different capacity and needs to other borrowers (Trip report, 2003).

It remains a concern that some micro finance providers continue to exclude and are unable to consider how disabled people, like other poor and vulnerable people, can be targeted in their work. With the increasing commercialisation of micro finance providers, a concern which has been expressed is one of "mission drift, where providers may lose their defined focus to work with and make their financial products accessible t to the poor (Woller, 2003). From our experience, this is a real concern and one which could increasingly reduce the likelihood of disabled poor people being able to access the same financial services made available to others.
Another real challenge faced is that a number of the disabled people are unable to meet the selection criteria of the providers. Because of the barriers faced by many disabled people already described, they have had limited access to education, training and participation in enterprise when compared to non disabled peers.

Even with these challenges, we are continuing to work towards our aim of inclusive progammes which are accessible and meet the needs of all people, including disabled people. Sensitization and awareness work is continuing. This is both with disabled people at an individual and organisational level, sensitizing and increasing their understanding of what micro finance can offer. We are also finding out more about the real and perceived obstacles disabled people believe exclude them from mainstream programmes. Most of these are attitudinal and environmental barriers. When identified, they form the basis for our preparation and planning discussions with prospective micro finance providers.

An appraisal format for use with micro finance providers has been designed. This is proving a useful tool for assessing the different dimensions (financial, organisational, and philosophical), of policy and practice of the micro finance provider. It has served to identify the capacity and needs as well as the willingness and ability of the organisation to include disabled people as a target group (Appraisal form, 2002). Information from the appraisal provides the basis for defining the partnership between Leonard Cheshire and the provider and the required inputs for successful implementation.

From the experiences of the first phase of the programme over the last two years we have a number of positive examples of how disabled people and their family members have been able to benefit from participation in mainstream micro finance programmes. These examples have served to dispel concerns and fears held by both disabled people and providers of including disabled people in mainstream programmes.

Access to micro finance services is just one of the strategies being used in our economic empowerment work. Giving access to skills and business training, mentoring and social empowerment are other important strands of the programme being implemented. Our aim is to provide a range of inputs as means towards achieving improvement in earned income. One important outcome of these inputs for some participants in the programme will be meeting the criteria and being able to successfully access financial services from mainstream micro finance providers.

Conclusions

The role of mainstream micro finance providers is to give access by poor people to financial services. Many of these providers have specific targets for particularly marginalised groups of people. Relatively few have included poor disabled people as one of their target groups.

Our experience demonstrates that disabled people, like any other poor people can benefit from micro financial services. Too often attitudinal and environmental barriers exclude them. Awareness raising and sensitization at all levels of micro finance organisations has been helpful in changing prevailing attitudes and often ignorance with regard to disability and so has helped to break down these barriers.

Some micro finance providers have been resistant to consciously target disabled people in their work. The view being if they meet the criteria set for any borrower they can participate in the programme without giving consideration to accessibility issues and barriers that may be faced.

Where a micro finance provider already has awareness and knowledge of disability, it has been easier to promote inclusive programmes. Because of the design of the programme and in particular the training and the products offered, these programmes have attracted non disabled as well as disabled borrowers. Through affirming disability and making it a consideration in programme design, it has helped to make it a more attractive programme for all. In this case inclusion has been achieved but with the starting point and target group being disabled people.

To improve the situation of the world's poor the needs and rights of disabled people must be considered. In the words of the World Bank President James Wolfensohn, referring to policies and practice of the World Bank, "Disability issues should not be a gloss to our agenda of poverty reduction, but a central part of it" (Washington Post, 2002). The same applies to micro finance services. As a popular and important strategy for poverty reduction, disabled people have a right and micro finance providers have a responsibility to target and include them positively in their work.

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