

# Social Analysis and Disability: A Guidance Note

Incorporating Disability-Inclusive  
Development into Bank-Supported Projects



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Bank-Supported Projects

SOCIAL DEVELOPMENT DEPARTMENT IN PARTNERSHIP WITH THE  
HUMAN DEVELOPMENT NETWORK'S SOCIAL PROTECTION, DISABILITY & DEVELOPMENT TEAM  
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## ACRONYMS AND ABBREVIATIONS

ADA	Americans with Disabilities Act
ADD	Action on Disability and Development
ADL	Activities for Daily Living
AFR	Africa Region
CAS	Country Assistance Strategy
CBR	Community-Based Rehabilitation
CDD	Community Driven Development
CGA	Country Gender Assessment
CIR	Center for International Rehabilitation
CRC	Convention on the Rights of Children
CSA	Country Social Analysis
DAF	Disability Accommodation Fund
DALYs	Disability Adjusted Life Years
DD	Disability and Development
DfA	Design for All
DFID	Department for International Development (UK)
DGF	Development Grant Facility
DPI	Disabled People's International
DPO	Disabled People's Organization
EA	Environmental Assessment
EAP	East Asia and Pacific Region
ECA	Europe and Central Asia Region
ECD	Early Childhood Development
EDF	European Disability Forum
EFA	Education for All
EMP	Environmental Management Plan
ESCAP	Economic and Social Commission for Asia and the Pacific (United Nations)
EU	European Union
GDP	Gross domestic product
GCLP	Global Child Labor Program
GPDD	Global Partnership on Disability and Development
GTZ	Deutsche Gesellschaft für technische Zusammenarbeit (German Technical Development Co-operation)
HDNSP	Human Development Network Social Protection Unit
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICACBR	International Centre for the Advancement of Community Based Rehabilitation
ICF	International Classification of Functioning, Disability, and Health
ICIDH	International Classification of Impairments, Disabilities and Handicaps

ICR	Implementation Completion Report
ICRPD	International Convention for the Rights of Persons with Disabilities
ICT	Information and Communications Technology
IDRM	International Disability Rights Monitor
IL	Independent Living
ILO	International Labor Organization
ISDS	Integrated Safeguards Data Sheet
LCR	Latin America and the Caribbean Region
MDGs	Millennium Development Goals
MNA	Middle East and North Africa
MPA	Methodology for Participatory Assessments
MTR	Mid-Term Review
NDC	National Disability Council
NGO	Non-Governmental Organization
OED	Operations Evaluation Department
OM	Operation Manual
OVC	Orphans and Vulnerable Children\
PAD	Project Appraisal Document
PCF	Post-Conflict Fund
PCN	Project Concept Note
PCP	Primary Care Provider
PRS	Poverty Reduction Strategies
PRSP	Poverty Reduction Strategy Paper
PSIA	Poverty and Social Impact Analysis
PTSD	Post-Traumatic Stress Disorder
PWD	Person with Disabilities
RDA	Rapid Disability Assessment
SA	Social Assessment
SAR	South Asia Region
STD	Sexually Transmitted Disease
TFESSD	Trust Fund for Environment and Social Sustainable Development
UNESCO	United Nations Education, Scientific, and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization



## PREFACE TO THE SOCIAL ANALYSIS GUIDANCE NOTE SERIES

The World Bank is committed to improving the quality of social analysis and participatory processes in its projects. This commitment is reflected in the strategy document for Social Development in the World Bank, *Empowering People by Transforming Institutions* that presents three strategic priorities: improved macro level processes, better grounding through research and capacity building, and better projects, which means improved development effectiveness of investment lending through a more comprehensive and efficient mainstreaming of social development into project-level processes and analyses, as well as strengthening the social development thematic portfolio.

As a means of systematizing this process, the Social Development Department has worked on developing guidance to Bank staff and clients on the application of social analysis and the integration of social dimensions within Bank operations. One outcome of this effort has been the *Social Analysis Sourcebook* (2003), which explores how Bank teams can assess the social context, and shows how governments and other stakeholders can undertake Social Assessments for specific projects. By explicitly addressing issues such as social diversity and gender, institutional norms and behavior, stakeholder analysis and participation, and social risk, projects are more likely to contribute to equitable and sustainable development.

Social Analysis in the World Bank has expanded over the last decade from primarily focusing on adverse impacts and compliance with social safeguard policies (involuntary resettlement, and impacts on indigenous peoples), to a more comprehensive social development framework for Bank-supported projects and programs. Although avoiding and mitigating adverse impacts of development interventions remains central to our work, these concerns are now a part of a broader focus on opportunities, constraints and risk to development that arise from the social context. More recently, this transition from “do no harm” to “do good” also reflects the vision of the new Sustainable Development Network.

While the focus of the Social Analysis Sourcebook is on incorporating social development issues into the project cycle, guidance is also offered on macro-level social analysis, including through Poverty and Social Impact Analysis (PSIA), which analyzes distributional impacts and the role that informal institutions, social relations, and power structures play in the reform process. At the country level, Country Social Analysis (CSA) informs the Bank’s portfolio, and provides inputs to the Bank’s Country Assistance Strategies (CAS), as well as to client countries’ Poverty Reduction Strategies (PRS).

As a follow up to the Sourcebook, the Social Development Department is producing a series of sector- and theme-specific guidance notes for social analysis. The purpose is to ensure that advice related to social development issues is relevant and timely, addresses the key social concerns and opportunities in particular sectors, and is well integrated into the project cycle at all stages. The notes also discuss policy and institutional aspects of particular sectors. These aspects may in some cases be addressed through other instruments than projects, such as country-level policy dialogue, or Development Policy Loans.

## I. INTRODUCTION TO SOCIAL ANALYSIS AND DISABILITY

This Guidance Note offers a practical guide to integrating social analysis and disability-inclusive development into sector and thematic projects and programs of the World Bank. Based on the *Social Analysis Sourcebook*, the Note provides an easy-to-access resource for the social analysis of disability. The Guidance Note examines disability via sectors, cross-cutting issues, as well as by each of the Bank's Regions. It also demonstrates how to ensure disability-inclusive development in the project cycle. The 12 boxes found throughout the following text, highlight a cornucopia of disability-related issues from human rights to institutional barriers for youth with disabilities. The seven annexes offer additional in depth information: Disability Policy checklists, sample Terms of References (TOR), an extensive reference list and a list of resources available on the Internet.

This guidance note is not intended to promote special or separate disability and development projects, but rather to assist Bank projects in better incorporating the needs and concerns of people with disabilities, as well as integrating a disability perspective into ongoing sector and thematic work programs, and to adopt an integrated and inclusive approach to disability.

The Key Guidance Messages:

- Rates of poverty around the world are significantly higher in households with a disabled person. Optimizing the poverty reduction impact of Bank projects, therefore requires a commitment to disability-inclusive development.
- Disability is defined differently throughout the world depending on the social and cultural context; social analysis allows for a more in depth understanding of how disability can be appropriately dealt with in client countries.
- People with disabilities are a highly heterogeneous group with different needs, capacities, and barriers. Being aware of this heterogeneity is critical for effective inclusion of the disabled.
- Exclusion of the disabled is multi-dimensional and leads to huge economic losses.
- At the household level having a disabled member means high out of pocket costs, the loss of productivity of those who care for the disabled;
- At the community and country level, the exclusion of the disabled involves environmental/physical barriers (e.g., inaccessible buildings, transport, infrastructure); institutional barriers (e.g., discriminatory legislation); and attitudinal barriers (e.g., negative stereotyping of PWD, social and cultural stigmas).
- Because many developing countries experience from 12 to 20 percent of their population as non-productive due to disability. Social Analysis identifies how the Bank's sector and thematic work programs can provide more disability-inclusive design in buildings, water sanitation systems, roadways, pathways, health and education services, post-conflict reconstruction.
- Reconstruction after natural disasters and conflicts, present a window of opportunity for making more accessible buildings, walkways, ramps, and other service offerings for the disabled.
- Some sectors have developed clear-cut disability guidelines over a long period, while others have just begun to assess the relevance of disability issues to their sector.
- Social analysis of disability concerns should begin during the project design stage.
- Addressing disability issues do not require separate safeguards (e.g., indigenous, gender, etc.)
- Disability issues include sensitive terminology - the definition of disability and using the context appropriate terms are important to building working relationships with stakeholders and beneficiaries.

## Why Social Analysis and Disability?

Over the past decade, the World Bank has begun to articulate an approach on disability and social inclusion in their development programs by building more awareness and influencing operational practices. Although there is no specific Bank policy related to the disabled that is comparable to its policies, for example, on gender or indigenous peoples, nevertheless, existing Bank policies, procedures and activities can be effectively inclusive of disability issues in a way that has legal and practical relevance for achieving the Bank's mandate of fighting poverty.

Given the large amount of lending for physical infrastructure for the construction of schools, public buildings, transportation systems, street paths and other public infrastructure, the awareness of disabilities as a social inclusion issue is beginning to be more integrated in project development. Between 2002 and 2006, for example, it is estimated that four percent of all World Bank projects by number and five percent of new lending volume were projects with a disability component (\$4.9 billion) and six percent of all Economic and Sector Work.<sup>1</sup>

The guidance note was developed in collaboration with the Human Development Network's Social Protection, Disability and Development team of the World Bank and has several audiences in mind. It is addressed primarily to social scientists within and outside the Bank who are expected to assist our clients—Bank task managers and project authorities in borrowing countries—in integrating disability issues and social dimensions into Bank-financed operations, especially those in infrastructure. A second audience is the Bank's task managers themselves, as well as other members of project teams that work in and across sectors in which inclusive development and disability or informed social analysis is a necessary tool for ensuring quality in Bank projects. The guidance note will also support country managers and sector managers in ensuring that their task teams consider disability and social development dimensions adequately in the design and implementation of Bank-supported operations. Finally, the note is expected to be of use to client-governments, civil society and other stakeholders in considering how best to integrate social issues into development efforts.

As with all guidelines, the actual application of the framework and suggestions provided here will depend on the project or program, local context, and available resources, and thus an adaptive approach is needed in each project. We hope this guidance note provides a good basis for improved understanding of disability-inclusive social analysis, and contributes to better project outcomes over the long term.

## Poverty and Disability

*Disabled people constitute one of the largest and poorest groups among people living in poverty.*  
Jean-Louis Sarbib<sup>2</sup>

With the World Bank's overarching goal of poverty alleviation, economists and other development specialists have begun to more fully recognize that in order to address the global issues of poverty, the Bank must also design projects and programs that significantly include those poor and vulnerable populations with disabilities. Disabled people face a much higher risk

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<sup>1</sup> Sipos (2006).

<sup>2</sup> Sarbib (2005).

of poverty, and in turn, the poor experience a higher risk of functional limitations and disabilities. Estimating the number of disabled people in developing countries is highly problematic in part because of the multiple and differing definitions of disability, and also the difficult task of collecting such data. Nevertheless, experts agree that at least 600 million people are living worldwide with disabilities.

The majority of people with disabilities are living in developing countries. Their numbers are rising due to conflict, malnutrition, accidents, violence, communicable and non-communicable diseases including HIV/AIDS, aging and natural disasters. Disabled people are often subject to stigmatization, excluded from schools or the workplaces, 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, according disabled people are disproportionately poor, and poor people are disproportionately disabled.

One of the reasons for the dearth of efforts to include disability in international programs is the lack of understanding of how this distinct vulnerable population—people with disabilities and their families—has on advancing the development process.<sup>3</sup> The Millennium Development Goals (MDGs), which represent key policy directions for targeting income, poverty reduction, health, environment, and other sectors, do not specifically reference the needs of people with disabilities, even though a third of disabled people are children.<sup>4</sup> Many consider that reaching the Millennium Development Goals is unlikely to be achieved unless the rights and needs of people with disabilities are considered in the process of development (Box 1, 2).

#### **Box 1. Human Rights and the World Bank**

While the Bank does not yet have a formal policy on human rights, senior management have on several occasions confirmed that the Bank is committed to upholding and strengthening human rights principles. There are however practical as well as conceptual challenges in this: It is difficult to reconcile a comprehensive, normative human rights framework with the development reality of gradual, incremental, and uneven progress on civil, political, social and economic rights, where tradeoffs are the rule rather than the exception. However, efforts are now underway, coordinated among several departments and groups in the Bank, to learn and develop good practices in these areas, and to strengthen the Bank's work to contribute to progressive realization of human rights.

Hand in hand with understanding the cross cutting concerns between disabilities and development efforts, mounting evidence points to the high economic costs of excluding people with disabilities on the development agenda and the productive cycle—as it is estimated that the global annual GDP loss due to exclusion of disabled people from the labor market is between US\$1.37 and 1.94 trillion.<sup>5</sup> Furthermore, disability does not affect only one individual, but usually has ongoing repercussions on an entire household, especially in terms of time and money that is required to provide special care for an individual with disabilities.

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<sup>3</sup> Edmonds (2005).

<sup>4</sup> Peat (1997).

<sup>5</sup> Metts (2000).

## Box 2. People with Disabilities and the MDGs: Examples of Linkages

- **Eradicate Hunger and Poverty**  
Disabled people make up as much as one-fifth of the poor worldwide.
- **Achieve Primary Universal Education**  
Forty million of the 115 million children not attending primary school in developing countries have disabilities.
- **Promote Gender Equality and Empower Women**  
Disabled women and girls are more likely to be victims of sexual abuse. Violence against women causes psychological disabilities. Certain health conditions, such as obstetric fistula, are particularly stigmatized leading to disability.
- **Reduce Child Mortality**  
Children with disabilities are at a higher risk of dying because of medical conditions, but also due to lack of access to public services and intense stigma—even within their own homes.
- **Improve Maternal Health**  
Disabled women have less access to public health and information, placing them at greater risk of unwanted pregnancies, poor maternal health outcomes and HIV/AIDS/STIs.
- **Combat HIV/AIDS, Malaria, TB and Other Diseases**  
AIDS and other infectious diseases can be disabling in and of themselves. Further efforts to control these diseases frequently do not encompass disabled people, putting them at higher risk of contracting these diseases.
- **Ensure Environmental Sustainability**  
Environmental health problems can lead to the onset of many types of disabilities; inaccessible environments prevent disabled people from taking part in economic and social activities.
- **Develop a Global Partnership for Development**  
A partnership implies inclusion, which means everyone.

Source: Guernsey, Nicoli, and Ninio (2006)

One of the most significant recent developments is the UN Convention and the 58th World Health Assembly (2005) resolution on "Disability, including prevention, management and rehabilitation" calls for improved harmonization for inclusive development and improved access to quality rehabilitation, mental health and other essential services for all (See Annex 5). This requires joint global action. International working groups consisting of major bilateral and multilateral donors, NGOs (including Disabled Peoples Organizations) and the private sector have been established to develop core strategies on the health and rehabilitation requirements of persons with disabilities and others. The Bank plays a key role for inclusive development, due to its prominent role in the global inclusion of disability into development, knowledge, a large lending portfolio and strong technical expertise within the area of sustainable economic growth and poverty alleviation. Often the Bank plays a very central role at country level, as a key partner to the Ministry of Finance and Planning with a strong potential for enhanced cross-sector coordination and collaboration. The Bank is a natural partner to facilitate and support the recipient government in its attempt to minimize duplication and strengthen harmonization among all partners within the respective country's national policy, strategy and legal framework.

To date, many programs targeted to people with disabilities are found in civil society and NGO-based activities. Although many of these programs remain limited in scope, major development agencies are demonstrating efforts to raise the profile and importance of addressing the needs of people with disabilities in development planning and programming (see Annex 7).

### The Many Definitions of Disability

How one defines disability depends on the reasons for defining it (e.g., establishing a disability pension program versus making public services accessible). Disability is often defined as a

physical, mental, sensory, or psychological condition that limits a person's activities. Previously, medical models of disability viewed disability as a deficiency embodied in an individual. More recently, however, the social model of disability conceptualizes disability as arising from the interaction of a person's functional status with the physical, cultural, and policy environments.<sup>6</sup> If the environment is designed with appropriate accommodations and supports those people with functional limitations, then they would not be "disabled" in the sense that they are able to fully participate in society.

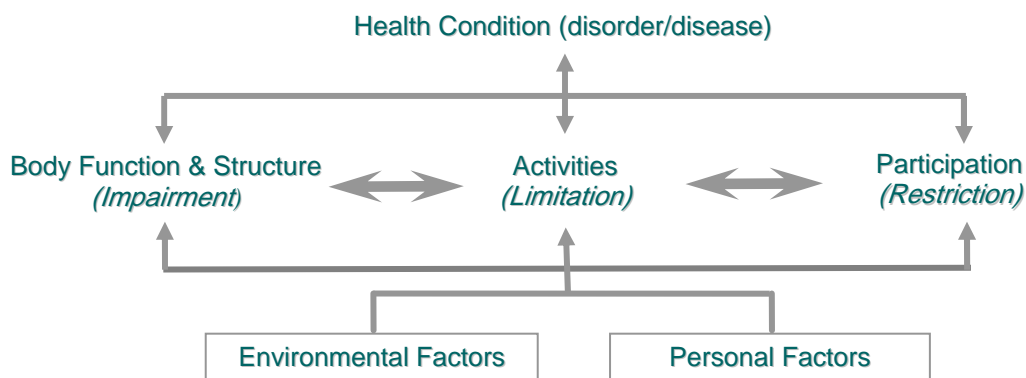
Within established economies, the prevalence rate varies from eight percent to over 20 percent. Much of this variance can be explained by how different countries define disability. In some countries, a person who controls diabetes with diet alone is considered disabled. Whereas in other countries, a person is disabled only if she has impairments that permanently and completely prevent her from working. In addition to definitional difficulties, difficult measurement problems inhibit the ability of creating a solid statistical foundation about disability in developing countries.

According to the social model, identifying disability consists of examining the participation levels of people with different functional statuses. The ICF Classification of Functioning, developed by the World Health Organization, has made significant progress in measuring functional capacity.<sup>7</sup> Disability is not an "all or nothing" concept, but instead people with disability may be classified according to a detailed description of their functioning capacity within various domains, with the perspective that disability arises when barriers exist to participation.

- Body Structure and Function --refers to the physiological and psychological functions of body systems (including age and gender);
- Activities--pertain to a range of individual deliberate actions, such as getting dressed or feeding oneself; and,
- Participation-- refers to activities that are integral to economic and social life, such as being able to attend school or hold a job.

Disability in the ICF arises out of activity limitations and participation restrictions that grow out of the interaction and limitations in an unaccommodating environment. These interactions are summarized in Figure 1.

**Figure 1. The ICF Model**



<sup>6</sup> See Shakespeare and Watson (1997) and Hughes and Paterson (1997).

<sup>7</sup> See ICF homepage at [www3.who.int/icf/icftemplate.cfm](http://www3.who.int/icf/icftemplate.cfm)

Quality data on disability does not generally exist for many developing countries.<sup>8</sup> Even when data exist, official statistics vary greatly --- not just because different countries use different data instruments (e.g., a census, survey or administrative data) but also because they can have different methodological approaches and capacities for measurement and different capacities for measurement. To address this issue, the Bank has been working with the United Nations Washington Group on Disability Statistics and the World Health Organization (WHO) to establish an internationally comparable approach to measuring the general prevalence of disability. This approach draws on the functional framework embodied in the International Classification of Functioning, Disability and Health (ICF) developed by the WHO. In the few developing countries in which this approach has been implemented, findings indicate a disability rate of about 10 to 12 percent, with about two to four percent of the population having significant disabilities. This estimate is in line with the often-cited United Nations figure of a 10-percent disability rate (although this rate is best understood as an “informed guess,” based on data available from developed country sources).

### Box 3: Disability Prevalence

Reported disability prevalence rates vary widely. In many developed countries, the rates are quite high. The prevalence rates in the United States and Canada are 19.4 percent and 18.5 percent, respectively. Conversely, developing countries often report very low rates. In countries such as Kenya and Bangladesh, the reported rates of disability are under one percent. These rates vary for a number of reasons: differing definitions of disability, different measurement methodologies, and variance in the quality of these measurements.<sup>9</sup>

ICF has been tested and implemented in many countries, and generates a narrower range of prevalence estimates (e.g., Brazil 14.5 percent, Zambia 13.1percent, Nicaragua 10.3 percent). Quality data sets are not yet available to make definitive estimates. It is very important, however, to keep in mind that disabilities range from mild to moderate to severe. It is therefore much more useful to present information on the range of disabilities, instead of reporting a single prevalence rate. For example, the overall disability rate in Ecuador was measured at about 12 percent, but the rate of severe disabilities was at four percent.

### TTLs and Understanding Sensitive Disability Terminology

In the field of disability and development, terminology can be a sensitive issue. Accordingly, knowing the definition of disability and using the context-appropriate terms are important to building working relationships with stakeholders and beneficiaries. To date, terminology issues have been addressed by asking TTLs to work with local groups and people with disabilities and to engage them in a dialogue about what is the most accepted terminology in the countries where they located. The preferred terms are usually *disabled person*, *people with disability*, and *people with disabilities*. The UN makes reference to *persons with disabilities*, another common and acceptable term.<sup>10</sup> The term *impairment* should be used with care, and only under special

<sup>8</sup> Mont (2005).

<sup>9</sup> The UN created the Washington Group on Disability Statistics to generate a systematic approach to measuring prevalence of disability internationally across countries. The census questions they endorsed attempt to measure that portion of the population that has a limitation in a basic core activity of daily living, such as walking or seeing. See <http://www.cdc.gov/nchs/citygroup.htm>

<sup>10</sup> <http://www.unescap.org/esid/psis/disability/decade/terminology/htm>

circumstances.<sup>11</sup> The following represents among the most accepted definitions currently promoted.<sup>12</sup>

**Disability:** the outcome of the interaction between a person with impairment or health condition and the negative barriers of the environment (including attitudes and beliefs, etc.).

**Disabled person/people:** a person or people (group of individuals) with an impairment or health condition who encounters disability or is perceived to be disabled.

**Environmental factors:** factors that make up the physical, social, and attitudinal environment in which people live and conduct their lives.

The reality is that everybody has limitations—but these only become disabling the environment is non-supportive. For instance, a person in the United Kingdom with impaired vision would receive glasses and not be considered or feel himself/herself to be a disabled person. However, a person in rural Africa with the same visual impairment might not have access to ophthalmic care, and therefore might become categorized as a “disabled person” because of the impairment.

#### Box 4: Terminology at the World Bank

Depending on the language and culture, different expressions are used when referring to persons with disabilities. If you are unsure of the appropriate term, a practical suggestion is to ask members of the disability community in the country(ies) where you are working what they consider the most acceptable terminology.

The World Bank supports disabled people in developing their own language and recommends asking individuals with disabilities for their preference. For ease of understanding and to acknowledge multiple viewpoints in this resource, this guidance note will use both the terms “persons with disabilities” and “disabled people.” This choice coincides with the most common terminology in the English language. (Some people prefer the term “persons with disabilities” to emphasize the person first and the disability second, while others promote the term “disabled people” to emphasize the role that society plays in their disability.) Good practice suggests that the expression used should not indicate that disability is perceived as a deviation from the norm. The term “persons with disabilities” is consistent with the language used by the U.N.

Source: Guernsey, Nicoli and Ninio (2006).

### Social Analysis and Disability: Inclusive Development at the World Bank

This document intends to better assist TTLs and other project team members in approaches toward incorporating disability into projects and programs of the World Bank. Social Analysis can better inform Bank projects and programs about disability and other inclusion issues. At the micro level, Social Analysis adds value to the Bank’s efforts by enhancing the quality of the following dimensions of projects:

<sup>11</sup> Impairment: a characteristic and condition of an individual’s body or mind, which unsupported has limited, does limit or will limit that individual’s personal or social functioning in comparison with someone who has not got that characteristic or condition. Impairment relates to a physical, intellectual, mental or sensory condition; as such it is largely an individual issue. Accordingly, disability is the way(s) in which people with impairments are excluded or discriminated against; as such, it is largely a social and development issue.

<sup>12</sup> As articulated by the Greater London Action on Disability (GLAD) for inclusion in the draft Disabled Peoples’ Rights and Freedoms Bill. <http://www.glad.org.uk/Pages/rightsnow.htm>



- **Assessment of project feasibility:** Social analysis reveals the constraints and opportunities related to the social development objectives of a project; it also identifies strategies to address both. For example, social analysis can be used to assess the likelihood of achieving specific social objectives in contexts including, conflict and post-conflict situations, gender-discriminatory or disability-discriminatory legal provisions, or religious proscription of certain activities.
- **Understanding of the project environment:** Social analysis sheds light on relevant relationships between individuals, organizational arrangements and institutional structures, and accounts for the dynamic processes among these stakeholders. Social analysis focuses on power relationships, conflict and agency in both public and private relations, and draws attention to questions of equity and conciliation that are crucial to ensuring the social development outcomes of social inclusion and cohesion.
- **Project responsiveness to community needs:** Social analysis identifies the concerns, needs and priorities of different social groups, including the disabled, youth and elders, men and women, the poor, as well as non-poor members of the community. As a result, projects are better informed to address issues of poverty reduction and equity. For example, by identifying needs of disadvantaged groups of the project community, such as women or people with disabilities, and ensuring that these groups particularly from poorer households and minority groups are included in community planning, elite capture of projects can be better avoided and the interests of a wide range of community members taken into account.
- **Maximization of project benefits:** Social analysis allows for more effective targeting of project benefits and better use of project resources. For example, access to health and educational services is a major issue in all of the Bank's regions; yet the issue has various causes and different dimensions depending on the functional range or disabilities of a group or individual. Social analysis provides more accurate diagnosis of the causes of the problem and the sequence of interventions.
- **Sensitivity to potential project-related risks:** These include impacts on disabled people, indigenous or rural populations, and the ways in which these risks can be avoided or mitigated. Social analysis also can flag unintended consequences of projects before they occur. In post-conflict settings, rebuilding housing, schools and roads can be better designed to incorporate a universal design to allow for accessible housing, schooling and transport, and involuntary resettlement situations.
- **Efficiency of project implementation:** Social analysis can improve project planning and mitigate potential problems. In emergency situations, for example, social analysis can help identify diverse sub-groups based on functional characteristics, and re-group them based on transversal functional needs such as mobility, hearing, speaking, learning, remembering, etc. This approach may make disaster management and interventions more effective.
- **Evaluation of project outcomes and impacts:** Evaluating disability-specific project outcomes and impacts can provide a more comprehensive and balanced assessment of the extent to which projects contribute to or constrain social inclusion of the disabled and assist in poverty reduction among such individuals.

## II. KEY CROSS-CUTTING AND CROSS-SECTOR DISABILITY ISSUES

Disability issues cut across all sectors and thematic areas of the World Bank, and yet are often invisible when it comes to the design of a project or program. Given the significant share of the world's population that is considered disabled, reaching and including these people and their families in the design, implementation, monitoring and evaluation of Bank projects, programs, CAS or PRSPs has great potential.

Most disability issues have multi-sector implications and are best addressed effectively not only within the framework of a single sector, but cross-sectorally. The many cross-cutting disability issues include high rates of poverty and vulnerability to poverty; difficult access to human and productive and other resources; high prevalence in countries affected by conflict and disaster, high correlation with violence, abuse and neglect.

### High rate of poverty and vulnerability to poverty

People with disabilities in developing countries are over-represented among the poor. Some estimates suggest that roughly between 15 and 20 percent of poor people living in developing countries are disabled.<sup>13</sup> They have been largely overlooked in the development agenda so far, but focus over the last decade on poverty reduction strategies has provided an important entry point in which to rethink and rewrite the disability and inclusion agenda. Take for example, the Millennium Development Goal on the eradication of extreme poverty and hunger--this goal cannot be achieved without taking into consideration people with disabilities.<sup>14</sup>

Poverty and disability are both a cause and consequence of each other. Due to limited data, it is difficult to make a global statement on the relationship between disability and poverty, but data from a number of countries suggests a strong relationship (Box 5).

#### Box 5: Around the World—Poverty and Disability

- In Uganda, households with disabled heads are 38 percent more likely to be poor than their non-disabled counterparts; in Georgia, that figure is 30 percent.
- In Guyana, the unemployment rate for disabled adults is 67 percent;
- In Serbia, 70 percent of disabled people are poor and only 13 percent had access to employment
- In Romania, poverty rates are nearly double for households with a disabled member
- In Sri Lanka, 90 percent of disabled people are poor and unemployed.
- In United States, 51 percent of people in long term poverty (>3 yrs) have a disability
- In Nicaragua, disabled people have lower rates of education and economic activity, and higher rates of illiteracy
- In India, disabled people were more likely to be poor, hold fewer assets, and incur greater debts.

Source: Hoogeveen, J. G. (2005); World Bank (2002); World Bank (2006); Tudawe (2001); Sipos (2006); Harris-White (1996).

Poverty can lead to disability through malnourishment, poor access to health services (including maternal health), poor sanitation, or unsafe living and working conditions. Conversely, having a disability can entrap an individual in poverty by limiting their access to education, employment, public services, and even marriage.<sup>15</sup> These barriers include intense stigma, as well as barriers

<sup>13</sup> Elwan (1999).

<sup>14</sup> World Bank Disability website: <http://www.worldbank.org/disability>.

<sup>15</sup> Mont (2004).

related to infrastructure and program design.<sup>16</sup> The two-way link between poverty and disability creates a vicious circle (Figure 2). Moreover, the impact of disability goes beyond disabled people themselves to also include their family members. A study in Uganda shows a significant drop off in school attendance for children with disabled household heads.<sup>17</sup> In Nicaragua, family members spent on average 10 hours a day caring for disabled people that in turn affect their employment opportunities and other home production.

Yet, these figures probably underestimate the extent of poverty among disabled people. As economist Amartya Sen recently noted,<sup>18</sup> the poverty line for disabled people should take into account the extra expenses they entail in translating their income into the freedom to live well. Disability adds to the cost of living, for example with extra medical care or more expensive transportation.<sup>19</sup> To do the same things as a non-disabled person, a person with disability may need more income than the non-disabled person. Studies have shown that the poverty rate for disabled people doubles if these extra costs are taken into account.<sup>20</sup>

**Figure 2. The Poverty/Disability cycle**



(Source: DfID, 2000)

## Employment

The livelihoods and economic opportunities of disabled people are often highly compromised because they are more likely to be excluded from services, social contracts and community activities. Such exclusion also imposes direct costs on society by reducing the economic and

<sup>16</sup> World Bank (2005b).

<sup>17</sup> World Bank (2005b).

<sup>18</sup> In Sen's keynote address at the World Bank's conference on "Disability and Inclusive Development" 2004.

<sup>19</sup> Sen (2004) describes distinction between two types of handicap that tend to go with disability: Earning handicap and conversion handicap. The former indicates the disadvantage on income and wealth, based on difficulty in getting or retaining a job, and possibly on lower compensation for work due to disabilities. The latter refers to the disadvantage that a disabled person has in converting money into good living.

<sup>20</sup> A study in the United Kingdom found that the poverty rate for disabled people was 23 percent compared to 18 percent for non-disabled people, but when extra expenses associated with being disabled were considered, the poverty rate for people with disabilities increased to 47 percent (Kuklys, 2005).

social output, not only of those with disabilities but also of those who care for them and whose productive employment may be reduced as a result.<sup>21</sup>

Employment is a key factor in the empowerment and inclusion of people with disabilities. In reality, however, the majority of adults with disabilities remain unemployed despite their potential and/or their desire to contribute to the work force. In the 1990s, for example, unemployment rates for disabled adults were 80 percent higher in OECD countries than for non-disabled people, contributing to a lower overall unemployment rate.<sup>22</sup> People with disabilities often face social stigmas from employers, co-workers and society, and from a young age they lack opportunities for education and training—especially women, youth, and those in rural areas.<sup>23</sup>

While employment rates of people with disabilities are low, it varies sharply by the type of disability. For example, people living with mental illness, psycho-social or neurological health problems, as well as mental retardation, often have a much lower probability of being employed, even in cases when such disabilities are not severe.

Persons with disabilities have unique differences and abilities. While many require the same education, vocational training, employment, and business opportunities as the non-disabled, those with more severe disabilities may require specialized support services, assistive devices or job accommodations, which may each entail a small upfront investment that yields productivity and a lifetime of economic access.<sup>24</sup>

Another dimension for consideration in project-level programming includes the problem of occupational hazards and work-related accidents. About 120 million occupational accidents are estimated to occur annually, with 200,000 fatalities, and even more long-term poor health and disabilities. Some 70 to 160 million new cases of occupational illness and disability may be caused by exposure to hazardous materials or chemicals at work.<sup>25</sup> Trends emerging from the reported data indicate that while accidents and some work-related diseases are declining in industrialized countries, they are increasing in rapidly industrializing countries, and are likely to continue to increase as industrialization gains momentum.<sup>26</sup>

## HIV/AIDS Prevention and Care

HIV/AIDS issues among people with disabilities is often an overlooked concern, due in part to an assumption among the general public that individuals with disability are not sexually active and unlikely to use intravenous drugs, therefore, are at little or no risk for HIV infection. Yet recent studies note that, people with disabilities acquire HIV/AIDS up to three times greater rate of infection than do non-disabled people because of their risk for physical abuse, isolation, general poverty and lack of access to services and information.<sup>27</sup> To prevent transmission and to mitigate

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<sup>21</sup> Roberts (2005).

<sup>22</sup> Mont (2004). In OECD, about two percentage points are attributed to disability – mainly due to higher unemployment rate of disabled people in Germany and Netherlands.

<sup>23</sup> Edmonds (2005).

<sup>24</sup> Edmonds (2005).

<sup>25</sup> ILO (2005).

<sup>26</sup> World Bank (2005d).

<sup>27</sup> Global survey on HIV/AIDS and disability, conducted by the World Bank and Yale University in April 2004 is one of the few studies that has attempted to estimate the prevalence of HIV/AIDS in people with disabilities in developing world. For more details, see Groce (2004).

the effects of HIV/AIDS, people with disabilities must be actively targeted, as well as included in prevention and care efforts.

People with disabilities face increased risk of infection due to sexual exploitation and misconceptions about their sexuality and rights.<sup>28</sup> They are more likely to be victims of violence or rape with limited power to negotiate for safer sex, but less likely to be able to obtain police intervention, legal protection or prophylactic care. Some subgroups within the disabled population—most notably women, youth, ethnic minorities, and individuals who live in institutions—are particularly at higher risk. For example, women with disabilities are especially vulnerable as they are (compared with both non-disabled women and disabled men) more likely to be uneducated or unmarried. In some communities, “virgin cleansing,” the belief that sex with a virgin can cure AIDS has fueled some violence.

Reaching disabled individuals with targeted messages about HIV and AIDS, clinical care, and reproductive health services presents unique challenges.<sup>29</sup> Even when AIDS messages do reach disabled populations, low literacy rates and limited education levels complicate the comprehension of these messages.<sup>30</sup> Literacy is vital to understanding HIV messages and translating them into individual behavior change. However, the global literacy rate for adults with disability is as low as three percent and one percent for women with disability.<sup>31</sup> In addition, HIV messages and communication are often inaccessible to people who are blind or deaf, and health service facilitates are often inaccessible to people with physical disabilities.<sup>32</sup> Furthermore, disabled people are often denied access to reach HIV/AIDS testing centers and clinics. Frequently, disabled people report that they are ignored by clinical staff that tells them that disabled people “cannot get AIDS”. Where AIDS medications are scarce and where services and support for individuals with HIV or AIDS are limited, individuals with pre-existing disabilities report being placed last on the list of those entitled to care.<sup>33</sup>

The disabling effects of AIDS on previously non-disabled individuals are well established, but other issues have received less attention. For example, intra-utero exposure to the HIV virus can cause significant developmental delays, while considerable attention has been given to the disabling effects of HIV/AIDS on previously healthy people.

## Violence and Abuse

Men and women with disabilities are more vulnerable to physical, psychological, sexual or financial violence, and in particular, they are vulnerable to neglect, entrapment, and degradation. Disabled women, youth and children are especially at higher risk of being mentally or physically abused. They are generally more likely to experience abuse over a longer period of time and to suffer more severe injuries as a result of the violence. Also, disabled women are twice as likely to experience domestic violence as non-disabled women.<sup>34</sup> Often for disabled people, their abuser may also be their care giver, someone that the individual is reliant on for personal care or

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<sup>28</sup> Yousafzi and Edwards (2004).

<sup>29</sup> Groce (2004).

<sup>30</sup> World Bank (2004).

<sup>31</sup> Helander (1998).

<sup>32</sup> World Bank (2004).

<sup>33</sup> World Bank (2004).

<sup>34</sup> 1995 British Crime Survey, also confirmed by data from other countries.

<http://www.womensaid.org.uk/domestic-violence-survivors-handbook.asp?section=000100010008000100350003>

mobility. Abuse by household members often remains unreported to avoid further stigmatization.<sup>35</sup> Furthermore, disabled people tend to lack access to legal protection.<sup>36</sup> In addition, domestic violence and abuse a significant cause of physical and mental disabilities in women.

## Post-Conflict/Disaster Reconstruction

Conflicts and natural disasters can be both a direct or indirect cause of disabilities; they cause significant numbers of physical and psycho-social disability directly through injuries, sexual abuse, mental and emotional distress, or indirectly through disruption of health and education services, lack of fuel, water, energy and jobs.<sup>37</sup> Conflict and disasters are major causes of disability, but they also have a greater impact on those who are disabled, as such events with lack of access to information and services.<sup>38 39</sup>

Disabilities place a large economic burden, not only on the individuals who are disabled, but also on the family. For example, conflicts and disasters are often associated with high prevalence of mental and psycho-social health problems, including post-traumatic stress disorder (PTSD). These “hidden disabilities” often affect a large proportion of the general population over a long period of time, and the economic and social impact can be quite devastating unless addressed at an early point. Recent research reveals that in post-conflict societies, mental health disorders represent a major obstacle to economic development through lost productivity, loss of learning capacity, and cost of treatment and care.<sup>40</sup> Failure to address these issues, therefore, can leave the society vulnerable to a return to violence and inhibit efforts to rebuild social capital and social and economic development.<sup>41</sup>

In the past, the emphasis on disability has often been concentrated on the emergency phase after the conflict or catastrophe, or with a focus limited to certain issues such as land mines.<sup>42</sup> While these areas remain critical, disability issues need to be examined in wider scope; functional limitations acquired during conflicts or catastrophes generate a more long-term need for continued integrated management, care, social support and reintegration into society. In the recent

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<sup>35</sup> Elwan (1999).

<sup>36</sup> *Violence and Crimes against Disabled Persons Bibliography*. The University of Wyoming has published a comprehensive bibliography focused on violence and crimes against people with disabilities. The document includes full citations and abstracts for almost 300 peer-reviewed articles, formal reports, books, and editorials all published between 1990 - 2006.

<http://wind.uwyo.edu/resourceguide/resources/Bibliography.pdf>

<sup>37</sup> Murthy et al (2006).

<sup>38</sup> Sipos (2006).

<sup>39</sup> It is also critical to look into the subgroups of people with disabilities. In post-conflict situation, for example, disabled civilians, especially females, have less access to prosthetics rehabilitation and other services than do soldiers (WHO, 2005). In disaster planning, “special needs” population comprises a large number of people, with largely diversified characteristics; one possible approach is to disaggregate the large generic “special needs” group in diverse sub-groups based on functional characteristics instead of other grouping. This approach may be able to include other sub-groups not identified and re-grouping them based on transversal functional needs such as mobility, hearing, speaking, learning, remembering, etc. making relatively easier disaster management planning and interventions. (see Kailes & Enders, 2006).

<sup>40</sup> World Bank (2005d).

<sup>41</sup> Edmonds (2005).

<sup>42</sup> Landmines constitute on ongoing cause of disabilities. Landmines alone injure a minimum of 20,000 people annually; mostly civilians and many are under 15 years of age. Globally, there are more than 350,000 disabled landmine survivors, the majority amputees (Landmine Monitor, 2005).

years, the actors operating in this field have attempted to embrace a more holistic approach that includes: data collection, analysis, monitoring and evaluation, along with continuing medical care, physical rehabilitation, prostheses and assistive devices, psychological and social support, employment and economic integration, capacity building and sustainability, legislation and public awareness, and accessibility interventions and policies.<sup>43</sup>

Incorporating disability into post-conflict/disaster situation with long-term perspective is particularly important as it (ironically) opens up opportunities for reconstructing infrastructure that lends itself to a more inclusive way, including using principles of universal design (see Box 8). In post-conflict/disaster environments, where the prevalence of impairments and disability is especially high, disabled people should be included in the short- and long-term needs-assessments and management of emergency operations, reconstruction and development. Further enhanced coordination with stronger linkages between emergency and development aid, ensuring sustainable financing, utilizing this opportunity for creation of a “new” and more inclusive society is key to sustainable development.<sup>44</sup>

## Community Driven Development

Community Driven Development (CDD), an approach to development that emphasizes community participation and agency, provides an opportunity to integrate the concerns of vulnerable groups such as the disabled into development initiatives. A range of interventions have been adopted by CDD programs to address disability issues, including community-based rehabilitation (CBR), education and vocational training, income generation activities, building social capital and advocacy and policy reform.<sup>45</sup>

Community-based rehabilitation (CBR) is an approach that has grown out of the need for bringing integrated health and social services closer to the people. CBR links the medical and social models of disability, as it attempts to combine physical rehabilitation and continued medical care with empowerment and social inclusion through the participation of both the individual with a disability and the community in the process of rehabilitation and management of chronic functional impairment. It is estimated that the rehabilitation needs of 80 percent of people with disabilities could be satisfied at community level.<sup>46</sup> The remainder is likely to require some referral to more specialized facilities.

CBR is often the best approach to inclusion and social integration, as it promotes and protects human rights while creating equal opportunities and making the best use of scarce resources. CBR empowers individuals to take action to improve their own lives. Rehabilitation takes place within the community and is fully participatory. Community members with and without disabilities are the core resources. CBR depends heavily on empowerment of the local community specialist inputs, such as medical and orthopedic care, as well as supplies (e.g., prosthetics) remain important, inputs, but within a broader more socio-cultural context. Value is placed on indigenous knowledge and practices, the key being to ‘unlock’ existing expertise within communities enabling them to develop their own community process that builds on and validates existing indigenous knowledge and information systems, while facilitating access to relevant information and ideas from outside the community.

The concept of CBR has won widespread support, but in some cases negative institutional practices and attitudes have simply been relocated to the community. Also, it often takes place on a small geographical scale, not providing a global solution.

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<sup>43</sup> World Bank Disability Website.

<sup>44</sup> Rockhold (2006a).

<sup>45</sup> World Bank website: Disability and Community Driven Development.

<sup>46</sup> DFID (2000).

It is essential that people with disabilities exercise choice and control over CBR initiatives moving toward a more inclusive approach, placing disability into a wider community development framework.<sup>47</sup> Community based self determination programs are particularly favored, where people with disabilities support each other in rehabilitation, income generation and advocacy. The long-term goal of CBR should be to support people with disabilities in their efforts to take control of their own lives and to play a decisive role in any services that are created.

For CDD to be truly effective as an approach toward promoting the inclusion of disabled people, both micro and macro approaches need to be integrated. Some emerging lessons on ways to include disabled people in CDD programs are:

- A twin track approach of targeting people with disabilities, as well as integrating their voices and needs within the broader project cycle should be followed. While it is important to have specific sub-projects with an emphasis on addressing disability concerns, communities should be encouraged to identify and incorporate the voices and the 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 the local government, civil society organizations, and the private sector, as well as the 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 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. The conventional demand-driven approach often tends to exclude vulnerable groups due to its over emphasis on active participation. 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 phase. 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 the people themselves.<sup>48</sup>

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<sup>47</sup> Working Group on Disability and Development of the British Organization of NGOs for Development (BOND).

<sup>48</sup> World Bank (2005f).



### III. SECTOR-SPECIFIC DISABILITY ISSUES

This section discusses sector-specific disability issues particularly in education, energy, health and nutrition, information and communication technology, infrastructure, transport and urban development, social development and protection, environment, and water and sanitation. Some sectors have developed clear-cut disability guidelines over a long period, while others have just begun to assess the relevance of disability issues to their sector.

#### Education

Disability may be the single most important factor that keeps children from attending school. A recent World Bank study shows that disability has an even stronger impact on school attendance than gender.<sup>49</sup> According to UNESCO, only one to two percent of children with disabilities in developing countries receive an education; and conversely the World Bank reports that roughly one-third of all children not enrolled in school have a disability<sup>50</sup> --of the 115 million children not attending primary school in the developing world, about 40 million are estimated to have disabilities. The global literacy rate for all individuals with disability may be as low as three percent and as low as one percent for disabled women.

Children with disability are excluded from education for different reasons. It can be lack of resources or capacity to accommodate their disabilities. In many cases schools are physically inaccessible. Also, relatively a minor medical condition could turn into a very disabling condition; in Brazil, about 40 percent of the children not attending school because of a disability were not doing so because of vision problems correctable by glasses.<sup>51</sup> In other cases, children with disabilities are excluded from education since they are not considered in need of an education, and are assumed to be a distraction in schools, or because it is believed that they are not capable of learning. Even if in school, disabled children are less likely to receive science and health education, and are more likely not to have access sex education courses.

The exclusion of children and youth with disabilities from education results in their exclusion from opportunities for further development. Physical and mental disabilities are compounded by poor education outcomes. Their access to vocational training, employment, income generation and business development is diminished. Failure to access education and training prevents the achievement of economic and social independence and increases vulnerability to poverty.

In order for the disabled to participate in education, both universal design for physical access to schools and academic access to curriculum and instruction requires appropriate support. Infrastructure is an important consideration for a project entry point for addressing disabilities and social inclusion, since construction represents 45 percent of the Bank's Education lending.<sup>52</sup> Planners, both in-country and within the donor community need to better incorporate disability issues into a wide range of planning activities to increase the accessibility of schools, the availability of appropriate materials, and the provision of adequately trained teachers. The World Bank and other donors have yet to agree on a disability policy for school construction, the activity that still accounts for the largest amount of World Bank education funds.

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<sup>49</sup> Filmer (2005).

<sup>50</sup> Guernsey et al (2006).

<sup>51</sup> Mont (2006a).

<sup>52</sup> Sipos (2006).

Inclusive education, with access to education in the regular local neighborhood or community school, provides the best opportunity for the majority of children and youth with disabilities to receive an education, including those in rural areas. In some instances, special education may be the most appropriate form of education for some children with disabilities. The education of all children, including children with disabilities, assists in breaking down barriers and negative attitudes and facilitates social integration and cohesion in communities. The involvement of parents and the local community further strengthens this process.<sup>53</sup>

**Box 6: Guidelines for Cost Control: Increasing Accessibility to Schools**

**Design factors:**

- Use topography to advantage. Steeper ground often makes it easier to provide access, not harder. Paths oriented parallel to the slope of land are easier to make accessible than those that run perpendicular to the slope.
- Avoid level changes inside the building. This removes the need for ramps entirely. If abrupt level changes are kept below 15 centimeters, railings are not needed on ramps.
- Eliminate raised thresholds and steps at doorways. Thresholds are often used to bridge the gap between different floor surface materials on each side of a wall. When needed, thresholds should be recessed or kept low with a gradual transition from exterior floor surface to interior floor surface. This will eliminate the need for ramps and separate accessible entries to classrooms.
- Avoid the use of elevators and lifts. They are the most costly items to build and may be very hard to obtain, causing significant construction delays. They also create significant maintenance costs and may take a long time to repair.
- Where no site is available that is large enough for a one story school, plan the school using a split level design so that ramps can be used to connect levels. On steep sites, an accessible entry can be provided to each level connected by an accessible path of travel outside. In climates with extensive rainy seasons, it may be possible to shelter the paths with overhanging roofs or galleries.
- Provide increased space for wheelchair access without increasing the overall size of the building by careful design and efficient use of space everywhere.
- Run ramps in the direction of travel so that everyone will use them and stairs can be eliminated.

**Construction factors:**

- Avoid specialty products. Find locally available alternatives when costs are prohibitive. For example, make grab bars from steel bars, pipes or wood if it is more affordable.
- Be creative in the use of available materials and products. For example, if wide doors are not available, use double doors made from two narrow doors. Paved surfaces, although desirable, are not absolutely necessary for wheelchair access if walking materials are durable, even, stable and well drained.
- Educate builders about new practices before construction begins to avoid creating problems in the field and institute quality control procedures to insure things are being built properly. Rebuilding projects that are already under construction increases the cost of accessibility significantly.

**Social factors:**

- Invest resources in education and outreach during design to engage local builders and product suppliers in identifying how to accomplish the goals of accessibility. This will reduce lack of cooperation and reduce the need for quality control when construction commences.
- Use culturally appropriate means to provide access. For example, trying to save money by building one unisex accessible latrine instead of making the regular boy's and girl's toilet facilities accessible may be unacceptable in a culture that maintains strict separation between the sexes.

Source: World Bank (2005e).

<sup>53</sup> Edmonds (2005).

## Energy

More than a third of the world's population, 2.4 billion people burn biomass (wood, crop residues, charcoal and dung) for cooking and heating. When coal is included, a total of three billion people – half the world's population, cook with solid fuel. The smoke from burning these fuels turns kitchens in the world's poorest countries into severe health hazards and death traps, and contains many hazardous chemicals including a number that are carcinogenic. The combustion produces also large amounts of particulate matter including fine particles that penetrate deeply in the lungs and causes health damage, and in turn, can cause long-term disability.<sup>54</sup>

## Environmental Health, Water and Sanitation

Studies by the World Bank and others reveal that investments in environmental health, water and sanitation are cost-effective measures toward improving healthy living and minimizing disability, especially when the leading global risk factors contributing to deaths and disability worldwide are unsafe water, sanitation, and hygiene; indoor smoke from solid fuels; lead; agricultural chemicals; urban air pollution; and climate change.

The environment is essential for health, but often the poorest have the least access and the worst health indicators. WHO estimates that environmental health hazards account for 24 percent of the overall burden of disease worldwide.<sup>55</sup> Approximately 1.7 million deaths worldwide are attributable to unsafe water, sanitation and hygiene. In low and middle income countries, the number of people living in highly polluted urban environments and slums are steadily increasing.<sup>56</sup> With ongoing labor migration and more demographic pressures on limited environmental resources, local conflicts can further environmental degradation and limited access to environmental resources.

Water and sanitation service systems are seldom planned to accommodate people who have functional limitations, although their livelihood and wellbeing, as with most other people, are linked to their access to and control over environmental resources for food, water, and shelter (Box 7). About 1.3 billion people depend on fisheries, forests and agriculture for employment.<sup>57</sup> Lack of access to water and sanitation system often make disabled people dependent on others for their basic needs, and furthermore, more vulnerable to the risk of contacting diseases.<sup>58</sup>

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<sup>54</sup> Wiman and Sandhu (2004).

<sup>55</sup> United Nations Population Division, *World Urbanization Prospects: The 2005 Revision Population Database*, 2005, United Nations Population Division.

<sup>56</sup> WHO (2002).

<sup>57</sup> World Resources Institute (2005).

<sup>58</sup> Wiman and Sandhu (2004).

**Box 7: Examples of Barriers to Access and Participation in Water and Sanitation projects**

**Individual:** 'Physical weakness means that disabled people have to rely on stronger household members to collect water for them (Hollingsworth, 2001), or to bath themselves, their children, clothes, dishes, etc. at communal water places.' (Van der Kroft, 2002)

**Physical:** An account from Zambia describes a village where a community project was carried out to build latrines. Persons with disabilities did not benefit as they could not use them for they did not have a sitting pan and the doors were too narrow for a wheelchair to enter. The same toilets were used for bathing purposes. I was talking to a disabled woman, who told me she bathed only at night and used the bushes as a toilet (Sachelo, 2002).

**Social:** Because many in Bangladesh believe that impairments are contagious or a karmic punishment, disabled people are sometimes prevented from using public latrine facilities, which then forces them to use unsanitary practices (CRP, 2002).

**Institutional:** Government services for physically disabled people to access water and sanitation facilities are minimal in Bangladesh. There is the NGO Forum for Water and Sanitation that comprises NGOs and government organizations (GOs) working in water and sanitation, but it does not include disabled in their programs. (CRP, 2002).

A study of more than 165 US-based relief and development NGOs found that organizational strategic objectives make no reference to disabled people; most do not collect data on participation of the disabled in their programs, and so cannot monitor the extent of their participation (Singleton et al, 2001).

Source: Jones and Reed (2003).

## Health and Nutrition

Nutrition and disability are interlinked in a vicious circle, as poor nutrition increases the likelihood of disease and disability, and vice versa. With improved social and nutritional status developed countries has experienced a clear decrease in the number of people living with mild to moderate mental disabilities.<sup>59</sup> The lack of certain micronutrients is clearly linked to various degrees of temporary or more permanent disabilities (e.g., vitamin A deficit for impaired vision and blindness; iodine and Vitamin C for scurvy). Also metabolic disorders, such as diabetes, result in various degrees of disability depending on the length, severity and management of the disease. One side of the story is this: securing proper nutrition for children, youth and mothers to be, another is the prevention of nutrition related secondary disabilities for people already affected by disability or malnourished due to overweight. Cardio-vascular diseases, diabetes and musculoskeletal conditions, such as arthritis, are very common disabilities, partially caused by chronic degenerative processes that increase as a person ages.<sup>60</sup>

While young people tend to become disabled from poor access to adequate health care and common infectious diseases and accidents, some are born with disabilities. Mental health problems are most prevalent in the youth often combined with substance abuse and alcohol. Overall alcohol and substance abuse are often underestimated as the primary or underlying cause of disability in most age groups from youth and upwards.<sup>61</sup>

<sup>59</sup> Not limited to obstructed labor, up to 20 million women are affected by disability impairments associated with pregnancy and childbirth. Improved maternal health can also prevent disability in children (Sipos, 2006).

<sup>60</sup> Rockhold (2006b).

<sup>61</sup> <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTPHAAG/0,,contentMDK:20786149~menuPK:64229809~pagePK:64229817~piPK:64229743~theSitePK:672263,00.html>

Equity in access to information and technology, and other resources is central to improved public health and equitable and sustainable development.<sup>62</sup> People in the developing and transitional countries have limited access to new knowledge and technologies resources are scarce and individuals with disabilities are given the lowest priority as well as health care, rehabilitation and other essential services. People with neurological, mental or development deficiencies often find themselves confined to a bed, a home or an institution where they sometimes become victims of physical, psychological and sexual abuse.

While most health systems focus on promotion, prevention and cure, the capacity to provide continuous care for people with chronic conditions or rehabilitation, vocational training and mental or psychosocial health services are often very limited. The availability, access and quality of medical rehabilitation including assistive devices (e.g., prosthetics, orthotics, wheelchairs and walking aids) enabling people to attain the highest possible level of functional ability, living an independent quality life as productive members of their society, is often very low.

In 1993, the UN General Assembly adopted the Standard Rules on the Equalization of Opportunities for Persons with Disabilities. The rules obligate the States to ensure the provision of effective medical care, rehabilitation and support services for persons with disabilities to reach and sustain an optimum level of independence, functioning and economic productivity world wide. The UN standard rules are preconditions for equal opportunities for all. To meet the rehabilitation needs of persons with disabilities in a cost effective and timely manner it is essential that rehabilitation programs be organized at local, regional and national level as integrated parts of the national health care and social support systems. A special effort needs to be made to prevent avoidable disability, not only through early identification, treatment and rehabilitation, but also through the promotion of inclusive societies.

## **Information Communication Technology**

Information Communication Technology (ICT) is a great challenge for the disabled. New accessible technologies provide a unique opportunity for people with disabilities. ICTs are tools that have the potential to improve the access to and delivery of basic services, such as health and education, and increase the effectiveness of government and business institutions in addressing human development issues. However, if not accessible, they build further barriers that inevitably broadening the divide.

There are two issues to be addressed: accessibility of life environments and access to opportunities and participation. The application of universal design principles in mainstream contexts and the specific advances in mainstream ICTs, as well as in assistive devices, have a major role in improving the accessibility of living environments for people with disabilities. However, the problem of access to opportunities requires additional measures as people with disabilities have, as a rule, fewer resources at their command. Aside from developments in medical care, which have had a significant impact on the quality of life around the world, developments in ICTs offer tremendous opportunities to do the same. These technologies can assist people with disabilities in undertaking activities for daily living (ADL) to compensate and even substitute for mental, sensory, and physical impairments and consequently to realize their potential for independent, meaningful, and productive living.

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<sup>62</sup> Rockhold (2006a).

Developments in basic and applied technologies—such as microelectronics, opto-electronics, material technologies, mechanical and production engineering, and rehabilitation and biomedical engineering—are relevant to disability. In the context of disability, low, medium, and high technologies all have a role to play in creating products and services that can enhance the quality of life.<sup>63</sup>

## Infrastructure and Urban Development

Inaccessibility in the infrastructure environment is still the major barrier for people with disabilities toward active participation in social and economic activities. Some governments recognize disabled persons' basic right to equal access to build environments. The application of universal/inclusive design (Box 7) has emerged as a result of the struggle of persons with disabilities for accessible physical environments.

### Box 8: What is Universal Design?

Universal Design or the creation of barrier free environments is a very simple idea: all buildings, products and services should be designed in such a way that the number of potential users is optimized. The need for specialized design or adaptations must be minimized and one simple design that can meet the needs of people of all ages, sizes and abilities equally should be made prevalent.

Source: [www.worldbank.org/disability](http://www.worldbank.org/disability)

Universal/inclusive design approaches provide safer environments for all by reducing the rate of accidents. As physical barriers reduce the economic and social output of persons with disabilities, investments in the removal and prevention of architectural and design barriers are increasingly being justified on economic grounds. Recent experience has demonstrated the cost effectiveness of incorporating accessible design features into built environments, particularly when they are being newly constructed. Research has shown that providing full access facilities from the outset has additional costs of approximately one percent.<sup>64</sup>

To the extent that the World Bank makes loans for the construction of schools, public buildings, streets paths and other public infrastructure, it has the opportunity to facilitate their accessibility at a very low cost simply by promoting barrier free design and providing information to its clients about the most cost-effective methods for its application. The Bank's Post-Conflict Reconstruction Unit, for example, operates in environments characterized by many such opportunities in the reconstruction of war-torn infrastructures. The systematic application of cost-effective barrier free design to all new Bank financed construction is a critical and cost-effective element of a successful World Bank disability strategy, which simply requires a commitment to accessible design and an in-house expertise on accessibility and Universal Design.<sup>65</sup> Further action is needed to develop guidelines on universal/inclusive design.

## Social Protection

While disability touches all sectors, in the formal sense of government benefits and services, disability is handled by the social protection system. In some countries (primarily the OECD and ECA), Ministries of Social Affairs are responsible for residential institutions for people with

<sup>63</sup> Ballabio and Placencia –Porrero (1998).

<sup>64</sup> Edmonds (2005).

<sup>65</sup> Metts (2000).

disabilities, although typically Ministries of Education and Health also run such institutions. It is important to note that in some cases, large residential institutions have been implicated in severe human rights violations, including neglect, abuse, sexual abuse, torture, and death. There are numerous cases where disabled children and adults are denied the legal freedom to live outside of institutions. While a legal remedy could presumably be easily taken, providing the range of services needed in communities instead of large institutions would present a larger financial and technical challenge. OECD countries have, by and large, set up much smaller group homes in the community as a preferential approach, but even these have been plagued by human rights violations in some cases.

Disability benefits may take the form of cash,<sup>66</sup> quasi-cash (such as tax and duty easements, price and wage subsidies) or service. Cash benefits are only a part of the whole picture and disregarding the other two types of provisions may lead to distorted analyses and, consequently, to incomplete policy recommendations. Practical advice to internal and external clients that can be incorporated into Bank operations focusing on HD areas—primarily labor market, social assistance and social security systems—is needed. This latter goal is particularly important in ECA and LAC where large disability cash benefit systems exist.

#### *Benefit uptake*

In all ECA and many OECD countries, the trend of uptake of disability benefits is upward sloping. This is counterintuitive for two reasons: the quality of health care, preventive, curative and rehabilitation technologies and services is continuously improving which should, in principle, reduce the need for disability pensions. Second, as long as disability pensions are intended to help those who lose some or all of their capacity to work, the shift toward services, more accommodating and flexible work conditions should also contribute to lower incidence. This is not the case, however, suggesting that both governments and individuals view disability benefits as an entitlement based on health status and not on the capacity to earn income. Since our own definition is changing as to what is considered a state of “health”, the effect of positive developments in the work environment and health status (in absolute terms) of the population fails to be reflected in benefit uptake. In other words, the question should not be whether someone is healthy or not but whether the person is *healthy enough* to be gainfully employed if there were jobs commensurate with his/her remaining capacities. This question also raises the issue of how unemployment insurance, disability insurance and old age pension insurance relate to each other.

In the absence of catastrophic events--such as war, natural disasters, epidemics--disability benefit uptake, both temporary and permanent, should be represented by slowly trending time series where the reasons for seasonalities and shocks should also be easy to identify and filtered out. In the ideal case, disability uptake should have a zero correlation with economic growth, (un)employment and household income. The more disability trends mirror labor market and general economic developments, the more likely it is that these benefits also serve as an alternative to or augment unemployment benefits and social assistance.

OECD countries and many ECA countries have non-contributory disability grants for congenital disabilities that then continue through adulthood if the recipient remains unable to work.

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<sup>66</sup> Cash benefits payable as a result of losing certain physical, cognitive or psychological abilities may be categorized in a variety of ways, according to whether they are (a) temporary vs. permanent, (b) contributory vs. non-contributory (c) privately vs. publicly managed, (d) financed by the employer (directly or through insurance policy), an industry-wide or public entity, (e) conditioned on the circumstances of the onset of disability vs. unconditional, (f) designed to avert poverty vs. to replace labor income, etc.

Disabilities which are acquired in adulthood or in old age are often contributory in nature, but this is not a requirement. A housewife who becomes disabled from an illness would be eligible for disability non-pension benefits in most countries, while her husband who became disabled from a work injury received in the formal sector would become eligible for a contributory disability pension.

Non-contributory non-pension disability benefits are thought to be necessary because of the implicit recognition that the presence of a disabled household member has a significant welfare impact. Not only are the material needs of such a household greater for special equipment, etc.<sup>67</sup> but the earnings potential of the household is often affected, as family members might withdraw from the labor force in order to provide extra care to the disabled child.<sup>68</sup>

## Transport

Traffic accidents are a major source of premature deaths, lifelong disability and losses to households, as well as to the public and private economy. Road traffic injuries are a growing public health issue, disproportionately affecting vulnerable groups of road users, especially the poor and other vulnerable groups. Developing countries bear 85 percent of annual deaths and 90 percent of the disability-adjusted life years (DALYs) lost because of road traffic injury. Death rates from road accidents in 2002, which can be used as a proxy for injuries from road accidents, are high. More than half of the people killed in traffic accidents are individuals between the ages of 15 and 44 years—often the primary breadwinners in a household. Furthermore, road traffic injuries cost low income and middle-income countries between one percent and two percent of their GNP. Worldwide, it is estimated that road traffic accidents kill 2.4 million people, which would be more than those dying due to malaria, TB or HIV/AIDS.<sup>69</sup>

Lack of access to transport creates income poverty. Inaccessible design of the transport services limits access for the disabled and the elderly, and many other groups to social, political and cultural activities, and thus perpetuates exclusion. Various studies and analytical approaches indicate the problems that disabled people face when trying to use transport systems: physical barriers, esp. for those using wheelchairs and other mobility aids, structural barriers (e.g., the lack of assistance from operators and drivers) but also psychological barriers and fear for personal safety when using transport systems.<sup>70</sup>

The Transport Sector plays an important part in the Bank strategy by strengthening focus on accessible environments and inclusive transport systems. Inclusive transport systems are all the more critical in reducing the isolation, vulnerability and dependency of people with disability – thereby helping to improve the lives of many of the world's poorest.<sup>71</sup> Inadequate monitoring and enforcement of compliance with existing accessibility legislation is widely cited as the key impediment to providing inclusive transport in developing countries. The legislation has rarely been matched by adequately detailed regulatory frameworks and has therefore generated a very limited response on the ground. For example, legislation in Mozambique, Malawi and India requires that there should be seats in urban public transport and trains reserved for passengers with disabilities and that these passengers should be granted fare concessions of up to 100 percent. However, experience shows that only occasionally are these measures implemented or

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<sup>67</sup> Zaidi and Burchardt (2003).

<sup>68</sup> Kuklys (2004).

<sup>69</sup> World Bank (2005d).

<sup>70</sup> Wiman and Sandhu (2004).

<sup>71</sup> Roberts (2005).



enforced. In most cases, applying Western disability standards and facilities to deliver access solutions and ensure universal access in transport systems is not affordable or realistic for the provider or for the users in low- income countries -as most of them are too poor to pay the costs of such standards.<sup>72</sup> In the rural context it is often very difficult to establish basic transport services to be sustainable because of the low population densities and limited economic activity. Inevitably, making these services accessible to all will be an even greater challenge in such rural areas.

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<sup>72</sup> Roberts (2005).

## IV. DISABILITY ISSUES IN THE REGIONS

In each of the Bank's six regions, disabled people tend to experience widespread exclusion from social, economic, and political life of the community, whether due to ongoing stigmatization or to the neglect of their needs in the design of policies, programs and facilities. While simultaneously, the causes of disability vary widely across and within the regions, and in some cases, some countries note common tendencies:

- (i) In the poorer countries, under-nutrition and inefficient or inaccessible health services result in a higher prevalence of disabilities;
- (ii) In most countries with rapid urbanization, traffic-road accidents are a major cause of disability;
- (iii) In tribal communities, consanguinity is still a major cause of some inherited disabilities; and
- (iv) On-going wars, violent country conflicts in civilian areas, landmines and easy access to domestic weapons are all underlying causes behind the rising number of disabled persons.<sup>73</sup>

This section offers a brief overview of disability issues in each of the regions. It is important, however, to examine the issues in each local context given the high diversity of disability issues. In addition, the current global prevalence of disability has been estimated only in broad orders of magnitude, and methods of data collection vary greatly from country to country, and are generally not comparable.

### Africa (AFR)

In Africa, an estimated 60 to 80 million people are living with disabilities.<sup>74</sup> Their numbers are rising due to conflict, malnutrition, natural disasters and HIV/AIDS.

Conflict is one of the major causes of disability in the region,<sup>75</sup> as it causes significant number of non-fatal injuries among civilians and soldiers, and has long lasting psychological impacts. During conflicts, civilians and soldiers are at risk from hostilities, as well as from unexploded landmines and violent incursions. Angola and Mozambique are two heavily mine-affected African countries, which have mines numbering 15 million and 3 million respectively.<sup>76</sup> One in 470 Angolans have had at least a limb amputated. All but two sub-Saharan African countries (Ethiopia and Somalia) are now party to the Convention on the Prohibition of Anti-personnel Mines, and have thereby agreed never to use, transfer, stockpile, produce, or develop anti-personnel mines.<sup>77</sup>

An effort is underway in donor communities to provide assistance to the people who are disabled from war; this includes Multi-Country Demobilization & Reintegration Program (MDRP), multi-agency program that supports the demobilization and reintegration of ex-combatants in the greater Great Lakes

<sup>73</sup> Al Smadi and Saba (2004) present these characteristics in the context of MENA region; however, these characteristics can be applied region-wide. See also--The World Bank consultancy report Mar 15-June 30, 2004. Mainstreaming Disability in MENA- Review and Recommendations.

<sup>74</sup> USAID: [http://www.usaid.gov/locations/sub-saharan\\_africa/features/disabilities.html](http://www.usaid.gov/locations/sub-saharan_africa/features/disabilities.html).

<sup>75</sup> Globally, conflict is estimated to have caused 310,000 deaths in the year 2000, with more than half taking place in sub-Saharan Africa.

<sup>76</sup> Onasanya (2002).

<sup>77</sup> International Committee for the Red Cross (2004).

region of Central Africa that provides assistance for medical rehabilitation based on the type and degree of disability.

HIV/AIDS epidemic is another major cause of disability in the region. The region has more than 60 percent of all people living with HIVs in the world. In 2005, an estimated 3.2 million people in the region became newly infected. HIV information and services, however, are highly inaccessible to disabled people due to misconceptions, communication barriers and discrimination in many communities. It is also reported that the “virgin myth”, the belief that sex with a virgin can cure AIDS has fueled additional violence. Because disabled children, youth and women are often misconceived to be asexual, and therefore virgins, many are systematically raped by people who are desperate to rid their infection. Malnutrition poses another critical threat, which in turn increases disabilities in the region. Every year, many children become blind due to poor nutrition.<sup>78</sup>

Responding to this situation, the African Decade of Persons with Disabilities, 1999-2009, has been declared by African Union to raise awareness about disability issues in the region and to identify solutions tailored to the African experience that enhance full participation, equality and empowerment of Africans with Disability.<sup>79</sup>

## Eastern Europe & Central Asia (ECA)

In 17 of the 27 ECA countries, the total number of people with disabilities is estimated at about 29 million, or about eight percent, out of total population of 385 million.<sup>80</sup> Changing economies, new social and political strategies along with post conflict situations, de-institutionalization, HIV/AIDS, and mental health issues are among the many challenges facing the region.

The ECA region is notable for disability issues, partly because of historical and institutional reasons related to the importance of pensions and transfers in the government budget. As a result, disability issues have received more attention among countries in Eastern Europe, as well as those of the former Soviet Union, which is reflected in their PRSPs.<sup>81</sup> More than half of the projects are directed to the social protection sector; this reflects the fact that many transition countries have undergone de-institutionalization, where deteriorated social services for the vulnerable population including the disabled.

During the socialist period, the life experience of the disabled varied. Families were encouraged to place seriously disabled children in state institutions, where they spent their entire lives. Less disabled family members were cared for in the family home. Many of those who were blind, deaf, or had less serious disabilities earned salaries in sheltered enterprises, or through home-based work. Before 1991, for example, disabled people comprised half the personnel, or 30,000 workers at the 43 enterprises controlled by the Moscow city authorities, while other disabled did home work for some 120 enterprises. When the state withdrew their subsidies, the enterprises were forced to lay off workers.<sup>82</sup> Likewise, government-funded clubs and social activities that once linked the disabled throughout the Soviet Union have also collapsed. At the same time, mental and psychological disorders had become treated based on more integrated, community-based approach.<sup>83</sup>

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<sup>78</sup> Onasanya (2002).

<sup>79</sup> <http://www.secretariat.disabilityafrica.org/>

<sup>80</sup> World Bank Fact Sheet: Disability and Development in the East Europe and Central Asia Region.

<sup>81</sup> World Bank (2004b).

<sup>82</sup> Samodorov (1992).

<sup>83</sup> Treatment of mental and psychological disorders has changed substantially from the period when the Soviet Union (as well as some other Eastern European countries) used psychiatry and incarceration in

Those with physical or psychological disabilities remain least likely to find new employment; those who once worked consequently feel that they have lost an important component of social identity. Their economic exclusion reinforces the stigma accompanying disability in most ECA countries. Notably, despite their numbers, many disabled earthquake survivors in Armenia reported feeling isolated despite extensive material aid. They explicitly described themselves as “poor” because they were unable to earn money or to see prospects for employment or integration into the larger society.<sup>84</sup>

The rapid social change, economic hardship and increased insecurity also foster the region’s rapid growth of HIV/AIDS epidemic in recent years, particularly among young people. According to UNAIDS in 2005, 270,000 people in the region became newly infected with HIV, the fastest growth in the world, bringing the number of people living with HIV/AIDS to approximately 1.6 million. Of them, more than 80 percent of those living with HIV are under the age of 30 years, as they are particularly vulnerable facing the challenges of poverty and unemployment.<sup>85</sup> The increase in drug trafficking and intravenous drug use has been a major factor in the spread of the HIV/AIDS, as well as commercial sex work and unsafe sex practices among youth.

In addition to de-institutionalization and spread of HIV/AIDS, conflict and its aftermath create special disability issues. Armed conflict in the Balkans has resulted in a large number of people becoming disabled both physically and mentally. The effort has been made for the post-conflict reconstruction, including de-mining of the country, resulting in a great decrease of the new landmine victims. Yet, Bosnia and Herzegovina remains one of the most mine-affected countries in the world with nearly one million landmines. Also, disabled Bosnians face discrimination in employment, and in almost every sector of society. Further, reconstruction in Bosnia did not address accessibility concerns the disabled.<sup>86</sup>

The perception toward people with disability has also changed after the conflict. The dramatic increase of number of people with disability made disability more common and visible in the community. People who acquired a disability because of the war were often more accepted by their community after the war. Since the war, the stigma and isolation of mental health issues has reduced significantly. Overall, there appears to be much more integration of people with disability in day-to-day life and some of the aid provided by international non-government agencies has gone to assist people with disabilities.<sup>87</sup>

Although many countries in the region provide constitutional rights to the disabled to support their ability to provide for themselves and pursue professional training,<sup>88</sup> they have not implemented these rights in practice, and the disabled remain excluded from fully participating in the political, social, educational, and cultural life of their communities. Nevertheless, particularly in the EU accession countries, increasing attention to social inclusion is affecting legislation and policy. International donors have also introduced or encouraged new approaches to integrating formerly excluded groups, including disabled children and adults.

Finally, discrimination against Roma population provides the example of “disability as functional

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psychiatric institutions to control political dissidence. This called international condemnation and isolation of mental health sector (World Bank, 2003c).

<sup>84</sup> Dudwick (1996).

<sup>85</sup> UNAIDS (2005).

<sup>86</sup> Plamenko Priganica. (2003).

<sup>87</sup> Multicultural Disability Advocacy association of NSW.

<sup>88</sup> U.S. Dept. of State (1999).

limitations.” Roma children are often labeled as mentally disabled because many of them fail at school, due to cultural and linguistic barriers. In one district in the Czech Republic, for example, Roma children constitute 50 percent of the special school population, although they represent less than five percent of all primary school age students in the city.<sup>89</sup>

## **Latin America & the Caribbean (LCR)**

Around 50 million people are estimated to have disabilities in the LCR region, of which about 82 percent live in poverty. Disability is especially high in post-conflict countries, such as Colombia, and in areas of natural disasters including many Central American countries affected by the hurricanes.<sup>90</sup> As in the other regions, they are severely disadvantaged with lack of access to employment, education, and health services.

About 80 to 90 percent of disabled people in the region is unemployed or falls outside the work force. For example, the unemployment rate of disabled people is estimated to be close to 91 percent in Argentina, and 75 percent in Mexico. Most of those who have jobs receive little or no monetary remuneration.

Between an estimated 20 to 30 percent of children with disabilities attend school in the region, which results in high illiteracy rate among the disabled children. In Honduras, for instance, people with disability have an illiteracy rate of 51 percent compared to 19 percent for the general population. Low school attendance rate among the disabled children is primarily due to the severe lack of adequate transportation, learning materials, access to school infrastructure etc. Approximately 20 percent of schools in Brazil are accessible to disabled children and less than 10 percent in Mexico. In addition, most people with disabilities lack access to health services, as well as physical access to health clinics. They are more likely to be rejected by health insurers and important services and devices to help disabled people are not provided. In countries where data is available, less than 20 percent of disabled people receive insurance benefits.

## **Middle East & North Africa (MNA)**

It is estimated that MENA region has approximately 30 million or more people with disability. The high rate of birth-related disabilities, communicable and chronic diseases, weak access to and availability of health services, poor nutrition, accidents and violence, are important determinants contributing to current levels of disability in the region. The countries in the region are currently at different stages of demographical transition, which affects the age structure and disease patterns, and thus, different manifestations of disability.<sup>91</sup> Over the next decade, it is expected that both socio-economic and demographic transitions will lead to an increase in non-communicable diseases, as well as injuries and work related diseases in most countries in the region.

Job-related injuries and diseases are on the rise in the region, which is related in part to rapid industrialization. While the region has a comprehensive legislative framework of protection for work-related injury and disability, the majority of workers remain unprotected to the risks since large segments of the labor force work in the informal sector without access to social security provisions. In Morocco, for instance, only 22 percent of the labor force was covered by social security provisions in 2002. Also, women are more likely than men to work in the informal sector.

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<sup>89</sup> World Bank (2003c).

<sup>90</sup> World Bank Fact Sheet. Disability in Latin America & the Caribbean.

<sup>91</sup> World Bank (2005d).

Road traffic injuries are another growing concern in the region. The region shows among the highest rates of traffic accidents in the world; the fatality rates due to traffic injuries were the second highest in the world in 2000 (the highest is in LCR). About 130,000 people died in road accidents in the region in 2002, which suggests that there is a high rate of road-accident related disability in the region.

Conflicts, including the ones in Iraq, West Bank and Gaza, and Algeria, are also the major cause of disability in the region. Due to conflict and its negative impact on employment and income among Palestinian families, malnutrition rates are increasing in West Bank and Gaza. The physical disabilities and chronic emotional problems among the working age population in Iraq have climbed dramatically directly resulting from the ongoing violence, as well as the breakdown of community support systems and the limited access to health/rehabilitation services. Poverty, instability and conflicts also take a toll on the mental health of the population, and are manifest in the heightened incidence of depression and Post Traumatic Stress Disorder (PTSD). These mental health issues are not adequately captured in the region, and therefore, may be significantly underestimated.

Very few organizations exist for people with disabilities, much less led by people with disabilities, in the region. Lack of adequate infrastructure and transport facilities remains a major impediment to social and economic inclusion in the region. Educational systems in the region continue to exclude more than 95 percent of the disabled school-aged population at the primary level, and almost entirely at the university level.

## South Asia (SAR)

In SAR, a vast number of people are disabled and lack basic support such as access to social safety nets, education, health services, and gainful employment. Little or no data is available, in part because disability issues are given very low priority, or are excluded from official statistics. Many forms of disability are difficult to capture in statistics, often due to under-reporting. Nevertheless, the incidence of disability is increasing due to conflicts, disasters, malnutrition and the HIV/AIDS pandemic.<sup>92</sup>

The issues of disability vary significantly among countries in the region based on their unique environment; their cultural and traditional practices also differ from each other due to racial or religious differences between them.

In Afghanistan, for example, mobility impairment accounts for about half of disabilities mostly resulting from decades of conflict. War injuries, mainly from landmines, have created amputees, blindness and paralysis. In India and Pakistan, physical disabilities due to polio constitute the majority of disabilities, while cerebral palsy is also a critical cause in Pakistan. In Sri Lanka, incidence of polio has declined due to effective immunization programs, while disability due to accidents and armed conflict is on the rise. In Bangladesh, people with speech and hearing problems constitute the major proportion of disabled people. Environmental factors, including large amounts of arsenic poisoning of ground water, is another problem specific to the country.<sup>93</sup>

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<sup>92</sup> World Bank (2003d).

<sup>93</sup> Arsenic contamination of ground water is a major public health problem in Bangladesh. It is estimated that more than 20 million people are potentially exposed to arsenic poisoning (Molla et al, 2004). WHO predicted that, within a few years, death across much of southern Bangladesh (1 in 10 adults) could be from

In Nepal, people with visual and communication disabilities constitute the majority of disabled population caused by malnutrition, poverty, communicable diseases, consanguinity, and poor health-care, etc.<sup>94</sup>

At the same time, natural disasters, such as earthquake and tsunami, have caused huge damages region-wide, not only physical disabilities, but also long-lasting mental health problems. For example, in Sri Lanka, WHO estimated that 50 percent of population may have problems and 5 to 10 percent have serious problems needing treatment.

## East Asia & the Pacific (EAP)

WB/WHO estimates that approximately 400 million persons with disabilities live in EAP region—comprising almost two-thirds of the world’s disabled population.<sup>95</sup> It is important to recognize the importance of disability issues in the region, the UN Economic and Social Commission for Asia and the Pacific (ESCAP) proclaimed the Asian and Pacific Decade of Disabled Persons (1993-2002) and the Agenda for Action for the decade. Despite diligent efforts throughout the decade, still a large number of people with disabilities in the region are socially vulnerable without equal rights and opportunities, and are not included in the region’s socio-economic development.<sup>96</sup>

A great variety of disabilities exist in the region. The major causes of disability in the EAP region include nutritional deficiency, landmines explosion, and traffic accidents. About the half of the developing countries in the region are at risk of nutrition-related disabilities associated with food deficits. Explosion of landmines and UXOs are major causes of disability in countries which experienced prolonged war and civil conflicts such as Cambodia, Lao PDR, Burma, Thailand, and Vietnam. Particularly in Cambodia, about 11 percent of disability among men was cause by landmine explosion. In addition, the region will experience the increase of the number of people aged 60 and over from 600 million to one billion in 2050. This trend will definitely multiply the number of old persons with disabilities in the region. Physical disability or mobility impairment is the major disability in Thailand and Vietnam, while hearing and speech impairments has the largest proportion of disabled people in China, visual impairment in Philippines, and mental disability in Tonga, respectively. At the same time, polio, which has been the major cause of physical disabilities, has been recently eradicated from countries in the region due to successful immunization efforts. Therefore, it is expected that the number of physical disabilities in the region will decline drastically.

The most persisting challenge in the region is an alarmingly low rate of access to education among children and youth with disabilities, in which less than 10 percent have access to education. The most common form of educational provision for children with disabilities in the region has been in segregated special schools. These are mostly located in urban areas and have limited capacity, and many are run by NGOs.

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cancers triggered by arsenic. Several studies (Molla et al. 2004; Lokuge et al. 2004) were conducted to assess the effect of arsenics in terms of disease burden in terms of Disability Adjusted Life Years (DALYs).

<sup>94</sup> Thomas and Thomas (2002).

<sup>95</sup> McClain-Nhlapo (2006).

<sup>96</sup> Takamine (2003).

## V. ANALYTICAL FRAMEWORK FOR SOCIAL ANALYSIS AND DISABILITY

Social analysis contributes to sustainable development by examining the disability dimension of social systems relevant to project success in order to inform disability-inclusive project design, implementation, monitoring and evaluation. **The Social Analysis Sourcebook** suggests five “entry points” of social analysis, these are:

- Social diversity and gender
- Institutions, rules and behavior
- Stakeholders
- Participation
- Social risk

The following section discusses the relevance of each of the five entry points when examining issues of disability.

### Social Diversity and Gender<sup>97</sup>

People with disabilities are not a homogenous group with common needs facing common barriers. Instead, according to the U.N. Standard Rules on the Equalization of Opportunities for Persons with Disabilities, notes that disability identifies “a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.”<sup>98</sup>

The types, causes, and severity of disability vary significantly among individuals with disability. People with disabilities represent the entire life spectrum--from newborn children to the very old. They may have had a disability from birth or acquired it in childhood, their teenage years, later in life, during further education or while in employment. The causes of disability can range from birth defects, aging, poor nutrition, dangerous working and/or living conditions, limited access to vaccination programs and health and maternity care, poor hygiene, bad sanitation, road accidents, lack of information or misinformation about the causes of impairments, war and conflict, and natural disasters. Their disability may have little impact on their ability to work and take part in society or it may have a major impact, requiring considerable support and assistance, with many variations in between. Therefore, the needs of people with disability are highly diverse among and within the subgroups, and the interventions needed to accommodate disabled people can vary dramatically.<sup>99</sup>

Furthermore, the impact of disability may vary and depends upon the specific context, such as the environment (urban/rural), type of society (developed/less developed) and cultural and societal norms. Some cultures are more tolerant toward disability, while others are less. In societies where many jobs require high level of literacy and new technologies, e.g., computers, those who have intellectual disabilities may struggle more than in places where most jobs are based on manual labor. Similarly, in rural areas, physical mobility impairment may be far more disabling than in urban areas.<sup>100</sup> Rural populations may also experience higher degrees of deprivation due to resource and access constraints. Services and facilities may be available in highly urbanized areas,

<sup>97</sup> For an overview of gender disparities and gender equality, see World Bank (2001).

<sup>98</sup> Guernsey et al (2006).

<sup>99</sup> Even the nature of what is meant by disability changes depending upon the reason that subset of the population is being identified as such. See Chapter I: Defining Disability (p.4).

<sup>100</sup> Groce (2003).



although the costs may be prohibitive to most members of the disability sector.<sup>101</sup> Also, certain groups among persons with disabilities tend to be more vulnerable than others. Particularly, women, children, elders, ethnic minorities, victims of torture, refugees and displaced persons, and migrant workers are at higher risk of discrimination and frequently face discrimination on multiple levels.<sup>102</sup>

Disabled females face double discrimination, and in turn, fare worse than non-disabled women and disabled men on most indicators of financial, educational and vocational success.<sup>103</sup> Those from low-income communities even face triple discrimination for being female, disabled, and poor. They tend to be uneducated, and lack access to health service and job training than their male counterparts. Disabled women are more likely to be victims of sexual abuse and have less access to public health information, making them at greater risk of unwanted pregnancies, HIV/AIDS and other STDs.

Gender is socially constructed in a variety of ways: via laws and institutional arrangements that differentiate between males and females, through less formal but equally important social norms and expectations. Girls and women are more likely to become disabled as a result of violence, armed conflicts, aging and gender-biased cultural practices limiting their access to food, shelter, health care, safe working environments, marriage and social integration.

The differences in sex and gender also bring about different disease scenarios for male and female. For example, young women tend to suffer more from diseases such as HIV/AIDS and depressive disorders, and tend to be victims of rape and domestic violence. Young men, by contrast, tend to suffer more from violence, alcohol use, and vehicular accidents. In general, some disabilities are found significantly more often in girls and women (e.g., blindness, multiple sclerosis, osteoporosis); others affect them substantially less frequently than boys and men (traffic, sports and gunshot injuries, autism).<sup>104</sup> Significant numbers of women are also affected by disability impairments associated with pregnancy and childbirth.<sup>105</sup> Furthermore, women tend to work in the informal sector and home-based injuries are likely to affect women more than men; their occupational or work-related disability is likely to be under-reported. Women's work in the informal sector puts them at a disadvantage when it comes to coverage by formal disability schemes.<sup>106</sup>

## **Institutions, Rules and Behavior**

This entry point examines the formal institutional and legal provisions that govern the relationships between diverse social groups within a society, the organizational structures through which these formal provisions are carried out (or not), and the informal behaviors that mediate and modify the relationship between theory and practice in these areas. For example, social analysis examines the process that creates or removes barriers to inclusion of people with disability. It also seeks to identify ways in which programs or projects can enhance capacity of the disabled either by modifying the institutional, organizational and social context, or, if this is problematic or inappropriate, by designing a project to more effectively interact with the existing context.

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<sup>101</sup> Ilagan (2005).

<sup>102</sup> Guernsey et al (2006).

<sup>103</sup> Rousso (2000).

<sup>104</sup> World Bank Disability website.

<sup>105</sup> Sipos (2006).

<sup>106</sup> World Bank (2005d).

The people with disabilities face number of barriers to accessing services and participating in society. These are mainly separated as: environmental/physical barriers (inaccessible building, schools, clinics, water pumps, transport, roads, and infrastructure); institutional barriers (discriminatory legislation against persons with disabilities, the lack of legislation that provides an enabling framework); and attitudinal barriers (negative stereotyping of person with disability, 'pigeonholing' of disabled people, social stigma, and other forms of overt discrimination).

**Box 9: Stigma and Disability: Understanding through A Socio-Cultural Lens**

Goffman (1963), a socio-cultural anthropologist, outlined a framework in which to understand the process and implications of stigmatization. He defined stigma as a situation in which an individual is disqualified from full social acceptance; a person who has a failing or disability, and is therefore reduced in the mind of society as a tainted person. Further, Goffman argues it is an attribute that is deeply discrediting. The word stigma was used to refer to bodily signs designed to expose something unusual or bad about the moral status of the signified. Goffman (1999) notes the original definition continues to be used today but with more emphasis on the disgrace itself as opposed to the bodily evidence of it.

Three types of stigma were proposed by Goffman (1963). The first, he refers to as abominations of the body that he described as physical defects possessed by an individual. The second type of stigma was labeled as blemishes of individual character. He proposed that this type of stigma included those persons who were perceived as having traits such as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty. He also proposed that these traits were inferred from a known record of mental illness, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behavior. The third type of stigma noted by Goffman (1963) is that of tribal stigma. This stigma is a grouping of individuals who share a common undesirable trait or characteristic. Examples include the stigma of race, nation, and religion. He asserts that this type of stigma is transmitted through lineages and equally contaminates all members of a family.

In exploring the concept of stigma, Goffman (1963) proposed that an individual's actual social identity is created when society categorizes them by choosing the attributes that define that category. These attributes can be proven to exist. Actual social identity differs from virtual social identity, which is a characterization imposed by society on an individual or group. Both types of social identity may form a basis for stigmatization.

Source: Burrage and Rocchiocilli (2003)

There is a wide range of international and regional conventions,<sup>107</sup> policy statements and legislation specifying commitments to people with disabilities. They vary vastly in coverage of populations (some restricted to adults, others to children, some covering physical disability, other emphasizing mental disability); in scope (separate focuses on work, education, rehabilitation, early intervention); in intent (some are at the level of international treaties, while others are non-binding agreements of priorities for improvements in the status of disabled populations); and in geographic jurisdiction (some are regional, others international). Some instruments are disability-specific, while others embed commitment to disabled persons within broader concerns.<sup>108</sup>

However, social analysis cannot assume that formal provisions are always honored in practice: there is frequently a gap between theory and practice. Social analysis should pinpoint discrepancies and assess the resulting deficiencies. In many cases, legislation and policy that support disabled people are not implemented due to the reasons such as: lack of understanding on

<sup>107</sup> In general, conventions or treaties are regarded as the highest level of international and political commitments, as their adoption by a government attests that domestic practice will be held to an agreed standard and open to international monitoring of progress. The International Convention on the Rights of Persons with Disabilities (ICRPD) was recently adopted by the UN General Assembly, which is the first bounding convention on disability (see Annex 5).

<sup>108</sup> World Bank Disability website.

the part of mainstream infrastructure and development implementers about how to include a disability perspective in their work, lack of training, lack of information on good practice, institutional discrimination, and local cultural perceptions.<sup>109</sup>

The attitudes of communities and families in which disabled people live, as well as of disabled people themselves, contribute to converting impairments into disabilities. Feeling of pity, shame and denial are commonplace along with superstitious beliefs that pervades in many communities. Many children with disabilities are hidden and their families forbid social interaction with members of the community. It is common for parents who have a family member with disabilities to feel guilt or shame. For some very traditional communities, people sometimes consider a disabled child as “punishment” for family misconduct or karma. Therefore, many parents hide their disabled children at home. Also parents of person with disabilities tend to over-protect and keep children with disabilities at home to prevent them from taking any risk.<sup>110</sup>

#### Box 10: Institutional Barriers – Youth with Disabilities

Youth with disabilities tend to face a variety of formal and informal institutional barriers. It is estimated that nearly 180 million young people between 10 and 24 years of age live with a physical, sensory, intellectual or mental health disability. Approximately 150 million of them are living in developing countries. Despite the large numbers and their striking needs, youth with disabilities have been historically overlooked; they tend to be the poorest and most marginalized of all young people, lacking educational, economic, social and cultural opportunities.

In many societies, among the major obstacles that youth with disability face are prejudice, discrimination, misconceptions and low expectations of their potential. They are often conceived as “incapable” of learning, which limit their educational opportunities. Exclusion from educational and training programs for disabled youth, and inaccessibility to information resources—due to technology divide, the lack of physical access, the lack of reasonable accommodations (e.g., sign language interpretation), unavailability of assistive technologies or accessible formats, especially for disabled youth who live in rural areas—further create barriers to knowledge, and consequently, to employment. In addition, the lack of appropriate policies for mainstreaming youth with disability, as well as low awareness among other stakeholders, such as government, donors, community, young people, etc., hinder the inclusion of disabled youth.

The projects addressing the issue of youth with disability are still limited; yet, there is a growing awareness of the importance of inclusion and disabled youth. One of these efforts includes the Velugu project in India supported by the World Bank, which combines rural development and empowerment of disabled people including youth. Also, some youth consultation groups for developing National Policies—called New Voice Group—have taken practical steps for ensuring the involvement of disabled youth in its actions.

Source: Groce, N. E. (2003); World Bank (2006).

In summary, it is particularly important to identify and address the impacts of formal institutions, societal norms, expectations, traditions and religious beliefs that promote or constrain opportunities for people with disability, and that exist alongside formal provisions and organizations. The awareness of how institutions affect disability issues can increase project effectiveness and the sustainability of development efforts beyond the life of a project.

<sup>109</sup> Jones and Reed (2003).

<sup>110</sup> Takamine (2003).

## Stakeholders<sup>111</sup>

Stakeholders, whether they are individuals, groups, or organizations, include all those who have a stake or a specific interest in the outcomes of a project or program. The purpose of stakeholder analysis is to identify all significant stakeholders in a project, the specific nature of their interest, and their level of influence; to maximize project benefits for a wide range of stakeholders; to seek possible ways to reconcile different or conflicting interests; and to identify stakeholders that may constitute valuable resources for project development (for example, disabled people's organizations, advisory committee on disability issues, etc.).

Stakeholders may actively support the project, as they perceive benefits to themselves or to their community. This perceived "ownership" of the project can contribute significantly to the project's success. Alternatively, they may oppose the project, believing that it threatens their interests or requires a level of investment of resources they consider disproportionate to the perceived benefits; in this case, the challenge for social analysis is to assess the feasibility of the project, given existing opposition; and to seek ways to reconcile the interests of specific stakeholders with the goals of the project.

While a number of different agents and institutions may be involved in each project, the following stakeholders may be particularly relevant to inclusive development and disability social analysis:

- Person with disability
- Family of person with disability
- Disabled people's organizations (DPOs)
- Disability service providers (including organizations working for people with disability, insurance company)
- Local community (as well as informal leaders)
- National Disability Council (NDC)
- Line ministries

People with disabilities are a highly heterogeneous group that often lack common needs and face different barriers. The needs, interests and capabilities of subgroups of people with disabilities and their family may differ significantly. It is important for social analysis to identify varying priorities and potential conflicts. For example, needs of people with severe disability may be inclined to social protection or medical area, while for those with moderate or relatively stable impairments employment or other economic issues may be a central concern.

## Participation<sup>112</sup>

Participation is the process through which stakeholders influence and share control over priority setting, policy-making, resource allocations and access to public goods and services. When using participation as a dimension of social analysis, the analyst first examines the degree to which social groups affected by a program/project can participate in the opportunities created by the

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<sup>111</sup> For concepts and examples of stakeholder analysis, see "Tools and Methods" at: <http://www.worldbank.org/socialanalysis> .

<sup>112</sup> For more on participation as part of the social analysis process, see <http://www.worldbank.org/socialanalysis/sourcebook/5elements4.htm>. For more on the underlying concepts, tools and methods of participation, visit the Bank's Participation and Civic Engagement website at <http://www.worldbank.org/participation>.

program/project and then studies existing modes of participation to improve the effectiveness of stakeholder participation. For example, the Social Inclusion Project in Romania incorporated the government's recent strategy for addressing multi-sectoral disability considerations, yet few stakeholders were involved in the process; the social analysis presented how the project could capitalize on a governmental program to redress this imbalance.

Including people with disabilities as stakeholders, decision-makers, and beneficiaries at all levels of development is important in order to design a project that reflects inclusive development. This approach involves participation at various levels --family, community, and national--as well as at all stages from strategy to design of programs, from implementation to evaluation. Rather than creating separate 'add-on' events for disabled people, it is important to ensure that disabled people participate in the regular management and consultation processes like any other stakeholders.<sup>113</sup> In practical terms, participation of people with disability involves a myriad of participatory processes, including community meetings, workshops and seminars, focus groups, awareness campaigns, training and capacity building, communication strategies, policy debates and advocacy.

Participation of disabled people gives critical impact on development agenda. At national level, recent study shows that having disabled individuals in positions of governance is clearly having an impact; legislation and programmatic improvements have aided the situation of people with disabilities, and increased awareness and understanding of disability issues among their non-disabled colleagues.<sup>114</sup> The involvement of DPOs in the preparation of PRSP has resulted in a different focus in disability policies.

It is important that social analysis ensures the quality of participation by identifying the obstacles that various groups must overcome in order to exercise their ability to voice opinions or to participate in voting. For example, when involving people with learning difficulties or mental health problems, they may need extra time or support to provide their input, or a certain period of time to reflect before the action is taken. Similarly, meeting places may not be accessible for physically disabled people. A good social analysis should identify ways to ensure that the disabled people are able to effectively participate without being excluded on the basis of class, gender, ethnicity, and other categories of difference. For example, DPOs are often dominated by disabled men, for whom the concerns of women and children and the rural disabled are low priority. When this is the case, analysis should offer specific recommendations in order to encourage and enable excluded people to make their project priorities known and to participate fully in project planning. Particularly, social analysis requires careful consideration to selecting who to involve, and in what capacity. Disabled people are a highly diverse group – people with different impairments, disabled people from excluded groups (such as ethnic minorities) and disabled people living in remote rural areas – and their capacities, perspectives, and priorities vary to a great extent. It is important to determine clear criteria for who to involve, what role they should play and why. This is important to explain why particular individuals are selected or not (Box 11).<sup>115</sup>

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<sup>113</sup> VSO (2006).

<sup>114</sup> Zeitzer and Martinez (2005).

<sup>115</sup> VSO (2006).

**Box 11: Involving Disabled People into Project**

Given the diversity among the disabled, setting clear criteria for involving disabled people is critical to making their participation in the project more effective. It will also help those involved to clarify their roles and their level of involvement, as they may well be engaged at different levels. For example, people from the target group may participate in local planning and review processes, whereas a disability activist might attend an annual program review, but may not be involved in day-to-day decision-making.

- If DPO representatives are involved, it is in their official capacity as representatives of disability organizations.
- Disability activists should be involved for their individual perspectives, commitment and involvement in wider disability debates and policy processes, but not as representatives of others.
- Disabled people from the target group can give a grassroots perspective and act as sample representatives.

Source: VSO (2006).

**Social Risk**<sup>116</sup>

The analysis of social risk seeks to identify what potential problems may arise in a project, and what can be done to avoid or mitigate these identified risks. A more difficult question is whether the anticipated benefits of the project justify the perceived risks. In the case of analyzing disability issues, such social analysis asks whether people with disability are more vulnerable to specific types of risk, and what measures can be taken to address these disability-specific risks.

The Bank analyzes five types of social risk to determine project vulnerability through social analysis:

**Vulnerability risk** involves increased exposure or susceptibility to endemic risks or external shocks. In terms of disability, social analysis assesses whether people with disability are more subject to risk, and identifies their characteristics, needs, and concerns, that make them particularly prone to vulnerability or insecurity.

**Political economy risks** are those that may affect the project's intended beneficiaries as an indirect result of the project itself, including the undermining of project goals by powerful stakeholders, and the capture of benefits by elite groups. Since the balance of power within society often (although not always) favors non-poor rather than poor, men rather than women, and non-disabled rather than disabled, it is necessary to ensure that older powerful members' interests do not distort or divert project goals. Social analysis explores the possible effects of the project, both positive and negative impacts on poor and marginalized groups, including people with disability.

**Institutional risks** include weak governance, limited technical and administrative capacity, limited resources, and design complexity. In terms of disability, this may mean that organizational arrangements fail to provide equitable provisions for meeting the needs of people with disability. Where local councils and community organizations include few or no

<sup>116</sup> For information on social risk analysis as part of the social analysis process, please see <http://www.worldbank.org/socialanalysissourcebook/5elements5.htm>

representatives from PWDs, for instance, people with disability may not have the opportunity to develop leadership skills, and may be inadequately prepared in project planning and management.

**Country risks** involve situations that include political instability, ethnic or religious tensions, and violent conflict.

**Exogenous risks**, such as regional conflict, macroeconomic changes, and physical events or environmental disasters (earthquakes, floods, drought, etc.), are also likely to affect social development outcomes.

## VI. INTEGRATING SOCIAL ANALYSIS AND DISABILITIES INTO THE PROJECT CYCLE

Disability represents a critical dimension of social exclusion. Conducting social analysis to examine access to project benefits, and opportunities for voice and participation of those individuals with disabilities are therefore vital for more sustainable and inclusive project outcomes. Incorporating disability inclusive social analysis for at each stage or level of World Bank operations can offer important perspectives in upstream/macro-social analysis (the national, regional or sector level), sociological appraisal conducted as an integral part of project selection and appraisal, and social assessment for a particular project.<sup>117</sup> This section provides a brief overview of the principal purposes, sources of information (inputs), and products of analysis at each of the three levels, with particular reference to the disability dimension of social analysis.<sup>118</sup>

**Upstream/macro-level analysis at the country, regional or sector level** is conducted by the Bank to assist in the development of the Country Assistance Strategy (CAS), City Development Strategies, or to support policy formulation and sector strategies. In the case of a CAS, a detailed overview of disability issues at a national level may be highly effective in integrating awareness of disability concerns with both public and private interests. Another important upstream analysis is the Country Gender Assessments (CGA), the principle means by which the Bank and borrowing countries participate in a collaborative process to analyze the gender dimensions of development, and to identify gender-responsive policies and actions critical for poverty reduction, economic growth, human well-being, and development effectiveness in the country. A wide range of other data sources or inputs may also inform this level of analysis, including Poverty Reduction Strategy Papers (PRSPs), Country Social, Poverty or Environmental Assessments, Economic and Sector Work (ESW), statistics from international data bases, existing client country documents and studies, and consultations with line ministries, NGOs and others. In order to inform analysis of disability, sources may include previous analytical work on disability at the country or sector levels, organizations of disabled peoples, NGOs that work with the disabled and others.

**Project-level social analysis** is undertaken by the Bank in the context of overall project identification and appraisal, for the purpose of sociological appraisal of likely project opportunities, constraints and impacts, and to assess whether the project's probable social development outcomes justify Bank support. Like macro-level analysis, it draws on a variety of sources, including upstream work, materials from partner agencies and in-country analysts, in order to evaluate the likely risks and benefits of a project, and whether the project offers scope to further the Bank's project-level social development goals of social inclusion, empowerment and security.

Social assessment is undertaken by the Borrower for the purpose of obtaining the views of stakeholders in order to improve the design of the project and to establish a participatory process

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<sup>117</sup> Chapter I of the *Social Analysis Sourcebook* addresses the various levels of social analysis in detail (World Bank 2003b).

<sup>118</sup> The terms "social analysis" and "social assessment" have had relaxed definitions, and have been assigned a variety of meanings by different actors. In accordance with the definitions used in the *Social Analysis Sourcebook* (World Bank 2003b), this Guidance Note uses "social analysis" to refer to analysis conducted, at whatever level, to capture the social dimensions relevant to the wide range of investment operations supported by the Bank, and "social assessment" to refer specifically to the analysis that Bank borrowers undertake during project design to assess the social feasibility of the project.



for implementation and monitoring. Through a social assessment, Borrowers weigh the likely social benefits and costs of proposed projects.<sup>119</sup> In many projects, social assessment provides a framework for beneficiaries to participate in the project's preparation, implementation and monitoring. Social assessments thus help involve and give voice to the poor. At the same time, they ensure that project objectives are acceptable to the range of people that the project intends to benefit. Social assessment is normally conducted before appraisal.

## Project Identification and Design

The Project Concept Note (PCN) stage is a logical starting point for identifying disability issues related to a proposed project, since it must identify social issues related to the project area and propose steps that are critical for achieving the project's social development outcomes. The PCN must include indicators to monitor intended social benefits and development outcomes and risks. In addition, the Bank's social scientists and other specialists provide guidance for tailoring the project to achieve the social development outcomes during the process of PCN preparation and through the standardized PCN and safeguards review process.

A project team conducts a rapid social assessment to identify the range of social issues of the proposed project area, including the potential impact in the project intervention on disability issues, and also works to develop monitoring indicators of such project impact. A rapid social assessment is a shorter and an upstream version of an extensive social assessment. It primarily involves a review of existing data sources, but it may also incorporate fieldwork, depending on time and budget availability.

**1. Convening Role.** The PCN is drafted following extensive consultations with the government. In many instances, the consultation process also encompasses discussions with civil society, allowing a broad spectrum of stakeholders to participate in identifying relevant issues and to discuss potential development solutions. If disability issues are to be adequately included in the later phases of the project life cycle, it is important at this stage of consultations that:

- disability issues be identified and discussed during this consultation phase;
- any Country Assistance Strategy (CAS) or Poverty Reduction Strategy Paper (PRSP) documents be reviewed for references to disability issues that should be discussed;
- people with disabilities and their representative organizations be included in these consultations, not only to ensure that relevant disability issues are identified by staff with the necessary expertise, but because people with disabilities have the right to contribute to the development process on an equal basis with other citizens and members of civil society.

**2. Precedent.** Explicitly referencing disability in the PCN helps ensure that later project documents and activities do not fail to include disability. Although the PCN format does not lend itself to in-depth discussion of project issues, even a brief reference can contribute to the successful inclusion of people with disabilities and disability issues in later stages of the project life cycle.

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<sup>119</sup> The social assessment may be conducted directly by the Borrower itself, or by external consultants contracted by the Borrower.

**Table 1: A Rapid Social Assessment requires attention to the following disability issues in the proposed project:**

<b>Social diversity and gender</b>	Are there differences in needs among subgroups of the disabled (indigenous groups, religious or ethnic affiliation, socioeconomic strata)?
	Who are the most socially excluded disabled?
<b>Institutions, rules and behavior</b>	What are formal and non-formal institutions that prevent or promote PWD participation?
	To what extent do PWDs participate in formal and non-formal institutions?
	Are there any opportunities to promote PWD participation through the formal and non-formal institutions that are present in the project area?
	What other venues can the project promote for participation of the people with disability at local and national level?
<b>Stakeholders</b>	Who are the stakeholders in the project? Do they support or oppose the project?
	Does the project threaten the interests (actual or perceived) of certain stakeholders, especially the disabled?
	What are the potential conflicts among stakeholders that the project might induce?
<b>Participation</b>	Will people with disability participate formally in the project?
	Is there a likelihood of elite capture among the disabled?
<b>Social risk</b>	Are there any significant local, regional or national risks related to disability?
	What measures can be taken to minimize or avoid these risks?

The findings of the rapid social assessment feed directly into the selection and structure of the PCN components. The rapid social assessment also assists in planning a more detailed social assessment at the project preparation stage.

The Project Information Document (PID) is usually the first opportunity for those outside the Bank to learn about a project as it has been conceptualized and to contact the project team if they wish to bid for work or be involved in other ways. Referencing disability in the PID is thus an important means of alerting those with disability expertise to the existence of a relevant project. The earlier those disability experts are brought into a project, the more efficiently and effectively disability-related components of the project can be implemented.

### Quality at Entry (QAE)

Another important opportunity for ensuring inclusion of disability issues in projects is the Assessments of Quality at Entry, which are carried out for a sample of new lending operations, chosen at random, in selected years, soon after Board approval. The purpose of a QAE is to: (a) maintain accountability for quality by providing real-time information to management and staff on the overall quality of operations at-entry and compliance with Bank safeguards and fiduciary policies; (b) identify systemic issues as a basis for improving development impacts and the quality of future operations; and (c) improve targeted learning in selected key areas of operational quality and disseminate assessment findings to appropriate units in the Bank.

The Quality Assurance Group (QAG) assesses quality at entry of Bank projects with respect to a few broad assessment questions:

1. Are we doing the right things? Are the project objectives worthwhile and are the risks commensurate with potential rewards?
2. Are we doing things right? Is the project likely to achieve its development objectives; and
3. Is the story line clear and coherent? Is the underlying logic and results framework clearly articulated?

Because the assessment focus is built around the above questions with quality evaluated along eight major dimensions below, and Bank inputs and processes, the QAE represents a point in which linkages between disability and the following dimensions can be further delineated. These dimensions include:

- Strategic relevance and approach
- Technical, financial and economic aspects
- Poverty and social aspects
- Environmental aspects
- Fiduciary aspects
- Policy and Institutional aspects
- Implementation arrangements
- Risk assessment and management

## Project Preparation

Good baseline data on disability and social relations are essential both to identify disability issues and to assess the local “enabling environment” with respect to the project. Based on the social issues highlighted at the PCN stage, a detailed social assessment is conducted at the project preparation stage. The borrower is normally responsible for the social assessment, although the analysis may be conducted either directly by or in consultation with the World Bank.

**Table 2: A Social Assessment requires attention to the following disability issues:**

<b>Social diversity and gender</b>	Will the proposed project benefit PWDs? What are the specific benefits they will receive?
	Does the project seek to identify and respond to needs and priorities of the various subgroups of the project community (the poorer members of the community, ethnic and religious minorities, etc.)? Do common community needs exist that can assist in reconciling differences of interest?
	Will the project enhance the capacity of institutional and organizational structures to respond to the needs of PWDs?
	How do local cultural traditions and social expectations define gender roles for women and men with disabilities? In what ways do these roles differ?
	Are PWDs socially disadvantaged in areas such as power relations, decision-making and the ability to influence others?
	What is the proportion of households headed by people with disabilities? Are these households significantly poorer than households headed by non-disabled people?
	Are there differences in gender relations between subgroups of the community (indigenous groups, religious or ethnic affiliation, socioeconomic strata) that should influence project design?
<b>Institutions, rules and behavior</b>	What are the implications of the identified disability issues for project success, and for the contributions the project can be expected to make to social development goals, such as social equity and cohesion?
	What institutional arrangements, organizational structures and social norms support or constrain the productive activities of disabled people?
	Do people with disability participate equitably in leadership and decision-making processes in institutional and organizational social structures (such as legislative and governmental agencies at the national, regional and local levels)?
	How can the project strengthen or modify existing social structures and processes, and utilize existing organizational resources to increase inclusion of the disabled, as well as project sustainability?
<b>Stakeholders</b>	Can the project provide opportunities to create new organizations that promote engagement of people with disability?
	Does the project include people with disability as stakeholders? Do they support or oppose the project?
	What degree of influence are they likely to have on the project?

	Are there disability issues of specific relevance or importance to social subgroups (ethnic minorities, the extremely poor, gangs) that should be addressed?
	Does the project threaten the interests (actual or perceived) of certain stakeholders?
	How can the project avoid or minimize potential conflicts of interest, and promote social cohesion?
<b>Participation</b>	Are there stakeholders (DPOs, village committee, etc.) that might be expected to actively further the disability-related goals of the project? How can their contribution be secured? Are there stakeholders that might hinder the project goals on disability?
	Will people with disability formally participate in the project, not only as beneficiaries, but also as active participant in project design, planning and implementation?
	What specific project components will ensure their involvement?
	How can "project capture" by elite subgroups be avoided?
	How can the project be designed to strengthen the individual capabilities of people with disability? (by providing experience in leadership roles, project management, opportunities to work with governmental and administrative bodies and community-based groups)
	In what ways is the project likely to empower people with disability within the community? Does it offer them more opportunities in decision-making in community development, for example?
<b>Social risk</b>	Does the local, regional or national environment pose threats to project success in terms of addressing disability issues? (Such threats may include socioeconomic crises, physical disasters, civil conflict or unrest and so on). If they exist, how can disability issues specific to the crisis situation be addressed?
	Does the project pose potential threats to any stakeholder by altering power relations (the balance of power or decision-making patterns, access to resources etc.)? Can these changes lead to an increase in conflict? What measures can be taken to minimize or avoid these risks?

### ***Integrated Safeguards Data Sheet (ISDS)***

The Integrated Safeguards Data Sheet (ISDS) is a very important step for people with disabilities because it is the first opportunity to discuss and determine whether disability issues will be analyzed as part of the project design and review. Project actions and Safeguard Policies are particularly important to people with disabilities, given that environmental factors may either facilitate the access and participation of people with disabilities or constitute disabling barriers.

The identification of disabilities issues through the ISDS is vital for three reasons:

1. It is the initial analysis of project environmental factors, which include social issues for Safeguard Policies; this analysis leads to a potential assessment of impacts on people with disabilities and possible mitigations to help avoid or reduce such impacts.
2. It brings three Safeguard Policies into the project with direct relevance to potential disabilities issues: OP 4.01: Environmental Assessment; OP 4.10: Indigenous Peoples; and OP 4.12: Involuntary Resettlement.
3. Early identification of disability issues is extremely important for the purposes of project planning and design.

In addition, the Bank's Public Disclosure Policy offers a process for interacting with the public; NGOs, DPOs and other interested parties so that they may provide important input regarding disability-related aspects of a project.

### ***Inspection Panel***

Established in 1993 by the Executive Directors of the Bank, the Inspection Panel serves as an accountability mechanism for the World Bank (i.e., for the IBRD and IDA; the IFC has a separate oversight mechanism). According to the Panel’s website, its primary purpose is to “address the concerns of the people who may be affected by Bank projects and to ensure that the Bank adheres to its operational policies and procedures during design, preparation and implementation phases of projects.”

In complying with its relevant social safeguard policies and procedures (as further discussed below); the Bank may require the design and implementation of certain measures under Bank social policies (e.g., Indigenous Peoples, Involuntary Resettlement and Physical Cultural Resources). These measures may include a Resettlement Framework or Action Plan, or an Indigenous Framework or Plan. Whenever applicable, these policy instruments should identify and address people with disabilities in the context of the Bank-supported project in question. Failure to comply with such measures could lead to a Request for Inspection by affected parties (Panel rules simply require that two or more people, or a representative organization, file a Request for Inspection), and, possibly, to an investigation by the Panel to ascertain if the Bank followed applicable Policies and Procedures.

### ***Environmental/Social Assessments (EA/SA)***

The Environmental Assessment (EA), OP 4.01, has great relevance for people with disabilities because it provides an opportunity to review, evaluate and document project impacts on disabled people and identify possible mitigation measures where necessary. Additionally, it can provide an opportunity for the involvement of people with disabilities during assessment activities. It can also lead to legally binding requirements for the project through the Environmental Management Plan (EMP). The EMP is a formal requirement for Category A projects in accordance with paragraphs 7 and 20 of OP 4.01 and paragraph 12 of BP 4.01. For Category B projects, the need for an EMP is decided on a case-by-case basis.

The EA process is critical to disability issues for five key reasons:

1. At this point, actual project actions are reviewed for their potential impacts on people with disabilities and solutions to avoid (or mitigations to reduce) these impacts are developed.
2. Impacts and mitigations are documented.
3. The Bank’s Public Disclosure Policy offers a process for interacting with the public, NGOs, disabled people’s organizations (DPOs) and other interested parties that would have important input into disability issues.
4. Mitigations are made part of the EMP, to be implemented through the legal documents for the project during implementation and supervision.
5. Project costs for dealing with disability issues can be incorporated into the final project design and costs. (It should be noted that these costs need not be particularly substantial; the earlier that disability issues are incorporated into the planning stage, the lower these costs should be).

In accordance with OP 4.01, paragraph 2, the EA is a process whose breadth, depth and type of analysis depend on the nature, scale and potential environmental impact of the proposed project. In the context of disability issues, a significant impact on people with disabilities could mean:

- Any potential physical or social barrier from a project that results from the interaction of people with different levels of functioning and a given environment (e.g., a natural environment of air, water, land and/or human health and safety or other social aspects) that does not take these differences into account. In other words, people with physical, sensory or mental impairments are disabled not because of a diagnosable condition, but because they are denied access to education, labor markets, public services or the physical infrastructure of a society.
- Possible exclusion or barriers lead to poverty and more disability by increasing an individual's vulnerability to malnutrition, disease, unsafe living and working conditions or loss of livelihood.
- Lack of preventive measures or actions to avoid the possible occurrence of physical, sensory, neurological, psychiatric or intellectual impairments.
- Potential actions that themselves that may not have a substantial disabling effect, but when taken with other existing, planned or foreseeable project actions (whether financed by the Bank or other funding sources) have a substantial cumulative impact on vulnerable individuals or groups.

Significant effects need to be noted in a project EA, even if the actions can be mitigated to reduce or avoid their impact.

## Project Appraisal

**Social Assessment Inputs to the Project:** The results of the social assessment on disability are discussed in section D.6 of the Project Appraisal Document (PAD) and summarized in one of its technical annexes. The possibility of conflict over resources, weak governance, etc. is discussed in section C.5 of the PAD on “Critical Risks” and “Possible Controversial Aspects.” If the appraisal stage does not involve a social assessment, then section E.6 of the PAD needs to state key social issues and how the project will address them.

The findings of the social assessment provide critical inputs to the Operational Manual (OM) of the project. The social scientist that implements the social assessment must participate in the preparation of the operational manual to ensure that the findings of the social analysis are incorporated in the OM.

**Social Assessment Inputs to other Policy Dialogues:** The issues on disability that emerge from the social assessment can be reflected in policy dialogue between the borrower and the Bank. Combined with data on the project's macro-social context, the results of a rigorous social assessment can help to inform a stand-alone piece of ESW, or serve as an input into Country Assistance Strategy (CAS), or Poverty Reduction Strategy Paper (PRSP) exercises.

Failure to address disability issues within a Project Appraisal Document (PAD) and its associated technical annexes may result in inadequate coverage of disability issues in legal agreements and significantly inhibit the ability of the Task Team and client country to achieve the disability-related objectives envisioned for the project. Coverage of disability issues within a PAD should thus provide guidance and specificity regarding:

- The activities that will be undertaken;
- How these activities will be monitored; and

- Specifically, how people with disabilities will be involved and benefit as stakeholders in the project.

In order to provide this needed level of coverage, disability issues should ideally be mainstreamed throughout the various sections of a PAD. The sections and sub-sections of a typical PAD in which disability might be most appropriately discussed are indicated below:

### Strategic Context and Rationale

- **Country and sector issues:** these sections address the full inclusion of people with disabilities as part of a client country's poverty reduction strategy, where the poverty reduction strategy might involve the removal of societal barriers which currently restrict the participation of people with disabilities.
- **Rationale for Bank involvement:** this section addresses how the Bank's actions related to disability are consistent with current trends and the actions and policies of other international agencies and major stakeholders that currently address disability in their work.
- **Higher-level objectives to which the project contributes:** incorporation of disability into the project may relate to achievement of CAS objectives, as well as client-country compliance with international obligations that stem, for example, from human rights and other treaties.

### Project Description

- **Project development objective and key indicators:** if people with disabilities are, or are part of, the primary target group, a PAD should indicate what the principal outcome for people with disabilities would be and how progress toward achieving this outcome should be measured. (When considering issues of monitoring, due consideration should be given to ensuring that people with disabilities are themselves part of the project monitoring and evaluation process.)
- **Project components:** disability-related project components may be elaborated in more detail in this section, including greater coverage of people with disabilities as principal target groups, objectives, key inputs and outputs.
- **Lessons learned and reflected in the project design:** this section may be used to indicate how a project incorporates current best practices related to disability and development, as drawn from the Bank's prior work and that of other international actors. (People with disabilities and their representative organizations are, of course, an excellent source of information related to best practices that may be of relevance for the project.)

### Implementation

- **Partnership arrangements:** an increasing number of development agencies have developed policies to address disability in their work; these policies may impact any joint financing conducted with the Bank.
- **Institutional and implementation arrangements:** in selecting institutions responsible for implementation, due consideration should be given to whether the institution has the capacity to address the disability issues specific to the project and whether additional institutions should be brought into the project to provide capacity in this regard. With respect to procurement, consideration should also be given to ensuring that the implementing institutions have access to appropriate accessibility standards so that procurement purchases do not inadvertently lead to

inaccessibility in, for example, project construction. Care should also be taken to ensure that people with disabilities are not excluded from participation in procurement bidding and acquisitions processes.

- **Monitoring and evaluation of outcomes/results:** project results indicators should capture progress made in achieving disability-related objectives both during implementation and after a project is completed. Care should be taken to ensure that the indicators chosen do not inadvertently solicit project implementation actions that perpetuate outmoded and paternalistic approaches toward disability issues. Additionally, people with disabilities themselves and their representative organizations should be involved in the project monitoring process and, where necessary, they—together with representatives from the other monitoring institutions—should be supported in improving their capacity to engage in monitoring.
- **Sustainability:** an important aspect of sustainability is the capacity of relevant actors to further the project objectives. In the case of disability, capacity building may be needed to facilitate the sustainable and effective engagement of important stakeholders, including government institutions that have traditionally ignored disability or utilized outmoded and paternalistic approaches to disability, people with disabilities, disabled people’s organizations and others.
- **Loan/credit conditions and covenants:** to the extent that any legal covenants are required to ensure implementation of disability-related project objectives, these should be referenced here.

### Appraisal Summary

- **Economic and financial analyses:** in assessing the financial soundness of a project, it may be necessary to show how the costs associated with including people with disabilities relate to the costs associated with the exclusion of people with disabilities. In this regard, it may be helpful to provide calculations for both the short and long term, as the costs of inclusion often entail an initial cost, but the costs of exclusion continue for many years into the future.
- **Technical:** here again, it may be relevant to reference best practices and/or international standards relating to the inclusion of people with disabilities, as well as discuss how the technical design or approach of a project complies with, or deviates from, those standards.
- **Fiduciary:** cost-benefit analyses should be incorporated into the project design (e.g., a cost-benefit analysis of the utility of addressing accessibility in the early stages of construction projects).
- **Social:** see section above entitled “Environmental/Social Assessments.”
- **Environment:** see section above entitled “Environmental/Social Assessments.”
- **Safeguard Policies:** see section above entitled “Integrated Safeguards Data Sheet.”
- **Technical annexes:** the following technical annexes would be appropriate places to include more detailed information related to the situation of people with disabilities in a country, the steps undertaken by the Bank and others to improve their situation, detailed economic analyses and supporting data, and monitoring and supervision frameworks that encompass the disability components of a project:
  - Country/ sector/ program background
  - Major related projects financed by the bank and/or other agencies



- Results framework and monitoring
- Detailed project description
- Project costs
- Implementation arrangements
- Financial management and disbursement arrangements
- Procurement
- Economic and financial analysis
- Safeguard policy issues (especially emps, indigenous peoples action plan and involuntary resettlement plans)
- Project processing
- Documents in the project file
- Statement of loans and credits
- Country at a glance
- Map(s)

Given that the Quality Enhancement Review (QER) is considered the “definitive closure point” in the PAD drafting process, the elaboration of disability issues in a PAD should be completed in sufficient time for those references to be assessed in the QER.

## **Negotiation and Approval**

If possible, the project social scientist or appropriate expert should participate in project negotiations to ensure that the agreements concerning critical social issues including disability issues in the proposed project are reflected in its legal covenants. The social scientist also needs to ensure that the agreements related to the rules and procedures for addressing disability issues have been included in its operational manual.

As the embodiment of the final terms and conditions of project implementation, the Legal Agreement sets forth the parameters of the responsibilities of the parties, including their responsibilities regarding the disability-related components of the project. The Legal Agreement, therefore, provides an opportunity to clarify and specify roles, definitions and standards that should be utilized in project implementation as it relates to the issue of disability.

Before addressing the relevant content of the Legal Agreement, it should be noted that the negotiations process also provides an opportunity to be inclusive of disability. Specifically, it may provide an opportunity to include the issue in discussions with government representatives who have responsibility for disability issues within their country, whether or not those individuals will have direct responsibility for project implementation. If a project is intended to have a positive impact on people with disabilities, then those responsible for addressing disability issues should be included, as the project will undoubtedly influence their larger program of work.

## **Effectiveness and Implementation**

Once a project becomes effective, the operational value and relevance of social analysis increases. There are multiple examples of project interventions that appeared to have sound designs, but were unsuccessful in achieving their social development objectives. A social assessment conducted during project supervision will capture vital information about the socio-cultural impacts at different stages of the project. This provides continuous feedback on the process and outcome indicators established for measuring project performance, based on which midstream adjustments can be made on the implementation arrangements.

Procurement processes and outcomes have relevance in the project cycle for people with disabilities in two ways:

1. **Impact on project outcomes.** Especially where project implementation entails the purchase of goods and services, and/or the construction of buildings or infrastructure, procurement practices can have a huge impact on people with disabilities. Those engaged in the procurement of equipment and supplies will have the opportunity to choose between selecting items that promote accessibility for people with disabilities and those that do not. If projects are to avoid creating barriers to the inclusion and participation of people with disabilities in society, procurement specialists must be aware of both relevant accessibility standards and client-country agreements regarding accessibility so that the procurement process can support access for disabled people.
2. **Equal opportunity in contracts bidding.** People with disabilities should not be seen merely as stakeholders in the outcome of projects, but as active and equal participants in project implementation. The procurement process should therefore be made accessible to ensure that people with disabilities have equal opportunity to participate in procurement contract bidding processes. For example, meetings to discuss procurement bidding opportunities should be held in accessible locations and information related to the procurement process should be accessible to people with disabilities. It may also be necessary to conduct trainings for procurement specialists and task team members so that World Bank consultant hiring practices do not discriminate against disabled applicants. Finally, in co-financed operations, it is recommended that donors review and agree on any disability standards promoted by them.

## Supervision and Monitoring

Inclusive development and disability social analysis is not, nor should it be, a one-time event in the life of a project. Analysis needs to be repeated at given intervals during the implementation phase in order to monitor the progress of disability-related project components and to verify whether the project continues to be responsive to the disability issues previously identified, or if new issues have been uncovered.

The objective of supervision activities is to determine whether loan proceeds have been used in accordance with the purposes of a loan. In the context of inclusive development, this means determining whether the loan agreement provisions most relevant to people with disabilities have been appropriately complied with. In order to accomplish this task, the tools, policies and guidelines utilized in supervision activities should ideally be inclusive of disability issues so that supervision activities automatically take disability-related issues into account. In this regard, readers are encouraged to consult the sections of this paper addressing the EA/SA, ISDS and PSR. Furthermore, in order to carry out the kinds of assessments called for in those documents, Bank staff must have access to accurate information regarding the nature and scope of implementation activities related to people with disabilities. As noted in several project life-cycle checklists, access to PSRs that are inclusive of disability issues, as well as information from local disabled people's organizations, can be invaluable in this regard.

**Box 12: Project Considerations for Monitoring and Supervision of Disability Issues**

- Emphasize disability issues in the Terms of Reference of supervision missions and encourage borrower agencies to do the same for their project staff. [see Annex 3]
- Assign budgetary and time resources for disability-focused activities.
- Establish clear, explicit and manageable objectives for actions addressing disability issues within the project context. Specify the steps that must be taken to accomplish each objective.
- Hold regular consultations with project staff to keep disability issues visible and to coordinate disability-related project activities. Provide training for project staff on disability issues if necessary.
- Involve project participants, especially people with disability in the process of monitoring and in developing indicators to assess implementation of disability-related objectives.
- Assess progress in accomplishing objectives on a regular basis.
- Build in flexibility during the implementation phase, so that project components can be modified to respond to disability issues. Flexibility also enables projects to test promising approaches and expand successful strategies.

Social analysis serves to monitor progress in addressing disability issues identified during project planning; to monitor participation of the disabled; to track disability-related project components and activities; to identify successful strategies or processes; to flag problems as they occur; and to make the necessary changes as the project develops.

**Table 3: The following indicators can be used to monitor the following dimensions of project program implementation:**

<b>Monitoring implementation of disability-related project goals specified in the project design</b>	Do project component and activities correspond to disability-related goals included in project plans based on the expressed needs and priorities of people with disability?
	Have responsibilities involved in carrying out disability-inclusive activities been assigned to specific members of project staff?
	Remember that participation of the disabled does not necessarily imply participation by the disabled, but that opportunities for participation are offered to them depending on expressed need and priorities, and according to project plans.
<b>Monitoring participation of people with disability</b>	What proportion of the disabled is involved in project management, including in key decision-making roles?
	What proportion of beneficiaries are the disabled?
	Do participants (as managers, implementers and beneficiaries) include people with disability from ethnic and religious minorities, and from the poorer sectors of the community?
	What proportion of focus group participants have been the disabled? Have they actively participated in group discussions?
	Have DPOs participated in project activities and management?
<b>Monitoring strategies on inclusive development and disability</b>	Have arrangements been made to enable the disabled to attend project meetings and activities? (Work schedules accommodated; transport, child care and food provided as necessary)
	Have project components been made easily accessible and affordable to people with disability? For example, credit to enable participation in productive opportunities (by purchasing seed, livestock or alternative means of transport such as bicycles); compensation for lost earning opportunities as a result of providing labor for self-help construction projects.

	What potential disability-specific social risks identified during project planning have actually been encountered during implementation? What unforeseen situations involving risk have occurred? What measures have been taken to mitigate these risks?
<b>Monitoring and addressing problems encountered during implementation</b>	Have project activities negatively affected the disabled in unexpected ways? What measures have been taken to adjust activities accordingly, or to resolve conflicts that have occurred?
	Have necessary adjustments and changes been made to correct approaches and alter techniques, or to adapt project components, that were deemed unsuccessful or problematic by PWD stakeholders?

### Mid-Term Review (MTR)

The mid-term review serves as an opportunity for project management teams to take a stock of project progress and assess the direction of the project intervention toward achieving its development objectives, including the social development objectives. Mid-term review involves two outputs: an independent evaluation and a MTR report.

### Implementation Completion Report (ICR)

A comprehensive social analysis should be conducted at the time of project completion, in order to provide a full account of the implementation phase to evaluate project outcomes for the disabled, and to summarize lessons learned for future disability-responsive social analyses. Participatory processes are also appropriate for evaluation of disability-specific project outcomes. Outcome indicators measure these changes in activities, capacities, access to resources, and levels of social risk that result from project activities. Definitive attribution of changes to project interventions can be difficult, due to the simultaneous effects of an enormous number of social, political and economic influences that may also result in changed conditions in project communities during the period of project implementation. However, drawing upon the direct experience of the disabled within the project community to assist in the definition and measurement of impacts can assess meaningful causalities and linkages.

By the time the ICR is drafted, the loan disbursement period has concluded and there is therefore little that can be done to further impact the implementation of disability-related project components. However, the ICR itself serves as an invaluable source of information, providing an historical record of the Bank's achievements in ensuring inclusive development for people with disabilities. Furthermore, the ICR can provide lessons learned to assist future projects in more effectively ensuring the full inclusion of people with disabilities.

**Table 4: A disability-inclusive evaluation of the project outcomes requires attention to the following social dimensions of the project:**

<b>Evaluation of the implementation process</b>	The questions that were asked for analysis of the implementation stage of the project need to be revisited during the project completion to evaluate the extent to which plans to integrate the disabled into project activities and processes were successful, and to identify factors that promoted or hindered this goal. In particular, lessons learned from analysis of the implementation process contribute to policy dialogue and to planning for future projects. Note that recognizing problems and failures, and identifying what project processes and components did not work well, can make as valuable a contribution to process analysis as listing successful approaches.
<b>Evaluation of project outcomes and impacts for the disabled</b>	<p>A comprehensive evaluation of disability-specific project outcomes and impacts need to be designed to address three major areas of interest: to what extent did the project promote the World Bank social development goals of social inclusion, cohesion and accountability; how effective was the project in addressing major cross-cutting disability issues; and what was the impact of the sector-specific disability-related project components.</p> <p>Have the intended project benefits been provided to people with disability, particularly to the disadvantaged or poorer men and women within the community?</p> <p>Did the project increase community capacity to work together to achieve common goals and reconcile differences of interest between the disabled and non-disabled?</p> <p>Did the project increase transparency, equity and responsiveness in institutional and organizational structures relevant to the interests of people with disability?</p> <p>How sustainable are the disability-related improvements likely to be after project completion? Were changes community-driven and supported, or motivated primarily by the project? What aspects of the local, regional or national environment are likely to increase or decrease the likelihood that these changes will be institutionalized within the project community?</p>
<b>Evaluating project efficacy in addressing major cross-cutting disability issues</b>	<p>Did the project alter power relations or enhance capacity of the disabled? In what ways? What specific outcomes can be identified at the institutional, inter-household and intra-household level?</p> <p>Did PWD's access to assets expand as a result of the project? For example: was land made available households headed by PWDs? Did household heads with disability avail themselves of this opportunity? Did the percentage of the disabled receiving prenatal care increase after construction of local healthcare units?</p> <p>Did the project decrease gender disparities in income-earning ability among the disabled? For example: did projects providing educational grants to girls with disability increase the percentage of these girls completing high school education?</p>
<b>Evaluating the impact of sector-specific disabled-related project components</b>	Disability-specific project components will naturally vary according to sector. Sector modules currently being developed for the Social Analysis Sourcebook, as well as existing sector-specific workbooks and guidelines for disability-inclusive social analysis can assist in the measurement of sector-specific outcomes.

## ANNEX 1: DISABILITY AND THE PROJECT CYCLE

### NEGOTIATION AND BOARD APPROVAL

#### Legal Agreement

- Clarify and specify roles, definitions and standards that apply to project disability components:
- Provide disability-related definitions
- Specify standards, legislation and/or operational guidelines to be used to implement project disability components
- Gather data on implementation of project disability components through financial management system
- Include project disability components in project description
- Identify people and processes needed to implement and monitor project disability components
- Reference procedures and standards needed to ensure accessible procurement and non-discrimination in hiring of consultants with disabilities

### IMPLEMENTATION AND SUPERVISION

#### Procurement

Ensure procurement processes and outcomes do not inadvertently create barriers to inclusion of disabled people:

- Ensure that goods and services purchased are consistent with relevant standards and client country agreements regarding accessibility
- Ensure that contract bidding processes are accessible, permitting people with disabilities equal opportunity to participate in bidding
- In the case of a co-financed operation, review and agree on any disability standards promoted by donors

#### Supervision

Determine whether there is appropriate compliance with loan agreement provisions most relevant to people with disabilities:

- Ensure that tools, policies and guidelines (e.g., operational manuals, etc.) utilized in supervision activities are inclusive of disability
- Obtain information directly from local disabled people's organizations in order to facilitate assessment activities

#### Project Status Report (PSR)

- Monitor and supervise implementation of disability issues:
- Ensure PSR project development objectives reflect the disability objectives of the PAD
- Capture project disability components in project performance ratings
- Capture project disability components in safeguard compliance assessments
- Capture project disability components in legal covenant compliance assessments
- Gather disability-related data from people with disabilities and others during site visits
- Conduct follow-up with people with disabilities to generate solutions to implementation problems

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**IMPLEMENTATION AND COMPLETION**

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**Implementation Completion and Results (ICR) Report**

Provide a full and accurate reflection of the degree to which the project disability components have been implemented in order to build institutional capacity and memory:

- Be accurate and explicit in addressing project disability components
  - Address lessons learned regarding implementation of project disability components in consultation with people with disabilities
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## ANNEX 2: Checklists

### A. Safeguard Policies Checklists

#### i) Checklist for OP 4.01: Environmental Assessment

**Have disability issues been adequately incorporated into the environmental screening?**

Recognizing the potential environmental impact of the proposed project (and subprojects) and any significant effects on people with disabilities should be part of the determination of what category of EA (e.g., A or B) needs to be prepared, since projects could have significant adverse and/or irreversible effects on people with disabilities. As they are all a part of human environment, the three elements of human health, safety, and social aspects should be fully considered when conducting screening.

**Have people with disabilities been brought into the EA screening process?** Having identified who and where the people with disabilities are, steps should be taken to ensure their participation (and the participation of any of their representative organizations) in project consultation and planning phases. Only through their meaningful participation can it be determined whether the project will affect them and, if so, what steps should be taken as a result.

**Does the project avoid potentially adverse effects for people with disabilities?** A number of tools may be utilized to identify the impact of the project on people with disabilities. Recognizing missed opportunities is critical, as a missed opportunity to reduce or eliminate needless social or physical barriers during the Bank-funded project cycle can have long term negative impacts on people with disabilities. For example, missing opportunities in client projects to provide physical access such as bathrooms in schools, public transportation, or curb cuts in sidewalks can have a lasting effect that spans twenty years or longer. In addition, it can impact the ability for people with disabilities to access the social aspects of life such as schools for education, health facilities for health care, employment, or transportation to participate in the political and social processes of their community. These social effects will also have lasting effects that promote long-term poverty for people with disabilities and possibly their family members. Such effects essentially become irreversible because the client country lacks the funds and desire to retrofit facilities at an even higher cost later.

**Have project alternatives been considered?** Analysis should identify ways of improving project selection, planning, design, and implementation, by considering risks and impacts in its area of influence. It should also consider ways to prevent, minimize, mitigate, or compensate for adverse environmental impacts and enhance positive impacts. It should also consider the physical and social aspects of a proposed project in an integrated way with the economic, financial, institutional, and technical analyses. In all these considerations, people with disabilities and their representative organizations should be consulted, as they are best placed to assess the practical ramifications of a project, as well as ways to mitigate or enhance the project impacts.

**Have findings and recommendations from the EA been highlighted for inclusion in later project documents?** Should mitigation measures be needed they are based on the EA findings and recommendations, which should in turn be set out in the legal agreements, any EMP, and other relevant project documents. Therefore, care should be taken to ensure that the EA document and findings adequately account for disability issues, so that they may form the basis for references in these later project documents.



## ii) Checklist for OP 4.12: Involuntary Resettlement

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**Has consideration been given to people with disabilities within the population of those affected by involuntary resettlement?**

In identifying people with disabilities impacted by this Safeguards Policy, consideration should be given to those people with disabilities directly subject to involuntary resettlement, as well as those affected by involuntary resettlement, e.g., those living in areas into which people may be moved, or those for whom essential services may be disrupted as a result of the resettlement. It should be remembered that people with disabilities are more likely to face impoverishment when community institutions and social networks are weakened, kin groups dispersed, and the potential for mutual help diminished or lost as a result of resettlement.

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**Have people with disabilities been brought into the project consultation and development process?**

Having identified who and where the people with disabilities are, steps should be taken to ensure their participation (and the participation of any of their representative organizations) in project consultation and planning phases. Only through their meaningful participation can it be determined whether the project will affect them and, if so, what steps should be taken as a result.

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**Does the project avoid potentially adverse effects for people with disabilities?**

A number of tools, such as screening, the Resettlement Action Plan, and the Resettlement Policy Framework, may be utilized to identify the impact of the project on people with disabilities. (Please consult the online disability knowledge kit to sample these tools.)

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**Have all viable alternative project designs been considered?**

Because of the potential for severe economic, social, and environmental risks to people with disabilities, their needs should be factored into decision-making regarding involuntary resettlement and how to avoid or minimize unnecessary project impairments that create or exacerbate any disabling characteristic of the project. People with disabilities and their representative organizations should, of course, participate in discussions exploring these alternatives.

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**Have sufficient investment resources been provided?**

Without the institutional resources for projects to remove or reduce social and physical barriers that have disabling effects on people, there will be inequity for all persons displaced by the project to share in project benefits.

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**Has impact to livelihood been sufficiently explored?**

A key area for people with disabilities is their ability to achieve independence and a livelihood. This Safeguards Policy addresses loss of income through the following, all of which should be considered in light of the people with disabilities who may be impacted by the resettlement: whether or not the affected persons must move to another location, application to all components of the project that result in involuntary resettlement regardless of the source of financing, offer of support after displacement to restore their livelihood and standards of living, and, provision of development assistance in addition to compensation measures such as training, or job opportunities.

### iii) Checklist for OP 4.10: Indigenous Peoples

**Has consideration been given to people with disabilities within the population of Indigenous Peoples?**

Early in project preparation, the Bank undertakes a screening (typically utilizing a qualified social scientist with expertise on the social and cultural groups in the project area) to determine whether Indigenous Peoples are present in, or have collective attachment to, the project area. This screening process should be utilized to further determine the presence of people with disabilities within any populations of Indigenous Peoples.

**Have indigenous people with disabilities been brought into the project consultation and development process?**

Having identified who and where the people with disabilities are, steps should be taken to ensure their participation (and the participation of any of their representative organizations) in project consultation and planning phases. Only through their meaningful participation can it be determined whether the project will affect them and, if so, what steps should be taken as a result.

**Does the project avoid potentially adverse effects for indigenous people with disabilities?**

A number of tools may be utilized to identify the impact of the project on indigenous people with disabilities.

**When avoidance is not feasible, how can such effects be minimized, mitigated or compensated for indigenous people with disabilities?**

The Bank Safeguard Policy requires that where a project will have negative effects, those effects must be minimized, mitigated or compensated for to the extent possible. If discrimination against indigenous people with disabilities is to be avoided, care should be taken to ensure that:

1. Any potentially negative effects for indigenous people with disabilities are identified; and
2. Where negative effects are found (be they negative effects for people with disabilities and/or the wider population of indigenous peoples), the steps taken to minimize / mitigate / or compensate such effects effectively extend to indigenous people with disabilities, and are developed with their participation and support.

**Will the social and economic benefits of the project extend to indigenous people with disabilities?**

Bank-financed projects are intended to ensure that Indigenous Peoples receive social and economic benefits that are culturally appropriate and gender and inter-generational inclusive. These social and economic benefits should similarly be enjoyed by indigenous people with disabilities, especially women with disabilities and other groups of indigenous people with disabilities who may historically have faced discrimination in their enjoyment of social and economic benefits.

## B. PCN Checklist

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**Have relevant domestic legislation and accessibility standards been identified and obtained?**

Once a country has been identified as a possible client, Bank staff should research and obtain copies of any domestic legislation addressing people with disabilities, as well as accessibility standards. Such documents can be compared with the international standards and documents from other countries, in order to assess what approach, if any, the country takes to addressing disability issues (e.g. non-discrimination, social welfare, fully accessibility, etc.), and to what degree this approach is in keeping with international disability standards.

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**Do project identification meetings and consultations comply with relevant legislation and/or standards?**

Meetings must facilitate access for people with disabilities for them to be full participants in project consultations. It is not enough to invite people with disabilities to participate if the modalities of participation effectively exclude them, e.g. because meeting rooms do not physically allow for their entry, or because information (spoken or written) cannot be readily obtained or understood. If a country already has adequate accessibility standards then these may be used as a guide to ensure accessibility. Alternatively, there are many regional, international and other domestic standards that could be utilized instead in partnership with the client government. People with disabilities themselves are an invaluable resource in this regard, and should certainly be consulted in the event of questions or concerns regarding accessibility. World Bank staff seeking to ensure accessibility may wish to contact the Bank's Disability Accommodation Fund (DAF) to obtain funding to pay for any necessary accommodations.

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**Do project identification meetings and consultations take into account barriers that may preclude participation of people with disabilities?**

As well as ensuring that meetings comply with relevant accessibility regulations and standards, care should be taken to ensure that other barriers to participation are also addressed. For example, the meeting facilities themselves may be accessible, but transport to the meeting location may be inaccessible to people with disabilities. In such instances, alternative meeting locations should be considered, as well perhaps as alternative transportation. Again, participants with disabilities should be consulted to ensure that appropriate solutions are implemented to facilitate their participation. In addition, information and capacity barriers should be addressed, so that people with disabilities are not precluded from meaningful participation because of lack of familiarity, for example, with Bank information and processes that may be highly technical and difficult to intersect for those who have not had prior exposure. Trainings and/or accessible information materials for prospective participants may be of assistance in this regard. It is important that people with disabilities be seen during the process, so that others may better understand that they are part of the process and can be effective contributing members, not just for disabilities issues, but all issues regarding community development. World Bank staff seeking to ensure accessibility may wish to contact the Bank's Disability Accommodation Fund (DAF) to obtain funding to pay for any necessary accommodations.

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**Who are the government departments/officials responsible for disability issues in the country, and have they been included?**

Some governments designate specific ministries to address disability issues, whilst others utilize disability offices with cross-sectoral responsibility. To the extent possible, these government representatives should be included in any project identification activities.

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**Who are the disability leaders and disabled people's organizations in the country, and have they been included?**

Identifying disability representatives in advance can help to ensure that invitations to meetings and consultations are issued with sufficient notice. Whether or not "umbrella" DPOs exists, care should be

taken to ensure that invited DPOs represent a broad spectrum of disability issues and groups. Remember, people with disabilities and the issues of concern to people with disabilities span the full spectrum of physical and social actions and activities (e.g., access to education, health care, businesses, political processes, and inclusion in society in general).

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**Have the CAS and/or PRSP been checked for references to disability?**

Disability is now recognized as an issue which should be included in the CAS and PRSP. Where disability references exist in these documents, they should be used as points of departure in project identification activities, to help the Bank ensure the success of implementing and including people with disabilities.

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**Have consultations and discussions conducted during the project identification phase been archived?**

To the extent possible, meetings and consultations held during the project identification phase should be recorded, summarized and/or archived in a manner that facilitates review at later stages in the project life cycle. The content of those discussions can, for example, be an invaluable resource to those engaged in the drafting of documents such as the PAD, legal agreements, and technical Annexes, where disability issues must be addressed with greater specificity than in the PCN or PID. Whilst privacy should, of course, be preserved where appropriate, to the extent possible records of consultations should include contact information for participants, so that individuals and/or groups may be contacted again in the future should there be a need for follow-up.

## C. PID Checklist

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**Does the PID capture the disability issues referenced in the PCN?**

Disability components of projects should not only be referenced in the internal Bank documents, but should also be included in public project documents. In this manner, the Bank can better highlight its work in this area, and also more readily access the expertise needed to successfully implement disability-inclusive projects.

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**Does the PID adequately convey the nature of the disability components of the project?**

The PID does not typically elaborate the project in great detail, but to the extent possible it should indicate the nature of the disability components. By providing more detail, those interested in contributing to the project will be better able to assess whether they have the relevant expertise. For example, a project might seek to make a school accessible to children with disabilities and this should be referenced in the PID. However, in the absence of more detail it may not be clear whether there is a need for expertise in the area of accessible construction, or inclusive education, or both.

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**Are there other information outlets where the PID may be posted?**

The PID is obtainable from the Bank InfoShop, as well as the Bank's web site, but these resources may not be readily available to everyone with relevant expertise to contribute to a project. To the extent possible, the PID should also be publicized elsewhere (e.g. web sites addressing disability and development), and if possible, disseminated directly to organizations (especially disabled people's organizations) in the country and/or region implicated in the project.

## D. PAD Checklist

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**Do the disability-related components of the PAD adequately reflect and expand upon the disability issues highlighted in the PCN and PID?**

If disability issues have been addressed from the project conceptualization phase onwards,

references to relevant disability issues should be included in both the PCN and initial PID. The PCN and PID should thus be consulted to ensure that the PAD is consistent with these references, and that no issues have been omitted.

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**✓ Do the project components adequately respond to issues raised by participants in the project concept consultations and discussions?**

Given that the PCN and PID documents are not very detailed, it may also be useful to consult documentation summarizing the project concept consultations and discussions. Participants in these discussions may have raised issues not captured in the PCN or PID, and/or they may have proposed solutions and implementation methodologies that could better inform the drafting of the PAD.

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**✓ Does disability data included in the PAD represent the best and most accurate data available?**

Data addressing the situation of people with disabilities is often difficult to obtain, and that which is available may not necessarily be accurate. For example, statistics addressing the numbers of people with disabilities in a particular region will be influenced by the definition of disability used, and if the definition is restrictive and not broadly inclusive of people with a wide array of impairments, the numbers of people with disabilities potentially affected by a project may be underestimated. In order to obtain accurate data it may be necessary to consult a variety of sources, including government departments, organizations of people with disabilities, academic institutions, and/or intergovernmental agencies engaged in research on disability statistics.

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**✓ Have the disability-related project components been developed sufficiently to facilitate a meaningful QER?**

Although it may be possible to introduce disability-related concepts into the PAD (and later during project implementation) following the QER, information relevant to the inclusion of disability should be provided early in the PAD formulation process, so that disability references can be fully and effectively elaborated.

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**✓ Have the disabilities issues been incorporated into the project costs?**

The costs of resources to properly analyze and implement identified disability issues need to be accounted for in the overall project planning costs. This includes implementation and supervision related costs.

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**✓ Have any changes reflected in the PAD been incorporated into the revised PID?**

The PID is usually updated following completion of the PAD, and care should be taken to ensure that references to disability-related aspects of the project are reflective of developments made during the drafting of the PAD.

## **E. PSR Checklist**

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**✓ Does the content of the PSR reflect the disability-related components of the project?**

The PSR should be used as a tool to monitor implementation of the disability-related aspects of the project, just as it is used to monitor other aspects of project implementation. To this end, project development objectives included in the PSR should reflect the disability-related objectives identified in the PAD.

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**✓ Do Project Performance Ratings capture disability-related components of the project?**

The performance indicators should provide a sufficient means of monitoring the inclusion of people with disabilities and implementation of disability-specific aspects of the project.

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**✓ Do assessments of compliance with Safeguard Policies capture disability-related elements?**

As discussed above, the Bank's Safeguard Policies provide an opportunity to address disability and be inclusive of people with disabilities. To the extent that it has been determined that a particular project triggers the application of Bank Safeguard Policies, assessments of compliance with those Policies should encompass disability-related aspects of those Policies.

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**✓ Do assessments of compliance with Legal Covenants capture disability-related elements?**

As noted in the next section, the Legal Agreement should clarify and specify roles, definitions, and standards that should be utilized in the project implementation as it relates to disability. Thus, assessments of compliance with Legal Covenants should ensure that disability-specific provisions in the Legal Agreement have been adhered to.

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**✓ Do site visits provide information needed to determine implementation of disability-related aspects of the project?**

Site visits provide an important source of information to include in the PSRs and to assess the implementation of the project. Care should thus be taken to ensure that data collected provides a basis for assessing whether disability-related aspects of the project are being implemented in accordance with the project's objectives. An important source of this information is people with disabilities themselves. Thus, provision should be made to ensure that site visits include interaction with people with disabilities and their representative organizations. Such meetings must be made accessible so that people with disabilities may participate in a meaningful way. World Bank staff seeking to ensure accessibility may wish to contact the Bank's Disability Accommodation Fund (DAF) to obtain funding to pay for any necessary accommodations.

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**✓ Does the PSR reveal a need for further follow-up?**

Care should be taken when reviewing the PSRs to see whether disability-related aspects of the project are being implemented as envisioned. If information is inadequate to make a determination regarding these elements of the project, then steps should be undertaken to obtain that information from those in the field, as well as project partners – particularly people with disabilities themselves. Where the PSR reveals a problem with compliance or implementation of disability-related project components, this should prompt follow-up to determine the nature of the problem(s) and necessary solutions. To the extent possible, the generation and implementation of those solutions should be inclusive of people with disabilities.

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## **F. Legal Agreement Checklist**

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**✓ Definitions**

It is not uncommon in the Legal Agreement to define the population affected by the project, and it is often the case that the population in question is greater than just those found within the geographic parameters of the project. It is therefore important to ensure that such definitions encompass people with disabilities. Depending upon the nature of the project, it may be necessary to explicitly reference people with disabilities, or alternatively it may be more appropriate to craft a broad definition of population that will clearly be interpreted as inclusive of people with disabilities. In some instances it may be appropriate to include the definition of disability utilized in the client country. However, if this latter approach is adopted, care should be taken to ensure that the domestic definition is truly inclusive of the disability

population impacted by the project, as some domestic legislation/regulation definitions are not broadly inclusive of the full range of people with disabilities. Where the domestic definition does not provide the scope of coverage needed for a project, it may be useful to incorporate a definition from another domestic, regional or international context.

Consideration should also be given to including other disability-related definitions in the Legal Agreement. For example, it may be necessary to define what is meant by “accessibility” (and, in particular, what standards are implicated in assessing accessibility), or “reasonable accommodation.” To the extent that the project envisions partnerships with disability NGOs, if those NGOs are not specifically mentioned by name, it may be necessary to define the type of NGOs involved. For example, a project might envision involvement of organizations **of** disabled persons, as distinct from organizations **for** disabled persons, and these distinctions may have to be addressed in the definitions section to ensure clarity of interpretation.

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### **Execution of the Project**

This section provides an opportunity to specify how the Borrower will carry out its obligations to implement the project. Relevant disability standards (such as accessibility standards, and non-discrimination requirements), domestic legislation, and operational guidelines, should be specified in this section, and elaborated more fully in the Legal Agreement Annexes/schedules as appropriate. For example, where existing Bank guidelines or procedures (which would typically be referenced in the Legal Agreement) do not yet provide guidance on disability-related matters, it may be necessary to amend those Bank documents within the context of the specific project, so that the Borrower receives the most complete disability guidance available.

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### **Financial Covenants**

This section typically incorporates obligations for the Borrower to maintain a financial management system that facilitates reporting on the operations, resources and expenditures related to the project. In order to facilitate supervision (and ultimately review) of the project implementation, it would be preferable to incorporate reporting on disability-related project components into this management system. For example, as well as gathering records of receipts and expenditures related to procurement actions, it would be useful to indicate whether (and how) items and services procured comply with the relevant accessibility and non-discrimination standards.

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### **Description of the Project**

Typically drawn from the PID and PAD documents, the project description as provided in the Legal Agreement may or may not be particularly detailed, depending upon the nature of the specific project. Even where the description does not provide a high level of detail, given the legally binding nature of the agreement, inclusion of references to the disability-related components of the project will assist in ensuring that due regard is given to these project components by those tasked with the project implementation.

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### **Implementation**

This section typically addresses the procedural aspects of implementation, and especially coordination between the Borrower and other actors involved in the project implementation. To the extent that the project addresses disability issues, it should ensure that those involved in implementation have the capacity to monitor whether the project’s disability components have been adequately and appropriately implemented. It may also be appropriate in this section to name, or specify procedures for selecting, disabled people’s organizations (and other relevant disability actors) to participate in these processes.

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### **Procurement**

Sometimes addressed in a schedule or Annex of the Legal Agreement, the procurement section

provides a higher degree of specificity regarding the standards and procedures that should be utilized when procuring goods and services. As noted above, as well as referencing the standard Bank requirements with regard to procurement, it may be advisable to amend these procedures/requirements to reflect project commitments to ensuring accessibility of goods and services, and non-discrimination in the hiring of consultants.



## **ANNEX 3: SAMPLE TERMS OF REFERENCE (TOR) FOR CONDUCTING DISABILITY-INCLUSIVE SOCIAL ASSESSMENT**

### **Generic TOR**

**Introduction, Background Information, Purpose and Objectives and Description of the Proposed Project** to be supplied to the consultant.

**Overall responsibilities.** The consultant will conduct an inclusive development and disability Social Assessment, with reference to the Social Analysis Sourcebook and other related sectoral and cross-sectoral Guidance Notes as appropriate, to ensure that social and disability issues of relevance to the project are identified and integrated into the project design. The consultant will make recommendations for project components to be included, and for actions to be taken during project implementation to ensure that the disability issues identified are consistently addressed throughout the implementation phase. The consultant will develop a detailed plan to monitor the progress of disability -related project components and to evaluate project outcomes and impacts for people with disability. Social Assessment will be conducted at intervals throughout the project cycle, as necessary to ensure continuing attention to social and disability issues.

#### **Project Identification and Design**

This phase of the Social Assessment will be conducted prior to project commencement, and will include the following components:

**Assessment of the Socio-Cultural, Institutional, Historical and Political Context.** Conduct a rapid review of available sources of information concerning the social and disability dimensions of the overall context in which the project will operate, and identify the ways in which this context is likely to facilitate or constrain project implementation and outcomes for people with disability.

**Review of Legislative and Regulatory Considerations.** Identify national legislation and regulations relevant to the project and identify the extent to which they facilitate/hinder empowerment of people with disability. Identify potential effects of local cultural traditions or other factors on the ways in which relevant legislation may be interpreted, and on the extent to which relevant regulations will be complied with.

**Collection of baseline data on the activities, capabilities, needs and constraints of people with disability in the project area.** Collect disability-differentiated data on local definitions of productive, reproductive and community roles; the daily activities and responsibilities of people with disability; deficiencies based on socioeconomic, age, gender or other status, in areas such as power relations, decision-making and the ability to influence others; differences in needs, capabilities and constraints among subgroups of the disabled people; and the contributions disability-related activities make to development goals.

**Identification of Key Social and Disability Issues.** On the basis of the foregoing analysis, identify the disability-specific dimensions of key social and institutional issues in relation to project objectives, with particular focus on issues such as poverty reduction, equity and inclusion, strengthening of social capital and social cohesion, promotion of accountable and transparent

governance, and potential risks and negative impacts of the project. The analysis should be structured around five key entry points:

- Social diversity
- Institutions, rules and behavior
- Identification of PWD stakeholders and their ability to influence the project's outcomes
- Opportunities for and constraints on participation in the project by both the disabled and non-disabled, particularly the poor and vulnerable
- Identification of potential disability-specific social risks, and of strategies to minimize or avoid such risks.

**Assessment of likely social and disability-related effects of differentials identified.** Assess the implications of the identified social differentials for project success, and the contributions the project can be expected to make to social development goals such as social equity and cohesion.

**Plans for implementation and evaluation.** In close consultation with the borrower and project implementation personnel, develop a plan for implementation of disability-specific project components to guide ongoing attention to disability issues throughout the implementation phase. The plan should specify funds to be assigned for the purpose, strategies to be adopted, actions to be taken, and responsibilities. A system of monitoring and evaluation indicators should also be developed at this time.

**Methods and tools.** This stage of Social Assessment should draw both on existing information in the form of available studies and documents, and on data collected directly from the intended project community and other potential stakeholders, using participatory and inclusive approaches to the fullest possible extent. Quantitative data should be complemented by qualitative data as needed.

**Products.** (i). A comprehensive Social Assessment document for use by borrower agencies responsible for project implementation and by World Bank staff responsible for project supervision. (ii). When appropriate, visual and other materials resulting from community participation in disability-responsive social analysis, to be kept and displayed in the project community for purposes of transparency and accountability.

### **Project Implementation**

This phase of the Social Assessment will be repeated as needed during implementation, with the purpose of evaluating the extent to which continued attention is paid to disability issues identified during the implementation phase, and to assess progress made in implementing planned actions to address these issues. It will include the following components:

**Collection and analysis of disabled-specific implementation data,** either directly by the Consultant, or by implementation personnel, to monitor:

- Implementation of project components specified in the project design and intended to promote empowerment of the disabled, gender-based equity and social cohesion.

- project participation by the people with disabilities
- Use of disability-inclusive strategies
- Problems encountered during implementation.

**Regular consultations with project personnel concerning social and disability-related project components**, to review the findings of disability-specific implementation data, discuss problems and necessary changes to plans, identify processes that facilitated or impeded implementation, and ensure ongoing attention to these issues.

**Methods and tools.** Disability-specific quantitative data will be collected on project participation (in planning and decision-making, implementation and as beneficiaries). Qualitative data will be gathered from members of the project community, implementation personnel and other stakeholders, concerning their perceptions of and attitudes toward the project during implementation. Tools will vary depending on the specific context, but should involve members of the community whenever possible, and may include observation, semi-structured interviews, focus groups and other methods.

**Products.** Consultations with members of the project community, implementation personnel and other stakeholders; periodic written reports on progress concerning implementation of social and disability-related project goals; input to project documents such as mid-term project documents.

### **Project Evaluation**<sup>120</sup>

This phase of the Social Assessment will be conducted at the time of project completion, in order to provide a full account of the implementation phase, to evaluate outcomes for people with disability, for both men and women, and for all socio-economic sections of the project community, and to summarize lessons learned to assist in the design of future inclusive development and disability social analyses. It will include the following components:

**Evaluation of the implementation process** to assess the extent to which plans to integrate disability and social diversity into project activities and processes were successful, and of the variables that facilitated or impeded this goal.

**Evaluation of project outcomes and impacts for young people.** This component should address:

- Project outcomes in terms of World Bank social development goals of social inclusion, cohesion and accountability
- Project outcomes in terms of major cross-cutting social and disability issues such as power, decision-making capacity and ability to influence others; access to human and productive resources; vulnerability to poverty; and violence and social cohesion.
- Project outcomes in terms of sector-specific social and disability-related project components.

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<sup>120</sup> For more information on Program Impact Evaluation, see Bamberger (2004).

**Methods and tools.** Both quantitative and qualitative data will be collected, as appropriate, from men and women with disabilities, and older members of the project community, from implementation personnel, and from other stakeholders.

**Products.** 1. A comprehensive Social Assessment document for use by borrowers, and by World Bank project and evaluation personnel. 2. A presentation to the project community, with written and visual materials for community records, as appropriate.

### **ADB Sample: Generic Terms of Reference for a Social Development Specialist with Expertise in Disability<sup>121</sup>**

1. Under the guidance of Asian Development Bank (ADB) staff and in consultation with the senior officials of the line ministries and state governments concerned, the consultant will:

- (i) Be responsible for conducting the study at the national and state levels;
- (ii) Prepare an overall work plan for the study;
- (iii) Identify, in consultation with ADB, suitable state-level agencies (state and non-government) and stakeholders for state-level consultations in the country/countries and develop a state-level study outline;
- (iv) Visit the participating country/countries for state-level consultation and field study/assessment, and
- (v) Prepare a report that consolidates all the work.

2. More specifically, the consultant will be responsible for the following:

#### **A. Review of literature and secondary data**

- (i) Review publications (research papers, reports, statistical data, etc.) on disability internationally and specific to the participating country/region;
- (ii) Examine disability gaps/disparities and their trends in demography, education attainment, health standards, and economic/political and social participation, etc., which will to the extent possible, be disaggregated by state, rural-urban; and socioeconomic group (e.g., income levels) and analyze their causes;
- (iii) Examine social, legal, gender, and cultural factors that affect the roles of people with disabilities; and
- (iv) Look into the plurality of needs of people with disabilities in different regions and different religious groups, ethnic groups, and communities within states that have a high incidence of poverty.

#### **B. Analysis of policies and institutions**

- (i) Examine macroeconomic government policies and other policies (including policies on disability, women, and children) and analyze their implications for people with disabilities, in particular, the impact of macroeconomic and sectoral policies on people with disabilities; correlation between disability, inequality, and poverty; correlation between disability and gender; and institutional issues;

<sup>121</sup> Edmonds (2005).

- (ii) Examine institutional settings, roles, and mandates of government and nongovernmental agencies responsible for the implementation of the relevant policies and assess the capacity and effectiveness of these institutions;
- (iii) Look into the implementation systems established for the delivery of programs at the state, district, and sub district level, and suggest appropriate strategies for improving the system;
- (iv) Explore to what extent different grassroots-level initiatives created through self-help groups and voluntary organizations can be integrated for delivery of programs; and
- (v) Based on the analysis, identify the critical areas that require interventions.

### **C. Assistance to people with disabilities**

- (i) Collect information on the programs, projects, or other activities of disabled people by government institutions, donors, nongovernmental organizations, and private sector; and
- (ii) Assess the impact of these activities and compile a list of lessons learned.

### **D. Assessment of ADB operations**

- (i) Examine ADB operations in participating country/countries and assess the extent to which disability policies for promoting an enabling environment have been implemented and their impact at the macroeconomic, policy, sector, and project levels; and
- (ii) Identify key issues, constraints, and opportunities for ADB to incorporate disability issues into its operations, in particular, in the scope of its poverty reduction goal.

### **E. Identification of priority needs of people with disabilities for ADB**

- (i) Study the findings of ADB's participatory poverty analysis and identify the linkages between disability and poverty;
- (ii) Identify major areas of concern regarding disability considerations for the country/countries in general and for ADB assistance in particular, with specific attention to policy support, capacity building, and state-level operations; and
- (iii) Draft an ADB disability strategy based on the analysis, stipulating the overall goal, approach, strategic areas of assistance, and implementation mechanisms and procedures.

### **F. Preparation of country study report on people with disabilities**

On the basis of the above, prepare a country paper on disability for the participating country/countries as outlined.

### **G. Reporting**

The consultant is responsible for preparing regular progress reports and a final report at the end of the study.

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## **Sample TOR, No. 1**

### **Development of Qualitative Survey on Disability and Living Standards Terms of Reference**

#### **The Problem**

To sustain and promote economic growth and well-being, it is essential to incorporate the concept of human functioning into development programs. People's functioning levels vary

significantly -- whether in relation to physical capabilities, intellectual capabilities, sensory abilities (hearing and vision), or the impact of mental health. Not accounting for these differences can seriously limit the effectiveness of programs designed to promote economic and social well-being.

When individuals with different levels of functioning encounter barriers to health services, education, employment, public services, and infrastructure, they are disabled. That is, disabled in the sense that their ability to participate in economic activities and lift themselves from poverty suffers. Disability is thus an interaction between human functioning and an environment which does not account for different levels of functioning. In other words, people with physical or mental limitations are often disabled not so much because of their functioning level, but because they are denied access to education, labor markets, and public services. This exclusion leads to poverty, and in a vicious circle, poverty can lead to more disability by making people more vulnerable to malnutrition, disease, and unsafe living and working conditions.

According to estimates by WHO, approximately 10 percent of the population has a disability, and this is probably a conservative estimate. Within developing countries, this population numbers at least 400 million and they are among the poorest of the poor.

Furthermore, the effects of “disability” go beyond those with functional impairments themselves. Family members must often absorb extra responsibilities that inhibit their participation in the economic and social life of their communities. And of course, the less productive any citizen is, the less economic growth is possible. Even for those people not classified as “disabled,” different levels of human functioning can have an impact on their access to the economy and the community.

Unfortunately, due to limited data collection in this area we do not have good data on the relationship between poverty and disability. At present, there is a growing effort to obtain quantitative data that can provide prevalence estimates and general links between poverty and disability. However, there is scant information on the dynamics of how the presence of impairments affects the economic and social life of people in developing countries.

### **Consultant Responsibilities and Expected Output**

The consultant will develop a methodology for a qualitative study of the relationship between functional impairments and poverty. The purpose of this methodological approach will be to uncover the mechanisms by which various types of impairments interact with barriers in the environment to limit or influence the economic and social life of disabled people and members of their households. This methodological instrument will be a template that can be adapted to particular country circumstances.

A number of quantitative studies are being planned for next year. Our plans are to implement a qualitative study in some of these countries to create a fuller picture of the lives of disabled people and the impact of disability on poverty.

The consultant will:

- 1) Prepare a methodological paper containing
  - a. Recommended goals and scope of such a survey.
  - b. An approach to defining disability and capturing how barriers impact upon social and economic activity.
  - c. A specific methodology for achieving the aforementioned goals, possibly including focus groups, structured interviews, or any other qualitative approach.
- 2) Prepare a qualitative data collection instrument

- 3) Field test that instrument in a developing country and report back on preliminary results of that field test.

### **Consultant Qualifications**

The consultant must have a PhD in demography, economics, disability studies or a related field with demonstrated expertise in the areas of research design. Extensive experience within the area of disability is required.

### **Timing, Duration, and Compensation**

Deliverable Date Compensation

- 1) Methodological Paper
  - a. First draft December 1, 2004 \$10,000
  - b. Final draft January 15, 2005 \$10,000
- 2) Qualitative Data Instrument April 1, 2005 \$10,000
- 3) Field Test
  - a. Data collection June 1, 2005 \$10,000
  - b. Final report June 30, 2005 \$10,000

Total Compensation: \$50,000

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## **Sample TOR, No. 2**

### **Service Delivery and Disability in Indonesia Terms of Reference**

#### **1. Objective and main features of proposed activity**

The objectives of this project are threefold: 1) To support the Indonesia Poverty Analysis Program (INDOPOV); 2) To demonstrate the importance of incorporating disability issues in poverty reduction and service delivery activities; and, 3) To serve as a model for other country studies on how to include disability.

According to a recently commissioned report for the East Asia and Pacific Region (EAP), poverty is the underlying cause of disability, whether through malnutrition, lack of health services, unsafe living and working conditions, or other reasons. Furthermore, in a vicious circle, people with disabilities face barriers in attitudes, education, employment, and public services that prevent their escape from poverty.

INDOPOV is a three-year program that aims to achieve a major expansion in the analytical foundations for the actions and policy changes needed to reduce poverty in Indonesia. It represents a major effort to enhance the understanding of poverty, its determinants, and its dynamics across a range of stakeholders. At present, though, it does not incorporate the issue of disability. EAP and the Indonesia country team are interested in changing this, as witnessed by the report mentioned above, their recent hiring of a consultant to review regional operations for opportunities to incorporate disability issues, and their support of this proposal.

This project will not only help in the establishment of a poverty reduction program, but will serve as an important vehicle for expanding the Bank's ability to incorporate disability. Activities will be timed in such a way as to serve as inputs in the INDOPOV program.

Since 2002 the efforts of the Disability Advisor and her team combined with the support of the NTFDD6, CTFs, and PCF support have helped expand the Bank's commitment to working on disability issues. [Annex A: 2002-2003 annual report] Slowly disability is being recognized as something not incidental to development but fundamental to achieving elimination of poverty and the Millennium Development Goals.

The lack of quality data on disability, however, has hampered our ability to accurately document the effectiveness of service delivery to ameliorate the relationship between disability and poverty. Our gap in understanding undermines program design and implementation.

The World Bank has been working on these issues with the UN Statistical Division and the Washington Group on Disability Measurement established by the UNSD. This group consists of representatives from over 50 countries and international agencies. The main goals of this group are to devise census and survey questions on disability that will improve the quality of data on disability – which is a difficult concept to capture – and make that data more internationally comparable. This project will be an extension of their work.

Indonesia provides the opportunity for such analysis due to the detailed data on functional capacity in a country with a large household survey. A study on disability, poverty, and service delivery in Indonesia would not only inform development work in that country, but would demonstrate the importance of addressing disability issues in all developing countries. Work on methodological issues that will be addressed in this project -- such as devising monitoring instruments for service delivery and survey design – will greatly benefit future country studies on disability and poverty.

## **2. Strategic fit with identified focus areas**

This project will increase the understanding and knowledge of the extent and impact of the vulnerabilities of disabled persons on human development, poverty reduction and social inclusion. It will improve our ability to design effective public action on how to redress these vulnerabilities: what policies and services are needed, how they should be organized, and how much they cost; and will assist in integrating issues related to disabled people into macro level, multi-sectoral, and sectoral policy making. In addition, it will build in-country capacity for further study and monitoring of people with disabilities.

## **3. Data and methodology**

An outline of the analytical work follows:

I. Country Study. Because disability is a cross-sectoral issue, a comprehensive review of disability issues in Indonesia will be undertaken. This study will document the demographics of the disabled population, the causes and types of disability, and their relation to individual, family, and community variables, such as: family status and structure, gender, ethnicity, education, occupation (for those who have worked), individual income, labor force participation and employment, and region of residence.



Data from SUSENAS will be the primary source of quantitative information. In relation to the INDOPOV, we will also focus on documenting the kinds of policies and services that now exist in Indonesia to monitor and assist disabled persons. This policy & services review would entail interviews with appropriate government officials at the national and local levels, as well as representatives from DPOs. It also will entail visits to facilities (e.g., government offices, health centers, schools) themselves to assess the constraints to serving disabled persons. These visits would help ascertain the constraints to access for disabled persons, and develop an instrument that government might use for monitoring service delivery for disabled persons.

II.) Development of Information System for Monitoring Basic Services. Building on the work in the country study, we will design a monitoring instrument for assessing the effectiveness of basic service delivery systems for reaching people with disabilities. This will be used to determine the extent to which people in different localities have access to basic services and the quality of those services.

III.) Primary Data Collection and Analysis. A disability module building on the work of the Washington City Group on Disability Measurements recommendations for census and survey questions will be designed in concert with the national statistical agency in Indonesia. This survey will be implemented in localities where basic services have been evaluated. We will examine the links between disability and poverty in these communities and assess the effectiveness of different types of basic services at ameliorating those links.

IV) Dissemination The results of this study will be shared in technical reports, notes, and workshops.

#### **4. Management/Bank Involvement**

The activities will involve different types of counterparts.

Bank staff: Pamela Dudzik (HDNSP) will be the team leader for the overall work in conjunction with Judith Heumann (Advisor for Disability and Development). Either or both will represent the Bank at Steering Committee meetings and liaise with the partners. The technical work on data issues will be lead by Elizabeth King (EAP), Daniel Mont (HDNSP), and Jehan Arulpragasam, from the Indonesia country office, with the additional collaboration of Menno Prasad Pradhan, and Vivi Alatas, as well as the EAP regional working group on disability.

#### **5. Timeline for Output**

Activities will be conducted over FY05

Preliminary outline of Country Study March 15 \$10,500

Final Country Study April 30 \$15,000

Development of Information System for Monitoring Basic Services June 30 \$29,500

Presentation of Preliminary Analytical

Results September 1 \$5,000

Primary Data Set and Analytical Report October 31 \$45,000

#### **6. Description of expected outcomes (include information on who will benefit from the expected outcomes and what it will contribute to)**

The overall outcomes of the proposed activities are a detailed analysis of basic service delivery in Indonesia and its relation to the links between poverty and disability in Indonesia. This study can serve as a model for similar studies in other developing countries, as well as continued monitoring in Indonesia. A detailed study such as this does not exist in a developing country, and will be an important milestone in development community's efforts to mainstream disability.

## ANNEX 4: COMPARISON OF MEDICAL/CHARITY AND SOCIAL/CULTURAL MODELS OF DISABILITY

Assumption	
<b>Medical/Charity Model*</b>	<b>Social/Cultural Model</b>
<ul style="list-style-type: none"> <li>• People with disabilities are the problem</li> <li>• People with disabilities are “sick” and need to be cured by doctors</li> <li>• People with disabilities will always be dependent on others</li> <li>• People with disabilities are “abnormal”</li> <li>• The provision of accommodations or social supports is a “favor” for which people with disabilities should be grateful</li> </ul>	<ul style="list-style-type: none"> <li>• People with disabilities are NOT the problem</li> <li>• Barriers created by society are the problem</li> <li>• Barriers include legal barriers, physical barriers, information barriers, attitudes</li> <li>• If barriers are removed, people with disabilities are fully capable of leading independent lives, participating and being fully included in society</li> <li>• People with disabilities are “normal,” i.e., disability is a natural and normal part of human variation</li> <li>• The removal of barriers and provision of accommodations and social supports is not a “favor,” but rather is fundamental to the full enjoyment of human rights by people with disabilities</li> </ul>
Consequences	
<b>Medical/Charity Model</b>	<b>Social/Cultural Model</b>
<ul style="list-style-type: none"> <li>• Lack of societal awareness and commitment to the removal of barriers</li> <li>• Violation of the autonomy of people with disabilities, with medical professionals and others acting as primary decision makers</li> <li>• People with disabilities may become passive recipients of charity and treatment, rather than active claimants of human rights</li> <li>• People with disabilities experience a sense of failure because they cannot be “cured,” and/or feel that they are social outcasts</li> <li>• People with disabilities may become permanently dependent on others and marginalized from society so that they do not fully enjoy their human rights</li> </ul>	<ul style="list-style-type: none"> <li>• Societal awareness of, and meaningful commitment to, the removal of barriers</li> <li>• Respect for the autonomy of people with disabilities</li> <li>• People with disabilities become active claimants of their human rights</li> <li>• People with disabilities become empowered as full participants in society and members of their communities</li> </ul>

## **ANNEX 5: INTERNATIONAL CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (ICRPD)**

A new international legal framework is of great relevance for development practitioners. The International Convention on the Rights of Persons with Disabilities, adopted by the UN General Assembly on December 13, 2006, will enter into force once 20 countries have become State Parties.

This is the first bounding convention on disability and has several implications for the Bank:

- The Convention sets a precise international benchmark, this will be a useful (non binding) reference for the Bank in the vacuum of a Bank “disability policy”;
- The World Bank as international organization, is not intended to become party to the Convention; nor will the Bank have a role in influencing the ratification process of client countries; however the Bank could promote internal awareness and capacity in order to be ready to support client countries’ requests of TA and may encourage client countries to use the principles set forward in the Convention;
- Loan agreements between the Bank and client countries refer to “compliance with domestic and international legislation”. The binding obligations embedded in the Convention will have thus far-reaching consequences for States Parties. In practical terms it will be important to see the interpretation from the Legal Department if/how the Bank will ensure that WB financed projects are in compliance with the Convention for those countries who have become States Parties.

The Convention is a Human Rights tool with development objectives (inclusion); it formalizes a paradigm shift in framing disability from a “medical” model to a “social” model. It does not establish new rights but clarifies and qualifies existing HR procedures and sets up strong responsibilities for State parties, including reporting obligations. It also contains an article on international cooperation.

The Convention sets general principles but also has very specific and guiding articles covering the multi-sectoral dimension of disability (e.g., gender, children, accessibility (physical and ICT), situations of risk and humanitarian emergencies, equal recognition before the law, access to justice, Living independently and being included in the community, freedom of expression and opinion, and access to information, education, health, habilitation and rehabilitation, work and employment, adequate standard of living and social protection, statistics and data collection, international cooperation).

## **ANNEX 6: RESOURCES ON DISABILITY ISSUES**

### **Asian and Pacific Decade of Disabled Persons 1993–2003**

<http://www.unescap.org/decade/publications/z15009gl/z1500901.htm>

### **Community-based Rehabilitation links**

[www.cbrresources.org/#anchor490954](http://www.cbrresources.org/#anchor490954)

### **Comparative Study of Employment Policies For Disabled Persons in Selected Countries**

Neil Lunt & Patricia Thornton, University of York, Social Policy Research Unit, York

<http://gladnet.org/infobase/employment/Policies/conclus.htm>

### **DFID's Knowledge and Research project on disability**

[http://www.disabilitykar.net/research/policy\\_dfid.html](http://www.disabilitykar.net/research/policy_dfid.html)

### **Disability and Self-Directed Employment: Business Development Models**

Neufeldt, Aldred H., and Alison Albright, Eds. (1998). Ontario: Captus Press.

### **Disability Information and Resources**

<http://www.makoa.org/>

### **Disability Services - Terminology**

[www.uncwil.edu/stuaff/SDS/disterm.html](http://www.uncwil.edu/stuaff/SDS/disterm.html)

### **Disability Weblinks**

[www.disabilityweblinks.ca/pls/dwl/dl.home](http://www.disabilityweblinks.ca/pls/dwl/dl.home)

### **Disability World**

<http://www.disabilityworld.org/>

### **Global Partnership on Disability & Development (GPDD)**

[www.worldbank.org/disability/gpdd](http://www.worldbank.org/disability/gpdd)

to join the GPDD listerv, please email a blank email (no subject or body) to [join-gpdd@lists.worldbank.org](mailto:join-gpdd@lists.worldbank.org)

### **HIV/AIDS and Disability Global Survey**

<http://cira.med.yale.edu/globalsurvey/index.html>

### **International Disability Alliance**

<http://www.internationaldisabilityalliance.org/>

### **International Classification of Functioning: Disability and Health**

<http://www3.who.int/icf/icftemplate.cfm>

### **The Center for Universal Design**

[http://www.design.ncsu.edu/cud/univ\\_design/ud\\_pubs.htm](http://www.design.ncsu.edu/cud/univ_design/ud_pubs.htm)

**Universal Design: General Concepts, Universal Design Principles and Guidelines**

[http://trace.wisc.edu/world/gen\\_ud.html](http://trace.wisc.edu/world/gen_ud.html)

**UN International Convention of the Rights of Persons with Disabilities**

<http://www.un.org/disabilities/convention/>

<http://www.un.org/disabilities/convention/media.shtml>

**UN Washington Group on Disability statistics**

<http://www.cdc.gov/nchs/citygroup.htm>

**World Bank Disability:** <http://www.worldbank.org/disability> World Bank Disability Website. Information and World Bank studies on global disability advocacy, policy, economic development and education.

**Yale/World Bank Global Survey on HIV/AIDS and Disability.**

<http://cira.med.yale.edu/globalsurvey> This site lists examples of interventions, studies, films etc, that have been implemented for populations with disability around issues of HIV/AIDS.

**Disability Knowledge Resources**

**Multilateral and Bilateral Development Organisation**

- <http://disabilitytoolkit> (WB intranet),
- <http://www.worldbank.org/disability>
- [www.worldbank.org/disability/gpdd](http://www.worldbank.org/disability/gpdd)
- <http://www.un.org/disabilities/convention/index.shtml>
- <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALDEVELOPMENT/EXTCPR/0,,menuPK:407746~pagePK:149018~piPK:149093~theSitePK:407740,00.html>
- [www.un.org/esa/socdev/enable](http://www.un.org/esa/socdev/enable)
- [www.dfid.gov.uk](http://www.dfid.gov.uk)
- [www.dcss.nl](http://www.dcss.nl)
- [www.usaid.gov/about\\_usaid/disability/](http://www.usaid.gov/about_usaid/disability/)
- [http://www.disability.dk/site/countryindex.php?section\\_id=29](http://www.disability.dk/site/countryindex.php?section_id=29)
- <http://norden.siteseecker.se/?q=disability&i=en>
- <http://www.danida-networks.dk/client/CursumClientViewer.aspx?CAID=181158&ChangedCourse=true>
- [http://www.norad.no/default.asp?V\\_ITEM\\_ID=1598](http://www.norad.no/default.asp?V_ITEM_ID=1598)
- [http://www.sida.se/sida/jsp/sida.jsp?d=847&a=16354&language=en\\_US&searchWords=disability](http://www.sida.se/sida/jsp/sida.jsp?d=847&a=16354&language=en_US&searchWords=disability)
- <http://www.shia.se/index.php?l=en&p=index>
- <http://www.childinfo.org/areas/childdisability/>

**Others**

- [www.internationaldisabilityalliance.org](http://www.internationaldisabilityalliance.org)
- <http://www.disabilitykar.net/>,
- <http://www.asksource.info/index.htm>
- <http://lcint.org>
- <http://www.vso.org.uk>

- [www.iddc.org.uk/](http://www.iddc.org.uk/)
- [www.add.org.uk](http://www.add.org.uk)
- [www.bond.org.uk/wgroups/disability/index.html](http://www.bond.org.uk/wgroups/disability/index.html)
- <http://www.dpi.org/>
- <http://www.inclusion-international.org/>
- <http://www.rehab-international.org/>
- <http://www.once.es/>
- <http://www.wfdb.org/>
- <http://www.miusa.org/>
- [www.cbm.org](http://www.cbm.org)
- <http://www.access-board.gov/links/disability.htm>
- <http://www.leeds.ac.uk/disability-studies/>

### **Public Health (incl. water, sanitation and environment health)**

- <http://www.healthlink.org.uk/>
- [www.who.int/topics/disabilities/en/](http://www.who.int/topics/disabilities/en/)
- [http://www.who.int/mental\\_health/policy/en/](http://www.who.int/mental_health/policy/en/)
- [http://www.hesperian.org/action\\_topics\\_disability.php](http://www.hesperian.org/action_topics_disability.php)
- <http://www.cdc.gov/search.do?action=search&queryText=+disability&+.x=14&+.y=13>
- <http://www.who.int/classifications/icf/en/>
- <http://www.ehponline.org/ische/>
- <http://www.nih.gov/icd/>
- [http://www.asksource.info/res\\_library/disability.htm](http://www.asksource.info/res_library/disability.htm)
- <http://www.handicap-international.org.uk/>
- <http://www.unhchr.ch/html/menu3/b/68.htm>

### **Inclusive Education**

- [www.unesco.org/education/inclusive/](http://www.unesco.org/education/inclusive/)
- [www.unicef.org](http://www.unicef.org)

### **Transportation**

- [www.globalride-sf.org](http://www.globalride-sf.org)
- [www.access-board.gov](http://www.access-board.gov)
- [www.independentliving.org](http://www.independentliving.org)
- [www.accessforblind.org](http://www.accessforblind.org)
- [www.chrc-ccdp.ca](http://www.chrc-ccdp.ca)
- [www.bestgroup.cc/cost349/download.htm](http://www.bestgroup.cc/cost349/download.htm)
- [www.dft.gov.uk](http://www.dft.gov.uk)
- [www.dptac.gov.uk/pubs/smallbus](http://www.dptac.gov.uk/pubs/smallbus)
- [www.cemt.org](http://www.cemt.org)
- [www.embarq.wri.org](http://www.embarq.wri.org)
- [www.icontec.org.co](http://www.icontec.org.co)
- [http://www.iadb.org/sds/SOC/publication/gen\\_6191\\_4180\\_e.htm](http://www.iadb.org/sds/SOC/publication/gen_6191_4180_e.htm)
- <http://www.idu.gov.co/>

**ICT (Information and Communication Technologies) for Development** “*Putting the Internet to Assist People with Disabilities*”

- <http://topics.developmentgateway.org/ict/sdm/previewDocument.do~activeDocumentId=399217?activeDocumentId=399217>

### **Disability Statistics**

- <http://unstats.un.org/unsd/disability/default.asp>
- [www.cdc.gov/nchs/citygroup.htm](http://www.cdc.gov/nchs/citygroup.htm)
- [http://unstats.un.org/unsd/publication/SeriesY/SeriesY\\_10e.pdf](http://unstats.un.org/unsd/publication/SeriesY/SeriesY_10e.pdf)

### **Photo Libraries**

- [www.worldbank.org/photos](http://www.worldbank.org/photos) search for “disability”;
- [www.ilo.org/public/english/sitemap](http://www.ilo.org/public/english/sitemap)
- [www.un.org/photos/disabled.htm](http://www.un.org/photos/disabled.htm)
- [www.johnbirdsall.co.uk/catalogue.shtml](http://www.johnbirdsall.co.uk/catalogue.shtml)
- <http://www3.who.int/icf/icftemplate.cfm>

### **Clip Art Libraries**

- [www.disabilityart.com](http://www.disabilityart.com)
- [www.artbycheryl.com](http://www.artbycheryl.com)
- <http://webclipart.miningco.com/cs/msub.disaa>

### **Documentary Libraries & Distributors**

- [www.fanlight.com](http://www.fanlight.com)
- [www.mediarights.org](http://www.mediarights.org)
- [www.docuseek.com](http://www.docuseek.com)

**Disability & Media Websites** These sites monitor and report on disability & media, related conferences, and review new public education initiatives, films and television programs:

- [www.disabilityworld.org](http://www.disabilityworld.org)
- [www.media-disability.org](http://www.media-disability.org)
- [www.bbc.co.uk/ouch](http://www.bbc.co.uk/ouch)
- [www.disabilityfilms.co.uk](http://www.disabilityfilms.co.uk)
- [www.towson.edu/~bhalle/disable.html](http://www.towson.edu/~bhalle/disable.html)
- [www.accessiblesociety.org](http://www.accessiblesociety.org)

**Disability Film Festivals** These sites are an-going source of information about new prize winning disability films and festivals where they will be shown, [www.disabilityfilmfestival.net](http://www.disabilityfilmfestival.net)

- [www.perspektiva-inva.ru](http://www.perspektiva-inva.ru)
- [www.filmfestival.kolobrzeg.pl](http://www.filmfestival.kolobrzeg.pl)
- [www.picturethisfestival.org](http://www.picturethisfestival.org)
- [www.madknight.com/cdt/superfest/index.htm](http://www.madknight.com/cdt/superfest/index.htm)
- [www.paraquad-nsw.asn.au](http://www.paraquad-nsw.asn.au)
- [www.enablelink.org/abilitiesfestival/index](http://www.enablelink.org/abilitiesfestival/index)



## ANNEX 7: HOW INTERNATIONAL DONORS ARE ADDRESSING DISABILITY

**Asian Development Bank:** Developed “Disability Brief Identifying and Addressing the Needs of Disabled People.”

**Austria:** Reference to the needs of children and people with disabilities is an integral part of the law that established the Austrian Development Agency (2003).

**Denmark:** The study, “From Charity toward Inclusion: The Way Forward for Disability Support through Danish NGOs” (2000), was commissioned by the Ministry of Foreign Affairs/DANIDA. It resulted in 13 recommendations for DANIDA’s criteria for disability support.

**European Union (EU):** In March 2003, the EU produced a guidance note on disability and development for EU delegations and services to address disability in their daily work. Three EU-ACP (African Caribbean Pacific) resolutions have also passed since 2001 that are relevant to mainstreaming disability.

**Finland:** “Disability Dimension in Development Action” (2000) is the result of intensive collaboration between disabled people’s organizations (DPOs) and the Department of International Development Co-operation (DIDC) to create an explicit policy on disability and development.

**Italy:** The Italian Cooperation “Guidelines Concerning Disabled People” (2003) has been adopted by the General Directorate for Development Cooperation of the Ministry of Foreign Affairs.

**Nordic Countries:** After almost a decade of intensive collaboration between DPOs and Development Cooperation and/or ministries of foreign affairs, Norway, Denmark, Finland and Sweden have approved a document with steps to include disability in Nordic development cooperation.

**Norway:** The Norwegian Agency for Development Cooperation (NORAD) produced guidelines on “Planning and Monitoring for the Inclusion of Disability Issues in Mainstream Development Activities” in 2002.

**Sweden:** The Swedish International Development Agency’s “Development Cooperation for Children and Adults with Disabilities” (1999) summarizes previous experience and current international policy issues with a strong human rights approach.

**United Kingdom:** The Department for International Development (DFID) has adopted a twin-track approach to disability. This approach seeks to mainstream disability issues alongside specific initiatives to empower and enhance the lives of people with disabilities.

**United States:** The U.S. Agency for International Cooperation (USAID) has a mandatory reference policy paper that articulates its commitment to pursue advocacy for, outreach to and inclusion of people with physical and mental disabilities, to the maximum extent feasible, in the design and implementation of USAID programming, and provides guidance for making that commitment operational (e.g., through standards for accessibility in USAID-financed construction). It is the product of a comprehensive consultative process between USAID and its partners and responds to issues identified in that process. In addition, the United States Congress

has required the State Department to include the human rights conditions of people around the world with disabilities in its annual country reports.

**WHO:** Disability prevention and rehabilitation is a key focus area of the WHO, which has taken the lead in programs to eliminate and reduce the incidence of disabling diseases, such as polio, TB and malaria. WHO champions and supports the development of community-based rehabilitation across the world. It also leads in the gathering of disability data and has developed the International Classification of Functioning, Disability and Health (ICF) to act as a global system for data collection.

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