

# How Targeting Mechanisms Can Identify People With Disabilities for Inclusion in Social Protection Programmes

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# Executive Summary

Inclusion of people with disabilities in social protection systems is both a rights issue and a key investment to contribute to economic growth. However, there is limited global evidence of tried, tested and operational inclusion mechanisms in social protection systems.

Despite this, there is emerging consensus that people with disabilities should benefit from both disability-specific and adapted mainstream social protection programmes, so that both their economic and care and support needs are met. Further, the extra costs related to living with a disability are beginning to be better understood and considered within developing social protection strategies (UNPRPD, 2020, draft).

Targeting people with disabilities involves three distinct operations including (i) outreach to inform people about relevant programmes and call for their participation; (ii) identification and registration processes; and (iii) needs assessment/selection to verify people's eligibility.

There are several mechanisms for the identification and registration of persons with disabilities within social protection programmes in low and middle-income countries. These include household level targeting survey instruments which include specific disability related questions, assessment for granting official disability status with associated automatic entitlements, community-based targeting involving local identification of households with

disabled members, and age-related or labour-constrained targeting which naturally embraces people with disabilities. In some countries a combination of different mechanisms is used.

The COVID-19 pandemic has demonstrated that countries which have disability identification mechanisms and registries already in place have been in a better position to provide fast relief and expand shock responsive support to persons with disabilities and their families.

There is no off-the-shelf model for the inclusion of people with disabilities in social protection programmes. The models in use are driven by different factors including operating environment and political context. Nevertheless, there are some emerging considerations when developing social protection programming, including: guaranteeing consultation and partnership with local disabled persons organisations from the outset; reviewing targeting implementation practices to ensure that they are inclusive; reviewing welfare assessment criteria whenever programmes are poverty targeted to ensure that the extra costs for disability are reflected in the determination of eligibility; and agreement that people with disabilities should benefit from both disability-specific and adapted mainstream social protection programmes, so that both their economic and care and support needs are met.

# Introduction

Robust evidence demonstrates that disability and poverty are inextricably linked in a reinforcing cycle ([Banks, Kuper and Polack, 2018](#)). The COVID-19 pandemic may increase the risk of poverty amongst people with disabilities ([Banks, Davey, Shakespeare and Cooper, 2020](#)).

Persons with disabilities have worse education, health and employment outcomes and are more vulnerable to shocks than persons without disabilities. At the same time, they are less likely to be enrolled in social protection programmes, including those for which they are eligible ([ibid.](#)). They can face significant barriers accessing information, getting to enrolment points, or even completing the necessary paperwork for enrolment ([ibid.](#)). Acknowledging this, policy makers from low and middle-income countries and development agencies are seeking practical approaches to ensure that social protection systems are more inclusive of and shock-responsive for persons with disabilities.

The COVID-19 pandemic has demonstrated that countries which have disability identification mechanisms and registries already in place have been in a better position to provide fast relief and expand shock responsive support to persons with disabilities and their families. This guidance note draws on experience from a range of these countries to provide examples of targeting mechanisms to identify and assess the needs of persons with disabilities for their inclusion in social protection programmes, and to describe the pros and cons.

## **This guidance note includes:**

- Brief introduction to the definitions and terminology surrounding disability and the concept of inclusive social protection
- Summary of the rationale for the inclusion of persons with disability in social protection programming
- Examples for overcoming the challenges for outreach, identification, and registration, and needs assessment
- Some country examples
- Overall implications for future programming.

## **This guidance note can be read alongside the companion documents:**

- [SPACE Global Guidance on Gender and Inclusion \(GESI\) in social protection responses during COVID-19](#)
- [SPACE Strengthening Gender Equality and Social Inclusion \(GESI\) During the Implementation of Social Protection Responses to COVID-19](#)
- [SPACE Strategy Decision Matrix](#) a technical tool used to structure an independent and unbiased analysis of COVID-19 response option
- SPACE Programming Guidance: [Embedding Localisation in the Response to COVID-19](#)
- [SPACE Inclusive Information Systems](#)
- The UN Partnership on the Rights of Persons with Disabilities (UNPRPD) [background paper on considering the disability related extra costs in social protection](#)

## Who are persons with disabilities?

Noting that there is no single definition of disability, and that it is “complex, dynamic, multidimensional and contested,” ([WHO and World Bank, 2011, p. 3](#)) nevertheless some global standards do apply. The UN Convention on the Rights of Persons with Disabilities (UNCRPD) although recognising that “disability is an evolving concept” ([UNCRPD, 2006, p. 1](#)), provides the sector with the current usual definition that “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” ([UNCRPD, 2006, Article 1, p. 4](#)). Despite the implications of complex definitions for measurement, global estimates suggest around 15 per cent of the world population experience some level of disability and 3 to 4 per cent experience significant difficulties ([WHO, 2011, p. 27-29](#)).

This complexity in defining disability is also related to the diversity of the disabled community. There are differences between types of disability, affecting motor skills, sensory ability, behavioural skills, cognitive functioning and communication; and differences in the barriers persons with disabilities can face, such as inaccessible built environment, or negative attitudes to difference, like assuming disabled people can't do certain things or that a disability can be caught like a disease. Individual support needs can thus be variable depending on the persons impairment, the environmental barriers and personal history. Because of the complexity, it can be hard to identify and target persons with a disability. This can result in significant exclusion, especially for girls and women who can experience multiple layers of stigma and discrimination that others may not.

Persons with disabilities is the term most often used in global development reporting, as per the UNCRPD. In some contexts, however disability rights campaigners prefer using ‘disabled persons’ or ‘disabled people’, because under the social model of disability many disabled people see themselves as those who experience barriers within society which are disabling.<sup>1</sup> The use of the word ‘persons’ is also considered by some to be legalistic and formal, whilst the word ‘people’ is considered more acceptable for general usage. The terms persons with disabilities, people with disabilities and disabled people are used interchangeably in this document to acknowledge the views of these varied constituencies.

Terminology surrounding disability is impacted by the change in usage over time, in different contexts and when items are being translated, we recommend consulting locally with disabled persons organisations in order to understand the most appropriate applicable terms. In general, it is important to listen to how people talk about their disability themselves and take your cue from them.

## The concept of inclusive social protection

Inclusive targeting mechanisms can ensure that people with disabilities and their families have better access to existing social assistance programs. Inclusion is the act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. “Full and effective participation and inclusion in society”, is a fundamental principle of the [UNCRPD, 2006, Article 3, p. 5](#).

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<sup>1</sup> For example, see Damon Rose, 4 October 2004, Don't Call Me Handicapped! [http://news.bbc.co.uk/2/hi/uk\\_news/magazine/3708576.stm](http://news.bbc.co.uk/2/hi/uk_news/magazine/3708576.stm); The Conversation, 11 April 2019, Should I say disabled person or person with a disability? <https://theconversation.com/should-i-say-disabled-person-or-person-with-a-disability-113618>; Disabled World, 1 September 2011, Disability or Disabled? Which Term is Right? <https://www.disabled-world.com/definitions/disability-disabled.php>; Penny Pepper, 22 November 2016, We've had all the insults. Now we're reclaiming the language of disability. <https://www.theguardian.com/commentisfree/2016/nov/22/language-of-disability-stereotypes-disabled-people>

“The inclusion of persons with disabilities in social protection systems is not only a human rights issue, but also a crucial investment for development that States cannot afford to miss,” ([UN General Assembly, 2015, V., 87, p. 24](#))

The 2019 [Joint Statement Towards Inclusive Social Protection Systems](#) emphasises the importance for those systems to provide basic income security, coverage of health care costs as well as disability related costs, including those related to care and support. It highlights that “In light of the diversity of situations and needs of persons with disabilities, an inclusive social protection system should combine effective access to mainstream schemes and to the necessary disability-specific schemes,” and that disability inclusion should be considered in design and delivery mechanisms for social protection.

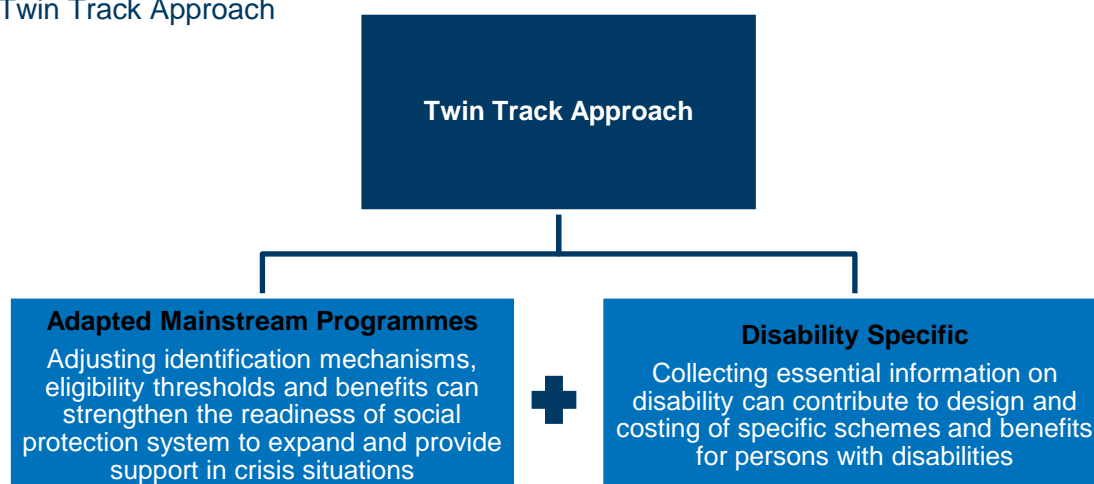
Approaches to disability in social protection programmes usually combine different cash and in-kind interventions aimed at supporting the inclusion of persons with disabilities. For example, in-kind support for the provision of assistive devices, or cash assistance to support them and their families to reach a certain minimum living standard and to cover other disability related costs (Table 1.)

Table 1. Types of cash and in-kind support

Type of support	Adapted mainstream programme	Disability-specific
In-kind, concessions, subsidies, services	<p>Food stamps or food distribution with measures to ensure access for persons with disabilities</p> <p>Universal Health Coverage including costs of rehabilitation and assistive devices</p> <p>Public works programmes with adaptation facilitating participation of persons with disabilities</p>	<p>Specific programme distributing free assistive devices and assistive technologies (see for example <a href="#">WHO Priority Assistive Products List</a>)</p> <p>Public works programmes that consider care giving and personal assistance as eligible jobs under the programme.</p> <p>Free or subsidised non-medical home care to support independent living</p>
Cash	Household cash assistance with disability-adjusted eligibility threshold or benefit value	<p>Disability allowance</p> <p>Care giver allowance for families of persons with disabilities</p>

Programmes can be disability specific – they intentionally target and include only people with disability – or they can include people with disabilities as part of a larger beneficiary population in mainstream social protection programmes. Ideally, (as noted in the 2019 Joint Statement) people with disabilities should benefit from both disability-specific and adapted mainstream social protection programmes, so that both their basic

Figure 1. Twin Track Approach



economic and disability related care and support needs are met. This should not be either/ or choice, but rather a twin track approach to ensure full and adequate coverage (Figure 1.).

It is important to collect essential information on the situation and needs of persons with disabilities, even where programmes do not yet exist, in order to contribute to design and costing of specific schemes and benefits for persons with disabilities.<sup>2</sup> Adapting mainstream social assistance programmes eligibility thresholds and benefits can strengthen the readiness of social protection system to expand and provide support in crisis situations.

To be inclusive the targeting mechanisms for all programmes should progressively work towards ensuring:

- Adequate mechanisms for outreach<sup>3</sup>;
- The identification and registration of households with members with disabilities<sup>4</sup>;
- Provision of official disability status for individuals;
- Assessment of individual disability related needs.

Programmes should also factor in the disability related extra costs in the design, considering both eligibility and benefit value (Box 1).

### **Box 1. Considering the Disability-related Extra Costs in Social Protection (UNPRPD, 2020)**

“Due to barriers in infrastructure, transport, services and the workplace as well as lack of support, persons with disabilities and their families have to spend more than those without disabilities to access essential services or achieve social and economic participation. In addition to having to spend more to achieve the same standards of living, they also tend to earn less income due to barriers in employment and opportunity costs incurred by family members providing support. Together, those additional expenses and forgone income constitute the disability related costs which prevent them from seizing economic opportunities and achieving equal standard of living and participation. This creates a vicious circle that social protection can help break with a well-designed combination of schemes,” (UNPRPD, 2020).

## **Rationale for the inclusion of persons with disabilities in social protection programmes**

Inclusion of persons with disabilities in social protection programmes is particularly important because it is their right (UNCRPD, Article 28), because it contributes to better educational and health outcomes, supports their autonomy and capacity to seize livelihood opportunities, increases their household resilience to shocks, and in the longer-term can help the economy to grow by increasing overall productivity and labour participation (IDA, n.d; ILO and IDA, 2019).

However, ensuring access to social protection mechanisms for people with disabilities has proven challenging for several reasons including:

- Their relative invisibility in the population because of prevailing social norms and resulting stigma and discrimination;
- The complexity of disability – disabilities may be visible or hidden, can impact on cognitive as well as physical functioning, onset can be at birth, or during childhood, working age years or old age etc. People with similar impairment or functional difficulties will also experience disability in different ways depending on

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<sup>2</sup> For a more detailed description of how to leverage the management information systems to enhance gender and disability inclusiveness see [SPACE Inclusive Information Systems](#)

<sup>3</sup> For a more detailed description of how to approach outreach and communications in social protection management information systems see [SPACE Inclusive Information Systems](#)

<sup>4</sup> For a more detailed description of how to approach identification and registration in social protection management information systems see [SPACE Inclusive Information Systems](#)



the level of accessibility, support, and the inclusiveness of their respective communities, workplace, or countries;

- A perception that there is an inevitable link between disability and inability to work and as such not worthy of investment – people with disabilities may be perfectly able to work in productive employment if the workplace is accommodated to their needs, and if they have suitable transport;
- Limited financing for institutional architecture including technical capacity to undertake assessment and to provide specific support;
- Limited global evidence of tried, tested and operational inclusion mechanisms ([Banks et al., 2016](#)).

People with disabilities and their families face significant challenges in terms of income security and greater costs to secure the essential goods and services they need ([Mitra and Kruse, 2016](#); [UNPRPD et al., 2020](#); [Centre for Inclusive Policy, 2020](#); [Mitra et al., 2017](#)). For example:

- Of those people with disabilities in employment, most are likely to have been working in the informal sector; ILO have estimated that 76 percent of the informal sector worldwide has been severely impacted by COVID-19 ([ILO, 2020](#));
- Many people with disabilities can live in households with reduced income as a result of the pandemic; they are less likely to be protected by social insurance ([UNPRPD et al., 2020](#));
- COVID-19 has worsened the situation for women and girls with disabilities who already experience intersectional exclusion because of their gender, disability and structural inequalities ([UN Women, 2020](#)); and people with intellectual disabilities can be made more vulnerable because of their dependence on support from services or other people ([Courtenay, 2020](#)); Women and girls with disability are 2-4 times more likely to experience violence from their partner and are at increased risk of non-partner sexual violence than women without disability ([Dunkle et al., 2018](#));
- Some people with disability will be at greater risk of more serious illness if infected by COVID-19 because of chronic conditions or a weakened immune system, and reduced income can limit their access to health care.

## Targeting in social protection

When speaking of targeting in social protection across both mainstream and disability specific programmes it is important to clarify that we refer to three potentially distinct operations:

- **Outreach** involves the operation that informs people about the programme and calls for their participation either to be present for registration or to demand their assessment for participation;
- The **identification and registration** process, is the second step that identifies people potentially eligible for the programme and registers them;
- **Needs assessment/selection** involves the verification of people's eligibility and thus their selection through the assessment of their needs to potentially tailor the level of support required.

These can occur at specific times or on a continual basis and may not always be linear in their implementation. Targeting mechanisms and operations crucially depend on the nature and objectives of the social protection programme.

## Outreach

Programmes should have a specific outreach strategy to reach people with disabilities who may not otherwise participate due to lack of accessible information, infrastructure and mobility, higher costs, concern about stigma or other dimensions of exclusion ([GIZ, 2015](#)). Outreach activities to inform people about the existence of social protection programmes can encounter specific challenges to reach people with disabilities because they are subject to stigma, discrimination, and exclusion. Households may purposively hide their presence – in some countries reports suggest that females with disabilities are more likely to be hidden or subject to stigma than males ([Holmes et al., 2018](#)) – or they simply might have limited access to information. The involvement of national associations and networks that represent

persons with disabilities is important to ensure that the right people can be contacted and informed about programmes with specific channels beyond the mainstream ones. Partnership models that harness different layers of government and civil society action at the community level can be particularly effective (Box 2.). Such outreach activities would have the main objective of ensuring that people are aware of social protection programmes and know how to put themselves forward for the targeting identification process. Technology also offers opportunities to diversify communication methods for example using automated voice messages as well as text to ensure inclusion of people with visual and/ or hearing impairment and use of video and easy read-format for people with intellectual disabilities.

### Box 2. Outreach in action - a partnership model in Mozambique

The Ministry of Gender, Children and Social Action in Mozambique with the support of the INGO Humanity & Inclusion are integrating the work of the "permanente" of the National Institute of Social Action (INAS) – a formal cadre in receipt of incentives – and civil society activists. Organisations, including disabled persons organisations work alongside the permanentes in mobile teams to both inform communities and identify potential recipients of social protection programmes. As community actors, they know who the most vulnerable people are, including people with disabilities and play a key role in the process of mobilizing and sensitizing communities. Besides being active in the community, they are capacitated to make linkages and referrals across the social protection system and allied services to meet the individual needs of beneficiaries. The INAS technical staff responsible for assessment and registration can link potential beneficiaries to INAS programs and services, while a more holistic assistance, personalized social support and follow-up are carried out by social action technicians, civil society, and disabled persons organisations. This model combines informal or alternative social protection with formal social protection to effectively reach and identify persons with disabilities/vulnerable people and to provide social support in a personalised way, and to provide an immediate response in anticipation of access to formal government social protection provision.

## Identification and Registration

Mechanisms for identification of persons with disabilities to access social protection benefits include:

- Household level targeting involving inclusion of disability specific questions in a household-level assessment; often based on the [Washington Group Short Set \(WG-SS\)](#) or [WG-SS Enhanced](#).<sup>5</sup>
- Individual assessment for granting official disability status whereby (usually) a commission assesses the individual and issues a formal certification of disability status sometimes associated with automatic entitlements
- Community-based targeting involving local identification of households with disabled members and individuals – can comprise a range of activities ([World Food Programme, 2015](#))
- Age-related or labour-constrained targeting which encompasses older people (including those with age-related disabilities) and people of working age with disabilities
- Referral mechanisms which create opportunities for point of entry through allied services, most notably social work case management which allows for referral of households for social protection benefits (as well as education, health, and other services)
- A combination of the above mechanisms.

The inclusion of disability specific questions in population based census' and surveys and/ or individual assessment for granting official disability status means that people with disabilities will be counted and included in social registries, thus making access to service now and in the future more viable.

The pros and cons of different mechanisms are described below (Table 2).

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<sup>5</sup> [Washington Group on Disability Statistics](#) coordinates international cooperation in the area of health statistics focusing on the development of disability measures suitable for census and national surveys



Table 2. Mechanisms for identification and registration

Mechanism	Country-level examples	Pros	Cons
Inclusion of disability specific questions in a household-level targeting assessment (for example <a href="#">Washington Group Short Set (WG-SS)</a> or <a href="#">WG-SS Enhanced</a> )	The WG-SS can be used in Population Census' and other surveys, see for example its use in several <a href="#">Arab countries</a> (page xiv)	<p>Provides data disaggregation for planning, monitoring and evaluation – inclusion on a registry now can lead to access in the future; and is also useful in rapid set up or expansion during a crisis or following a humanitarian emergency.</p> <p>Can be self-reported and does not rely on technical capacity of an assessor; if the WG-SS or WG-SS Enhanced is used it can provide cross-country comparable data.</p> <p>Does not require multiple in-depth assessments or expensive procedures for people to access.</p> <p>Can act as an initial screening that can be followed up by more individual disability assessments, to access disability-specific benefits.</p>	<p>Household survey and assessment can be complex, time consuming and expensive to administer and requires regular updating.</p> <p>Potential to miss people that do not self-identify (e.g. older persons) or who have a functional limitation or activity restriction not covered by simple instruments such as the WG-SS.</p> <p>Potential for manipulation if it relies on self-reporting especially where a disability may not be immediately visible.</p> <p>Information collected might not be detailed enough to decide eligibility for individual disability specific benefit and support.</p> <p>May require additional training of data collectors and analysts to reduce risk of unreliable data. In crisis contexts this can be challenging if persons with disabilities are not already included in social registries.</p>
Individual disability assessment to determine disability status and/or eligibility for disability allowances	<p>In <a href="#">Zambia</a> a basic standardised medical disability assessment can lead to issuance of a disability card; in 2017 and 2018 registration efforts for the Social Cash Transfer were accompanied by an attempt to set up mobile teams that could certify disability.</p> <p><a href="#">South Africa</a> has a complex assessment process to access disability specific benefits. Applicants need a referral letter to initiate the process and undergo two medical assessments;</p>	<p>Using functional assessment – a multi-dimensional measure which considers functioning and disability of an individual and how it occurs in a context – responds to the rights-based approach.</p> <p>Can be used to access multiple entitlements.</p> <p>Can reduce the requirement for assessment in cases where the disability is considered permanent.</p> <p>Potential to be scaled-up as an emergency cash response.</p> <p>In better-resourced contexts the assessment can be multi-</p>	<p>Dependent on effective institutional structures and people with adequate training and capacity.</p> <p>Generally, applies a medical model of disability.</p> <p>Although more countries are becoming interested in working with the ICF (Box 3.) the commission model can be a cumbersome and expensive process for individuals who must make many applications and submit to many assessments; can be open to interpretation and produce inconsistent results leading to significant exclusion error.</p>

Mechanism	Country-level examples	Pros	Cons
	<p>they can incur significant expenses for transport, caregiver support etc.</p> <p>In <a href="#">Lebanon</a> following assessment the Personal Disability Card (PDC) is issued. PDC card holders are eligible to access targeted in-kind support and services on application.</p> <p>In <a href="#">Nepal</a> people with disabilities need to hold a disability identity card to access benefits and services. The application process for the card can be complex involving submission of supporting documentation, a medical assessment all of which are reviewed by committee.</p> <p>In <a href="#">Kenya</a> the national disability council deliver disability cards which are required in eligibility determination process of different benefits</p>	<p>disciplinary and determine access to both benefits and services.</p> <p>For further reading on disability assessment mechanisms see <a href="#">Carlyne et al, 2013</a>; <a href="#">Posarac, n.d. Assessment of Disability for [the] 21<sup>st</sup> Century, presentation</a>; <a href="#">Waddington and Priestly, (2020, A human rights approach to disability assessment</a></p>	<p>In many cases access to the identification and registration process and delivery of the benefit can be constrained by limited awareness and poor infrastructure.</p> <p>In some cases, access to other entitlements may require additional processes.</p>
<p>Community-based targeting (CBT) that includes disability as an explicit ground for targeting</p>	<p><a href="#">Rwanda</a> decisions taken by communities allocate people to six categories the bottom two of which determine eligibility for social protection. However, the exclusion of persons with disabilities using this mechanism is significant (53%).</p> <p><a href="#">Mozambique</a> pre-selection of beneficiaries is determined by local <i>permanentes</i> a formal non-salaried cadre in receipt of incentives.</p>	<p>Are generally perceived as legitimate by the community, especially when communities are tasked with developing the selection criteria (<a href="#">McCord, 2013</a>)</p>	<p>Can result in exclusion where there is significant stigma, discrimination, or bias.</p> <p>Potential for lack of transparency, discriminatory practices, exclusion of the poor considered 'undeserving' (such as persons with disabilities), and elite capture.</p> <p>Can be manipulated by communities and in general there is lack of consistency of approach across communities.</p> <p>Can be politicised.</p>

Mechanism	Country-level examples	Pros	Cons
			In crisis contexts, there may be risks associated with limited preparedness of community-level actors.
Combining CBT and localisation [Pre-assessed community-based organisations (CBOs)/trusted networks identify “trusted affiliates” in the local community]	<p><a href="#">Somalia</a> where the programme is co-managed with participant communities through an interactive process of continuous adjustments of Community Action Plans.</p> <p>In Mozambique civil society and disabled persons organisations work with permanentes and government social action technicians to cross-refer and provide services; see Box 2.</p>	Pre-assessed CBOs and trusted affiliates can be pre-assessed and mobilised quickly; can assist with messaging and communications to manage expectations; engaging a mix of actors in the same space can help to mitigate conflicts of interest and ensure that grievances are addressed; having a coalition of CBOs is a key entry point for offering a multi-dimensional response at scale.	Requires a trusted lead agency to manage and maintain oversight of the network; the mix of government and non-government stakeholders can lead to conflict; more rigorous risk management mechanisms may be required to cover the broader range of partners, and may be costly; subject to the same constraints as other CBT mechanisms.
Household level targeting that assesses labour capacity and implicitly encompasses older people with age-related disabilities and people of working age with disabilities	The <a href="#">Zimbabwe</a> HSCT targets households that are both labour constrained and food poor as defined by the implementing agency, the Ministry of Public Service, Labour and Social Welfare (MPSLSW); 67 per cent of household members are elderly and 27 per cent are disabled.	<p>The composition of eligible households tends to include large numbers of persons with disabilities due to the aging of the people involved, or because their ability to take on or care for chronically ill or disabled family members increases.</p> <p>In resource poor contexts where programmes need to be streamlined, can ensure inclusiveness of persons with a disability to a certain extent.</p>	Can exclude younger people with disabilities and those of working age and those households which are ineligible on a poverty assessment but have additional costs because they care for a family member who has a disability.
Multi-sectoral referral mechanisms	In <a href="#">Armenia</a> Integrated Social Services Centres operate with a one-window approach bringing together pensions, social assistance, employment and disability certification under one roof.	Can create more opportunities for inclusion by capturing information about households which include children and adults with a disability, in circumstances where this is not the primary reason for the first referral. Can create opportunities for services to be delivered in a more streamlined manner and reduces access barriers for persons with disabilities (because they visit one location and are supported through the case management system to negotiate complex systems).	Requires a capacitated workforce to operate a social case management system and integrated social registry.

### Box 3. The International Classification of Functioning

The International Classification of Functioning, Disability and Health (ICF) is a multipurpose classification intended for a wide range of uses in different sectors. It is a classification of health and health-related domains that help us to describe changes in body function and structure, what a person with a health condition can do in a standard environment (their level of capacity), as well as what they actually do in their usual environment (their level of performance) (WHO, 2002). It is a complex manual; in some countries it is being used to develop disability assessment and determination tools. However, requires significant technical capacity to apply. The methodology, question sets, and implementation guidelines are available [here](#).

The ICF is the underlying framework for the WG-SS and WG-SS Enhanced question sets. Specific [guidance for using the Washington Group Tools to assess the impact of COVID-19 on people with disabilities](#) is also available. The Washington Group Question Sets are for data collection in national censuses or surveys were designed to provide comparable data cross-nationally for populations living in a variety of cultures with varying economic resources. They are not sophisticated enough to conduct individual disability needs assessment.

The World Health Organization Disability Assessment Schedule ([WHODAS 2.0](#)) is a generic assessment instrument developed by WHO to provide a standardized method for measuring health and disability across cultures. It was developed from a comprehensive set of ICF items that are sufficiently reliable and sensitive to measure the difference made by a given intervention.

## Needs assessment/ eligibility determination

The population of people with disabilities is heterogenous and many, but not all, will have social protection needs. For example, persons with disabilities who have secure employment and adequate income may not need social protection support, whilst others in work may have inadequate income to meet disability related extra costs and thus require social protection benefits. Others, who are unable to work because of age (too young or too old) and/or disability may have higher support needs. Every individual will have different support needs determined by a range of factors, including specific functional impairment, barriers in the environment and changes throughout the lifecycle. Therefore, a holistic needs assessment should consider both economic and other support needs. Access to benefits and services – including appropriate health care and rehabilitation, assistive devices and technologies, and personal support for independent living – is possible in most contexts. The level of detail of the assessment and the extent of the response will vary widely depending on local capacities and availability of resources.

There are two aspects of the assessment – the determination of eligibility whenever programmes require that people/household income/living standards should be below a certain threshold; and the broader eligibility assessment linked to the specific condition of disability and a person's entitlement to specific services. As previously noted, eligibility for one programme should not constrain inclusion in a second. For example, receipt of in-kind support by a person with a disability should not result in exclusion from a mainstream social protection programme because of the type of poverty measures applied. Rather there should be explicit linkages between programmes to ensure that the specific, individual, and diverse needs of disabled people are addressed across the lifecycle.

To define eligibility for different social protection programmes it is important to make the distinction between the assessment of economic needs related to basic income security – food, shelter, clothing, basic health care etc. and assessment of specific disability related needs for example, personal support for independent living, specialised health care, assistive devices and technology, and transport.

## Economic needs assessment

In determining eligibility for inclusion in mainstream social protection programmes one of the most common criteria is determining whether the person with disability and their household are in economic

need. This can be done using different approaches (means testing, proxy means testing (Box 4.) and community based assessment), but crucial in the case of people with disabilities and their households is recognizing that they face a double disadvantage, not only they are likely to have a lower income (since persons with disabilities face significant barriers to the entry in the labour market and often other family members need to look after persons with disabilities with large opportunity costs), but also face significantly higher costs to be able to reach the same standard of living as other households (Box 1.).

#### Box 4. Proxy Means Test (PMT) and disability inclusion

The term "proxy means test" is used to describe a situation where information on household or individual characteristics correlated with welfare levels is used in a formal algorithm to proxy household income, welfare or need ([Grosch and Baker, 2013](#)). In the case of households with a disabled member care must be taken to ensure the PMT does not contribute to errors of exclusion. For example, in Sierra Leone where the person with a disability has a higher level of education which excludes them, but is not economically active because of limited access to employment; or in Zambia where elderly parents caring for a middle-aged son with a disability are excluded by the PMT because they live in a house with conditions above the PMT threshold which they built when still economically active ([Kidd, Gelders, Bailey-Athias, 2017, p.9](#))

While the lower income can usually be captured by needs assessment, the higher costs due to disability are not, and can lead to significant over-estimation of the welfare of such households. Moreover, they imply that even if a person with disability has the same income of another person, they can only reach a lower living standard.

The implication is that any economic needs assessment, including a means test or a proxy means test, needs to be adjusted for these higher costs faced by persons with disabilities. Failure to do this results in underestimating the eligibility of people with disability to social protection programmes; "Means-testing often underestimates poverty among people with disabilities by not accounting for extra costs of disability" ([Banks et al, 2021](#)). For example, in [Egypt](#) the poverty targeting mechanisms excluded persons with disabilities who were identified in advance of poverty assessment such that the government advocated with World Bank to reverse the order of the assessment to enhance the inclusion of children and adults with disabilities by targeting for poverty first and disability second.

## Disability support needs assessment

The assessment of needs related to the specific disability conditions requires a more detailed disability assessment to achieve basic participation on equal basis with other members of their communities. This is best performed by a multi-disciplinary commission that assesses holistically the needs of a person and provides advice on the type of services and benefits that they should be entitled to, ranging from assistive devices, to personal support for independent living, etc.

A comprehensive assessment of the individual support needs of a person is possible in most contexts, but the level of detail and the extent of the response will vary widely.

In many high-income countries, comprehensive and often complex needs assessment are carried out, in line with the wide diversity of support available. Many lower- and middle-income countries that have disability assessment and determination mechanisms, rely on medical assessments which focus on health conditions and impairment rather than on support needs. They can limit access to assessment as the required specialists are often not available in rural and remote areas. Few lower- and middle-income countries have taken steps to adopt disability assessment mechanisms that allow consideration for support needs, with different level of complexity.

In some countries, for example, Armenia, Tunisia and Brazil, more comprehensive assessment processes have been adopted with multi-disciplinary commissions and different type of assessments,



which provide better information, but require more resources and may also increase burden on persons with disabilities and their families.

To increase access to disability assessment while tackling support needs, Vietnam and Fiji have developed context adapted and simple tools that allow a local social worker or community worker to assess the level of assistance required by persons with disabilities to carry out basic activities of daily living.

Technology that offers new possibilities for such assessment can be made accessible in very resource constrained contexts. For example, Senegal has developed a relatively comprehensive assessment for granting its equal opportunity card which is associated with a national database; although the coverage is still limited because of financial constraints, the mechanism allowed for rapid scale-up and issuance of the cards and benefits to more than 5,000 people in response to COVID-19.<sup>6</sup> In 2016 India began developing a massive registry related to the Unique Disability ID card. The UDID project envisages issuance of Unique Disability ID Card to all persons with disabilities irrespective of their age. The UDID database will also serve as a registration folder of all persons with disabilities in the country. Each person with disabilities can be identified through their eighteen-digit unique number.

On-going pilots such as the [Okard community based inclusive development demonstration model](#) in Laos developed a tablet-based tool which is used by community workers to carry out comprehensive assessment which feed into a database used for case management and referral.

## Country examples

These examples describe both positive innovations and challenging circumstances of how targeting mechanisms can identify people with disabilities for inclusion in social protection programmes.<sup>7</sup>

**Armenia:** The one-window approach to provision of services can create more opportunities for inclusion by capturing information about households which include children and adults with a disability, in circumstances where this is not the primary reason for the first referral; and can therefore increase access for persons with disabilities by linking disability certification to cash benefits and service delivery. Improvements are still required including increasing the adequacy of benefits and the inter-sectoral cooperation.

**Dominican Republic:** Since 2018 the SUIBEN (unique beneficiary registry) has made efforts during household targeting processes to specifically enquire about the presence of children with disabilities. Steps have also been taken to factor the presence of children with disabilities in the home as a domain of prioritization in the selection formula of the eligible population. The availability of such data allowed rapid scale-up of support to households with children with disabilities at the onset of the COVID-19 pandemic.

**Fiji:** A rapid process for determining eligibility was developed in 2018 when the country rolled out a universal disability allowance. Designed with disabled persons organisations, the disability assessment and determination process used a functional assessment carried out by the local social welfare officer, also involving consultation with the village chief and disabled persons organisations. A medical certificate may be required only if the local officer performing the assessment is unable to make a decision. In that case, the person is then supported to get the medical certificate.

**Mongolia:** The proxy means test used for the Food Stamp Programme (and in the past for the Child Money Programme) accounts for the extra needs of households with a person with disabilities.

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<sup>6</sup> <https://www.internationalbudget.org/2020/06/no-disabled-person-will-be-left-behind-in-senegal/>

<sup>7</sup> For a global overview of social protection for people with disabilities in low- and middle-income countries see the Development Pathways Disability Database <http://www.developmentpathways.co.uk/publications/#disability-database>



**Mozambique:** Beneficiary selection for programmes is made with the support of permanentes. These are people from the local community who are trained by the government social protection unit to assess and process applications, mobilize beneficiaries, and tell local beneficiaries when they will receive their monthly cash payments. They also witness the distribution of payments and can also collect and sign for payments for beneficiaries who are unable to be present themselves on the payment date. Permanentes are not paid employees but receive a monthly stipend. In some areas through partnerships models they have explicitly supported community-based targeting for identification, and to make linkages and referrals to a range of services (See also Box 2).

**Nepal:** People with disabilities have Disability Identification Cards, which entitles them to a range of different social protection benefits depending on the card level, including disability-targeted social assistance. Overall, more people with disabilities receive social assistance than for people without disabilities ([Banks et al., 2019](#)), though significant exclusion errors remain.

**Pakistan:** the Benazir Income Support Programme also uses a proxy means test to determine eligibility but recognizing that persons with disabilities are under-represented has established a higher threshold than normal whenever there is a person with disability in the household.

**Palestine:** Since 2011 disability has been directly incorporated in the proxy means test formula as part of a “vulnerability” variable. This was achieved following advocacy from stakeholders who raised concerns about persons with disabilities and other vulnerable groups being excluded ([UN Economic and Social Commission for Western Asia \(UN ESCWA\), 2017, p. 42-43](#)).

**Philippines:** Different models for targeting persons with disabilities are applied with varying success. The main cash transfer programme, the Pantawid Pamilyang Pilipino Program (also known as 4Ps), is nominally inclusive of persons with disabilities but does not formally factor disability in eligibility determination. It uses a proxy means test to identify eligibility, although disability coverage is low because it fails to properly capture specific needs and disability related extra costs. Local government can also issue disability ID cards, using predominantly a medical approach. A third mechanism operationalised by the Shelter Cluster applies vulnerability assessment to identify eligible people in need in a humanitarian crisis; the process involves a geographical targeting based on secondary data review to identify most affected areas, to target communities within those areas and then conducts a household level assessment. Whilst the [Shelter Prioritization Tool](#) includes a specific question on whether the household includes people with a disability, the [beneficiary selection criteria](#) for establishing this is not clear.

**Rwanda:** Rwanda has a targeted social assistance model and combines both disability-specific and inclusion in mainstream social protection programmes. The targeting mechanisms are different per programme and mix community-based targeting, disability classification and government selection via the National Council of Persons with Disabilities. The different mechanisms are described fully by [Kidd and Kabare, 2019 pages 25-28](#).

**Syria:** A nation-wide Government-funded, unconditional cash transfer scheme targets Syrian citizens, especially children, with cerebral palsy. The programme is implemented by MoSAL and the Directorate of Social Affairs (DoSAL). A condition for enrolling in the scheme is the verification of the disability through medical certificates and the inclusion in the disability registry. The benefits are transferred to the head of the household ([UN ESCWA, 2019, p. 25](#)).

**Tajikistan:** A new software module of disability certification was included in the management information system for the targeted social assistance programme (TSA) to facilitate the electronic registration of new cases. The 24 centers of disability certification across the country were equipped with necessary hardware and provided training. This allows the next round of expanded COVID-19 emergency support to already registered households which include children with disabilities under age 18.<sup>8</sup>

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<sup>8</sup> World Bank, December 2020, Implementation Completion and Results Report of the Social Safety Nets Strengthening Project; and personal communication 19<sup>th</sup> January 2021

**Vietnam:** Individual assessment is done at local level by the village committee and do not require medical certificate as an entry point. A functional assessment is carried out and medical certificate may be required only in case of doubts. Uptake is a combination of on demand and outreach by the village committee.

**Zambia:** The Zambia Agency for Persons with Disabilities is authorized to undertake disability assessments for the Social Cash Transfer programme. Once an applicant has obtained a stamped, medical certificate they can gain a disability identity card. Mobile medical commissions can provide health certificates attesting disability and chronic conditions and these are accepted for determining eligibility to the Social Cash Transfers. Furthermore, persons with disabilities receive an allowance that is double the normal amount to reflect their higher costs.

**Zimbabwe:** Although not specifically disability focused, the cash transfer targets households that are both labour constrained and food poor as defined by the implementing agency. Targeting is done in two stages. First, in designated expansion districts, a census is conducted, and basic socioeconomic and demographic information is collected. This information is then used by the Ministry to identify eligible households. As a result, 67 per cent of beneficiary household members are elderly and 27 per cent are disabled.

## Implications for programming

There is no off-the-shelf model for targeting people with disabilities for inclusion in social protection programmes. The models in use are driven by different factors including operating environment and political context. Nevertheless, there are some emerging recommendations that should be considered when developing social protection programming to ensure inclusion is on the agenda in times of stability and in crisis:

- Initiate a consultative partnership with local disabled persons organisations from the outset. Depending on context this may require investment in capacity building to embed [localisation](#);
- Adopt a multi-stakeholder approach with a supported coordination mechanism;
- At the level of initial identification and registration it is important to be as inclusive as possible. For this purpose, in-depth outreach coupled with non-technical screenings, such as the WG-SS should be used. Noting that barriers to access are potentially multiplied for women and girls with a disability gender and social inclusion considerations are critical here ([more information can be located in the SPACE Gender and Social Inclusion Guidance](#)) Inclusion of these types of initial questions in population-based survey, and particularly those collecting data for social registries ensures that people with disabilities are counted and registered to both access existing benefits and in preparation for more targeted support in the future;
- From a rights-based perspective people with disabilities should benefit from both disability-specific and adapted mainstream social protection programmes, so that both their economic and care and support needs are met. This can require consideration of integrated approaches to connect cash and in-kind benefits and social care and support services, including case management (more information can be located in the [SPACE Programming Options: “Cash plus” responses to COVID-19](#));
- Whenever a programme involves an economic assessment it is fundamental to consider the extra costs and needs of persons with disabilities, failing to do that results in significant under coverage. This may involve a review of existing means tests or proxy means tests to ensure the criteria do not inadvertently exclude people with disabilities;
- In depth multidisciplinary assessment of individual needs should be encouraged whenever they can be used for the provision of more specific support services and assistive devices.

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