

Since 2009, the GIZ Sector Project 'Inclusion of Persons with Disabilities' has been active in more than 10 countries, supporting programmes that include persons with disabilities in the development and strengthening of social protection systems. This publication consolidates lesson learned and offers guidance on how to improve access to social protection for persons with disabilities in interventions. It is a resource for development practitioners and a Community of Practice on the inclusion of persons with disabilities, aimed at realising the commitment of the Federal Ministry for Economic Cooperation and Development (BMZ) to disability inclusion in the social protection sector in Germany's development assistance.



Understanding disability

The UN Convention on the Rights of Persons with Disabilities (CRPD) (2006) stresses that disability is not an attribute of the person but "results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others." (UN CRPD, Preamble)

Social protection is of key importance in realising the rights of persons with disabilities; nevertheless, most of them do not have access to social protection programmes and benefits that provide an adequate level of support.

Worldwide, an estimated one billion people or 15% of any population have a disability¹. 80% of persons with disabilities live in developing countries and one in every five poor persons has a disability.² Social protection³ plays a critical role addressing increased vulnerabilities and exposure to risks associated with disability and potential related barriers. Vulnerable persons have varying needs. Persons with disabilities should not all be grouped into the same (segregated) category, as every person with disabilities may have unique needs of assistance and specific support, depending on his or her particular impairment. The availability of specific support may differ based on the location, socio-economic status and context in which the persons with disabilities grows. Access to social services, such as health and education, can determine the development of persons with disabilities and enable them to live in dignity - and the more access to education and/or training persons with disabilities have, the better will be their acquired qualifications, which also influences the capacity of these persons to contribute to the national economic growth and development. "Disability and poverty are closely interrelated, since both can be cause and consequence of the other: Disabilities limit access to employment, leading to economic and social exclusion. Poverty promotes living conditions which increase the risk of becoming disabled (e.g. because of malnutrition or injury)."4 No matter what the cause or the consequence, this vicious cycle must be broken.5

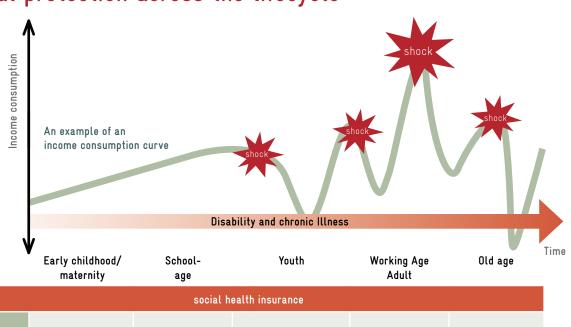


72% of persons with disabilities worldwide are totally unprotected and only 27.8% of persons with severe disabilities worldwide receive a disability benefit. The ILO World Social Protection Report 2017-19 calls for inclusive social protection systems and social protection floors (social security guarantees) to close these significant coverage gaps for persons with disabilities.

- ¹ WHO & World Bank (2011). World Report on Disability. Available at <u>link</u>.
- ² Idem
- ³ Here the term social protection refers to a set of policies and programmes aimed at preventing and protecting all people against poverty, vulnerability and social exclusion throughout their lifecycles, with the emphasis on vulnerable groups. (SPIAC-B) Relevant measures include cash, and in-kind, contributory, non-contributory, social care services and labour market interventions as exemplified in the first graph, including specific, disability-focused interventions.
- ⁴ GIZ (2019) Disability-inclusive employment promotion: Lessons learnt from five GIZ projects.
- ⁵ There are three "factors that make persons with disabilities and their families vulnerable to poverty: i) Additional costs of buying assistive devices or paying for essential services and care; ii) additional care needs require family members to forego outside employment to provide the care, and iii) loss of social networks that would provide additional support and access to livelihood opportunities." (Schneider, 2011 in Karr, Edema, Sims and Brusegaard Link).



Social protection across the lifecycle



Early identification of disabilities • First 1.000

days



- ♠ Disability pensions/ grants (\$)
- Supplementary feeding

- School meals Fee waivers (e.g. education,
- health) Nutritional programmes
- · Social benefits
- Food stamps and vouchers
- Food distribution programmes
- · Family and child allowances (\$)
- · Poverty targeted cash transfers (\$)
- · Housing/utility allowance (\$)
- (Temporary) public works/ workforce (\$)
- · Cash for emergency
- · Food for work/ emergency
- · Social family benefits
- · Social pensions/grants (\$)
- Unconditional cash transfers

SOCIAL CARE SERVICES: foster care, day care and longer-term care services; basic/specialised social care, domestic violence victim care, 🏚 residence care services (disability & elderly), homeless shelter, etc.

Labour market interventions (Examples)

Non-

contributory

(Examples)

INCLUSIVE (active) labour market policies/interventions: employment incentives (e.g. tax & social security exemptions, credit to finance), wage subsidies, labour intermediation, (vocational) training, unemployment benefits/severance payments, rehabilitation/return-to-work policies

health insurance

Contributory (Examples)

- · Maternity leave
- · Child/family benefits
- · Unemployment benefits
- Sickness/injury leave and pay
- Severance payments



(old age, survivors, disability)



idiosyncratic and covariate shocks



disability-specific

Social protection addresses two types of shocks/risks: idiosyn**cratic** and **covariate**. Regardless of the income of a person or where he or she lives, every single person is exposed to idiosyncratic risks that affect individuals or households (e.g. sickness, disability, unemployment or old age). For example, during a public works programme ⁶, beneficiaries may get injured at work or be stricken by an occupational disease. This will change their status for a while or in the worst case scenario, even affect them with a disability that will remain with them throughout their entire lives. Depending on how serious the accident was, a beneficiary might participate in a rehabilitation or reintegration programme, then return to work after recovering. In the case of a partially incapacitated employee, however, the employer should offer appropriate duties to that person after carrying out necessary workplace assessment and modifications (assignment to alternative work, reviewing work schedule, job restructure, assistive devices, etc.).⁷

The second type of shocks/ risks social protection addresses, are called **covariate risks**. They affect a whole group of persons at the same time (e.g. a natural disaster or a pandemic as the Covid-19 pandemic). In such cases, the flexibility of a social protection system is crucial in order to respond to the needs of the vulnerable persons who are particularly exposed when they face an unexpected risk or crisis. The flexibility of a system may be adapted in specific circumstances to allow the transition of beneficiaries between schemes or to adjust specific aspects of a scheme.

A shock exacerbates consequences, particularly when different vulnerabilities intersect (such as disability, old age, poverty or being part of a minority group). The graph⁸ shows the importance of building an inclusive national social protection system along the entire lifecycle and how important the existence of a shock-responsive social protection system really is. A system should ideally have specific social protection measures in place for each phase and risk; however, the response and coverage of national social protection systems across countries vary greatly.



Disabled People's Organisations (DPOs)

It is important to distinguish between organisations that work for persons with disabilities and organisations "of" persons with disabilities: The latter are governed by, led by and comprise a majority of persons with disabilities, and thus are representative of persons with disabilities. They operate as individual organisations, coalitions and as crossdisability or national, regional or international umbrella organisations.

In the majority of low- and middle-income countries, design and implementation issues hinder most persons with disabilities from accessing adequate social protection, including social services and benefits (in terms of size and frequency); relevant infrastructure (e.g. social welfare offices) and/or information may be inaccessible. In fact, "only 27.8% of persons with severe disabilities worldwide receive a disability benefit."9 Staff involved in the administration and delivery of social protection may need to improve or strengthen their understanding and awareness of the varying needs of persons with disabilities and their rights. In the social protection arena, a "reasonable accommodation" 10 must also be established to particularly enable the participation of persons with disabilities as stipulated in the CRPD, for example, by making active labour market policies more inclusive. In the determination of eligibility criteria, disabilities are often neglected, or are linked with an inability to work - and the potential and capabilities of persons with disabilities to enrich the labour force and contribute to it falls by the wayside. However, social assistance and poverty thresholds are of primary importance in determining who is entitled to receive a benefit due to vulnerability, poverty and/or being at risk. Such poverty thresholds often fail to consider additional costs that are disability-related (see section 2.4)

⁶ A public works programme provides "a source of income or transfer in cash or in kind, by generating employment and creating public goods", e.g. "maintaining and/or rehabilitating assets and infrastructure and providing useful and needed services." (ISPA training event in Indonesia in March 2018, available at the following <u>link</u>).

⁷ This is one clause part of the Rehabilitation and Return to Work (RTW) programmes further mentioned in the box referring to Bangladesh's engagement in the textile sector. In addition, Indonesia's social protection project supported the integration of RTW measures into the National Social Security System Law and implementing a Disability Management Programme that trained two case managers (CMs) to become Certified Disability Management Professionals.

⁸ Adapted from Damerau, V. and Ekdahl, O. (2017) Strengthening social protection and food security in MENA: experiences and opportunities amid shocks, protracted crisis and reform processes in IPC-IG "Social protection after the Arab Spring" <u>link</u>.

⁹ ILO Social Protection World Report, 2017 in UNPRPD (n.d.) "Towards inclusive social protection systems to advance the rights of persons with disabilities. 2019–2020" <u>link</u>.

Reasonable accommodation as "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms." (Art. 5 UNCRPD).



It is widely known that benefit levels of social protection programmes are often determined by constrained budget allocations. In addition, programmes and benefits that target extra, disability-related expenses may often be scarce and/ or insufficient to cover the support that is actually needed. There is nevertheless a growing consensus within the ranks of

development and human rights players regarding the importance of social protection for the full participation of persons with disabilities and the need to move beyond traditional disability-related, social welfare approaches.

1) Framework for disability-inclusive social protection programming

Numerous instruments contribute to the growing momentum for disability-inclusive social protection systems and the inclusion of persons with disabilities in social protection programming.

International instruments

- The UN Convention on the Rights of Persons with Disabilities (CRPD) has been vital in advancing disability as a human rights issue. Germany and most of its partner countries ratified the UN CRPD. The Convention highlights the importance of international cooperation in its implementation: Article 32 obliges states parties to make their development assistance accessible for and inclusive of persons with disabilities. Article 28 recognises the right of persons with disabilities to an adequate standard of living and to social protection. It requires states parties to ensure that persons with disabilities receive equal access to mainstream social protection programmes and services, as well as to more specific programmes that address disability-related needs and expenses.
- The commitment of the 2030 Agenda to 'leave no one behind' highlights the importance of the inclusion of persons with disabilities in the implementation of the agenda. Accordingly, disability and persons with disabilities are referred to multiple times, and the global indicator framework emphasises data disaggregation by disability. Several SDGs relate to social protection, but Target 1.3 particularly focuses on appropriate social protection systems and measures for all, including floors, with substantial coverage of poor and vulnerable groups.

The related indicator (1.3.1) distinguishes the diversity among the vulnerable population covered by social protection floors/ systems, and persons with disabilities are mentioned as a specific group.

- The ILO Social Protection Floors Recommendation (No. 202)¹¹ recognises that "national social protection floors should comprise at least the following guarantees: 1) access to essential health care for all, plus 2) basic income security for children, 3) for persons of working age unable to earn a living (due to sickness, unemployment, maternity or disability), and 4) for old people."¹² This provides basic social protection guarantees to all persons across the life cycle and includes persons with disabilities, as depicted in the initial graph. It is aimed at preventing or alleviating poverty, vulnerability and social exclusion.
- · By endorsing the Joint Statement Towards inclusive social protection systems supporting the full and effective participation of persons with disabilities in 2019, the German development cooperation contributes to building greater consensus on the importance of inclusive social protection systems supporting the full and effective participation of persons with disabilities.

Regional and national plans and strategies

The inclusion of persons with disabilities is an important principle of German development cooperation:

- · The first Action Plan of the BMZ on disability inclusion (2013 until 2017) was followed by a new cross-sectoral strategy that specifies BMZ's commitment to disability inclusion in German development cooperation and related targets. It was launched at the end of 2019.
- The 2009 BMZ Sector Strategy on Social Protection adopts a twin-track approach to ensure access to social protection for persons with disabilities, combining their integration into national social protection systems with disability-specific services.

The German development cooperation aligns itself with national development and/ or social protection plans, strategies and policies from their committed partner countries, including those which specifically address the needs of persons with disabilities. There are also various regional and national instruments that call for access to social protection systems for persons with disabilities:

· Asian and Pacific regional Incheon Strategy is one of the first set of regionally agreed, disability-inclusive development goals and within **Goal 4. Strengthen social protection**, target 4.b requires the increased coverage of persons with disabilities within mainstream social protection programmes.

- · Acting jointly with the Foreign Ministry of Finland, GIZ has actively supported the African Union with the development of two documents through the 'African Union Disability Architecture, AUDA' project. One is the Protocol to the African Charter on Human and People's Rights on the Rights of Persons with Disabilities in Africa ('Disability Protocol') which also stipulates access to social protection. Another is the African Union Disability Strategic Framework which was newly adopted by the 2019 meeting of the African Union (AU) Specialised Technical Committee (STC) on social development, labour and employment. Strategic Area 3 is one (out of 10) that focuses on strengthening disability-sensitive and appropriate social protection programmes and instruments in AU Member States.
- The <u>Addis Ababa Agenda for Action</u> specifically refers to persons with disabilities in its commitment to the delivery of social protection systems and measures for all.



2) The operationalisation of disability-inclusive social protection programming

A range of appropriate measures has been created to effectively ensure that social protection interventions include persons with disabilities and their needs.



2.1. Data & Monitoring: Improving availability of data with regards to the needs and access to social protection of persons with disabilities

One of the key barriers to disability-inclusive social protection planning is the lack of data on the social protection needs of persons with disabilities and the challenges they experience in accessing social protection programmes and specific support. An effective way to start addressing this would be to

· include disability-specific data in social protection data collection: Include disability-specific indicators in the monitoring mechanisms of social protection interventions and pay special attention to disability in evaluations. Ensure that all the data collected during the intervention are disaggregated by (the type and ideally also the degree of) disability and intersectional factors (e.g. age and sex). Any data stored, particularly within social registries and disability registries

(see below) is highly sensitive, and this is why 'data collection and protection mechanisms and procedures for granting access' are extremely important.

- · include disability-specific indicators in social protection programmes and projects, as part of programme/project objectives and respective indicators. This is well reflected in the GIZ Social Protection project in Indonesia with a module objective that refers to the implementation (in 5 pilots) of newly developed instruments for the employment promotion of persons with disabilities.
- · promote data disaggregation by disability through disability registries: Encourage governments and relevant players to register and assess persons with disabilities properly in a disability registry. This can be usefully linked to the social protection sector and vice versa, to mainstream support to persons with disabilities. However, disability registries do not always exist,

so the collection of specific disability data in household surveys or censuses to identify persons with disabilities can be a window of opportunity to identify more persons with disabilities in a society.¹³ Another way to populate a disability registry – above and beyond data collection by DPOs – is through social protection agencies, since the social protection programmes or social registries may collect data on disabilities (generally on the type and nature of the disabilities). However, there is a risk involved with disability registries, namely that persons with disabilities who are not listed in a registry will be excluded from all benefits. One functional, established, and accessible on demand registration mechanism for unregistered persons with disabilities across the country might be to include those that have been excluded, focusing on how complex a disability assessment can be.¹⁴ At a certain point, this may have to involve a standardised procedure for assessing the degree of disability, using the two main approaches, which are medical assessment and a functional assessment using the Washington Group assessment methodology.15

· capitalise on the advantages of digital tools: Digital tools provide great opportunities to improve programme management.

Digital payment systems create an avenue for more effective delivery. Digital communication, especially via social media platforms, improves the dissemination of information. Digital

tools for identification, such as smart cards and biometrics reduce traditional identification challenges. Data collection at source via mobile devices stored on centralised databases provides better performance insights and reduces fraud, while at the same time improving transparency and accountability. Integrated beneficiary registries also deliver an optimal, cross-programme overview of who received what type of assistance and ideally when and where this happened or should happen. This provides insights on persons with disabilities covered by specific social protection schemes, potential gaps and/or duplications in the system and, at the same time insights into the system's cost-effectiveness.

"Integrated beneficiary registries act as a nexus of information, providing inter-linkages between individual programme MISs and other external databases/registries such as national ID databases, income tax registries, civil registration system and, if applicable, disability databases and payment gateways." 16 While digital tools provide a great opportunity to ensure the inclusion of persons with disabilities into social protection systems, there is a risk that these tools can also exclude persons with disabilities, because, for example, they might not have access to electronic payment systems or online information campaigns. These risks must therefore be carefully considered and addressed when using digital tools.



Active participation of DPOs in the development of social protection programming

Involving a DPO umbrella organisation in social protection interventions provides access to a network of local member DPOs which many programmes struggle to reach during implementation. This offers the opportunity to not only address the capacity gaps of these member DPOs, but also to get their support for the disability-inclusive implementation of activities. To ensure the effectiveness of our interventions for persons with disabilities, their participation needs to be institutionalised in all phases of the project cycle through formal partnerships, for example, or memberships in steering committees.

The CDPO in Cambodia's Social Health Protection and other organisations for persons with disabilities are an excellent example of how being actively engaged contributes to the development of the social protection system. Their participation also helps to create well-planned, targeted and evidence-based awareness-raising campaigns and advocate for a change towards inclusion at local and national levels.

¹³ Depending on the context and available resources, the use of the Washington Group (WG) tools is recommended.

E. g. the WG Short Set of Questions on Disability: https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/

¹⁴ DFID and GIZ (2020) Building an integrated and digital social protection information system p.35.

https://socialprotection.org/discover/publications/building-integrated-and-digital-social-protection-information-system-technical

¹⁵ http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/

¹⁶ Chirchir and Farooq (2016) Single Registries and Social Registries: clarifying the terminological confusion. >link





Closing the disability data gap: Social Health Protection Programme (SHPP) - Cambodia

GIZ supported the Cambodian Disabled People's Organisation (CDPO), a national umbrella DPO, in developing a mobile Disability Data Application (DDA). The App enables local DPOs to identify and collect information about persons with disabilities in their communities and their priority needs.

The tool could generate data and evidence to increase awareness about disability, and support the government in planning and expanding coverage of social protection for persons with disabilities. The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSVY) has already expressed an interest in rolling out the DDA, and using the data to communicate the implementation of relevant schemes (e.g. social transfer for persons with disabilities).



Developing the mobile Disability Data Application (DDA)



How does social protection envision the Twin-Track Approach (relevant for disability inclusion)?

GIZ endorses the Twin-Track approach for disability inclusion, supporting projects specifically designed for people with disabilities and ensuring that mainstream projects address the concerns of persons with disabilities. Disability-specific schemes (e.g. disability pensions/grants, assistive devices, provision of disability certificates and residence care services) are essential for providing tailored support for the needs of persons with disabilities. "Inclusive mainstream schemes" also equally address all populations, enabling everyone to participate. This idea is linked to the universal social protection (USP) approach, which aims to cover all people against all risks. Within the framework of social protection, schemes usually prioritise the participation/coverage of the most vulnerable persons in a society; nevertheless, the design and implementation of mainstream social protection programmes need to create "reasonable accommodations" to be inclusive, making the programmes truly accessible for all (=universal). For example, an active labour market intervention should also enable the participation of persons with disabilities. "The German development cooperation promotes social protection as an overarching, universal system in partner countries" (BMZ, 2019) with a view to ensuring comprehensive, lifelong protection for the entire population by supporting the integration of different interventions (social assistance, social insurance and labour market instruments) as mentioned in the initial graph.

2.2. Participation: Involving persons with disabilities in the governance of social protection

Under the UN CRPD (Art. 4.3), consulting persons with disabilities through DPOs is compulsory. These organisations play an important role in increasing the demand for – and the design of – more disability-inclusive social protection programmes. Their participation in the design, implementation and evaluation of social protection interventions gives us a deeper understanding of the situations of persons with disabilities, the barriers they experience in accessing social services and how we can address their needs. In order to ensure their ownership and influence over related processes, it is important to:

- strengthen DPOs: Providing support to strengthen the organisational capacities of DPOs and their competencies in social protection specific aspects of the UN CRPD and the 2030 Agenda assists DPOs and their representatives to become important partners and peer educators. By providing them with capacity building and technical and financial resources to increase the awareness and ability of the DPO representatives to effectively contribute to and represent the needs of persons with disabilities, DPOs can contribute to frame-related policy and decision-making processes.
- promote inclusive processes: Develop mechanisms that ensure the participation of DPOs in the design, implementation and evaluation of your own social protection interventions. Support the effective DPO commitment in national dialogues on social protection strategies and policy-making and reform processes (e.g. through raising awareness among government officials and other stakeholders, travel allowances or sign language interpretation). Ensure that persons with disabilities can wield influence over (public) bodies that represent them, such as disability councils. Where required, digital communication platforms can also be harnessed to dismantle any barriers to participation. For example, online meetings and interaction groups on platforms such as Facebook enable active participation which can overcome physical or geographical barriers - if we can ensure that people with disabilities have access to these online platforms.

· consider diversity: Ensure the equal and meaningful involvement of women with disabilities, LGBTI and marginalised groups of persons with disabilities who are particularly hard to reach (e.g. persons with physical, sensory¹⁷, intellectual and psycho-social¹⁸ disabilities, particularly those from rural or remote areas). Needs vary across gender boundaries and it is essential to consider representatives from all gender identities. For example, "women and girls living with a form of impairment may face double discrimination based on both disability and gender."¹⁹

2.3. Capacity & Awareness: Strengthening disability inclusion competences among project staff and stakeholders

A disability-sensitive environment is an important facilitator for disability-inclusive social protection systems and programmes. Improving access to social protection for persons with disabilities therefore includes the need to promote the understanding of disability (rights) and inclusive practices:

· develop staff capacity on disability inclusion: Seek input from the GIZ Global Project 'Inclusion of Persons with Disabilities' and from planning officers of the Sectoral Department on how to include disability and persons with disabilities in your social protection programming. Identify other GIZ programmes that practise disability inclusion and cooperate with them for the implementation of specific activities (e.g. disability awareness) and inclusion strategies. Establish cooperations with local and international disability organisations (e.g. HI, CBM) or DPOs, and allocate resources for external expertise (e.g. consultants) and training courses to enable your staff to better address the requirements of persons with disabilities in the planning and implementation of social protection interventions.



Social protection can make a change. GIZ is supporting social protection in the Bangladesh textile industry.

¹⁷ Sensory Processing Disorder (SPD) is a neurological condition that causes people to misinterpret information they receive through one, or many of the senses. This can cause severe functional impairment, which can be disruptive to daily life, routines and learning processes for people with SPD. More information is available at https://achieveaustralia.org.au/ndis-overview-and-faqs/what-is-sensory-disability/.

¹⁸ https://diversity.utexas.edu/disability/psychological-disabilities-2/.

¹⁹ INCLUSION GROWS - Toolkit on disability mainstreaming for the German Development Cooperation.





Strong commitment of GIZ textile cluster in Bangladesh to promote disability inclusion

In coordination with the ILO and DGUV (German Social Accident Insurance), GIZ supports 100 factories to adopt Rehabilitation and Return to Work (RTW) programmes as part of the "Employment Injury Protection Scheme for Workers in the Textile and Leather Industries" (EIPS). Through six training institutes previously trained by international experts, all the participating factories are expected to have adopted the RTW clause by 2020. On a policy level, the programme is supporting the development of a strategy for Rehabilitation and Return to Work in Bangladesh in collaboration with the Bangladesh Business Disability Network, which is a member of the Global Business Disability Network. The project "Promotion of Social and Environmental Standards (PSES) III is part of the same GIZ textile cluster and also works towards the broader inclusion of persons with disabilities in the workplace.

· anchor disability awareness among stakeholders, including the general public and the government officers who implement social protection programmes: Include activities such as training courses to promote understanding among partners and stakeholders (e.g. policy makers, administrative personnel/staff and officers in charge of the implementation of social protection programmes) regarding the rights and needs of persons with disabilities and how disability-inclusive social protection can be designed and implemented. By increasing the direct contact with persons with disabilities, there are also more opportunities to learn more about their needs and determine where and how the system needs to adapt and become more flexible in order to increase inclusivity as briefly mentioned in the participation section. Social media should also be exploited as a communication channel since this can reach many people in more appealing ways, such as videos and infographics. The use of social media marketing such as Facebook or YouTube advertisements is also another way of reaching out to some persons that may have limited mobility – and the next generation of the population is addressed at the same time.

· coordinate, document and share lessons learnt: Share your disability inclusion experience with partners, GIZ projects, sector networks and the sectoral department, with other implementing organisations, donors and the community of practice for disability-inclusive social protection. This will support others in adapting their social protection programming to integrate the inclusion of persons with disabilities more effectively. In addition, one adequate platform and working group for corporation and coordination on inclusive social protection systems is the Social Protection Inter-Agency Cooperation Board (SPIAC-B). It is an interagency coordination mechanism composed of representatives of international organisations and bilateral institutions as well as social partners and larger NGOs as observers. The SPIAC-B aims to enhance global coordination and advocacy on social protection issues and to coordinate international cooperation in countries' demand-driven actions. More national coordination platforms and mechanisms must also address the engagement of DPOs. This coordination is needed at national level to strengthen synergies, diversify engagements and avoid duplications, but also to differentiate between development partners working at the macro level and those on the ground.



Addressing disability-related extra costs: Social Health Protection (SHP) Project - Cambodia

According to a proclamation (Prakas) issued by the Cambodian Ministry of Health, Cambodians with disabilities are entitled to free healthcare. The Health Equity Fund offers free health insurance for vulnerable households, providing an IDPoor card for free treatment and travel expenses. However, in the past, the majority of persons with disabilities were not identified as poor and eligible for free health insurance under this scheme, so they did not receive free treatment. The eligibility for the IDPoor card has meanwhile been extended to persons with disabilities, irrespective of their poverty status, to improve their access to free health care and assist with health-related expenditure. The GIZ SHP cooperated with the GIZ programme Support to the Identification of Poor Households Programme (IDPoor) to assist the Ministry of Planning

in the adaptation of the IDPoor household survey questionnaire to include the assessment of the disability status.

2.4. Adequacy and accessibility: Ensuring disability-sensitive design and delivery modalities

Accessibility and adequacy are important pre-conditions for persons with disabilities to fully benefit from social protection. Guaranteeing non-discrimination and equal access requires 'reasonable accommodation' and other support measures across all activities and target groups:

- · cover disability-related costs: Ensure that cash benefit levels and targeting mechanisms (e.g. formulas/eligibility thresholds for meanstested programmes) also consider the extra costs linked to disability (e.g. for medical expenses, assistive devices, transport). Some persons with disabilities might appear to live above the poverty line 'on paper', but in reality, they simply do not have enough money to meet the minimum standard of living in that poverty class because of disability related additional expenses.
- · ensure accessible conditionalities: When benefits are conditional upon the utilisation of certain services, such as attendance of school or health services, make sure that these are literally accessible for persons with disabilities, also through the provision of reasonable accommodation.²⁰ If barriers are preventing persons with disabilities from fulfilling conditions (e.g. lack

of accessible transport, lack of accessible health facilities and schools), they should be exempted from the conditions, until these services or activities have been made accessible.

• promote autonomy and dignity: Ensure that social protection interventions encourage the labourforce participation of persons with disabilities. Instead of throwing disability and the incapacity to work into one pot, focus on mobilising and providing adaptations for persons with disabilities, such as the identification of suitable tasks, the use of digital tools and flexible working hours (see box). If access to social protection schemes or benefit levels depend on the disability status, ensure that the definition of disability is not based solely on a medical model but that it conforms with the UN CRPD.



Disability-sensitive public works programmes: "Making Public Works Inclusive", pilot in Malawi

The Public Works Programme (PWP) targets ultra-poor households that have labour capacity. Persons with disabilities were excluded from the PWP because of stereotypes regarding their work capacity. To see how disability can be systematically integrated into the PWP, the Dedza District Council implemented this pilot project in partnership with the Malawi Council for the Handicapped (MACOHA) and GIZ. Key activities included disability awareness and the sensitisation of Village Development Committees (VDCs), disability training for extension workers and awareness-raising for persons with disabilities and their families. Messages on disability inclusion were included in the guidelines for the extension workers and the database was adapted to include disability status and the type of disability. "Reasonable accommodation" (a specific term explained above), included reduced worktime and the identification of alternative, more suitable tasks. Workplaces were also provided wherever needed. The number of persons with disabilities increased from less than 1% before the pilot to 3.7% in the first work cycle and 4.4% during the second and third cycle of the pilot. This pilot demonstrated that involvement in the PWP promotes the inclusion of persons with disabilities in the communities, but it also highlighted the importance of awareness-raising and the need to reach out to persons with disabilities to encourage their participation in the PWP.

²⁰ As explained earlier, 'reasonable accommodation' means making necessary and appropriate modifications or adjustments to ensure that a person with a disability can exercise a certain right, access and/or use any facilities, information, services, benefits, economic and educational opportunities on an equal basis with others.



· utilise all available comprehensive, high-quality and up-to-date information on persons with disabilities (mentioned under 2.1): social protection delivery is improved when the linking of persons with disabilities to complementary services is increased, including when new policies for persons with disabilities are planned or existing ones improved. For example, in Pakistan, the Support to Social Protection – Social Health Protection (SP-SHP) promotes the One Window Operations (OWO)²¹ model as a nexus for the integrated delivery of social protection services. "Customer support personnel provide information about existing programmes, assess citizens' needs and eligibility, provide assistance in obtaining required documents (e.g. identity cards, birth certificates, disability certificates), and provide support on how to apply for specific programmes and services." In Punjab, another region in Pakistan, instead of OWO the project supports Citizen Facilitation Services Centres that are the first contact for persons with disabilities who are applying for registry in the social protection system and/or to receive a disability certificate.

promote accessible communication, including grievance mechanisms: Make information about social protection schemes and programmes available for persons with different disabilities in accessible formats (e.g. materials in easy-to-read formats, subtitles, accessibility online, Braille, audio descriptions, sign language interpretation, radio broadcasts). This also involves accessible apps used for social protection purposes. Reach out to inform persons with disabilities about social protection programmes and ensure that application procedures are understandable and accessible.



The Public Works Programme (PWP) im Malawi did target ultra-poor households.



Capitalising on the digital world

The digital world and economy behave differently than the traditional physical ones. People with disabilities may find new opportunities in the online, virtual world. Possible interventions include:

- Supporting the developments of the enabling environment, by helping to set up the digital delivery of public services, providing support for mobile devices and showing persons with disabilities how to access the Internet.
- Enhancing the skills and capacities of persons with disabilities to access new opportunities by introducing jobs to the digital economy (which can be done despite disabilities) and showing the persons with disabilities how to find these jobs or to acquire the skills to perform them (including options for accessing and participating in online social platforms) by demonstrating methods through which available online public services can be used.

²¹ In other countries also called One-Stop-Shop or Single Window Services.

3) Disability inclusion matters - let's get started!

Some useful resources for the inclusion of persons with disabilities in social protection programming



Lets get started to guarantee social protection in all life stages

The German development cooperation values tools that facilitate the planning, programming and delivery of social protection programmes that are both accessible for and inclusive of persons with disabilities. In 2016, the Competence Centre for Health, Social Protection and Inclusion and the programme Global Alliances for Social Protection developed a 'Quick test of social protection systems on their gender sensitivity and inclusivity'. It rapidly and easily assesses a social protection system by means of a set of effective, non-country specific and universally valid criteria. Different methods were used to develop the criteria, such as the identification and assignment of risk areas that are particularly relevant for the gendersensitive and inclusive nature of social protection systems. A comprehensive online toolbox entitled 'Inclusive Social Protection' was developed, based on a scientific analysis in applied research (2 countries) of how social protection systems are and should be designed to

adequately and systematically provide for the inclusion of persons with disabilities. The toolbox is intended to provide tools and guidance for the four phases of a project cycle, namely, analysis and preparation, planning, implementation and M&E. It also focuses strongly on the project partners to be considered and provides further information and resources. Another specific toolkit for the inclusion of persons with disabilities entitled 'INCLUSION GROWS – Toolkit on disability mainstreaming for the German Development Cooperation' was developed to be used during the analysis and planning phase of a programme. However, it offers practical guidance in each section on how to ensure the systematic inclusion of persons with disabilities in programmes that are already running.



The Inter Agency Social Protection Assessments (ISPA) Initiative developed a set of practical tools that help countries to systematically assess their Social Protection systems, schemes, programmes and implementation arrangements. Options for further action are also offered, based on the analysis of the strengths and weaknesses of a social protection system, programme or implementation arrangement. Currently, there are four completed tools and five others being developed. For example, the Core Diagnostic Instrument (CODI) Assessment Matrix guides the analysis of a country's social protection system along 10 dimensions, of which two are extremely relevant for improving the situation of persons with disabilities: inclusiveness and adequacy.

The originally planned, stand-alone 'disability tool' (as part of the set of tools) has been reconfigured and is now a cross-cutting module. It provides a set of questions that can be used to main-stream disability into the existing tools. The module "will address the performance of disability-specific schemes and create access to mainstream social protection for those with disabilities".²²

GIZ acknowledges the importance of the UN CRPD-funded initiative jointly implemented by the ILO and UNICEF in close cooperation with IDA. The initiative seeks to enhance the collaborative development of capacity across countries with DPOs, development agencies and academia, supporting reforms towards inclusive social protection systems that promote inclusion and empowerment, in compliance with the UNCRPD. Since the main objective is to develop practical guidance for countries, development agencies and DPOs for improving the inclusion of persons with disabilities in social protection systems, the main contributions of this initiative are mainstreaming disability in ISPA tools, developing training modules and providing technical assistance.

Below is a brief checklist. It is intended to be a guide on how to start becoming more aware of some of the needs of persons with disabilities. It does draw attention to some possible programme entry points for the inclusion of disability in your planning processes, but it is not meant to be an exhaustive list.



Resources to support disability-inclusive social protection programming

- CBM (2012) Inclusion made easy. A quick programme guide to disability in development. (includes a very useful list of additional resources p. 67).
- DFID, GIZ (2020) Building an integrated and digital social protection information system, Socialprotection.org.
- GIZ (2015). Applied research concerning inclusion of persons with disabilities in social protection. Study reports from Peru and Tanzania Available at http://disabilitycentre.lshtm.ac.uk/inclusive-social-protection-project/.
- GIZ (2015): Inclusive Social Protection Checklist.

 Available at https://www.giz.de/en/downloads/Inclusive%20Social%20Protection%20Checklist.pdf
- ILO, UNICEF and IDA (Upcoming 2020) Thematic background paper series from the project "Towards inclusive social protection systems to advance the rights of persons with disabilities" (2019-20) https://www.social-protection.org/gimi/gess/RessourceDownload.action?id=55519.
- Kidd, S., Wapling, L.; Schjoedt, R; Gelders, B.; Bailey-Athias, D.; Tran, A. and Salomon, H. (2019).
 Leaving No-one behind: Building Inclusive Social Protection Systems for Persons with Disabilities.
 Orpington: Development Pathways Limited.
- VENRO (2019) Handreichung für inklusive Projektarbeit Prinzipies und Leitfragen für die Teilhabe von Menschen mit Behinderung (only available in German).



A selective (non-exhaustive) list of key questions which can be useful for strengthening planning and implementing of disability-inclusive social protection programming.

Data & Monitoring

- Have we gathered sufficient baseline information about the social protection needs and priorities of persons with disabilities and related barriers in accessing related support?
- Does our monitoring framework allow for the disaggregation of all data by (type of) disability and the assessment of the extent of the inclusion of persons with disabilities and subgroups?
- Have we included specific indicators and outcomes to follow up on the implementation of our commitment to disability inclusion in our intervention(s)?
- Do we know if the beneficiaries might need a referral to further assistance, complementing services or (psycho-social) support, beyond any they are currently receiving? Can we become more disability-inclusive by contributing to the establishment of relevant links or strengthening existing referral mechanisms?

Participation

- Have we involved persons with different disabilities, gender identities and DPOs in the planning of our intervention, including advocating that they become involved them in national social protection discussions (where relevant)?
- Have we identified a DPO as a partner to support the inclusion of disability throughout the intervention, to support the implementation of specific activities such as disability awareness and monitoring and evaluation, including representatives from diverse gender identities?
- Have we identified strategies on how we can reach even those persons with disabilities that are particularly marginalised or hard to contact?



DPOs are important actors to promote social protection and inform persons with disabilities about accessibility to social care services.

Accessibility & Adequacy

- · Are there any barriers that may limit the access of some persons with disabilities to our intervention?
- · Are we considering the intersectionality of different vulnerabilities in terms of social protection beneficiaries?
- Have we planned relevant adaptations and reasonable accommodation to ensure the accessibility of our supported services and support for the diverse group of persons with disabilities?
- · Is information on our intervention (including eligibility conditions, admission procedures, complaint and appeal procedures) available in accessible formats for all persons with disabilities? Does this also apply to on-demand registration, given that it is the entry point to the system?
- Does the programme contain requirements or conditions for which compliance will be more difficult for certain persons with disabilities?
- · Have we budgeted for inclusion-specific costs (e.g. transport allowances, interpretation)? For what purpose? And is it being used accordingly?
- · Have we ensured that our project delivery sites are accessible for persons with different types of disabilities?
- · Have we sought the input of the sectoral department on disability inclusion in the preparation and planning of the proposal/offer?
- Have we planned strategies to strengthen the capacities of persons with disabilities and DPOs?
- · 'Does the legislation on legal capacity limit the possibility for people with disabilities to enrol or perform necessary acts (such as opening a bank account)? Does the programme require beneficiaries to waive their legal capacity in order to access it?'²⁴
- Did we check for and get familiar with existing literature, studies, evidence within the country? Could they contribute, particularly in the case of interventions that require a study or a baseline?

Capacity & Awareness

- Have we included activities and financial resources to further develop our own capacities with regards to the inclusion of persons with disabilities and support the implementation of disability-inclusive practices in our intervention (e.g. through training or external consultancies)?
- If required, have we considered providing training courses for relevant government officers working in the field of social protection?
- Have we identified partners working in the field of disability and inclusion in order to create and explore synergies, coordinate and eventually add inclusion expertise to our intervention (e.g. disability organisations, other GIZ projects)?
- Have we ensured that disability inclusion is covered as a topic within the commission management process of the project?
- Have we included disability in the ToR (terms of reference) of missions to develop brief assessment (KSN) as well as the ToR of appraisal missions to promote the routine inclusion of persons with disabilities?

At GIZ² we are committed to the further development of approaches for the full inclusion of persons with disabilities across the different sectors – and we learn from our own and others' experiences:



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