



INCLUDING PEOPLE WITH DISABILITIES IN ACTIONS TO REDUCE POVERTY AND HUNGER

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According to the United Nations (UN), there are approximately 650 million people with disabilities in the world, and at least 80 percent of them live in developing countries. More often than not, they are among the poorest of the poor. The UN Convention on the Rights of Persons with Disabilities, adopted in 2006, defines such persons as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (Article 1). Recent World Bank estimates suggest that as many as one in five of the world’s poorest people has a disability. While prevalence is difficult to measure effectively, it appears that about 10–12 percent of the population in developing countries lives with disabilities, and 2–4 percent with severe disabilities. Males at all ages have higher levels of disability, and the prevalence increases dramatically across the world in people older than 60. People with disabilities are not a homogeneous group. The following groups are particularly vulnerable:

- *Children with disabilities.* Mortality for children with disabilities may be as high as 80 percent in countries where the under-five-year-old mortality rate as a whole has decreased to below 20 percent. A World Bank study noted that the proportion of children with disabilities in developing countries is generally higher than in developed countries. It is estimated that 6–10 percent of children in India are born with disabilities and that, because of low life expectancy, possibly a third of people with disabilities are children.
- *Girls with disabilities.* In many countries, girls with disabilities are not sent to school or trained for economic self-sufficiency; as adults they often do not marry and rarely inherit or own property. Consequently, they are disproportionately represented among the poorest of the poor.
- *Women with disabilities.* Women with disabilities are negatively affected by both their gender and their impairments, often resulting in “double discrimination.”
- *People with multiple disabilities.* Multiple disabilities compound the difficulties affected individuals face.

- *People with disabilities who are HIV positive.* HIV is even more challenging to individuals with a disability.
- *People with disabilities living in remote and rural areas.* It goes without saying that lack of access to services, and isolation in general, are significant issues for people with disabilities.

Though people with disabilities have diverse backgrounds, they all frequently experience discrimination and social, economic, and political exclusion. Discrimination occurs from birth or the time the disability occurs, and beyond. And often, exclusion causes poverty because it leads to a lack of resources, lower expectations, poor health, and poor education.

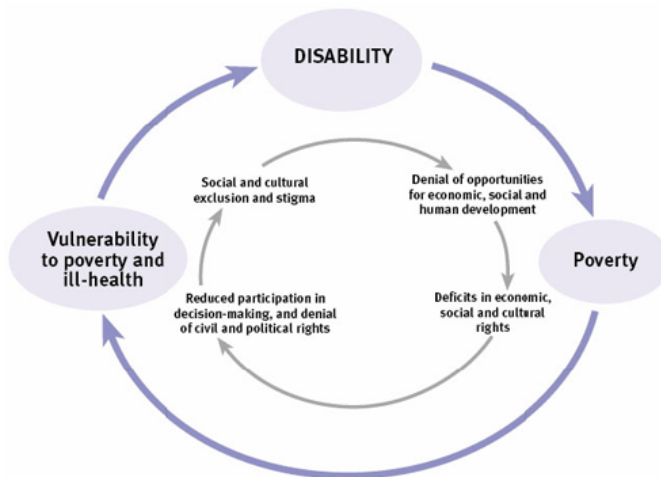
Poverty and Disability

Poverty is about vulnerability—being exposed and powerless in the face of risks and shocks to the household. It is also caused by scarce and uncertain levels of private assets and access to services. The relationship between poverty and disability is complex and multidirectional. Poverty contributes to disability through a lack of education, malnutrition, poor health care, polluted environments, occupational and road accidents, and conflicts and disasters. The few services that are available to people with disabilities are often underfunded, poorly managed, and capacity constrained. In tandem, poverty and disability create a vicious circle. While the nexus from poverty to disability may not be as clear as the nexus between disability and poverty, sufficient evidence highlights the risk factors that those living in poverty experience, as well as how those factors may increase impairment and disability. Poverty and hunger are almost inevitably linked to insufficient nutrition, poor housing, and inadequate health care services. These factors lead to an increased risk of impairment, which in turn may lead to disability.

The World Health Organization (WHO) estimates that 100 million people worldwide have impairments caused by malnutrition and poor sanitation. Research shows that in India, the percentage of rural and urban people with disabilities is similar. However, given that South Asian populations are predominantly rural, the actual number of people with disabilities in rural areas is nearly double that in urban centers. While not all people with disabilities are poor, evidence points to a

disproportionate number of people with disabilities in all countries living in abject poverty.

Figure 1—The Nexus between Disability and Poverty



Source: Department for International Development (DFID), *Disability, Poverty and Development* (London: DFID, 2000).

Disability affects not just the person with a disability but the present and future income of the entire household. Research in India reveals that households containing people with disabilities are worse off than the average. Similarly, research reveals that, in Uganda, households headed by an individual with a disability are 38 percent more likely to be poor than households headed by a person without a disability. Research also shows that per capita consumption among households whose head has a disability is 14–22 percent lower than that of households whose head does not, depending on the region. Poverty incidence is 15–44 percent higher in households whose head has a disability, and the depth of poverty is higher among people with disabilities as well. Finally, research in Zambia indicates that children living in households with a member who has a disability tend to have somewhat lower school enrollments and higher levels of chronic malnutrition. So, households with heads with disabilities are not only more likely to be poor, but also their degree of poverty is more likely to be higher.

In the developing world, poverty is exacerbated by (a) the likelihood that a person with a disability will not be working, (b) the likelihood that another family member will be taken out of work (or school) to care for a person with a disability, and (c) the reality that, in households with a family member who has a disability, the cost of health care and other interventions is higher than the same costs for families without a member with a disability. This is what Amartya Sen calls the “hidden costs of disability.”

Though the relationship between disability and poverty is obvious, very little reliable statistical information substantiates this point, which makes it difficult to put together a detailed global picture of the linkages between disability and poverty. Poverty

statistics for people with disabilities are virtually nonexistent. The information on disability and poverty that does exist is largely based on anecdotal evidence; this is beginning to change, however. Based in part on the WHO’s recently established International Classification of Functioning, Disability, and Health (ICF), a number of countries are upgrading their data-collection systems to capture information on disability. The UN has established a group on disability measurement and is currently piloting a series of census questions on the subject, as well as developing an extended survey module. Similarly, the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) is piloting an extended set of disability questions in several countries in South and East Asia. Major disability surveys have also recently been completed or are under way in Afghanistan, Ecuador, Kenya, Nicaragua, and Vietnam.

Mounting evidence points to the high economic costs of excluding people with disabilities from the development agenda and the productive cycle. It is estimated that the global annual loss of gross domestic product due to the exclusion of people with disabilities from the labor market is between US\$1.37 and \$1.94 trillion. Research highlighting the importance of taking disability into account in assessing poverty found that in 1999, 23 percent of U.K. households with a member with a disability earned less than 60 percent of the median income, but when adjustments were made—such as workplace adaptations, work-related equipment, and support to workers (including readers, communicators, and personal assistants)—that percentage rose to more than 47 percent. This suggests that if people with disabilities had better access to services and opportunities, they could contribute more to growth and development. The 2006 *World Development Report* on equity highlights the importance of eliminating inequalities that limit growth. Preliminary estimates of global gross national product lost due to disability are in the range of 5–7 percent. Inclusive development can harness this potential to the benefit of all and could well pay for its cost. Equitable development and poverty reduction will only be achieved if people with disabilities are included in economic development.

Initiatives to Support Inclusion of Disability

International and national policymakers have a comparative advantage in raising the issue of disability through such sectorwide approaches as poverty reduction strategy papers (PRSPs) and other overarching national initiatives. It is clear that key development goals, such as the Millennium Development Goals (MDGs), cannot be met unless marginalized groups are included in national development strategies. PRSPs—key government policy instruments for poverty reduction—are seen as operational frameworks for implementing the MDGs. More PRSPs are now mentioning disability, but this is only partial progress. People with disabilities still remain largely invisible in the PRSPs, resulting in an

incomplete policy agenda. Three key constraints hinder the participation of people with disabilities in poverty alleviation activities: people with disabilities are economically excluded from pro-poor growth, they are socially excluded from education and health, and they have a weak political voice. Disabled people's organizations (DPOs) are consulted in only a few cases (29 percent of PRSPs). An analysis of PRSPs shows that when DPOs do participate in PRSP consultation, the social focus of disability policy decreases and the economic focus increases. DPOs should be involved not only in the preparation of PRSPs, but also in policy discussions.

The first MDG, to eradicate extreme poverty and hunger, cannot be achieved without taking into consideration those who are so disproportionately represented among the world's poorest—people with disabilities. Most micronutrient deficiencies primarily affect poor and disadvantaged households whose members cannot produce or procure adequate food, who live in marginal or unsanitary environments without access to clean water and basic services, who lack access to appropriate education and information, or who are otherwise socially disadvantaged. The health and nutritional status of people with disabilities is a case in point, particularly in relation to the quality of their lives and the prevention of secondary disabilities.

Helping to prevent childhood disability through immunization, micronutrient supplementation, and growth monitoring and promotion is essential. Early screening and simple community-based interventions by frontline workers have shown to be an effective tool for improving the lives and functioning of persons who already have disabilities, including vision and hearing loss and mild cerebral palsy. However, early screening and diagnosis must be linked to the provision of timely and appropriate support and advice to families, combined with the design and orientation of corresponding intervention plans for more complex problems and for developmental delays. Efforts should focus on building the capacity of health workers and others in the community to provide advice and assistance to parents.

The UN Convention mentioned earlier in this brief recognizes the rights of people with disabilities to an adequate standard of living for themselves and their families (including adequate food, clothing, and housing) and to the continuous improvement of their living conditions. It also declares that countries shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability. Governments that ratify the Convention will be legally bound to provide people with disabilities clearly defined rights. Nevertheless, the Convention's full potential will only be reached if there are complementary improvements in the economic well-being of people with disabilities. The entry into force of the Convention will likely lead bilateral donor agencies to strengthen their development cooperation in this area.

In many developing countries, policymakers have been slow to consider disability in the context of their national development programs and policies, frequently because people with disabilities have been underrepresented in positions of influence and power and face educational constraints and discrimination. But disability can and should be addressed through legislation, focusing on creating provisions for nondiscrimination and meeting the special needs of people with disabilities. This policy advocacy should build on the international momentum around the Convention. Excellent opportunities to advance this agenda and to promote responses that are tailored to the specific needs of people with disabilities include the development of sector strategies for social protection and inclusive education policies, as well as accessible health care.

Toward Inclusive Development

Governments, development agencies, and service providers have tended to either omit people with disabilities from their development programs or create "special disability" projects that effectively exclude or ghettoize people with disabilities from mainstream society. Often, these programs are small in scale and reach only those people with disabilities in urban areas. This neglect of disability in development planning reflects a broader tendency to undervalue the capacity of people with disabilities and not see them as full citizens with dignity and rights who can contribute to society. Only when the barriers facing people with disabilities are recognized and addressed programmatically can there be substantive or sustainable change in the marginalization and poverty they experience.

Some dynamics are changing. Disability-led organizations are becoming much more engaged with policymakers and are emphasizing the need to shift paradigms and to more closely examine inclusive approaches that recognize them as having rights like anyone else. Empowering people with disabilities and increasing resources for them can make a powerful contribution to reducing world poverty and hunger. However, they themselves must be part of the process, and even good, inclusive policies must have effective implementation. This requires accountability mechanisms as well as the necessary financial and human resources to ensure effectiveness.

Inclusive Development-Program Design

The goal of inclusive development is to create an inclusive society that takes vulnerable and marginalized groups into account. Inclusive development advocates the mainstreaming of disability as a development issue. In the context of reaching people with disabilities who are poor and hungry, this can be accomplished by boosting food production, improving nutrition, and integrating the issue of disability into sustainable rural development policies and programs. Such initiatives should aim to improve income-generating and employment opportunities for people with disabilities in all aspects of work, including

agriculture and related sectors. This will require upgrading agricultural production technologies to meet the special requirements of workers with disabilities, fostering accident prevention in the agricultural and forestry sectors, and eliminating nutrition-related disabilities through improved dietary practices and food-security interventions.

What Actions Can Be Taken?

The following are suggestions for actions that can be taken to include people with disabilities in actions to reduce poverty and hunger:

- strengthen partnerships and facilitate good coordination with UN organizations such as the United Nations Children’s Fund; the International Labour Organization; the United Nations Educational, Scientific and Cultural Organization; the United Nations Population Fund, WHO, and the United Nations Development Programme—all of which are increasingly incorporating disability issues into their programming;
- promote the ratification and implementation of the UN Convention on the Rights of Persons with Disabilities;
- support policy advocacy and legal reform to create an enabling framework for people with disabilities and provide measures to remove barriers that prevent them from accessing services;
- promote community-based support services that address the needs of households with members with disabilities;
- provide livelihood opportunities for people with disabilities through microcredit and income-generating activities;
- develop institutional capacity on issues related to inclusive development;
- ensure access to information and communications technologies for people with

disabilities, especially for those living in isolated rural or mountain areas;

- include disability in PRSPs, using a variety of approaches to ensure equitable participation;
- collect reliable statistics relating to poverty among people with disabilities, given that data are lacking to date;
- include indicators on the inclusion of people with disabilities during the evaluation and monitoring phases of development programs;
- establish effective actions to provide for people with disabilities in situations of conflict, disaster, and displacement; and
- adopt a twin-track approach including specific projects targeting people with disabilities while at the same time mainstreaming disability considerations into poverty alleviation programs—important because an inclusive policy will never be reached with mainstreaming alone.

Disability is moving up on the international agenda, with far greater visibility than before. It is imperative that any action taken on behalf of the world’s poor and hungry include the needs of people with disabilities as part of the ultimate goal.

For Further Reading: A. Elwan, “Poverty and Disability,” background paper for the World Development Report (Washington, DC: World Bank, 1999); J. Hoogeveen, “Measuring Welfare for Small But Vulnerable Groups: Poverty and Disability in Uganda,” *Journal of African Economies* (Vol. 14, No. 4, 2005); R. Metts, “Disability and Development,” background paper prepared for the Disability and Development Research Agenda Meeting (World Bank, Washington, DC, 2004); D. Mont, *Measuring Disability Prevalence* (Washington, DC: World Bank, 2007); World Bank, *Poverty and Disability: A Survey of the Literature* (Washington, DC, 1999); and The UN Convention on the Rights of Persons with Disabilities, <<http://www.un.org/disabilities/convention/>>.

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