



Accessibility to micro-finance services by people with disabilities in Bushenyi District, Uganda

Ephraim Lemmy Nuwagaba, Millie Nakabugo, Meldah Tumukunde, Edson Ngirabakunzi, Sally Hartley & Angie Wade

To cite this article: Ephraim Lemmy Nuwagaba, Millie Nakabugo, Meldah Tumukunde, Edson Ngirabakunzi, Sally Hartley & Angie Wade (2012) Accessibility to micro-finance services by people with disabilities in Bushenyi District, Uganda, *Disability & Society*, 27:2, 175-190, DOI: [10.1080/09687599.2011.644929](https://doi.org/10.1080/09687599.2011.644929)

To link to this article: <https://doi.org/10.1080/09687599.2011.644929>



Published online: 16 Feb 2012.



Submit your article to this journal [↗](#)



Article views: 722



View related articles [↗](#)



Citing articles: 4 View citing articles [↗](#)

Accessibility to micro-finance services by people with disabilities in Bushenyi District, Uganda

Ephraim Lemmy Nuwagaba^{a*}, Millie Nakabugo^b, Meldah Tumukunde^c, Edson Ngirabakunzi^c, Sally Hartley^d and Angie Wade^e

^a*Kyambogo University, Kampala, Uganda;* ^b*Uganda Adult Education Network, Kampala, Uganda;* ^c*National Union of Persons with Disabilities, Kampala, Uganda;* ^d*Faculty of Health, University of East Anglia, Norwich, UK;* ^e*Institute of Child Health, University College, London, UK*

(Received 7 September 2010; final version received 12 May 2011)

The Poverty Reduction Strategy of the Ugandan Government identified provision of microfinance as one of its interventions. Despite the known connection between poverty and people with disabilities, it remains unclear to what extent this intervention includes or accommodates them. This study seeks to gain a better understanding of how people with physical and sensory disabilities access existing microfinance services in the Bushenyi District of Uganda. Qualitative and quantitative methodologies are used. The findings suggest that people with disabilities are not necessarily denied access to microfinance if they meet the desired requirements. These relate to adequate savings or collateral and perceived trustworthiness. These are seen to be key determinants of success and can be linked to impaired functioning relating to limited mobility, distance, poorer access to information and disabled people's own negative attitudes. Increasing access and utilization of microfinance services by people with disabilities requires formulation of financial policies that accord them special consideration. At the same time, improvement is needed in the knowledge, attitudes and skills of the people with disabilities themselves and also microfinance providers.

Keywords: disability; microfinance; poverty; Uganda

Points of interest

- Microfinance services are there to help people who are poor to get out of poverty.
- The research found out that access to microfinance services by people with disabilities is low and those with visual impairment and those with hearing impairment are more constrained.
- A combination of factors rather than disability alone propagates the poverty cycle and in turn affects access to microfinance.
- It is recommended that government policies and regulations of microfinance should give special consideration to people with disabilities' needs and circumstances.

*Corresponding author. Email: elnuwagaba@gmail.com

- Supporting people with disabilities who have successfully used microfinance to share their experiences may improve access.

Introduction

In Uganda, microfinance business is defined as ‘acceptance of deposits and employing such deposits wholly or partly by lending or extending credit . . . at the risk of the person accepting those deposits’ (Uganda Government 2003, 11). It is understood that the most common microfinance product is a microcredit loan. This is usually small enough for micro-entrepreneurs, usually women, to start or expand small businesses such as weaving baskets, raising chickens, or buying wholesale products to sell in a market. Microfinance institutions are a secure place to save money, and by giving the world’s poor assistance, microfinance can help break the cycle of poverty.

People with disabilities are generally considered more vulnerable to poverty and are often unable to meet even their most basic human needs (DFID 2000). The majority of them do not have a formal job and are self-employed (Shinyekwa and Hickey 2007). Their economic activities tend to remain small and attract low incomes.

Background

It is estimated that 600 million people or approximately 10% of the world’s population have a disability of one form or another and over two-thirds of these live in developing countries (Degener and Quinn 2000). According to the Uganda Government (2002), Uganda’s population is estimated to be 24.7 million, with approximately 2.5 million people living with disability. Anecdotal evidence indicates that this group is often excluded from mainstream initiatives including microfinance, but to what extent remains unknown. In 2000, 46% of people with disabilities were poor (using the narrow definition as those who were economically inactive in the last 12 months because of disability), compared with 34% of people in general (Ministry of Finance, Planning and Economic Development 2004).

People with disabilities are recognized by Uganda’s Poverty Eradication Action Plan (PEAP) as one of its target groups for microfinance as a strategy to address low incomes, especially at household level (Ministry of Finance, Planning and Economic Development 2004). It is not clear, however, whether this intervention reaches people with disabilities across their different categories of impairments and, if it does not, how accessibility can be improved.

Microfinance as a strategy for poverty alleviation

Ledgerwood (1999) states that microfinance institutions’ business is to accept deposits and lend to low-income clients who often have very few assets. She argues that some microfinance institutions provide enterprise development services such as skills training and marketing, and social services such as literacy training and healthcare, although these are not generally included in the definition of microfinance. Microfinance clients are typically self-employed, low-income entrepreneurs in both urban and rural areas.

Hulme and Mosley (1996) studied microfinance institutions in seven countries and found that they were successful in contributing to poverty reduction among clients of the upper segments of the poor but not those below the poverty line. Evidence suggests that people with disabilities tend to be poorer than their counterparts without disabilities. Since most of them tend to be excluded from mainstream services, their economic activities tend to remain small (Handicap International 2006; Mersland 2005).

Barriers to people with disabilities' participation in development activities

Mosharaff (2004) notes that people with disabilities face attitudinal, environmental and institutional barriers to participation. He argues that, many times, non-disabled persons do not recognize that people with disabilities can make positive and meaningful contributions to the economy and the society. Considering the general misunderstanding within society that people with disabilities are destitute without the knowledge, skills and opportunities to successfully operate businesses, it is no wonder that microfinance institutions practicing their sustainable business model shy away from clients with disabilities. Nakabuye, Mukasa, and Mersland (2006) assert that, due to attitudes and prejudices within society, the staff of microfinance institutions will often deliberately or unconsciously exclude people with disabilities. Also, local stigmatization or the perceived risk posed by people with disabilities becoming members of groups may discourage community members from including them (Nakabuye, Mukasa, and Mersland 2006), hence limiting access.

Environmental barriers such as inaccessible buildings and transport systems limit the participation of people with disabilities in activities of human and economic development. Such institutions are often located far away from people's homes; and to enter the premises, stairs often have to be climbed and crowds have to be penetrated (Nakabuye, Mukasa, and Mersland 2006).

Lwanga-Ntale (2003) asserts that society's responses can also impede access by people with disabilities to basic facilities and resources such as access to information. In fact, many microfinance institutions give information only in verbal and written forms, which are inaccessible to people with hearing and visual impairment, respectively. They may also use types of group methodologies such as solidarity groups or village banks, where members themselves decide who to include in the group. This may also serve to limit participation by people with disabilities.

Lack of education is another barrier. People with disabilities observe that their failure to acquire education means that they can neither build skills nor obtain formal employment opportunities (Lwanga-Ntale 2003). This, people with disabilities argue, condemns them to perpetual poverty (Lwanga-Ntale 2003). The microfinance personnel often lack the necessary experience and training to distinguish between real credit risk and perceived credit risk (Nakabuye, Mukasa, and Mersland 2006). Without the involvement of people with disabilities in vocational skills, income-generation activities and small loan schemes, the first Millennium Development Goal (UNDP 2000) of eradicating extreme poverty and hunger by 2015 may not be achieved.

Another barrier is that results from use of microfinance services by people with disabilities have been mixed. There are few cases where the results have been positive and sustainable. Although microfinance institutions have been quite successful in making credit available to the underprivileged in society (Ocici 2006), Taala

(n.d.) notes, however, that repayment of loans is especially very low among people with disabilities engaged in farming and weaving. This may be attributed to the fact that farming is a seasonal engagement and weaving has a lot of market challenges. It could also be rooted in people with disabilities' attitudes of expecting charity and grants. Thus, when the donor support ends, the provision of services is discontinued (Handicap International 2006).

Rationale

We can see from the literature that people with disabilities face numerous barriers to accessing microfinance, but that there is very little information reported from Uganda to help us understand why this is the case and how the situation can be improved. These barriers range from individual, institutional, structural and methodological design challenges that lead to social exclusion (self and by others), exclusion by physical and information barriers, and the associated feelings of shame, fear and rejection.

Objectives of the study

The broad objective of the study was to gain a better understanding of the status of people with disabilities with regard to the extent to which they access and utilize microfinance services as well as to explore possibilities of formulating appropriate policies and programs for their inclusion into the microfinance sector. The specific objectives of the study were to:

- (1) establish the current status of people with and without disabilities in regard to accessing microfinance services;
- (2) examine and analyze the inherent and external factors determining people with and without disabilities' accessibility to microfinance services; and
- (3) propose appropriate interventions for improving access to microfinance by people with disabilities.

Methodology

The study used mixed methods but predominantly qualitative approaches. It utilized information from documents, structured and semi-structured interviews and focus group discussions (FGDs).

Study area and sample

The study was carried out in Bushenyi district in Uganda between 2006 and 2007. The district was purposively selected because it is a progressive district that has been peaceful for many years and has many microfinance institutions. Bushenyi is one of the 111 districts in Uganda and it is divided into five counties with a total population of 723,400 (Uganda Government 2002). This study involved 23 villages in 15 parishes in three counties of Igara, Bunyaruguru and Sheema. It also involved two town councils namely Ishaka–Bushenyi and Itendero–Kabwohe. The study targeted people with disabilities whose impairment does allow them to carry out development activities. Three categories of people with disabilities (visual, hearing

and physical) were included to help compare vulnerability and accessibility across these groups. Only those people with disabilities who had income-generating activities and were able to have access to microcredit, whether they had actually accessed it or not, were included.

There were 39 participants in the study: 23 people with disabilities (six with visual impairment, six with hearing impairment and 11 with physical impairment), 11 people without disabilities who were accessing microfinance and five microfinance providers. This sample comprised 46% male and 54% female. Forty-eight percent of the people with disabilities were living in rural areas while 54% were living in urban areas. Because there is no database of disabled persons accessing microfinance, snowball sampling was used to obtain individual respondents starting with an active person with disability within each county or town council who was then asked to identify others. The people without disabilities were of similar social-economic standing to the people with disabilities.

Data collection methods

Data collection methods included document review, interviews and FGDs. The following documents were reviewed to determine the context, challenges and existing legal and economic opportunities available to people with disabilities: The Constitution of the Republic of Uganda (Uganda Government 1995) Local Government Act (Uganda Government 1997), The Persons with Disabilities Act (Uganda Government 2006), Microfinance Act (Uganda Government 2003), and Regulating and Strengthening Tier 4 Microfinance Institutions in Uganda.

For interviews, structured and semi-structured questions were used. The interviews were conducted in the local language and translated into English, apart from those of microfinance providers that were conducted in English. Local sign-language interpreters were used to help communication between the researchers and the group of people with hearing impairment. The researchers took notes and also tape-recorded the proceedings. Three FGDs were held separately with persons with different categories of functioning: five visually impaired people, seven with physical disability and six people without disabilities. These were also conducted in the local language and translations into English made during the discussions. Notes and tape-recordings were made. The FGDs included those who had participated in interviews and those who had not. The interview questions were initially developed in English and later translated into the local language used in the district, Runyankore. For the microfinance providers, the interview questions remained in English.

For the people with disabilities, the interview questions explored the type of disability, the skills they had, what they did to earn a living and how these influenced their access to microfinance institutions and services. They also sought information on the microfinance institutions operating in their areas, whether they were currently accessing the microfinance services or not, and the benefits they were getting from the microfinance institutions. There were questions on inherent and external factors determining accessibility of microfinance services to them. They were also asked to make suggestions for improving access to microfinance by people with disabilities. The questions for the microfinance service providers revolved around their legal status, their objectives, the services they provide, their structure, and competences of their staff. The other questions sought to find out what could be done to improve

access to microfinance by people with disabilities. Some of the questions sought factual information while others sought opinions and attitudes.

Before conducting the interviews or FGDs, consent was obtained verbally from respondents (Uganda is largely an oral society) after informing them of their rights as participants in the study and explaining issues of confidentiality and how the results could be beneficial to them. This was done in order to allow them make informed choices in regard to participation and to stem very high expectations from the study.

Data analysis

Qualitative data were arranged and examined according to the research questions and objectives. Responses on each objective were grouped together and the key themes emerging from them were identified using approaches described by Creswell (2008). Quantitative data were organized, coded and tabulated, after which descriptive data and percentages were calculated.

To ensure quality in data analysis, all interview schedules and FGD notes were checked for completeness and accuracy immediately after collection. In addition, all tape-recorded interviews and FGDs were transcribed and comparisons made with notes researchers had made during the interviews and FGDs. This was done to eliminate any errors that could have been made during the process. The data were then organized and classified into five categories, namely the three categories of disability, people without disabilities and microfinance providers. Data from those accessing and those not accessing microfinance were categorized differently where relevant to enable comparisons to be made. Data cleaning and editing was done manually.

Limitations

Some microfinance institutions were unwilling to provide information but referred researchers to their city-based head offices for the information, and the researchers' view was that the head offices may not have as clear an understanding of the local conditions in these areas as those operating at the local level. In addition, purposive snowball sampling does not generate a representative sample, so results are not statistically generalizable.

Results

The findings are presented according to three themes related to the research questions: current micro-finance access status of people with and without disabilities; inherent and external factors determining people with disabilities' accessibility to microfinance services; and interventions for improving access to microfinance by people with disabilities.

Current status of different categories of people with and without disabilities in regard to accessing microfinance services

The findings indicated that the majority of participants had attained the basic level of literacy except for two people with visual impairment. The educational levels

attained by respondents were as shown in Table 1. In addition, 29 out of 39 participants had attained various practical skills that would be important for accessing microfinance services and carrying out income-generating activities. These were mostly being applied in trading, farming, tailoring and brick-making projects, which were their main sources of livelihoods. Among the skills mentioned by people with disabilities were tailoring (five times), gardening (four times), hairdressing, weaving and baking (two times each), and ceramics, carpentry, driving and brick making (once each). Those with visual impairment mentioned weaving mats without design, while those with hearing or physical impairments mentioned rearing goats and pigs mainly. Other skills possessed by people with disabilities were mentioned as teaching, computer use and business management (physical disability – interview, urban). Shoemaking was also mentioned by participants without disabilities in the rural areas. It was also mentioned that people with disabilities with skills have more opportunities for accessing microfinance services because they are able to start up business (people without disabilities – FGD, rural; and physical disability – FGD, urban) and that access to microfinance services requires one to be doing something to earn some money, so that they can pay back loans (physical disability – FGD, urban).

Significantly absent among skills possessed by all participants were those relating to sign language and or use of Braille, evidencing a glaring communication gap between the groups involved in microfinance. Responses from people with disabilities on how disability affects access to microfinance included ‘The blind use Braille while the deaf use sign language which are not readily in use by microfinance institutions’ (hearing impairment – interview, rural) and ‘Because I can only get the services through the spouse since I can’t speak’ (hearing impairment – interview, rural). When a person is deaf, it becomes difficult to hear transactions going on; that is, a communication barrier. One respondent from the microfinance providers’ category illustrates a limited understanding of the problem: ‘When someone does not hear properly, we shout louder’ (microfinance respondent – interview, urban).

Table 1. Highest education levels of participants by category.

Category (<i>n</i> = 39)	Never been to school	Primary 1-7	Secondary 1-6	Certificate in various skills	Diploma	Degree
People without disabilities (<i>n</i> = 11)	0%	36% (4)	56% (6)	9% (1)	0%	0%
Physical impairment (<i>n</i> = 11)	9% (1)	45.5% (5)	36.3% (4)	9% (1)	0%	0%
Visual impairment (<i>n</i> = 6)	16.6% (1)	50% (3)	00%	33% (2)	0%	0%
Hearing impairment (<i>n</i> = 6)	0%	66.7% (4)	33.3% (2)	0%	0%	0%
Microfinance institutions (<i>n</i> = 5)	0%	0%	0%	0%	20% (1)	80% (4)

Note: Data presented as percentage (*n*).

Regarding people with disabilities, findings show that 43% were accessing microfinance services compared with 63% of those without disabilities. Among those with disabilities, the percentage of those with physical disability that were accessing was higher (54%:46%) than those not accessing; while among those with sensory disabilities the percentage was lower for those accessing (33%:67%). Out of those accessing, 88% were members of microfinance institutions; while out of those not accessing, 35% were members of the microfinance institutions. Fifty-seven percent of people with disabilities were members of microfinance institutions. Out of those with physical disability, 73% were members; out of those with hearing impairment, 50%; and out of the visually impaired, 33%. There were more members of microfinance institutions accessing microfinance services than non-members (15:6). Many (nine) respondents said that in order for them to succeed in accessing microfinance loans they had to have some savings with the microfinance institutions, some form of collateral and persons to stand surety for them in addition to other requirements. Absence of the same came out as the major reason why some had not succeeded in accessing loans even if they had applied.

Those accessing microfinance services, like group and individual loans, savings, education on how to save, getting pension funds, and securing interest from their savings could also access social services towards improving livelihoods and also youth entrepreneurship programs, HIV/AIDS counseling and provision of drugs, and scholarships.

Some participants, however, said that microfinance services are more accessible to people without, than those with disabilities because some managers of microfinance institutions 'feel that people with disabilities cannot manage', 'People with disabilities have little property and therefore do not find it easy to get sureties' and 'People with disabilities face mobility difficulties in getting sureties and information'. However, people without disabilities (FGD, rural) said that 'objectives, trainings and management guidelines of microfinance institutions do not target people with disabilities', 'People with disabilities want free things' (physical disability – FGD, urban) and 'some people with disabilities fear to join groups' (people without disabilities – FGD, rural). From the findings, most (17 out of 18) of the respondents who had applied for loans from microfinance institutions had succeeded in getting them irrespective of whether they were with or without disabilities. Indeed many (10 out of 18) participants said that getting loans depends largely on the person's capability and trustworthiness rather than anything else. Some of the responses from people with disabilities backing the assertion were:

They trust me because I have been getting loans. (Visual impairment – FGD, rural)

Because I had two sureties, security of a plot, had shares in the MFI (Microfinance Institution) which is the best qualification. (Physical – interview, rural)

We were visited, I explained how I would utilize the money adequately and appropriately, they believed I had capacity to utilize and repay. (Physical – interview, urban)

However, there were people who had applied but not got a loan and the reason given was not disability related. A person without disability said 'Uganda for Development refused us a loan because some group members had previously failed to pay back'.

Inherent and external factors determining accessibility to microfinance services by people with disabilities

Factors that promote or hinder access to microfinance services especially by people with disabilities were explored and appeared to fall into two categories. Those factors that seemed to be a result of the attitude of service providers or their current and potential clients are referred to as 'attitudinal', while those that do not fall in this category are referred to as 'non-attitudinal'. All factors are considered perceptual because they are derived from the respondents' perceptions and beliefs of both the microfinance services, institutions and their clients and staff. Attitudinal perceptions emphasized the effect of disability on accessibility, while non-attitudinal ones like educational and skill levels, adequacy of microfinance legal frameworks and necessity of microfinance as a poverty reduction strategy emphasized the effects of external elements/environment.

The majority (65%) of respondents said they had a positive attitude towards the operations of microfinance institutions. This included 64% of the able-bodied and 65% of the people with disabilities. They revealed that funds from microfinance institutions had helped them make profits in their enterprises, kept their money safe, empowered people with disabilities and made them gain respect from the community and assisted associations to be widely known (people without disabilities – FGD, urban). Some said that:

at times microfinance institutions are lenient towards people with disabilities as they are immobile and cannot easily disappear. They are lenient to people with disabilities and give them allowance of a few days after payment deadline. Other people with disabilities do not want to be overlooked and therefore work hard and pay in time. (People without disabilities – FGD, urban)

Twenty-one percent of the participants indicated they had negative attitudes and mentioned constraints regarding microfinance institutions' operations as being 'too strict with repayment to the extent of taking away one's property in case they fail to pay back', 'only those who save with them and are also members may access loans' and 'one cannot save only but has to borrow from them' (hearing impairment – interviews, rural). They also pointed out that microfinance institutions' operations constrained people with disabilities because 'People with disabilities have little money and therefore hardly any savings', 'People with disabilities lack securities for loans' and 'within the microfinance institutions' frameworks, there are limited opportunities in the type of enterprises people with disabilities can do' (people without disabilities – FGD, rural). Others mentioned that 'some people do not want to stand surety to people with disabilities', 'Microfinance institutions fear that people with disabilities may not repay the money', 'People with disabilities are usually considered last', 'some people with disabilities have uncontrollable body movement (shaking) and this causes suspicion and are not given money', 'others are considered to be having mental problems and others are not educated' and 'some microfinance institutions are not physically accessible to people with disabilities' (people without disabilities – FGD, urban).

Some of the explanations given for participants' attitudes towards microfinance institutions' operations are listed in Table 2.

Eleven percent of the participants mentioned they were neutral and the reason given was that they had never borrowed from any institution. Another reason was

Table 2. Explanations of people with and without disabilities on attitudes towards microfinance.

Opinions that reflected positive attitudes were that microfinance institutions:	Opinions that reflected negative attitudes were that microfinance institutions:
Involve everybody, provide alternatives and supplement formal banking	Give short grace period to repay loans
Accept savings and provide loans	Require high interest rates
Provide convenient access to personal savings	Make people poor
Help in times when school fees payments are made	Do not assist people with disabilities as expected
Do not require collateral	Close suddenly after making profits, thus bringing loss to the members
Require reduced interest on loans compared with private money lenders	Do not have disability issues on their agenda (mission, vision)
Handle clients well including people with disabilities	Have requirements for access that are difficult to meet (computer typeset constitution, interest required and collateral to access loans)
Help to initiate projects	Do not meet some needs like school fees for children
	Are too strict

that they felt microfinance institutions were ‘good but should improve the way they work by catering for both the rich and poor, lower interest rates and not sell off clients’ property’ (visual impairment – FGD, urban). Some participants (3%) did not respond to the question.

The inherent factors determining accessibility to microfinance services that were mentioned by those with physical disability during FGDs in rural areas were as follows:

- Expecting special treatment: ‘Some people with disabilities still want sympathy and free things and feel that they will be sympathized with in case they fail to pay back the loan’.
- Ignorance: ‘Some disabled people are ignorant on how to develop themselves’.
- Lack of confidence: ‘Some disabled people have inferiority complex’.
- Isolation: ‘Some disabled people are isolated and don’t want to share their challenges with others’.

Participants who said disability did not affect access to microfinance services gave the following explanations:

Only those who do not want to work. Most people with disabilities do business better than those without disabilities. (People without disabilities – interviews, urban)

They are able to get loans so long as the business they are to engage in, can help them repay the loan. (People without disabilities – interviews, rural)

Because some people with disabilities have same skills like those without disabilities. For example, they can read and write. (People without disabilities – interviews, urban)

I have security, influence and transport. (Physical disabilities – interviews, urban)

Its only the conditions of microfinance institutions that are not favorable. (Visual impairment – interviews, rural)

Because I am able to work, I think I would be able to pay back. (Visual impairment – interviews, rural)

The participants who felt that disability affected access said ‘People with disabilities are usually left behind by those without disabilities’, and added ‘they (people with disabilities) need support but their leaders do not care much about them’ (people without disabilities – FGD, urban); ‘they are over looked even when they go for micro finance services’; ‘usually people with disabilities’ shares are low and this affects the amount of money applied for’; and ‘there are some things people with disabilities cannot do for themselves which forces them to use others which is costly’ (people without disabilities – FGD, rural). ‘I have to travel with an interpreter – my mother – wherever I go which is not easy as she has a family to cater for and she is non-literate’ (hearing impairment – interview, rural).

Others mentioned that ‘the priority of microfinance institutions is to make profit and they lack capacity building programs to sensitise people on loan management or business management’ and ‘microfinance institutions lack certain facilities for people with disabilities for example blind people cannot fill deposit or withdraw forms and nobody is there to assist them in case they want to open an account or withdraw money (physical disability – FGD, urban).

Suggestions for improving access to microfinance services by people with disabilities

Participants were asked to make suggestions for improving access to microfinance by people with disabilities. It was hoped that these suggestions would be used to lobby for more access to people with disabilities.

Responses fell into two main categories: improve their engagement with the community they live in; and take their own initiatives. Suggestions in the first category included working through community membership groups because groups usually access services more easily than individuals and taking the time and making the effort to attend local meetings and trainings. One participant said ‘PWDs need to share experiences in microfinance related issues’, and another said ‘PWDs need to seek support in selling their products’.

Suggestions for the second category include taking initiatives such as trying to acquire collateral to ensure access, saving so as to get bigger loans for investment, timely repayment of loans, improving their education levels and working hard instead of waiting for hand outs. One participant said ‘PWDs need to start projects like livestock and bee keeping and carpentry’, and another said ‘PWD role models could be used to sensitize people with disabilities’.

It was also suggested that training those with hearing impairment in sign language would enhance their communication with the microfinance institutions and enable them increase access to their services (hearing impairment – interview, rural).

The participants from microfinance institutions mentioned that forming groups or associations keeps people with disabilities closer to the microfinance institutions for information and access to services, and helps individuals without enough capital

to be able to open accounts and access funds and have representatives to forward grievances.

Respondents' suggestions on how microfinance providers can increase people with disabilities' access to microfinance institutions and services

Suggestions on how microfinance providers can assist people with disabilities to access their services included suggestions relating to change in the microfinancers or change in the person with a disability or both. The group of suggestions included changing their own behavior and attitudes and treating people with disabilities with greater respect. One participant remarked: 'Treat PWDs [people with disabilities] as capable people who can utilize and repay microfinance loans'. They further suggested special consideration to disabled people such as reviewing microfinance institutions' operations and procedures to favor people with disabilities, lower interest rates on loans, lower membership fees, shares at reduced cost and increased repayment period. One participant suggested 'microfinance institutions need to provide affirmative action to improve PWDs' [people with disabilities] priority status as well as representation on microfinance institutions' management'. Suggestions for people with disabilities included running sensitization/education sessions for them on using microfinance institutions. Both the microfinance institutions and people with disabilities need to learn sign language to promote better communication. The potential of people with disabilities needs to be recognized by both the microfinance providers and people with disabilities themselves.

Generally, most of the responses were in regard to giving special consideration to people with disabilities (73%) followed by sensitization (18%) and non-discriminatory treatment (9%). However, people with disabilities were not in favor of depending on handouts and preferred to work like people without disabilities. This would enable them use microfinance loans profitably and repay them, thereby enabling them to continue accessing the microfinance institutions and services.

Microfinance providers' suggestions were not different from those of other respondents apart from mentioning that people with disabilities should have representation on the Boards of Directors and sub-committees of microfinance institutions.

Discussion

The findings suggest that many people with disabilities had attained the basic levels of literacy and had other skills for enabling them to access and utilize microfinance services and profitably engage in improving their livelihoods. Some skills possessed by some people with disabilities, however, may be limiting in terms of generating profit; for example, the blind 'weaving mats without designs' that fetch less money on the market.

Accessibility to microfinance services was seen to be higher among people without, than those with, disabilities. That notwithstanding, most (17 out of 18) of the respondents who had applied for loans from microfinance institutions had succeeded in getting them irrespective of whether they were disabled or able-bodied. This contrasts with the assertion by people with disabilities that they had been denied credit facilities in financial institutions because managers thought they had no ability to

pay back, as reported by Lwanga-Ntale (2003). Findings on requirements for saving and accessing loans confirm that minimum requirements for accessing loans by all clients are saving, membership and collateral, while those of saving are membership and shareholding. There is no indication of discrimination of people with disabilities implied by these requirements. On the other hand, 'treating all people equally' may be a motivating factor to people with disabilities as it may prove that disability does not stop them from accessing and effectively utilizing microfinance services. Some people with disabilities even stated that they would not like to be treated differently from those without disabilities because in some instances they performed better than them in using microfinance services.

Some participants, however, were of the view that not having been to school affected people with disabilities' (mentioned specially for the visually impaired) access to microfinance services negatively since they had not acquired the necessary skills (people without disabilities – FGD, rural). The fact that no microfinance provider mentioned having sign language or Braille skills suggests that people with disabilities may face difficulties in accessing microfinance services even if some of them had the skills.

The fact that there were more members of microfinance institutions accessing their services than non-members (15:6) suggests that microfinance services may be more accessible to members than non-members and/or that access to microfinance is attached to membership of such institutions. The findings seem to suggest that meeting requirements needed for accessing microfinance institutions services determine clients' accessibility of services. These requirements include saving with microfinance institutions, having tangible security/collateral like a land title, having two guarantors who are members of the microfinance institution and having an income-generating activity.

Money being the uttermost ingredient to fulfilling requirements for accessing microfinance services, it can be strongly argued that the major hindrance to accessing microfinance services is poverty. People without money and assets are poor and stand limited chances of accessing microfinance services. Actually, many respondents gave reasons for not accessing microfinance services as having no money to deposit with microfinance institutions, saying 'I don't have money to save' (person without disabilities) and 'I don't have any money to deposit there' (person with visual impairment).

Findings of the study suggest that disability does not negatively affect access to microfinance services. There is, however, enough evidence from the findings to suggest that the negative attitude towards microfinance services by people with disabilities may be responsible for their inability to meet requirements for accessing microfinance loans and, as such, negatively affect their access to microfinance services. Some of this evidence can be traced from responses from people with disabilities such as microfinance institutions 'are for the rich', 'do not assist people with disabilities as expected', 'close suddenly after making profits', 'are too strict' and 'have limited opportunities in the type of enterprises people with disabilities can do'. The fact that accessibility among people with disabilities is high for the physically impaired and extremely low for the visually impaired and hearing impaired, suggests levels of access may be related to disability type at this level.

Other than the attitude of people with disabilities, factors responsible for determining access to microfinance services by people with disabilities include distance

between the microfinance institutions and the people with disabilities residences. Being near to microfinance institutions implies that people with disabilities can visit the institutions for information and make regular deposits or repayment of loans. It also has strong implications for promoting social interaction and public relations between people with disabilities and microfinance institutions. Some respondents, however, felt that a number of microfinance institutions still lacked ramps, were located on hilly landscape and were quite far. The lack of physical access to the facilities and complaints about service by some staff of microfinance institutions are in agreement with Nakabuye, Mukasa, and Mersland (2006), who argue that physical access to facilities and prejudices of employees of financial institutions have been identified to be barriers against access to financial services by people with disabilities. It was, however, reported by participants without and those with disabilities that physical facilities were generally disability friendly and not significantly biased towards either category.

Suggestions for improving accessibility of people with disabilities to microfinance services emerging from the study findings

The suggestions emerging from the study target government, people with disabilities, and microfinance institutions.

Government

Governments could formulate financial policies that accord people with disabilities and other vulnerable groups special consideration in setting conditions for saving, disbursement and management of loans, facilities, spread and outreach. It could also make deliberate efforts to ensure that people with disabilities attend and stay in school for acquisition of knowledge, relevant attitudes and skills, because these are regarded as instrumental in increasing access to microfinance institutions and services. This arguably will not only contribute to raising education levels amongst people with disabilities but will also assist them to gain confidence to transact business on their own including setting up microfinance institutions managed by themselves.

People with disabilities

People with disabilities who acquire loans need to repay as scheduled so as to improve their credibility among microfinance institutions and gain access to bigger loans for improved business ventures. They could in addition endeavor to improve their knowledge, attitudes and skills through various sensitization and educational activities within their localities.

They could maximize their self-confidence and minimize their inferiority complex by forming or joining disability or mixed groups. Group formation, as seen in the findings, is one of the entry points to access loans from microfinance institutions and so should be encouraged. It can also assist in improving collateral and surety for accessing microfinance.

People with disabilities who have successfully utilized microfinance services should share their experiences, thus encouraging others to join through a peer support mechanism. The same mechanism could be used to assist in sensitizing microfinance institutions.

Microfinance institutions

Microfinance institutions could emphasize sensitization and training of clients in utilization of loans and other services. The sensitizations for people with disabilities may be carried out through organizations or groups of people with disabilities because many people with disabilities believe fellow people with disabilities understand their concerns and issues and can perform the sensitization and training better.

The practice of microfinance institutions dealing with community groups should be upheld because peer pressure in the groups reduces the risk of defaulting on loan repayments.

Mainstreaming people with disabilities in microfinance service delivery should be encouraged as opposed to developing programs specifically targeting people with disabilities but at the same time put more emphasis on training staff in communication such as Braille and sign language so as to improve their interface with people with disabilities.

Conclusion

The findings suggest that people with disabilities generally access microfinance services in this part of Uganda, and disability *per se* does not negatively affect access to such services. Failure to access these services seems to be determined more by the absence of savings, evidence of collateral, perceived trustworthiness and credible plans. These in turn may be affected by impaired functioning. Evidence suggests that those with sensory disabilities such as visual impairment and hearing impairment are more constrained than those with physical impairments. There is some evidence that some determinants of success or failure are related to reduced mobility and/or levels of communication. There is also evidence of the negative effect that disabled people themselves can have on the process by too strong an attitude of dependency, expectation and charitable behaviors. It appears that failure to access microfinance facilities is the outcome of a complex and dynamic interaction of multiple forces. These forces include, but go way beyond, disability and relate to the poverty cycle generally. Some of the factors that could improve people with disabilities usage of microfinance services are related to them, and the providers of such services, attaining the right knowledge, skills and attitudes.

Acknowledgements

The authors would like to express acknowledgments and thanks to all the participants and to Ka Tutandike Trust, UK, for the financial support of this work.

References

- Creswell, J.W. 2008. *Research design: Qualitative and quantitative approaches*. London: Sage Publications.
- Degener, T., and G. Quinn. 2000. A survey of international, comparative and regional disability law reform. Paper presented at an International Disability Law and Policy Symposium, October 22–25, in Washington, DC.
- DFID. 2000. *Disability, poverty & development*. London: DFID.
- Handicap International. 2006. *Disability in development: Experiences in inclusive practices*. New Delhi: Handicap International & Christian Blind Mission.
- Hulme, D., and P. Mosley. 1996. *Finance against poverty*. London: Routledge.

- Ledgerwood, J. 1999. *Microfinance handbook: An institutional and financial perspective: International Bank for Reconstruction and Development/World Bank*. Washington, DC: World Bank.
- Lwanga-Ntale, C. 2003. Chronic poverty and disability in Uganda. Paper presented at the international conference Staying Poor: Chronic Poverty and Development Policy, April 7–9, in University of Manchester, UK.
- Mersland, R. 2005. Microcredit for self employed disabled persons in developing countries. <http://mpr.aub.uni.muenchen.de> (accessed January 24, 2010).
- Ministry of Finance, Planning and Economic Development. 2004. *The poverty eradication action plan*. Kampala: Uganda Government.
- Mosharaff, H. 2004. *We should not simply try to copy the West*. <http://www.dodd.nl/?2377> (accessed January 10, 2010).
- Nakabuye, F.B., G. Mukasa, and R. Mersland. 2006. Access to mainstream services for persons with disabilities: Lessons learnt from Uganda. <http://www.ds-q-sds.org> (accessed February 4, 2010).
- Ocici, C. 2006. A working paper on entrepreneurship. Paper presented at National Consultative Conference: Legal Empowerment, November 24–25, in International Law Institute, Kampala, Uganda.
- Shinyekwa, I., and S. Hickey. 2007. *PRS review: Uganda case study*. Kampala: Chronic Poverty Research Centre.
- Talaa, S. n.d. Economic empowerment of people with disabilities (PWDs) in Zanzibar through their inclusion in microfinance and vocational training institutions. <http://www.afri-can.org/TZ/talaa> (accessed January 10, 2010).
- Uganda Government. 1995. *Constitution of the Republic of Uganda*. Entebbe: Uganda Printing and Publishing Corporation.
- Uganda Government. 1997. *The Local Government Act, 1997*. Entebbe: Uganda Printing and Publishing Corporation.
- Uganda Government. 2002. *National population and housing census*. Entebbe: Government of Uganda.
- Uganda Government. 2003. *Microfinance Deposit Taking Institutions Act, 2003*. Entebbe: Uganda Printing and Publishing Corporation.
- Uganda Government. 2006. *The Persons with Disabilities Act, 2006*. Entebbe: Uganda Printing and Publishing Corporation.
- UNDP. 2000. What are the Millennium Development Goals? <http://www.undp.org/mdg/basics.shtml> (accessed December 7, 2010).