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# Bridging the Gap

**Examining disability and development in four African countries**



# Bridging the Gap

**Over the course of this three-year project, research teams in four countries (Kenya, Sierra Leone, Uganda and Zambia) set out to better understand the relationship between disability and development in each country across four domains (education, health, labour markets and social protection). These countries were chosen as they demonstrate a range of socioeconomic stages of development. All have ratified the UN Convention on the Rights of Persons with Disabilities (CRPD).**

We wanted to explore the hypothesis that as socioeconomic development improves access to healthcare, education, employment and social protection, people with disabilities are at risk of being left out or left behind, creating a disability and development gap. Our aim was to identify where the gap exists, see whether it widens as development progresses, and understand the mechanisms needed to close the gap.

**Methodology:** This mixed-methods research used a range of interrelated components, including policy and secondary data analysis, a household survey of 4,839 households (13,597 adults and 10,756 children) and more than 55 focus group discussions, 65 key informant interviews and 130 in-depth interviews across the four countries.

# Key findings

## **1. A disability and development gap exists.**

It exists even in countries where comprehensive policies are in place to support inclusion and equity. While there are variations across all countries and all domains, evidence suggests that as socioeconomic development increases, this gap increases. Adults and children with disabilities are thus at risk of being left behind in education, employment, healthcare and social protection compared to their non-disabled peers.

## **2. The disability and development gap also exists at the household level.**

People with disabilities may be left behind compared to other members of their households as development progresses, for example in access to employment. The gap may continue to exist even in more advantaged households.

## **3. Accountability mechanisms are missing.**

Even where policies are in place, a consistent finding across all the countries was weak implementation due to a lack of monitoring, specific budgetary allocation and accountability mechanisms. This limited the effectiveness of existing policies.

## **4. Mainstreaming people with disabilities is a necessary, but not sufficient, condition for equity.**

While current mainstream development efforts go some way towards addressing disability and poverty, they will not close the gap alone. Evidence shows that additional targeted and specific programming needs to be put in place to address and reduce the equity gap experienced by people with disabilities.

## **5. Inequity is not static.**

Intervention strategies must consider that inequity between disabled and non-disabled populations is not static but dynamic. Ongoing effective interventions must work towards closing gaps and ensuring that they remain closed.

## Our findings

**In all four countries, and across all four domains, we found evidence to substantiate that the disability and development gap exists. While there are variations within all countries and/or domains, it is clear that as socioeconomic development increases, adults and children with disabilities are at risk of being left behind in education, employment, healthcare and social protection compared to their non-disabled peers.**

These findings are important as the governments in all four countries are committed to the Sustainable Development Goals (SDGs) and the CRPD. Without understanding where to target efforts – and resources – they are unlikely to be able to achieve their goals or deliver on their commitments.

A range of factors contribute to creating and maintaining gaps across all the four countries, including lack of disability-specific legislation, policy gaps, lack of harmonisation between policies and services, and consistent lack of planning, monitoring, budgeting or recourse mechanisms. Lack of implementation is compounded by lack of prioritisation, exclusion of people with disabilities and disability groups in the political and administrative process, and traditional prejudices and stigmas that obscure the pressing needs and growing inequity faced.

For example, data shows that across the four countries, although younger people report higher levels of educational attainment compared to older people, reflecting global trends in increased access to education, the attainment gap between disabled and non-disabled individuals is generally wider across the survey sample.

Not only that, but this equity gap may be wider in countries within some domains where socioeconomic development is improving the lives of millions of people; and narrower in countries where there has been slower progress in socioeconomic development.

For example, among the 4839 households surveyed, significant gaps in living standards were reported according to whether a household included a person with disabilities in Kenya, Zambia and Uganda, but not Sierra Leone. This means there need to be more targeted efforts to enable adults and children with disabilities to catch up with their non-disabled peers.

In countries where the gap is narrower there are opportunities to ensure that as development efforts increase, adults and children with disabilities are not left out or left behind. Making policies and programmes inclusive from the outset will lessen the risk of a growing equity gap.

People with disabilities themselves are keenly aware of and concerned about this growing gap. In countries with higher socioeconomic development, the gap in satisfaction with living standards between people with and without disabilities was consistently more pronounced.

**"As disabled people we are the poorest. Many social groups have managed to make different associations and they get benefits from the government. However as disabled people we have not been helped in any way. Nobody is concerned with us, we work for ourselves."**

**Focus group participant, Uganda**

## Key findings: Kenya

The Kenyan Government has shown a strong commitment to disability issues, as evidenced by a range of policies aiming to address rights and inclusion. However, our research highlighted gaps in funding, and a lack of robust monitoring and enforcement mechanisms. A lack of definitional clarity about what constitutes a disability compounds the issue, as it can hinder access to existing education and social protection mechanisms, and can lead to problems in generating useable data. Administrative devolution has further complicated the picture, with distinct differences in policy and implementation between districts.

Kenya's socioeconomic growth has led to overall improvements in several areas, including education. However, while education levels tended to be higher for younger compared to older generations, education statistics, while low overall, were more equal in the older generations. This highlights a growing equity gap.

For younger people, our household data showed significant differences in school attendance, with much lower rates for children with disabilities than for their non-disabled peers. Moreover, this gap was greater in urban areas than rural: in urban areas, 30% of children with disabilities were not in school compared to 5% of their non-disabled peers; in rural areas, the figures were 13% and 4% respectively.



Comparable findings in employment identified a gap between disabled and non-disabled respondents that was again wider in more developed urban areas than rural areas. These results highlight a gap not just between disabled and non-disabled respondents, but also the risk of people with disabilities being left behind in more developed areas within the same country.

Other findings also highlighted consistent areas of disadvantage between adults with and without disabilities. Adults with disabilities reported more barriers to accessing healthcare, with those with more severe disabilities reporting greatest difficulty. Households with members with severe disabilities were also worse off economically. These gaps were wider in Kenya – a relatively more prosperous country – compared to respondents in Sierra Leone.

Levels of dissatisfaction with social protection programmes were high across all households surveyed. For example, although disabled respondents reported significantly poorer health than non-disabled adults, social protection coverage for households with a disabled person (5%) were barely higher than non-disabled households (3%).

**“ ... government policies concerning social protection on people with severe disabilities are not enough. They have not been able to describe what severe disability is. They lack specific data on people with various kinds of disability.”**

**Focus group participant, Nairobi**

## Key findings: Zambia

Although disability efforts are not as established as in Kenya, Zambia has begun to make significant commitments to the inclusion of people with disabilities. While ministries have made progress with mainstreaming disability, a lack of inter-ministerial coordination has resulted in a lack of clarity around budget allocation and poor alignment, which impacts on effectiveness. A lack of enforcement mechanisms means that non-compliance with existing policies is rife.

**“...the ministries are supposed to mainstream disability, but then most of them are not budgeting specifically for disability. That’s an area that government has to look into.”**

**Interview, official, Ministry of Community Development and Social Services**

In education, our household survey data found that significantly more children with disabilities were out of school compared to those without disabilities, although unlike in Kenya we did not find evidence that this varied between rural and urban settings.

Secondary data analysis suggests that the gap in education between adults with and without disabilities is present, but relatively narrow. However, our policy analysis revealed that current education policies mainly focus on early years, meaning that there is potential for this gap to widen in future.



Access to healthcare was an area of particular concern for all Zambian survey respondents, but in particular those with disabilities. Disabled respondents reported consistently poorer health and access to healthcare than non-disabled respondents. Over 40% of adults with disabilities reported a lack of transport to access healthcare facilities, compared to just 13% of non-disabled adults. People with disabilities also reported more barriers to accessing healthcare than non-disabled adults; those with severe disabilities reported the greatest difficulty. This gap was wider among Zambian respondents compared to survey respondents in Sierra Leone.

While our household survey data suggested that disabled respondents work a similar number of hours to non-disabled respondents, our secondary data analysis showed narrow but consistent gaps in access to formal employment among people with and without disabilities. Our household data also suggested inequity in the type of work people do, with a greater share of people with disabilities occupying unskilled positions compared to non-disabled people. Households with members who have severe disabilities had a consistently lower socioeconomic status.

Our household data also suggested that the provision of social protection is poor, with only 8% of households with disabled members receiving any benefits (2% of households without a disabled member reported receiving benefits). Disabled households accessing the social protection programme also reported little benefit from it, as the payments were very small. We also found that households with a disabled member reported significantly less satisfaction with their living standards than those households with no disabled members.

## Key findings: Uganda

Policymakers, practitioners and advocates have worked to improve the lives of people with disabilities in Uganda for more than two decades, through legislation and policies. However, our results show that limited geographical coverage, inconsistent quality and unsustainability remain huge challenges to positive – and equitable – impact.

There are a number of continuing challenges, including limited budgets, policy incoherence, conditionality of social protection mechanisms and challenges around definitions of disability, which limits viable assessment and provision of support and services. Our survey data showed that very few households received social protection, although more households with disabled members did (16%), compared to those without (7%). Unlike other countries, respondents who were in receipt of social protection in Uganda were satisfied with the programme in general, suggesting a need for an increase in its coverage.

**“...only a few people with disabilities have benefited from these programmes as they target only those in groups. The challenge is that some of our people do not have the requirements like the membership fee, registration fees etc. This has made many of us fail to secure this help.”**

**Focus group participant, Kyenjojo**

Our secondary and household survey data highlighted consistent gaps between people with and without disabilities. For example, a significantly higher proportion (77%) of women with disabilities were not using any family planning methods compared to non-disabled women (67%). Moreover, we found evidence that adults with more severe disabilities experienced more restricted access to healthcare compared to those with less severe disabilities.

Finally, our findings were consistent with a widening gap in educational attainment among children and young adults with and without disabilities compared to attainment levels of older individuals with and without disabilities; and a greater share of children with disabilities were out-of-school compared to children without disabilities. This suggests that the education gap not only exists but may widen in the future.

## Key findings: Sierra Leone

Of the four countries studied, Sierra Leone has comparatively the weakest policy environment, although it has ratified the CRPD. Many policies that have the potential to improve the lives of people with disabilities are still in draft. This lack of policy is compounded by a lack of available disability data, although the National Statistics Office reports using the Washington Group Questions (Extended Set), in the most recent national survey. This promises to provide more data in the near future.

People both with and without disabilities are faced with considerable development challenges in Sierra Leone. This may account for the observation that in the domains reviewed for this study, the gap between the two groups is currently smaller than in the other three countries. This offers a potential opportunity to prevent the equity gaps emerging in the first place, or worsening over time as the pace of development in Sierra Leone increases.

For example, Sierra Leone was the only country in our study where we did not find evidence of the socioeconomic status of households varying according to whether members had a disability. Our household data also suggested that disabled respondents were not comparatively disadvantaged in their access to healthcare in urban areas; though this was because both disabled and non-disabled respondents experience substantial difficulty accessing healthcare. However, adults with disabilities reported consistently poorer health than non-disabled adults.

We also found that the gaps between our disabled and non-disabled survey respondents in terms of their access to education and employment were smaller in size compared to survey respondents in other countries. However, as in the other three countries, the provision of social protection was very limited.

At the same time, there were signs of new gaps emerging in more subjective indicators. For instance, urban households with disabled members reported living less well due to lack of income, compared to urban households without disabled members. This was despite the fact that the socioeconomic status of all households in urban areas was higher than in rural areas.

If future development efforts in policy and programmes work to ensure effective inclusion of people with disabilities earlier in the process, this may prevent gaps from emerging in the first place or widening. This is true across all the domains reviewed. For example, our data suggested that education in Sierra Leone is a lynchpin. Addressing the inclusion of children with disabilities in education, as well as adolescents and adults in job skills training, would be a critical entry point to prevent a widening gap between people with and without disabilities in future.

**“[people with disabilities] will become successful if the government provides institutions for them where they can learn any trade of their choice.”**

**Interview, male with a disability, Makeni**

# Recommendations

1. In order to close the disability and development gap, the international community and national governments need to focus on **more targeted resources, services and support** to ensure equity.
2. Targeted programmes must be **consistently made available** to both children and adults with disabilities across all domains – education, healthcare, employment and social protection. Such programmes must be linked into a **coherent system of inclusion and support** if the gap is to be addressed.
3. Policymakers, donors and other stakeholders need to be **held accountable** to policies. There is a need to ensure that **policy implementation is harmonised and strengthened** by consistent and robust monitoring mechanisms, budgets, implementation plans and effective mechanisms for recourse.
4. The disability and development gap also exists at the household level. As such, household-level data can mask intra-household differences. More data is needed on **the impact of disability within households**, as well as on intersecting inequalities.

## Partners

The research was a partnership between Leonard Cheshire Disability and Inclusive Development Centre (LCDIDC), international development experts and national universities and disabled people's organisations.

### Kenya

- School of Public Health, University of Nairobi
- African Centre for Technological Studies (ACTS)
- United Disabled Persons of Kenya (UDPK)

### Sierra Leone

- Institute of Public Administration and Management, University of Sierra Leone
- Department of Sociology and Social Work, University of Sierra Leone
- Sierra Leone Union on Disability Issues (SLUDI)

### Zambia

- Institute of Economic and Social Research (INESOR), University of Zambia
- Zambia Agency for Persons with Disabilities (ZAPD)

### Uganda

- Department of Social Work and Social Administration, Makerere University
- Union of Disabled Persons of Uganda (NUDIPU)

### International

Stellenbosch University, South Africa; Fordham University, United States of America; University of East Anglia, University College London (UCL), United Kingdom



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For more information about the project, visit [gap.leonardcheshire.org](http://gap.leonardcheshire.org)

## Our partners



The support of the Economic and Social Research Council (ESRC) and the Department for International Development (DFID) is gratefully acknowledged.

This review is an output from research funded by DFID. The views and opinions expressed in this document are those of the authors and do not necessarily reflect the views of DFID or the UK Government.

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