Disability, development and financial exclusion: A study of the socio-economic barriers to accessing microfinance encountered by people with physical disabilities in Kampala, Uganda.

Joseph Hewitt

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Abstract

This thesis explores the variety of barriers to accessing microfinance that people with disabilities in Uganda experience. The research is based upon both quantitative and qualitative data collected in the capital Kampala in 2014, and comprises of 223 questionnaires with people who have a permanent physical disability and 26 interviews with representatives of both microfinance institutions and disabled persons organisations in Uganda. Analysis of the quantitative data suggests that people with disabilities are able to access credit from formal financial providers such as commercial banks, microfinance institutions and savings and credit cooperatives, but at lower rates than the national average. Despite dominant narratives of microfinance which promote it as means to reduce financial exclusion, just 5% of the survey sample of people with disabilities had gained access to credit through a microfinance institution. The thesis goes on to examine the multitude of factors which impact the ability of people with disabilities to access such services, including the affordability of credit, the design of financial products, physical accessibility, social discrimination and self-exclusion. It also provides an assessment of the ways in which such barriers may be reduced, for example, through the employment of field agents, greater utilisation of mobile money platforms and the design of specific products targeted at people with disabilities. In addition, the research considers the impact that commercialisation has had on the microfinance sector in Uganda, and in particular the effect a move to a for-profit model has had on the accessibility of microfinance for people with disabilities. The thesis concludes by offering specific recommendations to reduce barriers to access, including collecting increased levels of data on current usage of small-scale loans by people with disabilities, strengthening relationships between disability organisations and microfinance institutions, and more rigorous enforcement of the existing Federal disability legislation in Uganda.

Keywords: Microfinance, Disability, Uganda, Access

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List of Abbreviations

AMFIU	Association of Microfinance Institutions in Uganda
CB	Commercial Bank
CBO	Community Based Organisation
DPO	Disabled Persons Organisation
MDI	Microfinance Deposit-taking Institution
MFI	Microfinance Institution
NUDIPU	National Union of Disabled Persons of Uganda
ROSCA	Rotating Savings and Credit Association
RW	Rehabilitation Worldwide
SACCO	Savings and Credit Co-operative
UPP	Uganda Polio Project

1. Introduction

1.1 Overview

People with disabilities have been subject to a long history of social and economic discrimination, exacerbating health-related limitations and deepening processes of social and economic marginalisation. International legislation protecting the rights of people with disability has been enacted over recent decades, affording this group new institutional frameworks to support their everyday lives. However, this demographic continues to experience substantive barriers to successfully engaging with public and private institutions as well as society more broadly.

Issues affecting the disability community have been routinely overlooked within international development programmes, particularly in countries which experience deep and widespread poverty. This is despite the fact that approximately 15% of the global population experience some form of disability (WHO, 2011). The failure to integrate disability issues into development policy and programmes has done little to redress existing inequalities experienced by people with disabilities living on very low incomes. People with disabilities continue to face a wide range of socioeconomic challenges to improving their own livelihoods, and development policy has largely failed to reflect the needs of different types of people to achieve reduction of inequality and promotion of standards of living.

As the global political discourse around poverty reduction has explicitly shifted towards market-led solutions, microfinance has emerged as a dominant and highly-visible mechanism for delivering the localised economic growth seen by advocates as critical to improving the lives of people in poor communities. Microfinance seeks to broaden access to credit to those previously unserved by mainstream financial institutions, acting as a catalyst for growth in business and as a means for supporting income-generating activities. Embodying a neoliberal approach to international development,

growth in contemporary microfinance sectors has predominantly been driven by private investment, and with a rhetoric of personal empowerment firmly embedded within the public narrative of microfinance providers, the concept has amassed considerable support from international development institutions.

Despite the exponential growth of microfinance in many developing countries, the impact of microfinance on poverty reduction continues to be debated. On the one hand, supporters highlight stories of business growth, new job creation, high repayment rates and continued strong demand for services (Khandker, 2005; World Bank, 2016). On the other hand, critics suggest the effects have been much more limited, stressing the high costs of borrowing, disruption of existing markets, and loans spent on consumption rather than investment as signs of weakness in microfinance led development (Dichter, 2007; Beck, 2009). Additionally, perceptions of excessive profiteering, and accusations of exploitation of poor customers by institutions within the microfinance sector (Cull et al. 2008), have raised further questions about the morality and politics of microfinance, leading to debates concerning the motivation of both MFIs and the global institutions which support their expansion.

Whilst the impact, purpose and political motivations of the microfinance movement have all been subjected to rigorous debate (see Roy, 2010), issues of equal and fair access to services amongst specific groups with particular characteristics has attracted much less attention. The geographical expansion of microfinance into new markets over recent decades is well-documented, and whilst the initial aims of microfinance were relatively modest and often localised, it has become increasingly enrolled within the broader discourse of financial inclusion. However, whether these services are equally available to all demographics within these locations, particularly those acutely marginalised groups such as people with disabilities, is much less clear and has rarely been explored.

This research seeks to address this gap. Focusing on people with disabilities, I aim to highlight the additional challenges experienced by this demographic in securing credit from formal financial institutions. This is predominantly focused on the economic, social and physical barriers which restrict access to loans amongst this group. Furthermore, I seek to understand the ways in which these barriers may be reduced to promote fair access to service. More broadly, this research will also provide evidence as to the (in)ability of microfinance to serve financially excluded groups, furthering debates around the role of small-scale credit within the financial inclusion movement.

1.2 Contribution of the Research

This research is designed to address important gaps in existing knowledge on the relationship between people with disabilities and microfinance. In particular, the thesis explores the barriers to access to loans from microfinance institutions, engaging with broader debates around financial exclusion and the provision of services to people with disabilities. There exists considerable research on the impacts of loans offered by microfinance providers to people in developing countries, however, as the thesis stresses in chapter three, relatively little attention has been paid to the issue of differential and uneven access to services by different socioeconomic groups. In particular, aside from scholarship that has focused on the question of access to credit for women, very few studies have addressed the barriers which affect the ability of people with disabilities to acquire credit through microfinance institutions. Despite the very large numbers of people who are afflicted by a disability of one sort or another in the Global South, people with disabilities are significantly under-represented in the literature on microfinance (see chapter two). By focusing on the experience of people with disabilities in Uganda the thesis specifically seeks to begin to address this significant lacuna in the understanding of the processes, politics and impacts of the microfinance sector.

As well as contributing to critical scholarship on microfinance in particular, the thesis through its substantive focus upon people with disabilities, also makes an important intervention into broader debates about processes of financial exclusion/inclusion, both in the context of the developed and developing world. In the Global North, this has often focused on the financial exclusion of marginalised social groups (Leyshon and Thrift, 1995) through processes such as the closure of branches of financial institutions in particular geographical areas (Leyshon et al. 2008). Debates about physical access to services have been superseded by other processes of exclusion, such as self-exclusion and exclusion due to the emphasis placed upon credit scoring as a means of assessing creditworthiness in developed countries. This withdrawal or inaccessibility of such services can lead to financial isolation amongst such groups, exacerbating existing economic and social inequalities (Datta, 2009) as individuals become unable to access the financial tools to support their everyday lives.

The lack of access to finance in developing countries is also often cited as a key factor in weak economic growth as well as continued income inequality (Demirguc-Kunt et al. 2008). Advocates for the expansion of financial services argue that exclusion from financial services and in particular credit, restricts individuals' ability to develop their own livelihoods and increase incomes. In sharp contrast, critics such as Soederberg (2014) have claimed that greater inclusion into mainstream financial systems amongst poor groups allows for new processes of financial exploitation to occur, to the detriment of low-income populations. This research builds upon these existing critical debates through the examination of these issues in relation to a specific group, people with disabilities, and their relationships with financial providers in a developing country setting. The ability of different groups to access microfinance services, and more specifically the lack of research on the financial exclusion of people with disabilities both in developed and developing countries, is a significant

silence in existing literatures in this area and a void which this research is designed to fill.

Furthermore, this research speaks to wider debates as to the effectiveness of market-led poverty reduction strategies to reach those groups at the bottom of the economic pyramid in developing countries. The commercialisation of microfinance providers in Uganda has facilitated rapid growth in the sector, however the impact on marginalised groups, previously excluded from financial services, is much less clear. This research examines whether the for-profit approach which now underpins the microfinance sector in Uganda has enabled these marginalised groups, such as people with disabilities, to engage more easily with financial providers or whether they continue to be excluded from services offered by such institutions.

This research is also important from an empirical perspective. Whilst some research has been undertaken on exploring access to microfinance for people with disabilities (Sarker, 2015; Beisland and Mersland, 2012; Labie et al. 2015), there is a lack of comprehensive analysis of the multitude of financial, social and physical barriers which serve to limit access to small-scale credit based on primary data. Through the use of multiple methods, this research seeks to explore not only why these barriers exists, but the processes which are the driving forces behind these outcomes. Utilising both qualitative and quantitative research methodologies and engaging with key stakeholders from both the disability and microfinance sector, the thesis seeks to address this important empirical and theoretical gap in existing knowledge. Drawing together theories of exclusion associated with geographies of disability, which have themselves largely been researched in developed country settings (as outlined in chapter two), and debates around financial inclusion, this research represents an innovative approach to understanding the relationship between low-income people and financial service providers.

1.3 The Ugandan Context

Along with many other African nations, Uganda is a country which underwent significant political change over the course of the 20th century. From 1894, the country was under colonial rule and part of the British Empire until it gained independence in October 1962, becoming a recognised republic the following year. The subsequent period was marred by political instability and the military coup of Adi Amin, resulting in both international and domestic conflict in which hundreds of thousands of Ugandas were killed or displaced. Following Amin's deposition in 1979, the political situation stabilised and the current president, Yoweri Museveni, whom has been in power since 1986, has led the National Resistance Movement (NRM) to multiple election victories (for additional detail, see Reid (2017).

This period of rule since 1986 has also seen the country experience a significant transformation with policies supporting economic liberalisation enacted by the Ugandan government (Tripp, 2010). Increasing engagement with the international economic system can be seen through increased levels of exports, especially coffee, teas and cotton as well as minerals such as copper (Trading Economics, 2018), as well as higher rates foreign direct investment (Bank of Uganda, 2013) in the country over recent decades. Through this period Uganda experienced sustained economic growth with annual GDP growth rates ranging between 3.1% and 10.8% between 1991 and 2016 (World Bank, 2017).

Over the past 5 years, growth in the Ugandan economy has been mirrored in larger neighbouring East African countries such as Tanzania and Kenya, which have each experienced an average GDP growth of around 5% per year since 2011 (World Bank, 2017). Whilst manufacturing accounts for almost half of GDP output, agriculture remains an important contributor, while the industrial sector remains in a relatively early phase (African Economic Output, 2018). Looking forward, one of

relative strengths of the Uganda economy may lie in its demographics, with almost half of the population under 15 years of age in 2014 (United Nations, 2017) suggesting a large working-age population capable of advancing the Ugandan economy over the upcoming decades.

The substantive focus of the research is specifically on Uganda, a country which was selected for case study analysis for three important reasons. Firstly, Uganda is internationally recognised for its legal provisions which protect the rights of people with disabilities (Owens and Torrance, 2016). Uganda was one of the first signatories to the UN Convention on the Rights of People with Disbailities and enacted the Persons with Disabilities Act (2006) to offer comprehensive legal protection to people with disbailities in the country. Furthermore, Uganda's legislative environment is disability-focused, with people with disabilities represented at all government levels (Yeo, 2001)[1], which is unique not only amongst developing countries, but also internationally (Owens and Torrance, 2016). People with disabilities in Uganda enjoy some of the strongest legal protections on the issue of equal access to services. Furthermore, Uganda has a dense network of disability persons' organisations in the country, offering advocacy and support to groups across the disability spectrum (Owens and Torrance, 2016). Therefore, in this context whereby there is a legal obligation to provide equal service for microfinance institutions, any barriers to access identified in this research can be considered significant. Equally, such challenges are likely to be experienced by people with disabilities in other developing countries, given the lower level of legal protection afforded in other nations, allowing the research to have relevance beyond Uganda.

[1] In 2001, over 47,000 people with disabilities were elected as politicians in the country (Yeo, 2001).

Secondly, Uganda has one of the strongest and most vibrant microfinance sectors in Africa (Carlton et al. 2001, Morris and Barnes, 2005). This includes a wide variety of service providers including large deposit-taking microfinance institutions and commercial banks to regionally-based MFIs and community-centred SACCOs (Wright and Rippey, 2003). The microfinance sector in the country has undergone a process of comprehensive commercialisation, producing a competitive and diverse market (Wright and Rippey, 2003). Through the selection of Uganda as a research location, the barriers to access for people with disabilities can be discussed in relation to a developed and well-established microfinance sector which has already had significant time to enact policies which promote equal access to services. Therefore, a key strength of the research is the identification of issues for people with disabilities which persist even in an advanced market with strong legal provisions for this group.

Thirdly, from an empirical perspective, previous research on the issue of access to financial amongst people with disabilities has been conducted in the Ugandan context. In particular, the research in Uganda by Beisland and Mersland (2012), which utilises a quantitative methodology to explore which types of economically-active people with disabilities are more likely to access financial services, acts as a useful tool for comparison. Considering the limited research in this field, the availability of similar studies conducted in the same country which provides some additional context is especially valuable and highlights another strengthen of basing the research in Uganda. I seek to build upon this existing work to develop more detailed insights into the processes of exclusion at work.

1.4 Objectives

The overarching aim of the thesis is to explore the relationship between people with disabilities and microfinance institutions, and the identification of barriers which exist

in respect of this demographic achieving fair and equal access. This can be broken down into three, specific research objectives:

The first objective is to establish the current level of access to loans from formal financial institutions in Kampala for people with physical disabilities. Adopting a quantitative methodology, I seek to understand if people with disabilities are accessing loans at similar rates to their able-bodied counterparts, or whether this demographic demonstrates comparatively higher or lower rates of access. Given historic linkages between disability and poverty, it is expected that people with disabilities will face challenges in this respect, most likely experiencing a lower access rate. Furthermore, the research seeks to understand the main characteristics of those individuals that have both accessed and not accessed small-scale loans from financial institutions. The objective is to understand which types of people with disabilities are using microfinance services, and by extension highlight the characteristics associated with financial exclusion. Linked to this quantitative element of the research, I also aim to explore the use of microfinance by those people that have been able to access formal credit previously. Whilst it is important to understand which types of people with disabilities are able to utilise such credit, an additional objective of this research is to shine a light on the uses of capital by such groups, highlighting both who is accessing and what it is being used for.

The second objective, focusing specifically on microfinance institutions, is to identify barriers which limit access to small-scale credit for people with disabilities. This will include an examination of the factors driving and shaping processes of exclusion, both endogenous and exogenous to the microfinance sector, with data generated through interviews with disability organisation and microfinance institutions. This thesis will compare and contrast existing debates about the characteristics and processes of exclusion/inclusion, whether these be through product design, social discrimination, self-exclusion or other factors.

From this qualitative data, the third objective of this research - to provide practical and realistic recommendations which, when implemented, would serve to reduce such barriers and afford greater access to services – will be achieved. The overarching aim of the thesis is to promote fairness and equal access for people with disabilities in this arena through the identification and reduction of socioeconomic barriers.

1.5 Structure

The rest of this thesis will be structured as follows. Chapter two is designed to highlight the position of this research within the broader context of disability studies and explores the different definitions, approaches and models associated with disability. It also examines disability legislation both at the global and national level, the relationship between disability and geography, and the deep connections between disability and poverty.

Chapter three provides an overview of the literature associated with the microfinance movement, with a particular focus on developing a critically understanding of its growth, purpose and effectiveness. This section includes a discussion on the history of debt and the emergence of contemporary microfinance into the mainstream development agenda. It also assesses the impact of microfinance, as well as exploring the broader criticisms of this market-led approach to poverty reduction in the developing world.

Chapter four discusses the methodological approach employed by the research. The chapter provides details of the theoretical approaches which underpinned the selection of a multi-methods approach to the research through the utilisation of both questionnaires and interviews. Additionally, the chapter provides an overview of the design, implementation and analysis associated with the choice of methods, as well as discussing issues such as positionality and ethics in relation to the fieldwork.

Chapter five presents the results of a large scale questionnaire survey of 223 people with a permanent physical disability accessing orthotic treatment in Mulago hospital Kampala, Uganda. The analysis is two-fold. First, the chapter provides a descriptive analysis of the individuals in the sample, contrasting their characterises with data from the Uganda National Household Survey (2012/13). Second, the results of a multivariate analysis is presented which highlights the level of use of loans by people with disabilities and the types of characteristics associated with successful loan acquisition. I argue that while there is evidence that people with disabilities are able to access loans from formal financial institutions, this is at a lower rate than their able-bodied counterparts. In particular, few people with disabilities in the sample had accessed loans through microfinance institutions – organisations designed to engage with individuals considered to be financially excluded – and this issue is analysed further in subsequent chapters.

Chapter six uses data collected through interviews with disability organisations and microfinance institutions to identify the economic barriers to accessing credit for people with disabilities. The interview survey revealed in particular some significant barriers to access: in particular, the cost of services, collateral requirements to access products, and the limitations of the group-lending methodology. The impact of these factors on people with disabilities is then considered before an assessment of different approaches to addressing these challenges, such as the design of services specifically targeting people with disabilities, and the importance of collecting data on access and usage amongst this demographic is discussed.

Chapter seven builds on these foundations to explore other factors inhibiting access to microfinance, focusing specifically on the physical and social restrictions people with disabilities encounter when attempting to engage with microfinance institutions. Particular attention is paid to issues associated with physical accessibility to premises and offices of microfinance providers which, despite existing legislation, remains a

significant issue for people with disabilities. Furthermore, the chapter explores the strengths and weaknesses of alternative delivery channels, such as the employment of field agents and greater integration between the microfinance and mobile money sectors, which have the potential to reduce the impact of physical inaccessibility. It also examines the impact of discrimination towards people with disabilities on the part of MFI staff, and the ways in which this can be challenged and reduced, namely through training, and partnerships with disability organisations.

Chapter eight summarises the findings of this research, evaluating the work in relation to the objectives stated at the start of the thesis. In concluding, the thesis makes specific recommendations which may serve to improve access to credit for people with disabilities. The chapter also draws together the key themes emerging from the research, and discusses the broader implications for existing debates around financial inclusion and the provision of financial services in the Global South. A key theme emerging from this research is the inability of microfinance to serve those at the bottom of the economic pyramid - those most socially and economically marginalised - as well as examining the central motivations of financial institutions which continue to drive microfinance expansion. In this chapter I also reflect on the limitations of the study, and identify opportunities for areas of future research including the need for further study of mobile money and the potential it offers to reduce barriers to accessing microfinance for people with disabilities.

2. Debating Disability: Construction, Legislation, Poverty Alleviation and Access to Microfinance

2.1 Introduction

According to the World Report on Disability, published by the World Health Organisation (2011) and based upon data collected using the International Classification of Functioning, Disability Health (ICF) framework, more than one billion people globally have some form of disability, accounting for 15% of the world's population. In the case of Uganda, the Ugandan Demographic and Health Survey (2011:27) provides the most recent assessment of disability in the country, stating that 19% of persons aged five and above experience some form of disability. These statistics serve to illustrate the scale of the challenge of disability as a global issue, especially considering people with disabilities are disproportionately affected by poverty (Braithwaite and Mont, 2009).

The purpose of this chapter is to explore contemporary debates around the study of disability. This involves building a strong theoretical understanding of the contested concept of disability, and exploring the differing approaches to improving the lives of people with disabilities undertaken in recent decades. Additionally, the chapter's function is to set this empirical research within a broader context of geographical studies on issues related to disability, and to specifically examine the outputs of recent research into the relationship between people with disabilities and the microfinance movement. It will also illustrate the strong links between poverty and disability in developing countries, demonstrating the need for equality for people with disabilities when trying to engage with poverty-alleviation mechanisms, as is underpinned by international and domestic legislation.

Following the introduction, section two of this chapter will review the literature associated with definitional debates around disability. This begins with an overview of

widely-accepted definitions employed by international institutions and development agencies, before examining in greater detail a selection of alternative approaches to defining and understanding disability (Ebrahim, 1983; Woodhams and Corby, 2003). In this thesis I draw upon macrodata which describes rates of disability amongst the global population and within Uganda. As such, it is necessary to understand that whilst providing some broad overarching context, such datasets are subject to limitations based on particular framings of disability as a concept.

Furthermore, reviewing this subject area enables the selection of a definition of disability that underpins the primary research conducted as part of this thesis. This research utilises a functional approach to the definition of disability, with individuals involved in the quantitative part of the research all experiencing a permanent physical impairment which directly impacts on their mobility. By identifying and recognising alternative definitions of disability, and the underpinning theoretical positions, the research acknowledges the difficulty in achieving research outcomes which are both politically neutral and broadly accepted across disability studies (Brown, 2002; Gronvik, 2009).

In section three, I consider these definitional debates more broadly in relation to the varying approaches to understanding disability outlined in different models of disability (Llewellyn and Hogan, 2000). These conceptual frameworks seek to explain both the cause of disability and the way in which people with disabilities can be most effectively supported, with this section in particular focusing on the transition between the medical and social models of disability (Brisenden, 1986; Miles, 2000). These models provide an historical context for this research, as well as illustrating the multifaceted approaches to conceptualising disability, with the research reflecting many components of the social model framing of disability.

In section four, I examine the international legislation around people with disabilities, much of which has been grounded in an understanding of disability aligned with the social model (Harpur, 2012), exploring the relative strengthens and weaknesses of such approaches. Furthermore, the development of the comprehensive disability legislative framework in Uganda (Persons with Disability Act, 2006; Equal Opportunities Act, 2006) is discussed in this chapter. An understanding of these legal structures is key to this research, as it serves to demonstrate existing protection for people with disabilities and the legally-binding standards they can expect when interacting with microfinance providers.

Section five examines the relationship between the discipline of geography and both disability and disability studies. This includes outlining the way in which human geographers have sought to explore the importance of the spatial dimensions of disability (Dear, 1978), along with the growing focus on critical approaches to the study of disability issues employed within geography (Laws, 1994). Furthermore, discussions around the rise of geographies of health over more traditional disability geographies have emerged (Imrie and Edwards, 2007) and are explored in this section, reflecting a shift towards a socially-constructed understanding of disability.

In section six, the chapter discusses the linkages between disability and poverty, and specifically the lack of focus on people with disabilities within poverty reduction strategies (Grech, 2009). With increased political support for market-led approaches to poverty alleviation, microfinance has become a prominent feature within the international development agenda. However, as discussed in this section, access to microfinance has not been equal across all groups, with people with disabilities experiencing exclusion from microfinance services in a number of contexts (Lewis, 2004; Sarker, 2013). I also highlight the limited research conducted in Uganda around this specific field (Beisland et al. 2012; Bwire et al. 2009), proving additional context for this thesis.

2.2 Definitional Debates

A universally agreed upon definition of disability, accepted by all stakeholders involved in the disability sector, is yet to be established, and the subject remains highly contested within disability studies and more broadly in the social sciences (Gronvik, 2009; Shirley, 1983). However, in the political arena, an internationally-recognised definition of disability has been documented by the World Health Organisation and, through its validation by all 191 member states, acts as the international standard around the definition of disability globally (World Health Organisation, 2016). The International Classification of Functioning, Disability and Health (ICF), the framework used by the World Health Organisation, defines disability as:

> "An umbrella term for impairments, activity limitations and participation restrictions. Disability is the interaction between individuals with a health condition and personal and environmental factors" (World Health Organisation, 2015).

The World Health Organisation approach to defining disability draws heavily on the principles of the social model of disability. This model, discussed in greater detail later in the chapter, highlights the importance that social factors have in shaping the way disability is both experienced by those with an impairment and understood within mainstream culture (Brisenden, 1986; Miles, 2010). This focus on the intersection between personal impairment and broader environmental and societal factors, as the basis for a contemporary defining of disability, can be seen equally clearly in the disability-related policies of the United Nations:

> "Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others" (United Nations Convention on the Rights of Persons with Disabilities, 2006).

These major international institutions possess the political power to transcend international borders and provide definitions of disability which are accepted by governments of both developed and developing countries. These definitions of disability, outlined by the World Health Organisation and United Nations, deliver a framework from which disability can be understood theoretically. However, whilst such definitions serve to provide an overarching explanation as to the nature of disability, they lack precise guidance as to the parameters of disability in practice. A more pragmatic definition of disability can be observed in domestic legislation, such as the Equality Act (2010), which more precisely defines whether, in British law, a person is considered to be disabled. An individual is described as disabled if:

> "A person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities" (British Government, Equality Act, 2010).

The language within the Equality Act (2010) reflects the need to define disability tangibly, in order to be used as the basis for laws and regulations governing citizens within a particular nation. Similarly, in Uganda the accepted definition of disability focuses on the impairment of the individual, rather than the construction of disability as a product of the social and physical environment:

> "A person having physical, intellectual, sensory of mental impairment which substantially limits one or more of the major life activities of that person" (Ugandan Government, Persons with Disability Act, 2006).

These contrasting definitions of disability, used by international institutions and national governments to underpin global disability policies and domestic legislation, demonstrate the fact that disability is contested and inherently political. Indeed, the problematic nature of creating a universally-accepted definition of disability has

generated considerable debate amongst academics, particularly given the variety of methodologies outlined within disability studies (Gronvik, 2009; Elwan, 1999; Shirley, 1983).

This variation is highlighted through some of the following frameworks for defining disability, which place emphasis on different factors associated with disability. One definition focuses primarily on disability as a physical abnormality, or due to a loss of bodily or intellectual function (Nagi, 1969; Ebrahim 1983). An absence of physical or mental ability, through the comparison with other persons considered fully anatomically operational, underpins this approach to defining disability (Nagi, 1969). Even within this specific understanding of disability as an outcome of physical or physiological abnormality, subtle differences are visible. While Nagi (1969) argues disability automatically occurs as a consequence of absence of abnormality within the body, Ebrahim (1983) contends disability is defined by an inability of an individual to compensate for this deficiency.

This nexus between impairment and functionality is an important juncture at which disability can be both defined and qualified. For some the inability to perform mundane activities, particularly in a domestic environment, through a functional limitation signals the existence of a disability (Gronvik, 2009). This approach is exemplified in the Activities of Daily Living (ADL) model, developed by Sidney Katz in the United States in the 1950s, which assesses disability on the basis of an individual's ability to complete basic personal activities such as bathing, dressing and walking (Salvador-Carulla and Gasca, 2010).

Similarly, Lawton and Brody (1969) seek to understand the severity of an impairment by splitting these everyday tasks into two tiers – basic activities and instrumental activities – as a tool for understanding disability as a sliding scale. The theory that disability can be tested and certified continues to be supported within contemporary

government, as exemplified by its use in assessing claimants for the Personal Independence Payment (PIP) in the UK, which evaluates individuals on their 'daily living difficulties' – mirroring the ADL model created seventy years previously (Department for Work and Pension, 2016). However, this methodology fails to acknowledge environmental factors, including "the physical, social and attitudinal environment in which people live and conduct their lives" (Salvador-Carulla and Gasca, 2010:70), which all impact on the ability of a person to perform their everyday personal activities.

Elwan (1999) believes that this social dimension in particular is key to understanding disability, and presents another example of the difficulty in defining the concept. Cultural and social norms within a particular community, country or region, provide the foundation for categorising a person as having a disability, argues Elwan (1999). Highlighting the case of severe asthma, Elwan (1999:3) suggests that the condition may be considered a disability within an agrarian economy, but not within an urban, office economy, demonstrating "impairments considered to be disabling in one environment may not be in another". Brown (2002) argues that there should be thousands of competing definitions of disability considering the unique historical and political associations of the word disability which are specific to any given location.

This point is exemplified by the importance placed upon certain factors associated with disability at the national legislative level. As current legal definitions of disability highlight, in respect of the UK's disability legislation, an importance is placed on time as a key variable in defining disability. While the specific timeframe that a person must be affected by a particular condition is not specified in law, Woodhams and Corby (2003) argue that an individual must be unable to conduct basic activities over a long-term period before being defined as disabled. This understanding focuses on the importance on recognising disability as a continuing experience, one which requires a certain permanency before it can be categorised as a disability. Similarly,

whilst severe pain is debilitating, it may not be considered a disability unless diagnosed as chronic (Hull, 1998). Whilst time constitutes an important variable in disability definition in the UK, different social values in other nations can emphasis other features as more determining in their legal interpretations (Elwan, 1999; Brown, 2002).

The contested nature of these debates around the definition of disability, with factors such as physical anatomy, mental capability, functionality, social relations, cultural norms and time acting to undermine one another, creating a variety classifications "sometimes with contradictory meanings" (Gronvik, 2009:1). The parameters of disability reflect the application of theoretical models which are the product of choice on the part of the user, and consequently frame how disability is defined in that particular instance, as Elwan (1999:3) explains:

> "Disability is inherently difficult to observe; and requires subjective assessment by both the affected individual and verified by the members of the individual's social setting. The subjectivity of these judgments makes disability a behavioural phenomenon; and related topics like disability insurance become political issues".

This subjectivity raises issues around the power relations which underpin a determination that an individual is classified as disabled, along with the importance of language in the creation of knowledge around disability. Applying Foucauldian theory to the study of disability, Barnes and Mercer (2001) argue that society acts as the chief arbitrator when conceptualising disability, primarily through the way in which people discuss the concept between one another:

> "Individual subjects are constituted by discourse (the way we talk about them), which itself is structured by a 'power/knowledge' complex" (Barnes and Mercer, 2001:517)

Foucault argues that every society has a 'regime of truth' which is supported and upheld through politics, the media and education in that location, forming the foundation for accepted understandings of a certain social phenomenon (Rabinos, 1991). Furthermore, Foucault contends that the power behind these truths is not dictated by elites and institutions, but rather constructed within society and diffused through discourse; that power is everywhere (Foucault, 1991) and therefore, understandings of disability are embedded within socially-constructed and culturally-accepted truths. Therefore the power to create knowledge – in this case the definition of disability – rests with society. Consequently, the knowledge created by these forces cannot be politically neutral, given its production by a particular society with its associated norms, standards and values.

In a practical sense, the way in which individuals, society and institutions choose to use a particular definition of disability can have far-reaching consequences. One of the most visible outcomes can be seen in the collection of large-scale data on disability for use by global institutions and national governments. For example, the World Bank's focus on functionality as a primary component in defining disability has acted as a foundation for numerous influential reports and datasets on global disability (Mont, 2007). This information often provides the basis for the discussion of issues related to disability within a particular country context (Soltani et al. 2015; Beisland and Mersland, 2012), whilst providing a perceived authoritative voice on disability rates which can be used by various stakeholders to support their own positions in a sociopolitical context.

However, as Elwan (1999) explains, the selection of a particular definition presents the opportunity for classification based around political motivations, and consequently presents a substantial risk of bias in disability data. The strong relationship between such data on disability and disability legislation, at the national and international scale, highlights the political implications of the way disability is defined (Hahn, 1993).

Furthermore, the quantification of disability rates in such a manner often serves to frame disability as a dichotomy between the disabled and able-bodied and presenting disability as a static binary, rather than a multidimensional, contested notion as discussed previously, influencing both policymakers and the wider population's perception and understanding of disability.

2.3 Models of Disability

As explored, debates around the nature of disability continue, with an absence of a universally accepted definition. Despite the contested nature of the concept, the production of different models which have sought to theorise disability, both in terms of the underlying factors which produce disability and the ways in which people with impairments can and should be assisted, have been constructed within disability studies. Llewellyn and Hogan (2000:157) explain that models of disability "represent a particular type of theory, namely structural, which seeks to explain phenomena by reference to an abstract system or mechanism". These intellectual frameworks have heavily influenced both policy initiatives and practical interventions aimed at assisting people with disabilities, as well as shaping the public perception of disabled people (Smart and Smart, 2006).

The first such framework to be conceived is commonly referred to as the charity model. Within the charity model people with disabilities are framed as victims of their circumstance, and thus worthy of sympathy (Langtree, 2010). Intrinsic to this model is the concept that "disabled are to be pitied and helped by welfare approaches" (Yeo, 2001:3), reliant upon donations from wealthier or more powerful individuals or institutions as a mechanism for their survival. In the United Kingdom, the foundations for the charitable approach to the treatment of people with disabilities can be traced back as far as the 1834 Poor Law Act which "laid out a strict distinction between the able-bodied poor, who would be compelled to labour, and the disabled poor, who were

considered 'fit objects of charity'" (Gleeson, 1999:103). This approach is centred upon the benevolence of non-disabled people with "no recognition of equal rights or the role that discrimination plays" (Yeo, 2001:3). Langtree (2010) argues that this model continues to underpin the views of many members of the general public when seeking to understand and define disability.

However, the delivery of welfare programmes designed to support disabled people through this charitable lens have resulted in the segregation and exclusion of people with disabilities, subjecting them to patronising and disempowering processes (Yeo, 2001; Yeo and Moore, 2003). Despite the short-term reprieves that charitable gestures provide, employment of the charity model in this context erodes efforts to empower people with disabilities and supports prevailing attitudes which consider people with disabilities as tragic victims (MDRC, 2016). Furthermore, the charity model fundamentally lacks any long-term strategic vision as to the successful and sustainable integration of people with disabilities into mainstream society. These limitations of a charity-based approach have led to the development of alternative models designed to improve the lives of people with disabilities.

An alternative framework to emerge in disability studies, following the criticism directed towards the charity-centred approach, was the medical model of disability. The model shifted the perspective on disability from one which considered people with disabilities as reliant on donations to one which was concerned with the diagnosis and treatment of their impairment. In discussion as to the fundamental principles governing the medical modal, Johnston (1996:205) explains that "disabilities occur because of physical impairments which have resulted from the underlying disease or disorder", outlining a view that remains prevalent in mainstream culture. Similarly, Llewellyn and Hogan (2000:158) state that "the medical model views all disability as the result of some physiological impairment due to damage or to a disease process". In this model, the impairment is considered an abnormality which needs to be clinically

addressed or ‘cured’ (Yeo, 2001) in order to align an individual closer to the normality of their able-bodied counterparts.

This approach to disability argues that the problems encountered by a person with a disability are entirely a consequence of the condition or injury affecting the body, and such issues are suffered at the personal level through “individual attributes of incapacity and dependence” (Areheart, 2008:186) Treatment of the impairment is seen as central to the rehabilitation of a disabled individual. As Llewellyn and Hogan (2000:159) explain, one of the cornerstones of the disability model is the assertion that there is a need for “some form of quantification to identify the nature of the problem and to postulate some form of cause or cure in relation to the presenting problem”.

The designed outcome of the application of this model is that, through medical intervention, disabled people will improve or recover enough to “achieve full capacity as a human being” (Siebers, 2008:3), with the necessity to diagnose and latterly treat the disability of an individual through some form of remedial intervention acting as fundamental principles of the medical model. According the Johnston (1996), the medical model is considered to be the primary approach to constructing the concept of disability. This approach continues to be supported by many actors working within the medical profession (Hurst, 2000) and maintains popular support amongst the non-disabled population (Langtree, 2010).

However, in spite of the acceptance of a medicalised approach to understanding and treating disability amongst the public and those within the medical profession, the model has attracted substantial criticism amongst academics (Llewellyn and Hogan, 2000; Brisenden, 1986). Llewellyn and Hogan (2000:158), for example, argue that “the overall picture is that the human being is flexible and ‘alterable’ while society is fixed and unalterable”. This standpoint explicitly frames the individual’s impediment

as the exclusive factor causing their disability, ignoring the wider set of challenges experienced by a person due to external social, environmental and economic variables (Llewellyn and Hogan, 2000). The medical model supports a framework with a particularly narrow view of the issues surrounding disability, failing to account for the other factors that detrimentally affect the lives of disabled people (Yeo and Moore, 2003).

Yeo and Moore (2003) argue that these groups face challenges across multiple layers in society, with the medical model offering a far too simplistic mechanism which fails to recognise these external issues. For example, there is “little recognition of disabled people having equal rights, or of the barriers that are faced” (Yeo and Moore, 2003:580) through medical intervention strategies, and even less acknowledgement that disabled people “desire a place in society, participating as equal members with something to say and a life to lead” (Brisenden, 1986:177). The medical model lacks this social dimension, with an overemphasis on the identification and treatment of the impairment, which acts to hinder the perception of people with disabilities within their communities (Brisenden, 1986). To achieve these outcomes, there is a requirement for a more holistic understanding of the processes which result in disability and a structural shift away from the assumptions which underpin the medical model (Yeo and Moore, 2003).

Brisenden (1986) explores further the notion of medical intervention, rejecting the idea that it is necessary for a person with disabilities to be ‘cured’ in order to live a fulfilled live:

> “To look at this person as having a disease is to ignore the fact that the disability has always been integrated within all aspects of their life, and does not represent a change from some 'norm' which was never applicable to them” (Brisenden, 1986:177).

Through performing a form of medical intervention, a person with disabilities is not returning to some form of ideal normality, rather their impediment is so engrained in their existence that there is little merit in labelling their predicament a disease or disorder, argues Brisenden (1986). More broadly, Brisenden (1986) suggests that there is not a single, preferential way for a person to live their life – though this is an implicit underpinning of the medical model – and that more attention should be focused on the acceptance of different groups into mainstream culture, rather than pushing to create a society with homogeneous characteristics to the detriment of demographics with alternate needs.

The employment of the medical model can also be analysed from a Foucauldian perspective. Foucault (1963) argues that medical professionals see patients through a 'medical gaze' whereby a person is viewed as a series of functional and dysfunctional parts. This attitude, argues Foucault (1963), serves to dehumanise a person with a condition, with the narrow focus on the anatomical fault resulting in a lack of appreciation as to the individual as a whole. Furthermore, the process also serves to marginalise a person with a disability as they become subjected to the opinions and views of the medic who has control over the individual's body. These dehumanising and disempowering outcomes discussed by Foucault (1963) can be seen in relation to the application of the medical model, which, through its emphasis on a physical dysfunction, fails to acknowledge the wider context of the person and their environment, and which acts to legitimise people with disabilities as a definable other.

Another important criticism directed toward the use of the medical model stems from a central disagreement as to the causality of disability (Miles, 2010; Areheart, 2008). As discussed, key to the theoretical understanding of the medical model is the notion that an individual's disease or disorder is the defining feature which causes that

person to suffer with a disability. However, detractors argue that disability does not result from the physical impediment suffered by the individual, and favour a broader examination of the sociocultural environment through an approach named the social model (Miles, 2010; Briseden, 1986; Areheart, 2008). This framework can be traced back to the "intellectual and political arguments of the Union of Physical Impaired Against Segregation (UPIAS)", a disability rights organisation based in the UK in the 1970s which worked to emphasis the difference between impairment and disability (Shakespeare, 2006:214). Latterly, the World Health Organisation was amongst the first global institutions to recognise and legislate for a more complex definition of disability which expanded beyond the principles of the medical model. For example, the WHO produced an International Classification of Impairments, Disabilities and Handicaps in 1980, which summarised the changing theoretical backdrop:

> "The ICIDH originally viewed impairment as what was wrong with the person's body or mind; disability was what he or she could not do as a result; handicap was the problem arising in social functioning as a result of the disability. Terminology based on social models of disability attempts to reduce the IDH triad to a dyad of Impairment and Disability. Disability then arises when people with impairments encounter a so-called 'oppressive social environment', eg. one designed principally for able-bodied young men" (Miles, 2010:606).

Miles (2010) argues that the physical environment and urban landscapes developed in modern society are structured to best suit the needs of the mainstream population, to the detriment of more peripheral groups within society. This framework, which gained increasing popularity throughout the 1980s and 1990s, suggests that 'handicap' is not the fault of the disabled individual or their physical incapability, rather the social environment which the disabled body occupies (Miles, 2010). Furthermore, Brisenden (1986) supports this notion and views disability as a product of society, and not an individual challenge as defined by the medical model:

> "It [disability] results from the things one is not able to do because of the organisation of the world around you; its causes are predominantly rooted in external social factors" (Brisenden, 1986:177).

Consequently, in order to enact positive change for the disability community, society must be reconfigured to become more inclusive of people with disabilities, with existing inequalities challenged through a rights-based approach (Yeo, 2001). The identification by the social model of three different types of discrimination experienced by people with disabilities – institutional, environmental and attitudinal – demonstrates the breadth of challenges facing people with disabilities in relation to integration and equality (Yeo, 2001).

As outlined, the WHO's definition, described by Miles (2010), neatly summarises the shift from the medical model into a newer, more holistic framework, the social model, which has provided the basis for understanding disability throughout recent years. The social model has, however, has not been uniformly accepted as the preferred theoretical framework for the assistance of people with disabilities within all fields. Shakespeare and Watson (2010) explore the difficulties certain groups within both the public and academic spheres have had in understanding and applying the principles of this approach.

The notion of a non-clinical approach has proved problematic within some sections of the medical community. Shakespeare and Watson (2010) highlight those working within the medical sciences as a group which has struggled to move away from the medical model and toward a more social-science-based understanding of disability, primarily due to their disciplinary background. Shakespeare and Watson (2010) argue that "the social constructionist approach is a fundamental challenge" to those working in the sector, while it has received criticism from clinical professionals who "have viewed the social model as denial of what is objective truth about ability" (Llewellyn

and Hogan, 2000:160). Furthermore, Morris (1991) states that the social model simply ignores realities, such as the misery of people with disabilities experiencing chronic pain, in favour of a more abstract social theory. This conflict is comprehendible when set against the opposing philosophical foundations and research methods employed by both medical professionals and social scientists in relation to disability studies.

In a national context, Shakespeare and Watson (1997:294) examine the perception that there has been a resistance in the British media to accepting the fundamentals of the social model, whilst a continued "focus on the medical coverage in both the press and on television" has undermined attempts to shift the public consciousness away from the medical model. Commentators "continue to view disability as a personal medical tragedy" (Shakespeare and Watson, 1997:294) through the media, which only acts to reinforce the supposedly dated concepts which underpin the clinical intervention framework. This attitude is also highlighted by Areheart (2008) in relation to the disability paradigm of the public consciousness within the United States:

> "Despite the general trend toward social constructionist accounts of identity, and in particular, the shift to a social model of disability among activists and academics, society seems to have retained a medical paradigm for understanding disability" (Areheart, 2008:183).

The social model has also encountered difficulties at a practical level, with critics questioning whether the fundamentals of the approach can be converted into positive pragmatic outputs. Shakespeare and Watson (2001) discuss whether the holistic, broad-based understanding of disability employed by the social model can produce tangible outcomes, arguing:

> "A modernist theory of disability – seeking to provide an overarching mega-analysis covering all dimensions of every disabled person's experience - is not a useful or attainable concept" (Shakespeare and Watson, 2001:19).

As "the social model has had a limited impact, both in the mainstream media, and academic discourses other than disability studies" (Shakespeare and Watson, 1997:299), it could be argued that such an approach has failed – particularly considering the entrenched nature of the medical model as the "predominating paradigm" within wider society (Areheart, 2008:183). Gabel and Peters (2004) agree the social model has had a limited impact, and argue the need for a more explicit resistance action within the contemporary disability approaches to foster the political changes needed to enact real change to the ways disabled groups are viewed and affected by wider society. Gabel and Peters (2004:585), argue that, while "resistance appears to exist throughout all paradigms at play in disability studies", the oppressed nature of disabled groups requires stronger and more direct action than the softer approaches of the social model. Thus, resistance theories of disability encompass elements of both of the two major models discussed, and therefore have potential to provide an emerging conceptual framework for advancing understandings of disability (Gabel and Peters, 2004).

These differing models, all designed to support the interests of people with disabilities, albeit through varying methodologies, are important to document and understand, given this research examining the access to microfinance for people with physical disabilities. These approaches underpin programmes and policies of organisations which have sought to improve the lives of people with disabilities. This research draws predominantly on the principles of the social model to disability, and will explore some of the key themes around navigation of the built environment, social and cultural attitudes towards disability, and the social construction of inclusion and exclusion

practices associated with the relationship between people with disabilities and the formal financial sector, particularly in chapters six and seven.

The way in which microfinance institutions view customers with disabilities, either as victims of their impairment or as products of their environment, may influence their levels of accessibility amongst this demographic, and have broader implications as to their policies around engagement and inclusivity. The promotion of social equality, founded on the right-based approach to disability central to the social model (in this instance the right to equal access to financial services), is also fundamental to the overarching aims of this research. More broadly, an understanding of the historical evolution of the theories conceptualising approaches to advance disability policy provides the foundation for discussions with disability organisations in Uganda, and their perspectives on the integration of their membership within civic institutions, as part of this research.

2.4 The UN Convention on the Rights of Persons with Disabilities and the Disability Legislation in Uganda

The way in which disability is conceptualised through the various models outlined has directly influenced the nature of international and domestic policies designed to support people with disabilities (Humpage, 2007; Goss et al. 2000; Burns and Gordon, 2009). In particular, the development of the social model has provided the foundations for new policy frameworks which seek to address the broader sociopolitical issues advocated by the approach. This is exemplified at the multilateral level by the work of the United Nations, which has taken the lead in developing international policies which are designed to advance the interests of disabled people across a multitude of social, political and economic areas. Within the UN, the cornerstone of this approach has been the development of the Convention of the Rights of Persons with Disabilities (CRPD), which "was adopted on 13 December 2006 at the United Nations

Headquarters in New York, and was opened for signature on 30 March 2007" (UN, 2013).

The CRPD emerged from a twenty-year period of increased political awareness around issues related to disability, publically promoted through the United Nations Decade of Disabled Persons between 1982 and 1992 (UN, 2016). Prior to the CRPD's creation, the United Nations produced multiple sets of guidelines which advocated the promotion of rights for people with disabilities. These included the Declaration on the Rights of Disabled Persons (1975), The World Programme of Action Concerning Disabled Persons (1982) and the Equalisation of Opportunities for Persons with Disabilities (1993) (UN, 2016a). Whilst the UN advocated for progressive changes amongst its membership, each of these protocols were non-binding, operating as a guide to best practice rather than a directive (UN, 2006a). The adoption of the CRPD marked a shift in this approach, and provided signatories with a mandatory framework around disability and disabled people.

According to the United Nations (2013), 158 countries worldwide have become signatories to the convention, with additional nations joining the Convention at a regular rate, as exemplified by the accession of Guinea-Bissau, Kiribati, Papua New Guinea and the Bahamas to Convention signatories in 2013. The Convention on the Rights of Persons with Disabilities is a multidimensional policy document which has a strong overarching aim of transforming the nature of the relationship between disabled people and the society in which they operate. The Convention supports:

> "The movement from viewing persons with disabilities as 'objects' of charity, medical treatment and social protection towards viewing persons with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society" (UN, 2013).

The social model of disability, based around concepts of equality, rights and social justice, has been embraced by the CRPD (Harpur, 2012), with the Convention fundamentally designed to create a standardised and universally-accepted understanding across cultures of the social dynamic within the construction of disability. The Convention is widely considered the most progressive global framework around the disability sector (Kayness and French, 2008) prompting a broadly positive reaction amongst those involved with disability studies:

> "By any measure, the CRPD is a high water mark, not only in the area of disability rights, but also in the development of international human rights law concepts and implementation measures more generally" (Kayess and French, 2008:33).

The comprehensive nature of the Convention addresses many aspect of everyday social, economic and political life, with the CRPD having "transformative potential for the lives of the world's largest minority" (Kayess and French, 2008:33). These included provisions for equal access within important fields such as health, transportation, employment and education, for which many disabled people are disproportionately excluded when compared with their able-bodied peers (CRPD, 2008). The Convention itself became one of the most rapidly adopted rights-based frameworks created by the United Nations, with support from developed and developing countries across all global regions.

Despite these successes, a significant number of countries failed to adopt the legislation. As of 2015, 152 nation states have become signatories out of a total of 193 within the United Nations, while 30 are signatories without ratifying the Convention (Freeman et al. 2015). The most notable of the countries as yet not fully committed to the Convention is the United States which, despite becoming a signatory to the Convention is yet to ratify, with multiple possible explanations for this position presented. Quinn (2009), for example, argues that the United States' government

considers the Convention consistent with existing disability legislation in the country (such as the Americans with Disabilities Act 1990), and therefore ratification is unnecessary. Melish (2007) similarly suggests the United States already is the international leader within the disability rights movement.

However, critics such as Chaffin (2005) have linked the United States' lack of ratification of the CRPD to notions of national identity and sovereignty. As Chaffin (2005:5) describes, there is a "belief that the United States should not allow international human rights obligations to change its domestic practices…lest the longstanding American principle of state sovereignty be compromised". The failure on the part of a globally influential political power like the United States raises the question as to whether other countries, particularly those developing countries that lack national legislation protecting people with disabilities, will choose to adopt the Convention fully (Melish, 2007). Achieving an internationally acceptable consensus on a specific disability framework remains difficult, given the nature of political considerations of individual nation states, as exemplified in the case of the United States.

Whilst many stakeholders within the disability sector have responded positively to the development of the Convention (Kayess and French, 2008), some academics have highlighted its limitations. Hendricks (2007:278) mirrors criticisms of the social model of disability, in respect of the CRPD, in questioning whether "the Convention in its current form pays sufficient attention to the functional limitations and the inconveniences that may come with impairments such as restrictions, dependency, pain, fatigue and the incapacity to make informed decisions". The lack of recognition that suitable medical care can be a vital tool in promoting independence, and reinforcing personal autonomy, for people with disabilities risks causing regression on their part, argues Hendricks (2007). Additionally, the Convention has also attracted criticisms from organisations in relation to its impacts on personal liberty. For example, Parental Rights (2016), a non-governmental organisation working to "preserve the right

of every current and future child to be raised and represented by parents", argues that the Convention provides the government with greater legitimacy over decisions made 'in the best interest' of children with disabilities. This criticism serves to illustrate the friction in the application of internationally recognised policies into the domestic environment, dominated by a different set of political priorities, as outlined previously by Quinn (2009) and Chaffin (2005).

In Uganda, the UN Convention has received considerable support. The country was one of the first to both adopt and ratify the UN Convention on the Rights of Persons with Disabilities in 2007 and 2008 respectively (UN, 2012). The Convention is a major political commitment to people with disabilities in the country when considering that around one in five Ugandans are affected by some form of disability, within a population of close to 40 million (Uganda Demographic and Health Survey, 2011). Furthermore, the Ugandan government has overseen the creation of a detailed legislative framework designed to protect the rights of people with disabilities in the domestic environment (International Labour Organisation, 2007).

Article 21 of the Constitution of Uganda (1995), entitled Equality and Freedom from Discrimination, outlaws prejudice in any area of social, cultural, economic or political life based upon an individual's disability. The Persons with Disabilities Act (2006) is a broad and far-reaching piece of legislation specifically constructed around the disability community, designed to make "provisions for the elimination of all forms of discrimination against people with disabilities and towards equal opportunities" (International Labour Organisation, 2009:2). The enacting of this legislation signified a shift in positioning by the government, from prohibiting discrimination on the basis of disability to one in which the state actively promotes the interest of disabled groups as a way of counteracting social prejudices experienced by people with disability in Ugandan society. In practice, this means that the government should "develop and promote the participation of persons with disabilities in all aspects of life as equal

citizens of Uganda" and "to promote positive attitude and image of persons with disabilities as capable and contributing members of society, sharing the same rights and freedoms as other members of society" (Persons with Disabilities Act, 2006:4).

These two key pieces of legislation have been supplemented by other frameworks which protect people with disabilities, such as the Equal Opportunity Act (2006) which specifically prohibits the discrimination of people with disabilities around employment opportunities, and the National Council for Disability Act (2003) which "monitors and evaluates the rights of persons with disabilities as set out in international conventions and legal instruments" (International Labour Organisation, 2011:2). As a result, "Uganda is one of the few countries in the region that boast of comprehensive legal provision of people with disabilities in the country's development process" (Lwanga-Ntale, 2003:18).

Complementing this legislative framework, Uganda has a broad network of disability organisations which act to promote the interests of people with a wide variety of disabilities. This network of NGOs, CBOs, charities and religious organisations, amongst others, provides support and advice to people with disabilities across the country, with many focusing on a specific area such as service provision, advocacy or political lobbying. The largest of these DPOs is the National Union of Disabled Persons of Uganda (NUDIPU), with their headquarters in the capital Kampala. NUDIPU acts as an umbrella organisation, bringing together the multitude of other associations and spearheading campaigns to promote the rights of disabled people. A wide variety of disability organisations operate in Uganda covering specific issues, such as improved access to education, legal aid, employment and skills development, political representation and HIV/AIDS advocacy, providing a collective voice for people with disabilities across the disability spectrum.

Despite this strong legislative framework and a myriad of disability organisations operating in Uganda, critics have highlighted some areas of weakness. Firstly, concerns have been raised that domestic disability policy are not effective, due to the existence of historic discriminatory legislation which undermined ongoing efforts to promote equality for people with disabilities (Lwanga-Ntale, 2003). Furthermore, prior to adoption of the CRPD, "large sections of the legislative framework in Uganda fail to meet international human rights standards and principles with regard to the rights of people with disabilities" (Lwanga-Ntale, 2003:17). Whilst the CRPD attempts to address these issues, subtle differences between international and domestic policies still exist which can serve to undermine the rights of people with disabilities.

Secondly, information around the level of enforcement of anti-discrimination legislation is very difficult to obtain. Researchers have primarily focused their efforts on assessing the enforcement of disability laws in developed countries such as the United Kingdom (Hepple et al. 2000; Bell et al, 2009) or the United States and Canada (Burns and Gordon 2009), with little attention given to the situation in developing countries. In Uganda, Lwanga-Ntale (2003:18) argues that there has been "inappropriate and or ignorant interpretation of the law and poor monitoring", leading to disabled residents complaining of lack of legal protection on the ground and increased social exclusion. However, lack of data makes drawing broader conclusions difficult in this environment, with the issue of enforcement of disability laws largely unaddressed in both developed and developing countries.

The disability legislative environment in Uganda plays in important role within the context of this research. Equal access to microfinance is predicated on laws which legitimise the right of people with disabilities to fair treatment within society and, in particular, the Convention on the Rights of Persons with Disabilities provides people with disabilities with a detailed understanding of non-acceptable practices associated with their service provision and accessibility. Whether Uganda's progressive

legislative environment is reflected in non-discriminatory access to important services offered by the formal financial sector is central to this research.

2.5 Disability and Geography

Historically, the subject of disability has been neglected within the field of human geography study (Park et al. 1998). On the rare occasions geographers have engaged with disability studies, these have often been confined to particular subdisciplines within geography, reflecting a broader disengagement with disability across the social sciences (Imrie and Edwards, 2007). However, within the last thirty years, a growing literature in this area has emerged which has sought to apply geographical forms of analysis to issues associated with disability studies, known as geographies of disability (Gleeson, 1999).

Early work in this nexus between disability and geography predominantly took the form of mapping the relationship between people with disabilities and other variables such as movement, poverty and employment (Dear, 1978; Hugg, 1979). This form of demographic analysis is "rooted in the epidemiological traditions of medical geography in the mapping of contagious diseases" (Park et al. 1998:210), such as John Snow's historic work on the cholera outbreak in London in 1854. Furthermore, research in this era had a particular focus on mobility and transportation issues related to people with disabilities, and the requirement to provide suitable services to support their needs (Perle, 1969; Kirby et al. 1983). These types of studies focused primarily on the challenges facing people with disabilities in the developed world, in countries such as the UK (Gant and Smith, 1984) and the United States (Hugg, 1979).

These approaches to researching the spatial dimensions of disability did not, however, "question the meaning of the term disability beyond a medicalised frame of reference" (Imrie and Edwards, 2007:625). Stemming from a positivist understanding of disability based around the medical model, geographers failed to engage with the broader social

and political dimensions of disability, instead concentrating on the impairment or lack of function on the part of the disabled individual (Imrie and Edwards, 2007). This medicalised and non-critical approach only began to be challenged through a new wave of disability geography literature emerging since the late 1980s (Park et al. 1998).

An increasingly political approach to the study of people with physical disabilities emerged during this period, with an emphasis on social justice and the built environment. Gilderbloom and Rosentraub's (1990) work on both the physical and social barriers to accessing transportation and accommodation in Houston, with their description of American cities as 'invisible jails', demonstrated this new outlook. Furthermore, Laws (1994) argues that disabled people, along with other groups such as women and the elderly, are oppressed within urban landscapes through processes of cultural imperialism and economic exploitation or marginalisation, exemplifying this movement towards a more critical disability geography. Such research is grounded in the notion of 'spatial/social justice' (Soja, 2009; Gathorne-Hardy, 1999) for people with disabilities and other minority groups, specifically "the fair and equitable distribution in space of socially valued resources and the opportunity to use them" (Soja, 2009:2). Gathorne-Hardy's (1999) research around social justice, disability and housing design challenges the existing policies on accommodation provision for people with physical disabilities, arguing for the greater political empowerment and economic autonomy for such people to pursue their own diverse housing needs.

Engagement by geographers with the sociopolitical dimensions of disability can be viewed as a product of the movement towards the application of social constructivist understandings to disabilities in the past 25 years (Imrie and Edwards, 2007). Accessibility for people with disabilities to urban space came to be considered more than simply about physical obstacles, but more a product of institutions and political practices grounded in socially-constructed narratives around disability (Gleeson, 1998; Siebers 2003). This has been complemented through an increase in the analysis of

disability from a feminist perspective, such as Dyck's (1995) research on the contracting geographical and social worlds of women diagnosed with multiple sclerosis, and Butler and Bowlby's (1997) work on the linkages between disability and their social standing, particular in relation to (in)accessibility and use of public spaces.

Whilst interest amongst geographers in understanding the relationship between space, place and physical disability has grown significantly over recent decades, human geography as a discipline has also sought to explore issues related to mental disability. This field known as the geographies of mental health has predominantly focused on either "the spatial distribution of mental illness" or "the location dynamics of mental health-care facilities" (Park et al. 1998:216). An example of this can be seen in the work of Timms (1965), who explored the spatial distribution of 'social deviants' in Luton, UK, whilst Wolpart et al. (1975) analysed the introduction of mental healthcare facilities in California, noting their construction to be concentrated in low-income areas. Joseph and Hall's (1985) discussions on the geographical focus on particular communities in Toronto as spaces for the provision of psychiatric residential care homes provide another example of a geographical approach to understanding mental health and its consequences.

Furthermore, of particular interest within human geography has been the deinstitutionalisation of people with mental health disabilities from state-administered mental healthcare facilities into the local community (Taylor, 1998; Kearns et al. 1987). This has taken the form of research into the ghettoisation of psychiatric patients in North American cities (Dear and Wolch, 1987), homelessness associated with asylums and transinstitutionalisation (Wolch et al. 1993; Wolch et al. 1988) and public attitudes towards the accommodation of mentally disabled patients into the community (Dear and Taylor, 1982). Similarly to the approach undertaken in relation to physical disability, geographers engaged in more critical debates around the political and economic factors creating these conditions, and the role of public and private sector

interaction within the social-care provision environment to help produce these outcomes, including processes of privatisation (Laws, 1988; 1989).

Aside from this work on geographies of mental health, one area neglected by geographers has been intellectual disability. Intellectual disability refers to people with difficulties in both intellectual functioning and adaptive behaviour and are usually characterised by an IQ score of around 70 (American Association of Intellectual and Development Disabilities, 2016), with most significant geographical research in the area centred narrowly on asylums (Park et al. 1998). The 'post-asylum geographies' of intellectually disabled persons has largely been ignored by human geography (Hall and Kearns, 2001) and represents a new frontier for spatial analysis. One commonality across the vast majority of research on disability within human geography has been has been a strong bias towards studies undertaken in developed countries, with the subject area "characterised by the relative absence of research conducted in places outside of Anglo-American, Australasian and European contexts" (Imrie and Edwards, 2007:624). Examples of academics that have expanded beyond this framework, such as Komardjaja's (2001) study around cultural values and disability in Indonesia, are rare and remain marginalised within the wider literature on the geographies of disability.

Changes in the geographical approach to the study of both physical and mental disabilities have reflected the transition within disability studies more generally, from a medical framework focused on impairment and treatment to a social model centred on the sociopolitical production of disability. The terminology associated with the subject area has also changed for, while categorisations such as 'medical geography' remain in use (Butler and Parr, 1999), terms such as geographies of health have gained increased prominence in the literature. Advocates including Kearns (1993) argue for a post-medical geography of health, with the need to incorporate social theory into debates on health and disability. However, Rosenberg (1998:211) suggests that,

though debates as to the appropriate terminology in the subdiscipline continue, of greater importance is integration to create “inclusive geographies”. Increasingly, geographies of health has become the dominant discourse for exploring the relationship between space and disability, with Kearns and Moon (2002) summarising the rationale of this move away from medical geography:

> “The shift has been portrayed as indicative of a distancing from concerns with disease and the interests of the medical world in favour of an increased interest in well-being and broader social models of health and health care” (Kearns and Moon, 2002:606).

Health geography aims to provide a more holistic understanding of the interaction between place, space and disability, and highlights the need for care to be provided for people with disabilities not only in designated spaces such as medical facilities but by creating environments which are usable by a multitude of different types of people. This approach also “sought to interlink, in helpful ways, the physical and technical approaches of behavioural geography to social and political contexts and issues” (Imrie and Edwards, 2007:624), and rejects the idea of disability being seen in isolation from the broader sociopolitical environment.

Furthermore, health geography underlines the importance of locality in disability studies, and demonstrates that “place matters with regard to health, disease and health care” (Kearns and Moon, 2002:610). Pragmatically, this has been done in a number of ways, including studies which assess the threats and impacts of diseases and conditions on populations within a given locality, researching the role of therapeutic landscapes in understanding disability experiences and through acknowledging the importance of different scales, from the individual to large demographic groups, on the experience of disability (Kearns and Moon, 2002). Indeed, Andrew’s (2002) work on the development of more ‘place-sensitive’ nursing practices, given the increasing

range of locations healthcare is both administered and received, speaks directly to this need to factor in discussions of place into debates about health and disability.

The negotiation of public spaces, particularly those located within the urban environment, has long been considered a major challenge for people with a physical impediment (Imrie, 1999; Gleeson 1998). As Imrie (1999:25) suggests, "for disabled people in particular, the built environment is often encountered as a series of hostile, exclusive and oppressive spaces", arguing that, in many instances, the effects of their physical impediment are exacerbated by the design of urban areas which restrict their ability to participate fully in social and economic life (Imrie, 1999). Indeed, more broadly, urban centres are considered important spaces for the maintaining and furthering of social inequalities (Crowe, 1995; Knox, 1987). Human geographers have attempted to understand the reasons for practices which support these oppressive outcomes, with academics such as Hahn (1986) arguing that the built environment is predominantly designed around the requirements of a specific demographic, namely typical able-bodied people.

> "The built environment is basically designed for the average human being, plus or minus half a standard deviation. From the perspective of a bell-shaped curve, persons with many types of disabilities that place them in the tails of the distribution are effectively isolated in their environment" (Hahn, 1986:273).

An important component in debates around urban spaces, accessibility and equality is the way in which the body is viewed within the field of urban design (Tschumi, 1996). Within architecture and urban planning, important disciplines affecting the way in which the built environment is experienced, navigated and inhabited, bodies are considered problematic, and a disruptive force in the mind of architects, even as far as being impure and denigrating to the creation of the built environment (Tschumi, 1996; Imrie, 1999). Buildings and urban spaces are designed to appear appealing and visually

pleasing rather than to serve the needs of a diverse and variable population, a point succinctly raised by Gray (1929:29) when arguing that “the vain arrogance of architects in their popularisation of the aesthetic, of form, over the (bodily) use of buildings”. This approach to the design of the built environment has resulted in the creation of places exclusively designed to serve the able-bodied population (Imrie, 1999). “By ignoring and/or denying the multiplicities of the human body” (Imrie, 1999:26), urban spaces have constricted the ability of people with disabilities to function successfully, with “physical limitations…more likely to lead to mobility disability in different urban contexts” (Clarke et al. 2008:506).

Hanson and Philo (2006) reject the notion of designing building to serve only the interests of an able-bodied mainstream population, stating that plurality of users within urban environments should be incorporated into urban design as a way of ensuring equality in access to such spaces. Referencing Foucauldian philosophy, Hansen and Philo (2006:493) argue that “shifting the emphasis from (aiding disabled people in) doing things normally to (underlining for all of us) simply the normality of doing things differently” should underpin the approach to architectural design. This understanding links closely to the evolution of disability frameworks which have sought to reframe people with disabilities, from individuals in need of medical intervention into integral members of the community that are systematically oppressed by social and physical structures (Kearns and Moon, 2002).

In addition, as urban spaces have increasingly become primary sights of production, economic forces have helped to shape experiences of disability in such settings. Gleeson (1999:106) explores the ways in which the creation of spaces designed to support economic growth and expansion has negatively impacted upon people with disabilities as a demographic, explaining that rapid urbanisation, as a key component within the broader industrial revolution, resulted in a redesigning of both urban spaces and capitalist processes which were to the detriment of people with disabilities,

describing the outcome as creating ‘the disabling city’. The expansion of urban spaces as sites of capital accumulation was particularly damaging for people with disabilities who had conditions which affected their mobility, as the reshaping of the economy was reflected in a reorganisation of labour processes.

> “One disabling factor of the industrial city was the new separation of home and work, a socio-spatial phenomenon which was all but absent in the feudal era. This disjuncture of home and work create a powerfully disabling friction in everyday life for physically impaired people” (Gleeson, 1999:106).

Whilst previously everyday activities were predominantly carried out in one location, the decoupling of work and home spheres during the industrial revolution disproportionately impacted upon disabled people (Gleeson, 1999). The increase in the distance between home and income-generating activities, along with the need to navigate the urban landscape in order to access work available in this new economy, presented new and difficult challenges. The changing geographies of production within the industrial city, along with associated processes such as rapid urbanisation, served to disempower people with disabilities in this environment (Gleeson, 1999).

Furthermore, the relationship between economic geography and disability is visible in the way work and employment changed and evolved through this period of large-scale industrialisation during the 19th century. The formalisation of work in this manner, built around new industries with innovative production methods, was not designed in a way which benefited people with disabilities (Ryan and Thomas, 1987). In fact, the changes in economic geography were in many cases detrimental to such groups and undermined their existing ability to generate an income.

> “The speed of factory work, the enforced discipline, the time-keeping and production norms – all these were a highly unfavourable change from the slower,

more self-determined and flexible methods of work into which many handicapped people had been integrated" (Ryan and Thomas, 1987:101).

These new economic processes, documented overwhelmingly in relation to settings within the global north, were socially constructed in order to cater to the abilities of male, able-bodied workers, subjugating people with disabilities and other 'outsiders' (Ryan and Thomas, 1987: Gleeson, 1999). Whilst methods of production and capital accumulation have shifted away from manufacturing and into new realms of service provision in the economy of countries such as the UK, "the contemporary city none the less continues to oppress impaired embodiment both in its socio-structural organisation and its physical layout" (Gleeson: 1999:151). For example, the relationship between disability and the labour market has been subject to particular focus, principally by economists, with the continued negative impact of disability on employment and earnings evidenced through empirical research (Jones, 2008; Kidd et al. 2000: Nolan, 2015).

As a means of mitigation against these forces which discriminate against the labour of people with disabilities, alternative socioeconomic spaces have been created to facilitate their abilities to contribute economically (Alcock, 1993). These included the development of sheltered workshops which served to provide substitute areas for people with disabilities to work and earn an income, separate from the industries which consumed the labour of able-bodied workers (Alcock, 1993; Gleeson 1999). Whilst such spaces provided environments for people with disabilities to engage in paid labour, Gleeson (1999) argues the broader social impacts helped to devalue the worth of such people.

"Sheltered workshops are sites both of marginalisation and exploitation of workers within the economies of contemporary cities. Sheltered workshops promote the exclusion of disabled people from mainstream employment settings and also

> frequently subject their workers to low pay and poor labour conditions" (Gleeson, 1999:200).

Whilst integrating people with disabilities into a new system of economic growth, these types of interventions serve to further highlight the physical limitations of those people with impairment (Gleeson, 1999). Sheltered workshops are a tangible indicator of the way in which economic geography has had a direct impact on the way disability is experienced, imagined and viewed amongst wider society, and act as just one example of the "continual displacement of disabled people from social mainstreams" (Gleeson, 1999:125). Over more recent times, however, growing political activism on the part of disabled individuals and organisations has sought to challenge these narratives, particularly the reclamation of urban, public spaces through protest movements.

> "In recent decades, disabled people and their allies have started to explore more collective and confrontational ways to turn sites of oppression and discrimination into spaces of resistance" (Kitchin, 1998:353).

Disability activism groups, such as the American Disabled for Accessible Public Transport (ADAPT), organised the capture of public space in Western cities to highlight oppression within the built environment and the need to recognise their rights as equal citizens (Dorn 1994; Fraser, 1997). This action represents a subversion of the established role of place and space in the construction of geographies of disability, and provides an avenue whereby people with disabilities can challenge the injustices of access and ownership of the built environment.

This research seeks to engage with these existing debates on the nature of disability within the discipline of geography, and understand the impact of disability in relation to engagement with the formal financial sector. The theoretical foundations of geographies of health in particular, with a focus on the social and political factors which impact on the way people with disabilities engage with mainstream society, feed

directly into this work on access to financial services. Furthermore, the notion of social equality within the built environment for people with disabilities - which has become increasingly prominent within geography (Soja, 2009; Gathorne-Hardy, 1999) - is a central theme of this research, taking a more critical approach to the challenges associated with physical access along with sociopolitical barriers. With the vast majority of geographical research around disability conducted within a limited number of developed countries (Imrie and Edwards, 2007), this research will expand upon this study area by exploring the engagement between people with disabilities and microfinancial services in the developing country context of Kampala, Uganda.

2.6 Understanding Disability in Africa

While the way in which disability is framed conceptually, and the consequences for how people with disabilities experience everyday life, is well researched in the context of Western countries, these understanding can shift considerably when viewed in the context of the global South. For this research, it is necessary to acknowledge how disability is understood and experienced in a development context, specifically within Africa, and how this may differ from more mainstream ideas around disability, many of which are grounded in the experiences of people with disbailities in the global North.

In particular African cultures, the way disability is understood is sometimes seen as less of a product of an oppressive social environment or a significant physical impairment, and more to do with factors outside of the human experience. For example, Hanass-Hancock (2009:40) outlines the way in which some people of Bantu ethnicity across Southern Africa view disability as a product of cosmic forces, explaining that ‘disability in traditional Zulu cosmology is sometimes regarded as a curse from god, a lack of ancestral protection, or exposure to ritual protection’. Considering the dominant role of traditional belief systems in the lives of many

people and groups that are considered Zulu, such an understanding of the causes of disabilities can have serious implications for people with disbailities.

Disability in East Africa in particular, continues to be heavily influenced by such conceptual underpinnings. In Uganda, for example, the view that bearing a child with disabilities may be a curse on the family or a sign of misdemeanours by past generations remain commonplace (Stopler, 2007). Consequently, in some instances 'parents feel so ashamed that they do not want their child to live with them', due to community mockery, resulting in children being 'abandoned or dumped in boarding schools and forgotten' (Stopler, 2007:13). Similarly, misinformation in many developing countries can lead to the further framing of disability in a negative light. Misconceptions, fuelled by a lack of education in many poorer countries, has led some within communities to believe that certain conditions can be passed on through interaction with people with disabilities (ADD, 2018).

This impact of these types of beliefs can detrimentally effect the experiences of people with disabilities in such an environment, and in certain contexts these consequences can be particularly serious. One highly visible example of this can be seen in East African countries such as Burundi and Tanzania which have for many years struggled to combat violence against people with albinism. As Aquaron et al. (2009) explain, fuelled by a combination of myths, ignorance and superstition, people with albinism have been subjected to brutal murders and mutilations in order to harvest body parts considered lucky or possessing magical properties in some communities. Dominant cultural beliefs within that specific region help to place people with disbailities in danger of violence and are vividly highlighted in this example. The belief in some cultures, as outlined by Morgan (2015) in Ghana, that

disabilities can be cured through some combination of prayer, confinement or even violence against a person with disabilities, rather than medical intervention based upon broad scientific consensus, adds to this disturbing narrative.

More broadly, issues such as social discrimination and people with disabilities being ostracised from the community exist (Stopler, 2007), in many instances in response to the way in which disability is understood locally. This can take many forms, such as outlined by research based in Nigeria and South Africa by Njenga (2009) that reports people with intellectual disabilities experience discrimination in key societal areas, such as access to justice and provision of education. Whilst such problems persist in many global North countries as well, the dominant narrative of disability as a product of indigenous belief systems changes the way people with disabilities are viewed as well as impacting on the types of intervention strategies which are likely to be successful in redressing some of the inequalities experienced by such groups in this context.

However, this negative framing of disability has been less prevalent in other research in the area, providing different indications as to the way in which disability is understood in East Africa. Kisinji (1995) outlines an interesting study in Tanzania which explores attitudes and beliefs towards disability in the country. Through the examination of traditional Tanzanian proverbs, Kisinji (1995) explores the way in which the social understanding of disability is constructed through language. Kisanji (1995) suggests that, through the examination of these proverbs, there are few examples which depicts people with disabilities negatively or as subjects of social rejection. However, ‘proverbs in Tanzania show that disabilities are feared and are, therefore, used metaphorically to exhort community members to behave in socially acceptable ways’ (Kisanji, 1995:15). This illustrates a more complex understanding of how disability is viewed in such a context, somewhat pushing back against the wider narrative that people with disbailities are considered socially marginalised.

In a similar way, Ndlovu (2016) explores attitudes towards disability and people with disabilities in Southern Africa. This research paints a more nuanced picture of how disability is framed in a global South context, disrupting the image of a homogenous view on people with disabilities in the continent. Whilst Ndlovu (2006) accepts that some African cultures do promote the marginalisation and stigmatisation of people with disabilities driven indigenous beliefs, such as those outlined by Hanass-Hancock (2009), other communities utilise empathetic, morally-guided philosophies as frameworks to support and advance the lives of those experiencing disability through promotion their human rights and broader attempts at creating equality been people with and without disabilities (Ndlovu, 2016). However, in spite of such pieces of research, it is clear that more broadly people with disabilities face different types of challenges to realising equality in an African context, with these processes driven by community or cultural understandings of disability concentrated at the local level.

2.7 Disability, Poverty and Microfinance

The relationship between poverty and disability, particularly in developing countries, is both significant and well-established (Shirley, 1983; Elwan, 1999; Emmett, 2005). Individuals experiencing poverty are more likely to be affected by disability, and those with existing disabilities suffer poverty at higher rates than their able-bodied counterparts. (Braithwaite and Mont, 2009). As a result, poorer countries often display high disability rates (UNICEF, 2011), with Shirley (1983:9) arguing that "the traditional 'diseases of poverty' that have plagued the Third World since the beginning of the colonial era, continue to be a major cause of disability". A wide variety of illness and disabilities are specifically linked to factors associated with poverty. For example, poliomyelitis is transmitted through the use of contaminated water, predominantly in contexts where clean drinking water is unavailable (Global Citizen, 2012).

As Doyal (1983:7) suggests, “not only does disability usually guarantee the poverty of the victim but, most importantly, poverty itself is a major cause of disability”. This is depicted vividly by Ebrahim (1983) when describing the cycle of undernourishment experience by many poor pregnant women, which often results in low birthweights amongst newborn babies leading to developmental difficulties and, in many instances, permanent disability. The multifaceted nature of poverty means that disability and impairment can occur through any number of potential avenues.

> “Poor families often do not have land to grow food, and inadequate income to purchase their basic needs, shelter, sustenance and sanitation are inadequate, and access to healthcare is very limited” (Elwan, 1999:21).

Furthermore, in countries with limited infrastructure, mild ailments can lead to long-term disabilities which restrict the ability of such people to improve or enhance their lives (Doyal, 1983; Elwan, 1999). For example, lack of assistive devices such as hearing aids and spectacles can cause treatable conditions to become life-long disabilities (Doyal, 1983). This point is extended upon by Elwan (1999), when explaining that many of the impairments could be resolved if it was not for the fact such people were experiencing poverty and did not have the financial means to afford medication or therapy.

> “Much of the disability in developing countries stems from preventable impairments, and a large part of the disability could be eliminated through treatment or alleviated through rehabilitation” (Elwan, 1999:iv).

The UK-based international development organisation Action on Disability and Development (ADD) explicitly outlines the connection between poverty and disability, which it describes as a trap that people with disabilities find exceedingly difficult to escape. “People in poverty have less access to healthcare and are more vulnerable to malnutrition and preventable diseases” (ADD, 2016) which, when combined with

additional factors such as low quality housing and the absence of access to clean water, increases the likelihood of an individual becoming disabled. In addition, the social stigmas associated with disability contribute to a reduction in access to education, fewer economic opportunities, and increase social isolation (ADD, 2016), leading to increased levels of poverty.

The linkages between poverty and disability have been researched in a number of different geographical contexts. Braithwaite and Mont (2009) critically examine the assertion that poverty and disability are strongly connected through a quantitative assessment based on data predominantly around consumption and disability in Bosnia and Herzegovina and Vietnam, concluding that "disability and poverty are intricately linked as both a cause and consequence of each other" (Braithwaite and Mont, 2009:230). Similarly, Sarker (2013) explores this relationship in Bangladesh, reporting that people with disabilities are disproportionally affected by severe poverty as a direct consequence of their physical impairment.

> "Disabled people face extreme poverty due to their vulnerability. They are excluded from normal social life and, in most cases, they don't get sufficient economic support to be self-sustainable" (Sarker, 2013:119)

With these linkages between disability and poverty deeply entrenched, there is a clear need to explicitly target people with disabilities within the poverty reduction strategies of international development institutions. However, as Grech (2009) and Yeo and Moore (2003) report, these types of interventions rarely directly identify people with disabilities as a specific demographic within their development programmes, despite the disproportionately higher number of people with disabilities experiencing poverty, resulting in "many disabled people – even those with only mild or moderate forms of impairment – continued to be excluded from poverty reduction work" (Yeo and Moore, 2003:580). This situation is evident in the development of Poverty Reduction Strategy

Papers (PRSPs) supported by the World Bank and IMF, in which "despite years of lobbying for inclusion by the disability movement, disability remains disproportionately excluded…and the demands of disability organisations are often silenced or ignored if they contradict the prescribed IMF neo-liberal priorities" (Grech, 2009:774). Similarly, the absence of direct reference to the disability community as part of the Millennium Development Goals (MDGs) demonstrates a lack of recognition amongst political elites as to the specific need to sever these intricate ties between poverty and people with disabilities in the Global South (Wazakili et al. 2011).

In Uganda, Hickey (2005) argues that poverty reduction approaches have contained a strong political bias towards poor but economically-active people in the country. As a result of this excessive focus on the 'economically active', many of the poorest people, including those with disabilities, have failed to benefit from development strategies designed to reduce poverty (Hickley, 2005). These policies serve to reflect the broader political environment in Uganda, with debates around equality absent from the political discourse of poverty reduction, whilst "political elites in Uganda tend to frame the poorest people as responsible for their enduring malaise, and redirect poverty policy accordingly" (Hickley, 2005:1006). As many people with disabilities experience chronic poverty and financial hardship in Uganda (Lwanga-Ntale, 2003), these attitudes and associated policies can prove particularly damaging to their social and economic prospects.

In Uganda, a host of these different approaches have been undertaken in an attempt to alleviate poverty in the country (Ellis et al. 2003; Bahiigwa et al. 2005; Ellis and Freeman, 2004). Within this development discourse, there has been an increased focus on the ability of macroeconomic growth to facilitate poverty reduction in poorer countries, reflecting the approach of institutions such as the World Bank and their Poverty Reduction Strategy Papers (PRSPs) (Craig and Porter, 2003). The adoption of more market-based approaches to poverty reduction witnessed in many developing

countries has led to an increased role for the private sector as part of this process, with both successes and limitations (Cooney and Shanks, 2010; Karnani, 2007). Indeed, as Cooney and Shanks (2010:29) report, the "social welfare policy environment is marked by new approaches that use business and market mechanisms to combat poverty".

This shifting political environment, characterised by a movement towards a more neoliberal model of poverty reduction, has provided the platform for the rapid expansion of the microfinance movement (Bateman and Chang, 2012). As the use of private capital has become increasingly employed as a mechanism for poverty alleviation, Bateman and Chang (2012:28) argue that "microfinance provides a model for poverty alleviation that is politically acceptable to the neoliberal establishment", and has emerged as one of the dominant instruments within this market-led narrative.

While growth in the microfinance sectors across developing countries, including Uganda, has been rapid, criticisms have mounted that microfinance does not serve all those who may benefit from its services equally, with certain groups excluded from accessing these financial products and services (Woller, 2002; Vatta, 2003; Lewis, 2004). Woller (2002) explains that, despite evidence stating that microfinance has produced positive outcomes including produced gains around household consumption, income and asset accumulation, "exclusion of the very poor appears to be a widespread phenomenon (in this paper, very poor refers to those in the bottom 50 percentile below the poverty line within a country)" (Woller, 2002:306). This form of exclusion contrasts "the animating motivation behind the microfinance revolution", which was "poverty alleviation, and in particular among the poorest of the poor" (Woller, 2002:305).

This inability of microfinance to reach the poorest of the poor has remained a fundamental criticism during its period of rapid growth and expansion (Vatta, 2003)

and is particular concerning in relation to people with disabilities, considering the close relationship between poverty and disability previously outlined (Mont and Braithwaite, 2009). Whilst limited research has been conducted around the accessibility of microfinance services for people with disabilities (Bwire et al. 2009), there are some examples of academics that have attempted to develop a greater understanding of the relationships. Thomas (2000) explores the nature of this relationship in Bangladesh, a vibrant and well-established microfinance market, arguing that people with disabilities are routinely excluded from microfinance services.

This marginalisation is driven by a host of different factors such as the exclusion of the disabled by non-disabled groups, lack of social capital, lower than average incomes, lack of motivation, challenges related to mobility, and social norms which frame people with disabilities as predominantly recipients of charitable donations (Thomas, 2000). These issues serve to create a hostile environment for potential disabled borrowers, with the research supporting the notion that disability impacts negatively on access microfinance products and services (Thomas, 2000).

Furthermore, Lewis (2004) examines access to microfinance for women with disabilities in Zambia and Zimbabwe. Again, this research suggests that people with disabilities are treated unfairly and unequally when trying to access loans as a direct consequence of their impairment.

> "Women with disabilities are perceived as bad risks and, as such, they are refused loans by banks, micro-lenders and peer-lending groups. They assume that, by virtue of their disability, women with disabilities are not appropriate for microcredit or business services, or that they are adequately and better served by rehabilitation programmes and charities" (Lewis, 2004:31)

Such outcomes continue to weaken the argument that microfinance is a means for providing affordable financial services to all people. In this area, Lewis (2004) outlines

a number of strategies for inclusion which, she argues, are key to promoting greater involvement in microfinance schemes by women with disabilities in her field of research. These include “make development projects accessible”, “support creative funding approaches to pay for disability-related costs”, “engage women with disabilities in the global dialogue on microcredit and economic empowerment of women” and “support leadership and capacity building of women with disabilities” (Lewis, 2004:37). However, with deep-rooted cultural beliefs held by many within the sector that women with disabilities are not suitable borrowers, these approaches may produce limited successes.

It has been argued that microfinance institutions have a responsibility to include persons with disabilities within their operations and to actively promote financial inclusive policies which make their services available and accessible to people with disabilities (Lewis, 2004; Sarker, 2013). However, Labie et al (2015) chronicles examples, both in developed and developing countries, which show that microfinance institutions and their staff have repeatedly discriminated against certain groups based on non-economic factors such as race, heritage, gender and caste. This type of institutional discrimination has resulted in the further marginalisation of minority groups in such settings (Labie et al. 2015), undermining the remit of microfinance institutions to try and serve socially and economically isolated persons. Discrimination on the part of microfinance institutions, specifically through credit officers as representatives of the organisation, is prevalent in the small-scale loan system, reducing the ability of people with disabilities to access loans through these providers (Lewis, 2004; Labie et al. 2015).

The need to target and serve people with disabilities is not actively addressed in the policies and practices of many microfinance institutions. Sarker (2013:118) suggests that, in his research around the Bangladeshi sector, “microfinance institutions overlooked the responsibility to include disabled people into their mainstream

programmes". Few programmes actively target potential disabled customers and little effort and resources are afforded by MFIs around engaging this sub-group (Sarker, 2013). Furthermore, "shortage of meaningful data between MFIs and disabled centred organisations also exists" (Sarker, 2013:123), making it particularly difficult to accurately ascertain rates of loan acquisition and whether certain factors, for example whether the institution is situated in a rural or urban setting, impact on this loan usage rate amongst people with disabilities. Thomas (2000), Lewis (2004) and Sarker (2013) all highlight different examples of the potential for people with disabilities to be significantly excluded from the potential positive impacts of suitable financial services.

In Uganda specifically there has been little research in this area. However, one example can be found in the work of Bwire et al. (2009), which explored access to microfinance for economically-active people with disabilities in the country. Firstly, and importantly, Bwire et al. (2009) reports that in their sample of 8 MFI branches in Uganda, with a total over 13,000 customers, less than 1% of microfinance institutions' customers were disabled. This outcome, when set against the 19% of the general population with a disability (Ugandan Demographic and Health Survey, 2011:27), suggests this group is facing a challenge accessing these services, particularly given that staff at the selected MFI branches had received training on the issue of disability previously (Bwire et al. 2009).

Bwire et al. (2009) anchored their own research in Uganda in the theatrical framework developed by Simanowitz (2001), who identies four exclusionary mechanisms that contribute to the marginalisation of more vulnerable groups in low-income settings: exclusion by service design; exclusion by other members; exclusion by staff; and exclusion because of low self-esteem. Bwire et al.'s (2009) research examined the experiences of entrepreneurial economically-active people with disabilities and their ability to access loans through formal microfinancial institutions.

The research by Bwire et al. (2009) suggested that self-exclusion presented the most considerable barrier to accessing microfinance services, with potential disabled customers lacking the confidence required to approach microfinance providers despite the potential opportunities available for credit provision. This was followed by exclusion due to MFI staff and management, whilst exclusion by product design, exclusion by other members and exclusion because of physical or informational barriers all contributed to disabled peoples' financial isolation in respect of loan acquisition from MFIs (Bwire et al. 2009). The challenge of increasing access to microfinance services for people with disabilities is framed as a Gordian knot (Bwire et al. 2009), illustrating the complex set of factors which interact to create the exclusionary process highlighted in this paper.

In an extension of this research, Biesland et al. (2012) explores use of microfinance by economically-active people with disabilities, additionally examining the individual factors which impact on loan usage. Beisland et al. (2012:81) use of loans provided through microfinance was higher than expected, with 39% of the sample having accessed a loan amongst this demographic. Other key variables, such as education, play an important role in loan acquisition, with higher access rates correlating with enhanced educational performance (Beisland et al. 2012). The research also highlights the importance of promoting economic activity amongst this group as a mechanism for expanding their access to the services available on the market. However, as Beisland et al. (2012:82) acknowledge, this study only involves those people with disabilities in paid employment, and more research is needed around disabled people more broadly, along with a more developed understanding of the "dynamics of the customer-MFI relationship and what factors enable or disenable disabled people's access to microfinance".

These previous studies provide the context for the current research, highlighting the unequal access to services provided by microfinance institutions in developing

countries. There is evidence across different contexts that people with disabilities are excluded from the financial services provided by MFIs (Thomas, 2000; Sarker, 2013), and this research seeks to understand the factors which are producing this outcome. Expanding on the work by Bwire et al. (2009) and Beisland et al. (2012), this research will explore the relationship between microfinance provision and both employed and unemployed people with disabilities, and explore the relationship between microfinance providers and existing and potential customers.

2.8 Conclusion

The construction of a definitive definition of disability has proved challenging for both practitioners and academics given that it is multifaceted and inherently political issue (Gronvik, 2009; Shirley 1983). Geography, though, has played an important role in shaping how disability is experienced (Gleeson, 1999). This is particularly evident in the way people with disabilities navigate the built environment, and how their physical impairments are made visible by urban planning and environmental design. The way in which public spaces have been created to cater for a single imagined vision of the body – young, male, physically capable (Gleeson, 1999) – has helped to marginalise those that do not fit within these narrow parameters. Furthermore, the changing economic geographies of cities, with an increased focus on formal production and capital accumulation within specific localities (factories, offices etc) has negatively impacted on people with disabilities (Ryan and Thomas, 1987), creating further divisions between the able-bodied and disabled groups.

The desire to improve the lives of people with disabilities, through promoting economic, social and political equality for example, has led to the construction of different theoretical approaches designed to achieve these ambitions. The historical evolution in the way people with disabilities are conceptualised can be seen through the transition between alternate models of disability, which has seen such people move

from being considered primarily recipients of charity to people who need to be medically treated, and latterly to individuals who deserve an equal stake within society. This has included the advancement of the rights of people with disability, accompanied by a cultural shift in the way disability is framed, within both society and civic institutions.

The paradigm shift from viewing disability as something that occurs due to an individual's physical incapability or disease (Johnston, 1996) to a product of the social environment they inhabit (Bridenden, 1986; Areheart, 2008), has been steady and, whilst many within the disability sector understand disability as a product of social construction, the principles of disability associated with the medical model of disabilities remain prominent within the public consciousness (Shakespeare and Watson, 2010). However, the social model, underpinned with its rationale that disability is fundamentally a product of an oppressive social environment (Miles, 2010), has increasingly grown to become the accepted framework for analysing disability, and has influenced the direction of much of the disability legislation at global and national level.

Within the international political environment, in particular, the fundamental features of the social model of disability have acted as the foundation for policies which seek to support the global disabled population. The UN Convention of the Rights of Persons with Disabilities, adopted and ratified by dozens of countries, can be seen as the most comprehensive and potentially transformative international policy to date which targets people with disabilities (Kayess and French, 2008). Whilst the Convention is yet to receive universal support from all nations (Chaffin, 2005), such a framework provides the basis for greater social inclusion and economic opportunities for people with disabilities across different regions and territories.

In Uganda, the focus of the current research, strong legal frameworks have been adopted to strengthen the rights of people with disabilities, including the National Council for Disabilities Act (2003) and the Persons with Disabilities Act (2006). These laws seek to provide people with disabilities with equal opportunities and fair access to services such as health, education and employment, in an environment free from discrimination, reflecting the values entrenched in the UN Convention. Furthermore, a broad network of disability-focused NGOs and CBOs in the country provide additional support to disability communities, many of whom advocate for the enforcement of disability legislation to ensure such groups are treated equally and afforded the protections set out in law.

The requirement for supportive legislation concerning the inclusion of people with disabilities within mainstream society stems, in part, from the strong and substantive relationship between disability and poverty (Braithwaite and Mont, 2009; Sarker, 2013; Yeo and Moore, 2003). These two factors often exacerbate each other, with physical impairments restricting income-generating activities, whilst low incomes mean treatment for even moderate conditions remains difficult to obtain (Elwan, 1999). The lack of specific reference to the needs of people with disabilities within the international development policy arena (Grech, 2009) has further marginalised this group, despite the enormous numbers of people in developing countries that experience disability central to their everyday lives.

With disability yet to be fully integrated into international development policies, (Grech, 2009) and people with disabilities continuing to experience poverty at disproportionately high rates (Emmett, 2005), alternative mechanisms for promoting the advancement of this group need to be considered. Microfinance has been an area of huge growth over recent decades, and is one avenue which can offer opportunities for people with disabilities to improve their livelihoods and increase their resilience. Whilst, outlined in the subsequent chapter the impact of microfinance on poverty

reduction is highly contested, key to this research is the notion that access to small-scale loans should be equal amongst all demographics within communities which are served by financial institutions (Sarker, 2013).

Accessing microfinance may not provide an avenue to escape poverty for all customers, however evidence suggests that for some the benefits can be substantial at both the individual and community level (Khandker, 2005). More broadly, supporters of microfinance highlight issues such as increased levels of financial independence and personal freedoms which access to small-scale loan can help foster (Rhyne, 2001). People with disabilities, both morally and legally, are entitled to fair access to services which has the potential to improve their lives, reduce poverty and empower users. This is particularly important given that there is evidence to suggest that people with disabilities have been systematically excluded from microfinance services in developing countries (Lewis, 2004; Sarker, 2013; Thomas, 2000), not able access small-scale loans with the ease of their able-bodied counterparts.

However, the linkages between disability and poverty, coupled with microfinance's inability to reach the poorest of the poor (Woller, 2002; Vatta, 2003), suggests microfinance has had limited success in reaching and serving low-income people with disabilities. This outcome directly feeds into my own research in this area, which seeks to explore the current access to small-scale loan services by people with disabilities in Uganda. Furthermore, this research seeks to make visible the challenges facing people with disabilities in accessing this form of credit, and examine more broadly the processes behind the exclusion from microfinance experienced by this group.

3. Microfinance and its Position within International Development Policy: At the Juncture of Debt, Politics, Commercialisation and Poverty Reduction

3.1 Introduction

"Microfinance refers to small-scale financial services – primarily credit and savings - ...to individuals and groups at the local level in developing countries" (Robinson, 2001:9). Whilst the notion of microfinance has existed and evolved over many centuries, the concept has increasingly entered into both the international development discourse and wider public consciousness over recent decades. Microfinance is designed to cater for those people previously excluded from the formal financial sector (Murdoch, 2000; Mersland, 2011), in order to increase the delivery of and accessibility to basic financial services including savings, credit and insurance products. The key to the model of microfinance is the provision of services which are proportional and affordable to poor people (Robinson, 2001), enabling users to invest in their own future sustainability. Microfinance services are designed to support local economic growth and improve livelihoods as outlined by Murdoch (1999:1569):

> "The hope is that much poverty can be alleviated – and that economic and social structures be transformed fundamentally – by providing financial services to low income households".

Whilst savings, insurance and other debit-based products are all important parts of the microfinance movement in their own right, much of the focus, both politically and economically, has centred on the potential of credit to boost incomes amongst low-income people in poor countries. As Pass et al. (1991:105) explains credit refers to "loans and other deferred payment methods made available to customers and companies to enable them to purchase goods and services, raw materials and components". The availability of small-scale loans to the poor and traditionally excluded groups of people forms the key component of this microfinance movement.

It is the question of access to these loans for people with physical disabilities which is central to this research. From this point forward the term microfinance refers specifically to this credit element of the microfinance movement.

The adoption of microfinance as a flagship development strategy by international institutions has led to a shift in the way microfinance is both funded and delivered. The commercialisation of the microfinance sector has resulted in huge expansion in microfinance institutions, serving an ever-increasing number of low-income people in new regions and areas. However, with an increased focus on profitability, the motivations of microfinance institutions have been questioned. This is not to suggest the provision of microfinance can no longer contribute to this objective, rather the change in approach has produced both new opportunities and challenges to policymakers, practitioners and borrowers alike.

Microfinance has been subject to rigorous debates around its effectiveness, appropriateness and implementation within the international development field. This literature review will explore research which has highlighted the positive impact of microfinance on improving the livelihoods of low-income people. In some of the most economically underdeveloped countries, microfinance offers an opportunity for economic development and poverty reduction (Khandker, 2005; Montgomery and Weiss, 2011), as well as achieving positive social change amongst marginalised and disempowered groups (Karim, 2011; Schuler et al. 1998).

This chapter also acknowledges the limitations, and in some instances failures, of microfinance to facilitate a reduction in poverty levels amongst such groups (Banerjee et al. 2013; Attanasio et al. 2011). While microfinance has been heavily promoted as an effective poverty reduction mechanism by stakeholders at international, domestic and local levels, research on its effectiveness has demonstrated both strengths and weaknesses. Few development strategies have been proven to achieve complete

success in every context and microfinance is no different. However, while access to finance in itself does not guarantee the achievement of positive outcomes for all users, the evidence suggests that it does offer new opportunities to customers, which can result in improvement to their livelihoods and a reduction in poverty.

Central to this research is the notion that people with disabilities should have an equal ability to access microfinance as their able-bodied counterparts. Aside from the impact of accessing microfinance, advocates argue that access to finance represents the definitive means of promoting financial freedom and personal choice (Rhyne, 2001). Microfinance has become part of a wider financial inclusion movement designed to give all people access to formal financial services designed to foster empowerment through the availability of financial services. While this approach has attracted some criticisms, as discussed later in this chapter, it does offer potential opportunities to low-income groups and people with disabilities are equally entitled to access these opportunities.

This subsequent literature review is structured as follows. In section two, it explores the concept of debt, its impact on shaping economies, and the role it has played in underpinning social relations. In section three, the historical development of microfinance is outlined - the notion of small-scale lending being used as a mechanism for improving livelihoods and reducing poverty – as an extension of the continued growth of credit markets. I chronicle the expansion of microfinance in different countries, such as Ireland, Germany, Indonesia and Bangladesh, the latter of which is frequently considered to be the birthplace of the contemporary microfinance movement. Section four examines microfinance as a poverty reduction strategy over recent decades, a period in which the approach has received considerable support from international institutions. This section explores the international political economy of microfinance within a contemporary environment. Section five assesses the impact of microfinance, evaluating the research that has been conducted to date on its ability

to achieve poverty reduction along with economic growth, based on previous empirical research. The chapter concludes with a critical analysis of the microfinance movement from a political perspective, examining the broader political and economic motivations for expanding the provision of financial services to low-income groups and the role it fulfils within the international development arena.

3.2 Debt and Development

With the public discourse of microfinance synonymous with localised business development, increased productivity and enhanced consumption amongst users, it is critical to consider that, as a development mechanism, microfinance is fundamentally built on the notion of debt. Borrowers accessing small-scale credit acquire debt in exchange for the immediate availability of capital, and therefore it is important to explore debt as a concept and its relationship with the wider economy. Davies (2010) argues that, in order to understand the nature of contemporary economies, the concepts of money and finance need to be viewed through an historical lens. Central to this issue is the development of economic relationships between people and groups, with barter systems considered to be the earliest example:

> "Throughout by far the greater part of man's development, barter necessarily constituted the sole means of exchanging goods and services" (Davies, 2010:9).

Barter was seen as the first building block of modern economies and a precursor to more complex economic systems. Davies (2010) and Ingham (2004) both discuss economics' 'orthodox theory' in terms of the movement from relationships based around barter, to the use of commodities as an early trading tool, through to the creation of standardised coinage and latterly credit systems. Money is considered a pragmatic response to overcome the limitations of the barter system, allowing a greater freedom for producers, traders and consumers to access goods and services through

the market (Davies, 2010), with credit as a natural outcome of the standardisation of trading through money. However Graeber (2011:40) argues that "our standard account of monetary history is precisely backwards", arguing that debt itself predates money, contradicting this dominant economic narrative.

Graeber (2011) explains that, in the exchange of basic goods often hypothesised by economists such as Adam Smith, informal credit and debt relationships are a reasonable way in which items could be exchanged in a manner which did not rely upon a double coincidence of wants. For example, in a bartering situation informal debt bonds are useful if an individual may need a specific good yet their trading partner is not, at that time, in need of anything in return but may be in the future. Debt is therefore a basis on which, it is argued by Graeber (2011), economies and economic relationships are built, extending the notion of credit back to the origins of the market. Whilst contemporary financial systems are described as being built on 'the debt economy' (Lazzarato, 2011; MacDonald and Gastmann, 2004), Graeber (2011) reasons that historical systems centred around barter had similar characteristics.

The role of debt is more than simply money which is owed or due, it has had a profound impact on other areas of life. For example, the same scholars have explored the impact of debt on social relations (Lazzarato, 2011; Graeber, 2011). As Lazzarato (2011) argues, the role of debt is key to understanding the basis of social life, with the relationship between borrower and creditor an important dynamic in maintaining social order. Lazzarato (2011) suggests that debt is a vital component in maintaining the liberalised capitalism which exists in many Western societies, enabling debtors to be controlled and creditors to continue to acquire wealth. Graeber (2011) suggests that debt was one of the core pillars on which human society was founded, giving reason for people to interact, and creating a framework for increasingly developed cooperation and communication. With reference to Tiv women in West Africa, Graeber argues:

> "By ensuring that everyone was slightly in debt to one another, they actually created human society – a delicate web made up of obligations to return three eggs or a bag of okra, ties renewed and recreated, as any of these could be cancelled out at any time" (Graeber, 2011:122)

Whilst these linkages can help forge greater integration between groups, they also have the potential to support hierarchical societies which do not benefit all equally. MacDonald and Gastmann (2004) suggest that debt is a way in which control and power can be exerted over others, with wealth acquired through the repayment of loans used to re-enforce political authority. Furthermore, the close relationship between successful credit markets and the maintenance of the rule of law and political stability, explored by MacDonald and Gastmann (2004), demonstrates the way the state and financial markets interact to maintain existing power structures. It is argued by Ardent (1976) that the development of relationships built upon debt has enabled elites to control and coerce both populations and individuals. Ardent (1976:320) claims that credit is "one of the most effective instruments of exploitation man has managed to create", which enables creditors to manipulate powerless debtors through both financial and social processes. Debt can be utilised as a tool to cement existing power dynamics within society (MacDonald and Gastmann, 2004; Ardent, 1976), allowing elites to extract capital from poorer groups while simultaneously reinforcing hierarchical social structures.

This association between debt and power feeds into a wider theoretical debate concerned with the morality of credit. On the one hand, questions have been raised as to the moral standing of opportunist creditors who are able to exploit others through debt relations, predominantly to their own benefit (Ardent, 1976; MacDonald and Gastmann, 2004). However, issues of morality are equally relevant in relation to borrowers as debt has, through political, social and religious mechanisms, become synonymous with sin and guilt:

> "The connection becomes clear if we look at the etymology of common words for debt in European languages. Many are synonyms for 'fault', 'sin' or 'guilt': just as a criminal owes a debt to society, a debtor is always a sort of criminal" (Graeber 2011:121).

> "In all Indo-European languages, words for 'debt' are synonymous with those for 'sin' or 'guilt', illustrating the links between religions, payment and the mediation of the sacred and profane realms of money" (Ingham, 2004:90).

These constructed associations between debt and guilt help to solidify the contract between parties, be those formal or informal, by reinforcing the point that borrowers are obliged morally to repay a debt, feeding into the publicly-accepted narrative that a debt must be repaid at all costs. According to Graeber (2011), this point again highlights these inescapable connections between debt and the social connections which underpin modern civilisation.

The morality of debt can also be examined through the way financial terms are managed to fit this broader narrative. Social anthropologists such as Gregory (2012) describe the difficulty in separating ideas such as credit and debt, which are usually considered as directly opposed to each other. Gregory (2012) argues that a credit becomes a debt at the point at which the borrower receives the money, suggesting that the two terms refer to the same notion only at a different point in the process. The specific use of these terms enables lending to be framed in a manner which suits a given stakeholder, such as a bank or other creditor:

> "We use the word credit when we want to say money lending is a good thing, and the word 'debt' when we want to say money lending is a bad thing" (Gregory, 2012:385).

Despite being two sides of the same coin, Gregory (2012) argues creditors are viewed favourably – providing the means to expand businesses and consequently develop the

economy through lending practices – while borrowers retain a low social position. These power dynamics, created in part through such discourses, are returned to later in this chapter, and provide the framework for analysing the uneven relationships associated with contemporary microfinance.

3.3 The Historical Development of Microfinance

Microfinance was rapidly mainstreamed into global development strategies in the latter part of the 20th century, with governments and instituions in both advanced and developing countries enthusiastic about the potential of this new mechanism for poverty reduction and economic growth. However, contrary to much of the rhetoric surrounding the sector, “microfinance is not a recent development, and neither are regulation and supervision of microfinance institutions (MFIs)” (Seibel, 2005:1). Microfinance, both through formal and informal networks, has evolved over centuries in different territories and regions to become a well-established mechanism for delivering bottom-up socioeconomic growth. This section will explore the emergence of documented credit markets from as far back as the Classical age, through what MacDonald and Gastmann (2004) describes as the early modern credit period. It will then examine the roots of informal microfinance in Europe during the years 1500-1700, before focusing on the historic development of the sector in a colonised setting, with the case study of Indonesia in the 19th and 20th centuries. Indonesia is a particularly interesting example as the development of its microfinance sector encompasses two distinct historical periods, with microfinance sector growth occurring both during its time as a colonial outpost of the Dutch empire, supported by the state, and in more recent times through the commercialisation of the microfinance sector. This substantive growth has led to MFIs in the country (along with Thailand) “reaching larger proportions of the population than their counterparts in any other country except Bangladesh” (Henley and Goenka, 2010:3).

The act of lending money is documented as far back as Babylonian and Ancient Egyptian times (Bullivant, 2004), whilst MacDonald and Gastmann (2004) document the existence of credit markets extending as far back as the Ancient Greeks and Roman Empire, a period which saw the development of a money-based economy centred on the adoption of coins. Lending during this period was an important component in Mediterranean trade and became increasingly professionalised, with formal credit markets becoming integral to the economy, as MacDonald and Gastmann, (2004:25) explain:

> "There are historical records on the use of credit in Athens during the fourth century BC, suggesting that sources of credit extended beyond friends and family to encompass professional moneylenders, bankers and usurers".

The Greek and Roman Empires gradually became more interdependent economically, with lending and credit integral to this mutually-beneficial relationship (MacDonald and Gastmann, 2004). Although the financial system was yet to develop structurally, 'bankers' were able to operate freely within the marketplace, with developments in the legislative system, particularly in Rome, helping to provide a legal framework for moneylenders to recover loans and further expand the sector in line with the Empire's growth (MacDonald and Gastmann, 2004). This early credit sector development was hindered by the instability of currency and the eventual demise of the Empires themselves, however, "the fundamental ideas necessary for a revolution in the use of credit were already evident", such as trade, coins and a legislative framework (MacDonald and Gastmann, 2004:25).

The global nature of credit became more evident throughout the Middle Ages (Lopez, 1976), with credit markets developing in Christian, Jewish and Muslim societies, predominately located in Europe and the Middle East (MacDonald and Gastmann, 2004). During this extended period, important sociopolitical events occurred, such as

the Crusades, the development of trade fairs, and the rise of the Knights Templar, that contributed to the growth of credit-based relationships. More broadly, economic growth continued to be closely tied to the expansion of credit markets, particularly in stable political environments where the rule of law could be easily enforced. During the Renaissance period Western Europe emerged as the centre for global credit flows, with Italy, Belgium and, in particular, the Netherlands (Barbour, 1950; de Vries et al. 1997) all able to generate considerable wealth and economic growth built on highly-competitive credit markets. Debt became a fundamental component of these national economies, with credit and capital flowing through regional centres such as Amsterdam, Bruges and Antwerp, which became the 'movers and shakers in the newly emerging international credit systems in the sixteenth and seventeenth centuries, much as New York, London, and Tokyo are today' (MacDonald and Gastmann, 2004:95).

These instances demonstrate the historic and geographic evolution of credit markets, which both the public and private sector were able to exploit for financial and political gain, and provided the basis for a diversification within the financial services sector from which the notion of microfinance emerged. Indeed, the first direct reference to the use of credit as a specific tool for poverty reduction emerged in this period. Seibel (2005) chronicles the evolution of the microfinance concept in Europe, describing the idea of microfinance as a pragmatic response to the chronic levels of poverty suffered during the 16th and 17th centuries. Seibel (2005; 2010) highlights the cases of Ireland and Germany as nations which were among the first to embrace notions of microcredit.

Hollis and Sweetman (2001) document the success of Ireland's loan funds, which transformed from informal, charity-led programmes into a sustainable, large-scale microfinance movement providing loans to low-income people without the need for securities, particularly through a period of growth from the 1740s to 1840s. Ireland was one of the first countries to create such a system whereby "loans were short-term

and instalments weekly, [with] peer monitoring used to enforce repayments" (Seibel, 2005:2). Despite successes in providing these services to poor people for the first time, microfinance institutions in the country became uncompetitive due to the growth of influential commercial banks, which pressurised the government into enacting legislation detrimental to the services operated by microfinance institution networks (Seibel, 2005; Hollis and Sweetman, 2001). The rise and demise of this microfinance movement in Ireland can be summarised as follows:

> "A century of gradual growth as informal institutions; a few decades of rapid expansion as formal institutions in a conducive regulatory environment; and a century of decline due to financial repression" (Seibel, 2005:2).

In spite of the curtailment of microfinance activities in Ireland, the development of the microfinance sector in Ireland provided inspiration to other European nations in creating similar schemes. Seibel (2005) identifies the international nature of the development of the credit and saving industry targeted at underprivileged groups. In understanding the growth of the sector in Germany, Seibel (2005:2) states that "having learnt from the Irish charities…[it is clear that] there is a strong demand among the poorer sections of the population for safe deposit facilities", which by 1801 has culminated in the "first communal savings fund (Sparkasse)" located in Hamburg. Over the coming decades this form of banking institution infiltrated many other Western European countries, as such schemes developed into increasingly regulated credit unions and associations servicing growing numbers of customers.

In contrast to the description of the rise and fall of the Irish microfinance sector, the German industry continued to strengthen. This was due, at least in part, to the "evolution of a legal framework…[and] self-reliance based on the dynamic growth of savings". By 1997 the sector comprised of 39,000 branches and 75 million customers within two major microfinance networks (Seibel, 2005:3). As a result, there is a direct

historical link between original ‘community saving funds’ of the late 18th and early 19th centuries and the large MFIs that play a fundamental part in shaping the financial landscape in Germany today. Importantly, this example demonstrates the importance of the role of the national state in providing the necessary structures, in this case a legal framework, to support the growth and stability of the sector.

Along a similar theme, Mersland (2011) also chronicles the historical progression of microfinance, identifying the growth in saving banks in Europe in the late 18th century, and in the US by the second half of the 1800s, as reflecting many of the services offered by more modern microfinance institutions. Indeed, “there are several similarities between nineteenth century savings banks and contemporary non-profit MFIs. Both legally and economically, due to their non-profit status and non-distribution constraints, they are similar types of organisations” (Mersland, 2011:344). Consequently, “Caprio and Vittas (1997) explain how the microfinance institutions in developing countries today can learn from the financial systems of Western countries in the nineteenth century” (Mersland, 2011:328). Despite substantial changes to the conditions within which they operate, both Mersland (2011) and Seibel (2005) stress the importance of these historical banking initiatives during the 1600-1900 period in assisting the understanding of the contemporary microfinance sector, within both advanced and developing countries, in the 21st century.

The development of microfinance as a formalised concept became increasingly internationalised, particularly through the later 19th and early 20th centuries, with organised microfinance systems being recorded beyond Western Europe (Henley and Goenka, 2010). One such example can be found in Indonesia, where “Formal microfinance institutions have a long history…stretching back to an experimental credit and savings bank established in Purwokerto, Central Java at the end of the nineteenth century” (Henley and Goenka, 2010:174). During this historical period the presence of the Dutch colonial power had a direct impact on the expansion of the microfinance

sector in the country, as Henley and Goenka (2010) explore, demonstrating the influence of Europeans on the microfinance sector in the country.

Indonesia, which was controlled by the Netherlands between 1800 and 1945, experienced an expansion of microfinance services, supported by Dutch colonial administration. Henley and Goenka (2010:176) explain how the government engaged proactively with this emerging sector, with "the first state sponsored credit bank in the Dutch Indies, established in 1897", lending to small groups of borrowers under the condition of joint responsibility. With Dutch power controlling almost every aspect of political life in Indonesia at that time (Masters, 1999), it is evident that such actions by colonial forces definitively shaped this new formal microfinance movement (Henley and Goenka, 2010). However, the degree by which informal microfinance practices were being undertaken by indigenous populations prior to Dutch influence is less clear.[2]

The sector developed further both in scope and accessibility, with new lenders entering the marketplace and increasingly large numbers of poor customers accessing the financial services now available. The Bank Rakyat Indonesia (BRI) was "established in 1968...[though] it is actually the successor to a series of banks in Indonesia going back more than 100 years" (Patten et al, 2001:1057), and has since become the country's primary microfinance lender. The state-owned operator was at the centre of what Henley and Goenka (2010:179) describe as the evolution and revolution of the

[2] Though the direct lineage or intentional reproduction of microfinance sectors between individual countries (in this case colonial power and colony) remains speculative, there is reference to a broader relationship between developed and developing countries' microfinance sectors, as Levinson (2003:396) explains in reference to Bangladesh: "Microcredit institutions overcome these [affordability] barriers by using a strategy of collective sanctions borrowed from nineteenth century European credit cooperatives".

microfinance sector in the country, with their unit desa branches the “real stars of the late twentieth century microfinance revolution…which in 2001 accounted for 43 and 23 per cent of the industry’s outstanding loans by number and value respectively”. In such an environment, microlending has become amongst the most dominant forms of financing, a mainstream credit avenue which underpins the social and economic development of localised development strategies for many underprivileged people within Indonesia.

Indonesia was one of many south-east Asian countries which experienced sustained integration and recognition of microfinance services into the socioeconomic environment during the 20th century. The microfinance sectors in Thailand, Vietnam and the Philippines have all become well established (Henley and Goenka, 2010) after developing along similar historical timeframes to their Indonesian counterparts. Indonesia is a particularly interesting case study, given that is has experienced sharp growth over two distinct periods: around the turn of the 20th century driven by the influence of colonial powers; and through the post-1970s microfinance boom, underpinned by increasing levels of private financing and commercialisation, emerging as one of the largest and most comprehensive microfinance sectors globally. This example, as explored by Henley and Goenka (2010) and Steinwand (2010), serves to deconstruct the dominant discourse around microfinance which frames it as a recent phenomenon whilst realistically, as in the case of Indonesia, many microfinance sectors are grounded in historical roots which extend beyond the last forty years.

3.4 Finance in an African Context

As with other regions within the world, instances of the development of credit relationships within African countries are likely to have existed far before any official recorded. However, unlike for countries in Asia, for example, which have experienced similar booms in contemporary credit markets, these stories are typically absent from

the history of finance literature. That point withstanding, there are some examples of the way in which contemporary African credit markets have emerged as a consequence of more historically embedded practises in such low income settings.

One instance can be found in South Africa, through the documentation of stokvels. These collectives are a type of ROSCO and have a considerable history specific to the country. Based locally and generally supported with some form of constitution, stokvel's derive their name from the practice of utilising rotating cattle auctions to save money used British settlers on the Eastern Cape, known as "stock fair" during the early 1800s (Wasserman, 2012). These ROSCOs have historically offered a variety of saving and credit options to contributors, offering a greater degree of flexibility than many comparable initiatives.

Stokvels come in many different forms, and while employing similar structures to other SACCOs or ROSCOs in different developing countries, they have some characteristics which are unique to their setting. For example, contribution stokvels take a more common form, with members paying a regular amount into the collective before receiving a lump sum upon their turn which can be used for anything the borrower deems suitable. Alternatively, purchasing stokvels are groups formed whereby money is saved collectively before being used to buy a specific item (Bester et al. 2004), which then can be rented out, generating profits which are shared between the groups. On the other hand, basic shokvels act more as an insurance scheme, with money paid out to contributors to cover key, one-off, often expensive costs such as a funeral.

Stokvels have reflected the needs and desires of users in South Africa, producing relationships around credit which encompass the cultural attitudes of the particular communities in which they operate. Stokvels remain an important part of the South African credit ecosystem, with over eleven million local people currently involved in

this form of rotational saving and credit cooperative in the country (Mfeti, 2017). The popularity of these now highly-formalised mechanisms for accessing credit remains strong despite the substantial growth in the MFI market in South African in recent decades.

In more recent decades, microfinance expansion in Africa has been rapid, however the nature of this growth has taken a different form. While the early microfinance markets in Asia have typically been supported by government or multinational organisations, the African 'model of microfinance' is characterised by a highly privatised, market-led approach to the provision of credit amongst low-income groups (Basu and Yulek, 2004) . Rather than relying on funding from international development agencies or through state subsidies, the African 'model of microfinance' in one which has been built almost exclusively on private capital. One way to understand this process is through examining the broader economic policies at the time. The microfinance sector within many African countries began to accelerate in their development in the same time frame as Structural Adjustment Programmes (SAPs), which include policies which heavily promoted the implementation of free-market principles (Konadu-Agyemang, 2000), were introduced. Microfinance followed other sectors in opening their markets to international investors as national governments rolled back their involvement in the microfinance industry.

This is evident in Uganda, where growth in the microfinance sector has been a product of broader policies designed to stimulate economic growth in the country. As explained by Carlton et al. (2001:12) reflecting the essence of SAPs associated with the country, 'the Ugandan government wants the private sector to become the "engine of growth" of the Ugandan economy and a central pillar for increasing incomes, creating employment, and consequently poverty reduction'. This philosophy is vividly reflected in the model of microfinance adopted in the country which has

welcomed global, particularly from Western organisations interested in expanding into new and growing markets in the global South.

Another highly visible component of finance within the global South has been the rapid and continuing integration of new technologies into the credit markets. Microfinance, and credit relationships more broadly, in Africa has become increasingly characterised by its interconnectivity with technology. While consumers in the global North have viewed mobile and internet-based banking as an extension of their existing financial experiences, mobile money has been the primary delivery vehicle for service provision to previous unserved groups. Over recent years, microfinance institutions have begun to utilise this type of infrastructure to create new credit relationships, increasing access to credit and other financial services in such contexts.

The increasing ability of microfinance institutions to serve populations in distant rural locations, in areas where mobile phone networks have represented the first modern telecommunication projects (Aker and Mbiti, 2010), has been a distinct marker of financial expansion in the African continent. For many consumers in Africa, their first experience of credit may now be through their mobile phone rather than in a branch or through a credit officer in the field. Clearly this has considerable implications for the nature of the credit relations developed between individuals and formal financial institutions. In a manner to the way in which m-Pesa in Kenya turned mobile phones into 24 hour tellers (Hughes and Lonie, 2007), advances in mobile technology have enabled the creation of new marketplaces to facilitate credit transactions in the global South. These processes significantly differ from more established credit-based practises in developed countries.

3.5 Mainstreaming of the Microfinance Industry

Subcontinental Asia emerged as the flagship microfinance space during the latter part of the 20th century. When considering the international development of microfinance at the global scale, it is impossible to ignore the experiences of Bangladesh as a major component in this process. Over the past fifty years Bangladesh has emerged as the most prominent and popularised site for the integration of microfinance schemes targeted at poorer people. As has been discussed, the practice of microlending became increasingly evident during the 19th and early 20th centuries in many Asian countries. However, the industry in Bangladesh became dramatically more visible through the establishment of a number of major microfinance institutions during the late 1970s (Hassan, 2002). The Grameen Bank and the Bangladesh Rural Advancement Committee (BRAC) are the most famous Microfinance Organisations (MFOs) in this context (Hassan, 2002), and have worked in partnership to provide formalised microfinance services to poor Bangladeshi communities, often targeted specifically at women and other marginalised groups.

The Grameen Bank with the support of BRAC, the biggest development NGO in the country, has gained continued momentum over the intervening period, with its operations analysed and replicated in other developing countries around the world. The Grameen bank's strategy can be broadly broken down into two parts. Firstly, directing financial services to those previously not able to access credit. This is illustrated through the bank's explicit targeting of those living in rural settings, as well as the targeting of specific underrepresented demographics, for example, "approximately 95% of Grameen's beneficiaries were women" (Jain, 1996:79).

Secondly, the Grameen Bank has created a lending structure by which the repayment of loans appears more successful than their international counterparts. To demonstrate this, Jain (1996:80) describes the bank as having an "exemplary

repayment rate", quoted at around 98%. This statistic has enabled Grameen to continue to generate healthy profits despite having a customer base existing largely of people experiencing poverty. This outcome has been widely referred to as a 'double bottom line', an attempt by the bank to generate both financial and social profits.

The degree to which MFIs such as the Grameen Bank have been able to achieve such goals has been heavily contested. Meyer (2002:352) suggests "MFIs in Bangladesh have done many things right…Outreach, for example, has expanded at a rapid pace". By the turn of the century, the Grameen Bank provided 13 million people in Bangladesh with some form of microfinance (Meyer, 2002), many of whom were located in rural localities and targeted groups previously devoid of financial representation. Conversely, criticisms have been wide ranging and have included accusations of the use of inflexible, one-size-fits-all financial products, as outlined by Meyer (2002); the potential to adversely affect other aspects within society, such as fertility rates (Hassan, 2002)[3]; as well as broader conceptual critiques of microfinance, such as whether the promotion of formalised indebtedness of some of the world's most underprivileged people constitutes a sustainable international development strategy (Graeber, 2011; Guerin et al. 2014; Gregory, 2012).

Whether deemed a success or failure, the sizeable impact of microfinance in Bangladesh is built upon much more than domestic production and consumption of these 'new' services, but also the support it has received at the international level. Over the past half-century a cornerstone to the success has been the promotion of

[3] Hassan (2002) suggests that participation in microfinance programmes has increased the opportunities that women have to make money through employment. However, this outcome has subsequently raised the relative cost of having children as these opportunities become more difficult to access if a woman has a child. In the new climate of increased economic opportunity, children are perceived more as a cost than benefit and fertility rates drop.

such activities by major social and economic development agencies including the World Bank.

The World Bank's World Development Reports have historically continued to promote the use of microfinance as a mechanism to overcome economic and social difficulties experienced by low-income people. For example, Roumasset (2008) discusses World Bank policies towards the development of agricultural economy from the following viewpoint:

> "World Development Report (WDR) 2008 also follows the common tendency to declare failure in rural credit markets and to assert that innovations in microfinance and farmer cooperatives are solutions" (Roumasset, 2010:10).

There are many illustrations of the World Bank adopting such a position, encouraging both governments and communities within developing countries to actively engage with microfinance. The World Bank views microfinance as capable of supporting many of their development strategy goals core to the development institution's strategic vision, such as promoting a participatory approach, encouraging gender equality, and fostering community-led bottom-up development schemes (Roumasset, 2010). The organisation supports what it considers as a 'win-win' situation (Murdoch, 2000); income and profits are being generated, which enhances the wider economy, and poverty is being reduced in that specific locality without the reliance on external aid. Furthermore, the World Bank has assumed a prominent role in the research and evaluation of microfinance schemes, assessing their impact across differing countries and situations and producing guidance on 'best practice' within the industry to maximise poverty reduction (Morduch, 2000). Herein the true nature of the international geographies of microfinance is most clear, as the historic development of microfinance in poorer nations has been shaped by both the research outputs and the political will of such global organisations.

Through this development period, one of the most important outcomes has been the conceptualisation of different types of microfinance models to fit with an array of alternate situations. As Hassan (2002:208) explains, "there are various microfinance models currently being used by MFOs throughout the world [and] the most commonly known model is the Grameen model". The rapid expansion of microfinance services has been developed using a framework which grouped five prospective borrowers and provided loans to the final three group members, on the condition that the first two fully repaid their loan within a period of fifty weeks, with this system helping provide the required peer pressure to maintain timely repayments.

One reason the Grameen model has been successful in this context is due to the acceptance amongst many Bangladeshis of collective responsibility in relation to financial matters. The widespread prevalence of informal community cooperatives in the country, which apply the same methodology of collective responsibility, has helped to create a culture whereby borrowing as part of a group is normalised (Hassan, 2002). Microfinance institutions were able to build on these foundations, to directly target low-income and financially-excluded people. Employment of group lending methodology enabled NGOs such as the Grameen Bank and BRAC to become large, multi-million-dollar organisations which came to dominate the Bangladeshi microfinance sector. Furthermore, providing financial services in a group setting within a largely rural environment has been central to this approach, and facilitated huge expansions of the sector in Bangladesh (Bornstein, 1996).

Berger (2006:2) has written extensively on the Latin American Model of Microfinance, arguing that "microfinance in Latin America has some defining characteristics that distinguish it from microfinance in Asia, Africa or the transitional economies of Eastern Europe". This model has focused more upon integration into 'formal financial systems' than other microfinance approaches and, instead of being primarily targeted at the poorest in society, "an exclusive focus upon the poor is not the defining characteristic

of Latin American microfinance… the emphasis has been on providing services to enterprises with insufficient access to financial services" (Berger, 2002:2). Whilst the microfinance sector in Bangladesh expanded through the growth in service provision by NGOs through group lending, "perhaps the most defining feature of the Latin American microfinance is the commercial orientation of its leading institutions" (Berger, 2002:5). Financial providers have assumed the role of mini-banks rather than formalised community cooperatives, following a more market-led approach to service provision than in Bangladesh. Underpinned by these activities of private-sector actors the Latin American microfinance industry has grown rapidly, expanding at estimated rates of between 30-40% in countries such as Brazil and Peru in the early years of the 21st century (Berger, 2002). Both have succeeded in expanding access to credit to new markets though, in terms of outreach, borrowers in Latin America are likely to have significantly higher average loan balances and greater savings than their Asian counterparts (see Weiss and Montgomery, 2005:393).

As Weiss and Montgomery (2005) outline, the development of the microfinance sectors in South Asia and Latin America has been markedly different, responding to the challenges specific to conditions in a specific context. Whilst microfinance in Bangladesh was "driven by a strong sense of developmental idealism" (Weiss and Montgomery 2005:392), focused predominantly on poverty reduction through the targeting of specific groups such as woman and the rural poor, the development of the microfinance sector in Bolivia, for example, was characterised by being built on the foundation of mass urban unemployment, and the need to support the those engaged with the informal sector. Given these different operating environments, there has been an increasing acceptance that microfinance providers need to work in a way which focuses on the needs of people within that specific location, rather than the application of a standardised model of microfinance delivery. This notion presents both opportunities and challenges and is summed up by Hassan (2002:2):

> "Many would argue that no single Latin American model of microfinance exists. In reality there is a multitude of models, approaches, and ways in which institutions respond to demand for financial services on a small scale".

Whilst different countries across the world have embraced and interacted with the microfinance movement in alternative ways and on varying scales, its ability to connect with poor and difficult-to-reach people in developing countries has been widely praised by international institutions and governments. For example, the United Nations has been a long-time supporter of the idea of extending credit services to low-income individuals, and declared 2005 as the 'Year of Microcredit' (Young, 2010). The United Nation's advocacy for microfinance is grounded in the idea the microfinance beneficiaries, particularly women, are able to "improve not only their own lives, but, in a widening circle of impact, the lives of their families, their communities and their nation" (United Nations, 2005). The successes of microfinance expansion into new markets, and engagement with previously-excluded individuals and groups, helped to inspire the development of the financial inclusion movement which gained significant traction around this time, advanced initially by the UN and latterly by organisations such as the Alliance for Financial Inclusion (AFI).[4]

Microfinance as a mission, predominantly focused on microcredit for poverty reduction purposes, morphed into a broader agenda to connect all people to products and services which included savings, debit and money transfer, as well as the credit element associated with microfinance. The financial inclusion movement seeks to

[4] The Alliance for Financial Inclusion (AFI) is a "global network of financial policy makers from developing and emerging countries working together to increase access to appropriate financial services to the poor", founded in 2008 and funded by the Bill and Melinda Gates Foundation (Alliance for Financial Inclusion, 2016).

provide a broader selection of affordable financial products and services for each individual currently excluded from the formal financial sector.

The move towards financial inclusion, and away from a microfinance framework based exclusively on the availability of credit, has enabled engagement with some low-income groups that were not suitable or interested in borrowing funds. Rhyne and Otero (2006:35) state that “it is very significant that microfinance has changed from a focus on a credit mono-product to a full array of financial services”. Contemporary microfinance, driven by the principles established by Muhammed Yunus and the Grameen bank, has focused on delivering credit for the purpose of business development. However, the financial inclusion movement has been characterised by a new approach whereby “the target market has broadened from microenterprises to the low income household, including both business and family needs” (Rhyne and Otero, 2006:35). The result of this shift has been the introduction of new and previously-unexplored financial services suitable for underprivileged contexts, producing new markets and enhanced financial integration for low-income people.

There has been an increase in the number of new financial products available for people in developing countries beyond traditional microlending. Ryne and Otero (2006:37) separate these into four main categories: deposit and payment products including current accounts; money transfers and bill payment services; personal loan products, often used for a specific purpose such as home purchase or improvement, or education fees; business loan products which encompass traditional microfinance lending through working capital to develop enterprise; and finally insurance products, such as life insurance, home insurance and pension schemes. Whilst some of these products are becoming steadily established in developing countries, others are very much in their infancy. Importantly though, they appeal and are accessible to different types of people and fulfil different financial needs aside from simply credit provision.

The idea of microfinance has steadily been remoulded to fit within this broader political narrative of financial inclusion (Taylor, 2012). From the early 2000s microfinance has evolved from a stand-alone development strategy which predominantly targets the working poor to one arm of a wider approach to serve all people with appropriate financial services. This shift is explained by Helms et al. (2006:1) whom argues that the microfinance agenda has been replaced by "the concept of building entire financial systems that serve their poor and low-income populations – financial systems that are "inclusive"". The development of the financial inclusion movement, and the integration of microfinance within this broader objective, helped to provide greater legitimacy to the behaviour of microfinance institutions. As Taylor (2012:601) outlines, this reframing of the debate resulted in a "global moral imperative" to ensure every citizen was included in a financial system, rather than a more critical narrative around profit and exploitation.

This distinction between the microfinance movement and the financial inclusion agenda has created tensions within the sector, given the differing objectives of the two approaches. For example, while advocates for financial inclusion seek to provide every person with access to financial services wherever their geographic location, microfinance providers choose to locate in specific regions which suit their own needs and often neglect areas which are inhabited by financially-excluded groups (Shanker, 2013). Particularly in a post-commercialised MFI sector, financial institutions are focused primarily on maintaining stability through profit generation rather than expanding services to new localities. Indeed, "even in areas in which MFIs operate, they are unable to provide services to some financially excluded individuals on account of their methods of operation" (Shankar, 2013:60).

Microfinance institutions appear more interested in serving specific people that fit within certain parameters in order to generate an income for their own business, not providing credit to every individual as part of a wider drive to make financial systems

more inclusive. These differing priorities have resulted in some difficulties reframing of the role of microfinance, particularly within the broader objectives of the financial inclusion movement. Taylor (2012) explains how, in such regard, microcredit has been recast as a supporting actor in achieving global financial inclusion goals.

> "The financial inclusion discourse has reduced its emphasis on microcredit providing a direct route out of poverty. It now tends to stress microfinance as offering the tools to better manage the symptoms of poverty" (Taylor, 2012:603).

Fundamentally, despite overlaps in the vision for greater integration of low-income people into formalised financial systems, microfinance institutions and financial inclusion proponents ultimately have different objectives. The distancing of microcredit in this way, highlighted by Taylor (2012), asserts the important but limited role lending can have on broadening access to the formal financial sector. However, despite the rhetoric around the implementation of an inclusive financial movement, microfinance, and specifically microcredit, largely remains the public face of the agenda. Access to microfinance and financial inclusion have become synonymous with one another (Dev, 2006; Taylor, 2012), with microcredit central to the financial inclusion movement practically, politically, and in the consciousness of the wider public. Microfinance institutions have had limited success in achieving financial inclusion agenda objectives, as there is a sizeable disconnect between the ambitions of the financial inclusion movement and those of the international microfinance sector. Microfinance clearly has a role to play in expanding the availability of financial services through financial inclusion practices, though this is yet to be fully defined. However, small-scale lending remains arguably the key component within the financial inclusion agenda and the vehicle by which much of the globalised financial sector expands into new territories and markets.

3.6 International Political Economy of Contemporary Microfinance

Conceptually and pragmatically microfinance has emerged as a highly-politicised instrument in the fight against global poverty. Much of the controversy surrounding this development strategy can be traced to the international political and economic environment in which it operates. This section will detail the construction and impact of the Washington Consensus on Poverty, and the way in which it has affected the direction of the microfinance sector, and in particular the World Bank, which Goldman (2005:viii) describes as "the 'chief arbiter' of development". Furthermore, I will discuss the influence of the Consultative Group to Assist the Poor (CGAP), which has had a major impact on both the evolution of microfinance in developing countries and the framework it works within. This section will additionally examine the production of knowledge around microfinance, especially in relation to the power of certain organisation and institutions to control the dominant narratives around microfinance through their research and public engagement. Furthermore, it will also examine the shifting power relations as a result of bilateral support for microfinance that developing countries have received from Western partners, such as SIDA and DFID, in an attempt to understand the international political economy of microfinance.

Following the popularisation and growth of microfinance markets, particularly since the formation of the Grameen Bank in Bangladesh, microfinance has enjoyed the political support of many key global development actors. As a result, the political economy of microfinance has been shaped by these influential stakeholders (Weber, 2006). For example, Roy (2010:45) argues that the "Washington Consensus on Poverty" has proved to be a major driver of poverty reduction strategies in the developing world, and has had the ability to define the role of microfinance to fit within the broader political and economic agendas associated with such institutions. Primarily pioneered by three major Washington-based institutions, the IMF, World Bank and US Treasury Department, the Washington Consensus represents a single vision outlining a

Western-centred standpoint on the socioeconomic advancement of poorer nations (Williamson, 1990).

At the core of this vision are conservative economic principles including deregulation, privatisation and economic liberalisation (Williamson, 2000). The World Bank in particular has promoted this approach to achieving global poverty reduction, and its support for these economic principles can be traced back to the years when the organisation was headed by Robert McNamara (1968-81). During this period, the World Bank placed its "primary emphasis not on the redistribution of income and wealth…but rather increasing the productivity of the poor" (Caulfield, 1996:100), with expansion of the economies of developing countries through growth of the private sector forming the backbone for World Bank poverty reduction strategies (Simon, 2008).

This outlook is very evident in the Bank's actions in the post-McNamara period, particularly the production of policy documentation and development loans conditional on economic restructuring associated with Structural Adjustment Programmes (Simon, 2008). Support for microfinance initiatives by the World Bank can be considered both a reflection of, and a reaction to, the ideas generated through the Washington Consensus. The characteristics of microfinance – a market-based solution to poverty reduction through the delivery of commercially-viable services with minimum interference from the state – sits comfortably with the broader ideological position of institutions such as the World Bank. For example, Weber (2006:37) explores this link between the World Bank and microfinance, arguing the rise of microfinance can be seen as politically significant, given that microfinance programmes reflect the principles of their international development policies outlined through Structural Adjustment Programmes and Poverty Reduction Strategy Papers.

As Roy (2010:36) explores, the World Bank considered microfinance to be a brand of "ethical capitalism" which reflected their values as an organisation, specifically poverty reduction through economic growth. Microfinance is an ideal vehicle for delivering such change, as it epitomises the market-led values which underpin the Washington Consensus, while seemingly empowering the poor to increase their own productivity. The principles of the Washington Consensus described by Williamson (1999) are enacted by the microfinance movement, with its successful expansion a consequence, in part, of the level of funding and research afforded by the World Bank (Roy, 2010).

Furthermore, the influence of the World Bank on the direction of microfinance initiatives extends beyond simply advocating the use of such schemes. Indeed, the World Bank has become the global centre for research and development for the microfinance sector. Through systematic evaluation, "authoritative knowledge about poverty, and especially about microfinance, is produced in the World Bank and other Washington institutions" (Roy, 2010:36), which forms the basis for ongoing policy recommendations within the sector.

One of the key foundations of this knowledge production by the World Bank was the establishment of the Consultative Group to Assist the Poor (CGAP) in 1995. The CGAP acted as a quasi-autonomous institution within the World Bank, whose agenda from its outset "has been synonymous with the microfinance agenda" (Roy, 2010:44). Well-funded and centrally-located, CGAP had the ability to become a world-leading voice on the application of microfinance and its capabilities as a mechanism for sustained socioeconomic change in the global south.

Roy (2010) chronicles CGAP's creation and evolution, and discusses how it has increasingly been seen in the global community as being at the heart of the microfinance agenda. Roy (2010) notes:

> "The prominence of CGAP thus indicates a shift in the center of the microfinance world from Bangladesh – and its famous institutions such as the Grameen Bank and BRAC – to Washington DC, specifically the World Bank" (Roy, 2010:45).

This shift raises a number of important points. Firstly, Roy (2010) argues that it demonstrates how influential the World Bank has been in shaping the global microfinance framework through the inception of CGAP. CGAP was only established in 1995, considerably after the rapid popularisation of microfinance in Bangladesh, yet has become the international epicentre of global microfinance (Roy, 2010). Indeed, "it is the CGAP that controls how microfinance is understood, or what we know about microfinance, and in this sense, CGAP controls the truth about microfinance" (Roy, 2010: 46). This is important point given the difference in the way microfinance is viewed by CGAP in comparison to the early years of the contemporary microfinance movement. Whilst the Bangladeshi model, synonymous with the Grameen Bank, emphasised the importance of human development, CGAP proposed an approach exclusively focused on access to financial services (Roy, 2010). The influence of CGAP on the microfinance sector globally has caused a shift in approach by microfinance professionals and institutions and an adoption of this approach to providing small-scale loans.

Secondly, the shift from Bangladesh to Washington outlined by Roy (2010) illustrates a change in the power dynamics around microfinance between developing and developed countries:

> "Microfinance is one of the rare development ideas that originated in the global South and was taken up by the powerful development institutions of the global North [which has resulted in a] reverse flow of ideas and practises – from the

> Grameen Bank in Bangladesh to the World Bank [in Washington]" (Roy, 2010:5).

Through this process CGAP has been able to redefine the way in which microfinance institutions operate in developing countries, dominating more localised practices and models that previously governed microfinance provision and had their roots in the global south. For example, Roy (2010) argues that CGAP's production of guides to industry best practice and market norms, supported by political powers such as the G8, have enabled the organisation to force microfinance institutions into new ways of operating. These new practices have reflected the wider principles of the Washington Consensus, including the "repudiation of interest rate ceilings and donor subsidies", which previously had underpinned the model employed by some MFIs (Roy, 2010:47). The transference of political power to Washington has allowed a reshaping of the culture of microfinance providers to fit more closely with the World Bank's international development vision.

Returning to the notion of the World Bank as a research hub, CGAP has worked to highlight the relationship between microfinance and other development priorities. For example, the institution has placed considerable emphasis on the importance of social capital in achieving poverty reduction objectives, particularly through its poverty reduction reports (Narayan and Pritchett, 1997; Woolcock, 1998). As a concept, microfinance has helped demonstrate the importance of social capital in fostering economic growth. As Roy (2010) explains, amongst development actors group-based lending, through either community-based ROSCOs and SACCOs or microfinance institutions, highlights the "fruitfulness of social capital" (Woolcock, 1998:183). Through tying together the notions of social and economic capital together explicitly, microfinance advocates such as CGAP have sought to add greater legitimacy to the microfinance movement. Emphasising these connections has allowed for the portrayal

of microfinance mechanisms for both utilising and increasing social capital, another broader objective of the World Bank (see Feigenburg et al. 2010).

CGAP, through its support of microfinance, has promoted the use of social connections being utilised to help promote economic growth. Through this "convertibility of capital" (Roy, 2010:66) the World Bank has encouraged microfinance institutions to use the existing connections between people within communities as the backbone for expanding their operation. The evolution of social capital into economic capital (Fine, 2000) through microfinance's group-lending methodologies has enabled growth in the sector, by exploiting existing trust between group members to maintain financial discipline (Roy, 2010). Given its position as one of the leading global voices on microfinance, a framing of social capital in this way has considerable influence on the behaviour of microfinance institutions in developing country markets.

The World Bank's influence extends further than knowledge creation and distribution through research and rhetoric. The organisation has provided practical assistance to microfinance institutions across the world. According to Littlefield (2006), the World Bank is the largest single donor to microfinance initiatives, allocating close to 6% of its total budget to the microfinance sector. There are many examples of the World Bank acting as a donor to finance the microfinance sector particularly, given its global prominence, in Bangladesh. To illustrate this point, Khandker (2005:265) reports:

> "In 1996 the World Bank provided a loan of $115 million to Palli Karma Shahayak Foundation (PKSF), an intermediary for wholesaling microfinance. The PKSF supports on-lending through small NGOs and a few large ones. This project was followed by a second project of $160 million in 2000".

In effect, through a series of organisations, the World Bank directly funded the provision of credit in this context. Similarly, during its conception in the early 1990s, "the Grameen Bank received a $2 million grant from the World Bank" (Bornstein

1996:178). Paradoxically, while the World Bank has promoted a market-led approach to the growth of microfinance sectors through its literature on best practices (Roy, 2010), it has given a competitive advantage to some microfinance providers, in this instance the Grameen Bank, by investing in their microfinance programmes (Bornstein, 1996). Whilst investing in capacity building at an institution such as the Grameen Bank may represent a legitimate avenue for the World Bank to explore, these actions appear somewhat contradictory to the free-market values which underpin the institutions rhetoric around development and poverty reduction (Simon, 2008; Williamson, 2000). With the World Bank acting as the most active of supporters at the multilateral level, national partners have also had notable impact on microfinance in Bangladesh, and further afield:.

> "Grameen's early expansion was underwritten by IFAD (International Fund for Agricultural Development), the Ford Foundation, NORAD and SIDA [Norway and Sweden International Development Authorities]" (Bornstein 1996:178).

Furthermore, national development agencies have supported multiple microfinance schemes bilaterally, increasingly working in partnership with NGOs, consultancies and the private sector, to deliver new financial services to poor groups; for example, the Swedish International Development Cooperation Agency (SIDA) has been a prominent supporter of microfinance, particularly in Africa, as is documented by Siwale, (2013:13) who describes SIDA's attempts to develop the microfinance sector in Zambia:

> "SIDA supported the establishment of Promotion of Rural Initiatives and Development Enterprises (PRIDE Zambia) in February 2000 following an agreement between PRIDE Africa and SIDA. Sida has supported PRIDE Zambia…with grants (15.4 MSEK) and loans (8.8 MSEK)".

The implementation of PRIDE, backed by a national government development department working in partnership with an NGO, has been a growing trend across the

entire development agenda, and is clearly visible within the microfinance sector. Furthermore, support of microfinance from national government is documented by Klein and Mayer (2011), who explore both the rise in the use of mobile technology as an instrument to aid microfinance provision and the support these strategies have received from external agents. One such example can be found in Kenya, where the UK government, in conjunction with the private sector, has explored new means of delivering microfinance products to an increasingly connected marketplace:

> "In 2006, instigated by the UK's Department for International Development, (DFID) in conjunction with staff at Vodafone, the Kenyan Vodafone subsidiary Safaricom, experimented with the use of mobile phones to support microfinance. Originally the idea was to facilitate loan payments and repayments under microfinance schemes" (Klein and Mayer, 2011:5).

Agencies such as DFID are able to offer multiple services in such an environment, from direct financing through grants or loans to technical and capacity building expertise, through to management through imported professionals. Much in the same manner as the World Bank, investment of resources into such programmes by western development agencies have granted them a stake in the sector, allowing them to influence the direction of future microfinance expansion. However, as Wolfensohn (2000) explains, these interventions are built within existing parameters of a political discourse around microfinance constructed by Washington:

> "Although various Northern donors, ranging from USAID to the British Department for International Development (DFID), establish and implement their own poverty policies, it is CGAP that establishes the 'performance-based benchmarks' in microfinance" (Wolfensohn, 2000:7).

Despite the fact that western aid agencies have invested in the microfinance sector as part of their own poverty reduction strategies (Siwale, 2013; Klein and Mayer 2011),

Washington retains considerable political power over the manner in which microfinance provision is expanded and assessed (Wolfensohn, 2000), given its position as the global centre for microfinance policy (Roy, 2010). Washington's influence has had a major impact on reshaping the microfinance movement, especially on the mechanisms and motivations for service delivery. The microfinance model employed by Muhammad Yunus during the conception of the Grameen Bank was designed with a singular objective of helping low-income people, particularly women, to reduce their level of poverty through small loans to develop their businesses. This human-development focus was at the core of the identity of microfinance during this period (Roy, 2010), and funding provided by actors of the state – in the case of Grameen, initially through donor agencies and latterly the Central Bank of Bangladesh.

These characteristics have dramatically shifted due to the influence of institutions such as the World Bank. The promotion of the application of free-market principles in the sector has led to a substantial increase in the level of private investment in microfinance institutions, creating pressures for MFIs to return profits. Whilst this approach has enabled the microfinance sector in many developing countries to scale up and serve more people than ever, the impact of CGAP has changed the landscape of microfinance, with private funding becoming the de facto approach to the expanding microfinance services to the poor. This change in investment vehicle, and the consequences this has had on the operating principles of microfinance institutions, represents the most fundamental change to the microfinance sector since its huge growth in popularity since the 1970s.

3.7 Assessing the Impact of Microfinance

Microfinance is a contested and controversial international development mechanism. Whilst microfinance schemes have been enthusiastically welcomed by a wide variety of stakeholders, both in the developed and developing world, others have dismissed

its potential benefits as politically driven and socioeconomically unrealistic. The extent to which microfinance has been able to achieve poverty-related objectives and improve the quality of life amongst some of the world's poorest people has been extensively examined (Johnson and Rogaly, 1997; Akanji, 2006; Chowdhury, 2009). This section will critically assess the outcomes of microfinance in developing countries, particularly focusing on the results of randomised control trials which have attempted to provide robust empirical evidence to enhance the microfinance debate.

Multiple actors have conducted detailed assessments which attempt to demonstrate the impact of microfinance on its consumers. This has been undertaken using a variety of methods and across a multitude of countries and settings (Imia et al. 2010; Shaw, 2004; Weiss et al, 2005). One of the most comprehensive can be seen through the work of Khandker (2005) and the evaluation of the impact of microfinance on communities in Bangladesh, focused specifically on the link between the services provided and poverty reduction. Using data generated from the evaluation of over 1,600 households, Khandker (2005) presents a largely encouraging picture, stating that:

> "The results are resounding. Microfinance continues to reduce poverty amongst poor borrowers and within the local economy" (Khandker, 2005:285).

In reaching this conclusion, Khandker (2005) emphases the importance of key economic indicators associated with microfinance use, particularly individual levels of consumption before and after intervention. For example, a rise in the consumption rates was directly correlated with a reduction in poverty levels at both an individual and household level. Furthermore, Khandker's (2005) research explores the potential of microfinance to reduce poverty even amongst those not directly benefiting from microfinancial services:

> "Not only does the increase in consumption resulting from borrowers raise the probability that program participants will escape poverty but the microfinance intervention also benefits non-participants through growth in local income" (Khandker, 2005:285)

The implication is that microfinance has the ability to stimulate the wider market and generate community-wide economic activity, with the additional wealth generated trickling down to other members within the local society. This produces a powerful argument for the continued expansion of such services, as few development initiatives have been able to overcome the divide between service users and non-service users. Khandker (2005) argues that microfinance can support the local economy as well as low-income users of microfinance. Moreover, much has also been made of the non-economic impacts of the use of microfinance as a development tool, particularly its potential to effect social and political change. Using evidence gathered from research carried out in Pakistan, Montgomery and Weiss (2009) discuss the effects microfinance has had on women's empowerment, and more broadly gender equality in Pakistan, and assess whether microfinance is having a sustainable impact on helping achieve the Millennium Development Goals.

In this research, Montgomery and Weiss (2011) monitored the activity of two similar groups, one with and one without access to microfinance. Their findings highlighted that "microfinance in Pakistan is contributing towards this goal [women's empowerment and gender equality]" (Montgomery and Weiss, 2011:107). This was measured in a number of ways, but was concentrated especially on women's roles within the household; for example:

> "In terms of family dynamics, wives of male bank members who take out loans report greater empowerment in family decisions than wives of members who have not yet taken out loans" (Montgomery and Weiss, 2011:107).

Montgomery and Weiss's (2009) work provides support for the notion that microfinance has the ability to both positively challenge existing gender relations, particularly in traditionally patriarchal societies, and affect those within the community that are not directly in contact with MFIs themselves. Indeed, Montgomery and Weiss (2011:106), exploring data on the women's empowerment, comment that "The results herein suggest that access to microfinance empowers women in the household, even if the woman herself is not the borrower", though no explanation is offered as to the reason such women are reporting higher levels of empowerment following the access of a loan by a male family member. Furthermore, using the same survey data, Montgomery and Weiss (2011) explain that microfinance has additionally supported advancement in the health sector:

> "In relation to non-monetary measures, access to loans does appear associated with a higher probability of medical treatment for children in the household and a higher probability that the provider of that treatment is trained" (Montgomery and Weiss, 2011:107).

Furthermore, Montgomery and Wiess (2011) state that there is a strong relationship between access to finance and access to formal healthcare, specifically vaccinations and diarrhoeal treatment. More broadly, Montgomery and Weiss (2011) and the World Bank (2016) argue that the use of microfinance can help achieve health-based targets. These findings support the theory that the benefits of access to microfinance go beyond purely financial benefits, and that microcredit can help achieve objectives associated with poverty reduction.

Aside from the economic argument, supporters of this form of development strategy often highlight the potential for associated social benefits as a key element of microfinance's usefulness. One such justification revolves around the promotion of greater gender equality and the advancement of women's rights, particularly in

communities and societies which display strong patriarchal structures. Karim (2011) explores some of the gendered outcomes microfinance has traditionally supported, acting as a mechanism to promote women's rights, and having the ability to help reconstruct the ways women are viewed both in the home and within the wider community:

> "In an oft-cited study, Hashemi and Schuler claimed that microfinance 'increases women's mobility, their ability to make purchases and major household decisions, their ownership of productive assets, their legal and political awareness and participation in public campaigns and protests'" (Karim, 2011:xxviii).

This potential for microfinance to effect a substantial cultural shift is also described by Schuler et al. (1998) which, using data collected from an ethnographic study in Bangladesh, examines the outcome of increasing microfinance access for women on gender and power relations. They concluded that, whilst increased access to credit produced mixed results, the schemes studied did result in a reduction in women's vulnerability to violence carried out by men in a domestic environment through expanding their economic roles in the home. The increased capability of the women studied to make independent decisions in traditionally male-dominated arenas was cited as a positive gendered outcome.

Fundamentally though, microbusiness development is at the heart of the microfinance movement. Microfinance institutions regularly market themselves around their ability to offer loans which can be used to either generate new or develop existing businesses or income streams. This marketing approach is highly visible in peer-to-peer microfinance organisations such as Kiva, which highlights the micro-entrepreneurs that their loans support. This is reinforced by institutions such as the World Bank (2016)

which describes the hundreds of millions of businesses in developing countries that lack the credit necessary to grow their business.

The public discourse surrounding contemporary microfinance institutions is largely constructed around the growth of these small and medium-sized enterprises. However, claims that small-scale loans used by micro-entrepreneurs raise incomes and reduce poverty are often supported by anecdotal rather than hard evidence. Indeed, this relationship between access to microfinance and successful and sustainable micro-enterprises has been challenged by academics, many of whom suggest that microfinance is often used for purposes other than enhancing incomes through investment in businesses. For example, Dichter (2007) and Beck (2009) suggests that the link between microfinance and the development of businesses by poor people is weak, and that the targeting of microfinance in this manner does not lead to the desired investment in small-scale income generating ventures:

> "Most people, poor or otherwise, are not entrepreneurs, so there is little reason to think that mass credit would in general lead to viable business start-ups. Today, as in the past, business start-ups in advanced countries depend predominantly on savings and informal sources of credit; past forms of microfinance never played a role in small business development, and much microcredit is actually used for consumption rather than investment" (Dichter, 2007:1)

Dichter (2007) makes two distinguishable yet interconnected points. Firstly, the notion that mass credit would lead to the promotion of business is dismissed from a historic perspective. At the theoretical level, Dichter (2007) argues that, because developed nations did not evolve in such a manner (i.e. through the mass availability of credit), microfinance does not represent a sustainable method to encourage economic advancement. This critique of microfinance relates closely to the structuralist approach

towards economic development promoted by Rostow and the 'Stages of Growth' model, which suggests each individual country will follow the same pattern to the ultimate development level – the age of high mass consumption – through a series of intermediate ages. Dichter (2007) applies these principles to the availability and use of microfinance, arguing that "in the history of today's rich countries…economic growth occurred first, then came credit for the masses" Dichter (2007:1). It is argued that, as a result, microcredit is unsuitable for the purpose of fostering wider economic growth, as historical evidence does not suggest other more advanced economies developed in this credit-led manner.

Secondly, Dichter (2007) argues that small-scale loans to low-income people are often used to supplement consumption of goods and services rather than generate investment in business. This viewpoint is also supported by Beck et al. (2009), which states that:

> "Although the attention of microfinance has traditionally focused on the provision of credit for very poor entrepreneurs and enthusiasts often emphasize how the productivity and growth potential of borrowers will be unleashed by microfinance…instead, a sizable fraction of microcredit goes to meet important consumption needs" (Beck et al. 2009:134).

This argument serves to undermine the activities of microfinance institutions, given the emphasis placed by them on the potential for business development through the increased availability of their financial products. If, as Beck et al. (2009:134) argues, "much of micro-credit is not used for investment", the gap between the rhetoric and reality of the use of such borrowing strategies presents a major stumbling block to its continued use. However, such claims are difficult to substantiate, and academics continue to strive to present robust empirical evidence to accurately assess the impact of microfinance. Gine et al. (2006) examines how the impact of microfinance

programmes can best be analysed, arguing that randomised control trials may be the most effective methodology to employ in such a context. Indeed, as microfinance provision has continued to be extended into new markets, randomised control trials have aimed to assess such outcomes and are "currently considered by many actors as the only possible evidence of impact" (Guerin et al. 2014:4). One such evaluation was undertaken by Banerjee et al. (2013) which conducted a randomised control trial in Hyderabad, India, and produced a number of interesting conclusions around the successes and failure of schemes. Overall, the study was largely critical of microfinancing initiatives, particularly the often heavily-emphasised links between microlending and poverty reduction:

> "For those who choose to borrow, while microcredit 'succeeds' in leading some of them to expanding their businesses (or choose to start a female-owned business), it does not fuel an escape from poverty based on those small businesses" (Banerjee et al. 2013:33).

Results from this type of analysis serve to problematise the links between microfinance and the socioeconomic advancements supporters of such schemes promote. In conducting this trial in India, Banerjee et al. (2013:33) found that for those accessing microcredit "business profit does not increase for the vast majority of businesses" and, perhaps most importantly, the researchers "found no changes in any of the development outcomes that are often believed to be affected by microfinance" (Banerjee et al. 2013:ii). Naturally, these conclusions fit uncomfortably with the image of microfinance that providers and their supporters often portray.

Similarly, Attanasio et al. (2011) conducted a randomised control trial assessing the outcomes of both individual and group microlending in a rural context in Mongolia. Whilst the evaluation did outline differences between the successes of the two approaches, the study by Attanasio et al. (2011) drew a number of similar conclusions

to that of Banerjee et al. (2013) asserting “there is at this stage no evidence on changes in income as a result of either of the programmes [individual or group microlending]”, with the caveat that “it may be too early for such effects to be observed” (Attanasio et al. 2011:41).

The lack of strong positive outcomes from these two randomised control trials in India and Mongolia are not unique, and mirror the conclusions of many other evaluations of microfinance initiatives across other regions. As Banerjee et al. (2013:5) explains, “our results find a strong echo in the four other studies that look at similar programs in different contexts”, many of which have been undertaken in Asia or Latin America. Despite some differences in the degrees by which microfinance has affected the lives of its customers in developing countries, a common theme has emerged; that advocates of microfinance “overestimate the potential of businesses for the poor” (Banerjee et al. 2013:34). Consequently, the outcomes associated with these international randomised control trials “seriously challenge microfinance’s impact in poverty reduction” (Guerin et al. 2014:4).

The associated social benefits of microfinance use, particularly the empowerment of woman, have also been questioned. Whilst Schuler et al. (1998) outlines some of the positive impact on gendered relations through the use of microfinance, unintended consequences of the explicit targeting of women by microfinance organisations in the region were also reported. For example, microfinance resulted, in some cases, in increased violence towards women as a result of challenging the normalised gendered roles (Schuler et al. 1998). In this instance, the ‘financial liberation’ and resulting social freedoms promoted by microfinance institutions instead led to further suppression of women in some instances. “Furthermore, in the Hyderabadi context, we find that access to microcredit appears to have no discernible effect on education, health, or women’s empowerment in the short run” (Banerjee et al. 2013:34), suggesting the

relationship between microfinance and gender equality is not as causal as the rhetoric from some microfinance institutions may suggest.

Based on an assessment of academic research in this field, the impact of microfinance on improving the lives of borrowers is incredibly mixed. The strength of using microfinance to expand business, improve livelihoods and strengthen financial resilience amongst borrowers, as well as promote positive social change and build social capital, is countered by other analysis which shows little economic benefit from such loans in the longer term and cites examples of the social costs of this form of intervention. Therefore, a measured view is that microfinance can be beneficial and has the potential to offer low-income individuals opportunities to improve their lives. However, this outcome is far from guaranteed in all instances, with not every borrower experiencing the benefits associated with microfinance promoted by international institutions and microfinance providers.

What represents a significant challenge for both policymakers and practitioners, and is directly related to this research, is ensuring the potential benefits of microfinance such increased access to healthcare (Montgomery and Weiss, 2011), greater empowerment of women in the home (Schuler et al. 1998) and poverty reduction (Khadker, 2005) are available across the entire communities that they service. In areas where microfinance institutions are located, all citizens should be able to access services equally without experiencing instances of discrimination. The targeting of a specific demographic, namely women, has produced successes and there is little doubt that women in many settings across Asia, Africa and Latin America have increased access to credit service since the huge growth in the microfinance movement. Framing people with disabilities in a similar way to women in this context – as a marginalised group for whom microfinance can help achieve greater empowerment and autonomy – holds considerable potential. Both economically and socially, the benefits from microfinance use could be made available to people with

disabilities, should their access to these types of financial services be promoted and treated equally to other potential able-bodied customers.

3.8 Critically Analysing the Microfinance Movement

Whilst issues surrounding the socioeconomic benefits of microfinance are evaluated through empirical studies, the political dimensions of this specific approach to poverty reduction has been examined by academics. Firstly, as formalised microfinance institutions have evolved over the past fifty years, they have become increasingly profit-driven. Johnson (2014:64) explains this cultural shift, as microfinance NGOs have moved "from assisting beneficiaries to becoming MFIs with 'clients'" (Johnson, 2014:64). As such organisations have moved to a more traditional 'business model', criticisms have emerged questioning whether MFIs are operating ethically, and whether generating profit from vulnerable groups is an acceptable part of the development process (Cull, 2008; Soederberg, 2014).

Cull et al. (2008) outlines the case of one such microfinance group in Latin America which operates within poorer settings yet is able to make sizable annual profits. One of many examples of such an occurrence can be seen in Mexico, with the continued expansion of the Compartamos bank which offers "loans to support tiny enterprises like neighbourhood shops" that are "typically hundreds of dollars rather than many thousands – and the bank requires no collateral" (Cull et al. 2008:1). In contrast to the relatively low amounts lent, the company itself was valued at around $1.6 bn in 2007 (Cull et al. 2008) and has continued to expand since.

Cull et al. (2008) highlights the practises which underpin this type of business' profitability, stating that "the high interest rates and large profits were unconscionable, extracted from Mexico's poorest citizens" (Cull et al. 2008:2). Indeed, "a leader of one non-government organization (NGO) in Latin America argued that Compartamos' strategy is ''socially, economically, and politically dangerous and should be morally

condemned"" (Cull et al. 2008:2). The concept of indebting, and laterally exploiting, some of the most financially-vulnerable groups (Soederberg, 2014) is a reality distant from the ideals of microfinance so heavily supported by multilateral organisations such as the World Bank.

Alternatively, other commentators do not consider corporate profit to be incompatible with the aims of microfinance as a development tool. As Cull et al. (2008:2) continues:

> "For Compartamos's supporters, though, the high profits allowed Compartamos to serve hundreds of thousands of poor customers who otherwise would have had even worse financial options. They ask: would not serving them be a better moral outcome?" (Cull et al. 2008:2).

Clearly, the balance between offering these services to under-represented groups and generating profit is difficult, and some may argue unattainable, to achieve. As previously stated, this is far from a unique case globally, and it is therefore somewhat unfair to single out an individual organisation. However, it does exemplify the moral issue at the core of the contemporary microfinance debate. Furthermore, the manner by which loans are managed and monitored provides an additional level of controversy according to many observers.

As discussed, MFIs have increasingly treated their client base as if they were conventional customers operating within the private sector. In such an industry "in order to become commercially viable, one of its central requirements has been the need to achieve on time repayments" (Johnson, 2014:64). Group lending has become one of the most popular mechanisms for ensuring the consistent repayment of loans within poorer communities. Whilst this method has enabled many of the major MFIs to achieve repayment rates in excess of 95%, critics such as Soederberg (2014) have attacked the ethics of the approach, while others questioned the morality of using peer pressure as a mechanism for maintaining loan agreements.

In studying the concept of social collateral in India and Sri Lanka, Montgomery (1996) explores the damaging effect the application of group-lending theory can have on such communities. The increased strain on social ties created by the peer-monitoring process has the capability to harm existing relationships and consequently reduce social capital. As Montgomery (1996:303) explains "such pressures on members create conditions in which the perception of default risks and mistrust of each other are increased", and such outcomes can be further exacerbated by MFI representatives directly, as Montgomery (1996:303) argues that "peer pressure is activated and reinforced by occasionally aggressive field staff". Whilst peer monitoring has long been established as a mechanism for achieving prompt repayments, increased pressure on MFIs to generate profits has increased the strain on such relationships. Whilst the economic rationale for employing peer monitoring as a device to maintain consistent repayment has been effective, decisions have to be made as to whether the intangible social costs are an ethically acceptable by-product of microfinance schemes.

As outlined above, the financial exploitation of borrowers by microfinance institutions and the use of social pressure to maintain repayment rates serve as considerable criticisms to the manner by which microfinance is delivered to low-income people. However, aside from these pragmatic critiques, the fundamental concept of extending the provision and availability of microfinance within developing countries has been rigorously challenged. Guerin et al. (2014) summarises the argument concisely suggesting that, whilst there is continued criticism of the practicality of microfinance initiatives, "others take their criticism much further, arguing that microfinance is nothing more than an efficient vehicle for neo-liberal economic ideology worldwide" (Guerin et al. 2014:4). Academics such as Bateman (2010), Soederberg (2014) and Weber (2006) have supported this position, arguing the role of microfinance within the international development sector has predominantly centred on its ability to penetrate new markets and generate profits rather than sustainably reduce poverty.

Bateman (2010) is particularly critical of the microfinance movement, arguing that very little has been achieved in respect of poverty reduction, with Western financiers supporting its continued expansion purely out of self-interest. Bateman (2010) likens the impact of microfinance as to that of a casino, whereby a few gamblers (borrowers) succeed in increasing their money while the house, in this case the microfinance industry, is able to generate considerable and consistent profit. Key to this analysis is Bateman's (2010) argument that the neoliberal market forces were able to come to dominate microfinance sectors in many developing countries due to commercialisation and the influx of private capital into the arena.

This process has been explicitly supported by Western institutions such as the World Bank, IMF and USAID (Bateman, 2010) allowing for new avenues for profit generation to be developed for exploitation by private enterprises. This reorganisation of the sector means that microfinance 'is no longer the sole domain of non-profit organisations…it is the domain equally of commercial banks, investment vehicles, and money markets' (Roy, 2010:5). The financialization of microfinance (Aitken, 2010) has resulted in the incorporation of microfinance as a concept into the global financial system, with the private sector coming to dominate the provision of microcredit to low-income people in a domain previously administered through NGOs and non-profit groups.

Similarly, Weber (2006) assesses the underlying geopolitical power dynamics which have shifted microfinance to the forefront of the international development agenda. Weber (2006:37) argues that "[microfinance] schemes are part of a wider process of political restructuring" driven by more powerful developed nations. It is argued that microlending initiatives enhance their wider objectives, specifically their aim "to advance and consolidate in particular – in formal legal terms – the current conjunctures of capitalism on a global scale" (Weber, 2006:37). This argument frames the expansion of microfinance as vehicle by which formal credit has become increasingly

globalised, supported by political elites, primarily to the benefit of creditors and investors.

Finally, as previously outlined, microfinance is a concept built around debt. Gregory (2012) argues that the importance of debt is underplayed in the discourse around microfinance, whilst that of credit is highlighted and promoted. In discussing the ability of Grameen Bank founder Muhammad Yunus to frame credit in a positive manner, Gregory (2012:385) says "the loans he gives are called micro-credit rather than micro-debt; the people to whom this micro-credit is extended are called borrowers not debtors". As explained previously, Gregory (2012) understands credit and debit to be the same entity, only differing in definition dependent on its time within a transaction. However, the discourse of microfinance rarely constructs the notion of this type of small-scale lending in this way, preferring to focus on the provision of credit over the expansion of debt.

Grabeer (2011) discusses the way in which acquiring debt has become synonymous with social and economic freedom. In reference to an interview conducted with an NGO consultant, Graeber (2011) discusses the way debt has become associated with personal liberalisation, arguing that microfinance institutions frame debt as a proxy for empowerment. Graeber (2011) contends that the microfinance sector's standpoint is that empowerment simply comes from the availability of credit, and equally the associated debt. However, microfinance is no different to other forms of debt, which creates uneven power relationships between creditor and borrower, allowing for exploitation and manipulation (Lazzarato, 2011). Whether microfinance provision allows for this empowerment to occur through the accessibility of credit, or simply indebts some of the world's poorest people, is largely dependent upon the position of debt within the argument.

Furthermore, the concept of microfinance can viewed as the latest mechanism to maintain hierarchical social structures through the power of debt. Graeber's (2011) argument that debt forms the true foundation of society can be applied to the process of microfinance provision, which has seen microfinance providers formalise relationships with borrowers in new ways, creating a web of new connections based around power and debt in developing countries. Microfinance can be viewed as the latest mechanism to ensure that everyone, even those in the most distant regions, is in debt; that we are all debtors (Graeber, 2011; Lazzarato, 2011). This framing of the role of microfinance, as a tool to promote indebtedness and develop the associated power dynamics between creditor and borrower, serves to further damage the reputation of the microcredit movement.

Critiques of the microfinance movement, from its delivery of services to political motivations, have served to cause a rethinking of the role and purpose of small-scale lending in a developing country context. Criticisms that the availability of microfinance has done very little to combat poverty (Bateman, 2010), while microfinance institutions have profiteered by exploiting customers financially (Cull et al. 2008), have led to a cooling of support for microfinance amongst some advocates. Even long-term advocates such as the World Bank (2015:1) have tempered their support for the microfinance movement, now suggesting that "the benefits of microcredit have been modest in field experiments, and commercial finance is unlikely to reach the poorest of the poor". These limitations have rarely been recognised by political institutions which have championed the potential of microfinance to raise incomes of low-income people, and signifies a public realisation that microlending has only achieved limited success.

Furthermore, there is a growing acceptance at the institutional level that market fundamentalism, as described by Stiglitz (2008), is failing to achieve the goals of providing sustainable and affordable credit streams to low-income people. Indeed, the

limitations of the free-market approach in this area are acknowledged by the World Bank (2015:1), which now suggests that “subsidies will likely continue to play an important role in bringing financial services to the poorest”. The commercialisation of the microfinance market was designed to increase the scale and efficiency of financial providers, yet the World Bank (2015) now acknowledges that the liberalised approach to expanding microcredit services has yielded only partial success, with the need encourage some market interference necessary to connect with the poorest groups.

This softening of the support for microfinance driven by private investment, argues Stiglitz (2008), is part of a broader realisation on the part of development policymakers that the free market policies, seen clearly in the case of microfinance, have failed to deliver upon their promises of poverty relief and economic development. Stiglitz (2008) argues that a post-Washington consensus has emerged, which rejects the idea that commercialisation and market liberalisation is the most efficient method of promoting growth and raising living standards amongst the world’s poor.

These notions are becoming increasingly accepted by the institutions themselves, as exemplified by the World Bank’s (2015) more recent rhetoric around microfinance. This is particularly visible in the way in which the World Bank has sought to recreate microcredit as one tool within the broader objectives of the financial inclusion movement, rather than as a standalone solution to issues of poverty and deprivation. As the World Bank (2015) argues, “other forms of microfinance, other than microcredit, such as micro-savings and micro-insurance, can help increase financial inclusion”. Whilst the credit element remains a prominent component, the criticism of microfinance has led to a redefinition of its role within the global development agenda, especially within this newer financial inclusion discourse.

3.9 Conclusion

Far from being the novel phenomenon it is regularly characterised as, microfinance has emerged from a long history of debt relations (Davies, 2010; Graeber, 2011). Indebtedness, and the associated factors around power and obligation, have helped to shape human society (Lazzarato, 2011), interacting to create the social networks which underpin civilisation. The socially-constructed bond between debt and sin (Graeber, 2011) has served to further solidify the ability of debt to act as force to exploit low-income groups, and benefit elites acting as honourable creditors (Ardent, 1976). This understanding remains relevant in contemporary microfinance which, whilst being popularly framed around the ability of the poor to access new streams of credit to achieve poverty reduction, is based around the acquisition of debt (Gregory, 2012).

The development of microcredit targeted at underprivileged communities itself has a considerable history, with similar concepts developing in different countries around the world (Seibel, 2005; Mersland, 2011). However, expansive growth in the contemporary microfinance sector predominantly occurred throughout the 1970s and 1980s with, in particular, the rapid growth of institutions such as the Grameen Bank in Bangladesh (Hassan, 2002; Mayer, 2002). The growth of the microfinance movement, built around NGOs and non-profit groups, was particularly prevalent in South Asia, with other formalised lending markets, focused on poverty relief and mainly funded through grants from international donors and charities, emerging in other developing countries (Berger, 2006).

The liberalisation of the microfinance sector, with the financial and technical support of leading international development institutions such as the World Bank and USAID, markedly changed the nature of the microcredit market. The opening up microfinance to private capital created a new economic environment and led to the rapid commercialisation of the microfinance sector. This market-led approach helped to

continue the expansion of the sector into new markets, but also encouraged a greater emphasis on profit generation, which some have argued has been detrimental to the original mission of poverty reduction (Johnson, 2014; Cull et al. 2008, Bateman, 2010). Similarly, the production of knowledge around microfinance has shifted, with Western institutions such as CGAP becoming global centres of microfinance policy and research, away from the localised communities in developing countries which first experienced this new wave of formalised microcredit promoted by actors such as the Grameen Bank.

More broadly, political support for the growth of the microfinance movement has resulted in criticism as to the underlying motivations of the agenda. Commentators have argued that microfinance acts as a vehicle for the expansion of neoliberal economic ideology into previously untapped markets (Weber, 2006; Guerin et al. 2014), coercing marginalised groups into global credit markets, predominantly to the benefit of investors and financiers. Microfinance has reflected other development policies, especially from institutions such as the World Bank with their Structural Adjustment Programmes (SAPs), which have emphasised the role of the free market in delivering services and reducing poverty. However, detractors such as Bateman (2010) argue that the commercialisation of the sector and application of liberalised economic principles has more to do with the potential for profit generation than poverty relief in such communities, which he argues have barely benefited from access to this type of small-scale credit.

Indeed, the impact of microfinance on key development objectives such as localised economic growth and poverty reduction remains contested. In some impact evaluations, the role of microfinance has been praised in achieving socioeconomic goals both individually, in respect of the borrower, and within the broader community (Khandker, 2005; Montgomery and Weiss, 2011). However, others have argued that, particularly through the analysis of the results from randomised control trials, the power

of small-scale credit to improve incomes and develop livelihoods has been limited, even negligible (Banerjee et al. 2013; Attanasio et al. 2011). Guerin et al. (2014:4) argues that, despite instances in which microcredit has proved to have had a positive impact on borrowers and their families, there has been an "excessive focus on the supposed advantages of microfinance", by both microfinance institutions and prominent institutional microfinance advocates.

Contemporary research on the impact of microfinance demonstrates that it is not a silver bullet in terms of poverty reduction. For some that access to microfinance, the evidence suggests the outcomes may be beneficial to borrowers and their communities, improving their incomes and empowering individuals, whilst others will experience negative consequences such as increased social pressures and substantial debts. This research acknowledges these strengthen and, particularly, limitations of microfinance. For some people with disabilities, accessing small scale loans will not provide benefit to their livelihoods, enhance their abilities to access employment nor improve their social status within the community.

However, while access to microfinance does not offer any guarantees to consumers that their lives will be improved as a result, there is enough evidence to suggest that some borrowers will benefit from accessing small-scale credit. Just as other approaches to poverty reduction and economic development have not provided all-encompassing solutions, microfinance advocates cannot claim the approach offers universal benefits. It does, however, offer potential opportunities which can provide the foundation for improving livelihoods. People with disabilities are equality entitled to be able to take advantages of these opportunities, even if all ventures will not be deemed successful.

Roy (2010:47) describes the process of the expansion of microfinance services as "the democratisation of capital". Ensuring people with disabilities have equal access to

these products and services can be seen as an extension of this approach, given all individuals a stake on a global financial system. Access to microfinance is more than just a function for the purchase of specific product or the development of a business, it represents the political and economic liberalisation of low-income groups (Rhine 2001). Indeed, as Rhine (2001:183) argues "access to finance is the ultimate means of engendering freedom, economic capacity, and social choice". This is contested by critics such as Soederberg (2014) whom believe the motivations for increased access to financial services lay in profiteering by global elites through the expansion of economic neoliberalism in developing countries. An equally important issue, however, is not that these types of financial services are being offered in developing countries, rather the manner in which they are being delivered in terms of affordability and impact.

The microfinance sector continues to expand into new markets though, given the criticism it has received over recent years, microcredit's role within the international development agenda is evolving from a standalone instrument for fostering economic growth into one tool within a broader strategic mission of achieving global financial inclusion. Whilst microcredit remains the most visible component within the financial inclusion movement, there is a growing acceptance of its limitations as a mechanism for poverty relief (World Bank, 2015; Stiglitz, 2008). There is a need for microfinance to work in collaboration with other financial products, associated with saving, money transfer and insurance, in order to deliver financial services which meet the demands of low-income people in developing countries. For people with disabilities, equal access to these services represents another challenge and opportunity.

3A. Value in Exploring Disability and Finance Linkages

This thesis is designed to draw together the two themes explored in the previous chapters, disability and finance, to examine both the level of access and the significant barriers to small-scale credit by people with disabilities in a developing country context. This mini-chapter seeks to outline the conceptual and theoretical value of examining these two issues together, highlighting the importance and usefulness of researching this overlap between these broad subject areas.

Exploring the conceptual relationship between disability and access to finance is particularly valuable given the abundance of research which has been conducted on other marginalised demographics in this field. For example, the substantial research conducted around microfinance and gender (Mayoux, 2000; Vonderlack et al. 2002; D'espallier, 2011) far outweighs that examining issues related to people with disabilities. Within these discussions around gender and access to finance, disability is largely ignored. Additionally, other exclusionary process specific to particular characteristics have been the subject of researched, such as Kumar's (2013) work on the role of caste on accessing agricultural credit or Mukherjee's (2015) exploration of the ability of microfinance to empower users dependent upon their caste or religion. This absence of discussion around disability is even more noticeable given the huge scale of people affected by disability globally.

It is clear from such research that particular demographics are either being excluded from credit or experience different outcomes based on their characteristics across many developing countries. Discrimination and exclusion from particular lines of credit represent substantial barriers to accessing necessary services for multiple marginalised populations. Whilst a limited number of studies, such as the work by Beisland and Mersland (2012), have sought to assess the rate of access to microfinance by people with disabilities in an African context, these examples have rarely attempted to understand the broader issues related to utilising microcredit

services. The value of this researching this idea of financial services access for people with disabilities is that it fills this academic void within the literature, which is especially important considering the size of the disability community both in Uganda and the global South.

Further value in this researched is evident in the fact that people with disabilities in developing countries represent a doubly marginalised group. As well as the challenges associated with their medical condition, there exists a strong and well-established link between poverty and disability (Grech, 2011; Knight, 2012) as explored in previous chapters. This result of this heightened sense of marginalisation is that this group represents one of the most economically and socially poorest sections of society. Therefore, people with disabilities represent an excellent study group vehicle to study the connections between finance and poverty.

From a theoretical perspective, the strength of examining this relationship centres on exploring whether microfinance has the ability reach those people at the bottom of the economic pyramid, those most financial and socially excluded. If people with disabilities, many of whom represent the exact type of people microfinance is designed to support - namely low-income and low social status groups – are unable to access such financial services, some of the key arguments supporting the use of microfinance in poorer countries are somewhat undermined. These outcomes feed into broader theoretical debates as to whether microfinance is a sustainable poverty reduction strategy if it is unable to reach those most experiencing poverty. Disability, therefore, is a valuable lens in which to view the abilities and limitations of microfinance in a developing country setting.

Further theoretical value in exploring the relationship between disability and finance in the global South can be found in the important linkages between self-employment and access to credit. The majority of workers living in developing countries across

the world are engaged in self-employment (Gindling and Newhouse, 2013) and this is no different in Uganda where the status of 81.5% of the working population is considered to be self-employed (UNHS, 2012/13). In order to facilities the economic growth required to provide the foundation for poverty reduction in Uganda and other developing nations, self-employed low-income groups need to be provide with access to resources which can enable them to enhance their own livelihood activities.

The ability of self-employed people to respond quickly to the needs and challenges of the market is evident to take advantage of business opportunities. In order to achieve this, as de Knock (2008:93) explains, 'to be successful, self-employed people need, amongst other things, access to financial services, in particular microcredit'. Indeed, access to finance amongst low-income self-employed groups has long been a source of consternations amongst such communities (McKenzie and Woodruff, 2008), with the needs of the self-employed in such contexts to be able to access credit visible (Panjaitan-Drioadisuryo et al. 1999).

This connection is particular pertinent to this research when considering that a high percentage of people with disabilities that are working in both developed and developing countries do so through self-employment avenues. For example research in Ghana by Naami (2015) found that, amongst people with disabilities that were in work in their sample, over 50% were self-employed, while Pagen's (2009) work across 13 European countries found that people with disabilities were more likely to be economically engaged through self-employed than their non-disabled counterparts. This outcome is likely to be a consequence of multiple factors, many of which are specific to individual countries, however as de Knock (2008:93) reports, in developing countries 'most people with disbailities turn to self-employment because of lack of opportunities in the job market'.

The intersection between access to credit, self-employment and disability provides an important conceptual justification for undertaking this research. The high proportion of economically-active people with disabilities in low income countries engaged in self-employment, combined with the broader needs of self-employed individuals to access credit, provides a strong reasoning for the exploration of these linkages. Fundamentally, accessing credit is key to the success of self-employed people with disabilities so understanding and reducing potential barriers to this outcome represents an important issue which this thesis seeks to explore.

Lastly, additional importance of studying this link between people with disabilities and access to finance is grounded in how society's understanding of disability is evolving and how people with disabilities can be best supported to experience fulfilling and valued lives. As outlined in the previous chapters, the social model of disability has become, in many countries over recent decades, the dominant framework by which disability is understood. This model places significance on the idea of people with disabilities as citizens with equal rights rather than as outliers that need alternating in some way to bring them into mainstream society.

The adoption of this rights-based approach, which now underpins many international and domestic legislative frameworks around disability, has led to an increased focus on ensuring people with disabilities can access services, offered by both the public and private sectors. Of these rights for people with disabilities, many, such as access to housing or healthcare, have already become engrained in legislation. However, there is a growing literature around access to credit, with multiple academics having discussed the notion of viewing access to finance as being seen as a fundamental human right (Kumar, 2014; Queralt, 2016; Hudon, 2009).

Kumar (2014) argues that while access to basics such as shelter, food and health has been enshrined in United Nations literature for around 70 years, access to

finance is yet to achieve similar status, despite the ability of credit to facilitate access to these basic rights and interrupt the cycle of poverty. Hudon (2009) discusses the moral necessity of founding access to credit as a right to all citizens if the use of finance is heavily correlated with poverty reduction and economic development. These arguments continue to push policy makers to consider the important role of access to credit when trying to achieve development goals such as the SDGs and whether individuals in poorer countries should be legally entitled to access finance to support these aims.

It is vital that people with disabilities are included within these conversations. As access to finance increasingly becomes promoted as a right, it is important that the needs of people with disabilities are fully understood to ensure that they are not marginalised as service availability is likely increased. This thesis provides an important vehicle for exploring the barriers to achieving access to credit and seeks to provide alternative approaches to serving customers with disabilities to ensure that such rights are extended to this sizable demographic equally.

To conclude, as explored there are a number of ways in which exploring the relationship between finance and disability in a developing country context can be seen as both valuable and necessary. Within the current literature around access to finance, people with disbailities are broadly excluded, largely as a consequence of viewing such issues predominantly through a gendered lens, despite the fact that people with disbailities are often doubly marginalised due to their impairment and the associated poverty disproportionately experienced by this group. Added to that, the conceptual links between self-employment, finance and disability are not fully understood in an environment whereby access to finance is increasingly being considered a human right creating a significant and dynamic platform for this research to contribute to such theoretical debates.

4. Methodology

4.1 Introduction

This research investigates accessibility of credit through formal financial institutions, particularly MFIs, to people with disabilities. Specifically, I explore the current use of microfinance by people with disabilities and the factors which make it more or less likely that those within this demographic are able to access a loan. I aim to identify the current barriers experienced by people with disabilities when attempting to access microfinance provided by MFIs, and explore the factors which are shaping this dynamic. In this chapter I will highlight the approach taken to studying access to credit and discuss the methods used to collect the data which will be analysed in the following chapters.

The chapter is structured in the following way. Section two outlines the philosophical and theoretical approach to the research. The methodological approach, focusing particularly on the employment of multiple methods as a mechanism for exploring and understanding access to microfinance for people with disabilities, is discussed in section three. In section four, the choice of questionnaires and semi-structured interviews is then explained, highlighting the ability of these methods to provide detailed data from multiple perspectives.

This is followed in section five by an examination of the design of both the quantitative and qualitative methods, and the way in which participants were recruited and interviews organised for the fieldwork. In addition, the way in which the data was managed following collection and the choice of analytical approaches is explained. The role of positionality in the fieldwork process, and the ways in which this can impact upon the nature of information collected is also acknowledged. Finally, the ethical issues associated with this research and the practice of obtaining informed consent from participants is examined, before concluding by outlining some of the limitations and constraints of these methodological processes.

This research project developed out of a previous study which explored the impact of a medical intervention on life outcomes for people living with disabilities in a developing country setting. The Uganda Polio Project (2012 to 2013) was a two-year philanthropic and academic programme in which thousands of pieces of orthotic equipment from the UK were donated to assist patients with mobility issues, predominantly due to polio, in Kampala, Uganda. Academically, the project consisted of a randomised control trial in which both treated and control patients completed two questionnaires, one prior to intervention and one 12 months after, to assess the impact of the orthotic device on their lives and livelihoods.

However, few questions were asked to participants around their level of financial engagement, with very limited details recorded around their use of credit facilities. Having worked on the project as a research assistant, I wanted to explore this area in more detail and consequently developed a research proposal designed to examine the access to microfinance of people with disabilities like those involved in the Uganda Polio Project. The charity Rehabilitation Worldwide has emerged from this project, and provided an excellent partner for the continuation of my own research in this field.

4.2 The Focus on Uganda

The decision to base the research in Uganda, and specifically Kampala, was driven by a motivation to develop a new direction to research conducted during the Uganda Polio Project in 2012 and 2013. In conjunction with the distribution of recycled orthotic equipment, researchers conducted a randomised control trial using questionnaires to assess the impact of the project over twelve months. The quantitative research undertaken in parallel with the charitable project very briefly touched upon the issues of access to loans. This subject was not explored in detail, with the relationship between people with disabilities and access to credit superseded by other research interests, for example on social capital, institutions, gender and income (see Owens

and Torrance, 2016). In informal discussion with participants, the issue of accessing services was repeatedly raised as a constant challenge which impacted upon their lives and ability to improve their quality of living.

Therefore the 2014 Uganda Polio Project (which changed its name to Rehabilitation Worldwide prior to the 2014 visit) provided an excellent foundation for developing research on the subject of access to finance. Utilising the same working relationship, the 2014 project provided a tested framework for accessing people with disabilities and harvesting detailed and reliable data. This ability to connect efficiently with people with disabilities in an environment which had previously generated quality data provided a primary reason to explore the issues in Uganda specifically.

Uganda itself is a particularly interesting case study for research on disability considering the provision of legislation designed to promote equality for people with disabilities afforded by the national government. As Owens and Torrance (2016:22) explain, “Uganda is internationally recognised for both its legal and constitutional provisions for people with disabilities”, discussed previously in chapter two, as well as the network of disability persons organisations which provide advocacy and support for people with disabilities. The focus on Uganda is a strength of the research given it explores the issue of access to service in a relatively strong legal environment as barriers highlighted in this research are likely to equally affect people with disabilities in other countries which have weaker protections in place for such groups.

The justification for basing the research in Kampala was twofold. First, the 2014 Rehabilitation Worldwide project was based at Mulago hospital in central Kampala, with those participants receiving equipment overwhelmingly residing in the city. Therefore, the information recorded in the questionnaires almost exclusively reflected the experiences of those living in the urban and peri-urban environment. Attributing data produced by these participants would not be reflective of the experiences of those

living in more rural areas of the country as there is a sharp contrast between the lived experiences of those residing in the urban and peri-urban environment and those living in rural areas in Uganda (see Uganda National Household Survey, 2011).

Second, many of the disabled persons organisations which I wanted to interview for the qualitative section of the research (discussed subsequently) were either based or had their headquarters in Kampala. Similarly, the majority of microfinance institutions also interviewed were located in the capital. It was important to explore the experiences of representatives of organisations that engage with my sample and therefore limiting interviews to individuals working in the Kampala area provided the appropriate level of containment. The idea is to provide a detailed understanding of the situation in a single context rather than a weaker analysis over a broader geographical area.

4.3 Theoretical Approach

In this project I chose to adopt a post-positivist philosophical approach. A post-positivist approach reasons that, similar to the position of positivists, an objective reality does exist, acknowledging, however, that these truths are only ever known imperfectly (Robson, 2002). Furthermore, post-positivism accepts the notion that knowledge of this objective world is understood through the experiences of individuals. Therefore, this position straddles the traditional dichotomy of positivist and interpretative approaches, allowing for the employment of a variety of methodological approaches.

The post-positivist framework provides flexibility in terms of the methodological approaches which can be applied and fit within this philosophical viewpoint. Unlike a positivist position, which is predominantly associated with quantitative methodologies, or an interpretivist approach, usually supported through qualitative methods, post-positivism philosophy can equally underpin research strategies across the quantitative/qualitative divide. It is the desire to go beyond this binary, utilising the

strengths of both methodologies which motivates this choice of approach. Fitting within this framework, the strategy for this research is to use a mixture of methods in order to address the research aims.

The most common use of mixed methods is as a tool for triangulation, whereby a number of different methodological approaches are undertaken in order to study a single research question (Hesse-Biber and Leavy, 2011). This approach is used to provide further credibility and reliability to the research findings by showing the same outcomes can be reached through the employment of different methods. Furthermore, Greene at al. (1989) explains the way mixed methods can be used as part of a developmental process. For example, the use of qualitative methods as part of a pilot study prior to conducting the main body of quantitative research. Conversely, mixed methods can be used to follow up the findings of a larger body of research, helping to clarify some of the conclusions drawn (Greene et al. 1989).

This research adopts a complementarity approach to using mixed methods. In this approach, rather than as a means for triangulation, as is most common, "Mixed methods are employed in the service of assisting the researcher's total understanding of the research problem" (Hesse-Biber and Leavy, 2011:281). Objective, quantitative information can be complemented by the lived experiences of people through qualitative data collection, creating additional depth to the research. The design of the research is to be reflexive in the field, using the quantitative data to provoke discussions in the subsequent interviews. This should provide an additional avenue for the collection of relevant data. Consequently, mixed methods in this research could be more accurately characterised as a multiple-methods approach.

With mixed (or multiple) methods selected as a methodological framework, it was important to design the research in a way which maximised the potential of the approach. Morgan's (1998) work on organising qualitative and quantitative methods

as complementary tools feeds into this research directly. Specifically, based on the challenges of this research, I made the decision to collect quantitative data first. This decision was driven by an assessment that there was more to be gained from discussing the outcomes of survey data in a qualitative environment rather than vice versa. Lack of existing quantitative data on loan usage amongst people with disabilities in Uganda made this decision easier, as the information collected could be used to support particular lines of questioning with interviewees.

There are some similarities between the approach adopted in this study and the nested mixed methods design explored by Creswell (2003), which situates a quantitative study within a broader qualitative research framework. The nested mixed methods design emphasises the way in which quantifiable data can build the foundations of a qualitative research project. However, in Creswell's (2003) model, the embedded quantitative study acts in a similar way as a small case study, a minor element of the broader project. This did not fit completely with my research, for which the quantitative work assumed a more equal position, and as so did not create a hierarchy between the two methodologies. Creswell (2003) demonstrates how the two can be successfully integrated, complementing each other without fulfilling their traditional roles within the triangulation paradigm. This research also straddled two academic subdisciplines – economic geography and development economics – which usually employ very different methodological approaches, and a mixed-methods model allows for the examination of themes and subjects associated within both areas.

One of the key strengths of the research is its engagement with both qualitative and quantitative methods. Quantitative research, however, has become increasingly marginalised within economic geography (Plummer, 2007). Particularly since Sayer's (1984) work on methodological approaches within the social sciences, quantitative research has been characterised as a mechanism limited to creating descriptive outputs. Conversely, qualitative research has gained significant credibility within

human geography as a more holistic approach, capable of producing a more detailed understanding of particular issues. Lack of collection of quantitative data, underpinned by assertions that quantitative research offers description rather than explanation, has resulted in a decline in the application of quantitative research methods in human geography.

However, this research challenges this trend, employing quantitative research methods as a tool to highlight and analyse engagement between people with disabilities and the microfinance sector. While accepting that quantitative approach is "unlikely to capture the complex reality of geographical reality" (Plummer, 2007:207), its utilisation "can provide us with a critical understanding and explanation of social reality" (Plummer, 2007:200). The need for economic geography to engage more with quantitative research methodologies (Plummer, 2007) is visible in this research, which relies upon a quantitative understanding of the issue of access to microfinance for people with disabilities as the foundation for exploring this subject area. The multi-methods style therefore represents an example of an approach to the study of access to microfinance which engages with both research methodologies.

Considering the approach to the research outlined, it is important to utilise a methodological framework which allows for a thorough examination of the new, unique data generated through employing both quantitative and qualitative methods. Therefore, this project will utilise the grounded theory methodology to the project outcomes to be driven primarily by the data collected. As Charmaz (2011) explains, grounded theory is an approach by which theories are produced through a comprehensive analysis of data, and is a particularly popular approach when working with interview-based studies.

Data collected, in this case through the fieldwork process, forms the basis for understanding and explaining the study area, with one of the strengths of grounded

theory being its ability to get to the heart of complex and dynamic issues (Glaser, 1998). This research focuses on the relationship between MFIs and people with disabilities, exploring the practices which impact on the accessibility of financial products and services. The context of this project represents a subject area which is conducive to this type of approach, given the ability of grounded theory to help identify complex and hidden processes (Morse, 2001). Grounded theory allows for an open-minded exploration of data and the development of new theories and ideas, which is particularly useful in an under-researched field such as access to financial services for people with disabilities.

4.4 Questionnaires

4.4.1 Theory

For the first part of the research, questionnaires are used to collect quantitative data about the level of access people with disabilities had to microfinance services. This method was selected for a number of key reasons:

Firstly, in order to create a database on the credit-based relationships amongst this demographic, the method chosen needed to be capable of collating the same information from each participant for future statistical use. Questionnaires allow questions to be presented to respondents in a standardised manner across the sample (Munn and Drever, 1990). This methodology allows for the careful controlling of the nature of questions asked to participants and helps to limit answers to within given parameters, providing uniformity and consistency (Munn and Drever, 1990). As a consequence, the data produced through questionnaires can be easily used as part of a quantitative analysis, as was the case when the method was employed during the 2012 and 2013 Uganda Polio research projects.

Secondly, questionnaires offer pragmatism. As Johnson and Marlow (2008:181) explain, questionnaires are an excellent mechanism for collecting data from large

numbers of people in a time-sensitive environment, given they are “quick and easy to complete [and] are cost and time efficient”. The need to collect data quickly was primarily driven by the length of the Rehabilitation Worldwide project (see below). Furthermore, questionnaires are easy to reproduce, flexible and mobile – all important characteristics, particularly when conducting fieldwork in a developing country setting.

Questionnaires also represent an approach to the capture of quantitative data which enables immediate exploration. Whilst detailed analysis of the data will require a prolonged period of time, questionnaires present the opportunity for the “rapid provisional analysis of key questions” (Kindon et al. 2007:73). This was vital to the research project as themes emerging from the quantitative data collection formed part of the discussions with stakeholders within the disability and microfinance sectors subsequently.

As Munn and Drever (1990) describes, the piloting of a questionnaire is often an important part of the process of design. However, the nature of this research, expanding on the work conducted as part of the Uganda Polio Project (discussed subsequently), meant that a successful pilot scheme for this research had effectively been completed, providing another advantage for the employment of this quantitative method. This saved time and resources which could then be diverted into other areas of the fieldwork.

Prior to conducting the fieldwork it was necessary to identify some of the limitations of an approach underpinned with questionnaires and seek to address these issues as much as possible. One notable argument against questionnaires is that, whilst being excellent tools for producing data which describes a particular phenomenon, they are not a strong method for explaining processes (Munn and Drever, 1990). In response, the use of a multiple-methods approach, whereby qualitative research complements and extends the outcomes of the questionnaire data to provide deeper understanding,

should help to add this dimension to the project. Similarly, questionnaires can have the tendency to produce superficial answers, often through binary or closed questioning (Munn and Drever, 1990). Whilst some of the responses will naturally fall into these categories, the questionnaire has been designed to be more unrestricted. For example, through the production of sliding scales for many answers and open questions throughout the instrument. The underlying objective is to add as much depth as possible to the responses while the data retains its quantitative qualities.

In terms of addressing the overarching aims of the research, the employment of questionnaires as a methodological approach enables the first objective of establishing the current level of access to loans from formal financial institutions in Kampala for people with physical disabilities. When analysing the relationship between creditors and borrowers in this context, questionnaires allow for the engagement with the consumer side of this equation, surveying a wider selection of individuals whilst allowing for the aggregation of data to observe broader trends. Establishing this quantitative understanding of the issue through the use of questionnaires also creates the foundation on which the qualitative section of the research can further develop.

4.4.2 Practice

The purpose of the questionnaires was to survey people with disabilities, primarily around their use of and access to financial services, especially loans. The lack of existing data on the use of financial services by people with disabilities acted as a primary motivation for undertaking this quantitative research. Also, I wanted to explore which types of respondents were accessing microfinance and which were not, in order to understand the factors which were most likely to impact on people with disabilities' ability to secure credit through an MFI. Therefore, conducting questionnaires as an approach enables this type of data to be collected, which could be subsequently

analysed to provide some form of quantitative grounding which was missing from the previous limited research on the subject area.

The questionnaire used as part of this research is an adaptation of the previous instrument used as part of the 2012/13 randomised control trial. The revised questionnaire contained many of the same components of the original, including sections which covered areas such as education, employment and household dynamics. The most prominent change to the questionnaire was the development and expansion of questions associated with the use of financial products and services.

The questionnaire was a 13-page document containing 157 individual questions and separated into four distinct parts (see appendix). The first section collected personal information related to the participant, including their age, address, and health and medical history. In order to collect quantifiable data on the degree of disability experienced by a participant, an eight-question World Health Organisation Disability Assessment Schedule (WHODAS) was included in this section. Inclusion of this survey also provided an additional level of assessment to ensure all those participating were experiencing a permanent physical disability which affected their mobility. Section 2 outlined their employment and income-generating activities. Section 3 asked participants about their level of social engagement; and their specific living conditions within their home.

The final section collected financial data, from their use of bank accounts and mobile money to their level of savings and, most importantly to this research, their loan histories and broader interaction with credit providers. Key questions included whether participants had ever accessed a formal loan before, who provided the loan, the value and cost of the loan, and the reason for which the participant accessed the credit. The surveys contained predominantly closed questions to allow for simple transition into useable quantitative data, with a small number of open questions on specific subjects.

The data was collected in parallel with a project run by Rehabilitation Worldwide (formally the Uganda Polio Project). Rehabilitation Worldwide is an organisation (charity number 1155870) which recycles orthotic equipment no longer required in the UK. Once equipment was shipped to Kampala, around 15 medical professionals travelled to Uganda for a two-week programme to assist with diagnosis of disability and the fitting of suitable supportive equipment, conducted free of charge.

Participants were recruited for this programme, and by extension this research, through a number of means. Firstly, in partnership with the Orthotic Department at Mulago Hospital, current outpatients at the medical facility were provided with the opportunity to take part, with those expressing an interest invited to attend on a specific day within the first week. For the second week, the project was advertised through a limited number of local media outlets, whilst other people with disabilities were informed through word of mouth.

The entire process, from the initial assessment of the patient, selection of suitable supportive orthotic device, personalisation of the device, and advice on its use and maintenance, usually lasted 4-6 hours. This timeframe provided the window for the administration of the questionnaires, as patients were regularly waiting for considerable periods between the different phases of the appointment. Surveys were completed on site at the hospital and, where necessary, split up to accommodate the different phases of their treatment.

My sample was exclusively drawn from individuals who were treated as part of the Rehabilitation Worldwide project. This was a deliberate choice as, prior to the provision of any medical treatment, participants were assessed to identify whether the impairment which caused their lack of mobility was the result of a short-term condition or permanent disability. As the limited amount of equipment available was most valuable to those permanently affected by their condition, only these people were

treated as part of the project. Therefore, this process provided a natural vetting process which ensured all patients involved in my research experienced a similar and therefore comparable permanent physical disability which affected their mobility.

A small number of local enumerators were employed to complete the questionnaires on behalf of participants. Each questionnaire took around 45 minutes to complete.. Furthermore, while English is the official language in Uganda, in practice many people choose to speak in local languages, and the use of enumerators from the local area ensured any linguistic barriers could be easily overcome. Questionnaires were conducted during September 2014, with a total of 223 participants completing the surveys.

For this research programme, four local enumerators were employed named Edrian Godfrey, Richard and Cliff. Each had previous experiencing working in collaboration with the Uganda Polio Programme and were therefore familiar with the procedures and aims of the project. The primary motivation of employing enumerators in this context is that it has the potential to reduce some of the issues related to positionality (discussed subsequently in section 4.6). As a white, British student researching in Uganda, utilising local enumerators can be seen as a way to reduce the hierarchy between researcher and participants which may be felt by those involved in the study. Utilising local assistance enabled questionnaires to be conducted in the language most familiar to the people with disabilities involved whilst providing participants with a person with a greater understanding of the lives of people living in and around Kampala than researchers based in the UK.

However, it is also important to outline some of the potential weaknesses with utilising this approach to data collection. Through being already engaged with the Uganda Polio Project in previous years (2012 and 2013), it is possible that participants may view them as an intrinsic part of the research programme.

Consequently, respondents may feel, despite the enumerators being local Ugandans and speaking in their preferred language, that they actually constitute 'insiders' and therefore may choose to answer questions in a particular way, influencing the data collected through this process.

Similarly, another element to factor in is their position in local society. As outlined in the subsequent quantitative analysis, a significant proportion of my sample either attained little or no formal education. With my enumerators being educated to undergraduate level, this again may serve to create an uneven power relationships between the enumerators and participants, counter to the rationale behind employing local enumerators which was an attempt to flatten any pre-existing power structures. Additionally, all of the enumerators selected to work collecting the questionnaire are male which, given existing power relations in Ugandan society, may serve to affect the answers provided by some respondents.

It is important to recognise that simply being from the same geographical area does not mean that positionality does not remain an important component of the creation of such data. However, despite not overcoming all of the issues, the employment of local enumerators can allow participants to be more comfortable sharing their information knowing the person recording the data shares many similar characteristics them, be that nationality, language or sharing similar experiences in life.

4.4.3 Analysis

On return to the UK following the fieldwork, data from each of the 223 completed surveys were inputted into a Microsoft Excel spreadsheet. Following this, the data was imported into the STATA software package to assist with the organisation and analysis.

Before examining the financial components of the data, understanding of the types of individuals that formed part of my sample was established. Using STATA descriptive

statistics were produced relating to the individual characteristics of participants, such as age, gender and household type, along with marital and employment status. To briefly summarise some of the statistics, the gender balance of the sample was 109 male to 114 female, with close to 80% achieving an educational level of primary or above. The leading cause of disability amongst the sample was polio (39%), with the majority (64%) engaged in some form of employment including waged and self-employment. This was followed by an exploration of the data related to respondents' use of and access to financial products and services and, most importantly, the percentage of respondents that had previously accessed a loan from a formal financial provider.

STATA software was used to run a regression analysis to explore the variables which were significantly related to loan usage. The dependent variable for the regression was loan use – a yes or no answer to whether the participant had accessed a loan from a formal financial institution before. Independent variables included a variety of variables related to the individual characteristics of respondents, many of which were explored in the descriptive analysis. These regressions were designed to highlight which factors increased or decreased the likelihood of people with disabilities involved in the sample accessing a loan. These outcomes would highlight some of the potential reasons behind the exclusion of some people with disabilities from accessing credit from microfinance institutions.

An important justification for using regressions to analyse the data comes from a desire to contribute to the limited existing research in the area. Specifically, the work of Beisland and Mersland (2012), which sought to the use of microfinance services of economically active people with disabilities in Uganda, provides a useful document for comparison. This is particularly relevant in relation to the multivariate analysis, which allows for a deeper understanding of the individual characteristics which affect a disabled individual's ability to access credit. Beisland and Mersland's (2012) research

utilised regression analysis to explore their data, and through using this approach the findings can be compared to those generated in this research.

4.5 Interviews

4.5.1 Theory

Interviews were used to collect qualitative data as part of the research, a decision based upon the method's multiple benefits. One of the primary strengths of interviews is their ability to facilitate in-depth insights from individual interviewees (Gill et al. 2008). This was a key feature, considering the limited numbers of actors within the microfinance industry that would be willing and able to discuss issues related to the sectors' engagement with people with disabilities. Interviews are also useful in contexts in which little research has been previously conducted and for exploring sensitive subjects (Gill et al. 2008) – both of which correspond with the nature of this research. Interviews provide a private space for a guided conversation with an individual researcher that creates a personal connection with participants, and therefore a more conducive environment for the discussion of sensitive topics such as disability and finance. This strength complemented my research, especially when considering the way in which people with disabilities navigate social spaces and the issues associated with their interactions with financial institutions.

In selecting interviews as the most appropriate qualitative method, it was decided that semi-structured would be the most effective way to produce the richest data for a number of reasons. Semi-structured interviews provide a platform which "enable researchers to explore specific themes identified in research questions, yet also allow interviewers to spontaneously follow up on interviewees' comments" (Thiry and Laursen, 2011:774). This approach allowed for participants to expand on answers while the interviewer retained overall control to direct the conversation back towards specific issues or areas. Furthermore, given the limited research previously conducted

in relation to access to microfinance for people with disabilities, semi-structured interviews provided a model which allowed for interviewees to discuss a broad range of subjects. As Gill et al. (2008:291) explains, “The flexibility of this approach, particularly compared to structured interviews, allows for the discovery or elaboration of information that is important to participants but might not have been thought of as pertinent by the research team”. Semi-structured interviews allow for the opening up of new and unexpected avenues of conversation which can reveal a deeper understanding of a subject area.

The next stage was to decide whether these interviews would be most productive if conducted face-to-face or over the telephone. Multiple scholars have identified the limitations of telephone interviews (Harvey, 1988; Fontana and Frey, 1994), arguing that their effectiveness is primarily constrained to short or structured interview situations. It has been argued that the lack of human connection achieved through a telephone interview undermines the development of rapport between the two parties, weakening the relationship between interviewer and interviewee (Shuy, 2003), whilst others have suggested that there is little difference in data quality from selecting either face-to-face or telephone interviews (Sturges and Hanrahan, 2004). Developing a connection is important in this research, as a means to both collection of rich data for analysis and as a tool for generating further interviews through the snowballing approach (discussed subsequently). Additionally, either lack of or unreliable connection of phone networks can also present challenges to the telephone-interview approach (Sturges and Hanrahan, 2004), and this is especially relevant for this research which will be conducted in a setting which experiences regular power outages. I therefore decided that face-to-face interviewing represented the best approach to conducting interviews.

In employing semi-structured interviews as a research method, it is important to acknowledge the active role of the interviewer in the process (Holstein et al. 2004).

Knowledge in this setting is co-created, as "The narratives that are produced…[are] a product of talk between interview participants" (Holstein et al. 2004:141). As Esterberg (2002) highlights, viewing interviews as a relationship, with the construction of knowledge the outcome of this bond, provides a useful conceptualisation of the interview process. Furthermore, acceptance that, despite considerable efforts on the part of the interviewer, such conversations can rarely take place in an environment of complete neutrality is a key step in understanding the characteristics of the data produced through this approach.

Interviews provide an important role in addressing the overall objectives of this research, specifically the desire to highlight the barriers which affect people with disabilities accessing services offered by microfinance institutions. While other researchers have sought to understand particular individual issues that may have affected access to credit for people with disabilities, such as discrimination by loan officers (Labie et al. 2015), the strength of this research is its ability to provide a more comprehensive understanding of a multitude of barriers which impact on people with disabilities in this environment. Interviews provide an avenue to explore the broader institutional context through discussion with actors in both microfinance and disability sectors and offer the flexibility to explore both existing and new themes which emerge during the data collection process.

The research methodologies used in this thesis seek to serve to bring together themes associated with both development economics and economic geography into conversation. As outlined, the use of questionnaires was a deliberate choice designed to allow the research to engage with other similar research in the field, while interviews provide a framework for discussions around issues such as financial inclusion with key stakeholders. Utilising multiple methods represents an innovative approach to identifying and understanding the barriers to access which affect people with

disabilities, moving beyond existing knowledge through engaging with both consumers and providers.

4.5.2 Practice

The purpose of the interviews was to create a deeper understanding around the relationship between people with disabilities and the microfinance sector in Uganda. In considering these two distinct and largely separate sectors, I decided to design my interview strategy in two parts.

Firstly, interviews were to be conducted with staff from disability organisations which represent thousands of people with disabilities across the country. To gain different perspectives on the issues, interviews were held with both small and large organisations, from community-based groups run by relatively few staff to sizeable umbrella-organisations with strong connections to industry and government.

Interviews with disability organisations were designed to highlight any challenges experienced by people with disabilities in accessing microfinance services. I wanted to discuss their views on whether people with disabilities are able to access the services of microfinance institutions and how any barriers that they identified could be removed or reduced. Any partnerships between the disability organisation and MFIs, and whether they had any programmes or projects which sought to address any of the issues raised were also discussed. Furthermore, interviewees were questioned more broadly about the role of microfinance in improving the lives of people with disabilities, and what policies and practices MFIs could implement to best serve this demographic.

Secondly, I also wanted to understand this relationship from the perspective of microfinance institutions, and therefore chose to interview representatives from a range of MFIs of differing sizes. In order to gain a more holistic perspective on the question of access to microfinance for people with disabilities, interviews were organised with employees at different levels within the organisational structures, from

customer-facing loan administrators, branch managers and head of operations, to CEOs. These diverse perspectives allowed for different attitudes and approaches towards customers with disabilities to be understood, as well as providing essential insight into policies which were enacted on the ground.

Interviews were designed to focus on a number of key issues. Firstly, I wanted to know microfinance institutions' current level of engagement with people with disabilities, such as the percentage of borrowers experiencing disability served by an MFI, along with any policies they used to promote inclusivity and equal access to their financial services. Secondly, questions were asked to ascertain if there were any challenges institutions faced when it came to serving such groups, and what could be done on behalf of people with disabilities and disability organisations to foster greater opportunities for broadening the provision of services. This approach of interviewing participants from the two different sectors served to create a more balanced understanding of the nature of the relationship between MFIs and people with disabilities, through acknowledging the competing issues and priorities of both disability groups and credit providers.

The approach for these semi-structured interviews was to focus on these key areas, while allowing for new avenues of conversation to open as the interview progressed. In keeping with the developmental framework described by Sofaer (1999), initial interview questions were designed as undemanding and open-ended, with interviewees firstly asked to provide some information about themselves, the history of the organisation, and their role within it. During the course of the interview "questions remain open-ended but become more specific, either in their initial wording or in accompanying probes" (Sofaer, 1999:1103). For example, discussions with MFI representatives about the level of interest charged on individual loans followed this process. This model of presenting undemanding questions initially helps both to build

trust and rapport with the participant, while allowing the opportunity to ask more sensitive questions as the interview progresses (Sofaer, 1999; Gill et al. 2008).

Following the guidance of Gill et al. (2008:291), the questions put to interviewees were designed to be “open-ended, neutral, sensitive and understandable”, an approach I undertook when interviewing representatives in both the disability and microfinance sector. These interview techniques allowed for the creation of a comfortable environment, conducive to the open and candid discussions that I hoped would yield deeper insights into questions of access to microfinance for people with disabilities.

These techniques were particularly important to consider in relation to the interviewing of elites. In both the microfinance and disability sector, the research was designed to connect with influential actors that controlled key operations within the organisation. Within economic geography, debates about interviewing ‘elites’ have a considerable history (see Cormode and Hughes, 1999; Schoenberger, 1991), with much of the conversation focused on the construction or perception of power, and the impact this can have on the interview process (Smith, 2006). In interviewing elites, Sabot (1999) argues that they are more difficult to penetrate than other groups and are more comfortable and better positioned to manipulate outcomes and protect their own interests. Additionally, there is a risk of treating elite interviewees differently to other interviewees which can negatively impact the quality of data captured (Routledge, 2002). Therefore, it is important to acknowledge these challenges and prepare for this specific issue prior to conducting such interviews.

Aberbach and Rockman (2002) suggest that when interviewing elites there must be a relentless focus on purpose through the employment of more structured and targeted questioning in order to protect against such issues. Additionally, Harvey’s (2011) work on specific challenges associated with interviewing elites, such as how to retain control of the interview and at which point to ask more awkward or difficult questions, provided

useful guidance on the subject which I incorporated into my own interview strategy. Despite these efforts, Desmond (2004:265) argues that the "relationship [between interviewee and elite interviewer] is inevitably asymmetrical", though this can be mitigated through an awareness of the issue and the use of relevant strategies (see Harvey, 2011).

In order to gain access with a variety of organisations, a targeted snowballing technique was used in relation to both disability and the microfinance sectors. This approach involved concentrating my initial efforts on securing interviews with key actors within each sector before gaining additional contacts through these interactions. These new contacts would be used as the basis for organising subsequent interviews.

The employment of this technique of obtaining interviews has a number of strengths. King and Horrocks (2010:34) explain that snowballing is an appropriate strategy in circumstances whereby participants are "hard to access and quite tightly defined". This research shares these characteristics, particularly in relation to actors employed at microfinance institutions, many of whom, given the commercial and competitive nature of the sector, may be reluctant to participate in interviews. Furthermore, an additional strength of snowballing is that it represents an energy- and resource-efficient approach to organising interviews, particularly for researchers with limited contacts within a sector. This strategy, described by Biemacki and Waldorf (1981) as a process of chain referral, constructs a network of potential interviewees based upon existing personal and professional connections, benefiting the researchers' objectives of accessing actors embedded within a given sector.

Within the disability sector my first contact was with representatives from the National Union of Disabled Persons of Uganda (NUDIPU). This was an organisation with which I already had connections, following work as part of the Uganda Polio Project. During these interactions, interviewees were asked to recommend other organisations in the

disability section that they believed would be useful to this research. These individuals or institutions were then contacted to organise subsequent interviews. Employing this approach added legitimacy to my interview requests, as new interviewees felt more comfortable accepting requests knowing I had already spoken to a large umbrella organisation such as NUDIPU.

Within the microfinance sector, the task of organising interviews was more difficult, considering my lack of pre-existing contacts in this area. Therefore, in an attempt to mirror my approach for disability sector actors, I contacted the Association of Microfinance Institutions in Uganda (AMFIU) and was able to secure an interview with one of their representatives. AMFIU represents dozens of microfinance institutions operating in the country, and were able to provide contact details for the most appropriate individuals to speak to regarding this research. Using the snowballing technique, I was able to arrange subsequent interviews with microfinance institutions based upon contacts and recommendations collected in this initial meeting with AMFIU. With these contacts collected, interviews were organised either by making a phone call to the relevant individual or calling into the offices in person. Meetings were usually scheduled within a week of the original contact, with the majority of interviews with actors from both sectors lasting between 30 and 60 minutes.

In order to arrange these interviews, a local research assistant named Bob Lubega was employed. Bob had previous been engaged with the Uganda Polio Project in 2012 as a patient before become as assistant to the programme in 2013. One of the key strengths of Bob, and the primary reason behind his employment as a research assistant for the PhD research was his many connections stronger connections to those working within the disability sector. This ranged from large national organisations to more local, volunteer-run groups, each with a different mission related to improving the lives of people with disabilities in Uganda.

This approach enabled myself as the researcher better access to many of the disabilities organisations I wanted to interview, by utilising Bob to organise meetings and facilitating a warm introduction to interviewees through our shared relationship. In a similar manner to the employment of local enumerators, the aim was to make participants feel comfortable in the interview environment by building on the trust already established between the research assistant and the organisation. However, it is important to acknowledge some of the potential impacts of this on the data collected through this process.

Firstly, the existing relationships which the research assistant had with key personal within the disability community in Kampala may influence the type of answers provided by interviewees in this setting. The political neutrality of the interview may be affected by previous conversations between the actors, leading the interviewee to provide answers which are framed in a particular way. The research assistant's relationship with other disability organisations may also impact on the type of information provided in interview, potentially limiting their answers. Whilst the abilities of Bob to engage with stakeholders and enable interviews, it is necessary to outline the way in which these may be affected as a result.

Given the effectiveness of utilising Bob abilities to secure interviews with disability organisations, I decided to continue to employ him to arrange similar meetings with microfinance institutions. Again, this may have impacted upon the nature of the relationship developed between myself and the institution. For example, Bob experiences Polio and therefore has a significant visible physical disability, which may have influenced whether particular microfinance institutions agreed to being interviews, especially on issues related the disability and access to services. While some individuals at institutions may have viewed Bob as a person with a disability with a legitimate cause and were therefore more likely to give an interview and provide honest, open answers in discussion. Conversely, some individuals may

harbour discriminatory attitudes towards people with disabilities and therefore may be less likely to accept an interview offered by such a person, influencing the types of people and organisations that may be involved within the study. Bob's position in society – a relatively low-income yet well connected Ugandan man with a physical disability – clearly has the potential to impact on the type of data generated through this process and is acknowledge accordingly.

4.5.3 Analysis

In total I conducted 26 interviews as part of this research, 10 with disability organisations and 16 with representatives from the microfinance sector (see table one). The majority of the interviews were audio recorded (for those not recorded, notes were made during the interview), so the first action was for these to be transcribed. I used a form of edited transcription, which included all of the words spoken during the interview but not inferred emotions and other factors common in verbatim transcription. This created a detailed interview dataset, with this style of transcription complementing the analytical approach described below.

These transcriptions were imported into the NVivo data analysis programme, which provided the platform for a detailed analysis of the data generated through the interview process. NVivo is one of the leading software packages, which enables researchers to engage with qualitative data through the provision of a set of tools which assist with its analysis (Lewins and Silver, 2007; Bazeley and Jackson, 2013). One of the key strengths of the NVivo package is the simplicity by which interviews can be coded, creating multiple nodes which can be organised efficiently into thematic groupings. This supports the methodological approach used for the analysis of data generated through the questionnaires. The flexibility of the software, with nodes visible across multiple folders, made it easier to identify patterns and themes within the data, while the intuitive layout of the programme means it is straightforward to reorganise

and recategorise information (Bazeley and Jackson, 2013). Furthermore, pragmatically the NVivo user interface is similar to Microsoft Outlook, which benefits researchers familiar with the program, enabling them to quickly understand basic navigation of the software (Lewins and Silver, 2007).

With the data transcribed and imported to NVivo, I undertook a thematic analysis of the qualitative data. Firstly, this began with familiarising myself with the data, reading through the transcriptions and recognising some of the dominant ideas and discussion points emanating from the texts. The analysis continued with the identification of emerging themes within the data, coding and grouping the information into distinct nodes and establishing the key narratives which linked the interviews. As outlined previously, this was undertaken from a grounded theory perspective, without a priori assumptions about the potential groupings or themes. Following the principles of coding qualitative data outlined by Joffe and Yardley (2004), this categorisation process was designed to identify the dominant themes emerging from the data while illuminating the links and disconnects between particular themes.

The employment of a thematic analysis supports the grounded theoretical approach which underpins this research. Through categorising and coding the data, patterns and themes were identified which fed into the development of theoretical concepts which seek to explain the phenomena. Coding was conducted inductively, based purely on the raw data collected through the interviews. The themes fed into the development of broader categories which forms the basis of discussion in the upcoming analytical chapters, allowing for the development of theories which seek to explain why particular actions are occurring in this environment.

4.6 Conducting Fieldwork Overseas, Positionality and Power

For a British researcher, carrying out fieldwork in a foreign country such as Uganda presented a number of challenges which needed to be considered prior to the data

collection. First, as Smith (2016) outlines, multiple issues can impact on the nature of the research conducted including language barriers, cultural differences and contrasting societal norms. It is necessary to consider this type of diversity as entirely valid, without viewing such difference through a lens of dominant Western values (Smith, 2016). The development of social relations, particularly through the interview process, is inherently grounded in differing sociocultural understandings of the world, and an awareness of this foundation allows for constant reflexivity on the part of the researcher throughout this process. These issues are particularly relevant to this research, considering my role as an outsider, and there is a need to understand the potential impact that this dynamic can have on the relationship between researcher and interviewee.

Furthermore, the ability of fieldwork conducted by an outsider in these contexts to create true representations of people and places in different environments has been questioned (Ortner, 1996). The background of the researcher can impact upon the way other cultures are described or represented, with Smith (2016) highlighting the tendency of those engaged in such fieldwork to emphasise the extraordinary and unusual in a manner reminiscent of early colonial settlers. Whilst such challenges may be impossible to entirely detach from the research, Smith (2016:102) argues the key point is to "pay attention to the issues raised…as we plan and undertake fieldwork, and analyse and represent what we find" through a constant process of remembering "why we are doing it and what the research we do means to other people" (Skelton, 2001:96). This process of continued reflexivity serves to minimise the impact of an outsider studying a particular issue in a foreign environment.

Furthermore, the challenges associated with conducting research overseas can be linked explicitly to the notion of positionality. As Skelton (2001) explains, positionality can refer to inherent issues such as race, age, gender and physical abilities, as well as being shaped by personal experiences, such as our educational backgrounds or

whether we are parents. As Skelton (2001:89) explains “We are not neutral, scientific observers, untouched by the emotional and political contexts of places where we do our research”. Whilst considerable efforts can be made on the part of the researcher to minimise their impact on the data produced through the interview method, it is important to acknowledge the unique position of the researcher in this process (Merriam et al. 2001) along with the uneven nature of the relationship (Desmond, 2004).

Achieving the desired level of neutrality in such situations is difficult, especially considering the way in which personal backgrounds, values and cultural norms “undermine the notion of objectivity, because from particular locations all understanding becomes subjective” (Narayan, 1993:679). Denzin (1986) goes further, arguing that research is fundamentally a product of the researcher, with the investigators’ political and personal standpoints underpinning the knowledge construction process. It is necessary to be reflective in these situations to understand the way in which researchers can influence narratives and shape the interpretation of qualitative data in a manner which frames their understandings and beliefs.

In this research a number of issues related to positionality can be identified. As explored by Merriam et al. (2001), it can be challenging to negotiate the barriers between insider and the researcher’s position as an outsider, particularly in a cross-cultural context. For example, this issue of positionality could be viewed from a racial perspective, given my background as a white British researcher conducting interviews with black Ugandans in an African country. My position as an outsider was obvious, and presents both problems and opportunities, both of which may influence the nature of the data collected (Merriam et al. 2001). For example, my position as an outsider may mean I am viewed as a person with connections beyond Uganda that could present opportunities for the interviewee, and therefore could encourage them to be either more open or closed during conversations. Similarly, economic and educational

disparities between myself and participants present another factor which may influence the nature of our relationship, and consequently the type of material produced through these interactions. As outlined previously, the notion of interviewing elites presents its own challenges (Smith, 2006; Routledge, 2002), however it is important to acknowledge that the reality may be different in situations whereby I am considered an elite by particular interviewees.

Another power dynamic embedded within this research concerns the relationship between disabled and non-disabled people, particularly within the interview process. A number of representatives employed at disability organisations themselves had a disability while I, as an interviewer, did not. Considering societal constructs often reduce people with disabilities to below the status level of their able-bodied counterparts, it is important to provide an interview space which is receptive and respectful of ideas and viewpoints of such individuals. This said, whilst it is necessary to acknowledge this power inequality, it remains difficult to redress, given this hierarchy cannot be easily flattened through methodological design. In practical terms, interviewing people with disabilities may require additional support to conduct successful interviews (see Tassé at al. 2005). However, such actions must be employed selectively, with patience and a personable manner equally important.

These individual issues, which affect the position of participants within an interview, feed into a broader issue of understanding the relationship between positionality and power in this form of qualitative research (Merriam et al. 2001). These uneven relations are inherent to the research process (Sultana, 2007) and require the researcher to be aware of their implications. Interviews present an opportunity for a variety of dynamics to converge and create a relationship in which power is unevenly distributed. In this research this may be especially evident when conducting interviews with representatives from disability organisations, many of whom experience a disability and may have suffered social exclusion or discrimination as a result. Advice

on this issue offered by institutions such as the National Center on Disability and Journalism (2014) and American Association of Intellectual and Developmental Disability (2009) provide guidance on best practise for interviewing people with disabilities. I follow such guidance, which has a particular focus on the type on language used in interview as well as polite and appropriate ways to discuss the issue of disability, which serve to reduce some of the inequalities in the interview-interviewee relationship.

4.7 Ethics and Informed Consent

An ethics assessment for the fieldwork component of this research was conducted in July 2014. As a result, three specific areas arose from this assessment which required further detail:

- Firstly, my own safety as a researcher - it was agreed that I would only meet for interviews which were pre-organised, with interviews conducted either in a public space or offices provided by the institution or organisation between usual working hours. Furthermore, emergency contacts would be informed of the time and locations of the interviews undertaken, and I would always be contactable by mobile phone during these periods. These practices were designed to ensure my security at all times.

- Secondly, the research required cooperation from a gatekeeper in order to access both individuals and institutions as part of these studies. The National Union of Disabled Persons in Uganda (NUDIPU) performed this role for this research. Having previously worked in partnership with the organisation, this relationship was already well-established, and therefore any risk associated with interaction with a gatekeeper was substantially reduced to an acceptable level.

- Lastly, it was identified that I would be working with a vulnerable group as part of the fieldwork at the hospital, namely low-income individuals with physical

disabilities. It was important to acknowledge the uneven relationship between researcher and participant in this context, and the associated power dynamics which may have influenced the behaviour of respondents.

In order to mitigate these factors, it was important to make the environment as comfortable as possible for participants, which was accomplished in two main ways. First, respondents were made fully aware of the nature of the research and the reason why they were asked if they would like to take part, and had the opportunity to raise any questions prior to its commencement. Through this process, informed consent was obtained (see below), with participants informed they could withdraw at any time, and that the treatment was not dependent on completing the questionnaire. Second, an attempt was made to reduce the uneven power relations through the employment of local enumerators. These assistants were able to conduct the questionnaires on my behalf, discussing the questions with individuals in their primary language (often a regional language specific to certain areas within Uganda), and explaining any terms or concepts in ways most suitable to participants' understanding. Furthermore, the enumerators employed had previously undergone training to be sensitive to people with disabilities. This occurred prior to their involvement in the 2013 Rehabilitation Worldwide project, with the same enumerators used in both programmes, and they therefore had experience of questioning people with disabilities in a delicate manner.

For the interviews, ethics evaluation raised the issue that there was a need to be sensitive when discussing particular subjects, again given the nature of the uneven relationship between interviewer and interviewee. For example, the discussion of important yet commercially-sensitive information, such as interest rates and size of loans, would need to be flexible to ensure participants felt comfortable and were not putting themselves at risk by divulging certain information. Whilst it was accepted that it may be difficult to mitigate all risks in this situation, an awareness of the potential for

negative impacts on interviewees was a key consideration in approaching interview situations.

Following the fieldwork, both the quantitative and qualitative material collected was securely deposited in a locked storeroom in the School of Geography, University of Nottingham, and will be kept for seven years, as instructed by the Code of Conduct and Research Ethics guidelines. Ethics approval was granted for this research in August 2014. A university risk assessment was carried out on conducting fieldwork in Uganda and approved in August 2014.

It was necessary to achieve informed consent of the participants in this research before their involvement. This was obtained through similar approaches for participants in both the questionnaire and interview. Prior to completion of the questionnaire, which formed the basis of the quantitative data, important information related to the study was read out to participants. Individuals were informed of the nature and purpose of the research, and that the data would be used by researchers at the University of Nottingham in the United Kingdom. Participants were also informed of the following five points:

- participation in the questionnaire would have no effect on the quality of care received from Rehabilitation Worldwide as part of their medical project, and providing data in this way was not in any way necessary to receive the donated medical equipment;
- participants were free to not answer any question in the survey without the need to provide a reason;
- participants' data would not be passed on to any third parties and would only be used for the purposes explicitly stated;
- participants' data would be fully anonymised and their names not linked to any answers they provided; and

- the completed copy of the research would be made available to access free of charge through NUDIPU upon its completion.

Verbal consent was then required before the data collection process began.

Similarly, prior to the interviews conducted with disability organisations and microfinance providers, interviewees were provided with information about the nature of the research. Interviewees were also reminded of the following points:

- the interview was entirely voluntary and could be stopped at any time without the need for a reason;
- interviewees were free to not answer any question without providing a reason;
- data would be anonymised and securely stored at all phases of the research;
- information would not be shared with any third party and would be used solely for the explicit purposes previously stated; and
- an executive summary could be provided on request upon completion of the research.

After verbal consent had been provided, a request was made of the participants to be permitted to create an audio recording of our discussion. The majority of interviewees agreed to this request, but notes were written during the interview of those that preferred not to be recorded.

4.8 Conclusion and Limitations

The methodological approach outlined in this chapter was designed to collect data which are representative of the relationship between microfinance institutions and people with disabilities. The choice of multiple methods was driven by a desire to facilitate the collection of deep and meaningful data to help understand the issues surrounding access to formal credit for this marginalised group. The quantitative data

provide the foundation for the qualitative research undertaken with representatives in both the disability and microfinance sectors.

Most critical to the questionnaire data is its ability to show the current level of accessibility to loans that people with disability have and, through regression analysis, which factors are most likely to affect this dynamic. Interview data highlights the challenges faced by people with disabilities in this arena, and the factors which influence the behaviour of microfinance institutions in their role as creditors. Thematic analysis of the interviews illuminates some of the key debates on the barriers to access, the motivations of MFIs, and potential solutions to ensure the equitable availability of financial services.

Whilst the choice of methodological approach and use of these particular methods allowed for the successful collection of different forms of data, it is important to acknowledge some of the limitations associated with the research undertaken. Whilst a total of 223 individual participants represented a useable sample, the largest possible sample size is always preferable in this form of analysis. Additionally, given that the data was collected exclusively in one location, the majority of disabled participants resided in and around the Kampala area. Therefore it is likely the sample was formed primarily of those living in an urban centre near to the country's capital city, which is likely to have influenced the nature of the sample. In addition, questionnaires were collected exclusively between working hours, and therefore it is possible that some individuals with other responsibilities may have been unintentionally excluded from this research. Where possible these constraints have been addressed in the analysis by comparing outcomes with nationally representative data provided by the Ugandan Bureau of Statistics.

Similarly, the geographical focus on Kampala resulted in the majority of interviews being conducted in an urban setting. However, some organisations and institutions,

particularly those community-based, were located in more semi-rural areas. The snowballing approach to organising interviews yielded a number of interesting interviews with actors in both the disability and financial sectors. However, there is a risk that this approach promotes a navigation of interviewees and institutions through a single network at the exclusion of other voices. Furthermore, interviewing individuals at different levels within the microfinance organisations was useful, it is important to acknowledge this creates descriptions of issues which are difficult to compare across institutions due to the differing levels of knowledge and influence individuals have within the businesses.

One important issue to discuss is that the questionnaires used to capture the quantitative data from people with disabilities did not include questions directly related to the barriers they may have experienced when attempting to access credit from formal financial institutions. I decided that these questions would be best served through incorporation into the qualitative element of the research, namely the interview process, for a couple of key reasons.

Firstly, one motivation behind adopting this methodological approach was the lack of certainly over the number of people with disabilities that have accessed a loan previously was a concern. For example, if very few or no people with disabilities in my sample had accessed a loan from a formal financial institution, I would have been very difficult to explore the barriers that they had faced as part of the process through quantitate analysis. In terms of ensuring that such questions were addressed as part of the research, it seemed sensible to focus on the interviews as a mechanism to provide details on barrier to access rather than relying on questionnaire data which may be limited if very few people with disabilities had experienced accessed a loan previously.

Secondly, by utilising the interviews with disability organisations, it was more likely that a wider variety of issues related to equal access to financial services may be recorded. Considering that a wide range of disability organisations were to be interviewed, representing multiple differing viewpoints and aggregately representing hundreds of thousands of people with disabilities in Uganda, such institutions are likely to be able to provide the researcher with a detailed and varied understanding of the multitude of barriers affecting this demographic. This was likely to provide a more comprehensive understanding of such challenges rather than potentially relying on the more anecdotal evidence provided by a limited number of questionnaire respondents.

However, this approach to understanding the barriers to accessing financial services does present some limitations. This primarily relates to the voices of those people with disabilities that have been directly impacted by certain barriers to accessing financial services, and not having their personal narratives recorded. It could be argued that these voices could have provided an additional layer of understanding around issues of fair and equal access to credit and I accept the potential limitations of the adoption of this approach on the research. This research is designed to produce outcomes which serve to reduce these barriers and capturing the narratives of those these barriers directly impact, albeit in the limited framework of a questionnaire, may have provided useful data to supplement the qualitative research.

These points withstanding, particularly when conducting fieldwork overseas which may not be easy to replicate data collection processes, it is sometimes necessary to take certain decisions in relation to how data is collected, especially through a multi-methods approach. The over-riding need to ensure information on barriers to access was recorded within the limited duration of the fieldwork visit was paramount and resulted in this choice, which, despite the accepted limitations, was able to provide a

through and broad detailing of the barriers faced by people with disbailities in accessing formal finance.

5. Exploring the Level of Access to Microfinance Loans by People with Physical Disabilities

5.1 Introduction

In developing countries across the world disability and poverty are inextricably linked. DFID reports that people with disabilities are amongst the most vulnerable demographic globally and disproportionately affected by poverty (Yeo, 2005). On examining over 150 poverty assessments by the World Bank over the past 20 years, Braithwaite and Mont (2009) argues that the relationship between poverty and disability is complex and interwoven, producing and sustaining each other. In a global context, people with disabilities are disadvantaged when compared with their able-bodied counterparts, experiencing lower levels of education and high rates of unemployment, as well as reduced income and consumption (Braithwaite and Mont, 2009). These factors combine to ensure people with disabilities disproportionally experience poverty (Shirley, 1983; Elwan, 1999; Doyal, 1983).

The pervasive nature of disability is summarised by the World Health Organisation (2014) who report that over one billion people, 15% of the global population, have a disability. Whilst disability is a diverse term covering many different conditions, the WHO (2014) estimates that between 2.2% and 3.8% of the world's population experience significant difficulty functioning in everyday life. With the links between poverty and disability well established, the scale of the challenge is highlighted by the fact that over 80% of those with disabilities live in developing countries (UN, 2008). Uganda is an example of a developing country with a large percentage of the population experiencing disability. According to the Uganda National Housing and Population Census in 2002, approximately 3.5% of the population were disabled, accounting for 838,000 individuals, with 48% of those reporting a physical impairment. However, other more recent surveys have quantified disability rates at significantly

higher levels, such as the 2006 and 2011 Uganda Demographic Health Surveys which reported rates of 20% and 19% respectively for those aged five and above (UBS, 2006, 2011).

Uganda provides an important location for this research, given that the country has made significant advances in promoting the rights of people with disabilities. At both the domestic and international level, the Ugandan government has pursued policies which promote the protection and integration of people with disabilities, and is considered at the forefront of political leadership in the Global South (Yeo, 2001). Article 21 of the Constitution of Uganda (1995), entitled Equality and Freedom from Discrimination, outlaws prejudice in any area of social, cultural, economic or political life based upon an individual's disability, whilst the development of specific legislation, such as the 2006 Persons with Disabilities Act, serves to further promote the social, political and economic interests of this diverse demographic (Owens and Torrance, 2016).

The 2006 Act goes beyond actively supporting people with disabilities in these key areas, also seeking to reform their societal and cultural image as capable and equal citizens, fostering greater integration into mainstream society. Additional examples of supportive disability legislation can be found in the 2006 Equal Opportunities Act, which outlaws discrimination on the basis of disability in the workplace, and the 1997 Universal Primary Education Act which afforded all children, and specifically those with disabilities, the right to basic education. Internationally, Uganda is a signatory and has ratified the UN Convention on the Rights of the Persons with Disabilities, safeguarding the rights of people with disabilities in the country to a near universally-accepted global standard, whilst the government has also ratified key employment-related conventions by the International Labour Organization (ILO, 2009). These policy frameworks are supplemented by a broad network of disability-related NGOs and CBOs in Uganda, which work to further the interests of disabled people through

multiple avenues, such as through raising public awareness, advocacy, service delivery and skills-based training. These factors combine to create a political environment in Uganda which is conducive to the economic and social advancement of people with disabilities.

Despite political action to promote equality for disabled people in Uganda, people with disabilities in the country continue to experience poverty at higher than average levels for Ugandans, as a result of their impediments (Mijumbi and Okidi, 2001; Hoogeveen, 2005). Furthermore, people with disabilities are seldom the target of international organisations (Owens and Torrance, 2016), which can serve to more deeply entrench poverty within this group.

One mechanism for the reduction of poverty in developing countries, which has gained traction since the turn of the century and looks set to continue in the post-Millennium Development Goals era, is that of financial inclusion. The goal of financial inclusion is to expand the provision of financial services to poor people in developing countries. Currently, exclusion from financial products and services is a common occurrence in the Global South, as the UN reports that approximately one-third of the world's population struggle to get access to basic financial services such as savings, insurance and credit (UNSGSA, 2015).

A number of international institutions such as the UN and World Bank, as well as bilateral development agencies such as USAID, DFID and SIDA, have expressed support for financial inclusion, arguing this approach can improve the lives of low-income groups by fostering increased economic activity (UN, 2015). This movement towards financial inclusion has often been based around promoting the availability of small-scale credit, known as microfinance, to low-income groups as a means of encouraging localised economic development and boosting livelihoods. The provision of financial services, in particular credit-based products, has considerable potential to

help achieve the aims of the recently-agreed Sustainable Development Goals - a framework for global poverty reduction for the next 15 years.

The ability of microfinance, in particular, to achieve development objectives has been documented (Khandker, 2005; Montgomery and Weiss, 2009; Imai, K. and Azam, S., 2012). Access to credit services has promoted poverty reduction at both the individual and community level (Khandker, 2005), as well as increasing the empowerment of women (Montgomery and Weiss, 2009; Weber and Ahmad, 2014); whilst others have reported an increase in business growth and household incomes through the use of small-scale credit (Coperstake et al. 2001). The provision of other financial services, as part of a movement towards achieving financial inclusion, can also provide a framework for reducing poverty and achieving the MDGs (Chibba, 2009, Imboden, 2005).

A number of academics have questioned the ability of microfinance to promote and sustain economic growth in low-income communities, with the association between microfinance and poverty reduction strongly challenged (Banerjee et al. 2013; Attanasio et al. 2011; Guerin et al. 2014). Despite the acceptance on the part of some international institutions of the limitations of microcredit as a mechanism for reducing poverty (World Bank, 2016), widening the availability of financial services, such as microcredit, continues to play a key role within the development agenda, retaining the support of international development agencies in the Western world.

In this chapter I focus on the level of usage of microfinance loans by people with physical disabilities in Uganda. Using data collected from a sample of adults with lower-limb disabilities in Uganda in 2014, the chapter aims to establish the current level of use of microfinance by people with physical disabilities. Using the nationally-collected Uganda National Household Survey (2012/13), I establish how this compares with their non-disabled counterparts. The aim is to provide an overview of

microfinance use, and identify factors which are most likely to influence whether a person with a disability accesses credit from a formal financial institution. This chapter will serve as a platform for subsequent qualitative exploration of the subject of access to microfinance for people with disabilities, which focuses on the economic, social and physical barriers to access experienced by this demographic. The research is based on primary evidence collected through questionnaires (see appendix), and is centred on the level of interaction between people with disabilities and banks, microfinance institutions and savings and credit cooperatives (SACCOs).

The chapter proceeds as follows: Section 2 explores the role of microfinance within the international development agenda; Section 3 describes the data-collection methodology and provides a detailed descriptive analysis of the sample; Section 4 provides a multivariate analysis to explore correlations between individual variables which are significantly related to loan acquisition; Section 5 concludes.

5.2 Background

Until the Sustainable Development Goals, people with disabilities were rarely directly referenced in multilateral development policy frameworks. Disability was not specifically mentioned in their predecessor, the Millennium Development Goals, with the significance of disability issues neither explicit nor recognised (Thomas, 2005; Miranda and Patel, 2005). Similarly, donor agencies have failed to fully integrate this segment of society into many poverty-alleviation programmes, despite the creation of programmes around disability and development by some leading bilateral agencies (Yeo and Moore, 2003; Kett et al. 2009). Prevailing attitudes amongst donors that people with disabilities do not account for a large enough proportion of the population or are not visible enough in existing development programmes to warrant inclusion in development policy, or require specialist assistance from disabled-focused NGOs, have only recently begun to be challenged (Kett et al. 2013).

Evidence from the Swedish development agency, SIDA, suggests staff have limited understanding and knowledge about how to include the interests of disabled people in aid projects and dialogue, resulting in people with disabilities not being considered a high priority in poverty reduction strategies (Ribohn, 2013). Ribohn (2013) has argued that this outcome is largely as a result of a lack of training amongst SIDA personnel, with staff unaware of the importance of the issues or how to take into account the perspective of people with disabilities. Kett et al. (2009) reports that in Nigeria policymakers and the public at large view disability issues in terms of charity and welfare, which mitigates against the social inclusion of disabled people within the country. Sarker (2015) reports a similar relationship between disability and microfinance institutions, with little reference amongst MFIs of the existence of disabled clients, reflecting this broader environment. As Groce et al. (2011) reports, it is only in recent years that the international development community is fully recognising the importance of disability within broader poverty reduction strategies. Only since the implementation of UN Convention on the Rights of Persons with Disabilities (2008) has the visibility of disability in poverty reduction policies been increased (Groce et al. 2011).

Access to financial services by people with disabilities is therefore, not surprisingly, an underresearched subject area with a substantial gap in the literature, particularly from an empirical perspective. However, one example can be found in the work of Sarker (2015), whom conducted an evaluation of the current inclusiveness of microfinance institutions for people with disabilities in Bangladesh. He found multi-layered discrimination in their dealings with mainstream microfinance institutions. Cultural discrimination towards people with disabilities persists, with widely-held views of disability as a curse or source of family embarrassment leading to a culture of exclusion (Sarker, 2015). These negative stereotypes extend into the financial realm, with the most substantive barrier the belief that people with disabilities represent a

financial risk to MFIs (Sarker, 2015), perpetuated by widespread misconceptions of such individuals (Lee, 2012). In additional, lack of information as to the services available (Sarker, 2015) and self-exclusion (Bwire et al. 2009) present secondary barriers to the financial inclusion of people with disabilities.

Using data collected by the National Union of Disabled People in Uganda (NUDIPU), Beisland and Mersland (2012) examines the current use of microfinance services by people with disabilities, specifically those earning money through self-employment, across different types of disabilities including blindness, deafness, and physical impairments. They find that a surprisingly high proportion (in respect of their own expectations) of economically-active disabled people are engaged with formal financial institutions. This engagement is predominantly driven by a desire to save, with 70% of those that regularly saved money doing so at a formal financial institution. Indeed, 66% of those surveyed stated that they were a member of a ROSCA, demonstrating a strong engagement with community-centred financial organisations. Importantly, when focused exclusively on borrowing, the research by Beisland and Mersland (2012) shows that 39% of the total sample had borrowed money in the form of a loan from a formal financial provider.

Disaggregating the disabled population by individual characteristics shows significant differences between groups in terms of access to microfinance. Bangladesh, a country synonymous with microfinance which targets a marginalised group in women, has rarely sought to explicitly engage with people with disabilities. Beisland and Mersland's (2012) Uganda study finds that, amongst the disabled people in their sample, women, married, educated and non-farmers had better access. They also discovered that deaf people were more excluded from microfinance than blind or physically-disabled people.

Another concern regarding the interaction of poverty and disability is the finding that nearly all respondents started their income-generating work with either their own or family funds (Beisland and Mersland, 2012). This suggests that microfinance is primarily provided to those that have existing businesses and rarely to start up ventures that are not already generating profit. In most cases, microfinance institutions tend to focus their lending towards expanding existing businesses, rarely allocating their resources to those at the very bottom of the economic pyramid (Ledgerwood, 1999; Sarker, 2015). Disabled people must rely upon their own financial or social capital to attain a level of income which may interest financial service providers, a position many poor, especially the disabled, will struggle to achieve.

5.3 Data Collection

This chapter builds on a randomised control trial providing orthotic equipment to adults with lower-limb disabilities, conducted in Uganda in 2012 and 2013 by the University of Nottingham in partnership with Nottingham University Hospital NHS Trust (see chapter four; also Owens and Torrance, 2016). Through developing the original questionnaire, this chapter utilises a third wave of data collected in September 2014. The main redesign of the questionnaire focused on the expansion of questions related to the financial products and services used by the respondents, along with inquiries around their historical relationships with financial institutions. In particular, additional questions were added on accessibility of financial products and services, such as savings, loans, mobile money and insurance, as well as an examination of the institutions which underpinned this service provision, including banks, microfinance institutions and SACCOs.

Participants for the third wave were recruited through a three-pronged approach to ensure a wide coverage of participants from differing socioeconomic backgrounds.

Firstly, existing patients within the Orthotic Department at Mulago Hospital, as the main hospital offering orthotic treatment in Kampala, were made aware of the upcoming project prior to its commencement and asked if they were interested in the services on offer. Secondly, once the medical personnel from the UK were on site, advertisements were placed in a local newspaper and transmitted on local radio promoting the services being offered. Thirdly, as more patients were treated as part of the project word of mouth spread through the wider community, leading to an increase in the number of people attending the clinics.

The collection of data ran in parallel to the treatment. As part of the process of providing treatment patients were directed through a series of stages, with patients triaged, assessed, measured and fitted, and interviewed over the course of a day. Informed consent was obtained prior to conducting the questionnaire, and in no way was the quality of the care the participants received related to them taking part in the research. Participants were informed they did not need to take part in the survey in order to receive treatment. Participants were required to fulfil three key conditions in order to take part in the questionnaires: firstly, they needed to be aged 18 or over; secondly, they needed to have a lower-limb disability which permanently affected their mobility; thirdly, they needed to be mentally capable of understanding the questionnaire with the assistance of a local enumerator. Enumerators were employed throughout the course of the project to administer the 13-page questionnaire in the participant's preferred language.

5.4 Descriptive Analysis

Questions were asked regarding health, education, employment, income and financial inclusion. The aim was to explore the key characteristics of the sample population,

how they compare with the broader national population, and whether any of these factors correlated with access to loans[5].

5.4.1 Individual Characteristics

The sample consisted of near equal number of males (109) and females (114), with participants ranging from 18 to 94 years of age. Close to 75% of participants reported that they were the head of the household, and therefore were primarily in control of the decisions which affect the home and those living within it. This suggests that people with disabilities are not as disadvantaged in a domestic setting as might be expected, given common perceptions that they are predominantly reliant on family members for support. Indeed, while 10% of the sample lived alone, the majority of respondents (over 80%) lived in households with between 2 and 8 members, illustrating the ability of people with disabilities to make decisions in the home. Just over a third of respondents were married, which compared to the national average of 62% in rural areas and 69% in urban areas (UNHS 20/13).

The most frequently reported cause of disability was polio (39%)[6]. The second most common cause was injury as a result of an accident, often road related, accounting for almost a quarter of the sample. Other conditions such as osteoarthritis, birth defects and osteomyelitis were also reported, though none individually constituted

[5] Additional detail on the difference in basic characteristics of loans users v non-loans users can be found in table three.

[6] Poliomyelitis is caused by the poliovirus, a highly contagious virus specific to humans. The virus usually enters the environment in the faeces of an infected individual. In areas with poor sanitation, the virus easily spreads from faeces into the water supply or, by touch, into food.

more than 4% of the total dataset. Using data from the Uganda National Housing and Population Census 2002, Owens and Torrance (2016) outline the prevalence of different types of disability in Uganda amongst the general population. Almost half (47%) of disabilities are as a result of physical impairment, whilst sight impairment (25%) and hearing impairment (17%) constitute the other most common factors..

5.4.2 Education

The Ugandan government has been at the international forefront of forming legislation to protect and promote the interests of people with disabilities. This is reflected in the education levels of the sample which, underpinned by the Universal Primary Education Act (1997), legislates that all children in Uganda receive a basic education, specifically referencing and including those with disabilities. The Ugandan National Household Survey of 2012/13 conducted by the Ugandan Bureau of Statistics reports nationally representative figures to compare to the sample in this research. Data for 2012/13 (UNHS) shows the literacy rates for the population aged 10 and over in Kampala was 93%, compared with a national average (excluding Kampala) of 80%. Geographic variances are evident as, for example, in Northern Uganda, one of the poorest areas, the rate of literacy stood at 60%, and at just 48% when examining only women in the same region, while in my sample 74% of women were literate. In comparison with these national figures, this sample fares competitively in terms of access to education. 79% of all respondents, both male and female, can be considered literate, having completed at least a primary education. It is also the case that 22% of the sample achieved either post-secondary specialised training/diploma or a degree-level qualification. This compares with 24% for the Kampala area in the national data (UNHS, 2012/13).

5.4.3 Employment

In total, 63% of the sample was employed at some point over the previous month for profit or gain, even if that was only for one hour. This level of employment is lower than the rate within the Greater Kampala region, which is measured at 73%, but slightly higher than the labour participation rate nationally amongst working-age people (14-64-year-olds) which stands at 53% (UNHS, 2012/13). This finding demonstrates that people with disabilities in this sample are engaged in income-generating activities, undermining some cultural views towards people with disabilities which often consider them unable to sustain their own lives and view them as objects of charity.

The majority (65%) of those participants involved in paid work did so through self-employment, while 35% earned an income through waged employment. This was a slightly higher ratio than the national average (UBNHS, 2012/13) that indicates 53% of the working population were in self-employment and 47% in waged employment. The prevalence of the informal sector is highlighted by the type of work undertaken by self-employed people, with 'vendor' accounting for 23% of all self-employed people. Farming was the second most popular self-employment occupation at 17%, showing that access to land, although not necessarily ownership, is within the capacity of many people with disabilities.

5.4.4 Individual Income

As is to be expected, considering the variety of income-generating activities and the differing amount of time spent employed each day or week, individual incomes for the same group were extremely varied, ranging from 10,000–1,100,000 UGX per month

($4 USD–$440 USD)[7]. Individuals working in waged positions not only had the security of a permanent position and a regular income, they also earned more than their self-employed counterparts, with salaried employees earning a median monthly income of 300,000 UGX compared to 100,000 UGX for those in self-employment ($120 USD and $40 USD respectively). To put this into context, the UNHS (2012/13) recorded the average monthly income of the head of the household in Uganda was 223,000 UGX, rising to 392,000 UGX in urban areas ($90 to $155 USD respectively) though average incomes in respect of salaried or self-employed persons were not disclosed.

The remaining 37% of the sample were not engaged in any paid activity and were therefore reliant on other mechanisms for supporting themselves, often from family members (interestingly 45 individuals reported being head of the household despite not earning); the rate amongst the general population is officially just 9% (UNHS, 2012/13). Reasons given by respondents as to why they did not work included: looking for work, 24% reported they were actively looking for work but currently were unable to find a suitable employment opportunity; 28% stated their lack of a job was as a consequence of sickness or an inability to work; while 21% declared that not working was directly due to the impediment related to their disability. For the majority of those people with disabilities not earning money themselves, financial dependency on social relations was fundamental for their everyday existence. The vast majority (81%) of those not working were supported through the incomes of other family members, a percentage far greater than any other mechanism, such as savings, government entitlement or borrowing.

[7] Exchange Rate of $1USD to 3,330 Ugandan Shilling as of September 2014.

5.4.5 Household Income and Ownership

With a large number of the sample dependent on family, a key indicator in the analysis is household income. The median household income for the sample was 200,000 UGX ($80 USD), with the majority (62%) of respondents indicated that the best estimate of their monthly household income fell between 100,000 ($40 USD) and 500,000 ($200 USD) UGX. To put this data into context, the UNHS (2012/13) reported an average monthly income of 389,000 UGX ($155 USD) for urban settlers and 163,000 UGX ($65 USD) for those living in rural areas, indicating that those within the sample were, on average, less well off than the typical Ugandan household.

When examined on a per capita basis, just over 80% of participants recorded a monthly per capita household income of less than 100,000 UGX per person ($40 USD). The World Bank measure of extreme poverty is defined as a person living on less than $1.25 per day, equivalent of 94,000 UGX per month. According to this measure more than 85% of the sample would be considered poor. This finding is corroborated by the type of accommodation inhabited by the respondents. A far lower proportion of people with disabilities own their home than the general population; less than half, compared to 78% of the national population (UNHS, 2012/13). This lack of home ownership, and subsequent lack of collateral, could have important implications for access to financial capital.

5.5 Financial Characteristics Descriptives

5.5.1 Financial Practices and Relationships

The data suggest that many in the sample are living close to or beneath the poverty line, and experiencing lower outcomes around key economic indicators such as income and home ownership when compared to the Ugandan national average.

Saving money is an important component in ensuring that poor people are resilient to socioeconomic shocks which may affect them and their families. The data shows that 38% of the sample indicated that they had money saved in some form. The connection between people-with-disabilities' saving habits and services offered by financial institutions is strong, with the vast majority storing funds using a formal product such as a savings account at a bank or SACCO, or converting monies into electronic funds to be stored using mobile money; just 9% stated that they saved money at home, which demonstrates that for those respondents with savings there was a high degree of interaction with financial institutions.

Much like the data around income and earnings, the amount saved by research participants varied considerably though, given the information around livelihoods previously discussed along with the historic relationship between disability and poverty, it is not surprising to note that 83% of savers reported funds below 500,000 UGX or $200 USD (indeed 37% of savers indicated total savings below 100,000 UGX or $40 USD). Furthermore, 62% of the sample had no savings at all. Therefore by extension, with no money saved, the majority of participants had no relationship with saving services offered by financial institutions.

Aside from savings, there was extensive engagement with the relatively new services provided through the mobile money platform. The products offered by mobile money providers, such as electronic money transfer and secure e-wallets, are generally popular. This is also the case for our sample, with over 75% stating that they currently used mobile money in their everyday lives, predominantly for sending and receiving money between friends and family, but also paying for utilities and as a savings mechanism. This is considerably higher than the 43% of Ugandan adults that had

access to, and 26% that actively used, mobile money across the country as of 2015 (CGAP, 2015)[8].

These relatively new services have helped to create new processes which link people with disabilities and the financial sector, allowing for a new type of relationship to develop between supplier and consumer. The flexible and portable nature of mobile money services (discussed in greater detail in chapter 7) is understandably attractive to people with disabilities in particular and, given the substantial usage amongst this dataset, its widespread availability has clearly helped to change the way they conduct their everyday financial transactions.

5.5.2 Loan Accessibility

One of the fundamental aims of the financial inclusion movement is to increase provision (both in terms of availability and access) of credit services to those previously excluded from the formal financial sector. For the individuals that participated in this survey, 17% had previously accessed a loan through a formal financial institution such as a bank, microfinance institution or SACCO. In comparison, the general population of Uganda recorded a loan-access rate of 22% (UNHS, 2012/13). This outcome demonstrates that, whilst people with disabilities are using loans from formal institutions and in themselves constitute a significant market, they do so at a lower rate than the national average.

Whilst the rates of loan acquisition amongst people with disabilities may be considerable, despite being less than the general population, the perception amongst respondents around loan accessibility were largely negative. Participants were asked

[8] This rate is likely to be higher in Kampala and the surrounding area than other areas in the country; however, data is only available at the national level.

how difficult they felt it was to access credit-based products available through financial service providers. This was split into two parts: consumer loans offered by banks, and microfinance provided through microfinance institutions. Consumer loans were considered challenging products to access by 81% of respondents, who described their accessibility as being either very difficult (54%) or fairly difficult (27%). This pattern closely mirrored the perception around access to loans from microfinance institutions, with 84% stating it was either very (48%) or fairly (37%) difficult. This outcome suggests that whilst some people with disabilities were using the microfinance services available on the market, many more felt that accessing loans offered by these organisations was challenging.

5.5.3 Loan Usage

For those individuals that had accessed a loan, the money borrowed was spent in one of three main areas. Firstly, 41% of borrowers used the money to either start their own business or develop their existing one, which fits with the broader narrative associated with the microfinance industry that funds are primarily designed to be used as a way of directly increasing productivity and income levels. The next most popular use of loan was to purchase a specific item (28%), for example a fridge-freezer or motorcycle. Lastly, 23% of borrowers utilised the loan to pay school fees, allowing them to stagger payments over a longer period rather than the usual start-of-term outlay. National comparatives for loan usage can be found in the Uganda National Household Survey (2012/13). For example, the most common purposes for the use of credit were to purchase inputs/working capital (22%), pay for education expenses (20%), buy consumption goods (13%), and to pay for health expenses (13%).

Looking specifically at those people that used microfinance as a mechanism for building or strengthening their business, credit was used to fund many different operations. These included things such as selling clothes, breeding goats, tailoring

and laundry services. However, there was not a specific business which attracted a greater share of disabled borrowers. Though it is difficult to disentangle the impact of the microfinance loan from the broader operations of the business, it is worth nothing that 69% of respondents that used the loan for business-related activities stated that the business was still operating, suggesting that the availability of small-scale credit may have had a positive impact on strengthening the venture.

In terms of the sustainability of loans, participants that had borrowed were asked about their repayment schedules and whether these were challenging to meet. I found that 13% of borrowers found the repayments either often or always difficult, in contrast to the 64% that reported it to be not ever or not often difficult. This figure may, in reality, be higher considering borrowers may be reluctant to report such difficulties for personal or cultural reasons. Despite difficulties, almost three-quarters (72%) did not miss a single repayment. Another important issue which gives a key insight as to the success of the loans in the mind of the borrower is whether, given the opportunity, they would use microfinance again in the future; 77% of disabled borrowers indicated that they would borrow again, demonstrating that for many having access to credit was a positive experience.

5.6 Multivariate Analysis

Next I extend on the descriptive analysis to identify common characteristics of those individuals accessing microfinance from a formal provider. This is achieved through a multivariate analysis in which my dependent variable – whether the individual had accessed a loan before – is kept constant while other independent variables are added to the regression. The use of multivariate analysis enables the identification of independent variables which are significantly related to loan access.

5.6.1 Baseline Regression

Data produced in table four build the story sequentially. Our dependent variable is a dummy variable taking the value of 1 if an individual had used a loan previously; 0 otherwise (see table two). The independent variables include individual characteristics such as gender, education level, age and employment status, which form the baseline regression. I then add additional independent variables related to social inclusion and social capital, before lastly including variables which reflect individuals' broader financial inclusion (see table four).

I find a strong correlation between loan acquisition and primary education. Those individuals that had completed primary schooling were significantly more likely to have accessed a loan from a microfinance provider at some point in their lives than those without any formal education. Participants that had completed secondary or tertiary education were not significantly more likely to have accessed a loan previously, challenging the argument of Beisland and Mersland (2010) that the education level and loan use are entirely positively correlated, with the highest educated the most likely to access credit.

Secondly, microfinance is predominantly framed by both policymakers and practitioners as a mechanism for low-income individuals to start or develop an existing business. The findings indicate that it is those already engaged in the labour market who are more likely to have accessed loans, with only 1 in 20 respondents not currently working ever having achieved a loan. The need for microfinance institutions to establish that a borrower has the capability and capacity to repay the loan in full may be biasing financial providers towards those with a regular income through employment. Additionally, I find the household monthly income per person is another variable which impacts upon loan acquisition, with higher levels of income correlating with a greater likelihood of loan usage.

Thirdly, previous research on access to credit for people with disabilities (Beisland and Mersland, 2010) indicated that those in middle-age were more likely than other age groups to use the services offered by microfinance providers. Analysis of my dataset mirrors this view, with age remaining an important factor in loan acquisition. This is particularly relevant to younger adults that were significantly less likely to have accessed a loan than their middle-aged counterparts. Indeed, those participants aged 31-60 were four times more likely to have used a loan than those in the 18-30 age bracket. One explanation is that younger adults may struggle to achieve the necessary collateral required by microfinance providers to secure a loan, such as land titles or car log books. Additionally, younger adults may favour borrowing for other sources, most obviously parents, rather than go through formal financial channels.

In the baseline regression physical component score, a measurement of a participant's functional ability, reported as significant. This result indicates that individuals with a greater degree of physical capacity are more likely to access loans from microfinance providers. This result would be unsurprising, given that those with greater levels of physical ability may experience less social discrimination as their disability is more hidden. Additionally, more able-bodied individuals have the ability to use transportation more easily than those with more serious physical impairments, which could raise their ability to reach microfinance institutions in person. However, the significance of the physical component score is reduced to insignificant when other subsequent variables are introduced, demonstrating its limited impact. This is particularly the case when variables related to financial inclusion were added (see table four), with PCS losing significance when analysed in these regressions.

Around individual characteristics such as education, employment and age, this chapter broadly supports existing research on the subject of loan access for people with disabilities, and accepts that these three components all play an important role in loan usage amongst this demographic. However, this research seeks to move

beyond these existing understandings, and examine other factors which may influence loan access amongst people with disabilities in a developing-country context. The next section explores the importance of alternative dynamics, such as social relationships, and broader financial inclusion on access to credit for people with disabilities.

5.6.2 Social Capital

Reducing the level of social isolation experienced by people with disabilities is widely considered important to improving their quality of life. The importance of expansive social networks for people with disabilities is explored by Kutner (1987) as a tool for helping to overcome physical and psychological challenges in their lives, whilst others (Morgan, 1984; Israel, 1982) argue the importance of social ties in influencing the risk of deterioration in function and other health-related issues. Furthermore, the benefits of high social capital expands beyond health and wellbeing, with strong social networks key in the fields of employment (Potts, 2005) as well as access to education (Thomas, 2003). I investigate whether increased engagement with others, or greater levels of social capital, have a similar effect in relation to access to microfinance loans, and whether those more socially-included participants were also more likely to be financially included.

In order to measure the level of social capital, participants were asked multiple questions designed to elicit the scale and scope of their existing social network. Questions included how often they attended social gatherings and met with friends and family, along with how often they felt isolated from others. Due to collinearity amongst these variables, proxies for social capital and financial inclusion are added sequentially. Overall, I found that there was no significant relationship between use of loans and social capital. For example, people that more regularly met with friends or relatives or attended social gatherings – variables which demonstrate higher levels

of social interaction and demonstrate stronger social networks – did not access loans significantly more than those who were socially isolated. This finding goes against some of the broader narratives around disability and social inclusion. This outcome may suggest that, whilst people with disabilities may benefit from a strong social network in areas of life such as personal health, employment and education, access to finance and relationships between individual and financial provider are difficult for friends and relatives to influence positively.

5.6.3 Broader Financial Inclusion

The multivariate analysis also attempted to address the impact that broader financial inclusion has on access to microfinance. I examine whether the use of other formal financial services, specifically debit-based and money-transfer products, were correlated with loan usage. Respondents reported if they saved money with a formal financial institution, whether they used mobile money services, and how easy or difficult they felt it was to access a basic bank account. These variables were then correlated with loan access, to explore whether engagement with other products and services in the financial sector affected the likelihood of microfinance usage, controlling for other characteristics.

I both anticipated and found that the greater the degree of financial inclusion - that being access to, and knowledge of, other financial sector products and services - the higher the chances of loan use. As expected, use of other financial services correlated with loan use, due to the assumption that financial awareness would be higher amongst this group who were already integrated into the formal financial sector through another means. It is also the case that many of the institutions that offer these debit and transfer services also provide credit streams. This outcome corresponds to further descriptive analysis that shows for those that believed access to a bank account not to be difficult 39% had used microfinance, compared with only 6% that

found it to be very or fairly difficult. Similarly, 26% of those that found mobile money not difficult to access were microfinance users, compared with only 2% of the remainder of the sample. This pattern was reflected in the actual use of mobile money, which again is closely linked with access to loans. In short, those that found mobile money to be more accessible and those that used mobile money services were more likely to have had a loan.

This data on access to other financial services, such as bank accounts and mobile money, highlights the importance that wider interaction with the financial sector can have on the accessibility of microfinance. Conversely, however, these outcomes demonstrate that those individuals who experience a lower level of financial inclusion are less likely to have been able to access a loan than their financially-integrated counterparts. In terms of loan acquisition, a clear split is apparent between those people with disabilities that could be considered financially included – having access to credit, debit and money transfer services - and those that are disengaged with financial products and services and do not appear to be using microfinance at anywhere near the same rate.

5.7 Conclusion

The personal characteristics of individuals, such as their age or employment status, continue to play an important role in helping to determine how likely different people with disabilities are able to access loans. For example, education, particularly fundamental skills developed through primary schooling such as basic literacy and numeracy, is critical to accessing credit through microfinance providers later in life. As demonstrated through analysis of this dataset, without this educational background people with disabilities are much less likely to be able to access loans. Microfinance providers need to be aware of the impact of a basic skills shortage amongst some people with disabilities as a consequence of a lack of primary education, and whilst

many offer financial training as part of the lending process once an individual has been considered creditworthy, many people with disabilities with low educational attainment may fail to make this stage of the process. Improving the financial literacy amongst this particular demographic is likely to increase the ability of such individuals to access loans. Furthering relationships with disability organisations, many of whom already offer various skills training programmes to their members, to help those without any formal education develop the necessary skills to apply for and manage loans could provide one avenue to reach out to this marginalised sub-group.

Furthermore, young adults with disabilities appear to access microfinance at lower rates than their middle-aged counterparts. Those respondents aged 30 and below in the sample were considerably less likely to have accessed a loan than participants in their 30s, 40s and 50s. This finding complements that of Beisland and Mersland (2012), which discovered evidence to suggest those in middle age have better access to loans than younger individuals. A number of competing arguments can be put forward to explain this phenomenon. One explanation is that people with disabilities in this age group are potentially borrowing, but from other informal sources, most likely parents or family, in order to fulfil credit needs, rather than approaching formal financial institutions.

Alternatively, potential younger customers may find it difficult to achieve the necessary level of collateral to meet lenders' requirements as many microfinance institutions request particular items to act as collateral, such as a land title or household chattels, which younger customers may not yet have access. This may, as a consequence, restrict their ability to successfully apply for credit. This demographic may also simply be less aware of the services available on the market in comparison to their older counterparts, and therefore do not develop relationships with financial service providers at this point in their lives. Additional research is needed to accurately understand why the young are not accessing loans and, once this is understood, what

can be done to allow this age group to access microfinance services should they desire.

As was to be expected, when considering the strong historical relationship between microfinance and business development and expansion, people with disabilities that were engaged in paid labour were much more likely to have accessed microfinance. The fact that 41% of those that accessed loans did so to either start a new business, or develop an existing one, showed that microfinance remains associated with improving incomes through the enhancement of commercial processes. Another central dynamic in this relationship is the role of financial service providers, many of whom are under pressure to ensure full repayment of loans from customers. Employment on the part of a loan applicant can act as a barometer for loan officers when assessing their creditworthiness, and having a job at the time of application may give microfinance staff additional confidence to approve loans. Similarly, higher levels of household income per person was associated with greater chances of loan acquisition, further strengthening this assessment, as it demonstrates the means to repay. Without employment, either in a waged position or through self-employment, people with disabilities are considerably disadvantaged in terms of successful loan access.

In this area, this research broadly supports the existing understanding around loan access for people with disabilities, as notably explored by Beisland and Mersland (2010). An individual's educational level, age and employment status remain important factors which influence the chances of a person with disabilities accessing microfinance in the context. However, this research has attempted to move beyond these key variables to examine which other factors influence this process. For example, the role of social capital, whilst considered particularly important for people with disabilities in other areas of life, had only a limited impact on loan usage. Those individuals that were more socially connected did have a higher likelihood to have

accessed a loan, but significance was quickly lost when other more important factors were considered. Enhancing social networks and developing social relationships can play a role in challenging the isolation experienced by many people with disabilities, particularly in a Global South context, but there was little evidence that those participants with greater levels of social capital had a greater advantage than those more socially isolated when it came to the issue of loan access.

Another prominent outcome of this analysis of the questionnaire data has been to establish the strong relationship between loan acquisition and broader financial inclusion. Those individuals that believed accessing a basic bank account not to be difficult, used mobile money services and saved money formally were more likely to have had a loan in the past. Conversely, those excluded from other financial services were similarly less likely to have borrowed capital from a microfinance provider. This finding raises questions as to the role of microfinance, particularly in relation to the broader financial inclusion movement as, based upon this research, microfinance is predominantly being used by people with disabilities already engaged in the formal financial sector.

In summary, this research shows that people with disabilities are accessing microfinance and that there is a considerable market amongst this demographic for these types of services. However the data suggests that certain individual characteristics are important in increasing or decreasing the likelihood of loan usage, with education, age and employment all key factors. Furthermore, broader financial inclusion is a much more important indicator than social capital when it comes to access to credit. This finding specifically suggests that the microfinance movement, as part of the wider movement to provide affordable financial services to all, is having limited success in targeting very poor groups, such as the many people with disabilities who have no formal financial relationships.

A significant split in the sample has emerged in relation to loan access and usage. On the one hand, those people with disabilities that have a minimum level of education, are in employment, have savings, and are engaged with other financial products and services are appear more able to access credit. On the other, individuals lower down the socioeconomic pyramid, without these necessary characteristics, and not engaged in other ways with the financial sector, struggle to access loans from formal financial institutions. This difference is most vivid in the relationship between broader financial inclusion and loan usage, which clearly shows a disconnection between those able to utilise financial services, including microfinance, and those excluded.

With loan services predominantly used by poor but financially-included people rather than 'unbanked' segments of society, the true nature of credit-centred service comes into question. Does this outcome undermine microfinance as both a poverty reduction strategy and an integral part of the financial inclusion movement, if the most financially excluded groups are still not able to access microfinance services? The data does suggest that microfinance is being used by people with disabilities. However, the majority of these could already be considered financially included, having greater access and use of other products and services available on the market. In this context, microfinance providers are struggling to reach financially-excluded disabled people, many of whom constitute the most poor and marginalised, and who represent the demographic central to the financial inclusion movement.

This outcome ties in closely with other research which suggests that microfinance providers are failing to reach the poorest of the poor (Scully, 2004; Helms, 2006; Berger, 2006; Wright and Dondo, 2001). In research conducted to identify the types of people microfinance institutions serviced, Helms (2006) finds that the vast majority of microfinance clients were classified as either moderately poor or vulnerable non-poor. Those people categorised as below moderately poor were essentially

disqualified from receiving loans through microfinance institutions. Wright and Dondo (2001) reaches similar conclusions, arguing that in practice the very poorest groups are seldom served by microfinance institutions despite the narrative of appropriate credit provision to all. At the bottom of the economic pyramid, the poorest people are largely detached from the microfinance movement, a situation which is only likely to continue, given the growing commercialisation of the sector which promotes the notion of maximising profits.

One potential way to address this trend is through the creation of more services which explicitly target very poor people (Helms, 2006; Wright and Donda, 2001). These services would need to both be affordable to such groups, and also reflect the need for very small loans with limited returns for financial providers. Wright and Donda (2001) argue that the very poor have been ignored and marginalised by the mainstream financial sector for too long, and as such there is a need for more efforts to create financial products which are suitable for the lowest income groups. However, this would require a major shift in the approach of microfinance institutions, many of which have built their business around supporting specific types of clients, such as the working poor. Given that the global microfinance sector has been well established across different world regions for many decades, yet issues serving the very poor persist, it seems unlikely such a realignment of priorities could be achieved, at least in the foreseeable future.

Alternatively, there needs to be an acceptance on the part of policymakers and international institutions that microfinance can only play a limited role in furthering the financial inclusion movement. Advocating the expansion of credit-based services as the primary mechanism for achieving global financial inclusion aims cannot lead to comprehensive coverage if the very poor are systematically excluded from such schemes. Both in this research, specifically around people with disabilities, and previous literatures, studies and surveys, a two-tiered system has emerged, with the

moderately poor using microfinance but the very poor unable to do so. One option would be to accept that microfinance has strengthened developing businesses and incomes for some, but to separate itself from the broader financial inclusion agenda. This would allow for the microfinance sector to continue to successfully serve the working poor for example, but also promote a rethinking of the financial inclusion movement more generally to focus specifically on the poorest of the poor. A shift in approach towards the delivery of more debit-based services, micro-insurance products or new innovations in the mobile money sector, could be avenues which encourage greater engagement for this demographic.

This change has already begun to occur in some capacity. Due to its inability to serve those at the very bottom of the economic pyramid, microfinance has been increasingly repackaged as a mechanism for supporting the achievement of financial inclusion objectives rather than its fundamental driver (Rhyne and Otero, 2006; Taylor, 2012). As explored by Helms et al (2006), creating financial systems which are universally inclusive has emerged as the priority for international development institutions, with microfinance alone assuming a less visible role. These moves, supported by the World Bank, suggest an acceptance on the part of policymakers that microfinance, with its focus on credit, is unable to reach the poorest of the poor. While microfinance and financial inclusion remain synonymous with each other (Dev, 2006), development-focused institutions have begun to distance themselves from microfinance in favour of a more holistic approach to delivering financial services in ways that reach out to all low-income groups.

This research suggest that people with disabilities are not systematically being excluded from the formal financial sector in and around Kampala. Two important statistics can be highlighted, however, which illustrate that accessing microfinance remains challenging for such groups. Whilst 17% of the sample had accessed a loan from a formal financial provider previously, only one person in 20 had done so through

a microfinance institution. This is despite the explicit objectives set out by the microfinance sector to target low-income, marginalised groups as part of their social element of their dual bottom line. Furthermore, the fact that 84% of respondents stated that they believed microfinance to be very or fairly difficult to access shows the level of difficulty people with disabilities experience when trying to access finance through such institutions.

This outcome raises questions as to whether people with disabilities are being excluded from the financial services provided by MFIs, particularly considering the majority of the sample was aware of microfinance institutions operating in their community yet rarely used their services. The following chapters are designed to build on this quantitative assessment by analysing the barriers which people with disabilities must overcome to secure credit through a formal MFI, more closely examining the socio-economic relationship between people with disabilities and microfinance institutions.

6. Financial Barriers and the Political Economy of Microfinance

6.1 Introduction

The barriers which impact the ability of people with disabilities to access credit services from microfinance providers are complex, varied, and in many cases interrelated. Disabled people face additional challenges compared to their able-bodied counterparts in obtaining credit from MFIs, many of which people with disabilities find difficult to overcome. Developing a detailed understanding of these challenges is key to advancing practical and sustainable solutions to these issues, not least because the microfinance sector continues to grow and diversify in the services it offers. While microfinance as a concept remains a contested poverty reduction mechanism, the need to ensure fair access to services and equality motivates the desire to understand and explore the barriers people with disabilities face in this environment.

Through the analysis of primary data, this chapter aims to reflect on the ability of people with disabilities to engage with microfinance providers and highlight the primary difficulties that those within this demographic face in seeking to access formal credit. Building on existing literature around the affordability of microfinance, delivery mechanisms and the role of the state, this chapter discusses the impact of commercialisation of the microfinance sector, particularly for people with disabilities. Furthermore, the way in which the microfinance movement in Uganda has transformed from a donor-driven, predominantly grant-funded sector into an increasingly commercial environment, underpinned by private investment, is central to many of the issues discussed in this chapter. As microfinance institutions have developed characteristics associated with more traditional mainstream financial service providers, this chapter will discuss the impact of such changes on potential customers with disabilities. The chapter continues to critically evaluate different

approaches to addressing the challenges of such barriers which can result in the exclusion of people with disabilities.

The foundation of this chapter is based upon interviews conducted with different stakeholders within the sector, predominantly centred on microfinance institutions and disabled persons organisations (DPOs). In the financial sector interviews were conducted with a variety of organisations, including microfinance institutions (MFIs), microfinance deposit-taking institutions (MDIs), state regulators and MFI lobby organisations, with people in a variety of roles, including executive directors, financial inclusion officers, branch managers, business development managers and credit officers. Representatives from the disability sector were also involved, with interviews conducted with a range of DPOs from large, national organisations with thousands of members to small, local organisations focused around specific fields, such as disability rights or training and support services. This facilitated the development of a nuanced understanding of the matter, which reflected the interests, concerns and pressures of the actors in those sectors which underpin the existing relationship between microfinance providers and people with disabilities.

The chapter begins by assessing two issues which were consistently cited by interviewees from disability organisations as representing major obstacles to accessing financial services for people with disabilities. These were the high levels of interest charged by microfinance institutions, and the prohibitive level of collateral providers required to support a successful loan application. It then analyses the ways in which these challenges may be overcome, from an exploration of the group-lending methodology commonly employed to facilitate lending to low income groups to the design of specific financial products targeted exclusively at disabled consumers. Furthermore, the role of the state in creating an environment conducive to equal access to microfinance is also explored. The chapter discusses the concept of marketing more demand-driven products, inclusive of people with disabilities, and the

difficulties in designing these types of services without the data around current engagement between people with disabilities and the microfinance sector. Lastly, the role of regulation around the microfinance industry is analysed, along with ways in which implementation of policies which are positive for disabled people seeking to access microfinance can be successfully applied.

6.2 Financial Barriers for People with Disabilities

6.2.1 Interest Rates

People with disabilities face a number of issues related to the affordability of credit available through microfinance institutions. This theme of affordability can be broken down into two particular issues which combine to create a hostile environment for people with disabilities desiring access to microfinance services. One area of intense focus was the levels of interest MFIs charged customers on their loans, with interviewees reporting that the current rate of interest charged excluded many potential consumers that had a disability.

> "Interest that comes with the loan. Sometimes it is high and maybe, persons with disabilities, most of them do not have big business…so if you give them a bigger interest *[sic]*, and even a smaller period to pay back, it becomes a problem" (Deputy executive director of a local, rights-based disability organisation - Interviewee F).

> "So generally the thing [microfinance] will be good, but I think there is need…there is still work to be done for those who can afford the interest and those who would want to do something, however little it may be, but will not be able to be *[sic]* …to pay off the heavy, big interest rate" (Executive director of a large, national disability organisation – Interviewee T).

These examples summarised the feeling of many representatives of DPOs interviewed on the subject of interest rates. There was a strong sentiment that a reduction in the level of interest applied to loans would significantly broaden access to MFI services for disabled groups. In interviews with microfinance representatives interest rates was also an important theme discussed. For those MFIs that chose to disclose their general interest rates, most cited in the region of 2-3% per month. This figure was supported by a financial inclusion officer at an MFI umbrella organisation, who stated that the average interest rate of its members stood at around 2.7% per month. The variety in interest rates was to be expected and can be explained by the need for individual microfinance institutions to be financially flexible to ensure their sustainability (Rosenberg, 2002).

Nevertheless, the assertion that interest rates were too high, and consequently excluded certain individuals and groups, was accepted by a number of microfinance institutions themselves. The general manager of a Christian-centred microfinance organisation, which at the time of interview themselves charged between 1.5 and 2% per month, believed that even this level of interest was too high for low-income individuals to afford. Similarly, another manager at a different MFI agreed that many providers' interest rates, particularly among some of the many unregulated MFIs, were set at rates prohibitive for those in the poorest communities.

While interest rates on microfinance loans are seen as too high amongst many disability organisations, and even some microfinance providers themselves, interviewees representing the MFI sector did outline a number of important factors which, they argued, have resulted in the current levels of interest charged. Interviewees from MFIs argued that their current levels of interest were consistent with competitors across the sector, with rates of 2-3% per month an outcome of the free market in which their institutions operate. It was argued that the intense competition in the crowded MFI market helped maintain low levels of interest, with microfinance

providers forced to offer their most competitive rates when attempting to attract new customers.

> "But like you've seen around the market, there's some kind of uniformity. You're compelled, at some point to be along borders with the other players, because if you're giving a higher…if you're running at any higher interest rate, I [the customer] will go to the next service provider" (Branch manager of a medium-sized microfinance institution – Interviewee O).

This uniformity was evident, with all MFIs which disclosed their interest rates operating within roughly the same interest rate parameters. At this point it is useful to examine the rates of interest that were charged to participants involved the quantitative research explored in the previous chapter. Amongst the limited number of respondents that had accessed finance through a microfinance institutions, the average rate of interest charged on a loan was 3.1% per month. For illustrative purposes, the average interest rate charged to borrowers from commercial banks amongst the (limited) number of participants was 2.3% per month. Additionally, an important factor to acknowledge is the way in which, when added monthly, interest is compounded to further raise the cost of the loan. Rather than experiencing an interest rate of 37.2% per year (3.1% x 12 months), once compound interest was factored in MFI customers whom formed part of this research on average experienced an annualised interest rate of around 44%. While headline rates of 2-3% per month may appear low, with over half of MFI customers in the sample borrowing over a 12 month period, the cost of a loan can quickly rise.

Furthermore, aside from interest, interviewees raised two other issues which contribute to the cost of loans. Firstly, consumers are often required to pay an application fee at the beginning of the process, adding an additional cost to the product. Secondly, insurance added to the loan, to cover instances of death or illness

for example, also contributed to an increased monthly repayment for customers[9]. When discussing their perception of high interest rates, it is necessary to acknowledge that interviewees may also be factoring in these additional costs under the umbrella of interest rates, and whilst the overall level of interest charged may be viewed as excessive, these feelings may be exacerbated by other additional costs such as application fees and insurance. To add context, these costs of loans are set against a backdrop of an annual inflation rate of 3.1% in 2014 (Bank of Uganda, 2017)[10].

With the interest rates charged across the MFI sector largely uniform, when questioned as to the reasons why customers would choose to access a loan from their institution, rather than other providers, MFI representatives regularly cited their excellent customer care or fast application processes rather than explicitly highlighting cheaper costs than their competitors. Another explanation presented by the MFIs reflects the type of services that they provide to customers. For example, while accepting interest rates price the poor out of the market, the financial officer at a microfinance umbrella organisation (an independent body which represents over 100 microfinances institutions) argued that MFIs work hard to keep rates affordable but must cover the costs of the additional services they offer to customers:

[9] These types of insurances were either compulsory, voluntary or highly recommended dependent upon the microfinance institution and loan circumstance. While the cost of insurance was not reported by borrowers, the cost of such add-on services served only to effectively raise the cost of borrowing.

[10] In subsequent years, customer prices inflation was recorded at 5.5% for both 2015 and 2016, while previously Uganda experienced rates measured at 12.9% (2012) and 5.0% (2013). The latest inflation rate was recorded at 6.4% (March, 2017).

> "Interest rates have been high. It is relative anyway. But, I think this is based so much on that fact that the operational efficiency of MFIs is really, really high. Where most of the time, they have to frequent [sic] and bring services to your door. That is something which people do not see. They're bringing services to your door unlike the commercial bank, where you have to move" (Interviewee N).

There was a broad consensus amongst microfinance providers that customers did not appreciate these extra costs incurred by MFIs in serving customers which, from the position of MFIs, justified the charges that were enforced. Additional costs included the employment of field agents to collect money from borrowers without the need for them to visit the branch, and the training of borrowers in managing their business and loan, which many MFIs offered as standard with their financial products. Microfinance interviewees argued that these costs, added to the usual business expenditure such as staff salaries and overheads, underpinned the rates which were charged to consumers. In addition, a number of MFIs described a narrow margin of profit they currently operated within, suggesting that some microfinance operators would struggle to continue operating were rates reduced.

The lack of affordability of loans due to interest rates reported through interviews with disability organisation highlights some strong links with existing literature on this subject. Such outcomes are not unexpected, as academics and practitioners have routinely cited interest rates as a major issue in the microfinance sector (Fernando, 2006; Rosenberg et al. 2009). Even in countries which have competitive microfinance sectors, such as Uganda, interest rates have remained persistently high (Porteous, 2006). Whilst the challenge of high interest rates has been previously identified as a barrier, the issue remains both prominent and impactful for people with disabilities in Uganda. The visibility of high interest rates strengthens Gregory's (2012) argument

that such transactions should be viewed as microdebts and individuals considered debtors rather than borrowers; as contributors rather than beneficiaries.

The repeated assertions by representatives of disability organisation that interest rates were prohibitive lends further evidence to the problematic notion that MFIs use high interest rates on loans to some of the world's poorest groups to extract excessive profit (Cull et al. 2008). This outcome strengthens Soederberg's (2014) argument that the activities of microfinance institutions represent one mechanism for the maintenance of a poverty industry and the suppression of low-income groups. High interest rates for those entrenched in the deepest levels of poverty have led to accusations of predatory lending, whereby MFIs have taken advantage of the lack of alternative financial options of their customers and exploit them through the extension of high-cost credit (Soederberg, 2014). Such claims can be made in this research, given the regularity at which complaints of excessive interest rates arose, furthering the notion that microfinance institutions primarily function as profit-extracting organisations.

6.2.2 MFI Funding

This final point feeds into a broader issue related to the cost of loans. Aside from the three microfinance deposit-taking institutions, which are able to mobilise their own customers' savings to finance their lending, MFIs must acquire funding from external sources. For the microfinance institutions interviewed this funding came from two main sources.

Firstly, capital was obtained through investors who were providing money with the expectation of the business generating healthy profits. This funding allows microfinance institutions to operate. However, the perception of the risk of investing in this rapidly-evolving sector that is based overwhelmingly in developing countries

has an impact on the conditions attached to such funding, as the general manager of a Christian-based MFI explained:

> "The challenge again comes from the source of funding. Because many investors, many investment vehicles from Europe, from US - they look at tier four [microfinance] as risky institutions, meaning that their pricing will be a bit high" (Interviewee V).

Investors are concerned that microfinance institutions may fail, leading them to demand high rates of return on their money. Through accepting these funding conditions, microfinance institutions must work to ensure maximum profitability in their business to satisfy investors' requirements. The period in which the microfinance sector was dominated by not-for-profit NGOs has passed, with the industry now populated with commercially-minded financial service providers supported by investment partners (Roy, 2010), as discussed in chapter four. This burden is then passed on to their own customers in the form of high interest rates, which enable MFIs to extract the maximum level of money from consumers to create the enhanced profits. Disabled customers, who are typically poorer than their able-bodied counterparts, are amongst the demographic most highly affected by higher interest rates, and as a result are disproportionally impacted by this funding paradigm which prioritises greater profit over higher levels of financial inclusion.

Secondly, aside from investors, many microfinance representatives interviewed stated that a significant proportion of their funding comes in the form of their own borrowing from banks or other wholesale lenders. Indeed, for some MFIs interviewed, all the money that they used for their operations was borrowed funds, while others combined credit from wholesale lenders with alternative sources of income, such as an associated religious organisation or partners in neighbouring countries.

"'cause [sic] actually these loans, we borrow from these other banks. When we repay the group, our senders are very, very expensive. So they send it to you yes, but it is with an interest" (Branch Manager of a medium-sized MFI – Interviewee O).

"The current trend that we are taking, we also have to borrow from wholesale lenders. To on-lend" (General Manager at a religious-based MFI – Interviewee W).

This presents a major challenge for microfinance institutions, with the need to pay back their own loans plus interest being central to their operations. In a similar manner to their own customers, some MFIs which were funded through loans argued these finance streams were prohibitively expensive. MFIs argued that they were forced to adopt certain behaviours to achieve the required growth to generate the capital to fulfil their own financial obligations. Indeed, one of the foremost reasons MFI representatives outlined as underpinning the current level of interest applied to their loans is the amount of interest they themselves are charged by their own creditors.

"They [wholesale lenders] are lending out – some of these institutions – but they are lending them…lending to them [MFIs] at a very high interest rate…If you lend to them at a high interest rate, they are going to do [sic] the clients with a big interest rate, because they have to service your loan" (Branch Manager of a medium-sized MFI – Interviewee O).

Microfinance institutions are clearly facing their own financial pressures, which are transferred onto customers in the form of high interest rates. This relationship was explicitly stated by interviewees, with the Head of SMEs at a MFI in Kampala (which received its funding through multiple external investors) explaining that the rates of return expected of the institution are mirrored in their own charges to clients. One of the most commonly-mentioned sources of funding for the microfinance institutions

interviewed was the Microfinance Support Centre (MSC). This institution, operated on behalf of the Ugandan government, is mandated to provide affordable microcredit to microfinance institutions (to both MFIs and MDIs) in the country, as well as directly to SMEs. In interview, a credit officer at the institution stated their role is to act as an intermediary between the government of Uganda and MFIs to provide them with the necessary credit to serve their customers. Their large loan portfolio, due to their backing by government, made them accessible to a wide variety of microfinance institutions. However, as with other sources of income, MFIs were charged interest on their loans by the MSC.

For some MFIs turning towards institutions such as the Microfinance Support Centre has become increasingly necessary to sustain their everyday operations. With the sector's increasing commercialisation, less capital is now available through grants, with MFIs tasked with generating their own funds. Many microfinance institutions operate as one part of a larger international network, sometimes with support from a global headquarters in a developed nation. As one MFI representative outlined, these wider organisations are increasingly looking for their partners in the developing world to be able to maintain services independently, without the need for outside support from either investors or the wider group.

> "In fact, we are borrowing from Microfinance Support Centre, and we have some small support from [MFI Name] UK, but it is now a diminishing trend because of the need for some independent level of independence as an organisation" (General Manager at a religious-based MFI – Interviewee W).

The Microfinance Support Centre plays an important role in enabling financial institutions to continue to offer their services. This is particularly important given the contemporary funding climate whereby, as explored in previous chapters, microfinance institutions' traditional funding streams, such as donor grants, NGOs and

public-sector financing, are steadily depleting and being replaced by private capital. However, this state-run institution operates in a similar manner to other private investors, charging microfinance providers interest on these wholesale loans. The way in which MFIs are funded is strongly linked to the type of services MFIs offer, which is centred on maximising profits. The negative impact on the low-income groups which microfinance is intended to serve is evident, with the poorest customers either forced to accept the high cost of borrowing or be excluded from microfinance services.

People with disabilities' frustrations with high interest rates are exacerbated by a perception amongst some within this demographic that microfinance institutions generate excessive profits through financially exploiting customers. This belief is centred on the notion that the people with disabilities cannot access such services due to greed on the part of financial providers. However, while some MFIs in Uganda and beyond do report large profits, MFIs must strike a delicate balance with their own financing to ensure sustainability. MFI representatives argued that the pressures of offering a variety of different services, strong competition and the need to generate financial gains to appease investors or repay wholesale creditors, results in the institution itself generating a modest profit. The difficulty in lowering interest rates in this context is clear given the requirement to meet their own financial obligations to their own creditors, and pressure from customers demanding the competitive pricing of services.

The level of interest rates charged by MFIs – levels deemed unaffordable by many actors in the disability sector – was directly linked to the way microfinance institutions are funded by the interviewees associated with financial providers. The neoliberal market forces described by Bateman (2010) are clearly evident, with funds from investors or wholesale lenders replacing donor and NGO financing which previously underpinned the sector. The commercialisation of microfinance in Uganda served to

create additional pressures on microfinance institutions, both in relation to investor- and finance-funded operations.

More troublingly, the linkages between increased commercialisation and a drift away from the core principles of poverty reduction associated with the microfinance movement explored by Bateman (2010) and Stiglitz (2008) appear to be supported in this research. This movement towards a model of financing exclusively driven by private capital, an approach described by Stiglitz (2008) as market fundamentalism, appears to be forcing the price of funding up for microfinance providers, with these costs passed on to consumers, reflecting the position of Roberts (2013) who argues that microfinance institutions with strong for-profit motivations charge customers higher levels of interest. As explored in the previous sub-section, excessive costs lead to the exclusion or exploitation of low-income borrowers, including many people with disabilities, raising questions as to the ability of the market-based approach to deliver microfinance across all demographics.

6.2.3 Collateral Requirements

In addition to rates of interest, another issue raised by organisations representing people with disabilities was the need for substantial collateral. This constitutes another fundamental reason why more people with disabilities did not access loans from MFIs. The type of securities requested by MFIs to act as collateral for their loans was varied, with those working for disability organisations who were interviewed citing land titles as one of the most commonly-requested securities. Other possessions, such as household chattels, property, stock and motorcycle log books, were mentioned as alternative securities which microfinance institutions request as part of the loan-acquisition process. As many DPOs outlined, the requirement for these types of securities presented an insurmountable obstacle for many people with disabilities

that wanted to access microfinance. This issue was explained by the chairperson of the largest umbrella disability organisation in Uganda:

> "The ties, the requirements, are so enormous, and persons with disabilities cannot access… They'll need you to provide securities, hard securities. Land titles, log books of vehicles, log books of motorcycles. Persons with disabilities don't have these requirements. So the requirements are so high for persons with disabilities" (Interviewee C).

Disability organisations argued that obtaining the necessary securities required ranged somewhere between difficult and close to impossible for people with disabilities. For some, the difficulty in providing the necessary securities presented the most substantial barrier to improving access to people with disabilities:

> "Mostly it is about the requirements that these microfinance people want that do not favour persons with disabilities, because really persons with the disabilities in Uganda are the poorest of the poor" (Deputy executive director of a rights-based disability organisation - Interviewee F).

Land titles were a specific type of security which was repeatedly identified as being particularly demanding for disabled people to acquire, especially with the relatively high cost of land, particularly in and around Kampala. Even for disabled people that did have relevant securities, leveraging loans against key items, which in some cases would represent the most valuable asset owned by a disabled individual, adds an additional burden to potential borrowers. For some, there was a perception that MFIs were more likely to seize a person's securities than a commercial bank, should there be issues with repayment.

> "And interest of the bank is not that they are not interested in taking your asset. They are interested in receiving money to pay the bank. Yet, these

microfinances, most of them, they…they like…they can take your property" (Chairperson of a disability skills and training organisation - Interviewee D).

Knowing that defaulting on the loan would see the loss of important land, transport or key household items would only serve to make people with disabilities less likely to access microfinance. The practice of requiring securities as collateral is commonplace across the financial sector in Uganda (and the world), with other financial service providers, such as commercial banks and SACCOs, employing the same strategy. This approach is widely seen as a measure by which creditors can insure themselves in case of default on the loan by the borrower in order to minimise potential losses. However, the effectiveness of this approach has been questioned. For example, the general manager of a Christian-based microfinance institution believed that this approach to lending, which focuses on the need for collateral, is leading to the same types of problems in the microfinance sector that are currently being experienced by commercial banks:

"If you made the research about the NPAs, non-performing assets, non-performing loans of banks today, it is very high. All these loans are secured. I'll tell you, even banks are stuck with titles. Nobody is buying. OK? They are stuck with many properties. Nobody is buying. So the issue is not how secure the loan is. The issue is how easy is it for this person to pay back the loan?" (Interviewee V).

"For me, it's a probability. Even if you have heaps of titles, so what? If the client cannot pay, the aim of my existence is not to sell you land. It's not a permanent objective. And that's where bankers going wrong. You tell me…my loan is secured. It is secured yes, but do I have the capacity to pay? Otherwise you [the finance institution] will get stuck with the title and nobody is willing to pay" (Interviewee V).

The role that securities play in the relationship between lender and borrower is queried by the MFI representative. The point raised is that actors in the financial sector should be much more concerned with whether a borrower can repay, rather than relying on securities as an insurance policy should a customer default. The suggestion made by the interviewee is that, in the banking sector at least, there may have been an over-reliance on ensuring customers have the desirable level of securities, which may override the more important issue as to whether the borrower has the means to successfully repay the loan. However, the view that collateral is central to ensuring the high repayment rates witnessed across microfinance sectors in many developing countries retains prominence amongst MFIs (Armendariz de Aghion and Murdoch, 2000), and may explain the reluctance to move away from this established framework of securing loans.

The issue of collateral requirements attracts less attention than high interest rates in the literature on access to microfinance, despite both acting as considerable barriers to customers. Whilst the challenge is identified by Armendariz de Aghion and Murdoch (2005), which suggests securities are a major obstacle, given that clients looking to borrow from MFIs usually have little or no collateral to offer, the difficulty in putting up the necessary collateral is largely overlooked. As evidenced, however, the prominence of this barrier in the view of disability organisations is clear, and in many instances it is insurmountable.

The employment of other approaches as an alternative to relying on collateral, including imposing social sanctions such as ostracism by local community members or the denial of future credit, have been explored previously. However, the effectiveness of those models has been limited (Bond and Rai, 2002). Furthermore, there appears to be a disconnect between the microfinance literature, which largely frames microfinance as a security-free service, and the reality on the ground, as analysed in this research, which demonstrates the high level of securities required

being a primary concern to potential borrowers (this discrepancy may be a result of the widespread availability of collateral-free group lending, discussed subsequently).

A broader point can also be raised. This finding presents further evidence that microfinance institutions continue to behave in a manner which mirrors mainstream financial institutions. Demands for collateral by microfinance institutions reflect Johnson's (2014) argument that there has been a cultural shift in the microfinance sector to viewing people as clients, rather than beneficiaries, in this free-market model. Assuming a lending model more akin to that of a commercial bank undermines the rhetoric of the microfinance industry as a double bottom-line sector; one equally concerned with poverty reduction as it is with development. The requirement for large securities reduces access amongst low-income groups. For people with disabilities, who are less likely to have suitable assets to use as collateral given their disproportionate position within low income groups (Briathwaite and Mont, 2009), high collateral requirements form an even greater challenge when attempting to access services.

6.2.4 Group Lending Methodology

Significant collateral requirements create a major barrier for people with disabilities attempting to secure credit from MFIs. However, microfinance institutions offer a precise response to this issue. The group lending methodology is considered by many microfinance institutions to be a successful avenue by which those without the required level of securities are able to access financial services. In a group lending scenario, other members of the group are held responsible for the debts of any given borrower in the absence of collateral which would normally be seized in cases of default.

> "Many of them [people with disabilities] won't have collateral, sometimes, and if you don't have collateral, we have the group lending methodology, where you

guarantee each other" (Financial inclusion officer at an MFI umbrella organisation – Interviewee N).

"We encourage them [low-income individuals] to form groups, because those ones don't have bigger securities. So we tell them join. You can form a group of…from 5 people to thirty. Each group member can guarantee the other, that 'So-and-so, I guarantee that person will pay back the money you're giving him'. So those people form groups, we give them loans" (Credit Officer at a national MFI – Interviewee E)

"The advantage is that they don't need so much security because the members are security in themselves" (MFI operations and business development manager – Interviewee J)

This mechanism for increasing the accessibility of financial services to lower-income groups is commonly offered by a variety of microfinance institutions interviewed, and furthermore, this type of product is widely understood amongst people with disabilities. This approach is predominantly focused on those wishing to borrow smaller amounts of money, with one MFI stating those requesting 500,000 Ugandan shilling (£125) or less tended to use the group lending method. Microfinance institutions themselves were largely positive about the benefits of group lending as, aside from physical securities, it gave them a different but effective insurance against failure on the part of the customer to repay the loan while enabling them to serve more customers. The merits of the group lending methodology, in relation to both creditor and borrowers, is assessed by Armendáriz de Aghion and Morduch (2000) which explains how this approach has enabled MFIs to serve new markets and retain high repayment rates without the need for securities from consumers, benefiting both parties in many cases.

Whilst the group lending methodology was broadly employed by MFIs, and considered an effective mechanism for extending credit to marginalised groups and broadening

financial inclusion, a number of limitations were highlighted by disabled peoples' organisations around this type of approach to providing loans. Firstly, loans provided to individuals were seen to be more flexible than group loans in terms of their repayment requirements, particularly around the regularity in which the repayments need to be made. For example, the business development officer at a leading MDI stated that, whilst the conditions for individual loans could be tailored towards the needs and wants of consumers, borrowers in groups were subjected to stricter guidelines. They explained that individual consumers were offered a degree of flexibility around repayment schedules, with customers given greater choice over the regularity of their instalments, whilst group-loan repayments were more rigid and required to be made on a weekly basis. Whilst other MFIs offered different payment schedules to groups and individuals, however, the same principles remained, with group borrowers tied to tighter repayment frequencies. The head of SME at another MFI in Kampala (Interviewee P) outlined their policy that payments can be weekly or monthly, but specifically for low-income groups the organisation requires biweekly repayment, whilst the head of operations at a different medium-sized MFI explained:

> "The group clients pay weekly, others biweekly, others who pay monthly… The individuals pay monthly" (Interviewee Q).

The discrepancy between the rates at which loans are recovered by MFIs between individuals and groups clearly has an impact on the nature of the loan use, with group borrowers needing to quickly and consistently create extra income to service their loans. With many disabled borrowers lacking securities, and therefore required to accept loans as part of a group dynamic, medium- and longer-term investments may be more difficult for this demographic given these time pressures. Additionally, repayments at more regular intervals may have other implications for people with disabilities. As the inclusion officer at an MFI umbrella organisation explores, more regular repayments may disproportionally affect disabled borrowers:

> "But, the design of these products [group loans] has been that, maybe you have to so frequently visit the institution, maybe weekly, and, you know, if I'm a person with disabilities, it may be a little more costly for me, because maybe in a place where others are walking, for me, I'm spending some money" (Interviewee N).

Whether disabled borrowers are required to meet up with the rest of the group to make repayments, or at the institution itself, those with mobility issues may well need to spend extra money on transportation when compared with able-bodied people. Indeed, more broadly, the cost of transport was regularly brought up by disabled people's organisations as a major barrier in the lives of the disabled people they represent. In addition, the time taken for disabled borrowers to reach the physical meeting point at which repayments are made is likely to be greater than for their able-bodied counterparts, resulting in less time working or earning, inflating the price of involvement in a group-loan setting. This analysis helps demonstrate the additional indirect costs associated with group lending, which are often felt more keenly by disabled borrowers, and demonstrates one factor which reduces the accessibility of their services to disabled potential customers. This understanding at least partially undermines MFIs' position that group lending automatically makes borrowing more affordable to low income groups.

Aside from the financial and time costs that the group lending methodology exerts on disabled borrowers, other aspects of the group lending methodology disadvantage those with disabilities. A number of disabled people's organisations reported that their members have experienced difficulties in being integrated into existing groups or attempting to form their own groups with others. There was a belief amongst some of those interviewed from DPOs that groups sometimes refused people with disabilities to become members of their borrowing units due to their prejudices against people with disabilities.

> "Sometimes, they [MFIs] require you to be in a group and unless you're in a group of persons with disabilities mostly, these other people may not feel comfortable to have a person with a disability in their group" (Deputy executive director of a rights-based disability organisation - Interviewee F).

> "I know the whole issue of groups, working in groups and being able to get it with that, but the whole…the whole thing of groups also comes back to, are you able to march within the group? Because if the group is every other time relying on you paying off your…your differences, so that they can meet the expectation of the microfinance, no one will want to…to be here, to want you to be in their group. So it's about the…how…the perception, and then it is about marginalisation and sometimes it's discrimination". (Executive director of a national disability organisation – Interviewee T).

The fundamental issue which results in some people with disabilities struggling to operate within a group setting is the fact that loans provided through this method represent joint liabilities. If one person cannot repay, then other members of the group are held responsible for their debts. Existing negative social stigmas around people with disabilities in this context (See Thomas, 2000; Lewis, 2004) foster fear in group members that people with disabilities are incapable of, or at least less likely to, successfully use their loan to create profits. The suggestion is made that fellow able-bodied group members believe that disabled people are less likely to be able to repay their loans and consequently require 'bailing out' by other group members, and therefore the able-bodied people are especially reluctant to allow people with disabilities to join their groups. These outcomes directly support Thomas' (2000) research which also examined exclusion of people with disabilities by non-disabled people in this environment. These beliefs can undermine the trust which is critical for groups to exist productively. The consequence is that group exclusion in this setting can act as another barrier which restricts access to microfinance services for people

with disabilities. These types of social barriers are discussed in greater detail in the subsequent chapter.

Other factors associated with the group lending methodology can also be seen to reduce accessibility to disabled potential consumers. Due to the fact that people with disabilities are disproportionally affected by poverty, a higher percentage of disabled people are likely to be required to join groups to access finance than their able-bodied counterparts. Such issues may also represent a higher degree of difficulty for this demographic to overcome.

Firstly, the process for accessing money is a lot slower in a group setting than for an individual borrower. Group members may need time to contribute the required savings, or be required to remain part of the group for a set period of time (six months, for example), before becoming eligible for finance. Also, group borrowers have to wait their turn and rely upon fellow members repaying their loans before new credit can be extended. A disabled borrower may need a loan at a specific time for a specific reason to expand a business, but this may not be possible to achieve in a group setting. In contrast, many of the MFIs interviewed stated that individual loans were processed between 3-5 days. Clearly, this discrepancy makes individual loans much more attractive than those given to a group.

Secondly, peer pressure remains the primary force which ensures timely repayments, a feature built into the design of such products by microfinance providers. This structure can work to benefit or hinder certain individuals within a group setting, based upon their standing in the community. The lower social standing of people with disabilities may act to reduce their power within this setting, marginalising such individuals and reducing their ability to access credit fairly. Whilst such an outcome is difficult to measure tangibly, this situation would not be surprising, considering the issue raised by disabled people's organisations that disabled borrowers are

sometimes excluded from groups due to disability discrimination. Naturally, other factors may have an impact on the relative political empowerment of group members, namely age, gender or religion. However, it is another challenge which reduces the ease of access to microfinance for people with disabilities.

The group lending methodology has itself been subjected to broader criticism. Montgomery (1996) charters the damaging social consequences of the group lending approach across demographics, with peer monitoring causing increased social friction, and damaging community relations by exploiting existing social connections. Whilst academics such as Levinson (2003:397) have hailed the promotion of collective responsibility in creating a microfinance sector which produces "remarkable spillover effects", including solidity building, the morality of shifting liability onto other low-income groups' members has been questioned (Soederburg, 2014). High repayment rates associated with group lending often overshadow the overall impact of such loans on poverty reduction, which in some instances has been negligible (Coleman, 1999).

However, despite these criticisms, group lending has been a fundamental component in the growth of microfinance services across the developing world (Bornstein, 1996), creating a mix of social consequences (Sanyal, 2009; Montgomery, 1998), but little attention has been focused on the social practices which enable and disable different type of people to be able to sit within these groups and use credit services without collateral in this manner. Despite strong legislation at the national level, discrimination towards people with disabilities remains highly visible, with clear evidence to suggest that they are excluded from groups solely on the basis of their disability. Montgomery (1996:291) argues that central to the success of the joint-liability lending methodology is that group is able to "self-select their own members to form a relatively homogenous group. The implicit idea of equality also assumes that they [group members] will constitute a similar degree of risk to each other".

Social prejudices against people with disabilities mean that such individuals are not viewed as equal partners but potential liabilities, and are therefore excluded from such groups, undermining their ability to access credit through this mechanism. This finding contradicts the dominant narrative within the microfinance sector that group lending provides an opportunity to all that are excluded from financial services due to lack of collateral. This standpoint ignores the importance intersectionality plays in determining who is able to access services. Furthermore, the deceptiveness of aggregated statistics which explore the number of people in particular areas with access to financial services is apparent, as specific types of individuals are better placed to take advantage of these new opportunities while people with disabilities, for example, remain largely excluded.

The group lending framework remains the dominant mechanism for extending to credit to the poorest people, given the ability of joint responsibility to act as a proxy for collateral. However, microfinance institutions have given little attention to the fact that existing social bias reduces the ability of people with disabilities to form groups to access credit. This research in Uganda mirrors previous findings in Bangladesh, which show that people with disabilities were excluded from financial services as a direct result of their impediment (Thomas, 2000; Sarker 2013). Whilst group lending proved a catalyst for the rapid expansion of microfinance into new regions and amongst particular demographics, such as women, the approach has had a weak effect on facilitating the integration of people with disabilities.

6.3 Increasing Accessibility for People with Disabilities

6.3.1 Designing Specific Products

One approach designed to increase the accessibility of microfinance for people with disabilities, advocated by disabled people's organisations, was the development of specific products by microfinance institutions which were created to fit the needs of

disabled borrowers. Many of the disability organisations interviewed believed that the people they represented should be offered more favourable credit terms when accessing a loan. The rationale behind this view was that people with disabilities face greater economic costs than able-bodied individuals competing in the same marketplace. The administrative secretary of a DPO specialising in developing business skills for people with disabilities summarised this argument in the following way:

> "Another thing from a disability perspective is even the costs of running a business for a person with disabilities tend to be higher, yet you are competing with people that are running the same business at a less [sic] cost.
>
> What brings the cost higher is that when it comes to transport. Let's say if I wanted to go and get maybe some products to use from down in [Place name]. A person who does not have a disability will simply walk down and come back, and then for now I have to order a boda-boda [Motorcycle taxi] which can cost something like between 3,500 and 5,000 [Ugandan shilling] yet a non-person-with-disabilities will require only using 1,000 shillings" (Secretary of a women's disability skills and training organisation – Interviewee B).

For those with mobility issues linked to disability, factors such as transportation and moving stock add costs to running a business. The DPO representative argued that MFIs offering more favourable terms for loans to people with disabilities was a way of counterbalancing the extra resources needed for a disabled individual to run a viable business. The features of such loans would be centred on reducing the financial barriers which are deemed by DPOs to restrict access to microfinance the most, namely interest rates and securities.

> "Let's say they are to put the interest rate at any given rate and then when they find that it is a person with disability doing business, because of the fact that

> we told you about the costs which are bigger for a person with disability to operate a business, then maybe these microfinance institutions, they could maybe give a person with disability in business a loan at a lower interest rate than the one given to the person that does not have the disability" (Chairperson of a women's' disability skills and training organisation – Interviewee A).

Similarly, other representatives from DPOs argued that microfinance institutions should reduce the level of securities for people with disabilities to provide greater access to their services. This was driven by the belief that MFIs should acknowledge the additional challenges experienced by people with disabilities and attempt to rectify these inequalities through such policies. Designing a specific product based around these two features – lowering the interest rate and reducing the securities – can be seen as a direct reaction to the affordability issues outlined previously.

Another approach, put forward by the deputy executive director of a DPO in Kampala, was to offer greater flexibility for people with disabilities around their repayments' period.

> "Maybe other people are taking a maximum of two years, people with disabilities should be given at least an extra year, yeah. Because what they go through to…to work out their business is not the same" (Deputy executive director of a rights-based disability organisation - Interviewee F).

An alternative could be for MFIs to offer people with disabilities more lenient terms at the start of the repayment programme. For example, a buffer period at the start of the loan where no repayments are due for the first two or three months.

All of the suggestions made focus around making microfinance more affordable through creating services that are less restrictive and directly targeted at disabled potential borrowers.

One of the major successes of the microfinance movement has been the way in which one particular marginalised group, women, has been brought into the sector through promotional schemes. Integrating women into microfinance services was, and remains, a key priority of the financial inclusion movement, and it can be argued that these principles should be applied to disabled people too, with the same mechanisms used to promote access for this group. This point is made for example by the operations and business development manager at a leading microfinance institution:

> "I think it probably…friendly, more friendly terms, because I wouldn't want to say that most MFIs have had experience dealing with them [people with disabilities] as a category. Because if I look at how women were brought on board, they were target *[sic]* …being targeted and somehow the terms were not at the same level with other ordinary clients" (Interviewee J).

The way in which affirmative action was taken to promote the use of microfinance services to this group, by developing what the interviewee described as a having a "special package", positively impacted on their access to microfinance. Due to the fact that women have been publicly identified as a marginalised group by powerful stakeholders, such as the World Bank and Grameen Bank, microfinance institutions have been compelled to try to serve female customers. Whilst this remains the case for some, the same interviewee described a small change in the way people with disabilities were being viewed by other stakeholders.

> "That's what they think is the target because they feel they are targeting vulnerable households. But I think we are seeing a lot of partners insisting that we should come out and target persons with disabilities" (MFI operations and business development manager – Interviewee J).

The rapid expansion of microfinance markets in South Asia was driven in part by the rejection of the open-market model, and deliberate servicing of specifically women's

financial needs. Women, having been identified as an underrepresented demographic, have historically been targeted as potential beneficiaries of microfinance (Jain, 1996; Montgomery and Weiss, 2011). DPO representatives argued a shift in approach towards the targeting of persons with disabilities may produce similar results of improved access and greater financial inclusion. Mirroring the work of MFIs targeting women through initiatives which offer lower interest rates or specific skills training, for example, is one avenue that DPOs have suggested could be explored to increase accessibility for people with disabilities.

Microfinance institutions presented a variety of reasons why they did not offer special services to disabled customers. The most common justification was that their current approach was entirely based upon the ability of a customer to pay, meaning services were already open to all customers that were able to afford their services. It was argued by microfinance institutions that the products they offer are market-driven and therefore open to all that can afford the loan:

> "For now, we haven't really reached that level where we can say we have a special product for these kinds of people. We are still offering everyone what we have, as long as you meet the requirements" (MFI head of operations - Interviewee Q).

> "Our target market is people with businesses. So whether you're disabled or not, as long as you have a business, you qualify to be our clients". (MFI head of operations - Interviewee Q).

> "There is none [MFIs] that I'm aware of that does that [offer specific products for people with disabilities], because I think in the majority of cases the emphasis is on whether someone is able to borrow and pay" (Assistant director at the microfinance division at the central bank - Interviewee L).

This sentiment was echoed by the majority of MFIs as a way to demonstrate that their products and services were accessible to people with disabilities. Indeed, microfinance institutions were able to use this as rationale to justify their lack of specific efforts in serving people with disabilities, with MFIs routinely stating that their products were available to anyone. Consequently MFIs argued that they already offered inclusive services which did not discriminate against certain groups. For the most part, representatives from microfinance institutions were confident in their position that there were no differences in the way disabled and non-disabled customers were treated.

> "It's purely on the business, because when it comes to borrowing, anyone is a potential defaulter so there is no way you can just look at someone who is maybe OK, without any disability, and you think this one will pay, so it is about the business, it's about someone's character…We don't consider those other things…We just make a sound judgement of how we have seen the business and the character" (MFI head of operations - Interviewee Q).

> "We do not look at those peoples, different kind of people. We take them as any other person. So when somebody comes in and he has the capacity to pay back, we sit with him, we discuss the details of his ability to pay back according to what he is doing, then we give them loans. We do not…we do not leave them aside" (MFI credit officer - Interviewee E).

It was argued by MFI interviewees that loan decisions were made solely based around business decisions and not related to the physical characteristics of the borrower. There was a rejection of the claim that the current climate may have resulted in a disproportionate number of people with disabilities being excluded from MFI services. Such a standpoint implicitly rejected the notion of the design of specific products targeted at those with disabilities, as the MFIs representatives view their services as

already being open and accessible to all groups. There was no acceptance on their part that people with disabilities may have extra difficulties accessing microfinance and, as a consequence, few resources had been focused on how this demographic could be served more effectively.

Interestingly, the discussions were often directed more towards demonstrating that the institution was not discriminating rather than around the ways in which they can increase inclusivity and accessibility. Microfinance institutions were keen to highlight instances in the past where they have sought to improve accessibility for people with disabilities (such as through the installation of a ramp, for example), while demonstrating little acknowledgement that promoting inclusivity remains a constant and evolving challenge. Indeed, very few future actions were articulated which sought to strengthen access for people with disabilities.

The idea of offering products for special groups was considered not just unnecessary but harmful to people with disabilities by a number of interviewees. Some MFI representatives argued that tailoring products would increase their isolation, with warnings given that such an approach would promote segregation and further marginalise people with disabilities.

> "We don't isolate the disabled person, say we want to meet them alone *[sic]*. Because even the government here promotes the relationship to know that they are also able. They should not be separated. Put in one place. Because with that one, you see them as special people who need special concern, no, no, no, no, no". – (MFI general manager - Interviewee V).

Other interviewees went further, arguing that offering such products would be disrespectful to disabled people themselves and further reduce their social standing. One major MDI representative suggested that easing the conditions of loans for people with disabilities would give the wrong impression, and indicate that the

disabled are weak and only capable of accessing substandard loans. Whether such statements represent a genuine concern for the social standing of people with disabilities or act as a justification for lack of strategic engagement with such people is debatable, but the fact remained that, across the sector, there were very few examples of a tailoring of services to encourage people with disabilities to access microfinance.

Examples of tailored services for people with disabilities are rare but do exist. Lee (2012) highlights the case of Oportunidad Latinoamerica (OL), a microfinance institution based in Colombia, which sought to provide smaller than usual loans to people with disabilities (including for start-ups), and by allowing smaller group sizes if they included a member with a disability. This led directly to an increase in the numbers of people with disabilities accessing loans, with 6% of OL's clients identified as disabled (Lee, 2012).

Leymat (2012) reports as many as 25% of microfinance institutions provided some form of special arrangement for people with disabilities, based on research in a number of countries including Afghanistan, Nicaragua and Ethiopia. These arrangements fell into two categories: lowering the interest rate or extending the repayment period. Furthermore, several microfinance institutions had created more accessible premises for people with disabilities (Leymat, 2012), an issue explored in the subsequent chapter. These examples demonstrate that this notion of designing specific products for people with disabilities, offered with slightly more favourable conditions than the usual market rate, is realistic and can have an impact on access to loans for this demographic.

The success of this approach is fundamentally dependent upon its ability to be scaled up to reach more marginalised groups. The drive to achieve financial sustainability, and moreover maximise capital accumulation, such as those explored by Cull (2008)

in relation to Latin America, raises doubts as to whether financial institutions would be willing to extend these conditions beyond isolated projects. For potential customers in Uganda, where 19% of the population experience some form of disability (Ugandan Demographic and Health Survey 2011), the sector-wide adoption of more favourable loan conditions for people with disabilities would represent a substantial political and economic paradigm shift. The free-market principles advocated by global institutions, such as CGAP, appear incompatible with this approach, with the idea of offering below-market rates to particular demographics contradicting the liberalised economic model which has facilitated huge expansion in the sector.

6.3.2 State Intervention and Subsidies

Another interesting idea raised by a number of DPOs was the possible role of the Ugandan government in developing schemes which target disabled customers. Interviewees argued that the state currently had little involvement in the sector, with many representatives at disability organisations arguing the need for an increased role by the government to promote microfinance access for people with disabilities. One way in which this could be done, suggested by a number of disability organisations, was for government to subsidise the interest rates for disabled borrowers.

> "If the government comes in and says that…it works with these microfinance institutions, that if a person with disabilities is going to borrow money, there is a way the government can… how can I call it? Subsidising…the interest rate" (Project coordination at a large, national disability organisation - Interviewee U).

> "Another thing government should also put [sic] the subsidised interest rate for people with disabilities" (Secretary of a women's' disability skills and training organisation - Interviewee B).

For some interviewees, the justification for interest-rate subsidises was based on the belief that the costs associated with running a business were higher for those with disabilities, as explained previously. Even a small reduction in rates could increase the use of microfinance by potential customers with disabilities, reducing financial barriers and creating more affordable terms. However, few indications were made as how this could be achieved or how a specific scheme could be implemented, rather a broad belief that government should be supporting disabled borrowers more, primarily in the form of subsidises. Conversely, the deputy executive director of a rights-based DPO argued that instead of subsidising rates the government should assume a more regulatory role, directly instructing financial providers to ease the conditions of loans for their disabled customers.

> "So if there's a…if government instructs like banks to…to, first of all to lower interest for people with disabilities, and also maybe to give them a high period of paying back the loan. That could help" (Deputy executive director of a rights-based disability organisation - Interviewee F).

In this scenario, MFIs would be compelled by the state to offer specific services or products at a reduced cost to marginalised groups, rather than the government themselves helping to fund the same services currently on the market. This approach would see the government take a more interventionist role in controlling the activities of MFIs, requiring a dramatic shift away from the free-market principles currently governing microfinance businesses in Uganda. These two different approaches highlight ways in which the state can intervene to support disabled people to access microfinance. However, it remains debatable as to whether such schemes constitute both realistic and achievable objectives.

Considering government subsidies, it is clear from interviews with MFIs that, despite the liberalised for-profit model currently underpinning the behaviour of the sector, the

state continues to play a key role in the sector's development. This is most vividly illustrated in the continued critical role of the Microfinance Support Centre, the state-owned wholesale credit provider which provides funding to many MFIs. Through this avenue taxpayers' money is still being pumped into the sector, with the state holding considerable influence over the behaviour of many financial institutions. This presents the government with a viable mechanism to affect the behaviour of MFIs in a manner which benefits people with disabilities' access. For example, the Microfinance Support Centre could reduce the rate of interest on their own loans to MFIs which are able to demonstrate that they offer specific products with lower rates for marginalised groups such as the disabled. Alternatively, the MSC could increase the rate of interest for those microfinance institutions unwilling to reduce the conditions of loans for this demographic. That way, the government would be indirectly subsiding the loans of people with disabilities without simply inflating the profits of MFIs, and provide financial providers with an incentive to design specific products.

Such a move would require a step change on the part of both the government and MFIs to work to integrate people with disabilities into their services. Subsidising products is likely to create some additional costs for both parties, and would arguably lead to claims of unwanted market interference, by free-market advocates. Moreover, there would need to be a stiffening of the political resolve on the part of the government, to accept that access to finance for people with disabilities is an important issue, and engage in affirmative action to address barriers. Unlike many other developing countries, Uganda has a number of progressive laws supporting people with disabilities in other aspects of public life, which demonstrates the willingness on their part to engage with issues faced by people with disabilities. In this context the baton may fall to disabled people's organisations, many of which focus on advocacy, to lobby the government to raise awareness around the subject and

promote their intervention in working to provide some form of subsidies to disabled financial consumers.

There are increasingly fewer examples, particularly in the post-commercialisation era, of state support for microfinance institutions to provide cheaper services to certain demographics. The explicitly social mission of the Grameen Bank, with an explicit focus on previously excluded groups – in the case of Bangladesh most notably women - persuaded the Bangladesh central bank to effectively subsidise the financing of its operations (Murdoch, 1999; Bateman and Chang, 2012). The growth of the Grameen Bank was underpinned by this central bank intervention, allowing them to scale up their activities much more quickly. While the Grameen Bank was charged interest on loans from the central bank, the interest rate was almost three times lower than the funding available to other borrowers in the market (Murdoch, 1999).

However, state subsidies to support the work of microfinance institutions has been widely discouraged by the "neoliberal policymaking community", including the World Bank and USAID (Bateman and Chang, 2012:15). This approach was formulated to align the microfinance institutions with the broader economic and political principles of a liberalised, free-market approach to development and poverty reduction (Bateman and Chang, 2012). MFIs that achieved independent financial sustainability free from subsidies were heralded as efficient, and promoted as examples of good practice (Weber, 2002). The 'new wave' microfinance approach became the overwhelmingly dominant model, with even the Grameen Bank feeling it had "no other option but to finally convert" to a for-profit model in 2002, prior to the UN-declared International Year of Microfinance in 2005 (Bateman and Chang, 2012:15). This shift symbolised the near extinction of microfinance institutions built on a subsidy model.

The government in Uganda currently intervenes in the sector in two main ways. Firstly, through the regulation of some institutions within the sector (discussed later in

the chapter). Secondly, through acting as a wholesale lender through the Microfinance Support Centre. Neither of these interventions represents actions which serve to subsidise the activities of microfinance institutions in the country in any capacity, let alone because they serve a specific marginalised group such as people with disabilities. Whilst representatives at disability organisations repeatedly stated their belief that government subsidies were needed to reduce the financial burden on customers with disabilities, a renaissance in state support is highly unlikely in the current political and economic climate. This raises the question as to how the state can best support the affordable expansion of services to people with disabilities without the need for providing direct funding.

6.3.3 Regulation

Disability organisations have argued for action on the part of microfinance institutions to improve access to services for people with disabilities, including reducing the levels of interest charged and lessening the collateral requirement. Despite the advocacy of disability organisations, the vast majority of microfinance providers are under no obligation to change their operations, be that related to broadening accessibility or not, due to an almost complete lack of regulation within the sector. Indeed, currently in Uganda only three microfinance institutions are directly regulated. These are the three organisations known as microfinance deposit-taking institutions, which are authorised to accept funds from customers as well as providing loans. The three organisations (Pride Microfinance, Ugafode and Finca) are supervised by the Microfinance Division at the Bank of Uganda, to which they must provide regular financial reports, and accept external auditing from the central bank if and when requested. In discussion with a senior representative from the bank's Microfinance Division, it became clear that the decision to regulate these organisations was entirely focused on their role as savings agencies.

> "They [MFIs] are completely independent from the Bank, as of now, because our interest in to insure safety of deposit funds" (Assistant director at the microfinance division at the central bank - Interviewee L).

Whilst the involvement of the central bank in regulating these institutions will certainly provide depositors with an additional level of confidence when depositing funds with the MDI, this type of regulatory action does not extend beyond the sole objective of ensuring financial stability. Other dimensions to the microfinance sector, such as the level of interest, broadening accessibility, and the broader behaviour of MFIs, are not considered part of the Bank of Uganda's remit.

This situation feeds into a wider discussion as to the role of the regulator and the relationship between regulation and microfinance institutions in the country. MDIs aside, the microfinance providers within the sector are free to behave in whatever manner they see fit, with no restrictions governing their activities. This liberal approach helped create the foundations for the rapid expansion of the microfinance sector, with billions of Ugandan shillings lent to low-income consumers countrywide. However, the approach has also led to criticism that lack of supervision has resulted in the damaging collapse of too many MFIs, and in some cases has resulted in the exploitation of low-income borrowers. These outcomes have certainly damaged the reputation of the sector, with some representatives of disability organisations citing lack of trust in the microfinance sector. The issue of regulation was discussed in a number of interviews, with some representatives from the microfinance sector believing that the current situation around MFI supervision needed addressing:

> "We need to have a regulator in the microfinance sector. An authority actually that guides what should be done" (General Manager of a Christian-centred MFI - Interviewee V).

Similarly, an MFI umbrella organisation stated that lack of regulation of the sector has been responsible for the rapid appearance and closure of a number of MFIs, often within short timeframes, which undermined the credibility of the sector. The representatives from the Bank of Uganda, currently responsible for the supervision of microfinance deposit-taking institutions, also highlighted the weakness of MFIs, and believed a change was required in the near future to exert some form of control over microfinance lenders. Fundamentally, there is an acceptance amongst a variety of stakeholders that regulation of some form would prove beneficial to the broader microfinance movement. However, the combination of cost, workload and the lack of political will, driven by a desire to promote free-market principles, has contributed to the lack of regulation evident around the Ugandan microfinance sector.

A key actor in this discussion is the Association of Microfinance Institutions in Uganda (AMFIU). This organisation primarily lobbies on behalf of microfinance providers in the public sphere, shares best practices with its members, and holds regular meetings and conferences designed at enabling professionals working in Uganda's microfinance industry to network. Whilst AMFIU has no legal authority over the MFIs it represents, it does boast more than one hundred member institutions, including many of the larger industry leaders. AMFIU cannot force its membership into actions they do not wish to undertake. However, it does run a number of schemes designed to encourage change in MFI behaviour, such as its financial inclusion programme.

To summarise the current situation, three MDIs are regulated by the central bank, around 100 MFIs are members of AMFIU, while hundreds of other microfinance providers operate in the market which are neither regulated by the Bank of Uganda or members of AMFIU. Therefore, in order to promote regulatory changes which may increase accessibility of microfinance services to people with disabilities, one option is to increase the level of regulation through the introduction of a new regulatory body to oversee the activities of MFIs. The need for a form of authority to govern MFI

behaviour was argued by the assistant director in the microfinance division interviewed at the Central Bank, who was in favour of this dual approach.

> "The ones that are deposit taking, they'll be compelled to come to the central bank, and those that will not come to the central bank will come under another authority, but they have to fall under some form of regulation" (Interviewee L).

One option would be for the Bank of Uganda to create another subdivision tasked with the non-financial regulation of microfinance institutions in the country. However, there is little precedent for a Central Bank to assume a role in regulating microfinance institutions in a manner any broader than its current remit. Hubka and Zaidi (2005) provides a commentary on the purpose of regulation in microfinance sectors, as promoted by the World Bank. They argue that regulation should "maintain the prudential integrity of the financial sector, and facilitate the scaling up of microfinance and its integration with the formal financial system" with a strong emphasis on maintaining macroeconomic stability (Hubka and Zaidi, 2005:1). No attention is given to the role of state-supported regulation as a mechanism for expanding services to any particular demographic. In neighbouring Kenya a similar policy to that of Uganda is in force, with regulation focused exclusively on the financial element of microfinance institutions which accept deposits (Omino, 2005). These factors suggest that it is unlikely that regulation to support access to financial services for people with disabilities will be driven by the state.

A more pragmatic option may be to try to use the existing networks within the microfinance sector to help create a regulated environment. This could take the form of more formal self-regulation. Such frameworks are evident both historically and contemporarily in financial systems, such as the self-regulatory models associated with dominant global financial centres such as the City of London (Moran, 2003). A regulatory mandate based upon non-legal codes was visible, a supposed product of

'internalised cultural restraints and the subtle exercise of social controls', designed to provide 'broad guidelines rather than detailed rules' (Moran, 2003:52). This cooperative approach to regulation helped provide the foundations for the City of London to develop into the international financial centre it is today[11]. These networks could form the basis of an alternative, more soft-touch regulatory body. This approach was favoured by the general manager of an MFI interviewed, who argued that the framework for supervision of MFIs may already be in place.

> "AMFIU is…is an association today that brings together the MFIs at different place within the market. I think what the government has to do – or central bank. Government, and then I think the central bank, is to make AMFIU an authority" (Interviewee V).

Due to their ongoing successful relationship with a large number of microfinance providers, AMFIU is certainly well positioned to be in contention to take on this role. Whilst AMFIU does not currently have any legislative powers, either the central bank or government could work to give AMFIU powers to act as the de facto regulator and enforce some conditionality on MFIs. Many of the disability-friendly policies explored could then be implemented through this approach. AMFIU is an institution well-respected by MFIs, as well as having a demonstrable interest in broadening financial accessibly in relation to people with disabilities, and therefore could be well suited to this role. In interview with an AMFIU employee, the representative was asked, if

[11] In more recent years, the regulatory environment of the City of London has undergone some significant changes, with higher levels of formal, legally-bound regulation coming into effect and a larger state role. However, many of the self-regulating practices remain embedded (see Moran, 2003).

regulations did come in to govern MFI activities, who could be responsible for their implementation?

> "I can't predict that yet, but it is obvious for the Bank of Uganda to be able to regulate this entire sector, it will be an overload. But I know, maybe an independent regulatory body will set to be in charge of this particular category. It may be a new body. It may be AMFIU, maybe if [AMFIU's] capacity is boosted, because it is a huge load of work" (Interviewee N).

Currently, AMFIU is an important actor in the Ugandan microfinance sector as a medium between microfinance providers and central government, ensuring information is shared between the two stakeholders. The organisation would appear best placed within the current network of microfinance actors in the country to assume a more regulatory role. This would predominantly consist of the creation and enforcement of regulation that focuses on the social performance indicators, rather than financial ones (which would continue to be supervised by the central bank in respect of MDIs). Alternatively, a more formal self-regulatory framework could be fostered by AMFIU, given their broad network and strong working relationships across the sector. However, AMFIU's existing close working partnerships with many MFIs may serve to undermine any supervisory relationship, making it more difficult for the organisation to be viewed as an independent body.

Different approaches have been explored across developing nations. Haq et al. (2008) describes some of the ways in which MFIs are regulated across Asia, specifically when supervisory authority associated with governments or central banks is delegated to an apex organisation, such as Palli Karma Shahayak Foundation (PKSF) in Bangladesh and NABARD in India. Whilst detached from the central bank, influence remains evident, as well as direct government interference. As Haq et al. (2008:444) explains, this approach has created a mixed picture, as 'special regulation

[of MFIs by an apex body] impedes the growth of the microfinance industry', though this is not to suggest some benefits may not occur. Reshaping AMFIU in this mould as a quasi-state body could add legitimacy to its role and strengthen its regulatory powers.

6.3.4 Demand-Driven Products and Data Limitations

Despite widespread reluctance on the part of MFIs to design products specifically for disabled clients, the idea was not dismissed entirely by the interviewees. Some microfinance representatives viewed this approach as a viable mechanism for broadening their customer base to include more disabled individuals.

> "I think that if a product is developed solely targeting them - that could be one way. Increasing the inclusion" (MFI operations and business development manager - Interviewee J).

However, the way in which this could be achieved differed from the views held by disabled people's organisations, previously outlined. The leading MFI umbrella organisation in Uganda stated the need for any specific product to be driven by the market, without the need for intervention from other actors, such as the state or regulator. The suggestion was that MFIs should react to the demands of people with disabilities, which it believes are often overlooked, and create their products and services around the market forces at play.

> "Do the persons with disabilities that approach your institution fit in the products that you offer? If not, with the time and as we learn maybe we will be able to develop a demand driven service specifically for them.
>
> Actually when we talk to the [microfinance] institutions, they always ask 'But now tell us what kind of products should we give to persons with disabilities?' I tell them I don't know. I'm drawing your attention to this particular segment…

> You could design a demand-driven product, as you deal with them. Just like other products. You develop them according to the need" (Financial inclusion officer at an MFI umbrella organisation – Interviewee N).

This notion of market forces dictating the development of products and services specifically targeted at disabled people has merits, and would require fewer dramatic changes to the structure of the sector to enforce compared with greater state regulation, for example. However, for this to be achievable there needs to be a deeper understanding, on the part of MFIs, of the true scale of demand for financial services by people with disabilities. This represents a major challenge, considering the current level of knowledge by MFIs around disabled customers. Fundamentally, the vast majority of MFIs do not understand the nature of their own client base well enough to be able to identify the current percentage of people with disabilities that they serve, let alone identify the potential untapped market which could be explored through new specifically-designed or targeted services. Whilst the need to create a demand-driven product was accepted by a number of interviewees, lack of data about their existing customers was a major obstacle in understanding the demand for these services by persons with disabilities.

Lack of data about the use of microfinance by people with disabilities was a clear issue in the broader discussion around promoting accessibility, in discussion with interviewees from MFIs. In conversation around data collection, almost all of microfinance institutions did not record whether their customers had a disability. This is evident in the responses from MFI representatives when asked specifically whether they documented if a customer had a disability as part of the loan acquisition process:

> "Not really, not really. Our target market is people with businesses". – (MFI head of operations – Interviewee Q).

> "We don't even have the statistics of how many [disabled customers] are in business, how many qualify for the kind of credit we give or the services we give" (Manager of a Kampala savings and credit cooperative - Interviewee Y).

> "There are some questions but our tool does not have that. We do not have that but, of course, relationship management…I know my client" (MFI Branch Manager - Interviewee O).

> "The tool does not indicate – the assessment tool – but me, as the relationship manager, I give special…I have to take that into consideration" (MFI Branch Manager - Interviewee O).

Some MFIs did not see the need for collecting such data, as the information did not feed into their key objective of assessing whether the individual could afford the loan. For others, understanding whether a customer had a disability was important, but should be handled more personably through staff-customer relations rather than recorded quantitatively or formally as part of standard procedures. The net result of this approach was that the majority or microfinance providers did not know how many of their customers were disabled, what type of products they were using, and what the level of demand was amongst this demographic for their services. This was in direct contrast to, for example, the age of customers at a given institution, with such data recorded and accessible, to easily identify the number of loans provided to those within certain age ranges. Similarly other demographics can be analysed by MFIs, such as the gender, income and geographical distribution.

Just one of the major microfinance deposit-taking institutions in the country did record data on disability. The organisation stated that it recorded this data as part of their 'know your customer' programme, which seeks to provide a more rounded picture of their borrowers, to help ensure that loans were affordable to customers and the institution better understood its customer base. It also stressed that recording a

customer's disability had no impact on their loan decision. Despite the procedure of this individual microfinance provider, it is clear from the discussions with MFIs that the majority do not collect data on the customer's disability status, and there is certainly no systematic, sector-wide policy for gathering such information. This situation severely undermines the notion of developing demand-driven products, and many disability organisations were convinced that the lack of data collected stunted access to services, as MFIs could not develop demand-driven services if they were unaware of the demand.

The need to produce statistics around microfinance use by people with disabilities is accepted by the largest MFI umbrella organisation in Uganda. By recording if a borrower has a disability, in conjunction with other variables, MFIs would be able to not only recognise the degree in which disabled people interact with their business but also the types of services and products most commonly used by this group. This would enable the continued development of services tailored towards people with disabilities, and allow for the promotion of specific products for disabled borrowers based around existing multi-dimensioned data. The potential impact of increased data is appreciated by the umbrella organisation, with an agreement that capturing data on disability would be a positive step.

> "If you are able to capture numbers of women, numbers of men, and can tell me the number of youth that are your [clients]… So why don't you also be able to capture information on persons with disabilities?
>
> The major thing here is for you to be able to study this category of clients. Is it really true that they desire your services? You would be able to tell the performance of their portfolio. You would be able to tell, you know, their character – whether they save more or whether… So that is what we are highly

pushing on the agenda" (Financial inclusion officer at an MFI umbrella organisation – Interviewee N).

More broadly, such an approach would constitute a mainstreaming of disability issues in the microfinance sector, raising awareness amongst MFIs as to the existence of disabled customers, as well as demonstrating to potential customers with disabilities that microfinance providers are interested in reaching out their services to such groups. Though the capture of such data may appear straightforward, there is a need to develop a data-collection system which does not unduly inconvenience microfinance institutions or force them to incur extra costs, both of which would discourage such providers to adopt a scheme. One way in which this could be done is to integrate the data-collection mechanism into MFIs' existing procedures. The financial inclusion officer at the MFI umbrella organisation outlined the way this could be achieved, based around the current use of reporting packages by a number of the MFIs they represent:

> "We also want to engage the software providers, so that these variables can find their way into the reports. So that it doesn't have to be [MFI umbrella organisation or disability organisation] to talk about it in order for you to record the number. It should be part of the report. We also have an industry report which we call the Performance Monitoring tool. Luckily that one is managed here by [MFI umbrella organisation]. So we also want to integrate the variable at that level, so that who is reporting by the tool, you know, has a provision to report on persons with disabilities" (Financial inclusion officer at an MFI umbrella organisation – Interviewee N).

This offers a simple and pragmatic solution to the issue of data collection, and would provide a platform whereby MFIs would find it convenient and straightforward to collate such information. Furthermore, with the MFI umbrella organisation affiliated

with over 100 microfinance institutions across the country, including many of the larger and expanded organisations, they are in a position to communicate such a policy with some authority. Additionally, they could work to promote a unified system of data collection which could be centrally collected, and even aggregated, to produce a sector-wide overview of the information on disabled consumers. The MFI umbrella organisation recognises the mutual benefits for both disability groups and microfinance institutions in this approach, and seeking to work in such a manner – collecting data, collating information and understanding the current financial behaviour of people with disabilities - can only produce a more informed microfinance sector.

In interviews with disabled people's organisations, strong views were expressed on the issue of the lack of data. The rationale of MFIs choosing not to collect data about disability was discussed with the deputy chief director of the largest DPO in Uganda. Primarily, there was a degree of cynicism about microfinance-providers' inability to gather information on people with disabilities, some of which can be traced back to some of the discussions already covered around profitability and service delivery.

> "No they don't [record disability], because their interest is not your health or your appearance. Their interest is how much you have in your coffers…For them it's money. How much you have, how much you put in, how much you take out is what matters. How you get there is not their issue and that's why you get that kind of thinking, of people saying, 'We are a service-based utility. It's not our role to understand our clients out there'. Full stop" (Deputy executive director of the largest disability umbrella organisation in Uganda - Interviewee Z).

The point made is that MFIs do not have an interest in recording information about disability as it does not directly affect their bottom line. There is little incentive for

microfinance institutions to spend time and resources finding out whether their customers have a disability, or even what type of disabilities they may have (eg. physical disability, deaf or blind), because they believe that it will not positively impact on the profits the organisation generates. DPO representatives remain sceptical as to whether financial service providers have the motivation to collect more data on disability in the current commercialised climate.

Lack of information around the existing relationship between people with disabilities and the microfinance sector has greater reach than simply whether products should be tailored specifically for this group. Without the necessary data on loan usage by disabled borrowers, DPOs find it difficult to substantively support their arguments around greater financial integration for people with disabilities, with information or statistics.

> "The issue I raised, the issue of data. They [MFIs] have got to put some investment into meeting those specific needs [of disabled people]. How many should they be targeting in the next two years? When will they make a return on the investment? Over what period of time? If you cannot answer those, because you do not have demographic data, you cannot convince them" (Deputy executive director of the largest disability umbrella organisation in Uganda - Interviewee Z).

Without data which demonstrates that people with disabilities are already involved in the microfinance sector, taking out loans, making repayments and acting as responsible customers, this national DPO found it difficult to persuade MFIs to rethink their approach to serving people with disabilities. If MFIs collected this data this barrier could be overcome, as microfinance institutions could see for themselves the capacity of people with disabilities to become sustainable customers without the need for DPOs to have to convince these profit-orientated organisations. Furthermore, the

issue of lack of information amongst MFIs around their interaction with disabled people is exasperated by limitations in data at the macrolevel. The same deputy executive director explored the negative impact of lack of reliable national or regional data on disabled people more generally, an issue which weakens DPOs ability to influence MFIs to engage more with disabled people:

> "One of the very big factors, which I think cuts across most areas, is the lack of data. You know, the demographic data. Persons with disabilities – how many are they? How many are where? How many have been to school? How many are working? How many are not working? What are their issues? What are their specific needs that you need to address to bring them in [to] what people mainly call the mainstream? So that lack of data makes it very difficult to develop an advocacy agenda and completely focus it on them, because they [MFIs] will ask questions which you cannot answer. 'If you want us to make these specific modifications can you assure us that we shall have 10 or 20 disabled people, who are deaf, banking with us to justify the need for us maybe to hire sign language interpreter or take our staff for training in sign language?' So if you cannot prove that, you cannot answer that and give some satisfactorily, definitely not *[sic]*, it will be business as usual" (Deputy executive director of the largest disability umbrella organisation in Uganda - Interviewee Z).

The representative suggests that MFIs need to feel confident that investing in activities which seek to broaden financial inclusion will generate profit for the institution. Without supporting data which demonstrates the disabled market, it is more difficult to persuade microfinance institutions to make this investment. Lack of data dilutes DPOs' efforts to bring about positive change for people with disabilities in the microfinance sector, weakening the case put forward to MFIs when advocating for a more disability-friendly environment amongst microfinance providers. In relation to macrodata, whilst it would be unfair to argue no attempts have been made to collect

information on disabled people nationally in Uganda, as explored in the previous chapter, the accuracy and validity of such broad datasets is often justifiably questioned. Based upon the analysis of the current situation around lack of data, collecting primary data on disability at the source (in most cases, the loan application phase) can present reliable and detailed information about the use of microfinance services by disabled people, which can create greater understanding of the nature of this relationship. Through this methodology, MFIs would be in a strong position to design tailored products for people with disabilities which are driven by the demands of the market, as evidenced through their data collection.

The idea of developing demand-driven products and services, tailored to the requirements of the market, is widely promoted as good practice in the microfinance industry (Charitonenko and Campion, 2003; Charitonenko and Afwan, 2003). This practice is seen to ensure that microfinance institutions are responding to the needs of low-income communities, rather than imposing their vision of the financial products desired by such people arbitrarily. Furthermore, Charitonenko and Afwan (2003) suggests that MFIs have a greater chance of achieving their social objectives through providing greater access to demand-driven products. The demand-driven approach to service provision is viewed positively by global development institutions, given its focus on serving customers through free-market mechanisms. The capacity of microfinance institutions to offer such services is predicated on their ability to understand the demands of the market.

It is difficult to comprehend how microfinance institutions are able to developed demand-driven products, which address the needs of this group, without collecting any data on their relationship with this demographic. Data has become central to other aspects of the operations of financial institutions, such as marketing which has evolved into a complicated science which fundamentally relies upon accurate data (Afande et al. 2015). In the microfinance sector, new mechanisms for capturing data

are being developed. For example, through utilising mobile phone camera (see Parikh et al. 2006), and such technological advances provide a framework for cost-effective and flexible data-harvesting.

There is a consensus amongst academics that high quality data is needed to form the foundation of future integration and access. For example, in discussion of the way in which the access of women with disabilities to microfinance services can be improved, Lewis (2004) argues the importance of collecting data for the purpose of evaluation and comparison in the study of microlending programmes. The complete lack of information on disability rates of borrowers amongst all microfinance institutions interviewed is symptomatic of the shortage of significant data on the relationship between people with disabilities and the microfinance sector articulated by Sarker (2013; 2015). The previous chapter in this research project, along with the work of Biesland and Mersland (2012), are rare examples of studies which have sought to provided empirical evidence to explore this phenomenon, albeit from the alternative perspective (data provided by people with disabilities rather than microfinance institutions themselves).

Whilst the benefits of collecting more data on the behaviours of people with disabilities may appear obvious, comprehensive and large-scale harvesting of information by microfinance institutions about clients is seen as problematic by some critics of the microfinance movement. Within other financial markets, data collection on existing and potential clients has been an essential component in allowing financial service providers to develop appropriate products and services for customers through a quantification process known as credit scoring (West, 2000). This has been particularly useful in creating credit reports related to those in marginalised or subprime groups, allowing financial providers to access previously untapped markets through risk-based pricing (see Chomsisengphet and Pennington-Cross, 2006). The availability of this type of information has allowed MFIs to develop products for poor

groups, leading to increasing profit amongst actors in the microfinance sector, in many instances to the detriment of the poor, according to leading critics (Soederberg, 2014; Roy 2010).

In developing countries, data gathering has been an important factor in understanding the market for small-scale loan usage amongst low-income groups, and designing products with appropriate pricing structures. This process has brought more poverty-affected consumers into the marketplace, allowing 'MFIs [to] put everyone on the same page in terms of profit maximisation' (Soederberg, 2014:201). Rather than illuminating the difficulties faced by people with disabilities in accessing loans, the collection of data on this demographic may simply facilitate the growth in, what some academics claim, are exploitative services contributing to the sustainment of the 'Poverty Industry' (Soederberg, 2014).

There is a need to ensure that such practices are enacted in a manner which seeks to understand the existing relationship, rather than act as a mechanism for harvesting data which allows MFIs to simply develop more-profitable services. Data on disability could equally be used to discriminate against people with physical impairments. Taylor (2016) discusses the dangers associated with the mass collection of data, and the potential for misuse by elites who may be able to exert control over subjects through this practice. Furthermore, personal privacy remains an important issue. Therefore, in this context, it would appear important for disability organisations to have a role in the process, acting as a third party to liaise between customer and financial institution to collect and share relevant data, whilst protecting individuals with disabilities.

Clearly people with disabilities are not a homogenous group. However, there are issues which traverse their community in relation to loan accessibility. A deeper knowledge of the behaviour of people with disabilities is required to serve their needs.

For instance, if people with disabilities are borrowing money to fund business development within particular industries or, as discussed, struggling to overcome certain loan conditions such as collateral requirement, microfinance institutions are able to design credit services which fit within these needs. Furthermore, if microfinance institutions were exposed to the number of their existing clients which have some form of disability, likely to be sizeable given the rate of disability in Uganda, they may be more likely to actively engage in activities to target people with disabilities, broadening access, due to a raised awareness as to the potential of this group, both financially and socially.

6.4 Conclusion

There are a number of dominant factors which disability organisations state reduce the accessibility of microfinance to their members, such as high interest rates or unachievable levels of collateral. Microfinance institutions seek to explain the pressures they face as a business to ensure profitability to justify the manner in which they operate. This issue is crystallised in the debate over the design of specific products for people with disabilities, with disabled persons' organisations suggesting the need for products which specifically target marginalised groups such as the disabled. While most microfinance institutions reject this notion, citing their policies of equal treatment to all customers and loan decision purely being based around the strength of the application. The debate as to whether people with disabilities need be treated differently was a central theme in discussions with interviewees, and there remains considerable disagreement amongst stakeholders as to the possible impact of focusing specifically on the integration of people with disabilities into the microfinance sector.

Additionally, many DPOs are sceptical as to whether MFIs have a genuine interest in improving accessibility to their services for people with disabilities, and doubt whether

microfinance providers would pursue changes which would positively impact on people with disabilities' ability to acquire credit, particularly in an environment primarily concerned with maximising profitability. As the deputy executive director at a national disability organisation explained:

> "I say they will not take any, you know, tailored approaches to resolve some of those issues I've tried to, you know, outline here briefly. They won't do that, because for them it is profit. They are profit orientated. They want to make money. They are not bothered how you get the money but as long as you keep it with them and they can use it to multiply and give out people loans and whatever, that's why. So for instance, I would imagine if a person with disability, even in Kampala here, for instance, registered like 4,000,000,000 [Ugandan shilling] on his account, definitely he will deserve a cup of tea with the bank manager!" (Interviewee Z).

The evolution of the microfinance movement in Uganda over recent years, the increased commercialisation of the sector, and the growth in for-profit institutions across the market, have shifted the nature of the relationship between customers and financial organisations. The impact of this on disabled consumers cannot be definitively stated. However, the free-market principles which govern the sector, underpinned by a near-complete lack of state control, have allowed MFIs to focus exclusively on generating profit, without the need to actively pursue objectives around increasing financial inclusion and providing for marginalised and under-serviced groups, some of the principles on which the microfinance movement was originally conceived. There is evidence to suggest that the current trend of increasing the commercial capabilities of microfinance providers has limited the access of people with disabilities to microfinance products, with MFIs more concerned with targeting customers which can help boost revenues than providing sustainable financial services to the unbanked.

Two other important components which have helped produce the situation are funding and regulation. Increases in funding from external sources, whether wholesale lenders or investors, has pushed MFIs to focus on profitability in order to fulfil their own obligations. Along with intense competition in the sector, many microfinance providers have been left with little space to manoeuvre to create services which seek to cater for people with disabilities. Regulatory bodies have also done little to promote the financial inclusion of people with disabilities, with their resources focused primarily on ensuring the financial stability of MDIs. These factors combine to create an environment which leaves many people with disabilities marginalised, despite the clear interest on the part of people with disabilities and the organisations which represent them in engaging more with the services microfinance services offer.

Arguably the most important conclusion to draw from this section of the research is the importance of increasing knowledge of the relationship between the two sectors through much more data collection. Generating data on disability engagement, types of usage and associated personal factors (such as age, employment status and others discussed in the previous chapters) can help the microfinance sector understand the nature of demand from this group, and react by providing targeted, demand-driven services. Without the integration of data-capture process, microfinance institutions are likely to remain largely ignorant of the capability and capacity of people with disabilities, with barriers to access unlikely to be reduced, particularly in the contemporary commercial environment.

7. Physical and Social Exclusion

7.1 Introduction

As outlined in the previous chapter, there are a multitude of factors relating to economic and political issues which shape the way microfinance operates in contemporary Uganda: from funding to regulation, interest rates and collaterals. These factors have helped to create financial barriers to people with disabilities, many of whom would be considered financially excluded and the very people targeted as part of the financial inclusion movement. To this end, the role of microfinance institutions in bringing together financial services and financially-excluded groups is pivotal in developing countries, as is the need to engage with a diverse selection of people from across communities including, for example, older people, migrants, those from lower classes and, as explored in this research, people with disabilities.

For this group, two other factors have a particularly significant effect on their ability to access credit. Firstly, for people with disabilities whose condition affects their mobility, the physical accessibility of microfinance institutions, both internally and externally, is a major challenge. This chapter will examine these issues around physical access, such as ease of access to offices, the provision of seating and wheelchair-friendly delivery points, which were repeatedly raised in interviews with disability organisations. It will then explore some of the alternative delivery channels which can be utilised by microfinance institutions to reduce the impact of physical inaccessibility, with a specific focus on the role and ability of field agents and mobile money technology in fostering greater access to service.

This is followed by an analysis of a number of important social barriers which restrict people with disabilities' ability to access credit from microfinance institutions. Social barriers pertains to issues affecting people with disabilities originating from their marginalised position in the community, due to existing negative perceptions around

their worth and abilities in Uganda society. These include discriminatory attitudes amongst MFI staff towards potential customers with disabilities, and the effect that self-exclusion has on restricting applications. Subsequently the chapter discusses ways in which these barriers can be addressed, including the role of staff training, and the importance of increasing integration between microfinance institutions and disability organisations to share knowledge and promote equal access.

7.2 Physical Access

One of the fundamental challenges facing people with disabilities when attempting to acquire the services and products offered by microfinance providers is physically accessing the offices and branches of MFIs. This issue was frequently presented by representatives from disability organisation as a major obstacle that reduced disabled customers' ability to interact with MFIs, impacting on all aspects of the loan processes, from acquiring information about credit services to the application procedure and making repayments. DPOs identified physical barriers as a challenge in almost all the interviews, an issue which they believed stopped many people with disabilities even considering applying for microfinance:

> "They [MFIs and banks] don't think much about [the] disabled person [*sic*] … The buildings are not accessible for disabled persons. You see they put stairs [*sic*] yet others in wheelchairs, they cannot enter these banks… You see, in most cases, when you go to those banks, the loan officers, they don't sit on the first floor, they sit up [*sic*]. So you have to climb stairs to reach to their rooms" (Chairperson, Disability skills and training organisation – Interviewee D).

> "Some structures have [been] built not to help persons with disability but they want to access the services of microfinances [sic]... There are no ramps… Others are in wheelchairs so it's not easy to move up. So if the…the [built]

structures are improved maybe they can go for the loans in microfinances" (Administrative assistant of a local disability advocacy group - Interviewee I).

Representatives of DPOs routinely complained of difficulties in both approaching and entering buildings used by microfinance providers, particularly offices that were located above ground-floor level. Disabled people's organisations also reported that few efforts had been made on the part of MFIs to adapt their commercial environments to accommodate the needs of disabled customers. The secretary of a women's disability skills and training organisation argued that physical access is not at the forefront of MFIs' minds, due to a broader ignorance of the capability or interest on the part of disabled people to interact with their products and services, a mind-set that is only slowly changing:

> "Most of them [MFIs] are only getting an awakening [*sic*] that people with disabilities can also be able to do business. Thereby, you can find that as much as they [people with disabilities] are doing that [operating businesses], but most of them still are not accessible [sic]. Because there was a time I wanted to go to one called is it [MFI name]. It's around [location] but they had steps all over. You cannot access the loan manager. You cannot even access the general manager because they say that is somewhere up there [upper floor of the building]" (Secretary of a women's disability organisation, Interviewee B).

Evidently, problems with physical accessibility to microfinance offices and branches restrict or discourage disabled customers from entering these premises. Additionally, interviewees identified specific issues which impacted on people with disabilities on entering buildings used by MFIs. These included the absence of low counters, which enable wheelchair users to speak face to face with MFI staff, along with the lack of adequate seating while waiting for services, which some people with disabilities found unmanageable. Both accessing the building and navigating once inside, people with

disabilities face difficulties in accessing the services provided by MFIs due to the construction of the buildings they inhabit.

The problem of accessibility to buildings was recognised by a number of the representatives of the microfinance sector as an issue and challenge:

> "For example, when you look at…when you look at our premise, it is not friendly to them [people with disabilities]. For example, someone who is in a wheelchair" (MFI branch manager - Interviewee O).

> "The disabled people, they really don't have free, easy access like any other…any other person. Because, like, for example, in some organisations, even…especially [in] ours" (MFI general manager - Interviewee W).

The way in which a number of MFIs accepted the criticisms made by disabled groups underlines the challenge, both in relation to their individual institutions and the sector more generally, and suggests that few resources have been made available to rectify this important problem. Another interviewee, the chief executive officer at a financial service provider in central Kampala, accepted that physical accessibly remained a major challenge for the sector, but also stressed that MFIs did try to help customers with disabilities by offering assistance. In practice, this would involve helping to carry a disabled client and their belongings up two flights of stairs to the office which, whilst a kind gesture on the part of staff at the institution, did not constitute a systematic or dignified solution to the issue of inaccessibility for this group.

Conversely, other MFIs interviewed did not agree that people with disabilities faced challenges relating to accessing microfinance services, at least in relation to their own institution. So, for example, the Head of Operations at one leading microfinance provider claimed that:

> "It's only [the] head office that maybe is like upstairs, but most of our branches are not. They are just on the ground floor. So, I believe they are accessible to all kinds of people, all categories, including the disabled" (MFI head of operations – Interviewee Q).

This may well be the case in relation to this particular institution, yet it is clear that this particular situation is far from common. The evidence suggest that people with disabilities continue to be subjected to spatial (in)justices (Soja, 2009) resulting from an oppressive urban environment (Laws, 1994). Building inaccessibility in the private sector is compounded by maintenance of roads and pavements in the public arena. Whilst Gilderbloom and Rosentraub's (1990) describes the way people with disabilities experienced invisible jails in urban Houston, due to non-navigable housing and weak transportation networks, such groups in Uganda are effectively being locked out of services provided by financial institutions due to similar physical-accessibility challenges.

The primary drivers promoting easier physical access to MFIs have been the larger disability organisations, as well as an MFI umbrella organisation, who have attempted to influence the behaviour of microfinance providers to improve physical access for people with disabilities. This has been done through a variety of approaches, one of which has been to focus on raising awareness amongst microfinance providers to the issue of physical accessibility to their premises. Despite the obvious challenges in accessing some buildings used by MFIs, from uneven driveways to narrow doorways and multiple flights of stairs, it became apparent during the interviews that these issues were not primary concerns of microfinance providers. The pressing need to actively educate MFIs on issues of physical access for people with disabilities was highlighted by interviewees:

> "So, we're focusing more on the favourable environment. They're issues that seem to be so obvious but, you know, like physical access. That one was even a big issue and, you know, everyone was, you know …'I have never really thought about it'" (Financial inclusion officer at a microfinance umbrella organisation – Interviewee N).

> "So if you look at the steps you're going to go through [sic] to reach the counter. You go [to] the counter, the counter is high as this … So reach out to them … bring their minds back to [Interviewee's name] despite my disability, but I am equally an important client to you. So we're reaching out to some of these financial institutions like [Bank name]. They are now making adjustments" (Project coordinator at a national disability organisation – Interviewee U).

Increasing the prominence of this issue in the minds of microfinance practitioners is clearly an important step in trying to create environments which are equally accessible to disabled and able-bodied consumers. As previously outlined in chapter three, microfinance institutions are principally concerned with profit maximisation, and therefore issues around broadening financial inclusion can be a given lower priority. This backdrop can serve to underline the continued need for DPOs to advocate for easier access on behalf of disabled people. The development by one of the largest disability organisations in Uganda, NUDIPU, of an 'Accessibility Audit' is one manner by which advocacy activities have been formalised into a tangible set of parameters, which can be used objectively to assess the accessibility of buildings used by MFIs. Based upon the principles of the Ethiopian Center for Disability and Development's 'Disability Audit Questionnaire' (ECDD, 2010), this method is summarised neatly by the project coordinator at the national disability organisation which conducted these accessibility audits:

> "But with financial institutions…we do go there and reach out there. With something what you call accessibility auditing for some of these financial institutions. Maybe for your case, auditing is when you assess accessibility in line with accessibility standards that we have as [DPO name] to assess whether this facility is accessible or is in line with accessibility for the person with disability. So that exercise, we're able to assess if the bank is accessible or not accessible and afterwards you [the organisation auditing] give them recommendations on how to adjust certain points across that facility to access members with disabilities" (Interviewee U).

This approach allows for implementable recommendations to be made to microfinance providers, based upon the experience and expertise of disability organisations who understand the needs of their membership in this context. This framework has distinct benefits, and provides clear instruction as to the minimum standards changes to the environment should meet, reducing the likelihood of well-intentioned but ineffective alterations to the building. This point is outlined by the same project director who provided an example of an MFI unsuccessfully attempting to increase access to its building:

> "Before the standards, we're now saying accessibility, accessibility, ramps, ramps, and you'd…people would be putting up ant hills thinking they're ramps. Now, we are now saying 'Now the ramps look like these and these are the standards'" (Interviewee U).

This type of interaction demonstrates the importance of continuing to develop the relationship between DPOs and MFIs to ensure physical accessibility is tackled in sustainable ways. Furthermore, it shows the potential for the creation of an industry-wide set of standards, formulated by disability organisations and implemented by microfinance providers. However, this approach has two important limitations. Firstly,

accessibility audits are entirely voluntary, and therefore microfinance institutions are under no obligation to engage with disability organisations to review their accessibility standards. Secondly, the lack of publicly-available data on changes enacted as a result of disability audits makes assessing the effectiveness of this approach very difficult.

Furthermore, the development of a set of industry standards concerning physical access is in itself clearly not enough to ensure buildings are easy for people with disabilities to navigate. Some resistance may be encountered on the part of MFIs to adopting such a set of guidelines, due the financial implications associated with construction work. As discussed in chapter three, contemporary microfinance institutions are primarily concerned with profit maximisation (Shankar, 2013; Johnson, 2014), and therefore may be reluctant to invest in projects which increase accessibility. The development of structures such as accessibility ramps, widening of doors, an increase in seating areas, and lowering of tellers all require resources to be made available by the MFI. This issue is acknowledged by interviewees within DPOs, some of whom admitted that, whilst they are able to raise issues with microfinance providers, making recommendations and advocating for positive changes to the built environment for people with disabilities, the final decision rests with the institution themselves:

> "Generally, actually it's not easy because the issues of accessibility it has cost implications, breaking structures, renovating them, readjusting them. But, you know, change is moving towards a positive trend. It's slow but sure" (Project coordinator at a national disability organisation – Interviewee U).

> "It may take time, because as we are talking about physical accessibility" (Deputy executive director of the largest disability umbrella organisation in Uganda – Interviewee Z).

One issue which can hinder advocacy attempts by disability organisations is lack of data on the current and potential use of the products and services offered by microfinance providers. Without this data, MFIs are unable to make a confident projection of the number of people with disabilities that will use these new facilities. In this situation, MFIs may be reluctant to invest in improving accessibility if they are unable to assess the likely returns on their financial outlay.

Moreover, advocacy programmes such as disability audits are limited due to the voluntary nature of such schemes. In the UK, Shaw and Coles (2004) highlights the importance of legislation in overcoming the considerable weaknesses associated with voluntary codes around access for disabled tourists, while Kaminski et al. (2006) documents the limitations of voluntary initiatives around accessibility to housing in California. The fundamental issue with voluntary programmes is the lack of consequences if schemes are ignored or dismissed. This has particular implications in respect to financial inclusion and the notion of access to credit being a human right, advocated by prominent supporters such as Muhammad Yunus (see Hudon, 2009). If access to finance is viewed in this way, voluntary schemes may not be best placed to achieve this objective.

Despite these issues, the creation of a DPO-backed set of standards does have merits in promoting increased physical accessibility, as there is clearly a need for MFIs to understand the steps they can take to improve access. As explained, the issue is the ability of DPOs to force MFIs to undertake these changes. At the government level there have been substantial legislative initiatives to make physical access a legal requirement for publicly-used buildings. The Disability Act (2006) provides one of the most comprehensive disability policy frameworks adopted in Africa, covering a host of topics which impact on disabled people. Indeed, Part IV of the Disability Act (2006) covers a number of points related to accessibility, and specifically the 'Duty to provide access to buildings' as follows:

"Any person, who constructs, a building to which the public is invited, shall ensure that persons with disabilities have access through provision of:

(a) accessible and easy-to-find building entrances, connected by accessible pathways to accessible indoor or outdoor parking areas, local public transit stops and accessible elevators;

(b) safe and accessible urinals, bathrooms for the diverse disabilities;

(c) safe and well-dimensioned staircases for the comfort of persons with mobility problems;

(d) ramps wherever stairs obstruct the free passage of pedestrians, mainly wheelchair users and people with mobility problems;

(e) adequate railing around hazardous areas, stairs, ramps, accessible roofs, mezzanines, galleries, balconies and raised platforms;

(f) well-dimensioned elevators, (in the case of multi-storied buildings) that persons with disabilities can use conveniently."

(Disability Act, 2006:9)

This sub-section of the Disability Act (2006) shows clearly and irrevocably the legal requirement for equal access to buildings used by the public. Since 2006, institutions are legally compelled to make their premises accessible to the disabled, with the Act identifying specific features such as ramps, railing and elevators that should be in place to assist users. However, the legislation refers to the 'construction' of buildings, meaning structures after the law was enacted in 2006.

In interview, the financial inclusion officer at a microfinance umbrella organisation stated their belief that in day-to-day life disabled persons are not properly afforded the

protection such legislation entitles them to, and that is no different in the microfinance sector:

> "Government - we have very good laws in this country concerning persons with disabilities. We have the Disability Act, which is very, very good, but the implementation is really low" (Financial inclusion officer at an MFI umbrella organisation – Interviewee N).

Whilst laws governing accessibility are in place, based upon the evidence collected, it is clear that in many cases these are not being adhered to. Microfinance institutions are either unaware or wilfully ignoring their obligations under the Disability Act (2006). Ultimately it is the responsibility of the government to ensure that institutions are being held to account and that the law is being correctly followed. However, it is clear that enforcement is not being achieved. The threat of legal action may well be the most persuasive mechanism for encouraging MFIs to comply, but requires an appetite on the part of the government to actively monitor and enforce the Act.

Disability organisations have begun to try to pull together these two keys features – a set of specific standards for disability access and enforceable legislation – to create more tailored, focused and binding guidelines around physical access to publicly-accessible buildings. This has been undertaken through the design of a prospective new bill, the Building Control Act (2013:3), which seeks to 'consolidate, harmonise and amend the law relating to the erection of buildings'. Key to this, with regard to furthering the interests of disabled people, is the use of accessibility standards to underpin the construction of new buildings. The importance of the inclusion of these is explored by the project coordinator at a national disability organisation:

> "When you look at the Building Control Act, there is a mention of using the accessibility standards. So I know that right now as we speak, the minister has not yet…he has not signed off the Act and the regulations and datelines on how

> the tradition of the Act is not in place [*sic*], but that's why we are here. We are now trying to advocate, push the minster when he signs onto this so that it comes and that it takes effect" (Interviewee U).

This collaborative approach, with legislative powers providing the outline of the new Act and disability organisations setting the specific guidelines, would help to clarify to organisations such as MFIs their exact responsibilities around accessibility. Using the skills and experience of disability organisations to inform the new legislation is key to ensuring the law is rigorous in its nature, with tangible parameters set to govern this important issue.

The evidence suggests that there remains a clear disconnect between public policy and lived reality for people with disabilities in Uganda. With strong legislation already in place, the responsibility must fall upon either negligent interpretation or insignificant monitoring, or some combination of the two (Lwanga-Ntale, 2003). Whilst this research was based predominantly around the urban centre of Kampala, it is plausible that physical access is even more difficult in rural areas, given Thomas's (2005) point that implementation of disability legislation can vary dramatically across differing regions within a country.

With the gap between legislation and enforcement considerable, it is important to consider ways in which this separation could be reduced. Thomas (2005) highlights the successful employment of a regional-specific nodal committee in India to oversee the implementation of a Mental Health Act. Similarly, the creation of a specific body in South Africa called the OSPD (Office on the Status of People with Disabilities), designed to address the 'great chasm between stated policy intentions and/or pronouncements and the actual policy implementation' (Dube, 2005:46). The creation of this type of body in Uganda may serve to improve this vital relationship between

disability policy, for which the country performs relatively well, and implementation for which, based upon outcomes from this research, the nation fares much worse.

7.3 Alternative Approaches to Broadening Accessibility

Whilst physical accessibility remains a major obstacle for people with disability, microfinance providers have invested in new and alternative ways in which their customers can be served in a more convenient manner. A number of these alternative delivery channels have considerable implications for the relationship between MFIs and people with disabilities. Microfinance institutions operating in Uganda are attempting to reimagine the dominant paradigm governing their interactions with consumers, by allowing customers to access their products and services without the need to visit their business premises regularly. This has been achieved through the implementation of two main mechanisms that, while technologically different, have similar impacts on customers with disabilities.

Firstly, a number of interviewees from MFIs reported that their organisation employed staff to leave the office and travel into communities in order to interact with customers in their own environment, primarily for the purpose of debt collection. The employment of field agents to engage with clients is common amongst MFIs (Lehman and Ledgerwood, 2013), and particularly visible in developed markets such as India (Parikh et al. 2006) and Bangladesh (Meyer, 2002), and this topic was frequently raised by MFI representatives. In addition to their primary responsibility of collecting loan repayments, field agents are considered pivotal to the coordination between microfinance institutions and group borrowers, and helping ensure balance and integration within the group itself (Dunford, 2013). Furthermore, there are examples of field agents performing other tasks, such as collecting information about clients and offering training services (Parikh et al. 2006; Meyer, 2002).

In this research in Uganda, the use of field agents by MFIs was widespread:

> "We have loan officers. These loan officers move to the field and reach [with their] feet. So if Mr McGregor [for example] is at his shop, our people will go to him. At points in time we need him to come over but at times we need to go to him" (MFI business development officer - Interviewee X).

> "So we go to the field and meet them [borrowers] where they are located, and that makes it better. And more smooth for both what? Sides" (General manager of an MFI, Interviewee V).

> "But what we usually do…what we used to do, we used to have field…field assistances, that go and pick [up] money from our customers every daily. They collect, they give them receipts, they record in their passbooks then they come and deposit it" (Manager of a community SACCO – Interviewee Y).

Field agents were able to fulfil a variety of responsibilities in their role as MFI ambassador in the communities in which such activities took place, depending upon the institution they were employed by. These included sharing information with clients about products and services, loan appraisals and assessments of collateral, as well as debt collections from both groups and individuals. Interviewees from MFIs specifically highlighted the benefit of the use of field agents for disabled customers. For example, the head of SMEs at a mid-sized microfinance institution (Interviewee P) stated that, as field agents were able to administer the entire loan process from application to full repayment, some customers never needed to visit the office, which not only made their services more attractive to potential customers but particularly benefited those with disabilities. Similarly, the general manager of a microfinance institution linked the employment of field agents with the more inclusive service the business was able to offer:

> "The advantage that brings is that we take the service to where these people are, [rather] than them coming for the service. Now that helps us to…to serve

disabled people in a better, I mean…in a better way" (MFI general manager - Interviewee V).

It is clear that the use of field agents has the potential to be mutually beneficial to both microfinance institutions and people with disabilities that either have or would like to have access to credit services. From an MFI standpoint, field agents allow for an increased level of flexibility over serving customers exclusively from fixed premises, meaning they are able to offer their services to new markets and engage with groups which they may never encounter without building relationships in their own community, such as those in rural areas (Charitonenko and Campion, 2003).

Aside from broadening geographical access, the employment of field agents as a service-delivery method offers microfinance institutions added advantages. Loan officers working in the field fulfil a number of roles, including assessing potential customers and processing loan applications, as well as ensuring that clients maintain their repayment programmes (Sarker, 2013; Dixon et al. 2007). This practice mirrors that of some loan companies in the developed world, which use face-to-face agents as a way to "police the repayment of debts", as well as using "observational skills to assess the[ir] creditworthiness" amongst low-income customers (Leyshon et al. 2004:635). Field agents also perform an important social role, providing on-the-ground assistance important in areas such as integration of a new group member and building social capital through fostering connection between clients in groups (Dunford, 2013).

However, the use of field agents presents some disadvantages to microfinance institutions, most notably the time- and resource-intensive nature of their work (Drexler et al. 2011). With loan officers employed in the field responsible for all elements within the value chain, including client acquisition, loan assessment, loan dispersal, monitoring and collection, staff must be extensively trained to deal with the demands of the role at a considerable cost to the MFI (Drexler et al. 2011). These costs have

implications for borrowers engaging with field agents, who may be subjected to additional unseen charges to cover the costs of delivering this service. For people with disabilities, many of whom would benefit from having services delivered to their community over visiting branches, bearing additional costs may prove unaffordable, highlighting a potential limitation of this approach.

Utilising field agents has obvious benefits to customers with mobility difficulties, reducing the impact of barriers associated with physical accessibility. However, it is important to acknowledge that the employment of field agents by MFIs is not primarily driven by a motivation to serve people with disabilities. As Charitonenko and Campion (2003) states, field agents can be viewed as a cost-saving innovation, (as an alternative to fixed premise, for example) particularly whereby microfinance institutions are attempting to expand into new rural markets. Furthermore, acting as an intermediary between financial provider and customer, loan officers in the field are under intense hierarchical pressure to ensure loan repayments from their customers (Sarker, 2013); pressures which can be transferred onto borrowers more personally by their presence. Increased use of field agents may assist people with disabilities accessing services, but can be seen more broadly as an unintended consequence of microfinance institutions' drive to increase profitability.

Another increasingly significant delivery channel, which is already having far-reaching implications on other areas of everyday life in Uganda, is the integration of mobile money technology into the operations of microfinance institutions. Mobile money, predominantly facilitated by companies such as MTN and Airtel, is the use of an e-wallet whereby money can be stored, sent or received using a mobile device. Funds are loaded from the phone with the assistance of mobile money agents, with customers charged a small fee for sending or withdrawing the cash. As of 2015, there were 21.1 million registered mobile money customers registered in Uganda (Ssettimba, 2016). The service relies on the mobile-phone network but does not need to be connected to

the internet to operate. Many microfinance providers were enthusiastic about the potential of mobile money to enhance their businesses, and already had designs on integrating the service into their operations. To take one example:

> "Personally, I use mobile money so much and I like it. And, in fact, as an organisation, we are…we have begun the process, and we should be online by the end of this year. For mobile money, we are working on the paperwork with the service provider" (MFI general manager - Interviewee W).

Others, including a large MDI, were in the process of piloting the services to a select group of customers as a way of assessing its effectiveness before expanding the scheme to its entire customer base. Other MFIs already allow customers to make loan repayments using their mobile phones, without the need to interact face-to-face with MFI staff either in the office or the community:

> "Right now, yeah, right now we're having one mobile money [sic]. People can pay through MTN mobile money" (MFI branch manager - Interviewee O).

> "The clients paying our loan via mobile money…Yes, we are doing that" (MFI head of operations – Interviewee Q).

> "We have mobile money. We have MTN mobile money, and we are working with Airtel to get the service as well, yeah. To help us with repayments for customers" (Community SACCO manager – Interviewee Y).

These quotes highlight the way mobile money has already penetrated the financial sector in Uganda, with banks including Bank of Africa and Equity Bank, as well as microfinance institutions including Pride Microfinance, partnering with telecommunications companies to deliver services (Oketch, 2017). Currently, for those MFIs engaged with mobile money the service is only available in one direction, customers using the technology to make repayments, with microfinance providers still

supplying finance through face-to-face appraisals conducted at offices or branches. As Scharwatt (2012) explains, in relation to neighbouring Kenya, mobile money systems are typically not designed to serve MFIs, rather individual service users, making loan dispersals challenging to such organisations.

However, there are instances where this has been achieved. In Kenya, the expansion of Musoni, a microfinance institution at which all capital is exchanged through the mobile system - both repayment and dispersal - demonstrates that two-way transfer can be achieved (Musoni, 2017). For people with disabilities, more microfinance services being available through the mobile money platform could have a considerable impact on their ability to access microfinance. As with the employment of field agents, mobile money reduces the impact of physical inaccessibility. Both DPOs and MFIs emphasised a variety of positive features around mobile money use, many of which may be beneficial to people with disabilities. One of the most commented upon strengths of mobile money, for both able-bodied and disabled people, was its convenience:

> "I would say generally for mobile money, it gives you the ease. Not first of all to look for the bank, to travel, because not in every village will you find a bank. So, if I have my mobile phone, I can do transactions wherever I am, from my house, as long as I have my mobile phone" (Executive director of a national disability organisation – Interviewee T).

> "Mobile money has come in handy whereby the systems, our systems, are linked to the mobile money platform. I am able to pay on my account from my mobile money wallet to my account" (MFI general manager – Interviewee V).

> "Definitely it [mobile money] will be [good], because it makes it easy. I can sit here and send money to my people and they do whatever they want. There's nothing as good as that" (MFI general manager – Interviewee W).

> "First of all, the convenience. These mobile…mobile money companies have got agents, almost, in every nook and corner of the country. And the requirements are not as stringent as the ones for regulated institutions" (Assistant director in the microfinance division at the Bank of Uganda – Interviewee L).

Amongst the interviewees there was near-universal enthusiasm for the rapid development of mobile money, and the manner in which it has facilitated a more convenient method of financial transaction. This convenience stems from a multitude of factors which combine to make the service popular, particularly with people with disabilities. Mobile money offers safe storage of funds, reliable and rapid transfer of money, while allowing payments to be made "with the push of a few buttons instead of travelling to an often distant office with a fistful of cash and waiting in a long queue" (Jack and Suri, 2011:11). For MFIs' customers with mobility issues, developing systems which allow loan repayments through such a mechanism offer considerable benefits. The fact that mobile money services are available 24 hours a day (Hughes and Lonie, 2007) adds to their appeal.

As outlined above, mobile money services, particularly in the form of Airtel and MTN, have penetrated deep into both rural and urban communities, with a network of over 100,000 mobile money agents in the country (Ssettimba, 2016). Due to the substantial popularity of mobile money amongst the general population, with its use for other financial transactions, such an paying for utilities and delivering internal remittances, there is a widespread understanding amongst the general public as to how to use mobile money services, adding to its potential for employment in the microfinance sector.

Aside from transferring funds, mobile money e-wallets are also used as designated storage devices (Maurer, 2012) and, as explained by chairperson of the largest

disability organisation in Uganda, offer a level of security superior to keeping funds at home:

> "The advantage of it is that even if your… your mobile device has been stolen, the money will remain there. You will go and get another SIM card and the money will be there" (Chairperson of a large disability organisation - Interviewee C).

This benefit, combined with the additional benefits described, results in widespread popularity of mobile money services amongst disability organisations. The opening up of this new 'payments space' of mobile money, whereby profit can be twinned with broadening financial inclusion (Maurer, 2012), has already positively impacted upon people with disabilities, in areas of money transfers and saving. Supporting interviewees calling for greater integration between microfinance and mobile money, Maurer (2012) argues that this payments space can "function as infrastructure for various other projects – here, for providing access and financial services to the world's poor" (Maurer, 2012:595).

From the perspective of microfinance institutions, mobile money has the ability to offer a very similar function to that of field agents, collecting loan repayments from customers who may be difficult to serve under normal conditions, without the additional costs associated with their employment:

> "Yeah, it [using field agents] is expensive. So what we are doing now, we're encouraging our customers to just send it using mobile money". (SACCO manager - Interviewee Y).

This may be the reason behind a number of MFIs already offering the service, while others are investing in pilot schemes to test new systems. With both DPOs and MFIs keen to maximise the effectiveness of mobile money to benefit their own objectives as

institutions, it seems inevitable that electronic payment services will continue to expand in this context.

While mobile money and microfinance continue to develop an increasingly integrated relationship, it is important to note that, despite the belief amongst disability organisations that mobile repayments can act to increase accessibility to their membership to MFI services, the research highlighted a number of limitations. The most common criticism levelled at mobile money was the lack of consistency in the performance of the phone network which underpins the financial services offered by mobile money companies. Lack of network coverage and access means that consumers are unable to access existing funds on their mobile money account or send money to others and, with the mobile-phone network occasionally offline for a prolonged period (some interviewees reported failures lasting multiple days), this presents a considerable problem for users:

> "Only that at times, it [mobile money] disappoints. You send money and then at times you cannot get that money because the network is off. Because recently, there is a person we work with some mobile machine somewhere. But she sent us money on mobile, wanted to use the money here to run the project but could not access the money because the network was down" (Secretary at a women's' disability skills and training organisation - Interviewee B).

> "Ok, the bad things. When you go far in the village, the network, you cannot receive money" (Chairperson of a disability skills and training organisation - Interviewee D).

> "The negative in mobile money…sometimes they lose network" (Executive director of a local disability advocacy group - Interviewee H).

> "One of the weaknesses…I think there are still some gaps. Like first of all the network. They're not stable. You can…you can wake up one morning and you can't access any funds. Mobile money. So if you…it's the only channel you want to use for payment, that means you are going to lose out completely" (SACCO manager – Interviewee Y).

Fragility in the network has the ability to undermine the potential benefits of the widespread introduction of mobile money services into the microfinance sector, an issue explored by Rumaniyaka (2015) in relation to neighbouring Tanzania. Loss of network can be an inconvenience to casual users of mobile money, but can have more severe implications on those using the service for their business or commercial activities. This is particularly relevant in the case of disabled customers, who may find it harder or more expensive to make alternative arrangements should mobile money services be unavailable at a time they are due to make a loan repayment. Conversely, MFIs may be reluctant to fully switch to the mobile money platform due to these blackout periods and would be wary that, even in times when the network is fully operational, customers may blame network failures for late or non-existent payments.

Like network disruption, the costs associated with sending funds via the mobile money platform were stressed by both DPOs and MFIs as a major disadvantage. Charges are applied on the part of service providers whenever money is transferred between users or withdrawn via mobile money agents. This issue was raised by representatives of disability organisations concerned at the impact these charges had on the affordability of services for their membership.

> "If you're going to withdraw 500,000 [Ugandan shilling] and they [mobile money providers] charge you 5,200, that's a lot of money" (Chairperson of a disability umbrella organisation – Interviewee C).

There is some justification for stakeholders to be highlighting these costs and criticising their impact on consumers. For example, based upon information provided by MTN (2017), if a mobile money customer sent 20,000 Ugandan shilling - approximately $5 - the individual would be charged between a 5-10% service charge[12]. The percentage charged was also much greater on smaller transactions, with customers expected to pay 10% and above on lesser amounts whilst less than 1% on the largest financial transactions. This has a direct and unequal impact on customers, with poorer customers having to pay a larger proportion in fees due to their smaller transactions. In this instance, parallels can be drawn with the notion of the poverty premium (Mendoza, 2011; Hirsch, 2013), whereby low-income groups experience higher relative costs for access to services.

This has implications for borrowers who service loans through regular small repayments. In the previous chapter, the financial inclusion officer at a MFI umbrella organisation (Interviewee N) explained the difficulty people with disabilities faced making the more regular payments associated with group borrowing. Therefore, this combination of frequent and low-level repayments of loans using mobile money services will result in a considerable loss of money through fees associated with this platform, and represents a substantial limitation of this approach to reducing the impact of physical barriers.

While the expansion of mobile money across society in Uganda has been rapid some MFIs, whilst interested in further integration, were concerned that operational mobile money services were not yet designed in the most efficient way for business users. This point was expressed by an MFI general manager:

[12] Cost differential depends if the individual is a registered MTN customer.

> "If there was a system of mobile money that would do batch processing, that would make it easier. OK. But here it becomes very, very, you know, very tedious for somebody to key in one number for so on and so forth, to tick off. By the time you get to the 50th client, it is too much for this person. Perhaps that will be the end of the day. So there's no efficiency there. What I'm looking at, what I am listening for … these people … I mean if this must work, we should have batch processing" (MFI general manager - Interviewee V).

Such problems are to be expected, considering the short timeframe in which mobile money has developed and its primary focus on serving individual customers at the local level. Based on the enthusiasm shown by both MFIs and DPOs in interview, the microfinance sector will continue to seek an increased role for mobile money services in its operations. Therefore, it is important that mobile money providers are aware of and adapt to the specific needs of microfinance providers. This is also an avenue for microfinance institutions to negotiate better rates for both themselves and their customers, considering the amount of extra transactions companies like Airtel and MTN would likely gain from formalising relations between MFIs and mobile money service providers. The power and scale of mobile money usage is considerable, as outlined below, and seems certain to expand further in the coming years:

> "In my opinion, I think the mobile phone has become very influential. That these days you find more people dealing with – making especially the transfers – through the mobile phone than through the formal financial institutions" (Assistant director at the microfinance division, Bank of Uganda – Interviewee L).

This presents an opportunity for people with disabilities to be able to dramatically boost their access to microfinance products and, like field agents, mobile money is a viable alternative service delivery approach which helps to negate the obvious problems that

exist around physical accessibility. However, mobile money in itself is not enough to overcome these challenges; rather, what is required is a series of approaches that can work in conjunction to reduce the impact that the built environment has on disabled people accessing microfinance. Some microfinance institutions have already reached this conclusion, employing a multifaceted strategy to interact with its customers:

> "We can buy an office downstairs or we can choose to market it in such a way that, for you, you're served from your place. Because most clients, they are clients that have not even reached here. They send their money on mobile money. Maybe they came here once and that was it. We have field officers who facilitate to go to the field" (MFI head of operations – Interviewee Q).

Pursuing more than one mechanism for increasing accessibility can substantially reduce the barriers which have historically restricted microfinance use amongst disabled groups. The hostility of the built environment which continues to undermine people with disabilities (Imrie, 1999) is not directly addressed through the employment of both field agents and mobile money. Their use does provide an alternative channel for engagement with services offered by microfinance institutions. In an industry where people with disabilities have historically been marginalised (Lewis, 2004; Lee, 2012), diversification of service-delivery methods can have a positive impact on people with disabilities. However, it is important to state that the primary motivation for microfinance institutions employing these approaches is not to support further engagement with customers with disabilities, but rather to reduce costs (Charitonenko and Campion, 2003). Nevertheless, customers with disabilities may experience some spill-over benefits from further integration with, in particular, mobile money services as the platform expands and more products and services become available through this system.

More broadly, the employment of field agents and utilising mobile networks are example of Alternative Delivery Channels (ADCs) which microfinance institutions have utilised to more comprehensively serve clients. In addition to field agents, other ADCs have been developed, such as the creation of agent networks, MFIs "partnering with retail outlets which process transactions on their behalf", as a way of reaching rural communities (Denyes et al. 2015:2). Examples of these can be found in Madagascar, Rwanda, Nigeria and Tanzania, with a similar networks set to be developed in Senegal, and have succeeded in connecting with previously financially-excluded customers, despite some additional costs to MFIs associated with agent commission (Denyes et al. 2015).

Lehman and Ledgerwood (2013) describe other potential ADCs, including utilising point-of-sale devices, mobile branches, internet banking and ATMs, to provide new routes to serving new customers. Such diversification can offer customers greater convenience whilst supporting the expansion of the business. These types of ADCs were not raised by interviewees in this research, yet also offer opportunity for people with disabilities to access credit with a reduced need for movement. However, this outcome can be seen as a by-product of decisions motivated by commercial interests, rather than an explicit aim to promote financial inclusively for people with disabilities.

7.4 Social Access

In interviews with disability organisations, and indeed some microfinance providers, as to the primary reasons for the barriers facing people with disabilities attempting to access credit, the issue of implicit prejudice on the part of employees of MFIs was repeatedly raised:

> "There are also many cases of the negative attitude of staff, whereby, you know, I have requested to get a loan but, you know, the staff did not really want

me to access one" (Financial inclusion officer at a microfinance umbrella organisation - Interviewee N).

"There is still a negative attitude, and I know this attitude limits persons with disabilities accessing microfinance institutions ... The procedures of getting … accessing microfinance still has a negative attitude [sic], because they [MFI staff] believe that persons with disabilities are weak, they are poor" (Chairperson at the largest disability umbrella organisation – Interviewee C).

The majority of representatives from disability organisations stated that negative social attitudes towards people with disabilities affected the ability of people with disabilities to access their services. This situation, in the view of disability organisations, was fuelled by pre-existing cultural norms which view people with disabilities as weak and dependent upon others to support themselves. Whilst MFIs maintained that all customers were treated equally, as explored in the previous chapter, this view was not shared by many disability organisations.

DPOs argued, in particular, that such discrimination has a direct impact on loan acquisition. Disabled people's organisations stated in interview that they believed MFI staff were reluctant to provide loan services to disabled people due to a fear that they would not be reliable or capable borrowers:

"There's all around, I think, discrimination and marginalisation. Their [people with disabilities] acceptability. If someone with a disability goes to get a loan, then one of the…the first things someone will think of – will the person be able to pay? So that one, just the negativity of that would push the person [away]" (Executive director of a national disability organisation – Interviewee T).

"The reasons. OK most, they think we cannot work well. And others think that if they give you…they give a loan for a disabled person, he cannot work to give

back the loan" (Chairperson of a disability skills and training organisation – Interviewee D).

"The problem is that all [MFIs] they think a disabled person cannot pay back that loan" (Chairperson of a disability skills and training organisation – Interviewee D).

"Because for them [MFIs] they look at a person with disabilities as a person that maybe, at times, they're means of recovery, in case somebody fails to get the loan, turns out to be harsh. And therefore for them that [sic] think that maybe this person with disabilities fails to pay how do we…should then we go and use our harsh measures recovering our loan? (Secretary of a women's skills and training organisation - Interviewee B).

These examples demonstrate the conviction of some DPO representatives who feel discriminative attitudes towards people with disabilities restrict access to credit. With the burden of responsibility falling to the consumer to prove to microfinance providers that they have the ability to repay loans taken out through their institutions, their disability may be actively detrimental to their chances of persuading lenders they are creditworthy, based purely on the unsubstantiated views of decision-making staff. This is another instance whereby lack of data around disabled borrowers can directly impact on accessibility issues. With MFIs unable to analyse information about previous uses of loans by people with disabilities which may, for example, highlight that X% of disabled customer repaid in full (or indeed defaulted), there is little quantitative evidence for MFI staff to use to help challenge the subjective preconceptions they may harbour. Given the need for microfinance institutions to maintain a high repayment rate on their loans, MFI staff must feel confident borrowers can afford the loans on offer, hence the reliance on collateral discussed in the previous chapter and, without data to demonstrate that disabled people can be reliable customers, it may be natural

for credit officers to be dictated to by their own beliefs, sustained through social prejudices, that people with disabilities may be riskier customers.

In the Global North, credit scoring has become central to lenders' evaluation of borrowers' potential risk (Marron, 2007). This has allowed for a more objective assessment of the likelihood of repayment, reducing the impact of employee prejudices on loan applications. In interviews with microfinance institutions' representatives, credit scoring as a way to assess loan applications was never raised, only that each individual application was evaluated on its own merit. Prior to the widespread employment of credit scoring in the developed world, "assessments of creditworthiness were made on the perceived physical demeanour of the applicant" (Marron, 2007:106), with importance placed on the visual appearance of clients as a tool for evaluation (Jeacle and Walsh, 2002).

There was perception amongst disability organisations that these techniques were in operation in relation to the assessment and subsequent discrimination of people with disabilities. With credit scoring more difficult to enact in an environment where less information is ready available to evaluate potential customers, especially for new customers for which institutions hold no formal records, negative social attitudes are liable to affect some loan decisions. Whilst disability organisations may support greater integration of objective loan assessment methodologies, van Gool et al. (2013:121) argues the credit scoring in the microfinance sector should be viewed "as a support and refinement tool rather than as a panacea" due to the danger of "developing a tunnel view towards lending". The human element remains important to assessing microfinance applications (van Gool et al. 2013), which means other approaches to reducing discrimination may be required.

Though social attitudes may be well engrained and difficult to alter, disability organisations continue to work hard to challenge the negatives perceptions of people

with disabilities. One approach, employed by the financial inclusion team at a microfinance umbrella organisation, has been to connect with senior representatives from microfinance organisations, and bring to their attention the fact that discrimination on the part of their employees may be reducing access to services for disabled borrowers. This top-down approach has been used in an attempt to persuade management to investigate whether such instances could be occurring in their business practices:

> "So you talk to the executive director and they're 'No, no, no. We served everybody'. Then you're trying to show him, but 'Do you know that your staff could be having prejudice? Do you think it is worth it if we sensitise them [staff] about persons with disabilities? [sic]' That is what we have been doing largely" (Financial inclusion officer at a microfinance umbrella organisation - Interviewee N).

The microfinance umbrella organisation is able to use its unique position to access key decision makers in the MFI sector and highlight the need to be aware of such issues institutionally. In contrast, another approach designed to reduce discrimination is disability and inclusion training targeted directly at MFI staff. Whilst leaders of MFIs may engage with advocacy groups which seek to challenge the negative perception of people with disabilities, the root issue of engrained negative staff attitudes is not directly challenged. Raising awareness about the potential of disabled customers, their specific requirements, as well as their institutional and legal obligations to treat all customers equally can all help to address the prejudices held by MFI employees such as credit officers:

> "One is change of attitude. Keep offering them [MFI staff] training, offering them some kind of advice" (Chairperson of disability umbrella organisation – Interviewee C).

> "If you are giving out…carrying out sensitisation [training] among microfinance institutions, talk about disability. Talk about inclusiveness and accessibility. Accessibility in terms of information" (Chairperson of disability umbrella organisation – Interviewee C).

> "The first phase was to create awareness about persons with disabilities, they're [sic] capabilities, and exposing the potential [of] that particular segment as potential customers" (Financial inclusion officer at a microfinance umbrella organisation – Interviewee N).

This sensitisation[13] represents a more bottom-up approach to reducing the level of discrimination towards people with disabilities amongst microfinance staff. Disability organisations have an important role to play, sharing their knowledge and experience with MFI staff to help redress some of the misconceptions that people with disabilities are more likely to default on loans. Workshops, training days and fostering direct conversations between potential disabled customers and staff are all ways in which barriers can be reduced.

However, this type of approach requires motivation on the part of MFI managers to allow staff to take part in such training events and recognition of the problem, which may at times be difficult, considering most interviewees from microfinance providers claim that all customers are already treated equally on the objective basis of their ability to repay the loans. Therefore, in order to combat discrimination, disability rights organisations continue to dedicate their efforts to advocacy, in order to challenge the MFI sector at both the institutional and individual level to address this issue of social

[13] The term sensitisation was repeatedly used by interviewees from MFIs and DPOs, meaning to raise awareness through increased exposure.

attitudes, which many in the disability community continue to believe reduces their access to services.

There is some indication that attitudes amongst staff in the financial sector are changing as a result of the efforts advocacy groups, with a number of interviewees stating that there was evidence to suggest institutions and their employees were seeking to understand and engage with people with disabilities more systematically. A number of interviewees specifically mentioned these changes of attitude being most prevalent in the banking sector, which disability organisations have also targeted as part of their advocacy agenda:

> "If I go the bank, they give you special attention, 'Please can I help you'. Nowadays, me when I go to [bank name], I don't line up. When I go to [different bank] I don't line up. 'Please [interviewee name] can I serve you?', taking you straight to the counter. So the attitude's changing. So where I see banking services, we go everywhere and the tide is changing, yeah. Attitude is changing. They look at you, they don't look at your disability, no they look at me as someone" (Project coordinator at a national disability organisation – Interviewee U).

Examples like these were highlight by interviewees as evidence that attitudes towards customers with disabilities are changing on the part of staff in the banking sector. What was less clear was the extent to which these changes were occurring as a product of advocacy on the part of disability organisations. Whether driven by pressure from disability organisations or other factors, some banks are developing new ways in which disabled customers can be welcomed to branches:

> "[Bank name] has worked with us a lot and, in plan, you know, they have a lot that we shall learn from. Being able to capture data, develop welcome messages in their banking halls that clearly mentioning [sic] that 'we welcome

> persons with disabilities', which we thought was something light but you know people take it. Making [them] feel welcome" (Financial inclusion officer at a microfinance umbrella organisation – Interviewee N).

The reasons as to why the banking sector has been more successful than the MFI sector in promoting engagement with people with disabilities are not immediately clear. What is clear is the need for microfinance institutions to enact similar programmes if they are to broaden accessibility and shift attitudes. It is important to understand that, even with the use of training schemes, sensitisation projects and closer relations between the disability and microfinance sector, the attitudes which underpin both conscious and subconscious bias and discrimination towards people with disabilities are well-entrenched and changing these takes long periods of time to achieve, as outlined by a number of the interviewees:

> "The attitude change is on low space [priority]. We need to speed up the attitude change" (Chairperson of a nation disability umbrella organisation – Interviewee C).

> "The attitude change is slow but it's changing" (Project co-ordinator at a national disability organisation – Interviewee U).

Training and sensitisation efforts by DPOs are likely to have some impact on the outlook of staff towards disabled persons. However, long-term attitude change is more liable to occur if it is based around evidence of the successful previous use of microfinance services. This provides an even greater incentive for advocacy groups to push for increased data collection around disability for financial institutions, as positive instances of people with disabilities using and repaying loans can be used to support these sensitisation projects.

Increasing levels of data collection also increases the ability of microfinance institutions to employ more objective assessments of loan applications through credit scoring (van Gool, 2012). This move away from subjective evaluations based on personal observations and to computerised, data-driven decision making, as seen in the US consumer credit market for example (Marron, 2007), allows for the impact of discrimination based on social attitudes to be reduced. However, though moving to a different system might reduce this barrier, it does not address the underlying issue of negative bias towards people with disabilities.

The perception amongst DPOs that people with disabilities are more likely to be excluded from loans offered by MFIs due to discrimination on the part of staff feeds into previous research which has supported this view (Labie et al. 2015; Lewis, 2004). This fits into a broader history of discrimination against particular groups of people. For example, non-white people in the United States (Blanchflower et al. 2003; Cavalluzzo and Walken, 2005), who have had unfair access to credit services based on race. Simanowitz's (2001) framework for exploring the limited access to financial services by members of vulnerable groups explicitly highlights exclusion by staff as one of the four exclusionary mechanisms. The potential impact of discrimination on loan acquisition is clearly substantial.

The importance of focused training and awareness-raising for MFIs is highlighted by Leymat (2012), which stresses the importance of staff sensitisation to people with disabilities across all levels of the institution. Training MFI staff to make objective risk-analysis decisions, openly discussing issues around prejudice and discrimination against people with disabilities amongst all levels of employees, and promoting 'success stories' of disabled customers to enhance awareness in the wider community are considered imperative to encouraging greater levels of access (Leymat, 2012). Bwire et al. (2009) highlights the positive opinions expressed by MFI staff regarding customers with disabilities following the running of a sensitisation programme, while

Lewis (2004) argues the hiring of qualified staff with disabilities to work as field agents, administrators and trainers is an excellent way to improve organisational inclusivity and demonstrate equality. Lewis (2004) and Bwire et al. (2009) argues that such practical moves serve to reduce discrimination by MFI staff through deconstructing existing social and professional barriers to accessibility.

The low levels of access to MFI services by people with disabilities highlighted in chapter five (5% of the sample had accessed a loan through a microfinance institution), and the similar trends identified by Bwire et al. (2009) – where they estimate that less than 1% of 13,000 MFI customers in Uganda were considered disabled – suggest that social exclusion remains a key barrier to financial exclusion. The difficulty lies in challenging the entrenched negative attitudes which impact upon fair and inclusive engagement (Sarker, 2013; Lewis, 2004). Whilst training and awareness-raising programmes, largely driven by larger disability organisations, are evident and designed to challenge existing stigmas and negative norms, exclusion through socially-constructed barriers remains a difficult issue to address.

7.5 Self-Exclusion

As previously outlined, the attitudes of staff can restrict access for disabled people that want to use the products and services offered by microfinance institutions. In addition to social exclusion, a number of those interviewed, both from DPOs and MFIs, expressed their belief that a considerable number of people with disabilities exclude themselves. Self-exclusion can stem from issues associated with financial literacy or unaffordability, but also "in response to negative experiences or perceptions" (Lammermann, 2013:26). As Simanowitz (2001) explains, self-exclusion through low self-esteem represents one of the key mechanisms for understanding financial exclusion. This notion of self-exclusion was based on an understanding that financial

services, such as small-scale loans, were available in the marketplace yet people with disabilities were not accessing them as a result of their own self-marginalisation.

Based upon interview data, the primary explanation for self-exclusion on the part of people with disabilities was the perception that they lacked the necessary self-esteem to approach microfinance institutions or apply for a loan. The belief that a lack of confidence on the part of people with disabilities was undermining their ability to access credit in this context, even in situations where loans were available and affordable, was held by representatives from both the disability and microfinance sector:

> "But, of course, as disabled persons, sometimes there are challenges [sic]. I think, by the way, they are, maybe they [people with disabilities] … sometimes they also underrate themselves" (MFI general manager – Interviewee W).

> "There's this stigma that maybe it is not for them, that maybe they cannot access those services" (Deputy executive director of a disability rights organisation – Interviewee F).

> "We have a tendency whereby poor disability [sic], we're not always going for it. Always wait and maybe were used to being given everything. We feel the complex then so, I can't do it, I can't do it" (Project co-ordinator at a national disability organisation – Interviewee U).

It was the opinion of many key stakeholders that either lack of self-esteem or a lack of confidence on the part of people with disabilities inhibited them from accessing financial services. These negative perceptions actively manifest themselves in the behaviour of people with disabilities. Disability organisations stating that many people with disabilities would not consider even applying for a loan. This outcome was considered a product of historical and sociological factors which have contributed to the continuing marginalisation of this demographic:

> "So this kind of history had created a lot of oppression, and this oppression created a loss of esteem among people with disabilities. So our work is to ensure that people with disabilities live with dignity and esteem" (Chairperson of a national disability umbrella organisation – Interviewee C).

> "Then you have the cultural attitudes, the traditional attitudes of 'you have a disability therefore you are useless', and of course also the low self-esteem of people with disabilities themselves" (Deputy executive director of a national disability umbrella organisation – Interviewee Z).

People with disabilities in Uganda, as with other developed and developing countries globally, have traditionally suffered from discrimination and intolerance which has hampered their ability to engage with mainstream society. Disability-organisation representatives suggested it was the effects of these attitudes which had resulted on a sense of worthlessness amongst people with impairments. Therefore it is understandable that, given the social marginalisation experienced in other areas of their lives, people with disabilities may lack the conviction to apply for or access loans.

Another reason for self-exclusion may stem from previous negative experiences by the limited number of people with disabilities that have attempted to acquire loans through microfinance providers. As the branch manager of an MFI outlined, the experience of one disabled borrower who is treated unfairly due to their impairment has the capacity to spread amongst the disability groups, creating an environment whereby people with disabilities automatically believe they will be discriminated against and therefore do not attempt to access their services:

> "I mean, you walk into a place – service delivery point – and the treatment is not right, then I can go back and say 'You know what, don't go to [those] places, that place is A, B, C, D'. It can turn them around. Maybe sometimes they feel like they are not…they will not be treated at the same page" (Interviewee O).

The difficulty in quantifying the impact of low self-esteem remains a challenge, as does the degree to which people with disabilities self-exclude more generally, but addressing these forces may be as important as the employment of other more tangible methods to make accessibility easier for people with disabilities. Whilst the notion of self-exclusion due to low self-esteem was accepted by a number of microfinance providers and disability organisations, the scale of the impact was more contested. While some cited self-exclusion as a fundamental explanatory factor in reduced levels of access, others believed it was more of a peripheral factor. Interestingly, the financial inclusion officer at a microfinance umbrella organisation investigated the impact of self-exclusion as part of their own research and found that, whilst there were instances of people with disabilities disregarding microfinance providers of their own volition, this was far from common:

> "We had thought that what we called the exclusion due to low self-esteem, was that very important, you know, because of having gone through many nasty experiences. Many may not really want to open a bank or MFI. But a research there after [sic] … after two years of pilot, we really found that that exclusion was not so much strong" (Financial inclusion officer at a microfinance umbrella organisation - Interviewee N).

> "People with disabilities were really interested in accessing services like any other and they had the motivation to go, provided they were received well" (Financial inclusion officer at a microfinance umbrella organisation - Interviewee N).

This evidence would appear to counteract the existing assumptions that self-exclusion is a dominant factor reducing people with disabilities' access to credit. Self-exclusion has previously been described as a potential reason behind the lower rates of access to financial services across multiple demographics (Simanowitz, 2001), including the

very poorest (Hulme and Mosely, 1996), women (D'espallier et al. 2013), and people with disabilities (Bwire et al. 2009). Indeed, referencing a project whereby MFI staff were offered training on disability issues, self-exclusion was identified as a primary barrier to accessing services Bwire et al. (2009). The ILO (2002) argues that, as people with disabilities, an accumulation of negative experience can lead to low self-esteem which results in self-exclusion from microfinance services, strengthening this argument.

However, findings from this research would suggest a possible over-emphasis on this component, with limited evidence to support the notion that there is widespread self-exclusion amongst people with disabilities. Indeed, outcomes from this research reflect more the findings of Beisland and Mersland (2012:13) which argues that, whilst featuring prominently in existing literature on the exclusion of peripheral groups from financial services, "self-exclusion appears to be a more minor barrier than was previously assumed". Though, by their nature, self-excluded individuals are difficult to quantify, the identification of self-exclusion in discussion with disability organisations was conspicuous by its absence.

The scale of self-exclusion amongst people with disabilities is an important issue, as it can have implications for the way financial inclusion is approached by microfinance institutions. For example, an over-playing of the role of self-exclusion amongst disabled people could allow MFIs to justify their own inaction, by suggesting changes in their practices would have a minimal impact. As a consequence, there may be a potential benefit to MFIs in overstating the role of self-exclusion amongst marginalised populations, and therefore further research into the role that self-exclusion plays in influencing people with disabilities wanting to access microfinance is required.

7.6 Raising Confidence and Awareness of Borrowers

In the disability advocacy sector, confronting issues around self-esteem and lack of confidence amongst their disabled membership in all areas of society has been a key priority for many years, particularly amongst larger organisations such as NUDIPU. Schemes which seek to redress negative perceptions that people with disabilities have towards themselves have been implemented, to try to improve confidence and encourage them to consider whether MFIs may offer services appropriate to their needs. This has been predominantly through training and workshops, whereby people with disabilities have been invited to engage with DPOs, MFIs or institutions from both sectors. Through these, services offered by microfinance providers have been highlighted to participants, while MFI representatives have been made aware of the interest in their products by people with disabilities.

In some instances, microfinance institutions have been part of such awareness-raising initiatives amongst people with disabilities, as explained by the financial inclusion officer at a microfinance umbrella organisation, who has worked with both the microfinance and disability sector to run these types of session:

> "We do that so that the staff at microfinance institutions can hear from persons with disabilities direct. We used to conduct the trainings at the district level, but we realised that many persons with disabilities in the villages, we have not reached. So we take it to the sub-county. But when you invite MFIs, they are many times surprised by the number of persons with disabilities that you have in your audience. You know, you have maybe 50 or 60 or so and they are like 'we could not imagine that in this sub-county, we have so many'" (Interviewee N).

Education and information exchange are the two central pillars of this type of approach, with the intention that raising the awareness of the role of microfinance providers, along

with direct interactions with disabled people, will demonstrate that people with disabilities are welcome in the microfinance sector and will be treated fairly and equally. The information imparted through this type of programme is designed to act as an empowerment tool for disabled people, raising both knowledge and confidence levels amongst participants. Furthermore, as explored in the above passage, when MFIs are involved in this process representatives are made visibly aware of the demand for their services amongst this demographic, which may additionally work to deconstruct some of their preconceptions around disability.

Whilst not referencing a specific programme, general comments were made by interviewees from MFIs around their willingness to extend their services to people with disabilities, and work towards educating and informing such groups of the opportunities available which previously may have been consider unattainable. MFIs were keen to create an impression that the door was open to disabled borrowers, and stressed in interviews that they would be welcomed and would benefit from microfinance products:

> "For us, we render these services [sic]. Are you [disabled people] interested? If you're interested, come forward? Because those who come forward, [potential customer] then we train…we give them proper training. But in sensitising, we are opening people's minds that they're services available. There are opportunities around you. Have you seen then? Can't you do something?" (MFI business development manager – Interviewee X).

While the representative of the MFI in question had some understanding as to the importance of engaging with people with disabilities to encourage them to use microfinance services, formalised events and schemes were predominantly organised and run by disability rights organisation. In this context, disability organisations have two main objectives: firstly, addressing issues of self-exclusion by aiming to raise

confidence and boost self-esteem amongst their members. Secondly, workshops are designed to make attendees specifically aware of the products and services offered by MFIs. These points are summarised succinctly by the project coordinator at a national disability organisation:

> "But with this kind of awareness raising and advocacy, we [DPO name] are trying to instil into our membership, now get that confidence that, despite my disability, I can also go and get a loan" (Interviewee U).

Other disability organisations hold similar workshops with the same objectives, and a number of the DPOs interviewed suggested that the high level of attendance amongst interested parties highlighted that many disabled people were interested in such services, but were restricted by either lack of knowledge or lack of self-esteem. For example, the largest disability group in Uganda has held workshops on microlending, savings and engagement with formal financial institutions across Uganda[14], with the aim of facilitating the greater inclusion of people with disabilities in the microfinance sector. However, despite the fact that these workshops may have enabled some people with disabilities to develop the skills, belief and knowledge to successfully access a microfinance loan, the representatives of the DPO organisations interviewed were also keenly aware of the limitations of education initiatives. Limitations included the costs of running such schemes, which some DPO representatives believed were poor value for money:

> "For us here, if you go to look at how much is spent on each person per workshop, when you factor in the water, the tea, the hire of the hall and then the transport refund at the end; and then after you have given the transport refund and the training resources are left in the hall when you have spent so

[14] See NUDIPU's 'We Can Manage' programme as one example.

much on the stationery. Whereas in other organisations, especially these microfinance institutions when they offer this training, you come with your notebook and your pen if you need to write. And they will give you a soda, but if you want food you will buy it yourself. How many people with disabilities in the urban areas can you bring today together for a workshop and training and you sit back and relax and they accept? So, you see, that is a challenge" (Deputy executive director of a national disability organisation – Interviewee Z).

As illustrated, despite the benefits of these workshops to those in attendance, the capacity of disability organisations to offer these schemes sustainably over time is called into question by DPOs themselves. With limited budgets, DPOs may decide that microfinance training does not represent sufficient value for money, particularly given the multiple costs associated with running a programme, meaning disability organisations may not be best placed to deal with issues associated with self-exclusion.

With limitations in scale and resources, DPOs face challenges trying to run awareness and confidence initiatives for disabled people and therefore, to achieve sustained development around issues associated with self-esteem, it is important for microfinance institutions to take some responsibility for combatting notions of self-exclusion amongst people with disabilities. As businesses with self-identified 'dual bottom lines' of both profit and social advancement, microfinance institutions should be excellently placed to provide these services through their own means, and could at least in part be achieving mainstreaming disability in their existing practices. For instance, the majority of the microfinance institutions interviewed as part of this research stated that, before capital was lent to new customers, borrowers were required to undertake a period of training provided by the MFI to develop the skills necessary to successfully manage their loan. This was seen as good practice by many institutions in their capacity as responsible lenders, as outlined below:

> "Because we don't only give them loans but we do what we call business literacy, financial literacy, entrepreneur skills. We go out and teach these people. How do I start a business? What are the dos and don'ts within a business? How do I keep my books of accounts? How do I separate my transactions between my own transactions and the business transactions? We first do that, before we give you money. And that is not, I mean, a one-off. It's continuous. We keep on training them, you know, reminded [*sic*] them what they should do, and that has helped us in terms of, you know, the business continuing" (MFI general manager – Interviewee V).

> "Yes we do, we do [train customers]. They must attend at least four to five sessions. We walk them through their obligations, record keeping, constitutional making, registration, form filling, group guarantee, group dynamics" (MFI operations and business development officer – Interviewee J).

> "We do those informal training, like business management, how to manage your business, how to keep books of accounts, but you find that most of them don't have those books. But we advise them here and there about how to manage their loans. Especially how to manage their loan" (MFI head of operations – Interviewee Q).

These training programmes organised by microfinance institutions are designed to provide a platform whereby customers are given the best opportunity to manage their loan effectively. They also provide an opportunity for MFIs to maximise the chance of borrowers repaying their loans, by ensuring customers have the necessary skills to foster regular repayments. This research suggests that these training schemes are a sensible way to ensure all consumers achieve a certain standard of knowledge to assist them, with ideally both microfinance institutions and disability organisations involved in this process. Leymat's (2012:25) research in seven developing countries,

with a particular focus on Kenya and Bangladesh, explores the potential for "successful, responsible and complementary partnership between microfinance actors and disabled people's organisations", highlighting the prospective benefits of this approach.

Despite this, some representatives from disability organisations believed that more could be done to engage with people with disabilities at this juncture, as the standard training offered is broad and non-specific:

> "Yeah most microfinance companies always do it [training], but they don't do it with a disability perspective. Because for them they have their general…general rhetoric of what they're supposed to teach and not. But when it comes to that part whereby a person with disability has special needs, special needs towards business, [no]" (Secretary of a women's disability skills and training organisation – Interviewee B).

MFIs could work to broaden access through running training programmes exclusively for potential customers with disabilities. Whilst this approach may be discouraged by MFI representatives – namely those outlined in chapter five who argued against offering services targeted specifically at people with disabilities - the process of bringing together people with disabilities that are applying for loans can help to create support networks and build relationships amongst peers.

The limitations of these approaches stems from the difficulty in establishing the scale of self-exclusion and ascertaining whether these types of programmes are actually engaging with previously self-excluded individuals. Training offered by microfinance institutions usually occurs after the individual has approached the institution, interested in a loan, and therefore does not directly impact those disabled people that lack the confidence to initiate relations with a microfinance institution. The hidden nature of

self-excluded groups acts to limit our understanding of whether they are becoming increasingly engaged.

As with many of the other challenges raised throughout the research, closer relationships between microfinance institutions and disability organisations are fundamental to reducing self-exclusion, whatever the scale of the problem. DPOs continue to play a role in education and building the confidence of their members, albeit with limited resources, with many already investing time and money into formal training and workshops for people with disabilities interested in microfinance. A more cost-effective way for disability organisations to perform this role may be through online channels, as a growing percentage of their membership has access to the internet.

As outlined, MFI collaboration with disability organisations to facilitate training sessions and raise awareness amongst people with disabilities is an important component of achieving the objective of greater financial inclusion (Lewis, 2004; Leymat, 2012). These types of workshops have taken place in Uganda previously (De Klerk, 2008; Bwire et al. 2009), though these often take the form of isolated projects rather than systematic engagement. Swain and Varghese (2013) suggests that credit delivery can be much more effective for low-income groups when NGOs are involved in developing linkages between financial providers and borrowers, but there is a need for these relationships to be longer term. Alerting people with disabilities to the opportunities available through microfinance institutions is a difficult task, and "there seems to be a lack of self-confidence and knowledge regarding how services can be beneficial" to people with disabilities (Cramm and Finkenflugel, 2008:20). The challenge lies in revealing to people with disabilities the opportunities available, while simultaneously demonstrating to them that they will be treated fairly should these wish to access services.

7.7 Conclusion

Exclusion from microfinance services remains a substantial concern for people with disabilities. The types of exclusion which disabled groups face in this environment can broadly be divided into two. Firstly, the challenge of physical access to buildings and premises used by microfinance institutions. Secondly, continued issues of social discrimination against people with disabilities. These forces have the result of reducing accessibility to small-scale loans, limiting the ability of people with disabilities to harness the potential of microfinance to improve financial security and develop livelihoods.

Disability organisations continue to advocate for greater awareness amongst MFIs of their social and legal responsibilities around physical access. However, lack of enforcement or monitoring of existing legislation, such as the Disability Act (2006), by government agencies only serves to undermine the efforts of disability advocacy groups in Uganda to the detriment of disabled customers. Even as microfinance institutions are made aware of accessibility issues with their offices and buildings through sensitisation programmes, the costs of enacting positive changes often discourages representatives to implement changes like widening doors, installing ramps and lowering tellers. In a profit-driven market, the evidence suggests that improving access is not seen as a primary concern of microfinance institutions.

Disability organisations are important agents for change in this setting. For example, the creation of accessibility guidelines, specifically designed to facilitate people with disabilities with the support of MFIs, is a valuable and worthwhile endeavour. However, even with a comprehensive set of standardised guidelines and the undertaking of disability audits, the lack of compulsion amongst MFIs to undertake changes to structures to address issues of accessibility makes it very difficult for disability organisation to force financial institutions to enact their recommendations.

The Bank of Uganda, which regulates a number of the larger microfinance institutions, is well-positioned to promote such recommendations. However, this is neither its institutional responsibility nor primary motivation (which remains financial stability), so this may not represent the most appropriate approach to fostering change.

The implementation of alternative means of service delivery has created new mechanisms for greater interaction between people with disabilities and microfinance institutions. The employment of field agents to visit customers in their own communities, and the rapid development of mobile money services, have allowed disabled people to make loan repayments without experiencing the difficulties usually associated with navigating public and private spaces. These advances go some way in helping overcome the challenges of physical inaccessibility. However, as both schemes are not universally available across the sector, these approaches represent solutions with significant weaknesses.

With the role of mobile money in Ugandan society poised to further expand over the coming years, this avenue presents an exciting and unique opportunity to reduce barriers associated with physical accessibility and promote equal access to microfinance services. However, significant limitations for people with disabilities using mobile money in the microfinance sector are evident, ranging from operational challenges such as network loss to the potential high cost of loan repayment using this platform. There is a danger that, whilst reducing the barriers to access in one area, namely physical inaccessibility, other challenges may develop as microfinance services continue to integrate further into the mobile money sector.

Social discrimination continues to be citied as a key barrier to achieving fair access of microfinance services to people with disabilities, with rejection experienced in mainstream society mirrored in a financial context. There was widespread concern amongst interviewees from the disability sector that disabled applicants were refused

loans due to negative perceptions around their ability to repay, based primarily on their impairment. This prognosis was rejected by representatives in the microfinance sector, though it is difficult to assert with any confidence the degree in which discrimination by employees plays a role in exclusion, particularly given the lack of data on the current use of MFI services by disabled people. Furthermore, many disability organisations believe that negative staff and social attitudes contribute to self-exclusion from financial services on the part of disabled people, with many lacking the necessary confidence to approach financial institutions such as microfinance providers.

Progressive schemes designed to change attitudes amongst staff at all levels within microfinance institutions, predominantly undertaken by disability advocacy groups, continue to challenge societal norms around people with disabilities. Raising the awareness of both the capabilities of disabled borrowers, and the additional support they may need, amongst MFI staff can certainly help incrementally alter prejudices which can take a long time to reverse. It is important for the microfinance institutions themselves to be involved in this process, so continued lobbying by DPOs in this context is vital to sustainable attitude change. Furthermore, the comprehensive training packages offered by MFIs prior to loan dispersal provide a substantive framework for the mainstreaming of disability issues into their organisations and help to normalise people with disabilities' integration.

Additionally, raising awareness, building knowledge and improving the confidence of people with disabilities through programmes, workshops and training is essential to addressing the notion of self-exclusion. People with disabilities must be made to feel assured of being welcomed fairly by MFIs and also believe that they are capable of using a loan successfully to improve their livelihoods. Microfinance institutions have a legal and moral responsibility to make themselves disability-friendly in every field, from improving physical accessibility to ensuring staff are informed of disability issues, to

demonstrating they are open to business for people with disabilities, creating an impression of inclusivity which is vital to diminishing the impact of self-exclusion on this relationship. Fundamentally, ensuring people with disabilities have fair and equal access to services is pivotal in order for microfinance institutions to achieve the financial inclusion objectives integral to their existence.

8. Conclusion

8.1 Introduction

Since microfinance entered the mainstream international development agenda, researchers have attempted to understand the impact of increased access to small-scale credit amongst low income groups on poverty reduction objectives. Studies have demonstrated a range of positive outcomes associated with increased utilisation of microfinance amongst such people, including localised economic growth, new employment opportunities, empowerment of women and greater financial independence amongst borrowers. The ability of microfinance to achieve these outcomes has been highlighted by influential international institutions, such as the World Bank, to demonstrate the effectiveness of this type of approach to reduce poverty in developing countries.

Conversely, other researchers have found the impact of microfinance to be much more limited, suggesting little has been achieved in terms of increasing incomes and developing livelihoods as a result of the availability of formal credit targeted at low income groups. Stronger criticisms which have focused on issues such as financial exploitation, aggressive repayment strategies and the manipulation of social relationships have served to temper enthusiasm for this approach to development amongst some in the academic community. As a consequence, microfinance has emerged as a contentious mechanism for achieving poverty reduction considering the relative strengthens and weaknesses highlighted through previous research.

This research has sought to move the debate in a different direction, shifting the focus away from discussions around the effectiveness of microfinance and its socioeconomic impact and onto issues of fair and equal access to services. By focusing exclusively on the experiences of a specific subsection of society – one which has traditionally been marginalised both economically and socially – the uneven

nature of microfinance accessibility has been highlighted. To this end, this thesis is important as it contributes to a greater understanding of the barriers which can face different groups of people, often in the same setting, in accessing appropriate financial services.

This research is novel in that it addresses issues which have been neglected in previous studies around microfinance. For example, very little research to date has focused on access to financial services for people with disabilities, while in debates around access to small-scale credit, the issues of disability is very rarely explored. The barriers to finance which specifically affect people with disabilities are not well understood and those that are seldom grounded in empirical evidence. As highlighted in the introduction, Uganda represents a unique context to examine these issues given its mature microfinance sector and progressive legislative environment designed to promote equality for people with disabilities.

An additional strength of the thesis is that the research engages with both financial providers and consumers in the Ugandan context. This approach has allowed for a more detailed understanding of the motivations and challenges associated with actors in both the microfinance and disabilities sector, allowing for a development of a more holistic and nuanced comprehension of the factors which drive processes of financial exclusion.

8.2 Shedding Light on Current Levels of Engagement and Barriers to Access

This research aimed to take a multi-method approach to understanding the issues of access to microfinance for people with physical disabilities in Kampala. This was divided into three objectives. The first was to establish the current level of access to loans from formal financial institutions in Kampala for people with physical disabilities. The second objective, focusing specifically on microfinance institutions, was to identify barriers which restrict access to small-scale credit for this group. Thirdly, the research

aimed to provide practical recommendations which, if implemented, would serve to reduce such barriers and afford greater access to services.

Addressing the first of these objectives through the employment of a quantitative methodology, the research sought to understand the rate at which people with disabilities accessed small-scale loans. Aside from the work of Beisland and Mersland (2012), which focused exclusively on economically active individuals, Bwire et al. (2009) and Sarker's (2015) exploration of the relationship between people with disabilities and MFIs in Bangladesh, few academics have attempted to understand the current level of use of microcredit services amongst people with disabilities. The quantitative section of this research highlighted three important points. Firstly, people with disabilities are not universally excluded from credit through formal financial institutions. In fact a significant number (17% of the sample) had accessed a loan through some form of financial institution, such as commercial banks, MFI or SACCO, at some point in their lives. Secondly, whilst higher than may have been expected based on prevailing views of people with disabilities as financial liabilities (Sarker, 2015; Lee 2012), this rate of access was lower than the national average (UNHS 2012/13). Furthermore, the quantitative research suggested that a low percentage of disabled individuals were accessing loans through MFIs (5% of the sample), despite the dominant narrative around microfinance institutions as bastions of financial inclusion, driven by a motivation to provide appropriate financial services to excluded groups.

From this base, the research sought to address the second objective of understanding the barriers which restrict people with disabilities' ability to access loans provided by microfinance institutions. These barriers can be divided into three broad sections: financial barriers, physical barriers and social barriers. Firstly, the financial barriers identified were centred on the issue of affordability, and the way in which high interest rates and substantive collateral requirements reduced the ability of people with

disabilities to access loans. Furthermore, the research found that the dominant mechanism for delivering small-scale credit to low-income individuals – the group lending methodology – has some considerable limitations for people with disabilities, including discriminations from other group members and repayment schedules which are made more difficult and expensive due to the mobility difficulties.

Secondly, despite the existence comprehensive laws governing equal access for people with disabilities, physical access to microfinance institutions constitutes a significant barrier to engagement. While some of the issues associated with physical accessibility can be reduced through the utilisation of alternative means of services delivery, such as the employment of field agents or the increased use of mobile money, physical access still represents a significant challenge amongst this demographic.

Thirdly, barriers also exist in relation to process driven by social factors. This can take the form of social discrimination, for example by loan officers at microfinance institutions, or as an outcome of actions by people with disabilities themselves through processes of self-exclusion. These problems often originate from established socio-cultural views around the position of people with disabilities in Ugandan society and prevailing attitudes around their perceived inabilities. These social barriers to access continue to affect people with disbailities despite some evidence of training and awareness raising amongst MFI staff as an outcome of greater engagement between the microfinance and disability sectors.

Some of the exclusionary factors within these can be integrated into the framework of Simanowitz (2001), which explores four mechanisms which exclude the most vulnerable from financial services (exclusion through low self-esteem, by other members, by staff and by service design). In this research, all four of these exclusionary processes play some role in reducing access to service for people with

disabilities. It is clear however that, for people with disabilities. some of these challenges prove much more significant than others. For example, whilst issues such as self-exclusion appear to play a lesser role in terms of accessibility, exclusion by product design substantially affected disabled potential customers. Moreover, this thesis demonstrates the multidimensional nature of the barriers facing people with disabilities in accessing small loans from microfinance institutions and the inherent difficulty in achieving fairer access to services for people with disabilities considering the variety of issues affecting this group across these three key areas. However, the research recommendations (discussed subsequently) serve to highlight some specific ways in which these barriers may be reduce.

8.3 The Impact of Commercialisation on People with Disabilities

One of the main impacts of the economic liberalisation of the microfinance sector has been the huge expansion of the microfinance institutions in developing countries, with an increase in numbers of low income individuals and groups accessing credit. However, amongst some academics, there has been a growing belief that free-market forces have been unable to provide affordable credit streams for marginalised groups within these societies (Stiglitz, 2008). The shift in focus, away from an exclusive focus on poverty reduction to a model based around private-capital accumulation, has influenced the manner in which products and services are managed, marketed and priced. Moreover, the changing geopolitical landscape of contemporary microfinance, a tool for development originating in the Global South but now controlled and reshaped by Western institutions, has led to the incorporation of the microlending model into the neo-liberalised economic narrative promoted by key policymakers such as the World Bank (Roy, 2010).

The impact of the embrace of conservative economic principles, such as the promotion of privatisation and the opening up of sectors to competing international

companies (Williamson, 2000), has remained open for discussion. Much of the focus has centred on the morality of sizeable profit generation by microfinance institutions (Cull et al. 2008), but these criticisms do not necessarily address whether the approach is appropriately fostering greater financial inclusion for non-mainstream groups. However, evidence from this research suggests that the design of products and services, driven by the sustained pressure on microfinance institutions to generate private profit, contributes significantly to the exclusion of people with disabilities. Therefore, one interpretation is that the private-capital model favoured by international policymakers and institutions is in itself enhancing existing barriers experienced by such groups through excluding many people with disabilities from their services.

The challenges associated with product design expressed by disabilities organisations in interview, and outlined in chapter six, such as high interest rates, unachievable collateral requirements, and a narrow focus on the group-lending methodology as a mechanism for broadening financial inclusion, are each primarily driven by the motivation to maximise profit over serving previously-excluded individuals. The need to create profit is in turn dictated by the funding streams which sustain the activities of microfinance institutions. The 'new' microfinance landscape of private investment and wholesale borrowing, as NGO-led programmes and donor-based grants have become fewer and further between, has necessitated this outcome. For many people with disabilities, this shift has pushed further away the opportunities offered by having access to small-scale, affordable credit; a challenge already substantial, considering the wider issues of physical accessibility and social discrimination explored in chapter seven.

The ability of microfinance institutions to penetrate new markets in previously-unserved geographical regions is evident (Weber, 2006). This is especially true in relation to the exploitation of new opportunities for business amongst particular groups

which are ripe for extracting profit, namely those underserved but visible communities in developing countries. The evidence put forward from this research shows that little attention is paid by microfinance institutions to those outside of these parameters, with organisations appearing largely uninterested in broadening access unless financial gain is achievable. Such outcomes only serve to strengthen existing theories, which frame the microfinance movement as part of a poverty industry (Soederberg 2014; Roy, 2010) rather than a global movement designed to improve the standard of living of low-income groups.

8.4 Bottom of the Socio-Economic Pyramid

The ability of market-led microfinance to broaden financial inclusion can also be questioned through examination of the quantitative data analysed as part of this research. Those disabled individuals that were already in established relationships with the formal financial sector, through savings accounts or use of mobile money, were much more likely to have accessed microfinance, while those without these connections – the financially excluded amongst the sample – were much less likely to have accessed microcredit. Furthermore, those with lower educational levels and not in employment had lower rates of access to credit, demonstrating that microfinance institutions are not connecting with groups most marginalised. These outcomes support the position that microfinance institutions seldom allocate funds to those at the very bottom of the socioeconomic pyramid (Ledgerwood, 1999; Sarker, 2015), instead focusing on those low-income groups which already have some resources to pursue their own livelihood development. The very poor continue to be excluded from the mainstream financial sector in a way that remains largely unchanged over the past 15 years (Wright and Donda, 2001).

This research would therefore support the notion that microfinance, as well producing mixed results in relation to its ability to reduce poverty (Khandker, 2005; Banerjee et

al. 2013), may not be best placed to act as a catalyst for growth in the financial-inclusion movement. Whilst fair and equal access remain cornerstones of this approach, the need for intervention into the market in order to bring microcredit services to the very poor has steadily become accepted by key institutions such as the World Bank (2015). The importance of subsidies to promote the penetration of microfinance to 'hard-to-reach groups', a mechanism derided by free-market exponents, has started to regain some traction. This research would suggest that these types of actions are likely necessary to address the deficiencies of the private sector when it comes to serving all demographics.

8.5 Poverty Reduction and Profit

This outcome raises questions as to whether the model of microfinance currently utilised by the majority of MFIs is suitable to achieve the goals of poverty reduction which have historically been intertwined with its expansion. Deregulation and privatisation of the sector (Williamson, 2000), within the wider context of the economic liberalisation fostered in the post-structural adjustment era, has enabled huge profiteering (Cull et al. 2008), yet produced only limited evidence of sustained poverty reduction (Dichter, 2007; Banerjee et al. 2013). As previously outlined, this market-led approach has been unable to reach the poorest and most excluded in many developing-country settings, supporting the view of critics such as Stiglitz (2008) and Bateman (2010) who have argued that the free market has achieved little with regard to reducing the poverty burden.

Indeed, the greater integration of the microfinance sector in Uganda into the global economy has had a profound impact on the sector. As increasing numbers of MFIs have become funded through investors, a greater emphasis has been placed on profit generation. People with disabilities as a demographic, many of whom do not represent the most profitable, easy-to-serve segment of society, have been negatively

affected by this shift, either through exclusion of service or potential financial exploitation. In this regard, it is difficult to reject the idea that liberalised economic policies have not had some negative impact on people-with-disabilities' access to microfinance services.

8.6 Research Recommendations

8.6.1 The importance of data

An important policy recommendation of this research, representing a relatively simple and cost-effective step to understanding the relationship between people with disability and microfinance, is to collect more data on the use of microfinance by people with disabilities. In the financial sector, itself increasingly driven by the detailed analysis of accurate, large-scale databanks (Afande et al. 2015), the ability to highlight the reality of engagement with disabled customers cannot be overstated. Data can demonstrate to MFIs (and other financial institutions) the types of services people with disabilities are accessing, their rates of repayment, and the institution's ability to penetrate this large and diverse potential market. The lack of information about disabled customers across the microfinance sector (Sarker, 2015) weakens the argument that such institutions support the extension of financial services across all demographics.

The simple process of asking an individual customer whether they consider themselves to have a disability would signify a positive step on the part of MFIs in understanding their engagement with disabled clients. Naturally, there are some limitations to this approach, for example whether a disabled individual would feel comfortable disclosing their impairment to an institution if they fear this would negatively affect their changes of acquiring credit. However, alternative approaches, such as discussing the issue with clients subsequent to the repayment of the loan, could serve to develop a more accurate picture. Without this information it is very

difficult to ascertain levels of access, particularly at the national level, and to observe over a sustained period any changes or trends in the way people with disabilities are become either further engaged or experiencing greater exclusion.

8.6.2 Strengthening connections through institutional engagement

Given the lack of supervision afforded to the majority of microfinance institutions in Uganda, it is appropriate to consider whether MFIs have any interest in recording data on disability. This represents a key challenge for disabled people's organisations – applying pressure to MFIs to record such information. DPOs are uniquely placed to advocate on behalf of their membership and work to make this process standard practice amongst microfinance institutions.

Secondly, a closer working relationship between DPOs and MFIs has the potential to improve access significantly for people with disabilities. Instances whereby cooperation between microfinance institutions and disability organisations are evident, and have resulted in greater inclusivity and access (see Lee, 2012; Leymat, 2012). Such partnerships can take a variety of forms, from providing guidance on how to market services to marginalised groups to underwriting loans. Regardless of the model associated with these relationships, it is the development of these networks through an expansion in information-sharing which represents substantial potential for improved access to financial services for people with disabilities.

The development of these networks would also provide the opportunity for information exchange to the benefit of people with disabilities, offering new avenues for progressive change. For example, the ability of disability audits to make visible to MFIs the physical challenges associated with inaccessible premises, can be enhanced through stronger bonds between sectors. Similarly, the ways in which new technologies, particularly developments in mobile money (and in time most likely fully-

fledged online banking services) can be best utilised to serve the interests of the DPO membership can also be developed through such strategic partnerships.

8.6.3 Enforcing existing legislation

Uganda has a strong history of developing legislation designed to support equality for people with disabilities in the country, including the Persons with Disabilities Act (2006), Equal Opportunity Act (2006), and the National Council for Disability Act (2003). However, it is clear from evidence collected in this research that physical accessibility remains a dominant barrier to improved access to microfinance for people with disabilities, despite this weight of legal protection. In this arena, there appears little need at present to extend or expand the rights of people with disabilities around access to public and private spaces, given the wealth of provision afforded. More pressing is the need to enforce existing legislation in this domain.

National government ultimately has the responsibility for ensuring organisations are held accountable to the requirements set out in Ugandan law. However, Emong (2014) argues that disability legislation in Uganda is regularly ignored because few cases of disability discrimination are ever taken to court. This is due to a combination of factors, including a lack of knowledge amongst people with disabilities as to their legal rights, and the costs associated with bringing legal proceedings against businesses and organisations which disregard their obligations (Emong, 2014). The current model of enforcement does not appear fit for purpose, given the lack of progress on the ground despite the presence of strong legislative frameworks.

In the microfinance sector, increasing knowledge on the part of both financial institutions and customers with disabilities is likely to be a key component in facilitating real-world changes, particularly in respect to improving physical accessibility. For this to be achieved, a new approach is required. Based upon this research, it appears that AMFIU are ideally placed as an institution to absorb further responsibility to

promote equal access to services by disabled people. Utilising existing networks to share information, promote accessibility, inform people with disabilities of their rights, and conduct innovative programmes such as disability audits, are all areas in which AMFIU can contribute to achieving the objective of equal access to services. AMFIU have previously run awareness-raising programmes, though are likely to require additional funding to broaden the range of activities they can perform, and would most likely raise these resources by charging higher membership fees to microfinance institutions, or accessing government funding, both of which present their own challenges.

8.7 Limitations and Future Research

A strength of this research is that it focuses very specifically on the barriers to access for people with disabilities within a relatively-confined geographical area, in and around the capital, Kampala. This has allowed the researcher to develop an in-depth understanding of the multi-layered challenges such people are faced with in this context. Conversely, however, a limitation is that the research does not engage with people living in rural areas of the country, which may serve to mask other barriers to access which are predominantly experienced by people with disabilities outside built-up areas. Therefore, a comparison of the different barriers experienced between those living in urban and rural areas of Uganda would prove an interesting angle to further develop an understanding of issues associated with accessing microfinance services. It would be anticipated that these barriers would contrast considerably, with issues connected to social and physical accessibility likely to vary considerably across different geographical settings.

As discussed, Uganda has a strong legal framework designed to protect the rights of people with disabilities. Therefore, a comparative analysis between Uganda and another developing country which offers weaker provisions for people with disabilities

may highlight barriers which have already been overcome in Uganda. Similarly, further research on access to loans for people within countries with more developed microfinance sectors may provide a forecast for the direction of the challenge in Uganda as the sector evolves. This would also create the potential for knowledge exchange between both microfinance and disability organisations in such countries, to help reduce or eradicate the barriers which continue to discriminate against people with disabilities.

Looking to the future research, amongst the most far-reaching developments in the microfinance sector in Uganda over the last five years has been the growth of mobile money. The potential of such services to transform customer-institution relationships, both for the able-bodied and customers with disabilities, is substantial, and therefore future research on the implications of migration by microfinance institutions onto the mobile money platform would be enlightening. For people with disabilities, identification of the potential benefits and limitations of greater integration between these two sectors would prove beneficial, in order to ensure that they are able to fairly access loans provided through mobile money technologies.

Lastly, the funding of microfinance institutions is a key factor in understanding the drivers behind the types of products and services offered by such businesses. Whilst this research has identified this important dynamic, further work which explores the funding networks associated with the microfinance sector in Uganda would provide a more thorough understanding of the factors which drive MFI behaviours. In particular, examining the flows of capital from investors in the Global North into microfinance markets in developing countries, and the consequences for customers, would provide an interesting extension to this research. With a young and expanding population in Uganda, growth in the microfinance sector is likely in the coming decades, and developing knowledge of the economic forces shaping this expansion can help researchers to understand the behaviours of microfinance institutions.

9. References

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11. Tables

Table 1: Interview List

Organisation	Type of Organisation	Interviewee Name	Position	Code	DPO/MFI
*****	Womens' Disability Skills and Training Organisation	*****	Chairperson	Interviewee A	DPO
*****	Womens' Disability Skills and Training Organisation	*****	Secretary	Interviewee B	DPO
*****	Largest Disability Umbrella Organisation in Uganda	*****	Chairperson	Interviewee C	DPO
*****	Disability Skills and Training Organisation	*****	Chairperson	Interviewee D	DPO
*****	Microfinance Institution	*****	Credit Officer	Interviewee E	MFI
*****	Rights-Based Disability Organisation	*****	Deputy Executive Director	Interviewee F	DPO
*****	Microfinance Institution	*****	Business Development Officer	Interviewee G	MFI
*****	Local Disability Advocacy Group	*****	Executive Director	Interviewee H	DPO

*****	Local Disability Advocacy Group	*****	Administrative Assistant	Interviewee I	DPO
*****	Microfinance Institution	*****	Operations and Business Development Officer	Interviewee J	MFI
*****	Microfinance Wholesale Credit Provider	*****	Credit Officer	Interviewee K	MFI
*****	Central Bank	*****	Assistant Director, Microfinance Division	Interviewee L	MFI
*****	Microfinance Institution	*****	Business Growth and Development Supervisor	Interviewee M	MFI
*****	Microfinance Umbrella Organisation	*****	Financial Inclusion Officer	Interviewee N	MFI
*****	Microfinance Institution	*****	Branch Manager	Interviewee O	MFI
*****	Microfinance Institution	*****	Head SME	Interviewee P	MFI
*****	Microfinance Institution	*****	Head of Operations	Interviewee Q	MFI
*****	Financial Services Provider	*****	Chief Executive Officer	Interviewee R	MFI

*****	Financial Services Provider	*****	Sales and Marketing Manager	Interviewee S	MFI
*****	National Disability Organisation	*****	Executive Director	Interviewee T	DPO
*****	National Disability Organisation	*****	Project Coordinator	Interviewee U	DPO
*****	Microfinance Institution	*****	General Manager	Interviewee V	MFI
*****	Microfinance Institution	*****	General Manager	Interviewee W	MFI
*****	Microfinance Institution	*****	Business Development Manager	Interviewee X	MFI
*****	SACCO	*****	Manager	Interviewee Y	MFI
*****	Largest Disability Umbrella Organisation in Uganda	*****	Deputy Executive Director	Interviewee Z	DPO

Organisation and interviewee names removed for reasons of anonymity.

Table 2: Variable Definitions

Dependent Variables	**Definitions**
HadLoan	Indicator variable equal to 1 if the respondent has ever had a loan; 0 otherwise.
Independent Variables	**Definitions**
Age	Age of respondent in years.
Age Squared	Age of respondent in years squared.
Gender	Indicator variable equal to 1 if the respondent is male; 0 if female.
Completed Primary Education	Indicator variable equal to 1 if the respondent completed primary education; 0 otherwise.
Completed Secondary Education	Indicator variable equal to 1 if the respondent completed primary and secondary education; 0 otherwise.
Completed Tertiary Education	Indicator variable equal to 1 if the respondent completed primary, secondary and tertiary education; 0 otherwise.
Married	Indicator variable equal to 1 if the respondent is either monogamously or polygamously married; 0 otherwise.
Waged Both	Indicator variable equal to 1 if the respondent has done any work for pay profit or gain, even for one hour, in the last month in a waged role, either within the public or private sector; 0 otherwise.
Self Both	Indicator variable equal to 1 if the respondent has done any work for pay profit or gain, even for one hour, in the last month in a self-employed role; 0 otherwise.
Physical Component Score (PCS)	Variable calculated using the SF8 index to indicate respondent's level of physical capability.

Mental Component Score (MCS)	Variable calculated using the SF8 index to indicate respondent's level of mental capability.
Logged Monthly Household Income per Capita	Logged Monthly Household Income per Capital.
Meet	Respondent's answer to 'How often do you meet with friends or relatives?' scored 1 (on most days) to 5 (never).
Social Isolation	Respondent's answer to 'In the past 4 weeks, how often have you felt isolated from others?' scored 1 (none of the time) to 5 (all the time).
Gatherings	Respondent's answer to 'How frequently do you attend social gatherings?' scored 1 (at least once a week) to 5 (never).
Bank Dif	Respondent's answer to 'Do you think it is difficult for you to get access to the following financial services?: Basic Bank Account' scored from 1 (very difficult) to 4 (not at all difficult).
Use Mobile Money	Indicator variable equal to 1 if the respondent uses mobile money; 0 otherwise.
Savings Formal	Indicator variable equal to 1 if the respondent has money saved at a formal institution; 0 otherwise.

Table 3: Descriptives with and without loan

Variable	Mean (overall)	Mean (with Loan)	Mean (without Loan)	T Test
Personal Characteristics				
Age	43.4	44.6	43.1	.559
Age sq	2092	2100	2090	.970
Male	.489	.436	.500	.469
Complete Primary	.502	.615	.478	.121
Complete Secondary	.067	.026	.076	.255
Complete Tertiary	.220	.256	.212	.545
Married	.372	.333	.380	.582
PCS	38.7	41.6	38.1	.029
MCS	43.9	45.4	43.6	.302
Waged Both	.220	.333	.196	.060
Self Both	.413	.513	.391	.044
Social Characteristics				
Meet Dummy	.753	.666	.772	.168
Isolated Dummy	.516	.641	.489	.085
Gatherings	3.10	2.92	3.13	.135
Financial Inclusion Characteristics				
Bankdif	2.87	3.64	2.71	.000
Usemmdummy	.762	.923	.728	.009
Savingsformal	.341	.692	.266	.000

Table 4: Regression Analysis

Independent Variable	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	Reg 6	Reg 7	Reg 8
Personal Characteristics								
Age	0.202***	0.205***	0.200***	0.196***	0.199***	0.222***	0.218***	0.218**
	(0.066)	(0.070)	(0.067)	(0.068)	(0.071)	(0.072)	(0.075)	(0.085)
Age sq	-0.002***	-0.002***	-0.002***	-0.002***	-0.002***	-0.002***	-0.002**	-0.002**
	(0.000)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)	(0.001)
Male	-0.192	-0.198	-0.223	-0.222	-0.201	-0.203	-0.214	-0.269
	(0.234)	(0.266)	(0.255)	(0.255)	(0.271)	(0.262)	(0.268)	(0.289)
Complete Primary	0.669**	0.747**	0.636**	0.659**	0.382	0.578*	0.521	0.365
	(0.320)	(0.354)	(0.321)	(0.317)	(0.334)	(0.324)	(0.324)	(0.390)
Complete Secondary	0.054	0.098	0.035	0.077	-0.437	-0.135	0.217	0.180
	(0.719)	(0.718)	(0.713)	(0.703)	(0.731)	(0.720)	(0.713)	(0.757)
Complete Tertiary	0.586	0.682	0.570	0.616	0.180	0.422	0.352	0.260
	(0.407)	(0.446)	(0.417)	(0.390)	(0.399)	(0.405)	(0.406)	(0.451)
Married	-0.204	-0.187	-0.162	-0.258	-0.107	-0.228	-0.462*	-0.410
	(0.255)	(0.251)	(0.252)	(0.266)	(0.258)	(0.262)	(0.266)	(0.277)
PCS	0.031*	0.030*	0.031*	0.029*	0.024	0.031*	0.029*	0.023
	(0.017)	(0.017)	(0.017)	(0.017)	(0.018)	(0.017)	(0.016)	(0.018)
MCS	-0.008	-0.007	-0.009	-0.005	-0.009	-0.008	-0.009	-0.007
	(0.015)	(0.015)	(0.015)	(0.015)	(0.015)	(0.015)	(0.016)	(0.015)
Waged Both	0.612*	0.618*	0.618*	0.583*	0.392	0.527	0.492	0.343
	(0.339)	(0.345)	(0.344)	(0.335)	(0.362)	(0.341)	(0.347)	(0.367)
Self Both	0.488*	0.494*	0.466	0.526*	0.329	0.481	0.465	0.392
	(0.296)	(0.298)	(0.297)	(0.305)	(0.333)	(0.305)	(0.321)	(0.362)
Logged Household Monthly Income P/P	0.182*	0.183*	0.185*	0.193*	0.073	0.184*	0.079	0.025
	(0.102)	(0.104)	(0.103)	(0.101)	(0.113)	(0.102)	(0.106)	(0.115)
Social Characteristics								
Meet Dummy		-0.372						-0.265
		(0.261)						(0.303)
Isolated Dummy			0.286					0.203
			(0.220)					(0.237)

Gatherings	-0.237				-0.288
	(0.165)				(0.191)
Financial Inclusion Characteristics					
Bankdif		0.540***			0.401**
		(0.162)			(0.175)
Usemmdummy			0.749**		0.314
			(0.341)		(0.385)
Savingsformal				0.989***	0.819**
				(0.234)	(0.270)

12. Appendix *[Leave unfilled]* Questionnaire number: _____

UGANDAN DISABILITY SURVEY September 2014

1. Interviewer: _____

2. Date:_____

IDENTIFICATION DETAILS

3. Have you been seen by this Project (Uganda Polio Project) before? YES NO

4. Individual Name:_____

5. Family Name: _____

6. Date of birth/Age: _____

7. Sex: Male/Female

8. Physical Address:_____

9. Contact telephone numbers:_____

10. Where were you born?_____

11. If not born in Kampala, when did you move to Kampala (age)?_____

12. If not born in Kampala, why did you move here? *[Circle]*
(1) To look for work (2) Other income reasons (3) Drought (4) Land Eviction
(5) Other land problems (6) Health related problems (7) Disability (8) Education (9) Marriage
(10) Divorce (11) To escape insecurity (12) To return home from displacement (13) Join family

13. How many years have you lived in the area/community where you currently live?_____

14. How many of the main local languages do you speak? _____
15. On a scale from 1 to 5 (1 poor, 5 excellent), how would you rate your proficiency in spoken English? *[Circle one]*
(poor) **1 2 3 4 5** (excellent)

MEDICAL DETAILS

16. Condition causing lower limb disability: _____

17. Age of Onset of condition:_____

18. Current orthotic treatment: pole/stick/crutch/calliper/other_____

If seen by this Project (Uganda Polio Project) continue, if not go to next page.

19. If yes, when were you treated by us? June 2012 June 2013 (*Please circle*)

20. If June 2012 and not 2013, why did you not attend in June 2013?_____

20.1. What treatment did you receive?2012_____2013_____

21. Have you got the equipment we gave you with you today? **Yes / No**

21.1. If **No**, why not? pain/ poor fitting/ broken/ caused sores/ don't have anymore (prompt where equipment is_____)/ only need it for certain activities (such as)_____ / more tiring to use than previous equipment / takes a long time to put on / usual activities take longer/ too hot / don't like look of it.

22. Have you used the equipment in the last week? **Yes / No**

22.1. If **No**, when did you last use it?_____

23. How often do you use it? *[Circle]* Every day/ a few times per week / once per week/ a few times per month/ a few times since June/ never

23.1. If not every day, why not? Due to *[Circle all that apply]*: pain/ poor fitting/ broken/ caused sores/ don't have anymore (prompt where equipment is_____)/ only need it for certain activities (such as)_____ / more tiring to use than previous equipment / takes a long time to put on / usual activities take longer/ too hot / don't like look of it.

24. (If using the equipment) Is there anything that you can do when using the equipment that you could not do previously? **Yes / No**

24.1. If **Yes** *[Circle all that apply]*: walk further/ work/ look after oneself/ look after household.

WHODAS II

In the past 30 days, how much difficulty did you have in:		**None**	**Mild**	**Moderate**	**Severe**	**Extreme or cannot do**
S1	Standing for long periods such as 30 minutes?	1	2	3	4	5
S2	Taking care of your household responsibilities?	1	2	3	4	5
S3	Learning a new task, for example, learning how to get to a new place?	1	2	3	4	5
S4	How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	1	2	3	4	5
S5	How much have you been emotionally affected by your health problems?	1	2	3	4	5
S6	Concentrating on doing something for 10	1	2	3	4	5
S7	Walking a long distance such as a kilometre [or equivalent]?	1	2	3	4	5
S8	Washing your whole body?	1	2	3	4	5
S9	Getting dressed?	1	2	3	4	5
S1	Dealing with people you do not know?	1	2	3	4	5
S1	Maintaining a friendship?	1	2	3	4	5
S1	Your day-to-day work/school?	1	2	3	4	5

QUALITY OF LIFE – SF8

25. Overall, how would you rate your health during the past 4 weeks?

Excellent	Very Good	Good	Fair	Poor	Very Poor

26. During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

Not at all	Very Little	Somewhat	Quite a Lot	Could not do physical act.

27. During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

Not at all	A little bit	Some	Quite a lot	Could not do daily work

28. How much bodily pain have you had during the past 4 weeks?

None	Very Mild	Mild	Moderate	Severe	Very Severe

29. During the past 4 weeks, how much energy did you have?

Very much	Quite a lot	Some	A Little	None

30. During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities with family or friends?

Not at all	Very Little	Somewhat	Quite a lot	Could not do social act.

31. During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

Not at all	Slightly	Moderately	Quite a lot	Extremely

32. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?

Not at all	Very Little	Somewhat	Quite a Lot	Could not do daily act.

SECTION 1 - HOUSEHOLD AND INDIVIDUALS' CHARACTERISTICS

[Household members are those that live in the same dwelling, or have done so for the last 30 days]

33. Are you the head of your household?		**34.** How many people live in your household (including the respondent)?	**35.** How many children live in your household (individuals less than 14 years old)?	**36.** How many elderly people live in your household (individuals over 65 years old)?	**37.** How many people with disability live in your household (excluding respondent)?	**38.** Please give your BEST ESTIMATE of the total **monthly** income of your household after taxes (UGX). ***[Do not pass until answered]***	**39.** Do you think the income of your household is the same as last year?		
YES	NO						YES	NO	
								More	Less

40. Marital Status *1=Married monogamously* *2=Married polygamously* *3=Divorced/Separated* *4=Widowed/widower* *5=Never married/single* *6=Cohabiting*	**41.** What was the highest grade of schooling that you completed? *[See codes Q.41]*	**42.** Why did you leave school? *[See codes Q.42]*	**43.** What was the highest level of education your father completed? *[See codes Q.43]*	**44.** What was the highest level of education your mother completed? *[See codes Q.44]*	**45.** Father's usual activity (If retired, prior to retirement; if died, report activity they used to do.) *[See codes Q.45]*	**46.** Mother's usual activity (If retired, prior to retirement; if died, report activity they used to do.) *[See codes Q.46]*

***Codes for question* 42**

1= Completed desired schooling
2= Further schooling not available
3= Too expensive
4= Too far away
5= Had to help at home
6= Had to help with the farm work
7= Had to help with family business
8= Poor school quality
9= Parents did not want
10=Not willing to attend further
11=Poor academic progress
12= Sickness or calamity in family

Codes for question 41		***Codes for question 43 and 44***	***Codes for question 45 and 46***
10=Some schooling but not Completed P.1 *11=Completed P.1* *12=Completed P.2* *13=Completed P.3* *14=Completed P.4* *15=Completed P.5* *16=Completed P.6* *17=Completed P.7* *21=Completed J.1* *22=Completed J.2* *23=Completed J.3*	*31=Completed S.1* *32=Completed S.2* *33=Completed S.3* *34=Completed S.4* *35=Completed S.* *36=Completed S.6* *41=Completed Post primary Specialized training or Certificate* *51=Completed Post-secondary Specialized training or diploma* *61=Completed Degree and above* *99=Don't Know*	*0= No formal education level or some education but illiterate* *1= No formal education but literate* *2=Literate and did some primary level but not completed P7* *3=Completed P7 only or did some secondary but non completed S4* *4=Completed S4 or "O" level* *5=Completed S4 or "O" level but not S6 or "A" level* *6= Competed "A" level only but not degree* *7=Completed general degree* *8= Completed specialised or technical degree;* *9= Completed post graduate and higher education* *10= Don't know, did not grow up with them.*	*1= Self-employed* *2= Self-employed with employees* *3= Government employee* *4= Private sector employee* *5= Non-government non-profit institution employee* *6= Helper in household enterprise* *7= Attending domestic duties* *8= Landlord* *9= Don't know, did not grow up with them*

[Respondent is person with impairment]	Yourself alone	Yourself and someone else	Someone else
47. Who usually does the shopping in your household? i.e. buys groceries, necessities, medicines?			
48. Who prepares meals in your household?			
49. In your home who usually does the everyday housework?			
50. Who usually cares for the children in your household? (if have children)			
51. In your home who usually works on family land/business? (If household owns a family business)			

SECTION 2 – Employment Details

52. In the last month, have you done any work for pay profit or gain, even for one hour?	YES	NO

If NO go to section 2.3

53. If **YES**, describe your activity *[Circle]*	**Wage employed** 1= Private sector 2= Public sector 3= NGO	**Self-employed** 4= With employees 5= Without employees
53.1. Is it… 1=casual work; 2= short-term contract (< 3months); 3 = long-term contract (>3months)		

If seen by this Project (Uganda Polio Project) continue, if not go to Q55.

54. Is it the same job you had last June?	YES *[If Yes, go to 54.1]*	NO *[If No go to 54.2]*

54.1. [*If **YES to 54***] Are you performing duties/activities that in the past you could not? *[Tick]* **Yes / No**	*If **YES**, Tick activities you can now perform:* □ Work longer hours □ Manage other people □ Transport items □ Have more mobility in general □ Commute from my place to work place (and vice versa) by myself

54.2. [*If **NO to 54***] Why did you switch? *[Tick]*	□ Higher salary □ Poor physical health □ Have been promoted □ Poor interpersonal relations □ You can perform more activities □ Poor facilities	□ Away from family □ Training □ Fired □ Redundant □ Schooling

55. Do you have a second job?	YES	NO

55.1. If **YES to 55**, describe your second activity *[Circle]*	**Wage employed** 1= Private sector 2= Public sector 3= NGO	**Self-employed** 4= With employees 5= Without employees

IF in Wage Employment go to Section 2.1; If in Self-Employment go to Section 2.2; If in Not Working go to Section 2.3.

[If more than one type of job, please fill out each respective section]

Section 2.1: Current SALARIED/WAGED EMPLOYEES *[Answer all questions relating to a specific job in order]*

56. Job Description: write actual job title.	**57.** Is your job located in Kampala?		**58.** How long does it take you to get to work? *[Write minutes and circle the way of transport]* *a. Own Vehicle b. Walking c. Public transport d. Bicycle*	**59.** Are you related to the owner of the business?		**60.** How many employees does the firm have?	**61.** Is there a union in this firm?		**62.** Are you a member?	
	YES	*NO*		*YES*	*NO*		*YES*	*NO*	*YES*	*NO*
	YES	*NO*		*YES*	*NO*		*YES*	*NO*	*YES*	*NO*

63. Have you managed other workers in this job?		**64.** On average how many hours a week do you work?	**65.** Do you feel you have to work harder than your fellow workers because of your impairment?		**66.** Do you encounter any difficulties at the workplace?		**67.** *[If yes to Q.66]* What type of difficulties? *1=Getting there 2=Beyond physical capabilities 3=Beyond my skills 4=Poor facilities 5=Poor interpersonal relations*	**68.** Would you rather have your own business?		**69.** *[If yes to Q.68]* Why have you not already set up this business? *1=Lack of funds 2=Do not know how to start 3=I cannot get a license 4=Risk 5=Because of impairment 6= Lack academic qualifications/skills.*	**70.** Are you actively looking for another job?	
YES	*NO*		*YES*	*NO*	*YES*	*NO*		*YES*	*NO*		*YES*	*NO*
YES	*NO*		*YES*	*NO*	*YES*	*NO*		*YES*	*NO*		*YES*	*NO*

71. What is your total or usual salary ***[Do not move forward if question is not answered]***	**72.** Is this by: 1= *Hour* 2= *Day* *3 =Week* 4=*Month* *5=Annual*	**73.** Does this include allowances? *[If **Yes**, go to Q.74]* *[If **No**, go to the next section]*	
		YES	*NO*
		YES	*NO*

74. Please provide more details on your allowances	**74.1.** In cash (UGX shillings)	**74.2.** In kind (UGX shillings)
Food		
Transport		
Clothing		
Housing		
Other		

➢ Section 2.2: Current SELF-EMPLOYMENT

75. What type of business do you have? Write job type for each job.	**76.** Do you employ people?		**77.** How many people do you employ?	**78.** Is your business located in Kampala?		**79.** Do you live where your business is?		**80.** How long does it take you to get to work?*[Write minutes and circle the way of transport]* *a. Own Vehicle b. Walking* *c. Public Transport d. Bicycle*
	YES	*NO*		*YES*	*NO*	*YES*	*NO*	
	YES	*NO*		*YES*	*NO*	*YES*	*NO*	

81. When you consider your job now, would you rather work for wage employment?		**82.** *[If yes to Q.81]* Why have you not already moved to wage employment? *1=Cannot find salaried work* *2=Did not get enough education* *3=Due to lack of skills* *4=Because of my Impairment*	**83.** Are you actively looking for a job?		**84.** On average how many hours a week do you work?	**84.1.** How many days per week?	**85.** After meeting all trading related expenses, what are your net cash takings (your profits) from trading? ***[Do not move forward if question is not answered]***
YES	*NO*		*YES*	*NO*			
YES	*NO*		*YES*	*NO*			

86. Is this by: 1= *Hour* *2= Day* *3 =Week* *4=Month* *5=Annual*	**87.** Did you incur any start-up costs when you set up this business?		**88.** *[If yes to Q.87]*How much were these costs?
	YES	*NO*	
	YES	*NO*	

➢ Section 2.3: Current Not Working [If answered NO to Q52]

89. Reason for not working? *1=Looking for job but unable to find* *2a=Work is too much responsibility* *2b=Sick/unable to work* *2c=Student* *2d=House wife* *2e=Because of the impairment* *3=Unpaid family worker* *4=Retired*	**90.** *[If 1 to Q.89]* How many days per week do you spend looking for work?	**91.** *[If 1 to Q.89]* How much cash do you spend per week on activities related to job search (telephone, transport etc.)?	**92.** During this period of unemployment, did you ever refuse any job offers?	**93.** *[If yes to Q.92]* Why? Difficulties in: *1=Getting to the workplace* *2=Facilities in the workplace not suitable for impairment* *3=Salary* *4=Poor interpersonal relations*	**94.** How are you financing yourself during this period of unemployment? *1=Savings* *2=Borrowings* *3=Family income* *4=Government entitlement*

			YES	*NO*		

➢ Section 2.4: Other sources of income

95. Do you receive income from another source that you have not included in your answers (e.g. farming, rental income etc.)?		**96.** *[If yes to Q.95] W*hat was the source? *1=Another Business 2=Farming* *3=Service 4= Rental Income* *5=Trading 6=Family/friends* *7= Charity 8=Other (specify)*	**97.** How much is the earnings from these other sources? UGX	**97.1.** Is this by: 1= *Hour 2= Day* *3 =Week4=Month* *5=Annual* *6=Season (specify)*
YES	NO			

98. In your household, who makes the decisions on:	*1= Myself 2=Spouse 3= Sibling 4=Parent* *5= Parent-in-law 6=Carer* *7=No one has a particular responsibility for these decisions*
a. Household expenditures purchased on a daily basis	
b. Household expenditures on large purchases	
c. Your attendance at a health clinic	
d. Children's education (place x if no children)	
e. Who does household duties	

99. Compared to *other people* you know how much influence do you have on:	Compared to other disabled people			Compared to non-disabled people		
a. Household decisions	more	same	less	more	same	less
b. Decisions that affect you	more	same	less	more	same	less
c. Community decisions	more	same	less	more	same	less

100. All things considered, how would you rate your quality of life?

Very Poor	Poor	Neither poor nor good	Good	Very good

101. Just thinking about your own household circumstances, would you describe your household as:

Very Poor	Poor	Never have quite enough	Can manage to get by	Comfortable	Rich	Very rich

➢ Section 3: Leisure time and social capital

102. For each of these activities, please say how frequently you do it:

	At least once a week	At least once a month	Several times a year	Once a year or less	Never
a. Go to watch live sport					
b. Go to local cinema/theatre					
c. Attend concerts					
d. Attend social gatherings (e.g. wedding, funeral, introduction)					
e. An outing for a meal/drink					
f. Attend local group/voluntary organization					
g. Attend religious events					

103. To what extent do the following conditions prevent you from doing the spare time activities you would like to do?

	Not at all	To some extent	To a large extent	Very much
a. Lack of facilities nearby				
b. Lack of money				
c. Personal health				
d. Need to take care of someone				
e. Lack of time				

104. Here is a list of some other activities. For each of them, please indicate how often you do it:

	On most days	Once or twice a week	Once or twice a month	Less than once a month	Never
a. Listen to radio					
b. Watch television					
c. Read newspapers					
d. Use internet					
e. Talk with neighbours/people in your community					
f. Meet friends or relatives					
g. Communicate with people outside your city/country					

105. Now I am going to read off a list of voluntary organizations. For each one, could you tell me if you are:

	Not a member	Member but inactive	Active member
a. Religious organization			
b. Sport organization			
c. Art, music or educational organization			
d. Humanitarian or charitable organization			
e. UNAPD/NUDIPU			
f. Other (specify)			

➢ Section 3.1: Social exclusion

106. In the past 4 weeks, how often have you felt isolated from others?

None of the time	A little of the time	Some of the time	Most of the time	All the time

107. In the last 12 months, how often have you been treated unfairly or had something nasty done to you because of your impairment?

Never	Not very often	Quite often	Very often	Always

108. In the last 12 months, how often have **other disabled people** you know been treated unfairly or had something nasty done to you because of their impairment?

Never	Not very often	Quite often	Very often	Always

➢ Section 3.2: Personal Beliefs

The following two questions are concerned with your personal beliefs. Please think carefully about them and select the proposition which you most agree with. *[Please tick either A or B]*

109.

A	Each person is primarily responsible for his/her success or failure in life
B	One's success or failure in life is a matter of his/her destiny

110.

A	To be successful, above all one needs to work very hard
B	To be successful, above all one needs to be lucky

111. Now I would like you to think about your life in the future. How positive do you feel about the future?

Not at all optimistic	Slightly optimistic	Moderately optimistic	Very optimistic	Extremely optimistic

➢ Section 3.3: Aspirations

112. Thinking about household income, how much net income per month would you consider to be sufficient for your household to live well (monthly income in UGX)? *[Circle **one**]*

0 - 50,000	50,000 - 100,000	100,000-200,000	200,000-300,000	300,000 - 400,000	400,000 - 500,000	>500,000

113. How much net household income per month would you consider an absolute minimum for your household in order to make ends meet (monthly income in UGX)? *[Circle **one**]*

0 - 50,000	50,000 - 100,000	100,000-200,000	200,000-300,000	300,000 - 400,000	400,000 - 500,000	>500,000

114. Thinking about your actual household income, what is the monthly net income that your household has at present (monthly income in UGX)? *[Circle **one**]*

0 - 50,000	50,000 - 100,000	100,000-200,000	200,000-300,000	300,000 - 400,000	400,000 - 500,000	>500,000

115. Thinking about education, which level of education do you think it is necessary to have a decent standard of living? *[Circle **one**]*

Primary	Lower-secondary	Vocational institutions	Higher-secondary	University or higher

Section 3.4: Household Amenities [for each question, please tick ONE only]

116. What kind of toilet facility does the household use? *[Tick **one**]*	
None/bush	
Flush toilet	
Pan/bucket	
Covered pit latrine	
Uncovered pit latrine	
VIP	
Other (specify)	

117. What is the **main** source of drinking water for this household? *[Tick **one**]*	
Inside taps in dwelling or compound	
Public outdoor tap	
Borehole	
Protected/Covered well	
Uncovered well	
Purchased treated water – tanker, bucket, barrels, sachet	
River/pond/lake	
Other (specify)	

118. What is the occupancy status of the household? *[Tick **one**]*	
Owner	
Rent	
Use without paying rent	

119. How many sleeping rooms does your household have?

_____

120. What is the **main** material of the roof of the house? *[Tick **one**]*	
Mud	
Thatch	
Wood	
Metal/Iron sheets	
Cement/concrete	
Roofing tiles	
Asbestos	
Mud plastered with cement	
Other (specify)	

121. What is the **main** material of the walls of the house? *[Tick **one**]*	
Mud/mud bricks	
Stone	
Burnt bricks	
Cement/concrete	
Wood/bamboo	
Iron sheets	
Cardboard	
Other (specify)	

122. What is the **main** fuel used for cooking?*[Tick **one**]*	
Firewood	
Charcoal	

124. What is the **main** source of energy for lighting?*[Tick **one**]*	
Kerosene/oil/Sheabutter	
Gas	

Kerosene/oil	
Electricity	
Crop residue/saw dust	
Animal waste	
Gas	
Other (specify)	

Electricity	
Generator	
Battery	
Candle	
Other (specify)	

SECTION 4 - MICROFINANCE QUESTIONS

125. Do you think that it is difficult for you to get access to the following financial services?

	Very difficult	Fairly difficult	Not very difficult	Not at all difficult
i. Basic bank account				
ii. Consumer loan				
iii. Mortgage				
iv. Mobile money				
v. Microfinance				

126. Do you have savings? **Yes/No**

126.1. If yes, where do you keep your savings? *[please tick those that apply]*

	√	Name		√
Bank			Mobile Money (and Provider name)	
SACCO			At home	
Credit Union			Other (please specify)	

126.2. If yes, roughly how much do you have in savings (UGX)? (*circle*)

0-100,000 100,000-200,000 200,000-300,000 300,000-400,000 400,000-500,000

500,000-750,000 750,000-1m 1m-1.5m 1.5m-2m 2m-3m 3m-4m 4m+

126.3. On average, how much do you save each month (UGX)? _____

126.4. In the future, what do you plan to use you savings for? (Circle all that apply)

Build/Buy House School Fees Start/Develop Business Emergency No Plans

Other _____

127. Have you taken out a loan previously? **Yes / No** *(***If NO go to questions 138***)*

127.1. Date loan taken out (Month/Year)	**127.2.** How much did you borrow? (UGX)	**127.3.** What was/is the length of the loan? (Indicate in *months*)	**127.4.** Who provided the loan? *[code A]*	**127.5.** What was the loan used for? *[code B]*	**127.6.** How much will have to be repaid in total? (UGX)
1.					
2.					

Code A	**Code B**
1. Bank 2. MFI 3. Family member 4. Money lender 5. Your employer	a. School fees b. Purchase of specific item c. Cover daily expenses d. To start own business e. Develop existing business

6. SACCO 7. Other (Please specify and write in box)	f. In preparation for a new job g. On behalf of another family member h. Other (Please specify and write in box)

128. What was the name of the bank or Microfinance Company which provided the above loan (If bank/MFI)? _____

129. What documents did you need to get a loan? (Circle all that apply)
Land Registration Certificate; Letter from Employer; Collateral (assets); Guarantors
Other: _____

129.1. How often do you/did you have to make repayments? [please circle one]
Weekly Monthly Quarterly Annually Other_____

130. How did/do you make the repayments for your loan? (Please circle)
Bank Transfer Go to bank/MFI Mobile Money Someone visits your home
Other: _____

131. What is/was the easiest way for you to make repayments? (Please circle)
Bank Transfer Go to bank/MFI Mobile Money Someone visits your home
Other: _____

132. How did/do the lenders communicate with you? (Please circle)
Phone Letter Face to Face Text Message Email
Other: _____

133. Did you ever miss a loan repayment? Yes / No

134. If yes, what happened? _____

135. How difficult was it to maintain the repayments on your loan?

Not ever difficult	Not often difficult	Sometimes difficult	Often difficult	Always

136. If available, would you use microfinance again in the future? **Yes / No**

136.1. If **yes**, what for? *[Use **Code B** on previous page]* _____

136.2. If **no**, why not? _____

a. Bad experience with first loan b. Too expensive c. No longer needed
d. Have sufficient savings e. Can get credit elsewhere f. Defaulted/could not pay previous loan
g. Other
_____

137. Did you use the money from the loan to start or develop own business? **Yes / No**

If NO go to question 138

137.1. What type of business did you use the loan for?

_____

137.2. Is it still operating? **Yes / No**

137.3. If **No**, why?

Ran Bankrupt Sold Business Other Commitments Illness Other _____

138. Are you aware of microfinance groups operating in your community? **Yes / No**

138.1. If **yes**, how did you become aware of their presence? [please circle]

1. Newspaper 2. Radio 3. TV 4. Friend or Family 5. NGO 6. Own Research 7. Government Other _____

139. Are you a member of a microfinance group? **Yes / No**

140. Microfinance is harder to secure if you have a disability.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

141. Microfinance companies should do more to help disabled people access loans?

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

142. Microfinance is a growing presence in my community: do you

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

143. Have you ever heard of micro-insurance? YES / NO

144. Have you ever used micro-insurance? YES / NO

145. If YES, what for? _____

146. Have you ever used mobile money? YES / NO **If NO go to Question 150**

147. What year did you start using mobile money? _____

148. What do you use mobile money for? (Please Circle)

Savings Paying Friends/Family Loan Repayment Buying Goods Other _____

149. What is the most useful thing about mobile money? (Please circle one)

Easy to use Safe Convenient Cheap Mass Availability Other _____

150. If you suddenly needed to borrow an amount of money (equal to one week's wages), are there people beyond your immediate household and close relatives to whom you could turn and who would be willing and able to provide this money? *[Please circle **one**]*

i. Definitely	ii. Probably	iii. Unsure	iv. Probably not	v. Definitely not

151. Would it cost more than borrowing from kin? **Yes / No**

152. If you were suddenly ill are there people whom you could turn to and who would be willing and able to help in carrying out day to day tasks? *[Please circle **one**]*

i. Definitely	ii. Probably	iii. Unsure	iv. Probably not	v. Definitely not

Empowerment and Political Action

153. On a scale of 1-5 do you feel that you have the power to make important decisions that:

	No power				***complete power***
a. Change the course of your life?	1	2	3	4	5
b. Improve the living standards of your area?	1	2	3	4	5

Finally (*do not lead patients*)

154. If treated previously by this team did the treatment make any difference to your life?

Yes / No

155. Can you explain in a few words why it did/did not make a difference?

_____
_____
_____

156. Do you think todays treatment will make any difference to your life? **Yes/No**

157. Can you explain in a few words why you think it will/will not make a difference?

_____
_____
_____

Thank you