

DISABILITY INCLUSIVE CASH ASSISTANCE

Learnings from practice in
Humanitarian Response



Acknowledgements

Authors: Manuel Rothe, Polly Bodgener, David Brown

Project Management Team: CBM Global Humanitarian Unit

Revision Team: Mirjam Gasser, Adva Rodogovsky, Stephanie Schöfer, Christian Modino Hok

All contributors: Shamim Ahmed, Salamatou Alzouma, Dheni Ardhian, Benjamin Barkat, Lidel Bongon, Allen Chaitezvi, Ashit Debnath, Umar Farooq, Tafadzwa Munemo, Paddington Madzinga, Bernard Madzivire, Timothy Mudarikwa, Refata Nasim, Eryl Ocasiones, Subir Saha, Shahidul Islam Shah, Tri Silvanto, and to many others who dedicated time to share their practices and learnings from field experience.

This is an open source that can be reproduced and used for non-commercial and not-for-profit basis, but referencing CBM Global.

Published by CBM Global.

Design: Peter Ramsey, Designflavour Ltd

Cover image: Norma, a woman with disabilities from Kawatuna in Sulawesi, Indonesia, opens a bank account at the mobile banking service provided in her community.

© Dheni Ardhian/CBM

© CBM Global 2021

Content

Acknowledgements	2
.....	
List of Acronyms	5
.....	
1. Introduction	6
Methodology	9
.....	
2. Lessons from Practice	11
Learning on Preparedness	12
Experience with disability-inclusive development	14
Organisational policies and procedures	15
Learning on Assessment and Analysis	16
Needs assessment	17
Market assessment and analysis	19
Financial Service Provider and Feasibility assessments	20
Learning on Design and Project Set-Up	23
Identification and Targeting	23
Selection of delivery mechanism	24
Setting the transfer value	26
Registration and data protection	27
Learning on Distribution Cycle, Monitoring and Evaluation	30
Cash Delivery	30
Monitoring	31
Evaluation and Learnings	32

3. Summary of findings	35
Participation	36
Preparedness	36
Assessment and Analysis	36
Design and Implementation Set-Up	37
Distribution Cycle, Monitoring and Evaluation	38
.....	
4. Questions for further investigation	39
Identification of persons with disabilities	40
Targeting	41
Transfer value	41
Addressing barriers to access and use of cash	41
Opportunities to link with social protection	42
Conclusion	42
.....	
Annex: Project Briefs	43
Inclusive Cash Transfer Programme for Flood Response in South Punjab, Pakistan, 2014	46
Key Lessons	47
Inclusive Cash Transfer Programme for Flood Emergency Support in Chakaria, Cox's Bazar, Bangladesh 2015	48
Key Lessons	49
Inclusive Cash Transfer Programme for Drought and Crisis Affected People in Diffa, Niger, 2017	50
Practice	50
Key Lessons	51
Inclusive Cash Transfer Programme for Emergency Response to Cyclone Idai in Zimbabwe 2019	52
Key Lessons	53
Inclusive Cash Transfer Programme for Emergency Response to Typhoon Mangkhut, Philippines 2018	56
Inclusive Cash Transfer Programme for Earthquake and Tsunami Recovery in Sulawesi, Indonesia 2019	58
Practice	58
Key lessons	59
Inclusive Cash Transfer Programme for Humanitarian Response for Cyclone Amphan, Bangladesh 2020	60
.....	
Endnotes	62

List of Acronyms

ADFP	Ageing and Disability Focal Point
CaLP	Cash Learning Partnership
CRPD	Convention on the Rights of Persons with Disabilities
CBI	Cash-Based Interventions
CVA	Cash and Voucher Assistance
CWG	Cash Working Group
DID	Disability Inclusive Development
FSP	Financial Service Provider
ID	Identification Document
LGU	Local Government Unit
MEB	Minimum Expenditure Basket
OPD	Organization of Persons with Disabilities
PDM	Post Distribution Monitoring
RNA	Rapid Needs Assessment
RTE	Real Time Evaluation
SHG	Self Help Group
VDC	Village Development Committee
WG-SS	Washington Group Short Set

1

Introduction



Tsotsowani Musasi, who has leprosy, with one of her chickens in a food-insecure area in Chiredzi, Zimbabwe.
© CBM/Hayduk

Cash transfers are a flexible humanitarian response modality, which can be adapted to assisting groups of people with specific and different sets of needs. Where the right preconditions existⁱ cash-based interventions (CBI) have the potential to efficiently reach people in need faster and at lower cost than other forms of emergency assistance. CBI empower people to make choices about assistance or services, promotes dignity and independence, and simultaneously sustains the local economy. Humanitarian actors now invest in cash and voucher interventions on a larger scale and more consistently.

As CBI continue their rapid growth, there is an increasing demand for humanitarian stakeholders to take greater account of inclusion issues and opportunities to address socio-economic inequalities in humanitarian crisis.ⁱⁱ However, there is still a large evidence gap and an incomplete understanding of the role that CBI may play in the inclusion and empowerment of persons with disabilities in humanitarian contexts, or the risks and barriers that persons with disabilities may face when they access and use cash in these settings.ⁱⁱⁱ

Disasters affect people with disabilities in different ways. Inaccessible early warnings and evacuation shelters, and response efforts that are not inclusive can affect the health, safety and recovery of people with disabilities and their families.^{iv} At least 15% of any disaster-affected population will be persons living with disabilities.^v An estimated 10.3 million persons with disabilities are forcibly displaced as a result of persecution, conflict and human rights violations.^{vi} Persons with disabilities^{vii} are much more likely to lose their lives or to be injured in a disaster^{viii}. Persons with visual, hearing, physical or intellectual impairments may be less able to escape from hazards and may have greater difficulty accessing humanitarian assistance.^{ix} Up to 14 million older people with disabilities are affected by humanitarian disasters. These people

are among those most at risk, yet their rights and needs are widely overlooked in humanitarian response.^x

Persons with disabilities are a diverse group. They have different impairments and manifold identities and may face multiple forms of discrimination. Particular issues facing older people with disabilities in humanitarian crises are physical barriers (such as distance, lack of accessible transport, lack of accessible evacuation routes, inaccessible houses and public buildings, difficulty carrying rations, lack of privacy), attitudinal barriers (such as being told to go away, negative attitudes of staff and community) and institutional barriers (such as requiring people to be physically present to claim social protection benefits and humanitarian assistance, exclusion from livelihood programmes, invisibility or lack of identification cards).^{xi} Risks for persons with disabilities are often intersectional, compounded by gender, age and type of disability. For example, being female and having a disability can increase vulnerability with females with disabilities having less access to humanitarian efforts compared to men with disabilities.^{xii}

Persons with disabilities also have unique knowledge and experience essential to their survival and to the resilience of their communities. Persons with disabilities can call on families, neighbours and social structures as important supports to exercise their rights. Persons with disabilities have capacities, resources, and a voice, and many can contribute to humanitarian action.^{xiii}

To avoid leaving persons with disabilities behind, an understanding of these different needs and capacities must inform the approach adopted in humanitarian action from the outset. Meaningful inclusion involves not just addressing the needs of persons with disabilities for assistance and protection, but also enabling them to participate in decision-making on issues that affect them, so that they can exercise their rights in full.

The rights of persons with disabilities to equal access and outcomes in humanitarian assistance are enshrined in international legal agreements, most notably in Article 11 of the Convention on the Rights of Persons with Disabilities (CPRD) and the Charter on Inclusion of Persons with Disabilities in Humanitarian Action. The Humanitarian Principles and internationally agreed humanitarian

standards inform humanitarian action and the realisation of these rights, in particular the Humanitarian Inclusion Standards for Older People and People with Disabilities. The standards are designed to help address the gap in understanding the needs, capacities and rights of older people and people with disabilities and promote their inclusion in humanitarian action.

CRPD, Article 11 – Situations of risk and humanitarian emergencies:

“States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, 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.”

The inclusion of persons with disabilities in humanitarian action is a core mandate of CBM. CBM has implemented inclusive cash and voucher assistance programmes in different humanitarian settings with the specific aim of ensuring equal access and benefit for persons with disabilities and other groups at risk of being left behind in humanitarian response.

This case study collection describes lessons learned from seven inclusive humanitarian cash transfer projects implemented from 2015 – 2020, and five ongoing projects from the 2020 Covid-19 pandemic responses. The projects employed cash transfer in a range of humanitarian crises; using unrestricted cash transfers distributed via different cash delivery mechanisms. Annex 1 provides an overview of the analysed responses and the project briefs of seven of the case studies.

The collection aims to benefit both humanitarian practitioners engaged in CBI and the wider humanitarian sector by presenting insights and learning on how humanitarian CBI programs can be made more inclusive, to ensure equal outcomes for disaster-affected people with disabilities and other at-risk groups.

Methodology

The evidence presented in this report was identified through a meta-analysis of humanitarian cash projects implemented by CBM. The case studies were developed with the field actors involved. Data collection was conducted for each case study through a review of relevant program documents, interviews with leading program managers and field visits to talk to project staff and beneficiaries.

The analysis used a case study approach based on Eisenhardt (1989). This starts with understanding the dynamics in single settings, by researching each case in-depth, and then searching for cross-case patterns, looking for similarities and differences among the cases. Emerging themes and concepts are assessed on how well or poorly they fit with the case data.

The cases were selected from different humanitarian contexts (slow and rapid onset emergencies in different countries) and different delivery mechanisms (e-transfer and direct cash distribution). The following classification of cash delivery mechanisms was used.

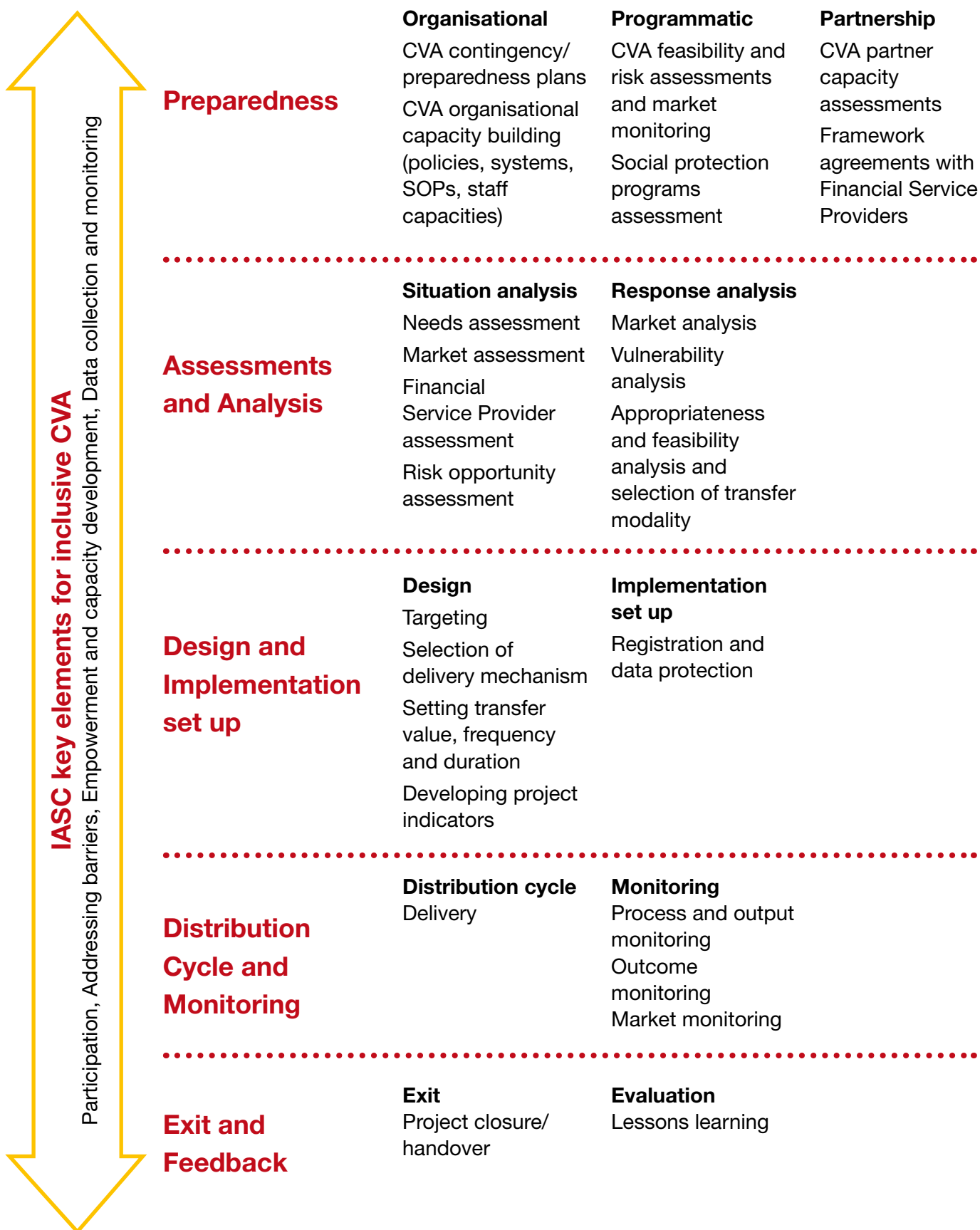
- **Direct cash:** Paper money distributed either at central distribution points or delivered directly to recipients' homes.
- **Bank transfer:** Electronic transfer through a financial service provider (FSP), which can be a commercial bank, microfinance institution, post office etc. Recipients open a bank account and withdraw the cash either at an ATM or formal branch of the provider using a bankcard. (Example: Bank Sulteng, Indonesia).
- **Wireless transfer:** Electronic transfer through a FSP. Recipients withdraw the cash through an affiliated money agent (branchless banking) using an ID card or a mobile phone number as a means of identification. (Example: UBL Omni Branchless Banking, Pakistan).

- **Mobile cash:** Electronic transfer to recipients' mobile phones in form of electronic cash. Recipients open an account with the provider. The cash is transferred as electronic currency to the recipient's mobile phone and can be cashed out or directly used to purchase goods and services, using the mobile phone as an e-wallet. (Example: EcoNet in Zimbabwe or bKash in Bangladesh).

Each case was investigated with the objective of understanding if persons with disabilities were able to equally participate in and benefit from the program and which actions of the program implementation helped or hindered them in doing so. The data was tabulated along with the phases and programme quality actions of the programme cycle, based on the Programme Quality Toolbox of the Cash Learning Partnership (CaLP) (see Diagram 1). Each phase was analysed according to four categories of 'Must do' actions for the inclusion of persons with disabilities in CBI programmes as outlined in the Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action: 1. Participation; 2. addressing barriers; 3. empowerment and capacity development; 4. data collection and monitoring.^{xxi}

By comparing the practices in each phase with the overall outcomes and learnings of the different cash program, program designs and practices which successfully promoted participation and positive outcomes for persons with disabilities could be identified. From the cross-case comparison propositions for good practices for inclusive CBI in humanitarian response emerged. These findings are presented in this paper as key considerations for the sector and as open questions to explore further.

Diagram 1: CaLP Humanitarian Cash and Voucher project cycle and programme quality actions for each phase



Explanatory note for the diagram: The humanitarian CVA programme cycle outlines five phases, and associated programme quality actions, to follow when designing and implementing CVA projects. Diagram 1 shows the main phases of the humanitarian CVA programme cycle with the CVA programme quality actions specific to each phase.

2

Lessons from Practice



Degbe Dovi, a market trader from Lome, took part in a microcredit programme.
© CBM/argum/Einberger

This chapter focuses on each phase of the programme cycle of CBI and the programmatic actions that are relevant for achieving inclusive outcomes for persons with disabilities. Practices which ensure inclusive outcomes across different inclusive CBI are presented as points for learning.

Learning on Preparedness

The importance of getting ready for timely, well-coordinated and inclusive CBI was highlighted in the experiences of the early country case studies, where this was the first time for CBM country offices and partners to implement CBI projects. Partnerships with OPDs and Self-help Groups (SHG) of persons with disabilities, existing experience and capacities with disability inclusion and established relations with national and local government structures contributed to inclusive practice in the responses. Having established partnerships with OPDs, both at national and at local level, was essential. Building these relationships is a key component of readiness for inclusive practice.

In Zimbabwe, Bangladesh and Indonesia, multiple cash transfers were implemented over successive project periods, and learning from preceding programmes

contributed to the development of policies, guidelines and practices for subsequent projects in turn enabling better preparedness for timelier and more inclusive CBI.

Partnership with OPDs and community groups

Experience from all case studies showed that existing links with local OPDs were vital both for inclusive identification and implementation of cash assistance and for building community awareness and engagement. For example, in the Yogyakarta Covid-19 response, CBM worked with a local OPD (Sasana Inklusi & Gerakan Advokasi Difabel - SIGAB), who supported assessments, targeting and advocacy and awareness-raising efforts around inclusive cash. SIGAB conducted a survey with 30 persons with disabilities in the target communities, using the CBM Feasibility Assessment for inclusive Cash Transfer tool. The findings of the assessment informed the selection of the delivery mechanism (the Indonesian Postal Service) and identified barriers for persons with disabilities to access markets.

IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action - Chapter 8 (2019)

Meaningful participation of persons with disabilities in all stages of the programme cycle is a key IASC element for inclusive CBI. This entails equal representation, formally and informally, and seeking the view of persons with disabilities on their needs, preferences, and access requirements for CBI. Partnerships with Organisations of Persons with Disabilities (OPDs) can both support persons with disabilities to access and use cash assistance and advocate for and promote inclusive services and assistance.^{xxiii}

The engagement of OPDs, Self Help Groups of persons with disabilities and inclusive community committees was instrumental in all case studies in ensuring modes of communication that enabled access for persons with different disabilities. For persons with different types of disabilities - persons who are deaf or hard of hearing, blind persons, persons with psychosocial and/or intellectual disabilities – different modes of communication needed to be combined. In the Pakistan flood response, inclusive Village Development Committees (VDCs), which had persons with disabilities as members, had been established in a previous community development project. The VDCs provided information about the cash transfers to beneficiary households and the wider community. They gave legitimacy to the response and in particular the beneficiary selection. The VDCs assisted in the cash distribution, community engagement, supervision, and gathering community feedback. A national network of OPDs (Community Based Inclusive Development Network - CBIDN) was involved in awareness raising and orientation of the VDCs on disability and inclusion. The lack of local OPDs in the areas meant that it was difficult to identify persons with disabilities; the VDCs were instrumental in filling this gap.

In many of the responses, OPDs had data available about persons with disabilities in their countries or communities and brought an inclusion perspective to the implementation of cash transfers, based on their own experiences. They supported identification and targeting by providing data, participating in household surveys, or participating in community meetings to establish targeting processes and criteria. They contributed to needs and feasibility assessments by providing inputs as well as contact details of people

in the community to consult with, or by supporting data collection. In some cases, they assisted with the assessment of financial service providers, evaluated cash delivery mechanisms from an accessibility perspective and helped identify barriers for persons with disabilities to access and use cash. OPDs were also instrumental in raising awareness with communities and staff and contributed to the development of inclusive tools and guidelines.

In Indonesia, CBM and a national OPD (Perkumpulan Penyandang Disabilitas Indonesia - PPDI), established an Ageing and Disability Focal Point (ADFP)^{xxiv} in the affected area, in response to the earthquake and tsunami. The ADFP engaged volunteers (half of them women and many of them persons with disabilities) from the affected communities, who went out every day to collect data about households with persons with disabilities and provided them with information about available humanitarian aid. This data helped during identification and targeting in the cash intervention in the second phase of the response programme.

The support of local OPDs and representatives of persons with disabilities helped to identify and include most vulnerable persons with disabilities in the Rapid Needs Assessment (RNA) for the cyclone Amphan response in Bangladesh. They had detailed information about the persons with disabilities in the project location and their vulnerabilities risks and requirements. During the RNA, they played a vital role by providing information on the local context, with knowledge about affected persons with disabilities for data collection and understanding of the socio-economic conditions of persons with disabilities and their households.

“Thanks to the project we are directly linked with the Union Disaster Management Committee and the Union is increasing the safety net for persons with disabilities. There are some other NGOs supporting disaster response in Burigoalini but none of them considers persons with disabilities, unless they are listed as beneficiaries.”

Mr. Abdur Roshid, Member of a self-help group of persons with disabilities in Burigoalini, Bangladesh

Experience with disability-inclusive development

Most of the implementing partners of the cash responses had previous experience and training in implementing disability-inclusive development or humanitarian projects and employed these skills in the design and implementation of the cash programmes.

In the Philippines typhoon response, the partner NORFIL Foundation had long experience of community-based inclusive development. The organisation is widely known in the area and has strong working relationship with local government agencies. Courtesy calls and orientations to Local Government Units (LGUs), to Barangay councils and identified families were done from the start to explain the purpose of the project. Village chiefs were already experienced with disaster preparedness, which enabled faster collaboration. The target areas coincided with an existing community-based inclusive development program run by NORFIL Foundation focusing on children with disabilities and their access to community and government programs. Available data on households with children with disabilities, knowledge of the field staff about barriers to access services for persons with disabilities and the existing relationships with local OPDs contributed to the inclusiveness of the cash intervention.

In the Bangladesh flood response, both the implementing partners, Centre for Disability in Development (CDD), and Social Assistance and Rehabilitation for

the Physically Vulnerable (SARPV), are experienced in disability inclusion and have a good knowledge of the communities and the humanitarian situation. The cash transfer intervention was new to CDD but previous experience with planning, coordination, communication and networking with key stakeholders, enabled smoother implementation.

The previous experience of partner program staff in designing inclusive cash interventions contributed to the design of subsequent projects. For example, in the COVID-19 response in Yogyakarta, budgeting included reasonable accommodation measures (such as assisting with transport to markets). Existing understanding environmental, information and institutional barriers informed the assessment of FSPs for the cash intervention.

The implementing partner, Yakkum Emergency Unit (YEU), was able to draw on the lessons of the previous inclusive humanitarian responses and community-development programs to ensure that the project equally benefited persons with disabilities. A key strength of this response was that it relied on existing relationships with local and regional government agencies that improved the timeliness of the response through efficient coordination and targeting. Similarly, the decision to operate in the areas where the partner organisations were already operating meant that they already had a good understanding of the region and the beneficiaries within these

districts. Project staff and public officials indicated that they could work well together, as one CBM staff member noted, ‘We know the context we are working in, and we can fill in the gaps [of the government response]’.

In most responses, the project management and field staff of CBM and implementing partners were aware on the principles and practices of disability-inclusive humanitarian action. Understanding common misconceptions around the participation of persons with disabilities (such as that persons with disabilities do not have the capacity to access or manage cash) and the barriers to access, helped to address needs of persons with disabilities and the barriers they face to accessing cash assistance. For example, in Niger, implementing partner staff knew from previous in-kind distributions which accessibility measures were needed to make cash distribution sites accessible.

Being used to communicating with persons with different types of disabilities made field staff more confident when interacting with cash recipients, for example in community consultations, during distributions (when providing direct cash) or when collecting feedback. In the Philippines cyclone response, the field team, in consultation with village authorities, convened a public community meeting where the project was introduced and targeting criteria were agreed. Persons with disabilities were invited and encouraged to participate. The project team ensured that persons with visual or hearing impairments or intellectual or psychosocial disabilities could attend the meetings together with their personal assistants to ensure information translation and facilitate participation.

Organisational policies and procedures

CBM has a Program Quality Framework , which sets standards for disability inclusion and an Accessibility Policy, which defines CBM’s accountability commitments and provides guidance on meeting the minimum standards in humanitarian emergencies (in line with the Charter on Inclusion of Persons with Disabilities in Humanitarian Action)^{xxvi}. A CBM Disability Inclusive Development (DID) toolkit, which sets out key inclusion principles, is widely disseminated to CBM and implementing partner staff ^{xxvii}.

The Program Quality Framework and the DID toolkit are resources all CBM country staff are familiar with. They help to mainstream inclusive practices that are also relevant when implementing cash transfers; for example, in the collection of data, disaggregated by sex, age and disability, or in ensuring accessible physical locations and information. Another relevant guidelines which was used in several of the responses is the CBM Global Process Guide for Inclusive Targeting which contributed to ensuring transparent and participative targeting process in collaboration with local OPDs.

The earlier cash responses identified the need for further policies, Standard Operating Procedures and tools to guide staff in the implementation of inclusive humanitarian CBI. Responding to this, CBM developed internal operational guidelines for inclusive CBI, which provide essential programming guidance following the different steps of cash transfer programming and which highlight key aspects of a disability-inclusive practice.

CBM has adapted and developed inclusive assessment tools, such as the Rapid Needs Assessment (RNA) tool, the Feasibility Assessment for inclusive Cash Transfer tool and the FSP assessment tool^{xxix}. These tools guide CBM country office staff and support partners with the implementation of cash projects. The tools have been piloted and used in the Covid-19 responses in Indonesia, Bangladesh, Burkina Faso and Zimbabwe leading to more accessible delivery mechanisms.

Key messages for inclusive practice in cash preparedness

- Working with OPDs and SHGs, who themselves are led by persons with disabilities, is essential to ensure the identification of persons with disabilities in affected communities; to communicate effectively to persons with disabilities and to enable inclusive practice in assessments, targeting, implementation, monitoring and evaluation of cash programs.
- OPDs, in collaboration with humanitarian actors, should lead on advocacy and awareness raising to promote inclusive practice in government and humanitarian cash programs, creating impact beyond single projects.
- Building trusted relationships with OPD partners takes time and committed investment and must be part of the organizational readiness of humanitarian actors wanting to mainstream inclusion in CBI.
- Staff should have an understanding of the principles of disability-inclusive humanitarian action and be aware about common misconceptions around the participation of persons with disabilities (in CBI) and about communicating and working with persons with disabilities.
- Organisational policies, guidelines and tools should be reviewed in collaboration with OPDs to ensure they address the needs of persons with disabilities and the barriers they face and that they are accessible themselves for use by persons with disabilities.
- Programmatic preparedness should involve an assessment of the feasibility and risk of implementing inclusive CBI with special attention to the barriers and risks faced by persons with disabilities in accessing and using CBI.

Learning on Assessment and Analysis

Needs assessment

All programmes did some form of Rapid Needs Assessment (RNA) although there was variation in the methods used. There was a distinction between the types of needs assessment (most were assessments of the affected communities as a whole, whilst a few focussed specifically on the needs of persons with disabilities) as well as between the use of different RNA tools (most used the CBM RNA formats, whilst a few used locally developed formats). The focus of the RNAs also varied - some programmes conducted the RNA with

persons with disabilities only, whilst others consulted persons with disabilities and OPDs. Some RNAs were carried out by implementing partners only, whilst others had active participation of OPDs and other stakeholders (e.g. local authorities).

Most RNAs started by asking people the Washington Group Short Set on Functioning Questions (WG-SS)^{xxx}. They focus on measuring difficulty of functioning in six basic, universal actions (capabilities). The questions reflect the continuum of difficulty in functioning and enable the a more specific assessment of the needs and requirements of persons with different types of functional limitation (see Diagram 2).

The Washington Group Short Set on Functioning



Do you have difficulty seeing, even if wearing glasses?



Do you have difficulty walking or climbing steps?



Do you have difficulty (with self-care such as) washing all over or dressing?



Do you have difficulty hearing, even if using a hearing aid?



Do you have difficulty remembering or concentrating?



Using your usual language, do you have difficulty communicating, for example understanding or being understood?

Data was usually captured online, for example via Google Forms or Kobo. The results were tabulated and coded based on the level of functioning of the respondents (e.g. people claiming to 'have a lot of difficulties with hearing' or 'cannot do it at all' were coded so that responses to all RNA questions could be filtered to them only). This allowed conclusions to be drawn on the affectedness and need of groups of persons with different functional limitations in their daily lives (including persons with disabilities, older persons, or persons with limitations for other reasons).

Most programmes used or adapted the CBM RNA tool. This tool takes an inclusive approach, considering the needs of the entire community, including the needs of those most at risk such as persons with disabilities. It includes questions on attitudes towards persons with disabilities, potential protection risks, loss or damage of mobility and assistive devices, access

barriers, specific service needs (e.g. health, psychosocial), non-food items and education requirements, market access, participation and communication.

In the Bangladesh Cyclone Amphan response, the RNA was designed to target the most at-risk individuals, including older persons, pregnant and lactating women, female or child headed households and persons with chronic conditions. The CBM RNA tool was used to develop a specific questionnaire.^{xxxi} The RNA was conducted over three days, providing insights on the situation and needs of persons with different functional limitations in a very short time. The RNA also identified gaps in disaster risk management, for example by showing that cyclone alerts were less likely to reach deaf persons in time or that persons with disabilities were on average less informed about available aid services.

“When I was invited to a discussion with the Union Parishad to talk about the loss and damage of my community as well mine, I felt pleased that my opinion does matter, even though I cannot see the beautiful world or the severe damage of my community.”

Shohir Alom, a xx-year old blind man, member of a self-help group of persons with disabilities from Satkhira, Bangladesh

All RNAs collected data disaggregated by sex, age and disability. A challenge which appeared in some of the responses is that sometimes in key informant interviews, support persons (caregivers) spoke for persons with disabilities, because inexperienced field staff do not insist on speaking to the person directly. A learning from the Sulawesi earthquake and tsunami response was that enumerators should have been provided with a more training on communication with respondents with disabilities. In the Cyclone Amphan response enumerators practiced communication in mock interviews with

members of a local OPD, which gave them more awareness of inclusive communication and confidence to communicate with persons with different types of disabilities. In the Zimbabwe cyclone response enumerators held debrief and reflection sessions every evening, together with members of the partnering OPD, during the first three days of the needs assessment, to reflect on challenges and gain confidence in conducting interviews with persons with disabilities.



A woman with disabilities accessing a market in a Cyclone Amphan affected community in Bangladesh. © Ashit Debnath / DRR

Market assessment and analysis

Market accessibility is a key aspect of inclusive market assessments. Markets are often inaccessible for some persons with disabilities. There may be environmental and social barriers to market access, such as physical access or lack of accessible transport, or social stigma leading to persons with disabilities being actively denied access by caregivers, family members or the market players themselves. Persons with disabilities can face additional costs and risks in accessing and using markets (for example, using accessible transport or if they have to rely on intermediaries to pick up and deliver goods). Assessments can identify how market actors can be helped to make their markets and services more accessible to persons with disabilities (for instance by improving accessibility in terms of the environment or communications)^{xxxii}.

In the Sulawesi earthquake and tsunami response, 60% of persons with disabilities who were the direct recipients of cash assistance reported in the Post Distribution Monitoring (PDM) that they did not spend the cash themselves, but that family or relatives went to the market. No market assessment had been conducted in the response and barriers to market access had not been systematically assessed. Field staff reported that the physical inaccessibility of markets, the unavailability of accessible transport and the attitude within the family that going to the market is not something a person with disabilities typically does or can do, were among the main reasons for the high number of recipients not accessing markets themselves. The market assessments in the Bangladesh Cyclone Amphan and COVID-19 responses showed that the majority of persons with disabilities (100% in one assessment) wish to use their cash transfers independently and autonomously without relying on caregivers or family to spend the cash for them.

The market access assessments helped to better understand what the barriers persons with disabilities face and how many recipients would need support to access

markets. The biggest barrier was the lack of accessible (public) transport as identified in the Bangladesh cyclone Amphan response and in the Yogyakarta COVID-19 response. In the cyclone Amphan response, some persons with disabilities used a taxi (auto rickshaw) to reach markets, instead of a minibus as used by other cash recipients. A taxi is more difficult to get, with long waiting times at the road to catch one, and doubly expensive. In a recent cash response (the West Sulawesi Earthquake response, 2021) a contract with a local taxi company was set up to make transport available and accessible for persons with mobility limitations to take them to the market. In the Bangladesh Covid-19 response, collaboration with selected vendors in the target area led them to make their shops more accessible and providing home delivery of goods for an additional fee.

Another disability-inclusive aspect of market assessment is the availability of specific goods and services needed by persons with disabilities (for example medication, nutritional requirements, specific hygiene items or clothes, specialized health care, assistive devices). Assessments should consider how persons with disabilities currently access these goods and services and the barriers they face. The CBM RNA includes questions on the need for specific medicines and assistive devices.

Financial Service Provider and Feasibility assessments

Wherever possible, cash delivery mechanisms should allow for persons with disabilities to access the cash themselves, whilst removing environmental, social or institutional barriers. Different access requirements of persons with disabilities should be identified in the Financial Service Provider assessment and feasibility assessment. These include, for example, requirements for those living in rural and in urban areas; financial and technological access and literacy; physical and information barriers such as the distance to distribution points; the availability and cost of accessible transport; inaccessible market

information; physical and sensorial access to distribution points, and availability of accessible ATMs and banks.

In the Indonesian earthquake and Zimbabwe cyclone responses, FSPs were selected based on the previous history and experiences of the members of the Cash Working Group (CWG). In both cases, accessibility barriers became apparent during implementation and had to be addressed as they arose. For example, with the bank Sulteng in Indonesia, difficulties in accessing ATMs to withdraw cash and institutional barriers related to the process of opening a bank account (such as difficulties accessing or understanding legal documents or difficulties reproducing a signature matching the person's ID) were identified. Ad hoc measures were negotiated to mitigate barriers, i.e. the set-up of short-term community-based banking services to facilitate access for persons with mobility limitations. For the EcoNet mobile banking/mobile wallets used in Zimbabwe, individual support was provided from staff from the EcoNet outlets in the affected communities to help people set up their accounts.

Learnings from the earlier cash responses led to the development of inclusive feasibility- and FSP assessments tools, to ensure more systematic identification of the practices and preference of persons with disabilities when accessing and managing cash and assessing a wider range of FSP and identify environmental and institutional barriers related to their services.

The Feasibility Assessment for inclusive Cash Transfer intends to assess the appropriateness and accessibility of available delivery mechanisms from the perspective of persons with disabilities. It also assesses the accessibility of markets and the support measures that must be in place to ensure everyone can access markets safely and independently. The tool was first used in the Indonesia Covid-19 responses, and in adapted versions in Burkina Faso and in the Bangladesh cyclone Amphan response and the Covid-19 response. In all three countries, it helped to identify which delivery

mechanisms are preferred or acceptable for persons with disabilities and to better understand the barriers they may face to access the cash transfer.

The CBM Inclusive FSP assessment tool is used for analysing which available cash delivery mechanisms are available in the target area and identifying environmental and institutional barriers for access by persons with disabilities. The FSP assessment involves a rapid review of the FSP landscape through desk research and in-depth review of selected delivery mechanisms; in both stages, considering institutional and environmental accessibility. One of the criteria for assessing suitable FSP for inclusive humanitarian cash transfers is that it offers services that are accessible for persons with different types of disabilities (including physical, sensory, intellectual, psychosocial and learning disabilities).

In the Indonesia Yogyakarta Covid-19 response, the feasibility assessment helped to identify the post office as the most appropriate delivery mechanism (as opposed to a bank as had been chosen in the previous Indonesian earthquake response). Persons with disabilities considered this the most accessible delivery mechanism, as it required fewer formalities than a bank transfer. Post offices were also usually located in closer proximity to the affected communities than ATMs or bank branches. In the Bangladesh case, the assessment showed the bKash mobile banking network would be the most appropriate delivery mechanism, considering accessibility and safety, but also identified the need for support to open bKash accounts for some recipients.

The CBM Inclusive FSP assessment tool is used for analysing which cash delivery mechanisms are available in the target area and for identifying environmental and institutional barriers for access by persons with disabilities. The FSP assessment involves a rapid review of the FSP landscape through desk research and in-depth review of selected delivery mechanisms; considering institutional and environmental accessibility in both

stages. One of the criteria for assessing suitable FSP for inclusive humanitarian cash transfers is that it offers services that are accessible for persons with different types of disabilities (including physical, sensory, intellectual and psychosocial disabilities).

In Burkina Faso, the feasibility assessment for inclusive cash transfer was used to better understand access to cash (including preferred methods for receiving cash, typical expenditure, types of FSP available, FSP preferences and barriers to accessing cash) amongst at-risk groups, including women and men with disabilities, Internally Displaced Persons and youth in two urban areas. Overall, while many persons with disabilities did not use formal financial services, mobile money and banks/microfinance institutions were the most commonly used financial services among those who did. Direct cash transfers were the preferred delivery method of the majority of respondents with disabilities and mobile transfers the second. The implementing partners, Solidarity Inclusive Development (SOLIDEV) and Burkinabe Federation of Associations for the Promotion of Disabled Persons (FEBAH), then used the FSP assessment tool to evaluate five FSPs in the affected districts (two mobile money operators, two banks and one microfinance institution). From this, a large mobile money operator was chosen in view of its extensive network coverage, proximity to the target areas and flexibility to provide access to persons with disabilities.

The inclusive FSP assessment in the Pakistan Covid-19 response identified that bearer cheques would be easy to cash out for persons with disabilities and did not need a bank account, only the Computerized National Identity Card, which most persons with disabilities had available or could be supported to quickly acquire .

Risk and Opportunity Assessment

CBI has the potential to improve household and community relations, dignity through choice, and safe, impartial access to assistance^{xxxiv}. At the same time, persons with disabilities, older persons and other groups of people who face marginalization or discrimination may encounter additional risks when accessing and using CBI. Protection risks, mitigation mechanisms and benefits need to be considered at every stage^{xxxv}. Protection risks in this paper are defined as risks to safety, access and dignity (such as the risk of theft, abuse or other forms of harm), including data protection. Note that full protection assessments need to be conducted by protection agencies who can address protection needs and use experienced enumerators^{xxxvi}.

In most of the case studies, risks were identified as programmes were implemented, or through Post-Distribution Monitoring surveys. These included risks related to gender, age, cultural and social attitudes, and security of access to and use of cash. In the Indonesia earthquake and tsunami response, the PDM survey showed that 61% of persons with disabilities reported that it was their individual decision how the cash was used. In 11% of cases it was a joint decision by the family and in 28% of cases the spouse, parents or children of the cash recipient decided on how to spend the money.

While no instances of theft, abuse or other harm related to the cash transfers were ever reported in the PDM surveys in any of the responses, there were some instances reported by field staff in the Indonesia earthquake and tsunami response where relatives or caregivers put pressure on the recipient to use the money for purposes they did not consent to. For example, an older woman with disabilities was pressured by relatives from another household to hand over the cash transfer. The project staff reached out to the family to clarify the situation and organize transport to the bank and to the market for her. In one instance

hidden by their families, which included not registering them with the local authorities, keeping them inside the home most of the times or them living separately from the main family. The field teams raised awareness among the head of households to ensure the needs of most at-risk family members would be considered when using the cash assistance.

The type of risks depends on the intended objectives of the CBI and how it is introduced to the community and households. Whilst registration of the most at-risk members as the recipient of multi-

purpose cash transfers in the names of their household, even when they are not the “head of household”, may increase their agency in decision-making about the use of the transfer, it can also expose them to protection risks. This needs further exploration and consideration. Any potential risks arising from this should be identified and mitigated. This needs to be clearly communicated at community and household level. Agencies at the very least should be able to map and understand referral pathways in case protection risks arise.

Key messages for inclusive practice in assessment and analysis

- Ensure that persons with disabilities and representatives of local OPDs are consulted as key informants in the needs assessments. Collaborate with OPDs to conduct the assessments. Enumerators need to be trained in the use of disability-inclusive questions, including the WG-SS, and practice how to communicate with persons with disabilities.
- The preferences and capacities of persons with disabilities to access and use different cash transfer modalities and delivery mechanisms need to be considered when assessing the feasibility of CBI.
- The accessibility of policies, processes and cash delivery mechanisms of financial service providers must be assessed at the beginning of a cash transfer program or during preparedness. If there are no providers offering accessible services, physical and institutional barriers must be systematically addressed with the provider to ensure equal access to the cash delivery mechanism.
- Market assessments must consider specific barriers to market access for persons with disabilities and older persons, including environmental and attitudinal barriers. Identify which support measures need to be provided to enable all persons with disabilities and older persons to use their cash transfer independently for the things they value most, without relying on relatives or caregivers.
- Market assessments should consider the availability of specific goods and services required by persons with disabilities to meet basic needs.
- The protection risks to safety, access and dignity associated with CBI for persons with disabilities and other marginalised and at-risk groups, as well as mitigation mechanisms and potential benefits, have to be considered at every stage.

Learning on Design and Project Set-Up

Identification and Targeting

Inclusive targeting tries to ensure that most at-risk groups are not left behind in the response, by identifying the households and individuals that are most at-risk.

Persons with disabilities in the communities are more often socially excluded and isolated from the community and there's a risk of them remaining invisible during the identification and targeting process. Persons with disabilities can remain invisible because they are "hidden" by their family (i.e. they are not mentioned or stay in another room during household surveys) and are not registered with the government (i.e. they have no birth certificate, or are not registered in the family book (as in Indonesia), or have no ID).

The case studies have shown a high risk of failing to identify some persons with disabilities in affected households, if identification relies on government data alone as the data provided by relevant government agencies is often incomplete. In most of the responses, available data was complemented by data provided by local Organizations of Persons with Disabilities and through household surveys conducted by project staff. Where no exact data were available, program staff in several of the case studies estimated the number of households with persons with disabilities not represented in government data to be on average around 25% across different communities.

OPDs, SHGs and community groups or committees can provide support in identifying persons with disabilities in the communities and assist in the targeting process. In several of the cases, data that had previously been collected by local OPDs helped fill gaps in government data, for example in Niger by the Fédération Nigérienne des Personnes Handicapées or in the Philippines by Ilocos Sur Association of the Deaf. In the Sulawesi earthquake case, data from the Ageing and Disability Focal Point (ADFP) were used to identify households with persons with disabilities

in the target area of the cash transfer. The ADFP, which was run by Persatuan Penyandang Disabilitas Indonesia, a national OPD supported by CBM, engaged 30 volunteers from the affected communities, many of whom persons with disabilities, to build a database of persons with disabilities.

In the Pakistan flood response, the inclusive Village Development Committees (VDC) conducted the targeting, with the support of partner staff. Selection criteria had a specific focus on households with persons with disabilities and on reaching families who were left out of mainstream humanitarian assistance. There was a minimum of two persons with disabilities in the VDC leadership. A local OPD, CBIDN, conducted trainings on disability-inclusiveness for the VDC. In Niger, household targeting was based on a community-led targeting process, involving an inclusive representative targeting committee which included persons with disabilities. The targeting committees identified the selection criteria, which included households where a person with disabilities, a woman or an older person was the head of household. Beneficiary lists were crosschecked by the partner using a household survey and validated by elected leaders and in community meetings.

The later responses used a comprehensive list of targeting criteria, based on a template developed by CBM. The criteria consider intersection of different at-risk categories. They reflect three dimensions of a household's need: (1) impact of the disaster, (2) risk factors (such as age or disability) which can affect ability to cope with the impact and access aid and (3) economic status (i.e. level of income and asset poverty). The cumulative scoring of all categories provides a clear picture of the household level of need for humanitarian assistance^{xxxvii}.

Disability is reflected in the second dimension with a few specific criteria, but overall it has a similar weight as other non-disability-related criteria. While disability, disaster impact and poverty are linked, living with a disability does not

automatically result in vulnerability and need. Nonetheless, in most responses most households with members with disabilities qualified for cash support as they tended to score high in several criteria. In the Zimbabwe Food Crisis response for example, 90% of households with a least one member with disabilities qualified for the cash assistance based on the overall scoring of targeting criteria.

When the WG-SS was used in household surveys (be it needs assessment or assessment specifically to assess households' level of impact and risk) it helped in identifying persons with disabilities, although a distinction between impairments and functional limitations has to be acknowledged. In both the Zimbabwe food crisis and the Indonesian earthquake response field enumerators felt

more comfortable to use the WG-SS on functioning rather than asking about types of impairments (i.e. is there a blind person in your household? Is there a person with a physical impairment?). Field staff said they found it difficult to then judge if the person had a disability or not, while by using the WG-SS it was more straightforward (i.e. do you have difficulties walking or climbing stairs? Answer: 1. No difficulty; 2. Some difficulty; 3. A lot of difficulty; and 4. Cannot do at all). There is also some evidence that people are more willing to answer questions on functioning truthfully, because the stigma of disability is not present, as was found in reflection sessions in Zimbabwe, where field enumerators were trained and mentored during the first three days of implementing a household assessment.

“It has been a long since our household was able to fill the pot, have enough portions to fill everyone’s stomachs and not have to worry where their next meal would come from. My daughter and I decided on how to use the money and this has given me back my authority and respect in the household.”

Tsungirai Nzara, 87-year-old women with a visual impairment from Chivi, Zimbabwe

Selection of Delivery Mechanism

All delivery mechanisms used in the responses came with some barriers for persons with disabilities. These included environmental barriers such as reaching the distribution points and institutional barriers like the administrative and legal requirements to use electronic cash delivery mechanisms. Attitudinal barriers also exist, such the belief that persons with disabilities cannot access or manage the cash^{xxviii}. There are trade-offs in the selection of different delivery mechanisms and some form of support or reasonable accommodation measures are needed to overcome barriers (such as transport, training, legal support, documentation, additional equipment). These measures

should be identified and then planned for in the cash delivery/distribution.

The direct distribution of cash at people’s doorsteps, as in the Philippines typhoon response, comes with few barriers, and in all responses, there was a share of people preferring direct cash distributions. For example, in the Burkina Faso assessment, most groups identified direct cash as their first preference, particularly women with disabilities who identified this as their only preference. In the Bangladesh cyclone Amphan assessment, all the respondents with disabilities reported that they preferred cash support before in-kind. 40% stated that they preferred direct cash as they were used to it and 30% liked that they could keep the money with themselves and spend it whenever they needed.

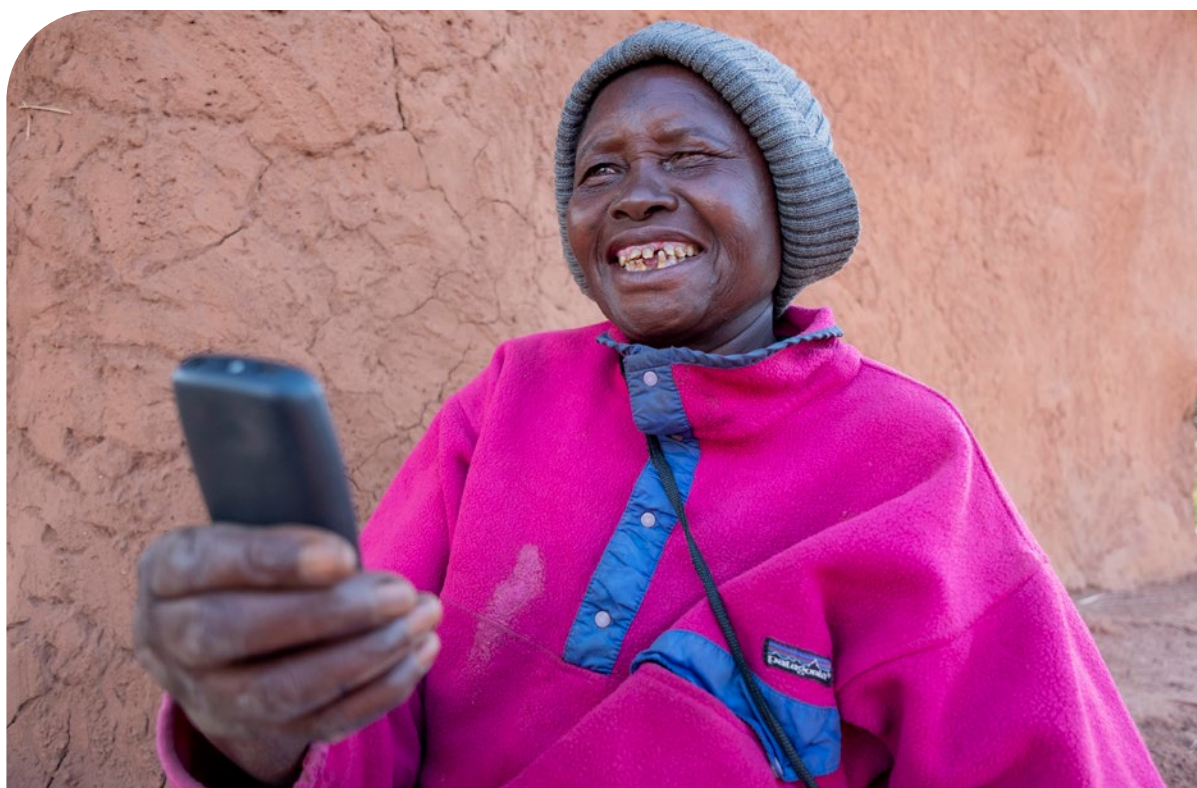
However, there is an efficiency trade off with direct cash, as it cannot easily be scaled up. Delivery of direct cash at central distribution points, as in the Niger response, required the investment of time and resources by the project and came with physical barriers and with security issues which needed to be mitigated.

On the other hand, more control can be exercised over the physical accessibility of a direct cash distribution than over the accessibility of ATMs or another cash distribution point of an FSP (bank branch/shop/post office).

The bank transfer in the Indonesia Sulawesi earthquake and tsunami response came with institutional barriers which made access more difficult for some persons with disabilities, such as requiring a valid ID and the ability to reproduce the signature on it. In the Indonesia Covid-19 Yogyakarta response a majority of persons with disabilities preferred cash distributed through the post office, because it was familiar, close and thus easier to reach for

persons with mobility limitations and the post office offered a cash delivery service to people's homes. In the PDM, however, many said that it had downsides, because of long waiting times (due to Covid-19 restrictions and high demand) which was challenging for some persons with disabilities.

Experience from Zimbabwe and Bangladesh suggests that e-wallets can work well for persons with disabilities if they are able to use their mobile phones and their mobile accounts and if mobile banking outlets for cash withdrawal are available in the community. In both responses direct support to set up accounts was provided to a small number of recipients who had requested it (less than 1% in Bangladesh). There was evidence from PDM surveys that having their own mobile banking account in their name gives recipients a sense of ownership and decision-making power that is not present with direct cash, which can be more easily taken from them by caregivers.



Zvakaitani, a 62-year old widow from Chipinge, Zimbabwe, checks the receipt of a cash transfer on her mobile account. © Daniel Hayduk/CBM

A learning across all case studies is that while there are trade-offs between different delivery mechanisms, no mechanism is unsuitable or unattainable for persons with disabilities. To ensure persons with disabilities can access a cash transfer autonomously, without relying on others to withdraw the cash in their place, their preferences, practices and the barriers they face when accessing cash need to be assessed before selecting the delivery mechanism. Support measures to enable equal access need to be planned and budgeted as part of the cash response. Scalable electronic delivery mechanisms, like bank transfers or mobile transfers, can work for persons with disabilities if appropriate support and risk mitigation measures are provided.

Setting the Transfer Value

Often the calculation of Minimum Expenditure Baskets (MEB)^{xxxix}, as done by government authorities or Cash Working Groups, does not consider that persons with disabilities have higher than average costs to reach the same level of coverage of basic needs. Higher direct costs can be a result of special dietary requirements, medicine, loss or damage of assistive devices, regular rehabilitation or medical services, the need to use accessible transport (taxis or vans) instead of public transport and specific non-food items required for daily life (special type of clothes, blankets etc.). Evidence from social protection programs in different countries has shown that extra costs are found to be sizeable, with highest costs among persons with severe disabilities and those living alone or in small sized households. Indirect costs also incurred, such as loss of access to income generation associated with both the individual with disabilities and their primary carer/s in the household^{xi}.

In Niger, the transfer value was aligned with recommendation of the Ministry of Humanitarian Affairs, based on a minimum expenditure basket (per household per month) that did not consider the specific needs of persons with disabilities. All

beneficiaries received the same amount. The PDM showed that the transfer value was too low for persons with disabilities, even to cover basic food needs without any other sources of support. It was not possible to increase the transfer value, as a transfer value differing from other humanitarian organizations operating in the same area would have created tension in the community and caused problems with the authorities. A learning from this response is that the option of using a combination of modalities (cash, vouchers, in-kind or services) to cover specific and additional needs of persons with disabilities should have been explored.

In the Indonesia Covid-19 response, extra cost for persons with disabilities was assessed as part of the feasibility assessment conducted in collaboration with SIGAG, a local OPD, but data was inconclusive as most respondents found it difficult to estimate the average expenditure of their household. In the Bangladesh cyclone Amphan and Covid-19 responses, extra cost was estimated in consultations with a national OPD platform, who considered the cost to cover medicine and the repair of assistive devices as the most relevant extra cost and estimated it at 20% of the MEB calculation provided by the CWG. A top-up amount of 20% of the transfer value was then provided to persons with disabilities and other persons with functional limitations (based on their response to the WS-SS). There is some evidence from feedback from cash recipients and field staff that, whilst this initially raised questions in the community, eventually everyone agreed that the top-up was justified.

An overall learning from the case studies is that further research on extra cost in humanitarian situations and more systematic methods to consider extra cost in MEB calculations and gap analysis are needed.

Registration and Data Protection

As with all humanitarian response programmes, protection of recipients' data collected through registration is a paramount consideration. Persons with disabilities may face specific risks, such as stigma about the type of impairment, and additional measures are needed to ensure accessible methods and procedures for enabling persons with disabilities to consent to use of their data. Recipients should know with whom their data is being shared, for example, other humanitarian organisations, the government, FSPs^{xli}. This is particularly so for CBI, as third parties are often involved in the delivery process and require beneficiary data. Recipient data should be disaggregated by sex, age and disability. With this, there needs to be an assessment of whether naming a person with a disability as the registered beneficiary might place that person at risk^{xlii}.

Data protection was considered in the Bangladesh cyclone Amphan response. Only the SIM card number and name of the recipients was provided to the FSP, who could then match it with a restricted national database to get further information on the account holder. In all responses where household surveys were conducted for targeting, the extensive household data collected was protected (i.e. using Kobo in Yogyakarta) and not shared externally. When data was shared with social protection authorities, it was limited to name and national identification numbers (e.g. in Zimbabwe or Indonesia Sulawesi Covid-19 responses).



Mostafa, a man with a physical disability withdraws cash from a bKash outlet in Southkhali, Bangladesh. © Shahidul Islam Shah/CDD

Coordination

Coordination with CWGs and other cash actors minimises duplications and inconsistencies that can lead to negative effects at household or community level. In all responses there was active coordination with national and local government structures and with other organizations delivering cash assistance. Coordination mechanisms, like CWGs were leveraged to influence understanding of the specific needs of persons with disabilities (such as in calculations of MEBs), promote disability awareness and mainstreaming of disability inclusion in cash assistance. Supporting OPDs to participate in cash coordination mechanisms increased their potential for awareness raising and advocacy on disability mainstreaming. In Niger for example, ongoing coordination with the food security cluster at regional level meant that geographical targeting was aligned with the cluster. The national federation of OPDs joined several cluster meetings together with CBM to raise awareness for disability inclusion. In the Zimbabwe cyclone response, CBM and the implementing partner Jairos Jiri

Association participated in the CWG and cluster coordination at national, regional and local levels to harmonise the transfer value and FSP assessment and share lessons learned from the disability-inclusive cash transfer programme. In the Pakistan flood response, the implementing partner, the Comprehensive Health and Education Forum, was part of the Ageing and Disability taskforce^{xiii} under the umbrella of the protection cluster, which helped to avoid duplication and to advocate for inclusion of persons with disabilities.

Coordination with government enabled sustainability through linkages with national social assistance programmes for persons with disabilities. In the Philippines flood response for example, the partner worked closely with municipal and barangay government units, making sure there was no duplication of interventions and that proper coordination was done during implementation of activities. Local Government Units and the Municipal Social Welfare and Development Office participated in the assessment and in the identification of beneficiaries.



CBM, YEU and PPDl present findings from the PDM survey at the cash working group meeting in Sulawesi, Indonesia. © Dheni Ardhan/CBM

Key messages for inclusive practice in design and project set-up

- There is a high risk of failing to identify some persons with disabilities in affected communities if identification relies on government data alone. The collaboration with OPDs and disability-inclusive community groups, and the direct collection of household data is needed to identify 'hidden' or socially excluded persons with disabilities.
- The use of WG-SS in household surveys helps to identify persons with functional limitations, with less risks of respondents withholding information due to fear of stigma. Enumerators need to be trained in the sensitive use of the questions.
- Beneficiary data should be disaggregated by sex, age and disability (y/n). It is necessary to consider data protection when gathering personal information and ensure that consent forms are understandable and accessible. Ensure that sharing data about a beneficiary, particularly relating to disability status, is done with informed consent, and does not put that person at risk.
- Living with a disability does not automatically lead to higher vulnerability of a person or a household, but it can be a factor increasing the disaster impact on a household, the access to aid and overall level of need. Targeting for cash assistance should integrate disability as a criterion, but consider the household demographic composition, socio-economic characteristics, and disaster impact holistically.
- All cash delivery mechanisms present some form of barriers for persons with disabilities to access the assistance. The preferences, practices and barriers should be identified and factored into the selection of the delivery mechanism. Appropriate support or reasonable accommodation for persons with disabilities to access the cash assistance must be planned and budgeted.
- Calculations of the transfer value should consider specific needs and costs for persons with disabilities. The calculation of Minimum Expenditure Baskets, as done by government or CWG, should consider that persons with disabilities have higher than average costs to reach the same level of outcome in wellbeing or coverage of basic needs.
- Coordination with cash working groups and the enabling of OPDs to participate in cash coordination mechanisms can be leveraged to influence understanding of the specific needs of persons with disabilities (such as in calculations of Minimum Expenditure Baskets) and to promote disability mainstreaming in CBI.

Learning on Distribution Cycle, Monitoring and Evaluation

Cash Delivery

Experience from all case studies shows that some persons with disabilities require specific support to access the delivery mechanism and to access the markets to use the cash. Support measures included assisting with issuing identity cards, providing shuttle services to access the delivery point (e.g. distribution points, ATMs, banking outlets), ensuring physical accessibility of central distribution points, individual support with registration and account set-up for e-transfers or household awareness raising meetings. These measures need to be identified, budgeted, and included in the project design and implementation^{xiv}.

Accessibility measures for the direct cash distribution in Niger were essentially the same as those for in-kind distributions: making sure the place is physically accessible, accessible communication (signage and instructions at the site, information about the distribution), priority lanes for persons with disabilities and older persons with possibility to sit in the shade, providing personal assistance and water if needed. The CBM guidance on requirements for accessible shelters^{xiv} can be applied to distribution points as well. They give details on universal design and accessibility principles in the creation of a barrier-free environment, such as in site selection and planning, outdoor circulation, entrances, facilities and general comfort. In the Bangladesh flood response, local government and the community selected places for cash distribution points and in some cases project staff visited beneficiaries' houses for cash disbursement. Reasonable accommodation and individual assistance were arranged in the Philippines cyclone response to help people access distribution points, whilst cash was distributed at home for those in remote locations.

In the Indonesian earthquake and tsunami response, cash was deposited in accounts. In few cases where persons with disabilities were not eligible to open a bank account themselves, a joint account with a direct relative was established. As the account name included the person with disabilities, this allowed them to access the funds independently and lowered the risk of the funds being spent without their consent. To ensure better accessibility, the bank agreed to provide a one-time outreach banking services in the affected communities, setting up mobile bank branches at central locations for one or two days in each community, where cash could be withdrawn directly from the Bank's field agents. Project community workers accompanied and supported persons with disabilities to access the banking services.

In the Zimbabwe cyclone response, mobile handsets were purchased for those beneficiaries lacking phones and beneficiaries were educated on how to set-up a mobile account and transact using mobile cash. Individual support was provided to set up their accounts if needed. For this response and the subsequent food crisis response, around 30% of households were provided with a simple mobile phone. In the Bangladesh Amphan response, where 26% of recipients were persons with disabilities, all recipients had access to a mobile phone and no phones were distributed. Less than 1% of the total number of recipients required assistance by the project staff to set up their mobile banking account.

The PDM in Zimbabwe showed that there were some challenges with digital illiteracy, particularly for older persons who needed another person to handle the transaction. The feasibility of offering multiple delivery mechanisms, such as direct cash to blind persons, was later considered. Distributing smart phones with accessibility features has never been done by CBM or partners, but project staff from several responses thought it could be a more accessible alternative for blind persons.

Khadijah is a 76 years old woman with a physical disability from Palu, Indonesia. She runs a small grocery store in front of her house close to the port. Ship crews and its passengers are her customers. Mrs. Khadijah felt her life was over when the house and her store collapsed by the earthquake and tsunami that hit Central Sulawesi in 2018. She was one of beneficiaries of the cash assistance and used it to repair the store and buy some stocks to fill it. She felt relieved to again be able to earn money independently and meet her daily needs.



© Merryna Anggriani/YEU

Monitoring

In most of the case studies, Post Distribution Monitoring (PDM) surveys were used to monitor process, output and immediate outcomes, and to some extent, the market.

For inclusive practice, PDM should include the monitoring of barriers to the access and use of cash for persons with disabilities, and the disability-specific risks of theft, abuse or other forms of harm associated with CBI.^{xlvi} These barriers and risks are often intersectional, so monitoring must account for disability,

gender and age. Attitudinal barriers, such as discriminatory treatment from vendors and financial service providers, affect both access to and use of cash. Institutional barriers, such as inaccessible or discriminatory FSP requirements, affect the receipt of cash by persons with disabilities. Environmental or physical barriers will affect both output and immediate outcomes, i.e. receipt of and ability to use the cash. Information barriers (e.g. accessing and understanding information on account balance, understanding how to use PIN codes or mobile phones) will affect both output and immediate outcomes.

For process monitoring, all programmes collected disaggregated data, by sex, age and disability, often using the WG-SS. PDM surveys included questions on targeting, access to cash distribution points and markets, the transfer value and frequency, expenditure, utilisation (including availability of goods in the market, safe and free use of cash), satisfaction, risks (including safe cash access and risks of domestic abuse), and understanding of feedback and complaint mechanisms.

Some programmes contextualised the CBM PDM Survey tool, others designed the surveys with input from communities and OPDs. In most cases, partner staff conducted the surveys, sometimes with the support of OPDs or community groups. In a few cases persons with disabilities were part of the monitoring teams. In the Pakistan Covid-19 response, the PDM was carried out by the project team with participation of the OPD partner and members of the Village Development Committees (each committee had two members with disabilities). In the Indonesia Earthquake response, there was no OPD participation in the PDM survey and insufficient training. Field staff reported in the debriefing that they found it difficult to speak with persons with disabilities and sometimes ended up getting the answers from caregivers and family members, which denied the recipient of the cash transfer a voice in the survey.

Evaluation and Learnings

Evaluations are an opportunity to build on the programme monitoring by focusing on opinions of persons with disabilities and further exploring what practices increase their inclusion in CBI. The perspectives of women and men with disabilities, should be sought wherever possible and these should be reflected in the evaluation reports.

Real Time Evaluations (RTE) were conducted in the Zimbabwe cyclone response and the Indonesia earthquake response, and more recently in the Indonesian Yogyakarta and Bangladesh Covid-19 responses. In the Sulawesi and Zimbabwe cases the RTEs were conducted before cash was part of the response. They informed the switch to cash of the ongoing response in Zimbabwe and to using cash as a follow-up intervention in the Indonesian earthquake response. The more recent RTEs reviewed among others the accessibility of the cash transfers and the collaboration between CBM the NGO partner and the involved OPD partners. Each standard benchmark defined in the CBM RTE guidelines, which are reviewed across all RTEs, includes specific inclusion and accessibility considerations. The RTE teams included representatives of the involved partners, including the OPD partner, which ensured joint ownership of the review and a mutual learning journey.

External end project evaluations were conducted for the Niger food crisis and the Indonesian earthquake responses. Evaluating inclusion and accessibility was part of the objectives for the evaluations and was explicitly mentioned in the Terms of Reference. The evaluations looked at the impact of the cash transfers on the living conditions of persons with disabilities, their families, other at-risk persons and members of the community, the inclusion and accessibility of the project for persons with disabilities; as well as efficiency, timeliness and relevance. Recommendations included involving communities, local authorities, and technical services in initial assessments. Local OPDs called for a census of persons with disabilities in the region to know the total number.

“Before the cash transfer, we hardly eat. Now we are eating better. I used some of the cash each month to buy strings to make cords. There is a merchant from Diffa who came to Sayam. He bought the chords. Many people need these chords to tie up their animals. With the earnings from the chords, I bought more strings and three sheep. All three died or ran a way, but I still have more chords I can sell.”

Ousmane Oumara, 54-year old blind man living in Sayam refugee camps in Diffa, Niger.

Close collaboration with key stakeholders was critical to the success of the Indonesian earthquake end project evaluation process. The evaluation team held participatory consultations with CBM and the implementing partner, OPDs, national agencies, mainstream humanitarian organizations, and both adults with disabilities and children with disabilities.

Inclusion of a diverse set of key informants in the evaluation, considering disability, age, gender and ethnicity was achieved by working to provide reasonable accommodation and structuring the field work in a way that increased representation and participation, ensuring accessibility, and raising awareness among field staff about influences, bias, and power dynamics during the process. Focus group discussions were conducted with adults with disabilities, and with children with disabilities and their caregivers.



A group of women with disabilities are participation in an Internal Savings and Lending meeting and training in Chivi, Zimbabwe. ©CBM/ Hayduk

Key messages for inclusive practice in Distribution, Monitoring and Evaluation

- There is some evidence that providing individualized assistance for persons with disabilities and others to access the cash or vouchers contributes to the awareness of the community about disability rights and empowers persons with disabilities in the household, but further research is needed.
- Specific support measures need to be budgeted for and included in the project to ensure equal access to cash assistance, such as assisting people to open a bank account or set up mobile banking services, to acquire the identification papers needed to access the transfer and providing accessible transportation to the delivery point where needed.
- Information about the delivery (flyers, posters, information events, signage) must be understandable and accessible for persons with disabilities.
- Process and outcome monitoring for inclusive CBI should include the specific barriers and risks that persons with disabilities face when it comes to the access and use of cash. The ability to autonomously access the cash is a key indicator for equal outcomes for persons with disabilities.
- Post-distribution monitoring should assess if persons with disabilities in the household have been able to cover essential specific needs they may have because of their disabilities. These needs could include medicine, sanitary items, specific dietary items or specific clothing. Market monitoring should continuously assess the availability of the specific goods needed by persons with disabilities, and the barriers for them to use cash independently.

3

Summary of key considerations



Golekzan Bibi, a widow with visual impairment from Bangladesh, received cash grants and goats for livelihood income generation from CBM- CDD. © CBM/Gonzalo Bell

Participation

Throughout the inclusive CBI programme cycle, participation and empowerment of persons with disabilities is key to enable their equal, full, and effective agency in the design and implementation. Women and men with a diverse range of disabilities and backgrounds should be both fairly represented and informed, taking additional measures if needed to facilitate access to meetings and communication forums (e.g. reasonable accommodation and accessibility). Their views and preferences for accessing cash, markets and services, and the needs they usually meet by using markets, are central to the programme design. Budgets should include the extra costs for enabling this participation, including the additional staff time and equipment that will be needed.

Local organizations of persons with disabilities should be actively involved in identifying needs and barriers in the planning, implementation, monitoring and evaluation of CBI. The risks, mitigation mechanisms, and benefits for persons with disabilities need to be considered at every stage. Partnerships with OPDs are central to identifying persons with disabilities in affected communities and supporting them to access and use the cash assistance as well as to advocating for and promoting inclusive services.

Preparedness

Key considerations in this phase are the development of organisational policies and procedures that promote a disability-inclusive focus in CBI and the investment in capacity building for staff and partners on both awareness and practice in inclusive? CBI implementation. An important aspect of this capacity building is addressing attitudes that stigmatize persons with disabilities. Inclusive programmatic preparedness includes baseline assessments that identify the needs, barriers, and protection risks of persons with disabilities for accessing and using cash. The feasibility of using

cash assistance and of delivering safe and accessible assistance should be assessed in consultation with persons with different disabilities, ages, and genders.

Equally important is attention to partnership preparedness, ensuring that partnerships are developed that can support the implementation of inclusive CBI programmes and that can advocate for and promote inclusive services and assistance. Partners include both OPDs at community and national level and the organisations that deliver the assistance, for example FSPs and retailers. Building trusted partnerships takes time and setting up the Memorandums of Understanding and framework agreements in the preparedness phase allows for speedier and more inclusive responses.

Assessment and Analysis

Assessments should involve persons with disabilities and OPD representatives as key informants and whenever possible as part of assessment teams. Needs assessment should be accompanied by analysis of the specific needs and the barriers faced by women, men, girls, and boys with disabilities.

Access to the relevant supplies in the markets, should be assessed to ensure they meet also the specific needs of persons with disabilities. Barriers and risks for accessing markets should be identified and mitigation strategies developed. The needs of persons with disabilities as market players should also be considered.

When assessing financial service providers, attitudes and policies on inclusion should be scanned, and the institutional and physical accessibility of available delivery mechanisms evaluated. Additional support measures needed for persons with disabilities to access the delivery mechanism independently and safely must be planned and budgeted. Training and awareness raising of staff of the financial service provider can mitigate negative attitudes and promote more accessible financial services beyond the project.

The risks of safety, theft and abuse relating to CBI for persons with disabilities are an important consideration in this phase, paying attention to cultural and social attitudes, access to and ability to spend the assistance.

A broader theme to address in this phase is the potential linkage to national social protection schemes, if in existence, through scanning of the national systems and exploring how these could provide sustained support to persons with disabilities.

Design and Implementation Set-Up

For an inclusive targeting process, households with persons with disabilities must be effectively identified and selection criteria which consider disability as a factor which can contribute to higher disaster affectedness and more limited access to aid of the household, should be agreed and understood in the community.

The setting, duration and frequency of the transfer value should meet the specific needs of persons with disabilities, taking account of extra costs which might occur for women, men, girls and boys with different types of disabilities to achieve equal outcomes. When the transfer value is harmonized with other cash actors, a top-up transfer for persons with disabilities to cover extra cost should be considered.

The need for a combination of modalities (cash and in-kind) and complementary programming (like rehabilitation services, mental health and psychosocial support) should be considered in consultation with persons with disabilities so as to effectively meet their needs. Contracting service providers should include stipulations to provide inclusive and accessible services and reasonable accommodation, if needed.

Protection of recipients' data collected through registration is a paramount consideration, with methods to enable informed consent of persons with disabilities to use their data. Recipient data should be disaggregated by sex, age, and disability – with this, the risks of naming a person with disabilities, and the type of disability, need to be judged.



© Julie Smith / CBM Global

Distribution Cycle, Monitoring and Evaluation

Key considerations in this phase are to ensure the safe and accessible delivery of the assistance, so that persons with disabilities can receive the cash and reach the markets to use it. Additional measures for reasonable accommodation by service providers, and by project staff, may be required, for example alternative delivery mechanisms, such as outreach programmes or home delivery, that allow persons with disabilities to collect assistance themselves, and maintain their dignity and independence.

Monitoring should include disability-inclusive indicators and involve persons with disabilities. It should lead to programme adjustments that respond to inclusion issues raised by the monitoring. Continuous market monitoring to check availability and price of specific items needed by persons with disabilities (e.g. medicine, specific dietary items, specific hygiene items) should be conducted. During this phase, particular safety risks, access limitations and potential abuse faced by persons with disabilities, identified from assessments, should be monitored and mitigated.

Communication and accountability to recipients are important crosscutting matters to be considered in this phase, to ensure that information and feedback and complaints mechanisms are safe and easy to use for all men and women with disabilities.

Programme closure should take into consideration handover or plans for sustained support of persons with disabilities, ideally working with OPDs and the government to do this. Wherever possible, this should increase the inclusion of persons with disabilities in national social protection schemes.

Programme evaluation teams should include women and men with disabilities with diverse lived experience and reports should reflect the views of women, men, girls and boys with disabilities on the programme outcomes.

Documenting learning can be used as an opportunity to increase understanding about existing policies and administrative requirements that may be barriers for persons with disabilities and to change these.

4

Questions for further investigation



CBM representative met with a person with disability from the Philippines who lost his resources due to typhoon Haiyan. © CBM

Whilst the considerations presented above are relevant to achieving equal outcomes for persons with disabilities, there remain some questions for further consideration and investigation. These are presented here as an entry point for broadening the debate within the humanitarian and the disability inclusion communities.

Identification of Persons with Disabilities

Identification of households with persons with disabilities is needed as a focused effort to ensure no one is left behind. Institutional and attitudinal barriers to identifying persons with disabilities hamper this effort. Barriers include the lack of ID, not appearing on government lists, not being included in family lists, sometimes being hidden by family members and remaining invisible during household surveys. While there is some evidence from the responses that a dynamic approach to data triangulation from available sources, combined with rapid household assessments can lead to good outcomes in terms of identifying households with persons with disabilities, a further testing of approaches and tools are needed to ensure there is comprehensive identification of persons with disabilities across affected populations in humanitarian crisis. How can the barriers to identification be addressed in a way that does not further stigmatise persons with disabilities, protects their privacy and status and is in line with inclusiveness and humanitarian principles?

For example, The Ageing and Disability Focal Point (ADFP) model of CBM works as a form of disability registry, where all persons with disabilities in a disaster-affected area are identified and their multi-sectoral needs assessed. The ADFP data is shared with the government and other humanitarian actors through the cluster system. More learning on joint approaches across the humanitarian sector is needed.

The WG-SS is a useful tool to identify many, but not all, persons with disabilities. The WG-SS does not adequately address intellectual, and psychosocial disabilities and more evidence is needed on the effective use of the tool. An enhanced set, with additional questions on anxiety and depression, was developed more recently. More evidence on the effectiveness of the enhanced tool to identify persons with psychosocial disabilities among crisis affected populations is needed.

Identification and eligibility for humanitarian assistance does not automatically translate to eligibility for social assistance. This usually requires a more formal process that stretches out of the remit of emergency response, including in many countries an assessment by a medical professional. Humanitarian identification could be a first stage for a second step identification process for social protection, but more learning is needed on how humanitarian cash assistance can more effectively be linked to social protection.

Targeting

Learning from the case studies has shown that community-based approaches to targeting recipients of humanitarian cash transfers help to prevent tension and conflict. Community consultation of eligibility criteria and approaches involving OPD representation in targeting committees has worked well in some cases.

There is some evidence from PDM surveys that targeting persons with disabilities as direct recipients of humanitarian

cash assistance for affected households contributes to their empowerment and raises awareness about their needs and priorities within the household and the community, while there was also evidence that there are risks involved with direct receipt of humanitarian cash transfers, related to stigma and negative attitudes towards persons with disabilities. More systematic research on the impacts of CBI on the empowerment and protection of persons with disabilities is needed.

“Community members with gardens used to collectively buy farming inputs and excluded us as we could not afford to make contributions. I used to engage in casual labour to raise money for vegetable garden seeds. On receipt of the mobile cash transfers from CBM and Jairos Jiri Association, I invested some of the money in tomato seeds and pesticides. The ability to buy my own inputs helped me gain more self-confidence and enabled me to participate in the garden meetings”.

Saul Mashanda, 62-year old man with a physical disability from Tokwe Mukosi, Zimbabwe

Transfer Value

Evidence from the case studies demonstrates that MEB calculations on which most humanitarian agencies base their cash transfer value do not systematically consider the specific extra costs that persons with disabilities and their families have. These extra costs can include direct expenditures for accessible transportation, assistive devices, medical supplies and services; and indirect expenditures such as loss of or lower earnings. There is an evidence gap as to what is the range of extra costs incurred for persons with disabilities and how humanitarian agencies can best address this gap without causing community or political tensions or additional stigmatisation and risk. This needs further research and attention.

Addressing Barriers to Access and Use of Cash

To support persons with disabilities overcoming environmental, institutional, informational, and attitudinal barriers in CBI, the choice of delivery mechanism matters. While the evidence from the responses suggests that all delivery mechanisms come with some barriers and the preferences and practices of persons with disabilities need to be assessed, the humanitarian sector would benefit from further evidence on the advantages and disadvantages of different modalities and delivery mechanisms in achieving equal access by beneficiaries with disabilities. Further research is also needed regarding the trade-off between selection of the delivery mechanism for reasons other than accessibility (e.g. cost or scale) and the support which needs to be given to ensure equal access for persons with disabilities.

Opportunities to link with Social Protection

CBI has been used for many years in disability-inclusive social protection and safety net programming in development settings. Where these are available, humanitarian actors can draw on this experience when they pilot and scale up cash-based support in emergencies. Response to the Covid 19 pandemic has seen an increasing global focus on strengthening social protection systems to enable rapid scale-up and the potential for humanitarian CBI to contribute to this. Complementarity with national protection systems presents opportunities, as well as challenges, for disability-inclusive CBI. For example, humanitarian CBI has the potential to rapidly put in place accessible transfer mechanisms, innovate operational processes such as adjusting the transfer value, and contribute to disability identification. In many protracted crises with fragile states, humanitarian CBI has long functioned as a form of social protection. Conversely, where there is a mature social protection system with established social registries and universal databases, humanitarian CBI can draw on this for registration and rapid delivery.

Critical questions revolve around what complementarity and linkage with social protection means for inclusive humanitarian CBI. Work is currently underway to examine this further^{xlviii}.

Conclusion

CBM's experience of implementing inclusive CBI in humanitarian crisis has demonstrated that when accounting for the preferences of persons with disabilities for cash as a modality, and analysing and addressing the barriers and risks that persons with disabilities may face when they access and use cash in these settings, inclusive humanitarian CBI can deliver equitable outcomes for persons with disabilities that promote their participation, agency and empowerment.

The inclusive CBI implemented by CBM and partners since 2014 provide several propositions for inclusive program design and implementation that can be considered crucial for the success of the interventions in terms of equal outcomes and participation for persons with disabilities. There remains the need to take greater account of inclusion issues in humanitarian CBI. Equally, disability-inclusive organisations need to take greater account of the role that CBI can play in the protection and empowerment of persons with disabilities in humanitarian contexts and to gain more experience in implementing inclusive CBI. The experiences of CBM and its partners highlight further evidence gaps and critical questions that need to be addressed by the humanitarian sector going forward.

5

Annex: Project Briefs



Someone Otieno Ngutu, a man with disability from Kenya, took part in a microfinance programme.
© CBM/argum/Einberger

These case studies reviewed for this analysis capture the experiences of implementing inclusive cash transfer programmes, carried out by CBM and its implementing partners, in six countries. They are based on review a of relevant program documents, interviews with leading program managers and field visits to talk to field staff and beneficiaries.

Annex 1 includes an overview of the documented projects and the project briefs of seven case studies as illustrations of inclusive CBI in different humanitarian contexts.

Table: Overview of documented projects

Country, Year & Humanitarian Crisis	Implementing partners	Target area	No. Of HH	Transfer modality	Delivery mechanism
Pakistan 2014 Monsoon Floods	Comprehensive Health and Education Forum International (CHEF-I).	Three municipalities in southern Punjab province.	1500	Multi-purpose cash assistance	E-transfer, wireless transfer
Bangladesh 2015 Flash Floods	Centre for Disability in Development (CDD) and Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV).	Eight municipalities in Chittagong division.	1200	Multi-purpose cash assistance	E-transfer, wireless transfer
Niger 2017 Drought/Food crisis	Association Nigérienne pour la Dynamisation des Initiatives Locales (KARKARA).	Five municipalities and one refugee camp in Diffa region.	673	Multi-purpose cash assistance	Direct Cash (cash in hand)
Indonesia 2018 Earthquake/ Tsunami	Yakkum Emergency Unit (YEU).	16 municipalities Central Sulawesi province.	598	Multi-purpose cash assistance	E-transfer, Bank Transfer
Zimbabwe 2019 Cyclone	Jairos Jiri Association (JJA).	One municipality in Manicaland province.	800	Multi-purpose cash assistance	E-transfer, Mobile cash
Philippines 2019 Typhoon	NORFIL Foundation	6 municipalities in Ilocos Sur province.	600	Multi-purpose cash assistance	Direct Cash (cash in hand)

Pakistan 2020 Pandemic	DOABA Foundation	Two municipalities in southern Punjab province.	180	Multi-purpose cash assistance	E-transfer, Mobile Banking
Indonesia 2020 Pandemic	Yakkum Emergency Unit (YEU).	16 municipalities Central Sulawesi province.	2286	Multi-purpose cash assistance	E-transfer, Bank Transfer
Indonesia 2020 Pandemic	Yakkum Emergency Unit (YEU).	Three municipalities in Yogyakarta special region.	1200	Multi-purpose cash assistance	E-transfer, Bank Transfer
Bangladesh 2020 Pandemic	Centre for disability and development (CDD).	Two municipalities Dhaka division.	600	Multi-purpose cash assistance	E-transfer, Mobile cash
Bangladesh 2020 Cyclone	Centre for disability and development (CDD) and Disabled Rehabilitation and Research Association (DRRA).	Three municipalities in Khulna division.	3225	Multi-purpose cash assistance	E-transfer, Mobile cash
Zimbabwe 2020 Food crisis	Jairos Jiri Association (JJA).	One affected municipality in Masvingo province.	600	Multi-purpose cash assistance	E-transfer, Mobile cash

Inclusive Cash Transfer Programme for Flood Response in South Punjab, Pakistan, 2014

In September 2018, severe flooding as a result of heavy monsoon rains occurred in Punjab Province. CBM responded to the crisis through its partner CHEF-International. The national OPD Network “Community Based Inclusive Development Network” (CBIDN) provided technical support on inclusion and disability.

Multi-purpose cash transfers were delivered to most vulnerable households in three highly flood-affected districts (Jhang, Sialkot, and Muzaffargarh). UBL, a large Pakistani bank, delivered the cash through their branchless banking system (e.g. small shops and kiosks certified and enables to provide these services). Beneficiaries or their appointed family members received cash by producing their identity card (CNIC, the official identity card of Pakistan). Beneficiaries who could not access the distribution points nominated a family member during the registration process.

The targeting criteria included households headed by persons with disabilities; families caring for persons with disabilities; and families affected by flooding (e.g. home damages, loss of crops and livestock).

A total of 1500 households of most vulnerable families, including households caring for person with disability or person with disability-led households, received the cash transfers. Of the 1500 target households, 195 had a member with disabilities and 591 were households where a woman was the registered beneficiary.

Village Development Committees (VDC), which had been formed in a previous development project, assisted with the

identification of at-risk households, including those with persons with disabilities, distribution, community engagement, supervision, and gathering community feedback. CBIDN provided training to the VDC on their roles and on the issues related to disabilities and inclusive emergency response.

A PDM survey was conducted with a random sample of 61 respondents (39% men, 59% women) to assess different aspects of the distribution. The survey did not include any person with disabilities as a direct respondent. However, five families with persons with disabilities were randomly selected for the survey. The PDM showed that 80% of households reported to have spent the cash on food, 7% on food and non-food items, 10% on medical treatment and 3% on income generating activities. All respondents stated that they could access the transfer safely and freely.

CHEF-I closely coordinated with UN Agencies and other NGOs during the response. CHEF-I was part of the Ageing and Disability Taskforce that was linked with the protection cluster of OCHA. CHEF-I coordinated with other NGOs responding to the crisis in the same target area to avoid duplication and to advocate for inclusion of persons with disabilities in their response.

The use of the UBL bank meant that there was an opportunity to influence a large national bank. As a result of the project, the bank not only included persons with disabilities into their beneficiaries list but also issued a circular to all branches promoting disability-inclusive awareness.

Key Lessons

- The lack of local OPDs in the areas meant that it was difficult to identify persons with disabilities; the inclusive VDCs were instrumental in filling this gap in identification and community engagement.
- The selected delivery mechanism was not fully accessible, as it required ID cards (approximately 9% of persons with disabilities lacked these) and the cash distribution points (UBL branchless banking outlets) were not always accessible. However, there were time constraints, a lack of expertise by the partner and other limitations to using more accessible delivery mechanisms (such as mobile banking, paper vouchers or direct cash). Conversely, the bank had experience with humanitarian cash transfers (e.g. to refugees and IDPs in Pakistan). To mitigate accessibility challenges, family members were nominated to receive the cash where needed.
- The bank required beneficiary data, including names, addresses and national identification card numbers. Data protection was later noted as an area to be addressed.
- The formation and involvement of VDCs gave legitimacy to the response and in particular the beneficiary selection. It also helped mobilize volunteers to support the project. The lack of local OPDs in the areas meant that it was difficult to identify persons with disabilities; the VDCs were instrumental in filling this gap in identification and community engagement.
- Giving the cash transfer in the name of persons with disabilities in the households overall improved their standing and participation in household decision making.
- Training of implementing partners on inclusive practice in CBI needs to be conducted regularly to develop the required capacity at partner level for implementing inclusive CBI.

Inclusive Cash Transfer Programme for Flood Emergency Support in Chakaria, Cox's Bazar, Bangladesh 2015

Flash flooding in June 2015 severely affected Chakaria sub-district in Bangladesh. Many people could not evacuate and remained in high-risk situations. Those who evacuated went to crowded shelters with poor sanitation. CBM responded with the national partner Centre for Disability in Development (CDD) and a local sub-partner Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV). Multi-purpose cash grants were provided to flood-affected households, including persons with disabilities and most vulnerable members of the community. Further support to selected persons with disabilities and their families for restarting their livelihood was given through conditional cash transfers.

1200 families including persons with disabilities received the cash grant through mobile money transfer, using bKash mobile banking by the Grameen Bank. 50 persons with disabilities and their families restarted their livelihood with a cash transfer for purchasing business items, conditional on individual business plans prepared by the selected beneficiaries.

CBM Rapid Needs Assessment (RNA) templates were used. Persons with disabilities and persons from other at-risk groups were consulted on what type of intervention most suited to their needs. Self Help Groups (SHGs), the Apex body, an umbrella organization of SHGs, and local Government shared their own experiences and needs. Disaggregated data (gender, age, disability) were collected during the assessment.

SHGs of persons with disabilities, formed through a previous inclusive development programme, were instrumental in the

response implementation. The SHG and Apex body of persons with disabilities were involved throughout with direct participation in the beneficiary selection process and sharing the lists in public places. The role of SHGs and local government agencies was critical to emphasize the importance of the intervention and to identify gaps in the government's interventions. During assessment and listing they clearly described how the money would be utilized and why it was required. The implementation teams included persons with disabilities and lived experience.

Targeting used a detailed set of criteria to determine eligibility for both the multi-purpose cash and the livelihood cash grants. Categories included flood-affected families, single income families, women-headed families, family heads with disabilities, and members of SHGs. Elderly people, vulnerable women-headed families, caregivers of persons with multiple disabilities, persons (including children) with disabilities were prioritised. The criteria included a weighted scoring; 25% were disability related.

Beneficiaries received a one-time cash transfer through their mobile phones. Beneficiaries were provided a SIM card, and if needed, mobile phones. The service provider and mobile banking agent opened a bKash account for the beneficiaries. Beneficiaries were informed of the distribution date and the money was sent to their SIM card. Beneficiaries withdrew the cash at bKash banking outlets or bKash agents in the communities. Where there was no network coverage, or the beneficiary could not access a distribution point, the mobile bank agent went to the

residence of persons with disabilities and distributed direct cash. The SHGs and Apex body provided cash utilisation support to recipients with disabilities where needed.

Satisfaction surveys were conducted by CDD and SARPV. People reported the use of cash to buy household items, food, medical treatments, agricultural inputs, school fees, education materials like books, pads, pencils and to repay debt in grocery stores. The satisfaction survey showed that the electronic money transfer was greatly appreciated by the community.

Regular meetings with the cash and voucher working group (CWG) provided opportunities to share and learn. CDD coordinated with the food and education cluster. Coordination with local Government (Union, Municipality & Ward Disaster Management Committee) was very systematic. Local government officials and representatives were informed about the initiative and all steps of the response. The government issued a decree regarding the cash assistance and local authorities at village level assisted in issuance of ID cards.

Key Lessons

- Beneficiaries in the remotest areas with no network coverage or service providers (mobile phone operators and banking outlets) faced difficulties accessing the cash. Direct cash disbursement was used for these remotest households. At first, mobile phone operators did not agree to carry cash, as it was a risk to transport. Following communication with the headquarters, the bank and mobile phone operator agreed to go to the remotest areas for registration and cash distribution.
- Accessibility was an issue for withdrawing money for some persons with multiple disabilities, who used their family members for receiving cash from the distribution point and for purchasing their goods.
- The affected area was well understood by partner organisations. Disability inclusion messaging and influencing was already undertaken with local government and community. This helped in preparedness for implementing the response.
- The involvement of local government in all the processes was important for accountability. Coordination and networking with the government and other NGOs helped in understanding what was being provided already and to avoid duplication.
- The use of SHGs and the Apex body was important for identifying and working with persons with disabilities. If SHGs are not yet organised, carers, parents and children with disabilities can be consulted in every phase of the project.

Inclusive Cash Transfer Programme for Drought and Crisis Affected People in Diffa, Niger, 2017

Since February 2014 the north of Nigeria and the border areas of the Diffa region in Niger had been under attack by the Islamic sect Boko Haram, leading to mass displacement. Drought in early 2017 left over a million people in Niger facing a food crisis. Emergency food aid was needed in several communities.

CBM, together with the implementing partner KARKARA, responded with multipurpose cash assistance to 673 most-affected, at-risk households in the Sayam refugee camp, in two rural villages, where informal IDP camps had formed, and in two quarters of the city of Diffa, where a large number of IDP families lived. Among the direct beneficiaries, there were 351 persons with disabilities. A local OPD, the Diffa branch of the Fédération Nigérienne des Personnes Handicapées (FNPH), assisted with community targeting and distributions.

The Rapid Needs Assessment (RNA) conducted by KARKARA highlighted the situation of persons with disabilities in the camps to other humanitarian agencies in Diffa. All respondents in the RNA were persons with disabilities. The government Regional Directorate of Population participated in the needs assessment and FNPH was consulted.

The community-led targeting process involved inclusive, representative targeting committees. Each committee had persons with disabilities, women and older persons as members. The targeting committee developed the targeting criteria; the partner, the head of village and a general assembly community meeting validated the criteria. FNPH participated in community meetings to ensure the inclusion of persons with disabilities in the committees and participated in the household surveys to ensure all households of persons with disabilities were identified.

Targeting criteria included households hosting IPDs; households with persons with disabilities as members; women-led households; older persons without sufficient support from their families; and households with high number of children.

A local microfinance institution, Caisse N'Gada, delivered the transfer as cash-in-hand at central distribution points in each community. Distribution committees were set up at each site, and persons with disabilities were represented on these. The sites were demarcated by ropes with entry and exit doors with no barrier to access for beneficiaries. There were priority lines for persons with disabilities, older persons and pregnant and breastfeeding women. Before the start of the distribution, awareness sessions were organized at all sites. The FNPH participated in these sensitizations.

According to the PDM survey, all recipients reported to have been able to spend the cash freely on what they valued most. The survey showed that 62% of households used the cash transfer primarily to buy food. 9% of households used part of the cash for medical services. 22% of households used part of the cash to start small income generating activities.

KARKARA and CBM were active in meetings of different sub-clusters, including food security, which was responsible for cash transfers. Influencing was based on the needs assessment conducted with persons with disabilities, which was shared with different clusters and was recognized by the regional authorities. Individual meetings with mainstream international humanitarian agencies in Diffa were conducted, and some signed a written commitment to disability inclusion.

Key Lessons

- It was difficult to implement a community-led targeting process in urban communities with a large number of households. There were a high number of households in need in the urban areas and too many people joined the community meetings. The overhead cost of the project was also disproportionately high because of the elaborate targeting process necessary to ensure inclusion and avoid conflict.
- The transfer value was aligned with recommendation of national Ministry of Humanitarian Affairs, based on a Minimum Expenditure Basket (per household per month) that did not consider specific needs of persons with disabilities. All beneficiaries received the same amount. The PDM showed that the transfer value proved to be too low, even to cover basic food needs of persons with disabilities, who did not have any other sources of income. It was not possible to increase the transfer value, as this would have created tension in the community and caused problems with the authorities. On reflection, it was noted that a second cash transfer for persons with disabilities to cover disability specific needs should have been provided.
- Distribution points were cleared of physical barriers for accessibility but remained inaccessible for some wheelchair users because of a lack of accessible transport to the site. These beneficiaries had to send a relative or support person to receive the cash.
- A post-distribution monitoring survey consulted women and men, with and without disabilities, from all different target communities but there was no participation of FNPH in the survey team. It was later noted that a more diverse team, including women and persons with disabilities, should have conducted the monitoring.
- The targeting approach included persons with disabilities and women in the targeting committees and the local OPD FNPH supported the process. This ensured that all households with disabilities who fit the targeting criteria were included. Using a transparent and community-led targeting process helped avoid conflict and resentment against women and persons with disabilities in the community, who were the beneficiaries of the project.
- The project ensured that persons with disabilities, older persons and single women were registered as beneficiaries themselves and accessed the cash transfer themselves, not through a relative or support person.

Inclusive Cash Transfer Programme for Drought and Crisis Affected People in Diffa, Niger, 2017

Since February 2014 the north of Nigeria and the border areas of the Diffa region in Niger had been under attack by the Islamic sect Boko Haram, leading to mass displacement. Drought in early 2017 left over a million people in Niger facing a food crisis. Emergency food aid was needed in several communities.

CBM, together with the implementing partner KARKARA, responded with multipurpose cash assistance to 673 most-affected, at-risk households in the Sayam refugee camp, in two rural villages, where informal IDP camps had formed, and in two quarters of the city of Diffa, where a large number of IDP families lived. Among the direct beneficiaries, there were 351 persons with disabilities. A local OPD, the Diffa branch of the Fédération Nigérienne des Personnes Handicapées (FNPH), assisted with community targeting and distributions.

The Rapid Needs Assessment (RNA) conducted by KARKARA highlighted the situation of persons with disabilities in the camps to other humanitarian agencies in Diffa. All respondents in the RNA were persons with disabilities. The government Regional Directorate of Population participated in the needs assessment and FNPH was consulted.

The community-led targeting process involved inclusive, representative targeting committees. Each committee had persons with disabilities, women and older persons as members. The targeting committee developed the targeting criteria; the partner, the head of village and a general assembly community meeting validated the criteria. FNPH participated in community meetings to ensure the inclusion of persons with disabilities in the committees and participated in the household surveys to ensure all households of persons with

disabilities were identified.

Targeting criteria included households hosting IPDs; households with persons with disabilities as members; women-led households; older persons without sufficient support from their families; and households with high number of children.

A local microfinance institution, Caisse N’Gada, delivered the transfer as cash-in-hand at central distribution points in each community. Distribution committees were set up at each site, and people with disabilities were represented on these. The sites were demarcated by ropes with entry and exit doors with no barrier to access for beneficiaries. There were priority lines for persons with disabilities, older persons and pregnant and breastfeeding women. Before the start of the distribution, awareness sessions were organized at all sites. The FNPH participated in these sensitizations.

According to the PDM survey, all recipients reported to have been able to spend the cash freely on what they valued most. The survey showed that 62% of households used the cash transfer primarily to buy food. 9% of households used part of the cash for medical services. 22% of households used part of the cash to start small income generating activities.

KARKARA and CBM were active in meetings of different sub-clusters, including food security, which was responsible for cash transfers. Influencing was based on the needs assessment conducted with persons with disabilities, which was shared with different clusters and was recognized by the regional authorities. Individual meetings with mainstream international humanitarian agencies in Diffa were conducted, and some signed a written commitment to disability inclusion.

Key Lessons

- It was difficult to implement a community-led targeting process in urban communities with a large number of households. There were a high number of households in need in the urban areas and too many people joined the community meetings. The overhead cost of the project was also disproportionately high because of the elaborate targeting process necessary to ensure inclusion and avoid conflict.
- The transfer value was aligned with recommendation of national Ministry of Humanitarian Affairs, based on a Minimum Expenditure Basket (per household per month) that did not consider specific needs of persons with disabilities. All beneficiaries received the same amount. The PDM showed that the transfer value proved to be too low, even to cover basic food needs of people with disabilities, who did not have any other sources of income. It was not possible to increase the transfer value, as this would have created tension in the community and caused problems with the authorities. On reflection, it was noted that a second cash transfer for persons with disabilities to cover disability specific needs should have been provided.
- Distribution points were cleared of physical barriers for accessibility but remained inaccessible for some wheelchair users because of a lack of accessible transport to the site. These beneficiaries had to send a relative or support person to receive the cash.
- A post-distribution monitoring survey consulted women and men, with and without disabilities, from all different target communities but there was no participation of FNPH in the survey team. It was later noted that a more diverse team, including women and persons with disabilities, should have conducted the monitoring.
- The targeting approach included persons with disabilities and women in the targeting committees and the local OPD FNPH supported the process. This ensured that all households with disabilities who fit the targeting criteria were included. Using a transparent and community-led targeting process helped avoid conflict and resentment against women and persons with disabilities in the community, who were the beneficiaries of the project.
- The project ensured that persons with disabilities, older persons and single women were registered as beneficiaries themselves and accessed the cash transfer themselves, not through a relative or support person.

Inclusive Cash Transfer Programme for Emergency Response to Cyclone Idai in Zimbabwe 2019

Cyclone Idai struck Zimbabwe in March 2019, causing widespread damage. CBM and the national partner Jairos Jiri Association (JJA) responded to provide emergency food packets for two months. Following discussions with food cluster partners and beneficiaries, the project moved to mobile cash transfers during the last four months for 800 most-affected households in Chipinge and Bikita districts. The project consulted and worked with local OPDs such as Quadriplegic and Paraplegic Association of Zimbabwe (QUAPAZ), the Disabled Association of Zimbabwe (DAZ), the Zimbabwe Association of the Visually Handicapped (ZAVH) and the Zimbabwe Parents of the Handicapped Children Association (ZAPHCA).

The project staff already had technical expertise on disability-inclusive cash transfers and additional training on inclusive cash transfers further strengthened their capacity. A joint Rapid Needs Assessment (RNA), conducted by JJA and CBM, focused on the situation and needs of persons with disabilities.

The targeting criteria considered social status, disability status, household economic status and the extent of cyclone damage to land, property, crops, livestock and livelihoods. There was a focus on at-risk households, including those with persons with disabilities, older persons, female-headed households and chronically ill persons. The WG-SS was used during the registration process to identify persons with disabilities among the household members.

The Food Security Cluster's national Cash Working Group (CWG), seeking to harmonise the food basket across

agencies, set the transfer value based on the Minimum Expenditure Basket. Monthly cash transfers of 13USD per person were given for four months.

A large mobile service provider, Econet Wireless was selected, based on previous experiences of the national CWG. Econet waived transaction fees during the emergency response phase. Econet SIM cards were issued to beneficiaries and handsets were distributed to those who did not own phones. Once beneficiary details were verified, the money was transferred to the beneficiary household recipient member's mobile number.

Local disability committees disseminated information to overcome information barriers for persons with disabilities. All beneficiaries received communication in relation to humanitarian principles. Orientation with beneficiaries on the use of mobile transfers, market information and sensitisation on gender-based violence, was conducted prior to distribution. Local and national OPDS played a significant role in raising awareness.

Disability inclusion was promoted at all stages of project. Persons with disabilities participated in relevant committees and the project consulted with local and national OPDs. OPDs were involved in the community beneficiary selection, raising awareness and ensuring disability inclusion at the community level.

Post distribution monitoring was conducted with households to ascertain access and use of cash. A total of 61 households with persons with disabilities were randomly selected and interviewed over the three months. The results showed that all the targeted persons were accessing cash entitlements through

mobile cash transfer. A significant number of this group had also spent some funds towards medication.

CBM and JJA participated in cluster coordination at national, regional and local levels. There was active participation in the national Cash Working Group, who set the harmonised transfer value and assisted

with FSP assessment. JJA coordinated with other humanitarian cash partners, sharing lessons learned from previous cash transfer interventions. District Development Coordinators, Local Council Chief Executive Officers and Government departments were consulted and informed on project implementation.

Key Lessons

- Direct distribution of cash in US dollars (USD) was planned, but a government directive then prohibited domestic transactions in USD. This created a significant challenge as the local currency was subject to hyperinflation, leading to a risk of rapid loss value after the transfer. A consideration leading to the choice of Econet was to avoid the inflation risk of the official currency.
- Most recipients did not have Econet accounts before the response. The first transfer failed in over 60% of cases because of inaccuracies between beneficiary lists provided to the mobile service provider and the available customer data of the provider. A thorough data validation of beneficiaries' contact details was then carried out.
- Links with local and national OPDs gave access to relevant persons with lived experience. Involvement of persons with disabilities in the cash transfers and specifically community committees had not occurred before. The chairpersons of the Distribution Committees for the initial response were persons with disabilities.
- Many persons with disabilities as beneficiaries used trusted proxies, close family members or support persons to conduct purchases, whilst retaining PIN access codes. Advocacy and sensitization activities were needed to give persons with disabilities the awareness and confidence to actively manage the cash transfer.
- Capacity building for project staff on inclusive cash transfers built on prior experience with disability-inclusive development but was needed to strengthen their understanding of disability inclusion issues related to the cash transfer.

Inclusive Cash Transfer Programme for Emergency Response to Typhoon Mangkhut, Philippines 2018

In September 2018, Typhoon Mangkhut (Ompong) caused widespread displacement and damage to people's houses and livelihoods. CBM and the implementing partner NORFIL Foundation provided an emergency response with multi-purpose cash transfers directly delivered to 600 typhoon-affected families in six selected municipalities of Ilocos Sur.

NORFIL had experience of community-based inclusive development and had a strong working relationship with local government agencies. Village chiefs were experienced with disaster preparedness, which enabled faster collaboration. CBM and NORFIL staff conducted a joint Rapid Needs Assessment (RNA) using a locally developed assessment tool. Persons with disabilities and persons from other at-risk groups were consulted on what type of modality and delivery mechanism most suited their needs.

Disaggregated data was collected during the assessment using the existing baseline data of NORFIL and data from the social welfare office of local government units (LGUs). Field staff assessed the functioning of markets and availability of essential items by interviewing beneficiaries and vendors.

Targeting criteria were defined in consultation with the Social Welfare Department, parents and persons with disabilities and community leaders. Criteria included families with children or family member with disabilities, monthly family income limits, single parent headed families, elderly or senior citizens, families with large number of children, and families with no other source of income or external support. OPDs, the Federation of

Persons with Disabilities and the Ministry of Social Welfare Department provided data used for identification of households with disabilities. Intake interviews and assessment of qualified families were conducted through house visits. NORFIL staff and community leaders (including persons with disability) validated the list.

The project observed confidentiality in dealing with the data. Beneficiary data was kept in individual folders, maintaining confidential client case histories.

After consultations, it was decided that the intervention should be multi-purpose cash assistance to give the affected families greater flexibility and afford them the dignity to make their own choices. Direct cash was chosen due to the limitations of setting up other modalities in the area and access considerations. Some families did not have their own bank accounts and most banks were not available in remote communities. Beneficiaries would have needed to pay for transport to access banks.

A risk assessment also informed the choice of modality and mechanism, whereby families who had loans from families and neighbours might be asked to pay this back. To ensure that household needs were prioritized, the release of cash assistance was not announced, and neighbours did not know about the cash distributions until later.

The transfer value was based on the price of 50kg of rice (as was originally planned to be distributed in-kind). It was a one-time transfer designed to last for a month.

Beneficiaries were already aware of disability inclusion because of orientations

from the existing community-based inclusion development programme. Parents and carers of children with disabilities worked with unformed OPDs to promote participation of persons with disabilities. NORFIL supported and worked in partnership with an organization of parents of children with disabilities, who were consulted in the process of implementing the cash assistance project. The Federation of OPDs was involved during the implementation by identifying persons with disabilities in their municipality and in accompanying the groups during orientation and distribution of cash assistance.

Beneficiaries were already aware of disability inclusion because of orientations from the existing community-based inclusion development programme. Parents and carers of children with disabilities worked with unformed OPDs to promote participation of people with disabilities. NORFIL supported and worked in partnership with an organization

of parents of children with disabilities, who were consulted in the process of implementing the cash assistance project. The Federation of OPDs was involved during the implementation by identifying persons with disabilities in their municipality and in accompanying the groups during orientation and distribution of cash assistance.

NORFIL coordinated closely with municipal and barangay government units, who participated in assessment, beneficiary identification and in monitoring. NORFIL staff, community volunteers and barangay officials conducted weekly monitoring visits to beneficiaries' homes. Reports on the use of funds included purchase of food, medicines, school related expenses, and livelihood (agricultural inputs, fish nets, capitalization for buying and selling of assorted goods). Some used the income from livelihoods to purchase medicine for their children with disabilities, for school-related expenses of their children, and other needs of the family.

Key lessons

- Communication with households who were not targeted proved to be a challenge. Having clear criteria for beneficiary selection and involving community members in the selection process helped to manage any potential disunity. Communication to denied families was important for them to understand why they were not chosen.
- Proper needs assessment should be conducted as soon as possible to include specific needs relating to age, gender and disability, so interventions can specifically address these needs. Assessment on risks is important to mitigate possible risks that may happen before, during or after the distribution of cash.
- Cultural and social aspects have to be considered when identifying modes of distribution, orientations and monitoring to enable good participation and cooperation from beneficiaries.
- The role of municipal and barangay officials and government agencies is critical to emphasize the importance of the intervention and take account of the gaps after government interventions. Knowing the interventions coming from government and other non-state actors avoids duplication and competition.
- If OPDs are not yet organized, working with parents and children with disabilities can assist in inclusion.

Inclusive Cash Transfer Programme for Earthquake and Tsunami Recovery in Sulawesi, Indonesia 2019

Following an earthquake and tsunami in Central Sulawesi in September 2018, CBM and the national partner Yakkum Emergency Unit (YEU), provided multi-purpose cash assistance to 598 most-at-risk households (households led by persons with disabilities, older persons and single parents) to stimulate early recovery and bridge the gap between the emergency phase and longer-term recovery.

An Ageing and Disability Focal Point (established by CBM and the national federation of organizations of persons with disabilities, Perkumpulan Penyandang Disabilitas Indonesia - PPDI) conducted a Rapid Needs Assessment (RNA) with a team of volunteer community organizers. All volunteers were persons with disabilities from the affected communities themselves. Half of them were women. The team used the WG-SS to assess the disability status of household members.

Targeting criteria were agreed with village authorities at public community meetings where persons with disabilities were invited and encouraged to participate. At-risk selection criteria included the single women heads of household; persons with disabilities or elderly persons; households of children with disabilities; and displaced households due to the disaster.

The project staff, in collaboration with PPDI, sensitised the community on the rights of persons with disabilities and older persons at the community meetings. Efforts were made to accommodate communication needs of persons with visual or hearing impairments or intellectual or psychosocial disabilities by using caregivers to assist in translation and participation.

The transfer modality was multi-purpose cash, following recommendations of the Regional Cash Working Group and a joint market assessment. The value was set in accordance with government guidelines and the frequency was monthly for three months. The transfers were delivered to bank accounts opened with the Bank Sulteng (mandated by the government to provide all cash transfers in the region).

Bank accounts were opened in the name of the person with disabilities. Joint bank accounts were opened in cases where beneficiaries were unable to open an account because of an intellectual or psychosocial disability, because they were minors, or they wanted a trusted relative or support person to access the cash. The objective of joint accounts was to give an incentive to support persons to use the assistance for the benefit of the persons with disabilities. Once the accounts were opened, the Bank issued bankcards through which beneficiaries could retrieve the full or partial cash transfer amount at any time.

In the PDM survey after the first transfer 61% responded that it was their individual decision how the cash was used. In 11% of cases it was a joint decision by the family and in 28% of cases the wife, parents or children of the cash recipient decided. 34% of persons with disabilities responded that they were able to access the market themselves to use the cash.

The project actively coordinated with the regional CWG to avoid duplication among humanitarian actors working in Central Sulawesi and share information and knowledge on inclusion mainstreaming.

Key lessons

- The identification of families with members who were persons with disabilities took about one month. Due to many households hiding family members with disabilities, out of fear of stigmatization, a snowballing household survey was conducted to identify persons with disabilities in those target communities for which no data had previously been collected by the ADFP.
- PDM showed that 66% of surveyed persons with disabilities stated they were not able to access markets themselves due to physical inaccessibility and lack of transport. They relied on relatives and caregivers to purchase needed items. Barriers to market accessibility were recognised by field staff during the implementation of the project and in some cases individual support (e.g. transportation) was provided to beneficiaries to overcome them.
- The lack or loss of personal ID cards, the inability to reproduce a signature and discriminatory legislation made it impossible for some beneficiaries to open bank accounts (for example, some persons with physical, sensory or intellectual disabilities could not fulfil the bank's requirement to reproduce the signature on an individual's identity card on the contract to open an account). In meetings with representatives of the Bank, CBM and YEU addressed these issues to find pragmatic solutions for individual beneficiary households (such as local banks using a letter from a local district government in lieu of a national ID card).
- Some persons with disabilities and older persons could not access the ATMs (due to lack of accessible transportation, or difficulty operating the ATM with their bankcard). In response, the Bank agreed to provide one time mobile banking services in the affected communities (i.e. setting up temporary mobile bank branches at central locations at the community level for one or two days, where cash could be withdrawn directly from the Bank's field agents). Reasonable accommodation was provided to beneficiaries as required, through providing transport to the mobile banking cash distribution point.
- Registering persons who are socially marginalized as direct recipients of cash transfers increases their agency to decide what the cash transfer is used for but can increase risks and conflict. Understanding the underlying social and security risk factors for cash access and use is a requirement to determine mitigation measures to ensure the free and safe use of the cash transfer. Short disability rights awareness sessions for relatives of cash recipients were provided by field staff.
- Reasonable accommodation measures are needed ensure active participation of marginalized groups in the community-led targeting process, such as ensuring accessibility to community meetings, specific invitations to persons with disabilities and their families, to older persons and to women, and providing information in accessible formats (including translation assistance).

Inclusive Cash Transfer Programme for Humanitarian Response for Cyclone Amphan, Bangladesh 2020

In May 2020, Cyclone Amphan struck the western coastal districts of Bangladesh. CBM, along with implementing partners Centre for Disability in Development (CDD) and Disabled Rehabilitation and Research Association (DRRA), responded with multipurpose cash assistance to 3,198 affected households in two districts, delivered through mobile banking with the financial service provider bKash.

CDD and DRRA conducted an inclusive Rapid Needs Assessment, consulting with persons with disabilities, OPDs and disability specific organizations. The RNA questionnaire was developed based on the CBM template and used the WG-SS.

Market functioning and market access was assessed in a Market Access and Vulnerability Survey with respondents including women and persons with disabilities. 100% of respondents stated that they prefer to buy goods and services by themselves, some with the help of caregiver. Transportation was identified as the main support needed to access markets (e.g. longer wait times to catch a taxi, which cost more). The assessment indicated no perceived risks of theft, abuse, restrictions or stigma attached to the access and use of cash.

The CBM inclusive targeting criteria were adapted to the local context. Disability was considered in several criteria and contributed to the overall scoring of the level of need of the household. Beneficiary registration was conducted as part of the household survey for targeting. The collected household data was kept with the project and not shared with other actors.

The transfer value was based on a Minimum Expenditure Basket calculation provided through the Cash Working Group.

This considered cost for basic medicine but not for other extra costs for persons with disabilities. A top-up amount for persons with disabilities was agreed in consultation with national OPDs. Eligibility criteria were households with persons with disabilities who had lost assistive devices or sustained a new injury or needed therapy service or medicine due to the crisis.

Mobile cash was chosen as the most accessible and safe modality for the cash transfers. The mobile service provider, bKash was selected based on positive experiences in a previous cash transfer program and the extensive coverage through outlets in most communities.

Beneficiaries opened a bKash mobile account, and needed a mobile phone, SIM card and a valid ID. All recipients had access to a phone (often a phone jointly used in the household). Most had their own SIM card; others were provided one by the project. The recipient received a text alert when the amount was transferred. Project staff or community volunteers informed those without access to their own mobile phones. The available balance could be cashed out at a licensed bKash outlet (e.g. a shop) or used for direct purchases of goods or services to vendors and providers with a bKash account.

Volunteers and project staff provided orientation to recipients on using bKash in community consultation meetings, and individually during the household survey for targeting. Beneficiaries were supported to set up accounts where needed, with project staff meeting them at the cash outlet at an agreed date and time. A feedback mechanism was provided to beneficiaries through two hotline mobile

numbers, where beneficiaries could ask questions or report any problem faced during cash out or any other unexpected incident.

PDM surveys showed that most of the households with disabilities spent the entire transfer, including the top-up amount, to buy food and medicine.

Some used the cash transfer to repair their assistive devices. Beneficiaries who opened a bKash account in their name generally appreciated being able to manage the cash themselves and felt empowered to use the cash according to their own choice and family need.

Key lessons

- For some persons with sensory, learning or psychosocial disabilities and persons with limited ability to physically operate a mobile phone, the account set up and cash management was not accessible autonomously and they depended on support by caregivers. In such case a caregiver could become the registered recipient of the cash transfer and use the cash in the interest of the beneficiary. In some cases where beneficiaries did not have an ID, a proxy could also be registered as account holder. The PDM and experience by field staff did not identify any cases where a proxy account holder misappropriated the cash from the selected beneficiary.
- Some people who did not receive the top-up amount consulted project staff to ask how to become eligible. Field staff reported that in all cases it was possible to clearly explain why the person was not eligible for the top-up and people understood and accepted that persons with disabilities had higher costs for therapy, medicine and assistive devices.
- The calculation of the top-up amount needs to be based on a comprehensive analysis of extra cost and on evidence from the field. The calculation of the top-up amount in the response did not consider the possibility of extra cost beyond assistive devices and therapy, e.g. for transport, clothes, hygiene items or dietary requirements for persons with disabilities.
- The criteria for eligibility for the top-up amount should ensure that all persons for whom extra cost occurs (which is not considered with the base transfer value) are eligible. In initial consultations with community and other local actors, the eligibility criteria for the top-up amount needs to be clearly communicated and agreed among all beneficiaries to avoid issues for the field staff later on.
- The PDM survey showed that 38% of respondents had to pay for transport to access a bKash outlet to register their accounts. The cost ranged from 10 to 150 BDT. Field staff reported that some persons with disabilities had higher costs because of the need to use accessible transport (taxi) instead of cheaper minibuses. This should be considered in the top-up amount or accessible transport should be provided by the project.

Endnotes

ⁱA number of key preconditions are necessary in order to carry out effective CBI; these relate to beneficiary needs (e.g. familiarity, preference and need for cash), community and political acceptance of cash, the existing market conditions (e.g. functioning and accessible markets with adequate available supply of goods) and operational circumstances (e.g. capacity to deliver safely and reliably). CaLP Cash and Voucher Assistance – The Fundamentals training <https://www.calpnetwork.org/course/cash-and-voucher-assistance-cva-the-fundamentals/>

ⁱⁱCaLP website, accessed 3.2.21 <https://www.calpnetwork.org/themes/gender-and-inclusion/?current-page=5#listing>

ⁱⁱⁱIASC, Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019), chapter 8

<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>; CALP, HI (2015) 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? <https://reliefweb.int/sites/reliefweb.int/files/resources/cash-disability-calp-hi.pdf>

^{iv}CBM & Nossal (2017) Disability Inclusion in Disaster Risk Reduction: Experiences of people with disabilities in Vanuatu during and after Tropical Cyclone Pam and recommendations for humanitarian agencies WEB-DIDRR-Report-14112017.pdf (unimelb.edu.au)

^vWorld Health Organization and the World Bank, World Report on Disability (2011) https://www.who.int/disabilities/world_report/2011/report/en/

^{vi}CBM, HI, IDA, Case Studies Collection, Inclusion of Persons with Disabilities in Humanitarian Action (2019). Figures drawn from WHO World Report on Disability (2011) and UNHCR Global Trends Report (2018)

^{vii}Persons with disabilities include persons who have long-term sensory, physical, psychosocial, intellectual or other impairments that, in interaction with various barriers, prevent them from participating in, or having access to, humanitarian programmes, services or protection. (CRPD, modified Article 1 – Purpose, at: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-1-purpose.html>. The CRPD referred to ‘mental’ impairment; however the CRPD Committee subsequently preferred the term ‘psychosocial’ impairment.)

^{viii}CBM & Nossal (2017) Disability Inclusion in Disaster Risk Reduction: Experiences of people with disabilities in Vanuatu during and after Tropical Cyclone Pam and recommendations for humanitarian agencies WEB-DIDRR-Report-14112017.pdf (unimelb.edu.au)

^{ix}CBM website, <https://www.cbm.org/in-action/humanitarian-action/> accessed 15.1.21

^xHelpAge (2018) Missing Millions: How older people with disabilities are excluded from humanitarian response 23446 (lshtm.ac.uk); CBM & Nossal (2017) Disability Inclusion in Disaster Risk Reduction: Experiences of people with disabilities in Vanuatu during and after Tropical Cyclone Pam and recommendations for humanitarian agencies WEB-DIDRR-Report-14112017.pdf (unimelb.edu.au)

- ^{xi}HelpAge (2018) Missing Millions: How older people with disabilities are excluded from humanitarian response 23446 (lshtm.ac.uk)
- ^{xii}CBM & Nossal (2017) Disability Inclusion in Disaster Risk Reduction: Experiences of people with disabilities in Vanuatu during and after Tropical Cyclone Pam and recommendations for humanitarian agencies WEB-DIDRR-Report-14112017.pdf (unimelb.edu.au)
- ^{xiii}IASC, Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019) <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>
- ^{xiv}Ibid
- ^{xv}HelpAge (2018) Missing Millions: How older people with disabilities are excluded from humanitarian response 23446 (lshtm.ac.uk)
- ^{xvi}Charter on Inclusion of Persons with Disabilities in Humanitarian Action
<http://humanitariandisabilitycharter.org/wp-content/themes/humanitarian-disability-charter.org/pdf/charter-on-inclusion-of-persons-with-disabilities-in-humanitarian-action.pdf>
- ^{xvii}The humanitarian principles of Humanity, impartiality, neutrality and independence https://www.unocha.org/sites/dms/Documents/OOM-humanitarianprinciples_eng_June12.pdf
- ^{xviii}Age and Disability Consortium (2018) The Humanitarian Inclusion Standards for Older People and People with Disabilities <https://reliefweb.int/report/world/humanitarian-inclusion-standards-older-people-and-people-disabilities>. There are nine key inclusion standards, (identification; safe and equitable access; resilience; knowledge and participation; feedback and complaints; coordination; learning; human resources; and resource management), and seven sets of sector-specific inclusion standards: protection; water, sanitation and hygiene; food security and livelihoods; nutrition; shelter, settlement and household items; health; and education.
- ^{xix}Building Theories from Case Study Research, Kathleen M. Eisenhardt The Academy of Management Review Vol. 14, No. 4 (Oct., 1989), pp. 532-550 Published by: Academy of Management https://www.jstor.org/stable/258557?seq=1#metadata_info_tab_contents
- ^{xx}<https://www.calpnetwork.org/resources/programme-quality-toolbox/>
- ^{xxi}IASC, Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019), chapter 8
<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>
- ^{xxii}We are using the adapted model applied in CaLP core CVA skills training and developed by the Fritz Institute, CaLP Cash and Voucher Assistance – The Fundamentals training <https://www.calpnetwork.org/course/cash-and-voucher-assistance-cva-the-fundamentals/>, and the programme quality standards and actions from the CaLP CVA Programme Quality Toolbox. <https://www.calpnetwork.org/library-and-resources/programme-quality-toolbox/>
<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>
- ^{xxiv}The ADFP model, developed by several agencies, among them CBM and Humanity & Inclusion (HI), helps in identifying and referring persons with disabilities and older people to relevant relief services as well as to more specialised services where necessary and involving OPDs, women, men, girls and boys with disabilities and older people in the emergency response and in building their capacity to advocate for inclusive humanitarian action. <https://hhot.cbm.org/en/card/ageing-and-disability-focal-point>

^{xxv}CBM Program Quality Framework https://www.cbm.org/fileadmin/user_upload/Publications/CBM_Programme_Quality_Framework_2019.pdf

^{xxvi}<http://humanitariandisabilitycharter.org/the-charter/>

^{xxvii}CBM Disability Inclusive Development Toolkit, Kathy Al Ju'beh (2017) https://www.cbm.org/fileadmin/user_upload/Publications/CBM-DID-TOOLKIT-accessible.pdf

^{xxix}Available from CBM Emergency Response Unit

^{xxx}<https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>

^{xxxi}Cyclone Amphan: Inclusive rapid needs assessment - Bangladesh: Satkhira, Patuakhali and Bagerhat Districts, May 23-25, 2020 – Bangladesh <https://reliefweb.int/report/bangladesh/cyclone-amphan-inclusive-rapid-needs-assessment-bangladesh-satkhira-patuakhali-and>

^{xxxii}IASC, Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019), chapter 8

<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

^{xxxiii}Ibid

^{xxxiv}ERC Guide for Protection in Cash-based Interventions <https://www.calpnetwork.org/wp-content/uploads/2020/01/erc-guide-for-protection-in-cash-based-interventions-web.pdf>

^{xxxv}IASC, Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019), chapter 8

<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

^{xxxvi}If an agency is not a protection agency then it should refrain from full protection assessments. Harm can be caused by a protection assessment by inexperienced enumerators and the inability to mitigate the risks could put project participants in harms way, it also raises unrealistic expectations and could create a duty of care issue for the enumerators themselves if they are not trained to manage sensitive information.

^{xxxvii}Ibid

^{xxxviii}IASC, Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019), chapter 8

<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

^{xxxix}A Minimum Expenditure Basket (MEB) requires the identification and quantification of basic needs items and services that can be monetized and are accessible in adequate quality through local markets and services. Items and services included in an MEB are those that households in a given context are likely to prioritize, on a regular or seasonal basis. An MEB is inherently multisectoral and based on the average cost of the items composing the basket. It can be calculated for various sizes of households. <https://www.calpnetwork.org/resources/glossary-of-terms/>

^{xl}Extra costs of living with a disability: A review and agenda for research - ScienceDirect <https://www.sciencedirect.com/science/article/pii/S193665741730078X>

^{xli}IASC, Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019), chapter 8

<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

^{xliii}Ibid

^{xliiii}Ageing and Disability Task Forces (ADFT), set up usually under the Protection Cluster, are established to support persons with disabilities and other at risk groups such as older people, or those sustaining injuries, to get access to general and specific information about emergency relief. This could include referral to health and rehabilitation services, assistive devices or other disability-specific services. These task forces are usually also involved in advocating for disability-inclusion and are helpful to provide information about the situation of persons with disabilities to clusters and mainstream services.

<https://hhot.cbm.org/en/card/organisations>

^{xliv}IASC, Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019), chapter 8

<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

^{xlv}CBM ERU '16 minimum requirements for building accessible shelters' https://www.cbm.org/fileadmin/user_upload/Publications/16-minimum-requirements-for-building-accessible-shelters.pdf

^{xlvi}IASC, Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019), chapter 8

<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

^{xlvii}IASC, Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019)

<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

^{xlviii}UNPRPD program 'inclusive social protection' implemented by UNICEF and ILO in close collaboration with IDA, together with CBM Global - paper forthcoming.



CBM Global Disability Inclusion
EmergencyUnit@cbm-global.org www.cbm-global.org
Dr.-Werner-Freyberg-Str. 7, 69514 Laudenbach, Germany