



Disability Inclusive Social Protection Systems Research - Dissemination Workshop

Presentation of Main Research Findings

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Supported by:





- Background: overview of the project
- Main findings
 - Need for Social Protection
 - Access to Social Protection
 - Use of the Disability Allowance



- About **15% of the world's population** – over 1 billion people – have a disability
- People with disabilities are much more likely to be **living in poverty and face other forms of deprivation**



- Social protection can be used as a tool to tackle **poverty and other forms deprivation** (poor access to decent work, education, health care, food insecurity)

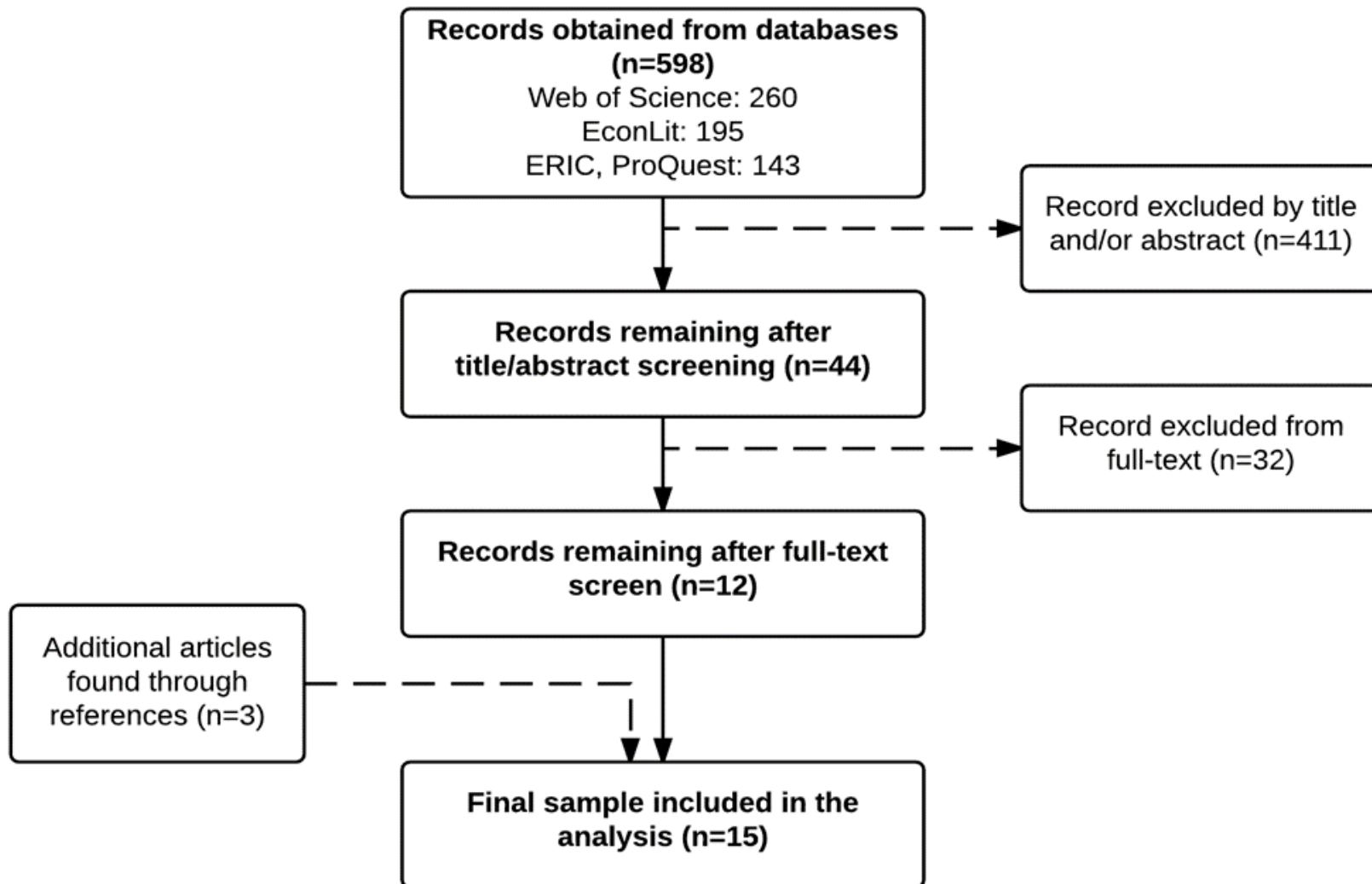


- Strong rights-based framework for full inclusion of people with disabilities into social protection systems:
 - Universal Declaration of Human Rights: Article 25 (adequate standards of living and security)
 - United Nations Convention on the Rights of Persons with Disability (UNCRPD): Article 28 (adequate standards of living and social protection)
- ‘Twin-track approach’ – inclusion through mainstream social protection programmes as well as disability-specific schemes

Social protection and disability – evidence base



- Very limited and poor-quality evidence



Objectives of study



- The objectives of the study are:
 1. To assess the extent to which the social protection system in selected countries addresses the needs of people with disabilities
 2. To identify and document examples of good practice in disability-inclusive social protection, to further the research agenda and to provide a basis for developing guidance.
- Builds on the findings from previous research carried out by LSHTM with GIZ support in Tanzania and Peru:
disabilitycentre.lshtm.ac.uk/inclusive-social-protection-project/

Rapid policy analysis



- Desk review for Asia and Pacific region identified five countries for rapid policy analysis to select sites for field research
- Vietnam and Nepal chosen as the two field sites

	UNCRPD Signatory	Disability Law	Disability grant	Mainstream social assistance	Link to disability services	Link to health system	Innovations	Research feasibility	Recommendation
Vietnam	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nepal	✓	✓	✓	✗	✓	✓	✓	✓	✓
Bangladesh	✓	✓	✓	✗	✓	✗	✓	✗	✗
Timor-Leste	✗	✗	✓	✓	✗	✗	✗	✗	✗

Vietnam:

- Disability-specific social protection with decent coverage compared to other countries
- Presence of strong research partners
- Interesting innovations in terms of benefit package, targeting and management

****STRONG SYSTEM OVERALL THAT CAN BE USED TO IDENTIFY ELEMENTS OF GOOD PRACTICE****



- Policy analysis (country level):
 - Literature review
 - Consultative workshop
 - Semi-structured interviews with key informants





- **Quantitative survey (district level):**
 - Survey to establish prevalence of disability
 - In-depth case-control study: compare living conditions between people with and without disabilities
 - Survey of Disability Allowance recipients: experience in applying for and using the Allowance





- **Qualitative interviews (district level):**
 - Interviews with people with disabilities receiving and **not** receiving social assistance
 - Interviews with local authorities, programme staff, DPOs and other key local stakeholders



Measuring disability



- Washington Group short set of questions

Because of a health problem:

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty (with self-care such as) washing all over or dressing?
6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

Response categories:

- No, no difficulty.
- Yes, some difficulty.
- Yes, a lot of difficulty.
- Cannot do at all.

Considered to have a disability if...

Report “a lot of difficulty” or “can’t do at all” in 1+ domains

Setting



Key questions



- What is the **need for** social protection?
- Are people with disabilities **included** in existing programmes?
- How does **access differ** between people with and without disabilities? Amongst people with disabilities?
- Understand the **experience of applying for and receiving** the Disability Allowance
- **Perceived impact** of receiving disability grant





Main Findings





- Prevalence of disability
 - A lot of difficulty/can't do: 2.5% (2.1-2.9%)
 - A much higher proportion reported “some difficulty”: 20.0% (19.0-21.0%)
- Prevalence **increased with age**
 - 1.1% (<18 years) to 13.2% (76+ years)
- Prevalence increased with **decreasing household income**
 - 3x higher in poorest households compared to wealthiest



Need for Social Protection:
Comparing the Living Situation
between People with and without
Disabilities in Cam Le



- Households with members with disabilities were poorer than households without a disabled member:
 - **8x** more likely to poorest income group
 - **4x** more likely to belong to poorest level of socioeconomic status (based on assets)
- Also reported “extra costs” (e.g. for medical/rehabilitation expenses, transportation) that lower standards of living
 - **38.2%** of household income or 2,082,000 VND/month



- Compared to peers without disabilities of the same gender, age and area, people with disabilities were:
 - **17x** more likely to rate their health as weak/very weak
 - **6x** more likely to have experienced a serious health condition in the last 12 months
 - Spent almost **3x** more on healthcare



- Compared to peers without disabilities of the same sex, age and area, adults with disabilities were:
 - **Almost 5x** more likely to have never attended school
 - Had **lower levels of education** if they did attend
 - Were **2.5x** more likely to be illiterate
- Children with disabilities were **more than twice** as likely to not be in school

Disability and work



- Compared to peers without disabilities of the same sex, age and area, adults with disabilities were:
 - **5x** less likely to have worked in the last 12 months
 - **4x** more likely to work irregularly, if they did work
 - **Earned less** if they did work (half the salary of people without disabilities)



Conclusion: there is a **high need** for social protection to address the increased risk of poverty among people with disabilities and their exclusion from areas such as education, employment and access to health

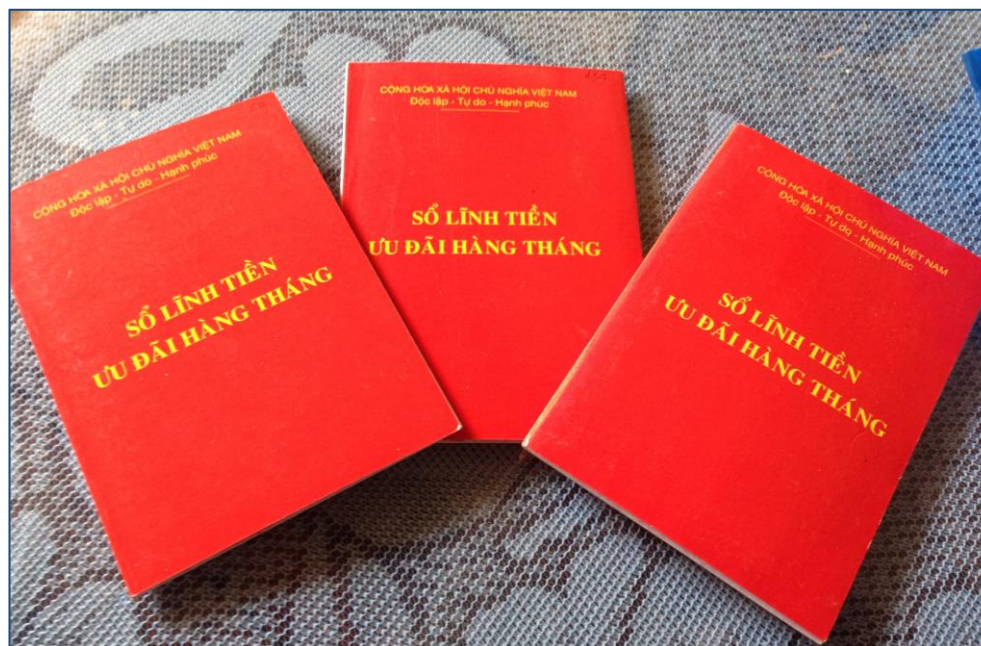


Social Protection Provisions for People with Disabilities: Nationally and in Da Nang

Main provisions



- **Cash transfer** (Disability Allowance and others) for people with “severe” and “extremely severe” disabilities
 - **National:** 405,000 VND (severe) and 540,000 VND (extremely severe) per month
 - **Da Nang:** and additional amount for the poor and the elderly



Main provisions



- **Health insurance:** free health insurance, which covers 95% of medical expenses; limited coverage of rehab/assistive devices
 - **National:** people with “severe and extremely severe” disabilities
 - **Da Nang:** expanded to children <16 with any level of disability



- **Other provisions available to all people with disabilities (who have been certified), include:**
 - Subsidized or free transportation
 - Low interest loans for people with disabilities who are self-employed
 - Exemption from training fees for vocational rehabilitation
 - Access to special education institutions
 - Tuition vouchers



**Access to Social Protection:
Programme Coverage and
Experiences in Applying for the
Disability Allowance and other
Entitlements**



- Among people with disabilities in Cam Le:
 - **42.7%** were receiving the Disability Allowance
 - **52.7%** were receiving any disability-targeted social assistance (Disability Allowance, War Invalids Benefit, Agent Orange Victims Fund)
 - **62.8%** belonged to households receiving any type of social assistance
- Coverage is **relatively high in Cam Le** (estimated 28% coverage nationally)



- Coverage by key characteristics:
 - **No difference** by gender
 - **Decreasing** coverage with age: 88.9% for children 5-18, down to 20.5% for adults 76+
 - **Lowest** for people with difficulties hearing/seeing at 28.6%
 - **Highest** for people with intellectual impairments (79-83%)



- **Health insurance:**
 - **60%** of all people with disabilities receive free health insurance (i.e. Compulsory Health Insurance)
 - All Disability Allowance recipients received CHI
 - Few were aware of or receiving other benefits (e.g. transportation discounts, education discounts, carer allowances)

Application process: overview



Individual submits application to commune People's Committee



Individual goes before the Disability Degree Determination Council (DDDC) at commune People's Committee



DDDC determines form and degree of disability using Joint Circular 37



Those with "severe" and "exceptionally severe" disabilities eligible for Disability Allowance and compulsory health insurance. All disability degrees eligible for certain benefits (e.g. transportation discounts, educational supports)

If applicant disagrees with the assessment, he/she can apply for review by the Medical Examination Council (provincial level)

Strengths of current process



- Applications done at **commune level**: easier for people with disabilities to access
- Process **doesn't require clinical expertise**: improved capacity to conduct assessments
- **Flexibility to adapt** to local context
- Good level of **awareness** of programme and process
- Applicants generally found the process **straightforward**

Challenges with the current process



- Criteria used for assessment leads to **exclusion of people with certain impairments/conditions**: e.g. deafness, Autism
- **Less incentive for people with mild disabilities** to register: low of awareness of benefits available (e.g. transportation discounts) or not seen as valuable
- Need for **increased training on disability** among DDDC members



Use of the Disability Allowance: Satisfaction and Self-Reported Impact



- **70%** of Disability Allowance recipients were at least somewhat satisfied with the allowance
 - Few issues in collection process
 - Most somewhat satisfied with the amount
 - Lowest level of satisfaction was for links to other services (e.g. rehabilitation, vocational training)

“I visit there every month for receiving social assistance. It is on 10th of the month but if there are many people, I can come someday after. I give them my record, I sign, and then they give me the money, nothing to complain about”

- Disability Allowance recipient in Cam Le



- Reported impact more modest
 - Greatest impact in **meeting basic food needs** (54.1% reported at least some positive impact)
 - Little impact in areas such as access to education, ability to work
 - Described as “motivation” or “encouragement”

“It is more about encouragement, to please people with disabilities more than for economical practical reasons. For economical purposes, it is never enough”

- Disability Allowance recipient in Cam Le

Comparing Recipients and Non-Recipients



- Compared to people with disabilities who were not receiving the Disability Allowance, beneficiaries:
 - **Spent a third less** on healthcare in the last year
 - No differences in poverty
 - No differences in level of health, access to education or work

Strengths



- Good level of **coverage** for Allowance
- Government-subsidized **health insurance** is a key benefit: high coverage among Allowance recipients and reduces a key source of “extra costs”
- **Collection procedures** are flexible and straightforward
- Good level of **satisfaction** among beneficiaries



- **Amount received is modest**, and is unlikely to meet the living costs or additional needs of people with disabilities
 - Allowance: US\$20/month vs. extra costs: US\$94
- Health insurance currently does not cover the majority of **rehabilitation services or assistive devices**
- Need for **increased awareness of other benefits** (e.g. transportation discounts) and **linkages to other services** (e.g. for vocational training, education, etc)



Thank you!

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