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Facilitating Disability Inclusion in Poverty Reduction Processes: Group Consensus Perspectives from Disability Stakeholders in Uganda, Malawi, Ethiopia, and Sierra Leone

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This paper addresses the challenge of how to get disability on the development agenda in four African countries. We explored perceptions of what initiatives would most help in achieving disability inclusion in Poverty Reduction Strategy Papers (PRSPs), and identified factors that can either promote or hinder these initiatives. Stakeholders from Disabled People's Organisations (DPOs), other civil society organisations (CSOs), development agencies, researchers and government ministries, participated in the Nominal Group Technique and Force Field Analysis procedures across Malawi, Ethiopia, Uganda and Sierra Leone. While each country had specific contextual factors, common ideas for promoting greater disability inclusion in PRSPs focused on policy action, the need for a stronger evidence-base, mechanisms for directly influencing the PRSP process, as well as strengthening central government and DPOs' capacity in this regard. Common facilitators for these actions were seen as the existence of a national disability umbrella body, disability-specific legislation, named Ministries for Disability, ratification of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), and the fact that disability was already mentioned (albeit inadequately) in some PRSPs. Common inhibitors included negative attitudes towards disability, poor capacity in DPOs and government ministries, poor policy implementation, little 'domestication' of the UNCRPD, little political will or consultation with people with disabilities, as well as aggregating disability with other vulnerable groups, a lack of research in the area and poor coordination between DPOs.

Keywords: Disability; policy; empowerment; Africa; development

Introduction

People with disabilities encounter greater poverty than people without disabilities, across a variety of dimensions; including lower educational attainment, less access to employment and greater health related expenditure (Mitra, Posarac & Vic, 2012). Poverty Reduction Strategy Papers (PRSPs) are one of the main policy instruments for reducing poverty and they have made substantial progress in increasing country ownership of poverty reduction , and opening the policy dialogue between government and civil society (Bonnel, 2004). In the process, they have emerged as key instruments for reducing the poverty of poor households. Despite this, people with disabilities are often excluded from meaningful participation in the generation and implementation processes of PRSPs and related poverty reduction policy processes and policies fail to adequately address the needs of people with disabilities (MacLachlan, et al. 2012). The World Report on Disability estimates that 15% of the world's population, or over one billion people, live with a disability (WHO & World Bank, 2011). Most of these people are found in low-income countries, and they are disproportionately represented among the poorest of the poor in these countries. The World Report on Disability argues that if people with disabilities and their households are to overcome exclusion, they must have access to work or livelihoods, breaking some of the circular links between disability and poverty (WHO & World Bank, 2011).

The report also explains the link between health, disability and poverty. Thus, disability may lead to poverty through lost earnings, due to lack of employment or under-employment, and through the additional costs of living with a disability, such as extra medical, housing, and transport costs. Hence, the poverty-disability-poverty cycle is now representing a pressing research and human rights agenda (Ingstad & Eide, 2011).

The International Labour Organization (ILO, 2002) reported that, out of the 29 African PRSPs, there was no indication that people with disabilities and their organisations had been given adequate opportunity to participate in their development. Where there was a presence of people with disabilities, they had little chance to be heard; often being overruled by more 'powerful' or 'vocal' stakeholders when it came to negotiating a 'consensus'. In some cases, people with disabilities struggled to persuade other partners that practical solutions for socioeconomic integration of people with disabilities were possible (ILO, 2002). A later study by Bonnel (2004) found that while the majority of 33 PRSPs reviewed (73%), recognised that people with disabilities are among the poorest households, and are exposed to high poverty risks, few PRSPs described the poverty risks and the specific exclusion mechanisms that prevent this population from accessing poverty reduction programmes. Although most poverty reduction strategies outlined in PRSPs emphasised the participation of the poor in economic development, very few (37%) recognised the importance of bringing people with disabilities and their organisations into the national development process (Bonnel, 2004). PRSPs often relegate disability issues to side programmes without considering them within the mainstream strategies targeted at poverty reduction in the general population (Swartz & MacLachlan, 2009). This is in spite of the compelling evidence that disability and poverty are complex, dynamic, and intricately linked (Ingstad & Eide, 2011; Coleridge, 2007).

Most of the ambitious development projects aimed at attaining the Millennium Development Goals (MDGs) exclude people with disabilities in the designing and implementation of these programmes (MacLachlan & Swartz, 2009). Indeed, the MDGs themselves are awkwardly silent on disability, averting their gaze, as it were. It is clear that today, people with disabilities continue to be marginalised in both local and national development processes, and this marginalisation contributes to the high rates of chronic poverty among people with disabilities.

While the PRSP process is complex in itself, it has been discussed elsewhere (see for example Barnes, 2009; Fritz et al. 2009; Mwendwa et al. 2009; Coleridge, 2007; Dube, 2005; Bonnel, 2004). It is however important to acknowledge from a critical perspective that neo-liberal ‘instruments’ of globalisation – such as PRSPs – are blunt instruments for promoting the empowerment of marginalised groups. Furthermore, Grech (2009:771) has argued that the ‘complexities related to context and poverty are too often unacknowledged in the quest to simplify, generalise and export disability discourse, models and strategies’. Thus constructions of disability – weather form disabilities studies or mainstream development studies in the North – are necessarily cultural products; reflecting the positioning of disability in different contexts and by different actors (Goodley, 2011).

Recognising that PRSPs are – for good or bad – the conduits through which policy is encapsulated and resource distribution enacted, we were interested to explore how a range of disability-stakeholders in different low-income countries felt they could best achieve disability inclusion in PRSPs, and which factors could be expected to promote or hinder such initiatives. In this paper, we report on the use of two group consensus methods – the Nominal Group Technique and Force Field Analysis. Our research was conducted with disability stakeholders across what were then the only two African countries with named Ministries of Disability (Uganda and Malawi); a country where disability has a high national and international profile due to war-related injuries (Sierra Leone); and a country where disability has a somewhat lower profile (Ethiopia).

We wanted to consult people with different types of expertise, both personal and professional, who had different written and spoken competencies, varying social status and experience of speaking publicly. We therefore sought to use participative techniques that could give equal voice to these disparate groups, and diminish the effects of group dynamics, power and dominance that are often a feature of disability research, and of international aid programmes in general (MacLachlan et al. 2010).

Methodology

Nominal Group Technique

The Nominal Group Technique (NGT) is a structured variation of a small group discussion used for consensual decision-making and was originally developed by Delbecq and Van de Ven in 1968 (Van De Ven & Delbecq, 1974). The purpose of the NGT is to generate ideas in response to a particular issue, which can then be prioritised through a group discussion. It is designed to encourage every group member to contribute and to diminish the association between individuals and the ideas that they personally contribute (1974). Participants involved in the NGT take part in a highly structured face-to-face meeting usually lasting up to two hours. The suggested size of a group is five to nine participants, although some researchers have effectively utilised the NGT with larger groups (Lloyd-Jones et al.. 1999; Twible, 1992; Thomas, 1985).

The NGT usually consists of five steps: (i) generating ideas; (ii) recording ideas; (iii) discussing/clarifying ideas; (iv) voting/rating ideas; and (v) summing the ratings (Potter et al. 2004; Van de Ven & Delbecq, 1974). The method essentially consists of the generation of personal ideas by each team member concerning the issue under discussion, posting these ideas on a flip chart, and then individually ranking them, followed by collating each team member's rankings to produce team consensus.

When comparing the NGT with other group processes such as focus group discussions and brainstorming, the NGT has several advantages. The method prevents the domination of the discussion by a single person, as the method ensures equal participation by giving each member a equal chance to contribute (Totikidis, 2010). The technique also eliminates peer pressure in the team's selection/ranking process, as this is done individually. The results become a set of prioritised solutions or recommendations that represent the group's preferences (Potter et al. 2004). Hence, this method can reduce the tension that may be associated with processes such as brainstorming where particular individuals can dominate (Brahm & Kleiner, 1996). Since participants are directly involved in both data collection and analysis, researcher-bias is minimised due to the highly structured nature of the process (Twible, 1992). Most importantly, the democratic voting/rating of ideas, unanimous decision-making, task completion and immediate dissemination of results to the group promotes satisfaction among participants (Twible, 1992). Thus, the NGT provides a sense of closure that is often not found in less structured group methods.

The analysis of data from the NGT and reporting of results can be carried out using both qualitative and quantitative methods; hence, NGT has been classified as a mixed method approach (Patton, 1990). While most research reporting on NGT has been in high-income settings, it has also being used in low-income settings, including in one of our study countries – Malawi (see MacLachlan, 1996).

Force Field Analysis

Force Field Analysis (FFA) is a technique developed by Kurt Lewin to diagnose a situation by identifying both driving and restraining forces that help or hinder change in an organisation (Lewin, 1951). The technique is appropriate when decision-making is hindered by a number of significant points – for and against a decision. It is also used to identify the key causes of successful or unsuccessful actions, to clarify and agree on the balance of disagreement, to help identify risks to a planned action and to develop a strategy for their counteraction (Thomas, 1985). Thus, the technique assists in listing, discussing, and evaluating the various factors or forces for and against a proposed change (Craig, 1994). The sort of forces commonly identified by the procedure include: available resources, attitudes of people, values, traditions, regulations, organisational structures, relationships, personal group needs, present and past practices, institutional policies, agencies, costs, desires, and competing interests (Craig, 1994; Thomas, 1985; Lewin, 1951).

FFA is useful in situations where verbal arguments, during decision-making, are likely to yield biased results in favour of those who are senior or more eloquent. By avoiding verbal arguments, FFA assists teams in decision-making by weighing up pros and cons in a more structured fashion. The technique can also be used as a tool for analysing information in needs analysis or to select among alternative interventions to solve a given performance problem (Craig, 1994). However, the FFA process is subjective and requires collaborative thinking and agreements concerning forces for and against the solution to a particular problem. It is also not likely that all forces can be identified or their interactions fully understood. It is, therefore, important to be open to the idea that FFA may miss some elements of a problem and may oversimplify the relationship of the identified positive and negative forces (Craig, 1994; Swanson, 1995).

FFA is best carried out in a small group of about six to eight people although, in some cases, bigger groups have been used (Swanson, 1995). FFA uses a visual diagram when presenting findings from this method (see Thomas 1985; Craig, 1994). All forces in support of the change (driving the change forward) are listed in a column to the left of the flip chart, and forces working against the change (holding it back) are listed in a column to the right. Driving and restraining forces can be sorted around common themes and then scored according to their 'magnitude', ranging from, for example, one (weak) to five (strong) (Craig, 1994). The scores in each column can then be added. Equilibrium is reached when the sum of the driving forces equals the sum of the restraining forces. Any equilibrium can be raised or lowered by changes in the relationship between the driving and the restraining forces (Swanson, 1995; Craig, 1994). Thus, for change to occur, driving forces must outweigh restraining forces.

Study Sample

The participants who took part in the NGT and FFA were drawn from government departments, civil society organisations (CSOs), disabled people's organisations (DPOs), non-governmental organisations (NGOs), academic and research institutions, the media, and the donor community. These were purposefully selected on the basis that they were senior representatives who had participated in the consultative process of the PRSP formulation, because they had knowledge of the PRSP process in each of their respective countries. Table 1 below shows the number of participants from the four countries who participated in these data collection methods.

Table 1: The number of participants in the NGT and FFA procedures in each country

Country	**Nominal Group Technique**	**Force Field Analysis**
Ethiopia	12	20
Malawi	10	40
Sierra Leone	9	32
Uganda	22	22
Total	**53**	**114**

FFA was conducted in all countries as the culmination of a feedback workshop. In Uganda, the 22 NGT participants were part of the feedback workshop where findings from other data collection methods were being presented. In the other countries, the NGT was undertaken prior to the feedback workshop, and only a subset of those involved in the feedback workshop were invited to participate.

Analysis and Discussion

Table 2 presents NGT findings where the most important initiatives to promote disability inclusion in PRSPs were identified by participants from the four countries, and these are presented in order of priority.

Table 2: Six most preferred initiatives for promoting disability inclusion in PRSPs identified across the four countries using the NGT

	Uganda (U)	**Malawi (M)**	**Sierra Leone (SL)**	**Ethiopia (E)**
1.	**Mainstreaming** disability in all policies & programmes	**Policy** makers' knowledge about disability issues	Genuine inclusion and participation of people with disabilities in **policy** & decision-making **processes**	Educating & enlightening **policy makers** on disability issues
2.	Understanding of the **PRSP processes** by people with disabilities	**Learning** from people with disabilities	Developing, reviewing, enacting & **implementing laws** in relation to disability, & United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) domestication	**Coordination & solidarity** among DPOs & other stakeholders
3.	**Policy** implementation& UNCRPD domestication	**Policy**& implementation	Undertaking inclusive national **census** followed up by more detailed disability focused studies	Promoting **self-representation** & making discussion forums accessible
4.	**Skills** development & economi empowerment	Disability **awareness& advocacy**	Undertaking a primary **needs assessment** of people with disabilities in society	Increasing attempts aimed at influencing the government to include

	of people with disabilities			people with disabilities in **PRSP consultative meetings** right from grassroots levels
5.	Collecting disaggregated **data** on disability, & its utilisation	Availing **incentives** for working in disability field	Setting up a **disability unit** in all line ministries & local councils to promote advocacy and disability mainstreaming	Revising the recent Charities and Societies Proclamation No. 621/2009 so that its **restrictive impact** on DPOs & disability advocacy is either avoided or minimised
6.	**Joint advocacy** with other stakeholders such as HIV women & youth organisations	Availability of research-based **evidence**	Sensitisation of people with disabilities & their organisations on **PRSP processes**	Gathering disability-specific **data**; e.g., baseline surveys, disability statistics

Table 3 presents FFA factors that were identified as facilitators or inhibitors for the above initiatives in each of the four countries. The results for the NGT and FFA are first analysed and discussed separately, and then integrated by drawing conclusions and offering recommendations intending to promote disability inclusion in PRSPs.

Table 3: FFA of factors seen as acting as facilitators or inhibitors for initiatives to promoting disability inclusion in PRSPs in the four countries

Common Facilitators	**Common Inhibitors**
Creation of a **national disability umbrella body** to increase disability activism	Negative **attitudes** towards people with disabilities
Disability specific legislation, including reference of disability in the Constitution	Lack of **capacity** among people with disabilities and their **organisations** (minimal education)
Recognition of disability issues by the	Lack human and financial **capacity** of the

government through creating **disability-specific Ministries** disability desks in some Ministries **UNCRPD ratification** **Disability mentioned** albeit inadequately, in the **PRSP**	**Ministry** in charge of disability Lack of **policy implementation** Lack of **domestication** of the UNCRPD Very limited **political will** from policy makers Minimal **consultation** of people with disabilities in national development processes Lack of/or inadequate financial and human **resources for implementation** Lack of **understanding** of disability issues by other stakeholders such as policy makers as disability is not seen as a crosscutting issue, and a rights-based issue Limited **capacity of DPOs** Disability **research** not being prioritised **Disability grouped under 'vulnerable groups'**, thus failing to address the specific issues affecting people with disabilities Lack of **coordination** among and between DPOs, government institutions and NGOs working in the disability field
Unique Facilitators	**Unique Inhibitors**

Uganda **Self-representation** and visibility of people with disabilities via the decentralisation system - representation of people with disabilities from grassroots to national level	*Uganda* Lack of **capacity among representatives** of people with disabilities and the PEAP committee
The creation of the **Poverty Eradication Action Plan (PEAP) Committee**	*Ethiopia* No **parliamentary representation** of people with disabilities as is the case in neighbouring countries such as Uganda
Ethiopia Increase in the primary and secondary **school enrolment of children with disabilities**; the Ministry of Education is manifesting significant and exemplary strides in terms of promoting a disability-inclusive education in the country	The new **Charities and Societies Proclamation** No. 621/2009 law and the absolute restriction it imposes on rights-based advocacy work by international NGOs, CSOs, CBOs and DPOs' operations

For the NGT, there were some commonalities across the four countries with regard to facilitators of disability inclusion in PRSPs. While there is clearly some overlap between these proposed facilitators, we discuss the common salient themes across countries and then review some country-specific suggestions.

Not surprisingly, action relating directly to policy - policy makers' knowledge and education about disability, (M1, E1), as well as the implementation of policy, the UNCRPD (United Nations, 2007) and related laws (U3, SL2) – was identified in each of the countries. Fritz et al. (2009) argue that policy-makers often have very limited knowledge of the specific poverty situation of persons with disabilities, and thus neglect them in their design of strategic solutions. For example, to ensure inclusion in Tanzania, DPOs organised a specific workshop for this purpose (Fritz et al. 2009). Similar findings were also recorded in other studies, which emphasised the need to engage in an extensive process of knowledge-sharing between various stakeholders, including policy-makers (see Fritz et al. 2009; Handicap International, 2010). This serves to not only allow stakeholders to become better acquainted with each other, but to also make information available and transparent, and build communities of trust.

Another emerging theme across the four countries was the need for more research/data/evidence (U5, M6, SL3, SL4, E6). In their studies on living conditions, Eide et al. (2011) also confirmed the scarcity of evidence to support the disability-poverty relationship in low-income countries, primarily due to the lack of relevant and reliable data. Whilst there is a logical link between disability and poverty, a lack of rigorous e studies has prevented the creation of a sound understanding of the specific causal links. Further, this dearth of research has also provided the basis for a discourse that denies the agency of people with disabilities, as they continue to be 'otherised', and portrayed as dependent on the goodwill of 'significant' others. In addition, Africa still faces the greatest challenge of establishing and making use of research for effective decision–making in inclusive development processes, as disability research is yet to attract meaningful funding from governments (Chataika et al. 2011). Again, this may be due to lack of understanding of disability as a cross-cutting, development and human rights issue. One response to these concerns has been the establishment of the African Network for Evidence-to-Action on Disability (AfriNEAD). Its vision is to facilitate a comprehensive, inter-sectoral, interactive forum for debate around evidence-to-action on disability with a view to ensuring that disability is part of development processes in Africa and from an African perspective (Mji et al. 2009, 2011; Kachaje et al. in press).

In three countries, suggestions focused on the need for the disability movement to directly influence the PRSP process (U2, SL6, E4). DPOs often lack the knowledge as well as the political understanding of how to become involved in the PRSP process (Chataika et al. 2011; Mwendwa et al. 2009). As a result, their lobbying and advocacy role is severely compromised when it comes to their participation in national development processes and ensuring that disability is included in PRSPs. For example, Fritz et al. (2009) reported that in Tanzania, the establishment of the MKUKUTA Disability Network proved to be a challenging task, as it took some time to find professional, motivated and reliable staff for the coordinating secretariat. Furthermore, the projects showed little verifiable impact on the national PRSP processes. However, after capacity development, the disability movement understood the PRSP process; they also managed to change attitudes of society and policy-makers – elements that are crucial for any successful inclusive PRSP planning and implementation (Fritz et al. 2009).

Direct actions that could be taken in collaboration with other CSOs were suggested in three countries (U6, M4, E2). Participants called for a joint advocacy strategy with other stakeholders working on HIV and AIDS, women and youth issues in order to increase disability awareness among policy makers and communities. When executing a joint strategy, Handicap International, CBM and GTZ (2009) recommended the following four basic steps if a process addressing PRSPs and disability is to be successfully initiated, and these are: (i) orientation phase, (ii) meeting of possible allies, (iii) identification of possible entry points, and (iv) development and implementation of a joint strategy (see Handicap International, CBM, & GTZ, 2009, p. 18–22 for a detailed explanation of these steps). They also provided an example of Tanzanian experiences of the way in which the disability movement engaged possible allies, which saw disability featuring in the country's PRSP, after observing the gap in the previous document.

In two countries, suggestions focused on what could be described as central government processes (U1, SL5). Participants in Uganda emphasised disability mainstreaming in all policies and programmes. In Sierra Leone, they felt that setting up a disability unit in all line ministries and local councils would promote disability mainstreaming as various stakeholders would be able to understand disability as a cross-cutting issue. While the PRSP process can unlock doors and provide a fertile ground for further advocacy and action, empowering people with disabilities to the extent that they see real changes in their lives, is a long process that requires on-going lobbying and advocacy (Handicap International, CBM, & GTZ, 2009).

While the top ranked suggestions varied across each country, all were associated with influencing policy in one way or another. However, there were also some country-specific suggestions that may be useful for other countries to consider. In Malawi for instance, the importance of learning from people with disabilities (M2) was ranked highly; and the idea of providing incentives for people to work in the disability area was also proposed (M5). Equivalent to all other CSOs, DPOs have the right to participate in development processes. Therefore, DPOs should be allowed to contribute their opinions and experiences with poverty, and be able to contribute to such processes (Chataika et al. 2011). Hence, governments and their allies should create a pool of funds for capacity development of people with disabilities and their organisations in areas of lobbying and advocacy, administrative and leadership skills, policy analysis, and the PRSP process in order to enable them to effectively participate in decision-making processes. With regard to incentives of people working in the disability field, the rationale is most likely to attract a good calibre of personnel as brain drain and/or economic migration seem to be affecting this field in Africa, due to *inter alia* meagre salaries. Most DPOs and government departments spearheading disability issues are under-resourced – in terms of human and financial resources (Wazakili et al. 2011a; Mwendwa et al. 2009), negatively impacting the outputs of such organizations.

In Ethiopia, the need to revise the recent Charities and Societies Proclamation (No. 621/2009), which restricts rights-based advocacy work by international NGOs, CSOs, CBOs and DPOs was highlighted (E5). This law requires that all organizations working on rights advocacy, including disability rights movements, acquire their operational funds from solely local sources. However, similar to most DPOs in Africa, Ethiopian DPOs highly depend on external funding (Wazakili et al. 2011a/2011b). Consequently, some DPOs have renounced their advocacy role in order to continue benefiting from foreign sources; others have opted out of the national disability umbrella body, choosing to forfeit such funding so that they can maintain their advocacy role. This division was reported to have inherently weakened the national disability movement, which was only beginning to emerge as a strong disability voice in the country – thus compromising on joint advocacy. Therefore, Ethiopian CSOs are encouraged to come together and speak with one voice if there are any chances of influencing the government for it to either reverse or lighten the impact of this repressive law.

The FFA results are also noteworthy; both for the number of common facilitators and inhibitors identified across the four countries, and the finding that inhibitors far outweighed the facilitators. In the four countries, for example, the presence of national disability umbrella bodies was identified as crucial in lobbying and advocating for disability inclusion in development processes. In addition, the ratification of the UNCRPD by these four countries is a prodigious opportunity to mobilise and engage political authorities, alongside with CSOs; to ensure the inclusion and participation of people with disabilities in development and governance processes.

Similarly, several inhibiting factors were also identified. These include negative attitudes towards people with disabilities, lack of political will, lack of capacity within the disability movement, limited resources and lack of policy implementation. An additional inhibiting factor was lack of coordination among and between DPOs, government institutions and NGOs working in the disability field; thus making disability inclusion in development processes challenging, and reflecting a common tendency for people with disabilities to lack a strong and united voice (Handicap International, CBM & GTZ, 2009). Handicap International (2010) also established similar challenges. It elucidated that DPOs often have limited knowledge and skills in the fields of law and advocacy, which reduces the impact of their actions. Also, national DPO federations often have limited knowledge of, and access to, existing decision-making processes since they experience major operational difficulties related to low levels of administrative skills and limited operational resources. Weak internal governance and lack of close links with their member organisations were also identified as inhibiting factors; thus rendering it difficult to establish the reality on the ground. Other identified constraints included negative societal attitudes, lack of policy implementation, and limited and unreliable national data concerning people with disabilities (Handicap International, 2010).

There were also unique facilitators and inhibitors identified in Uganda and Ethiopia. In Uganda, self- representation of people with disabilities from grassroots to national level, and the creation of the PEAP Committee were seen to have increased the visibility of people with disabilities in decision-making processes. However, lack of capacity within these institutions was reported to be working against disability inclusion. In Ethiopia, the increase in the primary and secondary school enrolment of children with disabilities was seen to be manifesting significant and exemplary strides in terms of promoting a disability-inclusive education in the country. However, lack of parliamentary representation of people with disabilities, as the case with Uganda, worked against self-representation. Also, the Charities and Societies Proclamation No. 621/2009 law and the absolute restriction it imposes on rights-based advocacy work in terms of soliciting funding from external sources, was seen to be adversely affecting the work of DPOs, which rely heavily on external funding.

Positioning Disability

In entering the PRSP discourse we recognise that we are positioning disability in ways that some may not be comfortable with. The dominance of Northern perspectives can easily populate and colonise the (neo-liberal) agenda of development (MacLachlan et al. 2010) and the placing of disability within this (Grech, 2011). Yet our own ideological positions can also be challenged. For instance while the UNCPRPD embraces the social model of disability, it is reasonable to assume that contextual and cultural differences may influence how best to promote the rights of people with disability. Gobley's (2012) study of the economic empowerment of people with disability in India and Kenya concluded that while inclusive strategies based on social model principles were among the most successful, 'a total reliance on this ideology would run the risk of excluding a large section of the disability population altogether' (I). In fact Gobley notes that 'some of the segregated services were found to be continuing to play an important role in disability service provision' (I). While such findings may be ideologically challenging, they also point up the value of recognising that similar goals may be achieved in different ways in different places, and that we really do need to listen to and learn from local voices. This is what we have attempted to do in this paper.

While the structured nature of our methods may be too confining for some, our methods did have the advantage of limiting the extent to which we could 'over-read' our own views into statements offered in less structured settings, such as focus groups or individual interviews. In this sense we have perhaps more slavishly carried the messages we have been given by our research participants, than is conventional for those adopting a critical disability studies perspective (Goodley, 2011). However, we acknowledge that there is no 'neutral' position on disability, development, inclusion or policy formation; and in implicitly arguing for the identification of tactics and strategies to enhance the inclusion of disability in PRSPs, we are also affirming what we consider to be a necessary consciousness of this approach to development.

Recommendations for Disability Inclusion in PRSPs

We have highlighted our use of techniques to gain consensus through equal participation. As indicated earlier, our aim was to lessen the effects of group dynamics, power and dominance that is usually associated with disability research and of international aid programmes in general. The NGT results identified several factors that are essential to ensure disability inclusion in PRSPs. Participants noted that national DPO federations and their allies should increase their disability awareness and advocacy role, in order to influence policy-makers on disability issues; thus increasing the chances of genuinely mainstreaming disability in all government policies and programmes. Also prioritized were initiatives to promote the participation of people with disabilities in policy and decision-making processes, as there is a great deal to learn from their life experiences.

Although disability struggles to feature in most PRSPs (Fritz et al. 2009), participants acknowledged that disability had been briefly mentioned in their countries' PRSP documents. Therefore, this should be the basis upon which disability inclusion in subsequent PRSPs should be anchored upon. As previously indicated, there is a strong argument suggesting that people with disabilities constitute the majority of those living in chronic poverty (WHO & World Bank, 2011). Therefore, the inclusion of disability in poverty reduction processes should not be optional if there is any chance of reducing global poverty.

Capacity development should be prioritized for people with disabilities, so that they can meaningfully contribute towards national development processes. Thus, governments and development partners should avail resources for skills development and to sensitise people with disabilities and their organisations to the PRSP process and how it operates (Handicap International, 2010). Once the capacity of people with disabilities is strengthened, self-representation at various levels can then yield better results, as people with disabilities will be in a position to meaningfully contribute to the national development processes.

Disability specific legislation, including reference of disability in the country's Constitution, and the ratification of the UNCRPD by the four countries, provides a fertile ground to argue for disability inclusion. These legal tools should be used as advocacy tools for policy makers, civil society and donors to understand disability from a human rights perspective (Mwendwa et al. 2009). However, in Ethiopia, the passing of the legislation regulating the operation of CSOs and NGOs was regarded as a threat to disability inclusion. Incidentally, most DPOs' basic operational budgets in Ethiopia and other low-income countries are dependent on international financial partnerships and grants, since disability is not a priority on government funding.

The need for government and its development partners to fund disability-specific research is critical as the study reported a dearth of disaggregated research evidence in the four countries. Policies and programmes that are informed by research evidence benefit communities to accessing social services (Wazakili et al. 2011a). Hence, the importance of gathering and utilising disability-specific disaggregated data to inform the development agenda.

Another important factor raised by Ugandan participants was the need to engage in joint advocacy with other stakeholders such as women, youth, and HIV and AIDS organisations. In its report, Handicap International (2010) emphasised that DPOs should identify existing consultation mechanisms where decisions and discussions on policies and national development take place. These could be public policies discussions, forums of civil society, women's rights movements and children's rights movements and other networks of associations who come together to work on a specific theme. DPOs could then lobby to be included in meetings and committees in order to play an effective role in representing the interests of people with disabilities (Handicap International, 2010). It becomes essential to ensure that DPOs and their allies work together to map out strategies that can reduce or eliminate factors working against disability inclusion.

DPOs were said to have limited knowledge about the PRSP process, which partly accounts for their limited participation in such processes. The grouping of people with disabilities together with other vulnerable groups in the PRSPs was considered a direct consequence of limited knowledge about the uniqueness of disability as a concept. Unlike other minority groups, people with disabilities have particular needs before they reach the starting blocks of equality (Coleridge, 2007).

The decentralisation process in Uganda has the potential to promote disability inclusion, if the capacity of people with disabilities is improved; the other three countries can also learn from this system. It is critical for governments to ensure that people with disabilities are genuinely involved in development processes (planning, implementation, and evaluation). This can only be realised if there is a deliberate effort to develop capacity among people with disabilities and their organisations. Ministries in charge of disability should ensure that disability desks are instituted in all government departments, and that they are staffed by people who have the technical knowledge on disability.

It is clear from this and other studies that people with disabilities may experience negative societal attitudes, simply because of perceived difference. This is then used as an exclusion criterion, as people with disabilities become 'invisible' from mainstream development (Handicap International, 2010). The implication is that if these negative perceptions remain unchallenged, disability issues may remain at the periphery of the development debate. It is evident that people with disabilities seldom participate in the Poverty Reduction Strategy process, despite a primary principle of such a process directing the active inclusion of civil society in the formation, implementation and appraisal of the adopted strategy (Handicap International, CBM, & GTZ, 2009). Accordingly, the needs of people with disabilities will not be taken into account in development initiatives to allow them to access basic services and enjoy equal participation in such initiatives. This is in spite of the fact that there are more than one billion people with disabilities worldwide; and most of these people live in chronic poverty attributed to numerous barriers, which include negative societal attitudes (WHO & World Bank, 2011). The macro implication is that halving poverty by 2015, as stated in the first MGD, will necessarily be a rhetorical delusion without the inclusion of people with disabilities in PRSPs. Therefore, the involvement of people with disabilities cannot be an option, but an obligation for national and international development processes. In other words, it should be a starting point for countries and development agencies, rather than an after-thought; if PRSPs are to be legitimate strategies of fighting global poverty.

Conclusion

Our participative methods have highlighted some important ideas for promoting disability inclusion in national development policies. We have also identified possible facilitators and inhibitors for these proposed ideas. Specific initiatives, designed to enable people with disabilities to develop the necessary skills to effectively engage in PRSP processes, are urgently required. People with disabilities must become part of the development agenda, by capitalising on facilitators for disability inclusion (see Table 2). DPOs, governments and their allies, should establish effective means of circumventing the inhibitors of disability inclusion (see Table 3). Listening to the voices of civil society, particularly those of marginalised groups, is key to any country-driven, country-owned, comprehensive, and participatory PRSP generation process. The multidimensional nature of poverty for people with disabilities in low-income countries (Mitra, Posarac and Vick, 2012) requires all stakeholders to explicitly commit to the UNCRPD.

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