Disability & Social Safety Nets

World Bank
Social Safety Nets
Core Course
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Outline of the Session

• Overview of SP and Disability
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• International Understanding of Disability
  Charlotte McClain-Nhlapo, Disability Advisor, World Bank

• Specific considerations on SSN
  Karen Peffley, Operations Analyst, World Bank
Poverty and Disability

• There is a bidirectional link between poverty and disability

• **Disability may lead to Poverty**

  ✓ PWD and their families are more likely to experience economic and social disadvantage and may have extra costs resulting from disability such as costs associated with medical care or assistive devices, or the need for personal support and assistance

  ✓ People with disabilities are more likely to be unemployed and generally earn less even when employed

  ✓ Households with a disabled member are more likely to experience material hardship such as food insecurity, poor housing, lack of access to safe water, sanitation, and health care
Poverty and Disability

• Poverty may lead to Disability

✓ Inability to afford medical costs may lead to disability. Absence of proper care may worsen health conditions associated with disability

✓ It may increase the likelihood that a person with an existing health condition becomes disabled
Why Disability matters for SP/SSN

• Evidence shows that disability disproportionately affects vulnerable populations
• There is higher disability prevalence in lower-income countries than in higher-income countries
• People from the poorest wealth quintile, women, and older people have a higher prevalence of disability

✓ Children with disabilities are less likely to attend school, thus experiencing limited opportunities for human capital formation and facing reduced employment opportunities and decreased productivity in adulthood

• Making sure that disabled individuals and families are fully included in mainstream SP/SSN programs
Are you aware of SSN in your country that include persons with disabilities?

A. Yes (86%)
B. No (14%)
Are you directly or indirectly involved in the design or implementation of disability inclusive projects?

A. Yes, both design and implementation (16%)
B. Yes, project design (16%)
C. Yes, project implementation (28%)
D. No (41%)
SSN and Persons with Disabilities

• Many countries provide safety nets to poor people with disabilities and their households, either through specific disability-targeted programs or, more commonly, through general social assistance / SSN programs

• While there are some specific disability related programs – at home help, or personal assistance, mainstream solutions are preferred as more cost-effective and equitable
Barriers to Mainstream SSN Programs

• Evidence on number of issues:

✓ Inadequate or inaccessible information
✓ Welfare offices physical accessibility
✓ Programs’ design features do not take into account specific needs of people with disabilities (extra cost of living with a disability, specificities when designing CCT or PW programs, etc.)
✓ Lack of outreach effort (proactive inclusion)
Addressing the Barriers

• Several options tried:
  ✓ UCTs provide higher payments to PWD to help with extra costs of living
  ✓ CCTs adjusted to specific circumstances of beneficiaries with disabilities
  ✓ Workfare and Labor activations measures can be sensitive to disability
• Examples: Conditional Cash transfers and Disability integration in Afghanistan, Greece and Macedonia
Introduction of International framing of Disability Inclusion

• Disability included in several presentations – more than in past years.
• Growing attention to disability is reflective of increased international attention, but there are significant differences in the framing of disability.

• International Highlights
  • UN Convention on the Rights of Persons with Disabilities
  • World Report on Disabilities (2011)
  • Sustainable Development Goals
  • Many countries have non-discrimination laws, disability action plans
UN Convention on the Rights of Persons with Disabilities (CRPD)

• Purpose: “To promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity”

• Both a development and a human rights instrument, which is cross-disability, cross-sectoral
CRPD, cont.

• In force as of May 2008, the CRPD has been ratified by 163 countries.

• Of the 39 countries represented in the 2016 Social Safety Nets course:
  • 36 countries have ratified the CRPD – meaning that the country is legally bound by the obligations set forth in the articles
  • 2 countries signed, not ratified
  • 1 country has taken no action
CRPD General Principle: Non-discrimination

• Fundamental principle of international human rights law
• Includes direct and indirect discrimination
• Reasonable Accommodation must be made for persons with disabilities
CRPD General Principle: Accessibility

• Important means to empowerment and inclusion
• Both a general principle and a stand-alone article (article 9) and in reference to 10 other articles
• Universal Design - usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.
• Cost-effective to include accessibility from the start; retrofitting can be expensive.
CRPD Articles specific to SP

• Articles 28 Right to adequate standard of living. Other rights include Right to live in the community (article 19), participate in political/public life (article 29) and cultural life (article 30).

• No Gap policy - Different entities need to ensure that their respective spheres of responsibility provide the necessary opportunities and access to persons with disabilities, on an equal basis with others. If any one element of the network fails in this obligation, persons are not able to reap the benefit from the other elements.
World Report on Disability
WHO/World Bank, 2011

• Flagship international publication of best available data on the global state of disability

• Chapters include data, rehabilitation, education, health, environment, work and employment
World Report on Disability - 9 Recommendations

• Enable access to all mainstream systems and services
• Invest in programs and services for people with disabilities
• Adopt national disability strategies and plan of action
• Involve people with disabilities
• Improve human resource capacity
• Provide adequate funding and improve affordability
• Increase public awareness and understanding about disability
• Improve the availability and quality of data on disability
• Strengthen and support research on disability
Sustainable Development Goals

11 references to persons with disabilities, including in specific goals:

• **GOAL 4: Quality Education**
• **GOAL 8: Decent Work and Economic Growth**
• **GOAL 10: Reduced Inequality**
• **GOAL 11: Sustainable Cities and Communities**
• **GOAL 17: Partnerships to achieve the Goal**

18 references to “vulnerable populations”
Disability policy and programs

• Policy and programs greatly influenced by how disability is defined.

• So far we have heard disability discussed as:
  • Categorical subgroup of vulnerable populations
  • Dichotomous static state
  • Medical or Functional
  • An inability to work
  • Pensions – with suspicion
“What's disability to me” videos

Videos which relates to a different chapter of the World Report on Disability

• Rachel, a nurse from the United Kingdom about career obstacles
• Faustina, from Tanzania, importance of wheelchairs
• Mia, from Lebanon, shares her experience of educational discrimination
• Feliza, from Bolivia, promoting accessibility in her home town.
• Introduction by Professor Steven Hawking

Highlights from all the videos
Not all disabilities
look like this

Some disabilities
look like this

grumpylittles
Defining Disability

Disability is the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors) – WHO, 2011
“Environmental Factors” include both the physical and social environment such as (negative) attitudes, (inaccessible) infrastructure and public buildings, (limited) social supports, engagement and opportunities, institution, regulations, and expectation.

The definition addresses: Personal agency, functional ability, context, and relationships.
• Crucially, this definition of disability creates opportunity for SP policies and programs to change the consequences of experiencing a disability.
  • Increasing equity
  • Limit negative consequences
  • Normalization
• Progress can be achieved by making sure our policies and programs are accessible.
What is the population of people with disabilities in your country?

A. 5% (50%)
B. 10% (32%)
C. 15% (11%)
D. 20% (7%)
Global estimate of disability prevalence

• 15% of the us live with some form of disability; of which 2-3 % experienced very significant difficulties in functioning. (WHO/WB 2011)

• Prevalence increasing due to population ageing, increases in chronic health conditions, changes in measurement, etc.

• Prevalence higher in Low-income and Middle-income countries than in High-income countries
Number of Persons with Disabilities (millions) by country economic type and age

LICs & MICs: 60 years and over

LICs & MICs: 0–59 years

High-income countries: 60 years and over

High-income countries: 0–59 years
Persons with disability are not a homogenous group.

• Disability is complex, and the interventions to overcome the disadvantages associated with disability are multiple and vary with the context.
Model Disability Survey (MDS)

The need for data and a lack of consistent methodology was established by the World Report on Disability and UN CRPD.

The MDS is a general population survey that provides detailed and nuanced information on the lives of people with disability. It allows direct comparison between groups with differing levels and profiles of disability, including comparison to people without disability.

• Phase One – Mapping existing surveys
• Phase Two – Develop individual and household surveys
• Phases Three – Field test
• Phases Four – Implementation
• Phases Five – Result Analysis: Chile, Sri Lanka
Washington Group Disability Statistics

The main objective of the WG is the promotion and coordination of international cooperation in the area of health statistics by focusing on disability measures suitable for censuses and national surveys. The aim is to provide basic necessary information on disability which is comparable throughout the world.

- Short set of 6 questions for census and surveys
- Process of validation complete for adult population
- Work in progress on childhood disability
- Questions focus on function, not diagnosis
Disability is part of the human experience

• Almost everyone will be temporarily or permanently impaired at some point in life; those who survive to old age will likely experience increasing difficulties in functioning.
Social protection over the lifecycle

- **Pregnancy/early childhood**: Nutrition, ECD, Cash transfers linked to preschool/health
- **Childhood**: Cash transfers for (girls’) education
- **Youth**: Youth employment programs, skills
- **Working age**: Employment services, skills, entrepreneurship
- **Old age**: Productive aging

### Opportunity/Promotion
- **Equity/Protection**: Orphans – vulnerable child programs, child allowances
- **Resilience/Prevention**: Maternity allowances

### Equity/Protection
- **Resilience/Prevention**: Child allowance, school feeding
- **Opportunity/Promotion**: Micro insurance schemes

### Resilience/Prevention
- **Opportunity/Promotion**: Public works
- **Equity/Protection**: Cash & in-kind transfers, public works
- **Opportunity/Promotion**: Unemployment, disability insurance

### Opportunity/Promotion
- **Resilience/Prevention**: Social pensions
- **Equity/Protection**: Old-age pensions, disability insurance
Social protection over the lifecycle

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- Maternity allowances
- School feeding
- Micro insurance schemes
- Unemployment, disability insurance
- Old-age pensions, disability insurance
Social protection over the lifecycle

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Disability is experienced across age categories

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<th>Families</th>
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![Images of people in different age groups]
Recommendation

• Interventions early in the life cycle may focus on prevention and early identification. Services should be available for those identified as disabled or at a high risk of disability.

• Determining disability may be difficult in early childhood. Developmental milestones and social stages may be delayed.

• Transitions are particularly risky for persons with disabilities, as established supports are undermined/removed.
Recommendation

• Intervention may compensate for delayed milestones and social stages, such as longer participation in child and youth programs.

• Transitions between programs need to be well managed. Overlap of supports may be warranted.

• Services should follow persons with disabilities rather than people with disabilities following services.
Recommendation

• Most disabilities are acquired in adults in the later part of their working history, when they are at the peak of their earning potential, with fewer opportunities for vocational rehabilitation.

• Increasing incidence of chronic disabilities.
Recommendation

• The time since onset of disability is inversely related to the likelihood that a person who acquires a disability and leaves the workforce will return to work.

• Compensatory interventions include providing physical rehabilitation, job accommodations, and retraining.
Recommendation

• Male youth are high risk of disability attributed to risky behaviors leading to disabling accidents. Agricultural accidents, war and conflict are particularly disabling.
• Women have a overall higher rate of disability, women with disabilities face higher risks of violence.
Social Assistance Programs

Twin track approach for interventions:

• Prime objective is to make programs accessible to all: Person with Disabilities to be able to participate on par with non-disabled participants

• Disability-specific programs to meet otherwise unmet needs
Accessibility of Social Assistance Programs

Prime objective is to make programs accessible to all: Person with Disabilities to be able to participate on par with non-disabled participants

Principles of Accessibility and non-discrimination
Integrate persons into society
Meet needs more efficiently, rather than separate programs
Principles of Accessibility and non-discrimination

Accessibility

Physical accessibility – ability of person to navigate the infrastructure (transport) and buildings. Voluntary efforts on accessibility have not been sufficient to remove barriers.

Program accessibility - communication, information

Policies and Practices – Establishing continuity of accessibility throughout the systems.
Accessible programs consistent with other efforts to move from fragmented to integrated systems

Many separate social programs

Integrated Systems
Disability Specific Social Assistance Programs

Disability-specific programs to meet otherwise unmet needs such as

• Rehabilitation services
• Adaptive device and durable medical goods
• Caregiving and respite support
• Compensation of extra costs (financial, time, effort) of disability
**Delivery Chain:** Most social programs pass through similar implementation phases or “business processes”

**Business Processes for Determining Eligibility**  
(Population = all clients / potential beneficiaries)

**Business Processes for Program Delivery**  
(Population = beneficiaries)

**Consider**
- Outreach
- Intake & Registration
- Assessment of needs & conditions
  - Personal Identification Information (ID)
  - Socio-Economic Information
  - Other Information on needs & conditions

**Decide**
- Enrollment Decision & Notification
- Determine Benefits & Service Package

**Implement**
- Service Transaction & Payments
- Program Case Management

**Govern**
- Grievance Redress
- Oversight & Controls
- Monitoring of Processes & Outcomes

**Delivery Chain:** Most social programs pass through similar implementation phases or “business processes”
Delivery Chain – “Consider” Stage Recommendations

• Outreach
  • Information must be accessible, and language appropriate
  • Contact Disabled People Organizations (DPOs)

• Intake and Registration
  • Disability Assessment: Assessing disability in working age population: a paradigm shift from impairment and functional limitation to the disability approach

• Assessment of Needs
  • Identification of barriers and solutions
Assessment Process Example – Greece/Cyprus

Preparatory Stage

Assessment, Completion, and Appeal Stages

ASSESSMENT MECHANISM
- Application for assessment with the required documentation
- Receiving the application and number for National Registration
- Completing holistic questionnaire
- Typical control of file’s readiness
- Searching for additional information from Medical institutions, doctors and rehabilitators
- Reading the File
- Searching for additional information if needed
- Writing vignette and selecting focused Protocol

ASSESSMENT STAGE
- Clinical assessment, completion of protocol and writing of final report
- Disability Assessment MD Committee
- Functionality Assessment REHAB Committee
- COMPLETION STAGE
- Electronic registration of the Results and sending to ICS national registry
- Social Worker
- Specific appeal to the ICS not accepting final result

Secretary

Social worker

Responsible MD & Rehab
Delivery Chain – “Decide” Stage Recommendations

• Enrolment Decision & Notification
  • Be clear about recertification time line, requirements, processes, and changes

• Determine Benefits & Service Package
  • Role of disability accommodation
  • Application of altered conditions or disability allowances of transfers
Delivery Chain – “Implement” Stage Recommendations

• Service Transaction & Payments
  • Import to consider limitations and transaction costs of receiving benefits, impact of ICT

• Program Case Management
  • Require service providers to develop inclusive programs and accommodations
  • Compliance by beneficiary may be more difficult
Delivery Chain – “Govern” Stage Recommendations

• Grievance Redress
  • Establish inclusive redress process
  • Allow for reapplication / reassessment

• Oversight & Controls
  • Redress underpayments in addition to overpayments
  • Provide services that persons with disabilities need

• Monitoring of Processes & Outcomes
  • Include data about beneficiaries with disabilities
Amount of Overpayment of disability related programs = £ 400m

Amount of underpayment of disability related programs = £300m
Targeting

- Presentations recommended use multiple methods for targeting
- Disability typically presented as categorical targeting
Targeting - Recommendations

• Communicate that programs serve both disabled and non-disabled populations
  • Don’t rule out participation by persons with disabilities (e.g. avoid “able-bodied” language)

• Ask the right questions – Functional questions yield more affirmative answers than inherent questions

• Avoid stigmatization of participation
Central Questions for the Scaling Up Challenge

- What are the core nuts and bolts for delivering the program?
- What is the starting point for existing programs or systems?
- What’s “Good Enough?”
- What is the “Road Map” for building capacity and making improvements over time?
Experiment in Scaling up

• The Bosnia and Herzegovina Social Safety Nets and Employment Support Project
  • Intent was to implement project on a smaller define subset of beneficiaries, and work out the bugs.
  • Project chose to address the needs of persons with disabilities first, specifically person with disabilities who self-selected as able to work.
  • Scaling up of project extended interventions to the broad population
  • Easier to address accessibility issues from the outset.
Scaling up - Situational Analysis

• Comprehensive institutional review of the roles, responsibilities, and capacity of government, CSOs/NGOs, donors, and parent groups, using both qualitative and quantitative methods. Findings can include the strengths, weaknesses, opportunities, threats to the capacity of the stakeholders.

• Establish a shared understanding across the levels about disability and the objectives of disability policy as it pertained to the various roles.

• Mapping of community resources, and linking with relevant networks such as existing NGOs, local health services, parent groups.

• Addressing community attitudes, particularly those held by parents and local stakeholders
Public Works – Reasonable Accommodations

Lessons from PW programs on accommodations for lactating women

- Preparatory or support work
  - Off season labor
  - Fixing tools, inventory
  - Photography

As beneficiaries of labor albeit not wage recipient

- Building accessible roads, latrines
- Respite care, teachers aids

What do we know from this varied experience?

- Undoubtedly provided transfer benefits and consumption-smoothing after natural calamities
- Effective use in post-crisis situations (e.g., Korea, Argentina, Sri Lanka, Latvia)
- Encouraged women’s participation (iff.)
- Success depends on careful attention to design and implementation logistics including creative approaches to targeting, community participation and oversight
Reasonable Accommodation

•“Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms”
Mainstreaming (systematic inclusion in mainstream services and benefits) preferred solution to specific programs: more efficient and cost-effective.

Some disability specific services for some people with disabilities are needed as well.

Enable functioning and participation – focus on what people can do.