

Social protection programmes for people with disabilities

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Question

Please identify a selection of examples where countries have implemented pensions and other forms of social protection for people with disability in the context of constraints such as low administrative capacity, poor infrastructure and remoteness. Provide information, where possible, on the basic design (e.g. transfer size, coverage), and the way in which disability is defined and assessed for the purposes of eligibility.

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Overview

This mapping report gives an overview of nine social protection programmes for people with disabilities. The programmes are all run by governments of low income or lower middle income states in Sub-Saharan Africa and Asia. Many of the programmes have been established within the last decade, for example in Uganda, Kenya and Indonesia, and may still be in trial and error mode. Others are due to be re-designed within the coming year, such as the programmes of Sierra Leone and Bangladesh.

Some of the selected programmes were designed specifically with disabled people in mind, such as in Bangladesh, Uzbekistan, Indonesia, and Afghanistan. Others focus on tackling extreme poverty and act as general social safety nets, such as Kenya, Zambia, Uganda, Sierra Leone and Ghana. These programmes include disabled people, senior citizens, and orphan/vulnerable children, among others, as they are often amongst the poorest. Five out of the nine programmes target households, rather than individuals. For a majority of the programmes, poverty was one of the eligibility criteria. However, a definition of what constitutes living in poverty was rarely provided.

Some of the common constraints concerning the design and implementation of the programmes include:

- Most of the programmes only reach a low percentage of the disabled people in need. This is usually due to limited funds and resources, and national governments often depend on assistance and funding from donors and development partners.
- Information on how eligibility for disability pension is assessed was not found for all the programmes listed. Additionally, an evaluation for the Bangladesh social protection programme found that even if criteria was detailed in the guidance handbook at the national level, it wasn't always practical. Decisions about whether to include beneficiaries was often at the discretion of the local authorities and facilitators on the ground. Lack of specific identification criteria may result in the disabilities that are included mainly being visible disabilities rather than invisible disabilities (Schneider, 2011).

A common criterion for disability pension is a medical certificate of disability. This tends to exclude many of the potential beneficiaries, as it can both be expensive and/or require travelling long distances to the nearest clinic.

Mleinek and Davis (2012: 15) suggest a number of other 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")¹.

The report lists two categories of programmes. One of them is programmes that are intended to serve as a wider social safety net, and include disability among other criteria. The other category is for programmes that are specifically designed with disabled people in mind.

The report is based on information found online, which may or may not be up to date. Dates are cited whenever possible.

¹ Cited in Rohwerder, B. (2014). *Disability inclusion in social protection* (GSDRC Helpdesk Research Report 1069). Birmingham, UK: GSDRC, University of Birmingham.

Social Protection Programmes for Disabled People

Afghanistan - Program for Martyrs and Disabled

Design: The programme is the government's largest national cash transfer programme, accounting for about 0.2 per cent of GDP. It provides cash benefits to the families of martyrs from earlier wars and individuals with war and landmine-related disabilities. In 2007 the Ministry of Labor, Social Affairs, Martyrs and Disabled 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. The Ministry of Health has estimated that 2.7 per cent of the population, or 599,400 people suffered from severe disabilities in 2003/4, which is a figure comparable with more developed countries. One of every five household has a member with a disability (Woloszyn, 2008).

A report by the International Disability Alliance (IDA, 2010) 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. However, research has shown targeting of safety net programmes to be inefficient, with a relatively large number of ineligible households receiving benefits while eligible households are left out. This is because only a few programmes have been specifically targeted at poor households. The martyrs' and disabled programme, which dominates spending on safety nets, is not poverty-targeted. Meanwhile, even poverty-focused donor programmes show high levels of leakage to better-off households (Save the Children, 2012).

Definition and assessment of disability: No information was found on the definition or assessment of disability for the Afghan programmes.

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Bangladesh - Allowance for Financially Insolvent Persons with Disabilities

Design: This government run programme is executed by Department of Social Security through implementation committees at the national, district and upazila² levels. Separate committees also operate for the municipal and ethnic minorities areas. In 2012, 298,000 people received a monthly allowance of US\$3.80. The Government of Bangladesh estimates that 1.5 per cent or 2.3 million are severely disabled, and that 6.3 per cent of households have a member with a severe disability. The government also recognises that the social protection programme has several shortcomings, including 'inadequate procedures for identifying disability, transfer levels that are too low to provide the level of support required; and, the exclusion of a high proportion of deserving people with severe disabilities' (Government of Bangladesh, 2013: 64).

The government also gives stipends to students with disabilities, to enable them to continue their education in specialised and mainstream educational institutions from primary to university levels. However, this stipend only reaches 18,600 children in total, which is only a small proportion of the total number of children in need, and value of the stipend is low (Government of Bangladesh, 2013).

In the next five years, the government aims to prioritise disabled children. Its plan is to identify all poor disabled children in the country, and to ensure that every child with a disability certificate will be provided with a regular cash transfer. It will also put in place processes to remove children with disabilities from the street.

The government will also significantly expand the scheme for disabled adults, applying a means test to each candidate. Robust measures are to be designed for identifying severe disability and an appeals mechanism will be put in place for persons feeling that they have been unfairly excluded. Additional support will be provided in the form of vocational education and small business schemes, as well as by eliminating discrimination in the labour market. Implementation plans are to be submitted for approval in December 2014, and will begin to be implemented in July 2015.

Definition and assessment of disability: The programme has five categories which consist of hearing, visual, speech, intellectual, and physical impairment. Beneficiaries must be poor with severe or multiple disabilities and/or children in school. To be eligible, a disabled person must fulfil the following criteria:

- Annual income not exceeding Taka 24,000
- Destitute
- Local resident
- Above six years of age
- Selected by the concerned committee

Aside from these criteria, priority is given to the elderly, homeless, women with multiple disabilities, and poor and intellectually impaired children in economically disadvantaged areas of the country. It is not clear how poverty is measured when eligibility is assessed.

² Second lowest tier of regional administration.

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Indonesia - Jaminan Sosial Penyandang Cacat Berat (JSPACA)

Design: Managed by the Ministry of Social Affairs, *Jaminan Sosial Penyandang Cacat Berat (JSPACA)* is a cash transfer program for severely disabled people. It consists of cash transfers and facilitated services. The monthly cash transfer amounts to IDR 300,000 (US\$25), and has remained the same since the beginning of the program in 2006. In 2011, the programme had a total of 19,500 beneficiaries in 184 districts in 31 provinces. The programme aims to enable beneficiaries to fulfil nutrition and health care needs, to access basic necessities and services, as well as encouraging them to function socially and help community integration. Internal monitoring and evaluation reports from 2009 indicate that 92 per cent of beneficiaries bought food, 11 per cent paid for health services or assistive devices, 17 per cent bought clothing, and 18 per cent bought assets (usually precious metals or livestock). Only six per cent of JSPACA facilitators interviewed stated that beneficiaries utilised funds improperly. While impacts are not known, beneficiaries report that they appreciate the combination of cash transfer and facilitated services (World Bank, 2012).

An assessment of the efficiency of the JSPACA programme indicates moderate and declining administrative overheads despite their small scale and pilot status. For example, overall administrative overhead was nine per cent in 2012, down from 12 per cent in 2010. However, the analysis does not include local government contributions and thus may underestimate the full extent of administrative costs. Additionally, it is likely that more resources will be necessary to develop management and implementation systems to enhance their impact.

Indonesia has yet to develop a comprehensive database of disability, and therefore it remains difficult to assess this program's coverage against the overall population of severely disabled people. Ministry of Social Affairs estimates in 2011 suggested the total number of severely disabled people to be around 160,000 to 200,000 people. Based on this, the program is considered to have very low coverage of 4 per cent of the disabled population.

A World Bank (2012) report suggests that programme support operations (socialization and outreach; allocation, targeting and prioritisation; monitoring and evaluation; and complaints and grievances) have small budgets and are dependent on cooperation and enthusiasm from local governments and facilitators. While a range of safeguarding activities are detailed in program guidelines, practical guidance is lacking when it comes to identifying and prioritising beneficiaries when not all criteria are met or when two

potential beneficiaries equally meet all criteria. In practice, such judgements are left to local-level implementers and facilitators.

Another evaluation by GIZ found that a variety of mainstream social protection programmes could include people with disabilities if they are deemed eligible on the basis of income/poverty. However, they were not designed to include people with disabilities, and little is known about whether they meet their needs. Awareness of disability rights and needs has not fully reached the local government level, and the coverage of current programmes is limited and overlapping with mixed objectives (Mleinek & Davis, 2012).

Definition and assessment of disability: Severe disability is classed as ‘incapability of rehabilitation’, applying to those who cannot perform daily activities without assistance from other people. Severely disabled people are prioritised unless they already receive income support. The programme aims to intervene before beneficiaries need more intensive services or care, and potential beneficiaries are partially identified by their lack of primary and secondary care.

Beneficiary selections are performed in-house. This has the benefit of being thorough, but such a process is also costly and time-consuming. After receiving local nominations, individual reviews are completed of all nominees. Demographic and socio-economic information is compiled for beneficiaries and their households, as well as recording the type and severity of an individual’s disability. A full body photograph is taken to capture any characteristics not evident in other data.

Once data is compiled, a scoring system is applied to rank nominees according to how vulnerable they are. In practice however, assessments based on photographs do not always match assessments or scores from data alone. Often, applicants with disabilities that do not show in a photo were rejected despite a high score for vulnerability, and mild disabilities, which look severe in photos, were accepted (World Bank, 2012).

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Kenya - Cash Transfer Program to Persons with Severe Disability

Design: Kenya's Vision 2030 provides a long-term development framework and initiatives aimed at sustaining rapid economic growth and tackling poverty, including strategies to combat discrimination faced various groups such as people with disabilities. The Ministry of Gender, Children and Social Development is the focal point for disability issues in Kenya. The Ministry of Education provides resources for children with physical and mental disabilities to be placed in mainstream schools. Other significant bodies are the Kenya Institute of Special Education (KISE), a government institution established in 1986, with the aim of meeting the educational needs of disabled children, youth and adults.

A new pilot programme was rolled out in 2011 which initially targeted 10 households in each constituency, which was increased to 70 households in each constituency in 2012. In total 2,100 recipients received a monthly allowance of 1500-2000 KES.

The cash transfer programme is part of the National Safety Net Program (NSNP), whose aim is to target poor households that are particularly vulnerable because of where they live. The areas targeted include the arid or semi-arid lands of Northern Kenya or informal settlements of major urban centres. Programmes with their current resource levels are however largely limited in coverage. For instance, in some locations, only four to eight Persons with Severe Disabilities (PWSD) are benefitting from the programme, which leaves out a large pool of people who qualify for support. For example, safety nets cover only 0.38 per cent of poor households with a member who is disabled (Republic of Kenya, 2012). Other factors that contribute to exclusion include:

- Language barriers, as most documents are in English.
- Limited access due to the remoteness of some communities, especially those occupied by marginalised groups.
- Stigmatisation – both self and communal, where households do not want be identified as having a family member suffering from diseases which are considered a curse by some communities.
- Ethnicity, mainly in places where there is a tendency towards resource-based conflicts. If local leaders are members of one rival group, it is less likely that they will identify households from the other group as being eligible for cash transfers.
- Distance from county headquarters, due to less access to information and services. Staff noted that limited resources prevented them from undertaking outreach services and disseminating information more widely.
- Negative perceptions and misinformation about the programmes, such as the perception that receiving cash transfers makes people lazy, or that the cash transfer programme was an election ploy (World Bank, 2013).

Several loopholes were also reported by the beneficiaries, such as:

- People who are nominated to collect the funds on behalf of beneficiaries demand compensation.
- The caretaker collects the benefits without informing the beneficiary. Some beneficiaries never knew that the benefits had been collected, others went to the post office only to find that other people had collected their money.

- Due to low literacy and numeracy levels among some beneficiaries, caretakers may not tell them the truth about the value of the transfer and pocket the rest of the money.
- Post office workers (where benefits are collected) may collaborate with caretakers to defraud the beneficiary (World Bank, 2013).

To ensure that only the most deserving people are supported, the programme involves disability groups in the targeting process on the assumption that the members know each other and are able to identify those most in need among them. However, some of the community members claimed that favouritism had determined the selection of beneficiaries. It may also be the case that some community members who choose to hide their disability are being left out of the programme (Amuyunzu-Nyamongo, 2013).

Definition and assessment of disability: For a household to be eligible, it needs to fulfil all three criteria:

- The household must be caring for a person with severe disabilities (in need of permanent care including feeding, using bathroom; protection from danger from themselves, other persons, or the environment; those who need intensive support on a daily basis which keeps caregivers at home or close to them at all times).
- The household must be extremely poor (no specific definition is given for extreme poverty).
- The household must not be enrolled in any other cash transfer program or be receiving any pension or other regular income.

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Uzbekistan – Social protection of people with disabilities

Design: Uzbekistan government runs four different programmes to provide social protection for the disabled, who receive an allowance of US\$34-\$74 monthly. In 2009, 750,000 individuals were provided with social assistance and pensions due to disabilities. The pension is paid according to three categories of disability: total disability, incapacity for any work, and requires constant attendance (class I); total disability, incapacity for any work, and does not require constant attendance (class II); and partial disability and incapacity for usual work (class III). The four programmes are:

- Disability Pension: Only for those who have paid contributions to the Pension Fund.
- Allowances to adults disabled since childhood.
- Allowances to disabled who do not have necessary record of service.
- Disabled Children Benefit.

Definition and assessment of disability: The Law on 'Social Security of Disabled People in the Republic of Uzbekistan, Article 1' defines a person with disability as one who is in need of aid because he/she has physical or mental problems. Daily activities such as moving, orientation, speech, behavioural control, and/or work on one's own are completely or partly limited. A medical assessment is required for all programmes except Disabled Children Benefit, and focuses on ability to work. People with class I or II disabilities qualify for the programmes, but benefits to people with class III disabilities were cut by the government in 2010. For the Disabled Children Benefit, allowances are provided by Ministry of Finance Medical Control Commissions (VTEK) at district clinics. A medical certificate recognising the disability is required to receive a disability allowance. Such a certificate may need to be renewed every one to two years, depending on the disability.

References:

Development Pathways (2014), Disability Benefits Scheme Database. Retrieved from: <http://www.developmentpathways.co.uk/resources/disability-benefits-scheme-database/>.

U.S Social Security Administration (2014). *Social Security Programs Throughout the World: Asia and the Pacific, 2010*. Retrieved from: <http://www.ssa.gov/policy/docs/progdesc/ssptw/2010-2011/asia/uzbekistan.html>

Mainstream Social Protection Programmes

Ghana - Livelihood Empowerment Against Poverty (LEAP)

Design: LEAP is a social cash transfer program which provides cash and health insurance to extremely poor households, such as vulnerable children, senior citizens or disabled people who are unable to work.

Until January 2012, LEAP households received between 8-15 Ghanaian Cedis (GH¢) per month depending on eligible beneficiaries per household. This amount was tripled in January 2012 to 24-45 GH¢. The value of the transfer depends on the number of eligible beneficiaries within that household. Aside from direct cash payments, beneficiaries are provided with free health insurance through the new National Health

Insurance Scheme (NHIS). Funds to cover enrolment in health insurance are transferred to the local health authority who then issues cards to LEAP households. Continued receipt of cash payments from LEAP is conditional on possession of a health insurance card.

The initiative covers 20 districts across eight of Ghana's agriculturally vulnerable and flooded regions. It is funded by the Government of Ghana (50 per cent), as well as donations from DFID and a loan from the World Bank. It is implemented by the Department of Social Welfare (DSW) in the Ministry of Gender, Children and Social Protection (MoGCSP).

LEAP started a trial phase in March 2008, and as of July 2013, the program had reached over 70,000 households across Ghana. An evaluation of the programme (Handa et al., 2014) found that the cash transfers had no impact on household consumption, likely due to irregular payments and the low level of benefits. This issue has been partially resolved by tripling the transfer value in early 2012. Additionally, despite a strong increase in NHIS coverage among LEAP households, there was little impact on utilisation of health services or reductions in health expenditure. Another issue is that while the government of Ghana has been supportive of programme, lack of resources continues to pose a major challenge. The government largely relies on development partners to mobilise funding for additional capacity development.

Definition and assessment of disability: Eligibility is based on poverty and having a household member in at least one of three demographic categories:

- Single parent with orphan or vulnerable child (OVC).
- Elderly poor.
- Person with extreme disability unable to work (PWD).

Initial selection of households is done through a community based process and is verified centrally with a proxy means test. The selection of recipients is made through geographical targeting, combined with an initial verification of the list of beneficiaries by the community, the ranking of likely recipients with indicators previously selected, and latter submission of the list of the recipients to the community.

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Handa, S. et al. (2014). *Livelihood Empowerment Against Poverty Program: Impact Evaluation*. Carolina Population Center, University of North Carolina at Chapel Hill. Retrieved from: http://www.cpc.unc.edu/projects/transfer/countries/ghana/LEAPImpactEvaluation_FINAL2014march17.pdf.

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Sierra Leone – Social Safety Net

Design: The Social Safety Net pilot was first established in 2007. In that year, it reached approximately 7,000 people in seven chiefdoms. It targets those vulnerable to the extreme, identifying around 1,000 recipients per pilot chiefdom. In 2007, benefits were Le 33,300 (approx. US\$10.30) per person per month.

While several ministries have been mandated to provide free services or assistance for people with disabilities, implementation suffers from 'lack of resources, capacity constraints, inadequate inter-sectoral coordination, and insufficient awareness of service providers with respect to the rights and entitlements of the people with disabilities' (Ovadiya & Zampaglione, 2009: 23). For example, polio victims, amputees, the blind, the deaf, the mute, and people with diabetic retinopathy qualify for free primary health care services according to the law. However, allocation of resources is lacking to support its provision.

A 2004 census estimates that there are almost 120,000 people with disabilities in the country, or 2.4 per cent. However, considering the level of poverty, the low Human Development Index (HDI), and turmoil that the country has experienced for almost two decades, the prevalence of disability is likely to be underestimated by far. In neighbouring Liberia, which is a comparably poor and conflict-affected country, 17 per cent of the population are estimated to have disabilities (Ovadiya & Zampaglione, 2009).

In February this year, the funding of a new project for Sierra Leone's Social Safety Net was announced. The objective of the programme is '(i) design of a targeting system; (ii) development of a beneficiary registry; (iii) development of a management information system (MIS); (iv) set-up of a payment system; and (v) development of a grievance redresses mechanism (GRM) and anti-corruption measures' (World Bank, 2014).

Definition and assessment of disability: Beneficiaries of the Social Safety Net Scheme are comprised of disabled people; widows and widowers; senior citizens above 60 years; children up to 15 years, who lost contact with their parents during the war and are still separated; and orphans. Those eligible for the programme have no regular income, no other regular means of support and unable to work.

It has been suggested that methods of assessing disability may contribute to the under-estimated numbers of disability prevalence. Asking "Do you have a disability?" instead of specific questions about functioning may produce different results, due to different understanding of the word. People may also think of disability relative to how others around them function, and in areas with significant numbers of poor health, disability may be the norm (Ovadiya & Zampaglione, 2009).

References:

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Uganda – The Social Assistance Grants for Empowerment programme

Design: The programme was initiated in 2011 and pays eligible individuals and households around US\$10 per month. It is made up of an Old Age Grant for people aged over 65 and a Vulnerable Families Support Grant (VFSG), and targets households who have problems finding employment. It has been argued that this offers a more inclusive and nuanced picture of the needs people with disabilities may have for social protection (Schneider et al., 2011). The government of Uganda estimates that 16 per cent of the population have a disability, while four per cent are severely disabled (Republic of Uganda, 2013).

Common complaints about the social protection programme include:

- Not being able to access enrolment exercises, thus being excluded.
- Eligibility decision based on poor targeting, definition/composition of household, age determination etc.
- Graduation decisions.
- Inadequate provision for timely case management.
- Accessibility restrictions faced by older people and people with disabilities (Republic of Uganda, 2012).

Definition and assessment of disability: 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. 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., 2011).

Village Chairpersons are responsible for informing Sub-County CDOs through Parish Chiefs of any new cases of permanent disability. Parish Chiefs will then conduct a disability assessment to be included in the household scoring.

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Zambia – Social Cash Transfer Scheme

Design: The Zambian Social Cash Transfer scheme is an example of integration of people with disability within a mainstream scheme. It consists of a household grant of around 15 US\$ per month, paid bi-monthly. Its aim is to target households in poverty and evaluations of the programme show that people with disabilities have been included, with one of the eligibility criteria being that the household has no “able-bodied” persons of working age (Gooding & Marriot, 2009).

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. However this nuanced understanding of local factors would make it too costly and time consuming to scale-up to national level (Schneider et al, 2011). As disabled people are not specifically targeted, data on coverage was not found. A similar programme is run in Malawi.

Definition and assessment of disability: The main criteria for eligibility of the social cash transfer programme are: critically poor or destitute households experiencing chronic hunger and under-nutrition, 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. Because there is no specific or standard identification process of disability, the disabilities that are included are mainly visible ones.

Strict criteria of “able-bodied” is not given, and may therefore vary between committees. In general, disabled people have been considered ‘unfit’ to support a household, therefore they are likely to be considered eligible. The programme also supports low capacity households, whose capacity to generate income can be strengthened, thus allowing them to graduate from the programme (Gooding & Marriot, 2009).

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About this report

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