As the movement for cash transfer programming advances, how can we ensure that people with disabilities are not left behind in cash transfer programming for emergencies?

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It is estimated that 15% of the world’s population has a disability and evidence has shown that those with a disability are likely to be disproportionately affected when a crisis hits123. In a 2015 global consultation carried out by Handicap International, 75% of respondents living with a disability, the majority of whom had been directly impacted by a crisis, reported that they did not have “adequate access to basic assistance such as water, shelter, food or health”. Additionally, 92% of the humanitarian actors surveyed estimated that people with disabilities “are not properly taken into account in humanitarian response” 4. A Charter on Inclusion of Persons with Disabilities in Humanitarian Action5 was launched in Istanbul at the World Humanitarian Summit in May 2016. The Charter has received endorsement from over 140 governments, organizations and agencies, and demonstrates a broad commitment to advance effective inclusion of persons with disabilities across the humanitarian system. The Charter includes a commitment to promote inclusive response and services in humanitarian contexts.

It is important, then, to ask how and where cash transfer programming fits into this picture. This article comprises a light review of the relevant literature, aiming principally to bring attention to this question:

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Cash and Disability: the Conversation So Far...

A footnote in the pilot version of ADCAP’s 2015 ‘Minimum Standards for Age and Disability Inclusion in Humanitarian Action’ asks that we “note that the safe and equitable inclusion of people with disabilities and older people in cash programming requires further attention than it has received to date; there is currently a lack of evidence-based guidance on inclusive cash programming”6. A review of the literature would certainly support this statement: there appears to be a shortage of comprehensive guidance on and research of the kind of adaptations to cash-based assistance that might be made in order that programming is disability-inclusive.

A Note on Social Protection and Social Safety Nets...

1 UN (2016) ’Charter on the Inclusion of Persons with Disabilities in Humanitarian Action’
2 Handicap International (2015) ’Disability in Humanitarian Contexts: Views from affected people and field organisations’
4 Handicap International (2015) ’Disability in Humanitarian Contexts: Views from affected people and field organisations’ p4
5 http://humanitariandisabilitycharter.org/
6 ADCAP (2015) ’Minimum Standards for Age and Disability Inclusion in Humanitarian Action’ p31
There is one caveat to the above: cash has long been used in disability-inclusive social protection and social safety net programming and has, indeed, been well-documented. The Continuous Cash Benefit programme first implemented by the Brazilian government in 1993 targeted older people and people with disabilities in low-income households⁷, and is one example of countless programmes worldwide in this sector which include people with disabilities in their targeting. Seemingly, the extant shortage in documentation and guidance relates not to social protection and social safety nets but to emergency response in particular, and it is for this reason that this article focuses on the latter.

However, a review of the literature which relates to cash transfer programming in social protection does reveal that there are specific recommendations for achieving disability-inclusive implementation which would also be relevant to emergency response. These recommendations have been integrated into the five key areas for consideration which are outlined in the section below.

In way of an aside, ODI’s ‘Social Protection Pathways: shaping social justice outcomes for the most marginalised, now and post-2015’ outlines the potential for social protection programming to be ‘transformative’, citing a number of cash transfer programmes which have been used to unpick the structural inequalities which can cause the discrimination and exclusion which people with disabilities may (and, of course, may not) be exposed to. The paper cites Ghana’s LEAP programme, in which beneficiaries were provided with financial support, helping them to gain access to documentation essential in access to other forms of social assistance, among other examples. This highlights the importance of looking at the structural and environmental factors of discrimination and exclusion which can be disabling and gives us an indication of the potential for cash transfer programming to play a role in deeper structural change⁸.

A Summary of the Key Considerations

Whilst comprehensive guidance and documentation might be lacking, a review of the literature does find mention of specific recommendations with regards to the needs of people with disabilities in cash transfer programming. These recommendations can be grouped into five main areas for consideration⁹:

1. The use of appropriate beneficiary targeting and assessment is a key factor in implementing programming which is disability-inclusive. It is important to note that having a disability does not ipso facto equate vulnerability and nor does it imply a fixed or standard set of additional areas of need. The UN ‘Charter on the Inclusion of Persons with Disabilities in Humanitarian Action’, following the 2006 UN Convention on the Rights of Persons with Disabilities defines people with disabilities as having

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⁸ Jones, N and Shahrokhi, T (2013) ‘Social protection pathways: shaping social justice outcomes for the most marginalised, now and post-2015’
⁹ It is important to note that this list functions as a summary and is by no means exhaustive.
“long-term physical, psychosocial, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in, and access to, humanitarian programmes”\textsuperscript{11} (CIPDHA) and more generally “participation in society on an equal basis with others” (CRPD)\textsuperscript{12}.

The way that each person experiences these barriers to participation differs greatly and targeting and assessment must be sensitive to this. Collaboration and consultation with Disabled People’s Organisations, people with disabilities, and/or local community leaders and committees in the planning stages is an effective way to ensure disability-inclusive targeting and assessment\textsuperscript{13}. This kind of individualised, community-based assessment may not be easily scalable, however\textsuperscript{14}. It may be of particular importance for the cash movement to ask how it is that we reconcile this potential tension between scalability and individualised assessment, as scalability is one of the perceived benefits of cash transfer programming over in-kind.

2. Another key area of consideration is the \textit{accessibility of training and sensitisation materials} for all affected populations\textsuperscript{15}. Inadequate accessibility of these materials is cited as an issue which can mitigate the uptake of beneficiary registration across programme modalities, and this consideration is no less important when implementing CTP. Indeed this may be of particular importance for cash-based assistance as the kind of delivery mechanisms used in CTP may involve technological interventions which require greater sensitisation. Communication with beneficiaries must also be \textit{two-way}: beneficiaries must also have accessible forums to communicate with implementers, whether this is to register feedback or make complaints\textsuperscript{16}.

3. \textbf{Physical and sensorial access to markets, vendors and distributions points (including ATM) is a key consideration in disability-inclusive CTP.} DFID’s 2015 ‘Humanitarian Guidance Note on Ageing and Disability’ highlights this consideration\textsuperscript{17}.

The IRC’s experience of providing cash assistance to Syrian refugees and host communities in Lebanon demonstrates that the use of ATM cards, for example, can mean that not all beneficiaries with a disability are able to access transfers themselves. In way of a solution, beneficiaries were able to sign ‘power of attorney’ agreements with a trusted person who was able to access the fund in their place\textsuperscript{18}. Electing a \textit{proxy} to withdraw funds in situations where a beneficiary’s autonomy is restricted is recommended in

\begin{itemize}
\item \textsuperscript{11} UN (2016) ‘Charter on the Inclusion of Persons with Disabilities in Humanitarian Action’ p1
\item \textsuperscript{13} IFRC, Handicap International and CBM (2015) ‘All under One Roof: Disability-inclusive shelter and settlements in emergencies’
\item \textsuperscript{14} Rohwerder, B GSDRC (2014) Helpdesk Research Report ‘Disability inclusion in social protection’ p6
\item \textsuperscript{15} DFID (2015) ‘Humanitarian Guidance Note on Ageing and Disability’
\item \textsuperscript{16} IFRC (2015) ‘All under One Roof: Disability-inclusive shelter and settlements in emergencies’
\item \textsuperscript{17} DFID (2015) ‘Humanitarian Guidance Note on Ageing and Disability’
\item \textsuperscript{18} IRC and CaLP (2014) ‘Cross-sector cash assistance for Syrian refugees and host communities in Lebanon: An IRC Programme’ p8
\end{itemize}
other guidance notes. Alternatively, Mercy Corps ‘Cash Transfer Programming Toolkit’ suggests that, when targeting the most vulnerable households, it is not always necessary to name the most vulnerable person in a household as the registered beneficiary, if this might “place an unnecessary burden on them”. Instead, we can consider “whether another trusted household member may be more appropriate as the registered beneficiary”\(^{19}\). The question of which approach is most inclusive and leaves the intended beneficiary least open to abuse might best be answered through reference and adherence to the Sphere protection principles. For more on protection in CTP, see the ERC ‘Guide for Protection in Cash-based Interventions’ \(^{20}\).

4. Providing **access to activities in cash for work** is a recurrent point of focus in varied documentation and guidance\(^{21}\). In an example of humanitarian programming in Zimbabwe, people with disabilities, older people and people living with HIV and AIDS participated in activities such as cooking for the CFW programme workers, caring for their children, or distributing water to them\(^{22}\). While this is a starting point towards inclusive cash-for-work programming, limiting ex ante the participation of people with disability or living with HIV and AIDS to “soft” or “side” activities could be seen as discriminatory for these groups if the job / task assignment is given without prior consultation of concerned participants on their capacities and preferences. It is paramount to consider at first stage that people with specific needs have the same rights to choose and can be offered any qualified coordination or implementation role equally. In the Philippines, people with disabilities also contributed clearing storm debris\(^{23}\).

5. **Accessibility of Technology.** CaLP’s ‘Cash Transfer Programming in Urban Emergencies: A Toolkit for Practitioners’ notes the potential of urban cash programmes to “assist disabled populations through innovative transfer mechanisms that reduce mobility challenges and facilitate access to health care post-disaster”\(^{24}\). The potential for technological innovation to be inclusive depends on the accessibility of the technology used: if it is not accessible, it is not inclusive. It could also be argued that using inaccessible technology as a delivery mechanism without an alternative provided is discriminatory\(^{25}\). It may be that working with third-party FSPs to ensure the inclusivity of their technological solutions would be an important step in taking this consideration into account.

6. **Access to lost goods and services.** Households with persons with disabilities can face financial hardship in emergencies due to additional costs of essential services related to their specific needs, medication, replacement of lost assistive devices and loss of income due to caring for a family member with a disability.\(^{26}\) Cash transfers can enable vulnerable households affected by crises to access these essential services and replace lost assistive devices. This could be operationalized through a specific grant to these households to support financial access to local

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\(^{19}\) Mercy Corps (2014) ‘Cash Transfer Programming Toolkit’ p23


\(^{22}\) ADCAP (2015) ‘Minimum Standards for Age and Disability Inclusion in Humanitarian Action’

\(^{23}\) IFRC, Handicap International and CBM (2015) ‘All under One Roof: Disability-inclusive shelter and settlements in emergencies’

\(^{24}\) CaLP Case Study (2009) ‘Support to Economic Recovery of Urban Households in Karoi town, Zimbabwe’


markets of assistive devices and disability-related expenditure. Yet this would need to be accompanied by a proper referral system aiming to direct beneficiaries to appropriate service providers to ensure quality control of devices provided and technical support (physiotherapy).

This list is by no means exhaustive yet it highlights the fact that there are a number of cash-specific recommendations for disability-inclusive programming in emergencies. Whilst we might see documentation such as IFRC/Handicap International/CBM’s ‘All Under One Roof: Disability-inclusive shelter and settlements in emergencies’, which provides a list of sector-specific recommendations for disability inclusive CTP, it seems that we do not find comprehensive documentation which pools these recommendations cross-sectorally. This leads us to ask, if we are lacking resources in the world of CTP, how is this reflected in the bigger picture of humanitarian response as a whole?

...and the wider, humanitarian picture?

The inclusion of people with disabilities is not neglected in the key documents which underpin humanitarian action. The Sphere standards, the UN ‘Convention on the Rights of Persons with Disabilities’, the Sendai Framework for Disaster Risk Reduction 2015–2030, and a recent UN ‘Charter on Inclusion of Persons with Disabilities in Humanitarian Action’ launched at the WHS all clearly promote disability-inclusive humanitarian response. Article 11 of the 2006 ‘UN Convention on the Rights of Persons with Disabilities’ states that:

“States Parties shall take...all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters”.

Beyond this, we are not in short supply of concrete guidance outlining how to achieve these principles of inclusion in practice. The WHO guidance note on Disability and Emergency Risk Management for Health provides a comprehensive list of recommendations and case-studies for disability-inclusive implementation both in health and cross-sectorally. The Age & Disability Capacity ‘Minimum Standards for Age and Disability Inclusion in Humanitarian Action’ sets out key inclusion standards across the sectors. At field level, Handicap International interventions portfolio includes Inclusion Technical Units that propose awareness, training and coaching for humanitarian actors, either bilaterally or at cluster / sector coordination level, allowing to fill the literature gap in a context-sensitive perspective to promote inclusive programming. Challenges to inclusive programming are documented, case studies have been written, and guidance and recommendations are most certainly available. Yet, in practice, humanitarian response is still falling short.

So, where does this leave cash?

While cash used as a modality in social protection and assistance is by no means a new phenomenon, it would be fair to say that the move towards implementing cash transfer programming in emergency response is still relatively recent. Perhaps, therefore, the limited number of resources which speak directly to disability-targeted and disability-inclusive cash transfer programming can be read as symptomatic of the modality’s maturity. An alternative reading could suggest that this scarcity of engagement is in fact more reflective of problems in integrating the

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needs of people with disabilities into programming faced by humanitarian actors more broadly, whether cash-based or in-kind.

We must ask ourselves, then, what do we prioritise if we want to ensure that people with disabilities are not left behind in cash transfer programming for emergencies? Do we focus on putting together more comprehensive guidance and producing further research and documentation? Do we make adaptations to already existing literature, whether on cash-based social protection or on in-kind assistance, so that it is relevant to CTP in emergency contexts? Or, do we concentrate on breaking the current humanitarian mould by bringing the lessons already learnt alive in practice? Whatever the answer, it must entail both theory and action. The implementation of disability-inclusive cash transfer programming in emergencies needs to be based on sound evidence, and we must see the insights from this evidence manifest in practice.

The potential of cash transfer programming to allow for choice, flexibility, and dignity means that it may be a modality which is particularly well-adapted to assisting groups of people who have specific sets of needs. It is, perhaps, a question of mind-set: how committed are we to the standards we have set ourselves? How committed are we to ‘leaving no one behind’? These are the questions the cash movement must be asking itself.

Key resources with insights on cash transfer programming and people with disabilities:

- ADCAP (2016) Minimum Standards for Age and Disability Inclusion in Humanitarian Action (available for download in the left hand toolbar)

Key resources on humanitarian response and people with disabilities:

- ADCAP eLearning: Basic Principles of Disability Inclusion in Humanitarian Response
- Source: International Online Resource Centre on Disability and Inclusion