

Helpdesk Research Report

Disability inclusion in social protection

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Question

Identify any examples of integration of disability issues within cash transfer and broader social protection programmes, strategies and policies, in low-income contexts.

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1. Overview

While people with disabilities have **higher rates of poverty** than people without disabilities, many countries have tried to address this by providing social protection to poor people with disabilities and their households (World Report on Disability, 2011, p. 11). Their **right** to this protection is enshrined in **Article 28 of the UN Convention on the Rights of Persons with Disabilities** (UNCPRD) which recognises the “right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability”¹.

There is currently a **lack of knowledge** around the extent to which “**barriers** in design or implementation are keeping people with disabilities from receiving mainstream social protection benefits” and whether specifically designed benefits are “reaching the right people or providing them with the necessary support” (Mont, 2010, pp. 320-321). The literature refers generally to all types of disabilities with little examination made of possible differences between the experiences of people with different types of disabilities. There is however a small focus on disabled **war veterans** who often receive priority assistance before the rest of the disabled population.

¹ Article 28 - Adequate standard of living and social protection
<http://www.un.org/disabilities/default.asp?id=288>

However, there is increasing interest in disability inclusion in social protection policies, strategies and programmes (expert comments) and this rapid literature review draws together various examples of the integration of disability issues within cash transfer and broader social protection programmes, strategies and policies, in low- and low-middle-income contexts in the past few years. It looks at the main issues and selected examples of i) the inclusion of disability in social protection policies and strategies; ii) social protection programmes addressing disability and; iii) complementary programmes/services. The majority of information available focuses on programmes which specifically target people with disabilities rather than mainstream social protection programmes which are disability inclusive.

The literature suggests that the **key rationale** behind disability inclusive **social protection policies** and strategies is the **UNCRPD**, along with the susceptibility of persons with disabilities to **chronic poverty** and **social exclusion**. Donors have also adopted the principles of the UNCRPD in their support for developing countries' national social protection policies and programmes. Examples are provided from Kenya, Rwanda and Indonesia.

Disability inclusive social protection programmes are designed to **alleviate the additional cost** of the barriers faced by people with disabilities. The implementation of disability inclusive social protection policies faces a number of problems as **social protection programmes do not reach** the vast majority of people with disabilities. They face physical barriers, communication barriers, attitudinal barriers, and a lack of sensitivity or awareness.

- **Types of programmes:** i) targeted specifically at people with disabilities; ii) mainstream programmes aimed generally at groups at risk of poverty; and iii) targeted mainstream programmes explicitly including people with disabilities.
- **Targeting:** programmes can target all disabled people, or be means tested for a particular level or type of disability, or targeted at children with disabilities. This tends to be medically focused but targeting on the basis of a **combination of medical and social criteria** is best as this recognises people's capabilities if given the right opportunities.
- **Coverage levels:** effectiveness of disability inclusive social protection programmes limited by **low coverage**.

Examples of disability inclusive social protection programmes are provided from Zambia, Uganda, India, Afghanistan, and Indonesia, amongst others.

- **Challenges for disability inclusive social protection programmes** include: lack of data, costly monitoring systems, costs outweighing the benefits, lack of awareness and access, insufficient budgets, and a disincentive to work.

Social protection programmes **on their own will not eliminate** the vulnerabilities persons with disabilities face. Therefore **complementary programmes** are needed to **create an enabling environment** for people with disabilities, such as adaptations to the built environment, inclusive education, rehabilitation and vocational training services, and the enactment and enforcement of disability legislation.

2. Inclusion of disability in social protection policies and strategies

Data and policy evaluations relating to disability inclusion in countries' social protection policies and strategies are scarce (Mont, 2010, p. 322). From the literature available it appears that the UNCRPD provides the international legal framework for disability related policies (Palmer, 2013, p. 151; Mleinek & Davis, 2012, p. 6). Article 28 states that people with disabilities have an equal right to social protection. It

also notes the “particular need to pay attention to the ability of women and girls with disabilities, and older persons with disabilities, to access programmes benefits”². The convention, therefore, gives the 138 ratifying countries a clear rationale for a disability inclusive social protection policy. Of the low income countries, 21 have ratified the convention and a further 7 have signed it. One expert commentator suggests that the more progressive social protection policies/plans are the ones which **build on the UNCPRD and recognise the potential contribution disabled people can make** to economic development if some of their additional needs are met (expert comment).

In addition, donor support for developing countries’ social protection policies is supported by a similar rationale of **rights and poverty alleviation**. For example, GIZ’s justification for their support of disability inclusion in Indonesia’s social protection policy is that only inclusive policies will “promote abilities and ... enable beneficiaries to lead a dignified, self-determined life” (Mohr in Mleinek & Davis, 2012, p. 3).

Further justification for the inclusion of people with disabilities in social protection programmes is their “susceptibility to chronic poverty and social exclusion” (Palmer, 2013, p. 151; see also Schneider et al, 2011b, p. 38).

Although there are strong incentives for including disabled people, Mleinek and Davis (2012) suggest that the inclusion of disability issues in social protection policies depends on a **complex mix of factors** including “political will, appropriate legislation, economic resources and implementation mechanisms” (p. 6).

A number of different examples of disability inclusion in national social protection policies and strategies are outlined below.

Kenya

Kenya has ratified the UNCPRD and has a number of domestic commitments to the “rights, rehabilitation and equal opportunities for people with disabilities”, including in the constitution and the 2003 Persons with Disabilities Act (Mbithi & Mutuku, 2010, p. 7). Mbithi and Mutuku’s conference paper looking at social protection policies in Kenya provides further details of the policies addressing the social protection of people with disabilities in Kenya. These range from policies setting employment quotas for people with disabilities to a roadmap for the education of children with disabilities (2010, pp. 7-8).

Rwanda

Rwanda has ratified the UNCPRD. In its National Social Protection Strategy the Rwandan Government has committed itself to undertaking a study to assess the feasibility of establishing a **universal disability grant** by 2014 as its current programmes only provide support to disabled ex-combatants and genocide survivors (MINALOC, 2011, p. 30, p. 61). They will do this within a wider approach to supporting people with disabilities in areas such as education, health, livelihoods and access to financial services (MINALOC, 2011, p. 33). Further information about its current programmes can be found in the DFID scoping study of disability issues in Rwanda (Wapling, 2010, pp. 28-31).

²World Bank: Social Protection (Article 28)

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:20194090~menuPK:419409~pagePK:148956~piPK:216618~theSitePK:282699,00.html>

Indonesia

The Minister of National Development Planning makes clear that the rationale for Indonesia's disability inclusive social protection policies is their ratification of the UNCPRD and its optional protocol. This builds on their **constitutional commitment to develop a fully inclusive social security system** (Alisjahbana in Mleinek & Davis, 2012, p. 2). These policies aim to guarantee the equal rights and opportunities of people with disabilities in Indonesia. They recognise that **people with disabilities often face higher rates of poverty** and therefore believe that inclusive social protection policies will contribute to poverty reduction. (Alisjahbana in Mleinek & Davis, 2012, p. 2).

GIZ's evaluation of disability and social protection in Indonesia outlines the relevant laws and policies already in place (Mleinek & Davis, 2012, p. 18-20). These laws promote the rights of persons with disabilities and "ensure equal opportunities with regard to education at all levels, skills development, work, equality of treatment, rehabilitation, social assistance and social welfare" (Mleinek & Davis, 2012, p. 18). However, the evaluation of the current social protection policy in Indonesia suggests that while there are measures in place to include people with disabilities, awareness of them is not high and the current programmes have "limited and overlapping coverage and mixed objectives" (Mleinek & Davis, 2012, p. 4).

3. Social protection programmes addressing disability

Social protection programmes often include people with disabilities because they recognise that the situation they face may create additional vulnerabilities (Schneider, 2011b, p. 43). The World Report on Disability (2011) suggests that unconditional cash transfers for people with disabilities recognise the "additional barriers they face in accessing health care and rehabilitation, transport, education, and working, among other things" (p. 70). The objectives of the programmes can range from providing only "encouragement" to seek employment, as in Vietnam, to offering people with disabilities secure and dignified livelihoods, as in South Africa (Palmer, 2013, p. 149).

However, disability inclusion in social protection programmes is problematic from the outset, with lack of consideration in their design of the extra costs arising as a result of disability (Mont, 2010, p. 329). Schneider et al (2011b) suggest that the design of disability inclusive social protection programmes needs to consider: "(a) factors associated with disability that create vulnerabilities for the disabled person and their household (e.g. social exclusion, need for care and extra costs); (b) the implicit or explicit nature of disability targeting; and (c) the assessment of disability" (p. 38).

Mont (2010) also suggests that including people with disabilities in social protection programme design and oversight might help overcome the current barriers they face (p. 337).

Types of programmes

In his article on the need for disability inclusive social protection, Palmer (2013), describes three types of social protection programmes: i) "targeted programmes" which specifically target people with disabilities – eligibility is limited to persons with severe impairment, or an inability to work, who are living in poverty; ii) "mainstream programmes" which target groups at risk of poverty; and iii) "targeted mainstream programmes" which explicitly include people with disabilities within their targeting criteria (p. 148). For example, in Botswana, an inability to work due to a disability was a specific eligibility criterion for receipt of mainstream cash transfers (Palmer, 2013, p. 148).

Palmer (2013) suggests that the high costs and administration required for specific disability programmes means that **mainstream programmes are more common in developing countries**, although there is great variation in the level of disability targeting within these programmes (p. 140). However, one expert commentator suggests that the most efficient social protection system is one where the mainstream social protection programmes do not discriminate against disabled people (because they cannot access them or do not know about them/are not targeted etc.) (expert comment). Despite this, **the majority of the literature uncovered during this review focuses on specific disability programmes.**

Examples of the different type of social protection programmes include unconditional and conditional cash transfers and in-kind assets or support. The World Report on Disability (2011) for instance, describes how a range of countries such as Bangladesh, Brazil, India, and South Africa have unconditional cash transfer programmes targeted at poor people and households with a disabled member (p. 70). **The majority of the literature focuses on these unconditional cash transfers.**

A very different example can be found in Vietnam, where the government's policy of "socialisation" encourages communities to contribute money, food, clothing or moral support to people with disabilities and other disadvantaged groups. However, its evaluation also suggests that it is not succeeding in addressing the social protection needs of people with disabilities (Palmer, 2013, p. 150).

Targeting

The World Report on Disability (2011) outlines how social protection programmes can target all disabled people, or be means tested for a particular level or type of disability, or targeted at children with disabilities, for example (p. 11). The State of the World's Children report (2013) gives the examples of Bangladesh, Brazil, Chile, India, Lesotho, Mozambique, Namibia, Nepal, South Africa, Turkey and Vietnam, among others, as countries who have cash transfers specifically for children with disabilities (p. 15).

Often the design of social protection programmes uses the **medical model of disability** (locates the problem within the individual) rather than **the social model** (locates the problem within the barriers put in place by society) for targeting. In India, for example, people need to undergo a medical examination to determine disability of at least 40 per cent of "normal" physical or mental capacity to get a pension (Palmer, 2013, p. 148). One expert commentator points out the problems caused by the lack of access many disabled people have to medical professionals in relation to their ability to then access social protection benefits (expert comment). Palmer suggests that **targeting on the basis of a combination of medical and social criteria is best** as this recognises people's capabilities if given the right opportunities (Palmer, 2013, p. 151). This approach is also favoured by Zeitzer (outlined in Mont, 2010, p. 325) who argues that social protection programmes should "start with clearly articulated, objective medical standards to determine who is impaired, but then move on to a more social needs-based assessment to help the individual receive whatever s/he needs to be fully integrated into work and society".

Coverage levels

In looking at the implementation of social protection policies and strategies, Mleinek and Davis (2012) suggest that both statistical and anecdotal evidence shows that the **vast majority of people with disabilities are not actually reached or protected by social protection programmes** (p. 6). Although social protection programmes are designed to tackle poverty, and people with disabilities are disproportionately represented amongst the poorest, "existing operational barriers can make it hard, if not impossible, for people with disabilities to access these programmes" (Mont, 2010, p. 321). These barriers

to participation are extensive and include physical barriers, communication barriers, attitudinal barriers including stigma and discrimination, and a lack of sensitivity or awareness (Mont, 2010, pp. 328-329).

Even where disability inclusive programmes exist, their low coverage levels mean that their **effectiveness is limited** (Palmer, 2013, p. 151). In Bangladesh for example, programme funding was allocated for only 160,000 people with disabilities, out of an estimated total population of 14 million (Gooding & Marriot, 2009, p. 690). Palmer also found that in two rural districts in India, 60 per cent of people with disabilities were unaware of the existence of a disability pension (Palmer, 2013, p. 149).

Specific examples of disability inclusive social protection programmes

Zambia

Schneider et al. (2011b) have evaluated the social cash transfer scheme in Zambia which is a targeted mainstream programme. It consists of a household grant of around 15 USD per month, paid bi-monthly. The main criteria for eligibility are: critically poor or destitute households experiencing chronic hunger and undernutrition, who are begging and are in danger of starvation; and incapacitated households where breadwinners are sick or have died; or where there are no able-bodied persons of working age (Schneider et al, 2011b, p. 40).

This is a form of **implicit disability targeting criteria** and suggests that people who are disabled are incapacitated. Schneider et al (2011b) argue that this is a limited view of disability that does not understand the role of contextual factors in preventing people with disabilities from attending work or education, for example (p. 40).

While the Zambian programme does not specifically target people with disabilities, evaluations of the programme show that they have been included. The Community Welfare Assistant Committees responsible for the targeting of beneficiary households are aware of the importance of looking at disability and that **disability does not necessarily mean people are poor** if local factors enable them to overcome the barriers they may face (Schneider et al., 2011b, p. 40). However this nuanced understanding of local factors would make it too costly and time consuming to scale-up to national level. In addition, because there is **no specific or standard identification process of disability**, the disabilities that are included are mainly the visible ones (Schneider et al., 2011b, p. 42). Schneider et al. (2011b) conclude that while the programme is inclusive of people with disabilities, it could benefit from making this inclusion explicit (p. 41). Zambia has ratified the UNCPRD.

Uganda

The Social Assistance Grants for Empowerment programme in Uganda was initiated during 2011 and pays eligible individuals and households around US\$10 per month (Schneider et al., 2011b, p. 40). It is made up of an Old Age Grant for people aged over 65 and a Vulnerable Families Support Grant (VFSG) targeting households who have problems finding employment. VFSG is assessed according to **vulnerability indicators** such as older people, children, orphans and people with moderate or severe disabilities. Household composition scores are calculated and the highest scoring 15 per cent of households are eligible for the VFSG (Schneider et al., 2011b, p. 40).

This is a targeted mainstream programme which uses the Washington Group on Disability Statistics' Short Set of six questions. These ask about "difficulties people have in seeing; hearing; walking and climbing

stairs; remembering and concentrating; self-care and communication” (Schneider et al., 2011b, p. 42). There is a separate tool for under-fives. Schneider et al. (2011b) argue that this offers a more inclusive and nuanced picture of the need people with disabilities may have for social protection. (p. 42). Uganda has ratified the UNCPRD and its Optional Protocol.

India

Dating from 2004, Rao’s article on social security for persons with disability in India illustrates the variety of disability inclusive social protection programmes which can exist within one country (pp. 15-18). These range from no provision to differing levels of disability pensions or unemployment allowances and depend on different categorisations of disability. However, problems with the system have been pointed out by a group of Indian Disabled Persons Organisations who point out that people with disabilities **often do not have the disability certificate they need** in order to receive benefits from the government (National Disability Network, 2011, p. 4). In addition they argue that people with disabilities are excluded from poverty alleviation programmes because disability is not taken into account properly when assessing whether people are below the poverty line (National Disability Network, 2011, p. 4). India has ratified the UNCPRD.

Afghanistan

A report by the International Disability Alliance (IDA) describes how people with disabilities have been a priority for the Government of Afghanistan despite the underdevelopment of the social welfare system, due to the fact that a large proportion of the population was disabled by the war (2010, p. 2). The Ministry of Labor, Social Affairs, Martyrs and Disabled is responsible for social protection. In 2007 it provided 87,936 single households with disabilities with AFN 400 (equivalent to US\$8) in assistance and 226,388 families with one or more disabled family members with AFN 500 (US\$10) per month (IDA, 2010, p. 2). Recently Afghanistan has also ratified the UNCPRD and its Optional Protocol.

Indonesia

On behalf of GIZ and the Indonesian National Planning Development Agency, Mleinek and Davis (2012) have carried out a detailed evaluation of disability inclusion in Indonesia’s social protection programmes.

Only one social assistance programme is specifically targeted at people with disabilities. This is the Jaminan Sosial Penyandang Cacat Berat which provides a monthly grant of Rp. 300,000 to those with a severe disability. In this case, severe disability is classed as ‘incapability of rehabilitation’, and is linked to a full dependency on others (Mleinek & Davis, 2012, p. 22). It covers only a small minority of disabled people living in poverty.

Mleinek and Davis (2012) also describe a variety of mainstream social protection programmes which could include people with disabilities if they are deemed eligible on the basis of income/poverty (pp. 22-26). Disability inclusion has not really been included in the design or implementation of these programmes and little is known about whether they meet the needs of people with disabilities. Mleinek and Davis (2012) highlight the lack of systematic identification and minimisation of “physical (accessibility, mobility) and social (stigmatisation) barriers for persons with disabilities either in the process of application for support or access to the corresponding services” as a particular problem in this respect (pp. 41-42). Another problem is that awareness of disability rights and needs has not fully reached the local government level (Mleinek & Davis, 2012, p. 27). This has meant that social protection

programmes in Indonesia **only reach a small proportion of the people with disabilities** who have a right to this assistance.

Other examples

Further examples of disability inclusive social protection programmes can be found in a variety of different countries. The majority of information available focuses on programmes which specifically target people with disabilities rather than mainstream social protection programmes which are disability inclusive. The biggest database of disability benefits is the 2013 Development Pathways ‘Disability Benefit Database’ which outlines 48 examples from across the world and includes information on the selection methods and identification of disability, the number of recipients, the value of the transfer and its cost (see key websites below).

The International Labour Organization’s 2012 report on social protection programmes points to the existence of disability grants in a variety of developing countries, such as Botswana, Lesotho, Namibia, South Africa and Thailand (Duran-Valverde & Pacheco, 2012). The Leonard Cheshire Disability ‘Disability and Development Database’ also contains examples of programmes targeting people with disabilities, including the ‘Social Safety Net’ programme in Sierra Leone, the ‘Livelihood Empowerment Against Poverty’ programme in Ghana and the ‘Assistance to Individuals’ programme in Zambia (see key websites below). Gooding and Marriot’s study into the inclusion of persons with disabilities in cash transfer programmes in developing countries also provides examples of targeted programmes which outline the transfer amount, the number of recipients and the eligibility criteria (2009, pp. 687-688)³. It also includes a few examples of inclusive mainstream programmes (Gooding & Marriot, 2009, pp. 689-690).

Challenges for disability inclusive social protection programmes

Mleinek and Davis (2012, p. 15) suggest a number of common challenges for operating social protection programmes for people with disabilities in any country:

- Lack of data and understanding of the need leads to **expensive and unreliable targeting**.
- A proper targeting system requires **follow up assessments and monitoring**, which are also costly.
- The benefit is sometimes worth less than the **cost of travelling** to receive it.
- Many poor people with disabilities, living in remote areas, are **unaware of social protection schemes or cannot access** them.
- **Budgets are often not sufficient**, which can create social tensions within communities and weaken the informal community-help mechanisms if only certain people receive assistance.
- Programmes designed with a focus on charity rather than empowerment can create a **disincentive to work** (when eligibility criteria are tied to a perceived “incapacity to work”).

³ See also: Marriot, A. & Gooding, K. (2007). Social Assistance and Disability in Developing Countries. Sightsavers International, Haywards Heath. Retrieved from: http://www.ipc-undp.org/publications/cct/Social_Assistance_Disability_Gooding_Marriott.pdf ; and Gooding, K. (date unknown). The inclusion of people with disabilities in the design of social protection instruments. Sightsavers International, Haywards Heath. Retrieved from: http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.lcint.org%2Fdownload.php%3Fid%3D655&ei=T_TTUvOBBcmUhQfDm4CABg&usg=AFQjCNF5p-lh-8WG5Uijs7DxodZA-chafg&sig2=cS6iYbouWLBvKB94vY27A&bvm=bv.59026428,d.bGQ

4. Complementary programmes/services

Although it provides few specific examples of complementary programmes which can help disability inclusive social protection programmes, the literature makes clear that **social protection programmes on their own will not eliminate the vulnerabilities persons with disabilities face**. The 2011 World Report on Disability states that for “safety nets to be effective in protecting disabled people, many other public programmes need to be in place, such as health, rehabilitation, education and training and environmental access” (p. 11). It calls for more research to better understand what works and the relationships between the different programmes (World Report on Disability, 2011). This call for further research is supported by an expert commentator who suggests looking at the relationship between transfers, inclusive services and broader disability rights (expert comment).

Palmer (2013) agrees, stating that **on their own cash transfers cannot create an equality of opportunity** for people with disabilities (p. 150). He suggests that “increased levels of inclusion can best be achieved through concurrent public actions that promote an enabling environment for people with disabilities, such as adaptations to the built environment, inclusive education, rehabilitation and vocational training services, and the enactment and enforcement of disability legislation” (Palmer, 2013, p. 151).

Improving access to services

Schneider et al (2011c, p. 11) provide examples of the importance of additional interventions which tackle the barriers people with disabilities face accessing education or health services. These barriers may not just be financial, but also relate to problems of discrimination, awareness and lack of appropriate services (Schneider et al, 2011c). Schneider et al (2011b) also point out that **not all people with disabilities require social assistance grants** but all people with disabilities do require assistance in the form of accessible services, assistance with extra costs associated with being disabled, carer allowances, etc. (p. 43).

Mont (2010) suggests that ensuring people with disabilities can access health and education services will mean that people with disabilities will be effectively integrated in mainstream conditional cash transfer programmes that they are currently excluded from as they are unable to meet the conditions (p. 335).

The importance of additional complementary programmes in ensuring disability inclusion is illustrated by Sightsavers International’s 2011 evaluation of Zambia Social Cash Transfer pilot programme which showed that “beneficiary households with a disabled member increased their access to health care services, but not necessarily to educational services” (Schneider et al, 2011a, p. 7). Additional programmes targeting access to education would enable children with disabilities to also go to school. Not changing any of the built, social and political environmental barriers and provision of services will stop the full involvement of people with disabilities in society and “does not ensure social justice and inclusion of disabled people” (Schneider et al, 2011a, p. 7).

Improving access to employment/training/livelihood opportunities

People with disabilities are able to work provided they are given the opportunity to learn the required skills and to access employment. Mont (2010) suggests targeted disability benefits could also include vocational and medical rehabilitation and supportive devices like wheelchairs or supported employment (p. 322). **Improving access and opportunities for people with disabilities to employment** will enable them to become eligible for social insurance benefits as they are paying contributions to the system

rather than seeing them as “marginalized passive recipients of social assistance” (Mleinek & Davis, 2012, p. 4).

Indonesia has an employment quota provision of one per cent for people with disabilities but access to employment opportunities remains limited (Mleinek & Davis, 2012, p. 30). Local government has tried to improve the situation by linking DPOs and vocational rehabilitation centres with the private sector via APINDO (Indonesian Employers Association) which has helped increase employment numbers of persons with disabilities (Mleinek & Davis, 2012, p. 31).

Additional examples of mainstream poverty reduction schemes with a clear disability component are Vazhdhu Kaattuvom and SEVAI in India. These two schemes provided support services (such as microfinance) through the self-help group mechanism and helped people with disabilities mobilise and make an economic contribution to their village (expert comment)⁴.

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⁴ See also: David S. Coble (2012): Towards economic participation: examining the impact of the Convention on the Rights of Persons with Disabilities in India, *Disability & Society*, [DOI: <http://dx.doi.org/10.1080/09687599.2012.717877>]

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Key websites

- Development Pathways: The Disability Benefit Database: <http://www.developmentpathways.co.uk/resource-centre/disability-benefits-scheme-database>
- Leonard Cheshire Disability: Disability and Development Database – Social Safty Net <http://www.disabilitydatabase.org/social-safty-net>

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