

JOINT STATEMENT

TOWARDS INCLUSIVE SOCIAL PROTECTION SYSTEMS SUPPORTING THE FULL AND EFFECTIVE PARTICIPATION OF PERSONS WITH DISABILITIES

February 2019
A process facilitated by ILO and IDA



International
Labour
Organization



International
Disability
Alliance



Global Coalition for
SOCIAL PROTECTION FLOORS



giz Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH



Australian Government
Department of Foreign Affairs and Trade



UN ESCWA



UNRISD
United Nations
Research Institute
for Social Development



GLOBAL ACTION
ON DISABILITY



International
Centre for Evidence
in Disability



Leonard
Cheshire



International Disability and
Development Consortium



Embracing Diversity
UN Special Rapporteur on the rights
of persons with disabilities

Joint statement

**Towards inclusive social protection systems
supporting the full and effective participation
of persons with disabilities**

About this Joint Statement

This joint statement reflects our shared commitment to inclusive social protection systems for persons with disabilities. The statement emerged from meetings and discussions between international partners working on the issues of disability and social protection. These meetings also contributed to the first report of the United Nations (UN) Special Rapporteur on the Rights of Persons with Disabilities to the UN General Assembly (September 2015), which highlighted the importance of disability-inclusive social protection systems.

Noting the key findings of international experiences gathered from different stakeholders, this joint statement sets out the specific risks and vulnerabilities faced by persons with disabilities and their families and how social protection systems can effectively protect them from livelihood shocks, reduce and prevent poverty and enable them to participate fully in society. We hope that this statement will guide and support future action to ensure that social protection systems take into account the rights of persons with disabilities and support their full and effective participation.

Australia - Department of Foreign Affairs and Trade (DFAT)

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)

Germany - Federal Ministry for Economic Cooperation and Development (BMZ)

Global Action on Disability Network (GLAD)

Global Coalition for Social Protection Floors

European Disability Forum

International Centre for Evidence in Disability

International Disability Alliance (IDA)

International Disability and Development Consortium (IDDC)

International Labour Organization (ILO)

Japan International Cooperation Agency (JICA)

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Leonard Cheshire International-University College London (LCD-UCL)

United Nations Children's Fund (UNICEF)

United Nations Development Programme (UNDP)

United Nations Economic and Social Commission for Western Asia (UN ESCWA)

United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)

United Nations Research Institute for Social Development (UNRISD)

United Nations Special Rapporteur on the Rights of Persons with Disabilities

If your organisation is interested in endorsing this Joint Statement, please contact tromel@ilo.org.

Contents

About this Joint Statementii

Introduction1

Why does social protection matter for persons with disabilities?2

Greater exposure to risks and vulnerabilities throughout the life cycle 2

Disability-specific requirements 4

**Rethinking social protection systems in light of the Convention on the Rights of
Persons with Disabilities (CRPD).....5**

**Building inclusive social protection systems that foster the inclusion and participation
of persons with disabilities7**

Non-discrimination and accessibility 8

Respect for dignity, personal autonomy, choice, control over one’s life and privacy 9

Full and effective participation and inclusion 9

Consultation and involvement of persons with disabilities 10

Attitudes and awareness 10

Adequacy of benefits and support 10

Eligibility criteria and disability assessments..... 11

Monitoring and evaluation 11

Bibliography13

Appendix.....15

Introduction

Persons with disabilities¹ comprise 15 per cent of the world's population. The majority live in low- and middle-income countries and face multiple barriers leading to inequalities² such as: overrepresentation among people living in poverty; lower participation in social, economic and public life; and lower economic health and education outcomes. Exclusion of persons with disabilities has a significant cost for individuals and households as well as for societies; economic losses related to the exclusion of persons with disabilities from the labour force range from three to seven per cent of gross domestic product (GDP)³.

Together with broader and more inclusive national policies, social protection⁴ is critical for supporting the resilience and participation of persons with disabilities and therefore contributes significantly to the realisation of the Sustainable Development Goals (SDGs), including ending poverty (Goal 1), ensuring healthy lives (Goal 3), achieving gender equality (Goal 5), promoting decent work (Goal 8) and reducing inequality (Goal 10).⁵ SDG target 1.3 explicitly commits to implementing nationally-appropriate social protection systems and measures for all, including floors⁶, and to achieving substantial coverage of the poor and the vulnerable by 2030. Furthermore, SDG Indicator 1.3.1 specifically refers to persons with disabilities⁷.

The Convention on the Rights of Persons with Disabilities (CRPD), adopted in 2006 and ratified as of 2017 by 117 countries, strongly re-affirms the right of persons with disabilities to social protection and establishes a pathway for their inclusion in all efforts related to the realization of this right (Article 28).

Most high-income countries already have significant social protection coverage for persons with disabilities and many middle- and low-income countries are currently developing their social protection policies and systems. States have committed to extending social protection coverage by adopting the ILO Social Protection Floors Recommendation, 2012 (No. 202)⁸, and are seeking guidance on how to ensure full inclusion of persons with disabilities.

¹ According to Article 1 of the CRPD, "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

² WHO and World Bank (2011).

³ Backup (2009); Banks (2011).

⁴ For the purposes of this document, social protection refers to "the set of policies and programs aimed at preventing or protecting all people against poverty, vulnerability, and social exclusion throughout their life cycles, with a particular emphasis towards vulnerable groups. Social protection can be provided in cash or in-kind, through non-contributory schemes, providing universal, categorical, or poverty-targeted benefits such as social assistance, contributory schemes with social insurance being the most common form, and by building human capital, productive assets, and access to jobs", based on a definition developed in the context of the Interagency Social Protection Assessment tools (ISPA, 2016).

⁵ ILO (2017b).

⁶ According to the [ILO Social Protection Floors Recommendation, 2012 \(No. 202\)](#), social protection floors are a nationally defined sets of basic social security guarantees aimed at preventing or alleviating poverty, vulnerability and social exclusion. See ILO (2017a).

⁷ SDG Indicator 1.3.1: "Proportion of the population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable."

⁸ [Recommendation No. 202](#) was adopted virtually unanimously (one abstention) by the Governments, as well as workers' and employers' organizations, of the ILO's 187 member States (see ILO, 2017a).

As highlighted in the report of the UN Special Rapporteur on the rights of persons with disabilities, submitted to the UN General Assembly in September 2015⁹, social protection is central to the implementation of the CRPD and to ensuring that persons with disabilities are not left behind in efforts to achieve the SDGs. The report of the Special Rapporteur concludes:

“Securing the right of persons with disabilities to social protection must be a priority for States and the international community. Inclusive social protection systems, including social protection floors, can contribute significantly to supporting the social participation and inclusion of persons with disabilities by ensuring income security and access to social services. They can also play an important role in fostering the realization of the Sustainable Development Goals for persons with disabilities.

For that purpose, States must move away from traditional disability-welfare approaches and turn towards rights-based ones, and must develop comprehensive social protection systems that guarantee benefits and access to services for all persons with disabilities across the life cycle. The inclusion of persons with disabilities in social protection systems is not only a human rights issue, but also a crucial investment for development that States cannot afford to miss.”

The present joint statement reflects the shared commitment of those who work in the fields of social protection and disability inclusion to promote inclusive social protection systems for persons with disabilities. It acknowledges the key role played by social protection in realizing human rights and social and economic development. The statement should guide future action to ensure that social protection systems fully respect the rights of persons with disabilities and support their full and effective participation.

Why does social protection matter for persons with disabilities?

Social protection plays a critical and unique role for persons with disabilities, who face multiple barriers such as discrimination in the labour market. These barriers increase vulnerabilities, exposure to risks and the impact of economic or other shocks, thus preventing individuals from enjoying more favourable conditions.

Greater exposure to risks and vulnerabilities throughout the life cycle

As a result of existing barriers, a lack of support and persistent discrimination, persons with disabilities are more exposed throughout the life cycle than those without disabilities to the risks and vulnerabilities which are addressed by social protection systems.

- *Poverty*: There is strong evidence demonstrating that persons with disabilities are over-represented among the poorest in the world¹⁰, with higher rates of poverty and multiple deprivation.¹¹ Barriers to accessing employment and disability-related costs restrict their ability to escape poverty.
- *Unaffordable health care, including rehabilitation*: In all countries, it is more difficult for persons with disabilities to access health care effectively, including rehabilitation. They are also more likely to face catastrophic health expenditures than persons without disabilities, thus exacerbating their

⁹ UN (2015).

¹⁰ Groce et al (2011).

¹¹ Mitra et al (2011).

already high poverty risks.¹² Persons with disabilities living in rural or isolated areas may be particularly affected.

- *Children with disabilities*: Families may restrict participation or even hide children from the rest of the community due to stigma or to protect them, reducing the child's access to support¹³, education and other services. Children with disabilities are almost four times more likely to experience violence¹⁴ and up to 17 times more likely to enter institutional care than their peers without disabilities¹⁵, particularly owing to insufficient support for families, a lack of inclusive education and poverty¹⁶.
- *Persons with disabilities of working age*: In all high-, middle- and low-income countries, persons with disabilities, especially women, are significantly less likely to be employed and even less likely to be employed in the formal economy. Consequently, only a small proportion of persons with disabilities can rely on stable and decent earnings and access contributory schemes¹⁷.
- *Older persons with disabilities*: The prevalence of disability increases with age resulting in a high percentage of older persons with disabilities who face an accumulated disadvantage¹⁸ and who are often neglected in the design of social protection systems.
- *Women with disabilities*: Women with disabilities have higher rates of unemployment¹⁹ and are at higher risk of violence than women without disabilities and men with disabilities²⁰. They also encounter the barriers faced by women in general such as precarious livelihoods, unequal access to and control over assets and resources, child care responsibilities and a lack of access to maternity protection.

In addition, groups such as indigenous persons with disabilities or those living in rural and remote areas²¹ face particular disadvantages that may further increase their vulnerability. According to the context, persons with disabilities might be more vulnerable to certain risks. For instance, data from sub-Saharan Africa suggest that persons with disabilities have an increased risk of HIV infection compared to men and women without disabilities, while they also face greater barriers in accessing needed HIV services.²²

Persons with disabilities are also more vulnerable in humanitarian crises, including conflicts and disasters²³. In such circumstances, persons with disabilities, especially children, are more likely to be left behind, abandoned or neglected²⁴, and may lose essential medications and assistive devices, resulting in increased dependence on caregivers²⁵.

¹² *ibid*, p.65-68.

¹³ UNICEF (2007).

¹⁴ Jones et al (2012).

¹⁵ UNICEF (2012).

¹⁶ Better Care Network (2017).

¹⁷ WHO and World Bank (2011).

¹⁸ *ibid*, p.35

¹⁹ WHO and World Bank (2011), p.236; O'Reilly (2003).

²⁰ UN WOMEN (2017); European Union Agency for Fundamental Rights (2014), p.104.

²¹ United Nations Committee on the Rights of Persons with Disabilities, *Concluding observations*, document CRPD/C/BRA/CO/1, para. 50 and document CRPD/C/KEN/CO/1, para. 49.

²² Respective risks are 1.48 times higher in men and 2.21 times in women (UNAIDS, 2017).

²³ Handicap International and HelpAge International (2014); Handicap International (2015).

²⁴ UNICEF (2013).

²⁵ International Disability and Development Consortium (2008).

Disability-specific requirements

Persons with disabilities face barriers to accessing employment, education, health care and disability-related services, and to earning enough income to cover both ordinary and disability-related costs, severely restricting their escape from poverty and their choices and opportunities in comparison with persons without disabilities. Depending on the type and severity of impairment, environment, age, gender, ethnicity, poverty and other grounds for discrimination, persons with disabilities face different barriers to their full participation in society and therefore require different types of support.

However, in low- and middle-income countries, there are very few publicly-funded mechanisms and schemes to ensure access to support services in the community²⁶. Rather, much of the support is provided by families, most often women. Consequently, the autonomy and choice of persons with disabilities are often limited and the economic opportunities of family members providing the support are restricted, especially in situations of intensive support. For instance, having a poor parent with a disability increases the likelihood of children aged from seven to 16 years never having been to school by 25 percentage points in the Philippines and 13 percentage points in Uganda²⁷.

Persons with disabilities may also need assistive devices such as wheel-chairs, white canes, Braille readers or consumables (e.g. hygienic kits). Assistive devices can provide invaluable support for mobility, communication and access to information to millions of persons with disabilities which significantly increases their autonomy. However, affordability is one of the main barriers contributing to the fact that only five to 15 per cent of the global population requiring assistive devices has access to them²⁸. The problem is particularly acute in low- and middle-income countries where most assistive devices are either unavailable or unaffordable²⁹.

Furthermore, the inaccessibility of existing services generates additional costs for persons with disabilities which persons without disabilities will not usually incur. For example, persons with disabilities often need to take a taxi because public transport is inaccessible; need to be accompanied by one of the few available sign language interpreters to use health services; and require a support person because public documents are inaccessible.

In recent years, a number of studies have shown that disability-related costs can amount to roughly one-third of a national average wage³⁰. However, disability-related costs are not, or not sufficiently, being taken into account in many countries' social protection policies and programmes³¹.

Even where support is available, either in cash or in kind, it is often insufficient to afford persons with disabilities an adequate standard of living and level of participation³². Some persons with disabilities may have no meaningful opportunities to access support services (e.g. due to a lack of transport infrastructure). Moreover, complex bureaucratic processes may present an even larger barrier for persons with disabilities than for the rest of the population.

²⁶ United Nations (2015).

²⁷ UNESCO (2010), p. 184.

²⁸ WHO (2014).

²⁹ The WHO has recently produced a list of 50 essential assistive devices which can be used to guide states on procurement and reimbursement policies, including insurance coverage, of assistive devices (WHO 2016). It is common for low- and middle-income countries not to have public mechanisms in place to provide personal assistance and the funding to support such services.

³⁰ Cullinan et al (2011); Cullinan et al (2013); Loyalka et al (2014); Mont and Cuong (2011); Braithwaite and Mont (2009); Saunders (2007); Zaidi and Burchardt (2005).

³¹ Hanass-Hancock and Deghaye (2015).

³² United Nations Committee on the Rights of Persons with Disabilities, *Concluding observations*, documents CRPD/C/GAB/CO/1, para. 60; CRPD/C/UKR/CO/1, para. 52; CRPD/C/KOR/CO/1, para. 53 and; CRPD/C/THA/CO/1.

Rethinking social protection systems in light of the Convention on the Rights of Persons with Disabilities (CRPD)

The CRPD emphasizes the key role of social protection to support the full and effective participation of persons with disabilities. It acknowledges the specific challenges and requirements of persons with disabilities, and elaborates on the provisions of the Universal Declaration of Human Rights (Articles 22 and 25) and the International Covenant on Economic Social and Cultural Rights (ICESCR)³³ (Articles 9 and 11) by applying a disability rights lens. Thus, the CRPD adopts a broad understanding of social protection that effectively contributes to the realization of essential rights such as social security, adequate standards of living, living independently in the community or access to health care, education and employment.

The CRPD stipulates the following obligations of States with regard to social protection, particularly in Article 28, which are further illustrated by the CRPD Committee's recommendations to States Parties:

- To ensure that persons with disabilities have equal access, without discrimination, to all social protection schemes and programmes, including poverty reduction programmes, pensions and public housing (Article 28)³⁴, health insurance (Article 25)³⁵, and vocational training and return-to-work programmes (Article 27).
- To ensure that persons with disabilities have access to affordable and quality disability-related services and devices (article 28), which support living independently in the community (Article 19) and that they receive assistance to cover disability-related expenses³⁶ (Article 28).
- To ensure that persons with disabilities enjoy adequate standards of living on an equal basis with others³⁷ (Article 28).
- To support children with disabilities and their parents and ensure that children in any case are living in family settings (Articles 7, 16, 18 and 23).
- To ensure that appropriate measures are taken to address the particular disadvantages faced by women and girls with disabilities (Article 6 and 28)³⁸.
- To ensure that all international cooperation programs are inclusive of and accessible to persons with disabilities (Article 32) including in situations of humanitarian crisis (Article 11).

These obligations emphasize that social protection should always contribute to the empowerment, participation and inclusion of all persons with disabilities.

The human rights-based approach to disability embraced by the CRPD has challenged the traditional perception of persons with disabilities, leading to a paradigm shift. The CRPD highlights the major role of societal barriers in restricting the participation of persons with disabilities and sets out the steps that States

³³ CESCR (1994); CESCR (2008), para. 20.

³⁴ United Nations Committee on the Rights of Persons with Disabilities: *Concluding observations*, document CRPD/C/ECU/CO/1, para. 45.

³⁵ United Nations Committee on the Rights of Persons with Disabilities: *Concluding observations*, documents: CRPD/C/THA/CO/1, para. 50; CRPD/C/EU/CO/1 para. 87; CRPD/C/SLV/CO/1 para. 52; CRPD/C/CHN/CO/1 para. 76; CRPD/C/PER/CO/1 para. 39a.

³⁶ United Nations Committee on the Rights of Persons with Disabilities: *Concluding observations*, documents: CRPD/C/BRA/CO/1, para. 51; CRPD/C/NZL/CO/1, para. 60; CRPD/C/DEU/CO/1 para. 52; CRPD/C/LTU/CO/1, para. 54; CRPD/C/THA/CO/1 para. 56.

³⁷ United Nations Committee on the Rights of Persons with Disabilities: *Concluding observations*, document: CRPD/C/UGA/CO/1.

³⁸ CESCR (1990), paras 27 and 59.

should take to ensure that persons with disabilities are in a position to enjoy and exercise all their human rights on an equal basis with persons without disabilities.

Historically, social protection viewed disability essentially through the lens of a loss of capacity or incapacity to earn income. Consequently, persons with disabilities were considered to be one of the groups which required protection³⁹ rather than support. This approach reflects a societal perspective on disability as an individual problem which ignores the negative impact of social barriers and attitudes and is based on very low, if any, expectations for persons with disabilities to be able to contribute actively to society. As a result, many social protection policies focus solely on providing a basic level of subsistence or maintaining income after a loss of earning capacity in ways that may not promote participation and inclusion.

The shift of paradigm initiated by the CRPD implies a change of perspective in the design of social protection policies mostly focussing on three interrelated issues:

- **Moving away from an “incapacity to work” approach:** The vast majority of persons with disabilities, including those with intellectual or psychosocial disabilities, would be in a position to work in more inclusive labour markets. However, persons with disabilities often must be officially certified as being “unable to work” in order to access contributory and non-contributory social protection programmes. This is in contradiction with the CRPD⁴⁰ which, in its Article 27, sets out the obligations of States to ensure that persons with disabilities have equal opportunities to work and employment⁴¹. An “incapacity to work” approach creates barriers and disincentives to seize or retain employment opportunities, instead of providing persons with disabilities with the support they require to engage in employment. *A new enabling approach is needed that recognizes the capacities of all persons with disabilities and addresses the barriers which they face in the labour market. Such approach should promote an adequate and flexible combination of income security and disability-related support to promote economic empowerment.*
- **From institutionalized care to support for living in the community:** Many countries still concentrate their resources for the care of children and adults with disabilities in residential institutions. The CRPD⁴² clearly states that these segregated institutional options violate the rights of persons with disabilities. Instead, States should provide support that allows children with disabilities to stay with their families and persons with disabilities to live independently in their community. The key drivers behind institutionalisation are a lack support for individuals and families and poverty⁴³. *In combination with other policies, social protection plays a key role in preventing institutionalisation. It can help to tackle poverty and support coverage of disability-related costs, as well as facilitate or incentivize the development of community support services which foster the full and effective participation, choice and control of persons with disabilities.*

³⁹ United Nations (2015).

⁴⁰ United Nations Committee on the Rights of Persons with Disabilities: *Concluding observations*, documents: CRPD/C/SRB/CO/1 para. 54; CRPD/C/LTU/CO/1 para. 52; CRPD/C/TKM/CO/1 para. 46.

⁴¹ Article 27 of the CRPD includes obligations related to non-discrimination policies, access to quality vocational training and return to work programmes and support for self-employment.

⁴² United Nations Committee on the Rights of Persons with Disabilities: *Concluding observations*, documents: CRPD/C/TKM/CO/1, para. 34; MNG/CO/1, para. 31; DOM/CO/1, para. 39; KEN/CO/1, para. 38; UGA/CO/1, para. 39; SRB/CO/1, para. 40; CHL/CO/1, para. 44; MAU/CO/1, para. 32; BRA/CO/1, para. 37; LTU/CO/1, para. 40; /UKR/CO/1, para. 37.

⁴³ Eurochild (2014); CESCR (2008), endnote no.17: “Institutionalization of persons with disabilities [...], cannot be regarded as an adequate substitute for the social security and income-support rights of such persons, as well as rehabilitation and employment support, in order to assist persons with disabilities to secure work as required by articles 6 and 7 of the Covenant.”

- **Beyond one-size-fits-all eligibility thresholds and benefit levels:** Persons with disabilities often face significant disability-related costs and therefore require more resources to achieve the same standard of living as persons without disabilities. However, in many countries eligibility thresholds for means-tested or proxy means-tested social assistance programmes⁴⁴ do not take these costs into account. As a result, these programmes exclude some persons with disabilities whose living standards, once disability-related costs are taken into account, are actually below the threshold. Similarly, a “one-size-fits-all” benefit that does not take into account disability-related costs is not sufficient to ensure that persons with disabilities benefit from the minimum living standard, are able to cover their disability-related costs and escape poverty. Moreover, the fact that many persons with disabilities require support to meet disability-related costs even when they have a regular income can jeopardize their economic and social participation, leading to poverty. *In order to make social protection more inclusive for persons with disabilities and more supportive of their social and economic participation, eligibility thresholds should consider disability-related costs and benefits should adequately cover these costs through appropriate mechanisms in cash or in kind. Where an income threshold for disability-related support is needed, this threshold should be significantly higher than that for accessing basic income support.*

Building inclusive social protection systems that foster the inclusion and participation of persons with disabilities

In order to address the risks, inequalities and barriers faced by persons with disabilities, a comprehensive and inclusive social protection system should ensure that persons with disabilities have access to programmes that adequately:

- ensure income security that enables access to necessary goods and services;
- ensure coverage of disability-related costs and facilitate access to the required support, including services and assistive devices⁴⁵;
- ensure effective access to health care, including disability-related medical care and rehabilitation, as well as HIV services;
- improve access to services across the life cycle, such as child care, education, vocational training, support with employment and livelihood generation, including return to work programmes; and
- take into account the diversity of this population group, both in terms of type of disability and other factors such as age, gender and ethnicity.

As countries develop and reform their social protection systems, they should aim to ensure that all persons with disabilities have access to the most comprehensive and inclusive protection and support. This can be achieved by making all instruments available, including both contributory schemes and tax-financed schemes, benefits in cash and in kind, tax exemptions and nutrition programmes. Inclusive labour market policies and anti-discrimination and equality laws are also important.

In light of the diversity of situations and needs of persons with disabilities, *an inclusive social protection system should combine effective access to mainstream schemes and to the necessary disability-specific schemes.* For some persons with disabilities, inclusive mainstream schemes may provide adequate support,

⁴⁴ A means test is used to assess whether the individual’s or household’s own resources (income and/or assets) are below a defined threshold and determine whether the applicants are eligible for a benefit at all, and if so at what level benefit will be provided (ILO, 2014). In some countries, proxy means tests are used in which eligibility is determined without actually assessing income or assets on the basis of other household characteristics (proxies) that are deemed more easily observable.

⁴⁵ The World Health Organization has recently produced a list of 50 essential assistive devices (WHO, 2016).

while others will require disability-related support adapted to their specific needs, or a combination of both.

Such a twin-track approach implies that:

- all social protection programmes should be designed, implemented and monitored in a way that ensures the inclusion of persons with disabilities, with particular attention to removing barriers and avoiding adverse effects⁴⁶; and
- adequate disability-specific programmes should be developed to provide the support and benefits required by persons with disabilities that are not met through mainstream programmes.

The following considerations are key for ensuring access and strengthening the effectiveness of these programmes. The table in the appendix to this statement contains some concrete examples of how social protection systems could be rendered more disability-inclusive.

Non-discrimination and accessibility

While most social protection schemes do not purposefully exclude persons with disabilities, their design and delivery mechanisms may inadvertently prevent or limit their access to the relevant benefits, unless disability inclusion is considered in their design and implementation.

- *Non-discrimination on the ground of disability*, including the obligation to provide reasonable accommodation⁴⁷ and respond to disability-specific requirements should be embedded in social protection legislation and be effectively enforced.
- *Accessibility of information and communication*: information about existing schemes and support should be made available in accessible formats⁴⁸ such as Braille, easy-to-read⁴⁹ and sign language. This would ensure that all persons with disabilities are able to access the necessary information, seek support and interact with social protection systems without assistance. The increasing use of technology in social protection systems may present an opportunity if accessibility is taken into account.
- *Physical accessibility*: accessibility of relevant facilities should be ensured, including transport. Where needed, reasonable accommodation must be provided.

⁴⁶ The GIZ Inclusive Social Protection webpage contains many helpful tools and case studies. Available at: <https://www.giz.de/expertise/html/16762.html>

⁴⁷ Reasonable accommodation or adjustment is any change required in the way things are usually done to allow a person with a disability to access and/or use any facilities, information, services, benefits, economic and educational opportunities on an equal basis with others. Such changes can cover premises, regulations, procedures, schedules among others. They must be effective for the person as well as not excessively onerous or disruptive for the provider. Solutions may vary according to individual circumstances and the capacity of the provider as what is reasonable for one organization may not be so for another. According to Article 2 of the CRPD, “‘Reasonable accommodation’ means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms”.

⁴⁸ Including augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities.

⁴⁹ Easy-to-read documents have short, simple sentences often with pictures and are used to make information more accessible to people with intellectual disabilities. They can also be useful for people with other communication difficulties including, those who have difficulty reading, people with hearing impairment whose first language is sign language and people who do not speak an official language as their first language.

- *Conditionalities*: there should be no barriers in the environment that prevent persons with disabilities from fulfilling conditionalities associated with benefits. If the health or education system is not disability-inclusive, families may face difficulties in complying with health- or education-related conditionalities. Gender equality should also be carefully considered. Programmes should ensure that people with disabilities and their families are in a position to fulfil those conditions, including through the provision of reasonable accommodations, as to facilitate effective access to health and education. In any case, persons should not be excluded from conditional programs if the supply side is not yet of a sufficient standard to allow them to meet the required conditions⁵⁰.
- *Legal capacity*: in contradiction to the CRPD, most countries have legal provisions that prevent some persons with disabilities from exercising full legal capacity, for example preventing them from signing contracts and opening and managing bank accounts. This may prevent persons with disabilities from receiving benefits and support or from exercising full control of the given benefit and support. The design of social protection programmes should be sensitive to these issues and provide for adequate accommodations.

In light of the above, it is essential to assess design, regulation and delivery of social protection programmes to ensure that they do not inadvertently exclude some persons with disabilities.

Respect for dignity, personal autonomy, choice, control over one's life and privacy

Social protection benefits, whether mainstream or disability-specific, should always be provided to persons with disabilities in a way that allows for their choice and control over the benefit.

For instance, benefits aimed at supporting persons with disabilities should be individual and directly received by the person with disabilities, whether they are male or female, or are head of the household or not (except in the case of children). Payments to families rather than to the individual may contribute to the disempowerment of that individual.

The receipt of social protection benefits should not imply acceptance of unwanted interventions or particular residential arrangements that would restrict choice and control of persons with disabilities.

Furthermore, in accordance with Articles 22 (respect for privacy) and 31 (statistics and data collection) of the CRPD, and paragraph 23 of Recommendation No. 202, data collection for the determination of eligibility for and delivery of benefits should always respect standards of confidentiality and privacy. Some gatekeeping and eligibility mechanisms may, for instance, oblige individuals to disclose publicly their disability status in order to obtain support, which may result in discrimination in the community.

Full and effective participation and inclusion

Social protection programmes, whether mainstream or disability-specific, should always contribute to full and effective participation and inclusion. This calls for preventing the institutionalization of persons with disabilities and ensuring adequate support and access to services in the community. In the case of children with disabilities, support needs to be given to the family, and the separation of the child from the family must be prevented.

Full and effective participation and inclusion also implies moving away from an incapacity to work approach in order to focus on barriers and support requirements as a basis for eligibility as well as unbundling income support and disability-related support. Following this approach, when a person with disability starts engaging in paid employment, he/she may no longer require income support but would continue to receive

⁵⁰ Mitra (2005), p29

the necessary benefits, in cash and in kind, to cover disability-related costs, including those associated with participation in paid employment. Such an approach promotes economic participation and reduces poverty risks. This approach would also require greater flexibility in allowing for re-entry into income support programmes. In this way, disincentives for persons with disabilities to seize economic opportunities for fear of losing essential income would be reduced.

Consultation and involvement of persons with disabilities

Consultation with persons with disabilities through their representative organizations is an obligation for States Parties to the Convention (Article 4.3) in order to ensure that the views of persons with disabilities are taken into account in the policies that impact them. This consultation contributes to more effectively designed programmes and schemes with stronger ownership, greater awareness and better governance.

While consultation with Disabled Persons' Organizations (DPOs) is likely to take place in relation to disability-specific schemes, it is less likely to occur in the context of mainstream social protection schemes. Consultation with DPOs should take place in both cases, particularly in the formulation of national social protection strategies which set out the main policy directions for the social protection system and define the strategies and priorities that guide the development of schemes and programmes⁵¹.

Particular attention should be dedicated to ensuring that women with disabilities and disability constituencies who may experience a heightened risk of exclusion (e.g. persons with psychosocial disabilities or intellectual disabilities, persons with deaf-blindness and persons with disabilities from rural or remote areas) are meaningfully involved.

Attitudes and awareness

Negative attitudes towards persons with disabilities and a lack of awareness of rights, laws, regulations and programmes can also create barriers to social protection. All staff involved in the administration and delivery of social protection programmes should be fully versed in the rights of persons with disabilities and the provisions in their programmes guaranteeing inclusion. They should also receive disability awareness training to combat stigma and stereotypes (including gender and ethnic stereotypes), as well as training in the provision of reasonable accommodations. Systems should be established to build staff capacity in this area and to monitor their compliance.

Outreach and awareness raising efforts for persons with disabilities are critical. Persons with disabilities are often not aware of existing programmes or how to access them, especially mainstream programmes. They may also believe that some programmes, for example, public employment programmes, are not accessible to them. It is therefore important that outreach efforts explicitly encourage the participation of persons with all types of disabilities, including those more likely to face discrimination on multiple grounds, owing to other characteristics such as gender, age, ethnicity, sexual orientation and region of residence.

Adequacy of benefits and support

Disability-related benefits often do not provide an adequate level of support to persons with disabilities.

Benefits should be calculated in a way that truly enables persons with disabilities to afford both ordinary and disability-related goods and services necessary to escape poverty and participate equally in society. Taking into account the progressive development of social protection systems, benefits should be calculated on the basis of the specific requirements of persons with disabilities in all their diversity and not using a one-size-fits-all approach.

⁵¹ Recommendation No. 202, paras 13-18; see also ILO (2016).

Concerns about the adequacy of benefits and support are particularly relevant in the context of a crisis. Cash transfers and other social protection benefits and services can enable vulnerable households, including households with a member with disabilities, to access food, non-food and medical items such as assistive devices (e.g. to replace lost glasses, hearing devices and wheelchairs) and services such as rehabilitation.

Eligibility criteria and disability assessments

Determination of eligibility raises complex questions for any social protection programme, but even more so when the process necessarily involves disability assessment and determination. Disability determination can add significant exclusion and inclusion errors to those which can arise in poverty targeting mechanisms⁵².

In order to comply with the CRPD, disability assessments should not only consider impairment and activity limitations, but also the attitudinal and environmental barriers faced by persons with disabilities, as well as their support requirements. The collection of these data requires the development of an adequate information management system. Such a system would provide timely and critical information to support policy makers and DPOs to develop relevant policies, determine adequate benefits and prioritize resource allocation.

With regard to other eligibility criteria, eligibility thresholds for means-tested programmes may not take into account disability-related costs. Consequently, these thresholds may exclude some people whose living standards are actually below the national agreed minimum. Particular attention should be dedicated to preventing the exclusion of women with disabilities.

Monitoring and evaluation

It is critical to ensure that administrative data is disaggregated⁵³ in an appropriate way, by type of disability and intersectional factors (such as gender), across the social protection system in order to improve the design of policies and to identify good practices. Similarly, ensuring the disaggregation of disability data from population censuses and surveys (such as household income and expenditure surveys, labour force surveys, and demographic and health surveys) would facilitate the determination of the number of persons with disabilities covered by various social protection schemes and the impact on their lives. To that end, the use of the Washington Group Short Set of Questions on Disability is recommended⁵⁴. For children with disabilities, the recommended tool is the UNICEF-WG Survey Module on Child Functioning and Disability⁵⁵.

These data collection efforts would also directly contribute to the effective monitoring of the CRPD and the SDGs.

⁵² Mitra (2010); Palmer and Nguyen (2012).

⁵³ ILO Recommendation No. 202, para. 21.

⁵⁴ Available at: <http://www.washingtongroup-disability.com>.

Key questions for inclusive social protection systems for persons with disabilities

The following questions, which are based on the principles of the CRPD, can be used to assess the extent to which a social protection programme, and the system as a whole, is inclusive:

Programme level

- Do the programme objectives, design and delivery promote the inclusion and participation of persons with disabilities or do they, perhaps inadvertently, contribute to their segregation and/or isolation?
- Is the programme designed, publicized and delivered in a way that promotes the dignity, rights and potential of persons with disabilities, with full respect to their diversity?
- Is the programme designed and delivered in way that fosters the choice, control and autonomy of persons with disabilities, and sub-categories within this group which face multiple barriers (e.g. women, ethnic minorities and indigenous people)?
- Are Disabled Persons' Organizations (DPOs) included in the design and implementation of the programme?
- Is the information on the programme (including eligibility conditions, admission procedures, and complaint and appeal procedures) accessible to all persons with disabilities?
- Are there physical barriers that limit the access of some persons with disabilities to the programme?
- Is the programme staff prepared to welcome and support beneficiaries with disabilities?
- Does the programme contain requirements or conditions for which compliance will be more difficult for persons with disabilities, or categories of persons with disabilities (e.g. women, ethnic minorities and indigenous peoples), due to existing barriers in the environment?
- With regard to child benefits, are these benefits designed to ensure that the child remains with her/his family?
- Does the monitoring framework for the scheme/programme allow for disaggregation by disability and assessment of the extent to which the programme promotes the participation and inclusion of persons with disabilities and sub-groups within this category? This may require the data collection of additional factors such as gender, economic status and location (e.g. urban/rural) of the individual.
- Are DPOs included in the monitoring of the programme?

System level

- Do national dialogue processes for formulating or revising national social protection strategies foresee consultations with DPOs, including those of women with disabilities?
- Do national monitoring processes of social protection systems include DPOs?
- Does the legal framework governing the social protection system include non-discrimination on the grounds of disability, including an obligation to provide for reasonable accommodations and respond to disability related requirements?
- Do the resources allocated to the social protection system allow for adequate coverage of all persons with disabilities through a combination of schemes and programmes providing support in cash and in kind?
- Do the monitoring mechanisms of the social protection system allow for the consolidation of disability-related data from different programmes and schemes, in order to evaluate the relevance and effectiveness of the support provided to persons with disabilities?

Bibliography

- Better Care Network. 2017. *Poverty Remains a Europe-wide Cause for Children's Institutionalisation*.
- Braithwaite, J. and Mont, D. 2009. *Disability and poverty: a survey of World Bank poverty assessments and implications*. ALTER: European Journal of Disability Research, volume 3: 219-232.
- Buckup, S. 2009. *The price of exclusion: The economic consequences of excluding people with disabilities from the world of work*, (Geneva, ILO).
- Committee on Economic, Social and Cultural Rights (CESCR). 1990. *General comment no. 3: The nature of states parties' obligations* (Geneva).
- . 1994. *General comment no. 5: Persons with disabilities* (Geneva).
- . 2008. *General comment no. 19: The right to social security* (Geneva).
- Committee on the Rights of Persons with Disabilities (CRPD). Concluding Recommendations to States Parties: [Argentina](#) (Adopted in September 2012), [Bolivia](#) (Adopted in September 2016), [Brazil](#) (Adopted in September 2015), [Chile](#) (Adopted in April 2016), [China](#), [Colombia](#) (Adopted in September 2016), [Costa Rica](#) (Adopted in April 2014), [Croatia](#) (Adopted in April 2015), [Czech Republic](#) (Adopted in April 2015), [Dominican Republic](#) (Adopted in April 2015), [Ecuador](#) (Adopted in October 2014), Ecuador, [El Salvador](#) (Adopted in September 2013), [Ethiopia](#) (Adopted in September 2016), [European Union](#) (Adopted in September 2015), [Gabon](#) (Adopted in September 2015), [Germany](#) (Adopted in April 2015), [Guatemala](#) (Adopted in September 2016), [Italy](#) (Adopted in September 2016), [Kenya](#) (Adopted in September 2015), [Lithuania](#) (Adopted in April 2016), [Mexico](#) (Adopted in October 2014), Mexico, [Mongolia](#) (Adopted in April 2015), [New Zealand](#) (Adopted in October 2014), New Zealand, [Paraguay](#) (Adopted in April 2013), [Portugal](#) (Adopted in April 2016), [Republic of Korea](#) (Adopted in October 2014), Republic of Korea, [Serbia](#) (Adopted in April 2016), [Slovakia](#) (Adopted in April 2016), [Thailand](#) (Adopted in April 2016), [Turkmenistan](#) (Adopted in April 2015), [Uganda](#) (Adopted in April 2016), [Ukraine](#) (Adopted in September 2015), [United Arab Emirates](#) (Adopted in September 2016), [Uruguay](#) (Adopted in September 2016).
- Cullinan, J.; Gannon, B. and Lyons, S. 2011. *Estimating the extra cost of living for people with disabilities*. Health Economics, 20.5: 582-599.
- Cullinan, J.; Gannon, B. and O'Shea, E. 2013. *The welfare implications of disability for older people in Ireland*. The European Journal of Health Economics, 14.2: 171-183.
- Eurochild. 2014. *Deinstitutionalisation and quality alternative care for children in Europe*.
- European Union Agency for Fundamental Rights. 2014. *Violence against women: an EU-wide survey*.
- Groce, N.; Kumbhavi, G.; Wirz, S.; Lang, R.; Trani, J.F.; and Kett, M. 2011. *Poverty and disability — a critical review of the literature in low and middle-income countries*. Leonard Cheshire Disability and Inclusive Development Centre working paper series no. 16.
- Hanass-Hancock, J. and Deghaye, N. 2015. *Elements of the financial and economic costs of disability to households in South Africa*. Technical Report of the Department of Social Development, South Africa.
- Handicap International. 2015. *Disability in humanitarian context: Views from affected people and field organisations*.
- Handicap International and HelpAge International. 2014. *Hidden victims of the Syrian crisis: disabled, injured and older people*.
- Hughes, K.; Bellis, M.A.; Jones, L.; Wood, S.; Bates, G.; Eckley, L.; McCoy, E.; Mikton, C.; Shakespeare, T.; and Officer, A. 2012. *Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies*. The Lancet, Vol. 379, No. 9826, pp.1621–1629.
- ISPA (Inter Agency Social Protection Assessments). 2016. *Core diagnostic instrument (CODI)*.
- IDDC (International Disability and Development Consortium). 2008. *Inclusive education in emergencies – Access to quality educational activities for children with disabilities in conflict and emergency situations*.
- ILO (International Labour Organization). 2014. *World social protection report 2014/15: Building economic recovery, inclusive development and social justice* (Geneva).
- . 2016. *Social protection assessment-based national dialogue: a global guide* (Geneva).
- . 2017a. *Building social protection systems: International standards and human rights instruments* (Geneva).
- . 2017b. *World Social Protection Report 2017-19: Universal social protection to achieve the Sustainable Development Goals* (Geneva).

- Jones, L.; Bellis, M.A.; Wood, S.; Hughes, K.; McCoy, E.; Eckley, L.; Bates, G.; Mikton, C.; Shakespeare, T.; and Officer, A. 2012. *Prevalence and risk of violence against children with disabilities: a systematic review and metaanalysis of observational studies*. The Lancet, Vol.380, No. 9845, pp. 899–907.
- Loyalka, P.; Liu, L.; Chen, G. and Zheng, X. 2014. *The Cost of Disability in China*. Demography 51.1: 97-118.
- Mitra, S. 2005 *Disability and social safety nets in developing countries*. Social Protection Discussion Paper Series, 509.
- . 2010. *Disability cash transfers in the context of poverty and unemployment: The case of South Africa*. World Development, 38, 1692–1709.
- Mitra, S.; Posarac, A.; and Vick, B. 2011. *Disability and poverty in developing countries: a snapshot from the world health survey*, Social Protection Discussion Paper no. SP 1109 (Washington D.C., World Bank).
- Mont, D. and Cuong, N.V. 2011. *Disability and poverty in Vietnam*. World Bank Economic Review, volume 25, issue 2.
- O'Reilly, A. 2003. *The right to decent work of persons with disabilities* (Geneva, ILO).
- Palmer, M.G. and Nguyen, T.M.T. 2012. *Mainstreaming health insurance for people with disabilities*. Journal of Asian Economics, 23, 600–613.
- Saunders, P. 2007. *The costs of disability and the incidence of poverty*. Australian Journal of Social Issues, volume 42, issue 4.
- UNAIDS (Joint United Nations Programme on HIV/AIDS). 2017. *Disability and HIV* (Geneva).
- UNICEF (United Nations Children's Fund). 2007. *Promoting the rights of children with disabilities*. Innocenti Digest No. 13 (Florence).
- . 2012. *Children under the age of three in formal care in Eastern Europe and Central Asia* (New York).
- . 2013. *State of the World's Children: Children with Disabilities* (New York).
- UNESCWA (United Nations Economic and Social Commission for Western Asia). 2017. *Strengthening Social Protection of Persons with Disabilities in the Framework of the 2030 Agenda* (Beirut).
- UNESCO (United Nations Educational, Scientific and Cultural Organization). 2010. *Education for all global monitoring report: Reaching the marginalized* (Paris). Available at: <http://unesdoc.unesco.org/images/0018/001866/186606E.pdf>.
- UN WOMEN (United Nations Entity for Gender Equality and the Empowerment of Women). *Facts and figures: Ending violence against women*.
- UN (United Nations). 2015. *Report of the Special Rapporteur on the rights of persons with disabilities (A/70/297)* (New York).
- Walsham, M and Blanchet, K. 2015. *Inclusive social protection checklist* (Bonn, Deutsche Gesellschaft für Internationale Zusammenarbeit, GIZ).
- WHO (World Health Organization) and World Bank. 2011. *World Report on Disability* (Geneva).
- WHO (World Health Organization). 2014. *Concept Note: Opening the GATE for Assistive Health Technology: Shifting the paradigm* (Geneva).
- . 2016. *Priority assistive product list* (Geneva).
- Zaidi, A. and Burchardt, T. 2005. *Comparing incomes when needs differ: equivalization for the extra costs of disability in the UK*. Review of Income and Wealth, 51(1): 89-114.

Appendix

The table below provides some concrete examples of how social protection systems could be rendered more disability-inclusive by combining enhanced access to mainstream schemes with disability-specific schemes. It is in no way an exhaustive list of possible interventions.

	MAINSTREAM SCHEMES AND PROGRAMMES	DISABILITY-SPECIFIC SCHEMES AND PROGRAMMES
GENERAL	<ul style="list-style-type: none"> • Ensure that national social protection legal frameworks guarantee the rights of persons with disabilities to social protection. • Ensure that persons with disabilities have equal access to mainstream social protection programmes and services, including by providing accessible information and communication. • Include disability-specific indicators to monitor the inclusiveness of social protection programmes and the system as a whole, and further disaggregate this data by gender or other relevant characteristics. • Explicitly refer to persons with disabilities as a target group in any mainstream programme taking into consideration additional barriers which may be encountered by women, indigenous people, persons in rural locations, etc. • Unbundle basic income support/social assistance and disability-related support. • Ensure that beneficiaries of income support programmes also have effective access to health care, education, care and other services. 	<ul style="list-style-type: none"> • Ensure that disability-related costs and support in cash and in kind (e.g. assistive devices, mobility aids) are reflected in national social protection systems. • Review national definitions and eligibility criteria of persons with disabilities to ensure their conformity with the CRPD. • Ensure access to community support services. • Mitigate risk of stigma in the community that may result from targeted interventions.
INCOME SUPPORT		
Across the life cycle: Taking into account disability-related cost	<ul style="list-style-type: none"> • In the absence of sufficient protection provided by disability-specific schemes, provide for increased benefit levels to cover disability-related costs for children and adults with disabilities. • Ensure that minimum income thresholds in social assistance schemes are adjusted for disability-related costs (e.g. by including disability as a factor in proxy means tests). 	<ul style="list-style-type: none"> • Develop a set of schemes (cash allowances, discounts, exemptions, etc.) that effectively support persons with disabilities in covering disability-related costs across the life cycle, with an income threshold, if any, significantly higher than that for social assistance.

	MAINSTREAM SCHEMES AND PROGRAMMES	DISABILITY-SPECIFIC SCHEMES AND PROGRAMMES
Childhood	<ul style="list-style-type: none"> • Ensure that birth registration programmes include registration of children with disabilities. • Ensure that child allowance programmes take into account the specific challenges faced by parents of children with disabilities. • In the case of conditional cash transfer programmes (CCTs), ensure that conditions do not discriminate against children with disabilities or parents with disabilities. • Ensure that the beneficiaries of social protection programmes also have effective access to health care, education, care, food and nutrition and other services. 	<ul style="list-style-type: none"> • In the absence of inclusive mainstream programmes, consider establishing a disability-specific income support grant for children, adults of working age and older persons with disabilities as they are among those with the fewest coping mechanisms.
Working age	<ul style="list-style-type: none"> • Consider the additional obstacles faced by persons with disabilities, particularly women, to find employment and provide flexible benefits and conditions for claiming unemployment benefits again. • Ensure that public work programs are accessible and inclusive for all persons with disabilities, including women. 	
Old age	<ul style="list-style-type: none"> • Ensure that older persons with disabilities enjoy at least a basic level of income security through a combination of contributory and non-contributory schemes, which may include a universal social pension. 	
SOCIAL SUPPORT SERVICES		
Personal assistance	<ul style="list-style-type: none"> • Explore the possibility of public employment/public works programmes financing the provision of personal assistance services in order to ensure the inclusion of persons with disabilities. 	<ul style="list-style-type: none"> • Support culturally sensitive schemes to provide personal assistance which respects the choice and control of the person and progressively scale them up.
Child support/care	<ul style="list-style-type: none"> • Ensure that parents with disabilities have priority access to child care services and that those services are accessible and inclusive. 	<ul style="list-style-type: none"> • In the absence of child care services, provide support to parents with disabilities who might require it. This support should always be provided in the community, where necessary in family-like settings.
Child protection	<ul style="list-style-type: none"> • Ensure that child protection services are inclusive. 	<ul style="list-style-type: none"> • Ensure that services are not offered in segregated settings (e.g. special institutions or sheltered employment) but support inclusion.

	MAINSTREAM SCHEMES AND PROGRAMMES	DISABILITY-SPECIFIC SCHEMES AND PROGRAMMES
Violence related services	<ul style="list-style-type: none"> • Ensure that men, women, girls and boys with disabilities have access to existing protection and support services, including shelter and support programs. 	<ul style="list-style-type: none"> • Support DPOs to offer support and counselling to those who might be at risk of or victims of violence.
ACCESS TO HEALTH CARE		
Health	<ul style="list-style-type: none"> • Ensure the removal of the barriers faced by all persons with disabilities to effectively access health care, thereby promoting universal health coverage. • Ensure that health care benefit packages include rehabilitation and assistive devices (at least the WHO list of 50 essential assistive devices). • Ensure that persons with disabilities are not denied access to private health insurance due to precondition clauses and are not exposed to a higher premium. 	<ul style="list-style-type: none"> • In the absence of inclusion in mainstream health benefit packages, develop a scheme to ensure affordable access to quality assistive devices (WHO 50 assistive devices list) and rehabilitation services. • If effective health coverage for persons with disabilities cannot be ensured through mainstream schemes, consider alternative ways of ensuring their effective access to health care.
RELATED POLICY AREAS		
Education	<ul style="list-style-type: none"> • Waive tuition fees where applicable. 	<ul style="list-style-type: none"> • Provide support to cover transportation and other disability-related costs for children with disabilities.
Transportation	<ul style="list-style-type: none"> • In the absence of or in addition to disability support, create mechanisms for subsidized or free public transport. 	<ul style="list-style-type: none"> • In the absence of accessible public transport, consider supporting services which provide accessible transport services for persons with disabilities as well as subsidizing adapted motor vehicles.
Employment and livelihood	<ul style="list-style-type: none"> • Develop inclusive job placement, supported employment services or programmes, which are sensitive to gender. • Ensure that mainstream financial services for SMEs and livelihood programs are inclusive of persons with disabilities • Ensure that skills development programmes, including technical and vocational education and training (TVET) programmes, are inclusive and accessible. 	<ul style="list-style-type: none"> • Consider supporting cooperatives of persons with disabilities. • Create a quota or social clause in public procurement giving preference to cooperatives of persons with disabilities and companies employing more persons with disabilities than the legal quota, if such a quota exists.

