Welcome to the webinar

Inclusion of persons with disabilities in social protection for COVID-19 recovery and beyond
This joint effort is inspired by colleagues and organisations working to **disseminate and discuss the most recent content on social protection responses to COVID-19**.

The initiative has three major components:

1. A weekly special edition of a dedicated **newsletter**, featuring a compilation of relevant information from all over the world on social protection initiatives dealing with COVID-19;
2. Weekly **webinars** to foster discussions and exchanges;
3. An **online community** to systematise the information gathered on the topic and foster discussion.

**Task Force COVID-19:**

#SPcovid19  #COVID19  #SPresponses
GBV & Social Protection in COVID-19 and beyond: evidence & emerging practice

10 September - 9 AM EDT/GMT-4
Inclusion of persons with disabilities in social protection for COVID-19 recovery and beyond

Speakers:
Alex Cote, UNPRPD-ILO-UNICEF Inclusive Social Protection program
Meenakshi Balasubramanian, Centre for inclusive Policy
Fatma Wangare, Inclusion Africa
Karishma Huda, Makhota program Indonesia
Joaozito dos Santos, Ra'es Hadomi Timor Oan

Moderator:
Felicity O’Brien, Social Protection Section, DFAT
Inclusion of persons with disabilities in social protection for COVID-19 recovery and beyond

Speaker

Alex Cote

UNPRPD-ILO-UNICEF Inclusive Social Protection program

Co-founder of the Centre for Inclusive Policy, Alexandre Cote has been working in the field of inclusive development for 25 years across Europe, Asia-Pacific, and Africa. He had the opportunity to actively participate in the negotiation of the Convention on the Rights of Persons with Disabilities and has been contributing, ever since, to its implementation and monitoring. He focused in the last 5 years on inclusive social policy, data and national budget and is currently involved in coordination of the UNPRPD-ILO-UNICEF inclusive social protection program.
Inclusion of persons with disabilities in social protection for COVID-19 recovery and beyond

Speaker
Meenakshi Balasubramanian
Centre for Inclusive Policy

Meenakshi Balasubramanian is currently a fellow with the Centre for Inclusive Policy. Meenakshi is also Co-founder of Equals Centre for Promotion of Social Justice, Chennai, Tamil Nadu and have been a part of many study reports and engage in budget and policy analysis.
Fatma Wangare is a mother to a daughter with an intellectual disability and she is the regional coordinator for Inclusion Africa which is a pan African regional network of persons with intellectual disabilities and their families. She is one of BRIDGE-CRPD-SDGs lead trainers in Africa. She has over 10 years’ experience working with persons with disabilities and their families and advocating for their rights.
Inclusion of persons with disabilities in social protection for COVID-19 recovery and beyond

Speaker

*Karishma Huda*

Makhota program Indonesia

Karishma Huda works as a Social Protection and Labor Markets Specialist with MAHKOTA, an Australian Government-funded program supporting the Government of Indonesia to improve its social protection system and policies. Karishma has over 15 years of experience working in Bangladesh, India, Pakistan, Lao PDR, Haiti, South Sudan, Uganda, Fiji, and Indonesia. Her areas of focus include program design, policy analysis and policy development. She has a special interest in life cycle based social protection for children, the elderly and people with disability. Karishma received her B.A. in Economics from University of California, Berkeley, and her MPhil in Development Studies from the Institute of Development Studies (IDS), University of Sussex.
Inclusion of persons with disabilities in social protection for COVID-19 recovery and beyond

Speaker

Joaozito dos Santos
Ra'es Hadomi Timor Oan

Polio survivor, Joaozito Dos Santos has been active in the promotion of the rights of persons with disabilities in Timor Leste for the last 15 years, first with The Leprosy Mission Timor-Leste (TLMTL) and then the National Disabled People Organization called Ra’es Hadomi Timor Oan (RHTO) which he contributed to establish. Mr Dos Santos, a lifelong learner, is also studying law at the Universidade da Paz (Peace University).
Moderator

*Felicity O’Brien*

Social Protection Section, DFAT

Felicity O’Brien has been working on Australia’s international development program for over 10 years. Felicity has worked on key policy issues such as gender and disability inclusion and is currently working on community driven development and social protection issues in DFAT. Prior to this she worked on Australian Indigenous family violence policy and programming, and restorative justice and reinvestment in communities to prevent crime and recidivism. Felicity received her B.A in Anthropology at the Australian National University Canberra.
Inclusion of persons with disabilities in social protection for COVID-19 recovery and beyond

Share your questions to the speakers!

*type them into the Q&A box* 🔭

Also, interact with us on Twitter (@SP_Gateway):

#SPorgWebinar
#SPcovid19
#COVID19
#SPresponses
Global overview
Persons with disabilities and inequalities pre-COVID 19

• Compare to those without disabilities, across the life cycle persons with disabilities more likely to:
  • Be poor
  • face catastrophic health expenditures
  • To be victim of violence

• Less likely to
  • Be economically active,
  • Be resilient to shocks,
  • Attend and to complete primary and secondary education

• WHO-WB 2011, UN DESA, 2018
The disability-related costs faced by persons with disabilities and their families

**DIRECT COSTS**

Specific disability expenditures
- Assistive Devices and Personal Assistance
- Rehabilitation/Habilitation/Vocational Rehabilitation
- Housing Modifications, Special vehicles
- Sign language interpretation, Braille books

Extra expenditures on general items
- Health care
- Extra transportation (e.g. taxis)
- Housing premiums (location, accessibility)
- ...

**INDIRECT COSTS**

Less employment opportunities

Less education opportunities

Lower earnings of people with disabilities

Loss of earning or education opportunities for family members who are care givers

...
The disability-related costs faced by persons with disabilities and their families

(South Africa, 2015)
Disability Inclusive Social protection systems provide across the life cycle:

- **(Basic) Income security and adequate standards of living**
- Access to health care including early intervention, (re)habilitation and assistive devices
- Coverage of disability related costs including access to support services
- Facilitate access to early childhood development, education and economic empowerment programs
Lower levels of coverage in LMICs

SDG indicator 1.3.1:

18.5% for persons with severe disabilities receiving disability cash benefits in LMICs, 1% in low income countries

OECD average public spending: 1.4% of GDP

LMICs: less than 6 countries above 0.4% of GDP
What we learned from response to COVID-19 crisis so far

- **Response is more effective when there is a comprehensive and inclusive social protection system in place**
- Major challenge for countries without up to date national disability registry and “disability” card
- The COVID 19 crisis demonstrates the importance for all countries to develop and strengthen collectively financed, comprehensive, inclusive and permanent social-protection systems.
Overview of social protection measures

- Few countries announced expansion of schemes or new cash transfers schemes directly supporting persons with disabilities: Rwanda, Lesotho, Suriname, Sri Lanka, Kenya, Bolivia, amil Nadu (India)
- Payment in advance while waiting disability assessment: Brazil
- In-kind support: food distribution - Mauritius, helpline - Peru
Feedback from regional consultations with organizations of persons with disabilities (DPOs)

- Challenges in getting accessible information but efforts are made
- Challenges in accessing general support i.e. food distribution but efforts are made
- Most countries do not have cash transfer for persons with disabilities or if so with very limited coverage which limit responsiveness in the crisis
- Lack of outreach in countries where there is no national disability registry – collaboration with DPOs and NGOs to identify persons with disabilities
- Critical lack of support services which has been painful due to disruption of informal support due to lockdown.
COVID 19 recovery and beyond

• Ensuring that economic recovery programs are inclusive of persons with disabilities and their families
• Development of national disability registry including support requirements assessment accessible to all
• Combining mainstream and disability specific to ensure universal basic income security, access to health care and coverage of disability related costs
• Greater accessibility of social protection delivery mechanisms
• Further investment in cash plus community support services program (and de-institutionalisation)
• Preventing austerity measures in recovery fiscal consolidation
DISABILITY INCLUSIVE SOCIAL PROTECTION RESPONSE TO COVID-19 CRISIS

In regular circumstances, persons with disabilities, which constitute 15% of the world’s population, are more likely to be poor. In face catastrophic health expenditures, they have lower levels of education and economic participation and are more exposed to economic instability and shocks.

The COVID-19 pandemic and its related socio-economic consequences magnify these disparities and inequalities. Persons with disabilities are in many ways more exposed to the virus:
- Many have underlying health conditions and are older persons who are at greater risk requiring strict confinement.
- Many are facing significant disruptions of their usual support systems, especially children with disabilities who depend on social workers and adults with high support requirements. The usual family relying on informal and unpaid family support might be in a difficult situation as they or their usual support persons get contaminated or are at risk. Those who are using paid support or residential services may face failure of service providers.

Governments across the Europe and Central Asia (ECA) regions have strengthened the rights of disabled people who are living in poverty by 2030 (SDG 1). Successfully achieving Agenda 2030, in particular, is a challenge for countries affected by a pandemic. In order to ensure that no one, including children with disabilities, is left behind (SDG 1), disability is one of the critical areas that need interventions. Disability is an individual and societal issue, requiring inter-sectoral action, coordination, capacity building, and advocacy. In the context of the COVID-19 pandemic, it is evident that vulnerable and at-risk groups are significantly impacted.

Inclusive Social Protection Systems for Children with Disabilities in Europe and Central Asia

UNICEF

Inclusive Social Protection Systems for Children with Disabilities

Only 1 in 5 persons with significant disability have effective access to disability benefits

UNICEF

for every child

UNICEF

Contact: contact@socialprotection.org

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Inclusive Social Protection in time of COVID 19 crisis

Perspective from Africa and Kenya

Fatma Wangare, Inclusion Africa
**African context**

- With less than 7% of persons with significant disabilities accessing disability related SP benefits, sub Saharan Africa is among the regions with the lowest coverage.

- The few countries which have SP benefit for persons with disabilities, have poverty targeted and most of the time household benefits, except Namibia, South Africa and Mauritius for instance.

- Few countries have national disability registry.

- During this period of the pandemic, there has been bits and pieces and pockets of good practice across the region- Mauritius (home delivery of food) South Africa (increase of disability allowance), Kenya (additional temporary disability scheme) or Sierra Leone (distribution of rice and one off cash payment) among others.
Social protection and pre COVID 19

Inua Jamii Programme

- Provide a social protection system through regular and predictable cash transfer to poor and vulnerable households and build their capacity to live together
- The programme includes cash transfers for older persons, orphans and vulnerable children and households with persons with severe disabilities
- Identification and targeting of persons with disabilities (disability assessments, number of persons with disabilities registered, challenges in the assessment process)
- Disbursements of cash transfers every other month to the household
- 52,000 persons with severe disabilities (5% of persons with significant disabilities) around USD 20 per month.
COVID 19 response to persons with disabilities and their families

- National council for Persons with Disabilities has set aside Kshs 200 million to cushion 33,333 persons with disabilities against the effect of the pandemic
- Short term cash transfer of three months (June to August 2022)
- Criteria - must be poor, not benefiting from any other government cash transfer, have valid identity card and active telephone number, priority to households with multiple vulnerabilities
- Targeting - at the community level, involvement of multi-agency approach
- Data validation done using NSNP and IPRS for authentication and checking on duplicates
Key demands for inclusive recovery

- Localization and accessibility of disability assessment
- Invest and develop community support services
- Involvement of persons with disabilities and their respective organisations
- Disability social protection scheme that is compatible to the right to work
- Targeting and criteria to focus on disability support and participation
TOO LITTLE, TOO FEW
An initial analysis of the social protection COVID-19 response and persons with disabilities in India
Meenakshi Balasubramanian, CIP-Equals CPSJ
India’s response to COVID-19 & its Impact

Stringent Lockdown for nearly 50 days and staggered relaxations subsequently.

**Impact**

The lockdown has had an impact on informal workers (90% of the working population) and the most marginalised among them including persons with disabilities

**Impact on persons with disabilities**

<table>
<thead>
<tr>
<th>No Work</th>
<th>No Money</th>
<th>No accessible Information and communication</th>
<th>No regular and specific support services</th>
<th>High risk of Isolation, Starvation and Death</th>
</tr>
</thead>
</table>

As per census

- 57% of the survey respondent expressed financial challenges
- 42.1% responded No for general Information and 78.9% said no on accessibility of awareness on COVID – 19
- 42.1% did not have access to support services
- There are media reports on starvation & Death

<table>
<thead>
<tr>
<th>Union</th>
<th>States (29 States and 7 Union Territories)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cash Transfers</td>
<td>• Food and provisions</td>
</tr>
<tr>
<td>• Food grains</td>
<td>• Cash Transfer</td>
</tr>
<tr>
<td>• Moratoriums on Loans particularly MSMEs</td>
<td>• Advancing pensions</td>
</tr>
<tr>
<td>• Waiver from duty for certain populations</td>
<td>• Helplines</td>
</tr>
<tr>
<td><strong>Response to Persons with disabilities</strong></td>
<td>• Advancing State specific pension / cash transfers (some States)</td>
</tr>
<tr>
<td>• One off Pension of INR 1000 paid in 3 months through the National Social Assistance Program (Indira Gandhi Disability Pension)</td>
<td>• Helplines</td>
</tr>
<tr>
<td>• Guidelines to ensure accessibility of services</td>
<td>• Food supplies and supply of free rations</td>
</tr>
<tr>
<td></td>
<td>• Exemption from front line service</td>
</tr>
<tr>
<td></td>
<td>• Tamil Nadu has announced one-off cash transfer for all persons with disabilities in the state with disability ID cards</td>
</tr>
</tbody>
</table>
Too little, too few

No coverage to children with disabilities

Only 7.6% of working age persons with disabilities covered by Indira Gandhi Disability Pension (NSAP) used to provide COVID-19 relief. The survey conducted by NCPEDP revealed 63% of those surveyed did not receive the pension.
Why is the support Inefficient? – Lack of effort to address the pre-existing barriers including the design of the scheme (>=80% impairment)

Low Coverage of NSAP

NSAP beneficiaries as a % to working age population of persons with disabilities. Cover less than 10% in 34 States

Inadequacy of benefits in comparison to $1.90/day poverty line

Value of benefit (NSAP & State Cash transfers) as a % to the poverty line $1.90/Day- less than 20% of poverty line ($1.90/ day) in 22 States
Tamil Nadu – Effectiveness of One–off Cash Transfer – based on a rapid survey

Key findings include:

a. 60% of the respondents do not have access to the benefit
b. Among the respondents who received the benefit 56% experienced challenges in accessing the benefit
c. 67% of those who did not receive the benefit expressed that they had the information, but lack of implementation process failed them from accessing the benefit.
Further ...

Budgetary Limitation

Public Expenditures for Support to Persons with Disabilities
(2019-2020 BE, in Crores)

<table>
<thead>
<tr>
<th></th>
<th>Union</th>
<th>All States</th>
<th>Total</th>
<th>% of Public Spending</th>
<th>% of GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Protection</td>
<td>827.4</td>
<td>6,616.6</td>
<td>7,444</td>
<td>0.18</td>
<td>0.03</td>
</tr>
<tr>
<td>Employment &amp; Training</td>
<td>41</td>
<td>49.7</td>
<td>90.9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Education</td>
<td>1,067</td>
<td>528.4</td>
<td>1,595</td>
<td>0.04</td>
<td>0.01</td>
</tr>
<tr>
<td>Total</td>
<td>1,935.61</td>
<td>7,194.7</td>
<td>9,129.8</td>
<td>0.22</td>
<td>0.04</td>
</tr>
</tbody>
</table>

This is inadequate to address the pre-existing inequalities experienced by persons with disabilities to access employment, education and the marginalisation due to gender, ethnicity and place of living.
Recommendations

- Expand pension (value & coverage) to all persons with disabilities.
- Take steps to ease access to disability ID cards.
- Compensate disability additional costs for children and persons with high support requirements.
- Ensure accessible information and communication services.
- Take steps to collect data on persons with disabilities at all levels.
- Ensure community Based Rehabilitation services.
People with Disability, Social Protection and COVID-19 crisis
Ra’es Hadomi Timor Oan (RHTO)-National Disabled People Organization

Joaozito dos Santos, Timor Leste (01/09/2020)
Situation pre covid 19

• Timor is one of the poorest countries in the South East Asia region, with two thirds of its population living on less than US $2 per day.

• 2015 Census identified 38,118 people with disability, which equates to a prevalence rate of 3.2 per cent of the population aged 10 and above.

• Poverty line in Timor-Leste: PWDs and their families still more likely to be poor poor due to additional costs, transport options and opportunity of employment.

• Access to health: health facilities that are inaccessible, People with Disabilities in Rural area face extra challenges due to the distance to health post, and lack of accessible transport.
Social protection pre covid 19 crisis

○ **Bolsa da Mãe**
  ○ Conditional cash transfer program for children aged 6-15 years old living in poor and vulnerable households. $5 per month for up to three children per family.
    ○ covers less than 10% of children with disabilities,

○ **Support of the Elderly and Invalid (SAII) Program**
  ○ Universal program for persons aged 60 and over, and persons with disabilities aged 18-59. $30 per month paid every 6 months
    ○ Covers 20% of persons with severe disabilities (no disaggregated data for old age component)

○ **Veterans pensions** (a considerably higher at $276-575 per month)
  ○ no disaggregated data
Impact of the Covid 19

• People with disabilities are most vulnerable group and at risk toward coronavirus
  • For example, hand washing facilities in public are not accessible whether in urban or rural settings
  • In lockdown, persons with disabilities had difficulties accessing medical treatment and even the medical stock. Magnified for persons with disabilities also had HIV, Hepatitis B or leprosy.

• Significant loss of income individually and at household level
  • People with disabilities in rural area are facing significant issues. During the lockdown, absence of transport meant loss of their income generation activities because they did not access to the market.
Low government support to persons with disabilities

• Government interventions don’t consider the inclusion needs of people with disabilities as a marginalized group.
  • No increase of value or coverage of the SAII, no advance payment
  • Inaccessible information
  • Inaccessible handwashing facilities

• Only some interventions from INGOs and DPOs provided humanitarian support during the COVID-19 pandemic, such as delivering food, posters, washing hands, face masks and other basic needs.
  • RHTO has distributed material for COVID-19 prevention and mitigation such face mask, soup, poster for COVID-19 information and food
  • Intervention or distribution in 7 municipalities, and 40 villages
COVID 19 Subsidy for Family and Household of Ministry of Social Solidarity and Inclusion

Barriers to access for people with disabilities

Lack of required documents

• Many people with disabilities are not married and do not live in established household
• Some people with disabilities have established family but they don’t have household/family card (Fixa de familia)
• Many of women with disabilities have children due to sexual violence but they don’t have household/family card

Long and bureaucratic process

• Lack of accessible information from community leader
• Families don’t support/assist them to process their document.
• Some persons with disabilities live with extended families, which registered them to get higher benefit but do not share the benefit with them.
Recommendations/demands

• Advance or extra payment of benefits during COVID-19 need to be considered as part of the humanitarian support not only for household support for income under $500/month;

• Need to develop and improve payment system and also update data for humanitarian support in future;

• Need to extend eligibility to the disability support allowance to those who are assessed with disability in grade 1 and 2 (not only for grade 3 & 4) and to children with disabilities (starting those family with low income);

• Improve access to health system and facilities, adequate medicine for those vulnerable people living in rural area

• Accessibility of hand washing facilities and information system;

• Reducing the bureaucracy system of responding the humanitarian system, consider accessibility and inclusion for all;
Thanks
Obrigadu
COVID-19 IMPACTS ON PEOPLE WITH DISABILITIES IN INDONESIA AND THEIR ACCESS TO SOCIAL PROTECTION RESPONSES

Karishma Huda and Sinta Satriana

Sept 1, 2020
MAHKOTA collaborated with the Network of Disability People’s Organisations (DPOs) in Indonesia to conduct 2-staged analysis on impacts of Covid-19 on PwD

Stage 1: Quantitative ‘snapshot’ on economic impacts of Covid-19 on people with disabilities and their access to social protection programs (April 2020)

- 1,683 respondents spread across all provinces in Indonesia
- Profile:
  - 53% physical disability;
  - 27% sensory;
  - 6% multiple disabilities; 11% intellectual;
  - 3% mental

Stage 2: Qualitative ‘deep dive’ to understand lived experiences of PwD, carers, rehab centers and local governments in face of the epidemic (ongoing)

- 60 respondents (PwD, carers, rehab center staff, local and national government)
- In-depth interviews across 6 provinces
QUANTITATIVE FINDINGS

- Around 60% of respondents are engaged in informal work, have unpredictable income, and earn less than 1,000,000 IDR/month
- Highly susceptible to income shock during a crisis

Figure 2. Respondents’ employment sector
Figure 3. Respondents’ income level (IDR)
Figure 4. Types of respondents’ income

n=765
Note: “Others” include social activist, photographer, writer and athlete
• 87% of respondents experienced a reduction in income due to Covid-19

• The majority experienced a drastic decline (50-80% of income).

• 97% of informal workers experienced an income decline, as compared to 67% of formal employees.
Up to 69% of respondents may have become poor or fallen deeper into poverty after Covid-19.

This impacts women more than men, given their lower baseline income.

### Income change after COVID-19 pandemic

<table>
<thead>
<tr>
<th>Income before COVID-19 Pandemic</th>
<th>10-30% reduction</th>
<th>30-50% reduction</th>
<th>50-80% reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;IDR 2 million</td>
<td>1.6%</td>
<td>1.6%</td>
<td>4.2%</td>
</tr>
<tr>
<td>IDR 1.5 - 2 million</td>
<td>1.4%</td>
<td>4.2%</td>
<td>4.9%</td>
</tr>
<tr>
<td>IDR 1 - 1.5 million</td>
<td>1.3%</td>
<td>1.4%</td>
<td>4.8%</td>
</tr>
<tr>
<td>IDR 500,000 – 1 million</td>
<td>4.0%</td>
<td>7.3%</td>
<td>10.9%</td>
</tr>
<tr>
<td>&lt; IDR 500,000</td>
<td>11.0%</td>
<td>8.1%</td>
<td>22.0%</td>
</tr>
</tbody>
</table>

28% Vulnerable
41% Highly vulnerable
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEMBAKO</strong> <em>(Food assistance)</em></td>
<td>20</td>
<td>300,000/month</td>
<td>Apr - Dec '20</td>
</tr>
<tr>
<td><strong>PKH</strong> <em>(Conditional cash transfer)</em></td>
<td>10</td>
<td>125,000/month (avg)</td>
<td>Apr - Dec '20</td>
</tr>
<tr>
<td><strong>Electricity Subsidy</strong></td>
<td>31</td>
<td>100% for 450VA; 50% for 900VA</td>
<td>Apr - Dec '20</td>
</tr>
<tr>
<td><strong>Kartu Pra Kerja</strong> <em>(Cash and vocational training)</em></td>
<td>5.6</td>
<td>600,000/month x4 &amp; 1 million for training</td>
<td>Ongoing</td>
</tr>
<tr>
<td><strong>BLT-Dana Desa</strong> <em>(Village fund cash transfers)</em></td>
<td>11</td>
<td>300,000/month (Jul-Dec)</td>
<td>Apr - Dec '20</td>
</tr>
<tr>
<td><strong>MoSA Bantuan Tunai</strong> <em>(Unconditional cash transfers)</em></td>
<td>9</td>
<td>300,000/month (Jul-Dec)</td>
<td>Apr - Dec '20</td>
</tr>
<tr>
<td><strong>Bansos Produktif</strong> <em>(cash stimulus for MSMEs)</em></td>
<td>12</td>
<td>2.4 million (one time transfer)</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Rice transfer for PKH</strong></td>
<td>10</td>
<td>15 kg rice</td>
<td>N/A</td>
</tr>
</tbody>
</table>
ACCESS TO SOCIAL PROTECTION RESPONSE PROGRAMS AMONG PWD

• As of April 2020, 41% of respondents were accessing at least one of the three flagship SP schemes (electricity subsidy, PKH, Sembako).

• At 35%, the electricity subsidy has the greatest reach among people with disability due to its self-targeting mechanism (as compared to approx. 14% coverage of PwD for PKH and Sembako).

Figure 6. Proportion of respondents who are programme beneficiaries
QUALITATIVE INSIGHTS SHOW THAT LOCAL CASH TRANSFER SCHEMES ARE INCLUSIVE OF PWD

• By July 2020, most PwD interviewed received some form of SP during the pandemic due to the combination of national, local and village level assistance.

• National poverty database and beneficiary registries can miss PwD. The village cash transfer fund has empowered village governments to identify PwD missing out on national SP response schemes and fill these gaps. Many villages see PwD as a priority.

• According to PwD respondents, cash transfers are seen to be the most significant form of assistance for PwD as it helps address specific needs related to their disabilities (special food/supplements not provided by food subsidy program, or high transport costs to health facilities).

• The 600,000 IDR provided via the temporary unconditional cash transfer and village funds transfer has been a lifeline for vulnerable PwD who lost income during the pandemic.
**BUT MANY PEOPLE, LIKE UNAH, ARE SLIPPING THROUGH THE CRACKS....**

- Unah is a 65 year-old single mother, supporting a child with multiple (physical and intellectual) disabilities.
- She works as a cook in a restaurant for 12 hours a day and brings her daughter.
- In normal times Unah is paid IDR 30,000 (USD 2) per day plus meals. Since the pandemic, the restaurant has cut Unah’s wage by 50%.
- Earning USD 1 a day, Unah cannot meet her daughter’s needs. Her daughter’s condition is getting worse.
- Unah and her daughter have not received any social assistance. She is aware of the COVID-19 cash transfer programmes distributed in her village but does not know of who is eligible.
- She has complained to village officials but was told that beneficiaries of the programmes are determined at higher level.
RECOMMENDATIONS

• **A national disability benefit for PwD is critical now more than ever.** While many PwD are benefitting, thousands are slipping through the cracks. Cash transfer schemes where **individuals** with a disability can self-register should be a priority. Benefit level should be adequately set to reflect the needs and costs of disability.

• **A disability assessment and database is needed to ensure that PwD are benefitting from existing SP schemes.** Covid-19 has revealed the barriers with poverty-targeted databases to protect everyone who needs it. A comprehensive database of all people with disabilities (not just the poor) integrated with other social welfare databases would improve access to programs for PwD. A well-designed disability assessment is required to accurately identify PwD and their needs for greater participation.

• **The design, implementation and monitoring of social protection programmes will benefit from more engagement of people with disabilities.** Specific needs of PWD are often missed from policy making. PWD often miss out on information of existing programmes, as dissemination of information are not always inclusive. Disabled People Organisations (DPOs) can play an important role in providing the bridge between policies, programs and people with disabilities.
Terima Kasih
Inclusion of persons with disabilities in social protection for COVID-19 recovery and beyond

Q&A Session
Next webinar:

GBV & Social Protection in COVID-19 and beyond: evidence & emerging practice

10 September - 9 AM EDT/GMT-4
Thank you

Make sure to answer our webinar survey, available after the session!

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