



# DISABILITY INCLUSIVE CASH TRANSFER

Lessons from the humanitarian  
response to Cyclone Amphan



Bringing hope, dignity and meaning to life



# Acknowledgements

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## **Published by**

CDD, DRRRA and CBM, 2020

## **Cover Photo:**

Peyara, a beneficiary of the project is buying basic items for her household after receiving multipurpose cash assistance.

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Aklima, a woman with disabilities, accessing a market, after receiving basic assistance support (cash) in a Cyclone Amphan affected community in Bangladesh.

## Introduction

Multipurpose Cash Assistance (MPCA) is a flexible humanitarian response modality, which can be adapted to assisting groups of people with specific and different sets of needs. It can reach people fast and at lower cost than other forms of emergency assistance and it empowers people to make choices about the aid they need most. It promotes dignity and independence and simultaneously sustains the local economy.

As MPCA continues its rapid growth, there is an increasing demand it should take greater account of the right of persons with disabilities to equal access to humanitarian aid. However, there is still a large evidence gap and an incomplete understanding of the role that cash-based assistance may play in the empowerment of persons with disabilities in humanitarian contexts and the risks and barriers they may face when accessing and using cash in these settings.

In response to Cyclone Amphan, which hit the western coastal districts of Bangladesh in May 2020, CBM, CDD and DRRRA provided MPCA to 3198 affected households through bKash, a mobile money transfer system operated by BRAC bank, a local bank. The intervention was designed to ensure equal outcomes and full participation of persons with disabilities. The needs of persons with disabilities and the barriers they face were identified in a rapid needs assessment days after the cyclone hit. Local organizations of persons with disabilities (OPD) supported the intervention at all stages, ensuring persons with disabilities were identified, could participate in community consultations and were able to access and use the cash assistance safely and independently. The cash transfer value for households with persons with disabilities was increased to cover specific needs like medicine and the repair of assistive devices.

This learning document highlights good practices and lessons from this response and is intended to provide guidance to NGOs, state actors and OPDs to create inclusive responses and deliver equal outcomes through inclusive MPCA in humanitarian action.



Halim is standing in front of his house at Southkhali Union, which is damaged due to Cyclone Amphan.

## The Cyclone Amphan response

On 20th May 2020 Super Cyclone Amphan hit the western coastal districts of Bangladesh with wind speeds of 150 km/hour, bringing torrential rain and tidal surge of up to 4 meters. It caused human deaths and injuries, destroyed homes and assets, and submerged vast tracts of land in 76 affected Sub-districts, affecting 2.6 Million people.<sup>1</sup>

CBM<sup>2</sup>, in partnership with Centre for Disability in Development (CDD)<sup>3</sup>, Disabled Rehabilitation and Research Association (DRRA)<sup>4</sup> and Action on Disability and Development International (ADD)<sup>5</sup>, conducted an inclusive Rapid Needs Assessment in the districts of Satkhira, Patuakhali and Bagerhat.<sup>6</sup> 161 respondents, including 40% persons with disabilities, were surveyed. Key Informant Interviews with different Organizations of Persons with Disabilities (OPDs), disability

specific organizations, humanitarian organizations and local Disaster Management Committees and Cyclone Preparedness Programs were conducted. Findings from the RNA showed that food security and basic needs were priority areas for assistance and multipurpose cash transfer was the preferred aid modality.

A feasibility assessment for inclusive cash transfer was conducted, surveying 60 respondents with disabilities and older persons to assess the barriers and risk associated with accessing and using the multipurpose cash assistance. The assessment showed that all persons with disabilities had access to a mobile phone to receive the mobile cash, but some did not have a SIM card. Some respondents requested assistance to set-up a bKash accounts.

1 [https://reliefweb.int/sites/reliefweb.int/files/resources/bangladesh\\_cyclone\\_amphan\\_nawg\\_preliminary\\_impacts\\_and\\_kin\\_04\\_20200523.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/bangladesh_cyclone_amphan_nawg_preliminary_impacts_and_kin_04_20200523.pdf)

2 CBM is an international development organisation, committed to improving the quality of life of persons with disabilities in the poorest communities of the world. [www.cbm-global.org/](http://www.cbm-global.org/)

3 CDD is a not for profit organization established in 1996 to develop a more inclusive society for persons with disabilities. [www.cdd.org.bd/](http://www.cdd.org.bd/)

4 DRRA is one of the largest development organizations in the field of disability in Bangladesh, devoted for inclusive society. [www.drra-bd.org/](http://www.drra-bd.org/)

5 ADD is an international organization supporting organizations of disability activists to fight discrimination for over 30 years. <https://add.org.uk/countries/bangladesh>

6 <https://reliefweb.int/report/bangladesh/cyclone-amphan-inclusive-rapid-needs-assessment-bangladesh-satkhira-patuakhali-and>



CBM, with its local implementing partners CDD and DRRA distributed multipurpose cash transfers to 3198 households in the heavily affected Unions Southkhali in Bagerhat District and Burigualini & Atulia in Satkhira District, of which 1120 had one or more persons with disabilities living in the household. The transfer value was set at BDT 4500 per household, covering on average 90% of the basic needs for one month, based on MEB calculations by the Bangladesh Cash Working Group. 684 households with people with injuries or persons with disabilities with high needs for medicine or damaged assistive devices, received a top up amount BDT 1000.

The cash assistance was delivered in one installment through bKash. bKash is accessible through basic mobile phones and allows secure cash transfers to recipients and

person to person transfers between bKash account holders. bKash accounts can be set-up and cashed out through a wide network of licenced agents in small shops and markets throughout Bangladesh. Field staff provided support to those recipients who requested assistance to set-up an account.

After the cash distribution, a post distribution monitoring survey was conducted with 5% of beneficiary households. Respondents were purposively selected among cash recipients to include 50% women, 15% people aged 60 and above and 50% persons with disabilities. The survey showed that most persons with disabilities were able to access the cash without significant challenges and highly appreciated being able to receive and manage the cash assistance themselves.

Mostafa, a person with physical impairment, is withdrawing cash from bKash agent shop after receiving unconditional cash support at Southkhali Union.



# Lessons for inclusive practice

## 1) Inclusive identification and targeting

In humanitarian crisis the barriers for persons with disabilities to access aid start with the lack of available data. They remain “hidden” during needs assessment and targeting because humanitarian actors fail to disaggregate data about the affected populations by disability. People with disabilities are also more likely to lack identification documents and are less likely to be registered with local authorities. Experience from the Cyclone Amphan response shows that a deliberate effort to include persons with disabilities identification and targeting is needed to close data gaps and ensure the most in-need households are targeted.

To identify households with persons with disabilities, data from different sources was collected. Initial data was provided by the Union Parishad (local government). An effort of local Departments of Social Services to register persons with disabilities was ongoing but data gaps remained. Available data was updated and published periodically, rather

than maintained in a live database. Data gaps were filled by local organizations of persons with disabilities, who kept records of persons with disabilities in the community. In addition, some beneficiary records were available from their ongoing development programs. The triangulation of data from different sources enabled the project to develop a comprehensive database of households with persons with disabilities in the affected communities. The existing relationships with local OPDs was key to the fast and effective data collection. OPDs and Self-help Groups of persons with disabilities helped identify affected households with persons with disabilities which otherwise would have been missed. After the response, beneficiary records of the humanitarian response were shared, with the consent of the identified households, with the local Departments of Social services and the local Cyclone Preparedness Program (CPP).



We are working with the CBM-DRRA project, which is the only project working with person with disability in this union. There are some other NGOs supporting disaster response in Burigoalini but non of them considers persons with disabilities, unless they are listed as beneficiaries. 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.

**Mr. Abdur Roshid**  
Member of “Datinakhali”, a Self-help Group of persons with disabilities  
Burigoalini Union, Satkhira



The targeting criteria were developed in consultation with the local Union government, OPDs and other representatives from the communities. One of the agreed criteria was the level of functional limitations of the members of households, based on Washington Group Short Set Questions (WG-SS)<sup>7</sup>. A high level of functional limitation (“a lot of difficulty” or “cannot do it at all”) in any of the six categories of the WG-SS contributed needs scoring of the household.

To overcome a limitation of the WG-SS to identify limitations related mental health and psychosocial wellbeing, two extra questions on anxiety and depression added to the survey. The Washington group has since updated the question sets with an enhanced set of questions<sup>8</sup>, which included the two extra questions. Another lesson was that the project failed to use the specific set of question for children<sup>9</sup>, which led to inaccurate data on functional limitations of children in the surveyed households.

An important factor for the effective use of the WG-SS was the training of enumerators. A one day training was provided, which familiarized participants with the purpose of the WG-SS and, through mock interviews, with the survey questions and the practice of communication with persons with different types of disabilities. e.g speaking to person with disabilities directly instead of to their care givers. Volunteers from local OPDs supported the facilitation of the training and participated as enumerators in the implementation of the survey to support the field teams of the implementing partners.

The WG-SS was considered by field staff as an effective tool to identify functional limitation, which affects peoples ability to cope with the humanitarian crisis and access aid. With the right training, the questions were considered easy to use and not adding much time to the targeting process. Some enumerators reported that the extra questions on anxiety and depression were most difficult to answer for respondents and there was some ambiguity about how the results in these categories should be weighted in the targeting process.

“

My husband died a long time ago. My two children are both visually impaired. Our house was badly damaged during the storm. Our goat died. I got BDT 5,500 and bought one goat and my daughter’s medicine. This money has been very useful for me in this difficult time.

**Amena Begum**  
**Atulia Union, Bangladesh**

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7 <https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>

8 <https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-%e2%80%93-enhanced-wg-ss-enhanced/>

9 <https://www.washingtongroup-disability.com/question-sets/wgunicef-child-functioning-module-cfm/>



## 2) Covering disability-related costs

During Cyclone Amphan some persons with disabilities lost their assistive devices or they got damaged, which made their replacement or repair a priority to ensure mobility, access to aid and effective early recovery in the aftermath of the disaster. For people who were injured or otherwise were affected physically during the cyclone, medicine or therapy were priorities needs to cope with the disaster.

In consultation with national and local OPDs, the project decided to provide a top-up amount of BDT 1000, based on a rough calculation on the cost of medicine, therapy and basic assistive devices in the affected communities. An additional targeting criterion was added: “the household has one or more members who have lost assistive device or sustained a new injury or need therapy service or medicine due to the crisis”. The clear criteria helped the field staff to impartially select eligible households for the top-up amount and provided clarity and transparency towards the rest of the community.

The top-up amount was delivered together with the multipurpose cash transfer and was unrestricted. Post-distribution monitoring During Cyclone Amphan some persons with disabilities lost their assistive devices or they got damaged, which made their replacement or repair a priority to ensure mobility, access to aid and effective early recovery in the aftermath of the disaster. For people who were injured or otherwise were affected physically during the cyclone, medicine or therapy were priorities needs to cope with the disaster.

The top up amount created a positive impacts for persons with disabilities and helped create equal outcomes for persons with and without disabilities. Higher cost associated with accessible transport and the on average higher need for health care and medicine could be covered by the top up. People receiving the top up amount reported feeling empowered and proud that their household received higher assistance because of them. Overall, there was good acceptance of the top-up modality in consultations with community representatives and in the community as a whole.

Field staff was contacted several times by beneficiaries enquiring how to become eligible for the top-up, but reported no challenges in explaining the modality. One learning of the project was that eligibility for the top-up should be communicated more systematically to all cash recipients to avoid confusion or tensions. A 1-2 page guide for community volunteers, providing details on the cash assistance program, would have been helpful.

### 3) Accessible cash delivery

bKash is the largest mobile banking network in Bangladesh, with a wide coverage in rural areas. Because of the COVID-19 pandemic, managing and transferring cash through mobile banking became more popular. For these and other reasons related to safety, transparency and cost effectiveness, bKash was considered as the delivery mechanism for the MPCA.

A cash feasibility assessment was conducted with 60 persons with disabilities and older persons in the target area, among others to assess their practices and preference to manage cash and the accessibility of mobile banking. The assessment showed that most respondents have never used mobile banking or other electronic banking and were familiar only with managing paper cash. All respondents reported having access to a mobile phone in the households but some did not have their own SIM card. Some respondents requested support with setting up a mobile phone account and instructions on how to manage the account. Field staff provided SIM cards to all recipients who did not have one (2% of recipients) and provided individual support to recipients who requested assistance to set up and manage the mobile account, by accompanying them to the nearest bKash outlet (less than 1% of recipients).

The assessment also showed that the bKash application is not accessible for persons with all types of disabilities. Persons with sensory impairments and persons with learning or psychosocial disabilities reported to rely on relatives or care givers to operate mobile phones. Some persons with disabilities did not have any identification documents. In these cases, first-degree relatives could be nominated as direct recipients of the cash assistance. Field staff engaged and sensitized care givers throughout the process to ensure persons with disabilities in the household benefitted equally from the cash assistance.

The post-distribution monitoring showed that the overall majority of respondents with disabilities considered the cash transfer accessible. Only one respondent of 162 recipients surveyed (of which 50% were persons with disabilities), faced challenges to set up the account and had difficulties understanding how to manage it. Respondents appreciated that their bKash accounts are password protected and a lost SIM card can be replaced without losing the balance on the account. Many shops and vendors in the target area accept bKash as a payment method. 33% of respondents with disabilities nevertheless would have preferred direct cash to electronic cash, considering it easier to handle. In future MPCA a flexible delivery model, allowing for direct cash delivery to some persons with disabilities, should be considered.

Informal feedback from persons with disabilities and local OPDs highlighted that the receipt of cash assistance in a personal bank account, instead of that of a care giver, was highly appreciated and empowered recipients to spend the cash assistance according to their own needs and their family needs.

## 4) Engagement of Organizations of Persons with Disabilities

Organizations of Persons with Disabilities (OPD) were actively involved in the project design and implementation, contributing to more inclusive outcomes in many instances. Representatives from the local OPD Oporijita Nari Unnion Sanosgtha (ONUS) participated in the Rapid Needs Assessment, providing context knowledge on the situation of persons with disabilities in shelter and in the affected communities, identifying persons with

disabilities from severely affected households as informants and supporting the data collection as field enumerators. Data from their own databases enabled the comprehensive identification of households with persons with disabilities in the community to ensure they were aware of the cash assistance and their eligibility was assessed.

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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 can not see the beautiful world or the severe damage of my community.

**Mr. Shohir Alom**  
Member of “Datinakhali”, a Self-help Group of persons with disabilities  
Burigoalini Union, Satkhira

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Data collectors are visiting a respondent's house, using a damaged road which is under water, at Southkhali Union.





During beneficiary targeting and registration, members of ONUS and other persons with disabilities from the community supported the household data collection and participated in consultation meetings with affected households, along with local government representative. National and local OPDs were consulted to set the value of the top up amount.

Representatives of ONUS identified bKash agents whose shops were in accessible locations and sensitised them for barriers for persons with disabilities may face when setting up their accounts. ONUS also disseminated information about the cash assistance to persons with disabilities and supported care givers who acted as direct cash recipients in the place of persons with disabilities.

A community feedback mechanism was provided through two hotline mobile numbers, available to anyone in the community to ask questions or report complaints related to the cash assistance. Persons with disabilities, participating as community volunteers, supported the dissemination of a leaflet about the feedback mechanism to the community and acted as intermediaries to deliver feedback for persons for whom the hotline was not accessible.

Local and national OPDs disseminated information about inclusive practice of the response with government and non-government actors at local and national level to advocate for inclusive humanitarian action. Tools and reports, like the inclusive RNA report, the inclusive Cash feasibility assessment or the inclusive targeting criteria, were shared with humanitarian actors through the national cash working group. OPD representative actively coordinated with local DRR actors and through UDMC coordination meetings, to highlight the situation of persons with disabilities during Cyclone Amphan and the need to integrate inclusion and accessibility in disaster preparedness.

OPD and representatives of persons with disabilities are included during needs assessment, identification of most at risks individuals including persons with disabilities, implementation and monitoring of the activities which makes easy to identify persons with disabilities and implement the activities in inclusive way as per need of persons with disabilities.

## Conclusion

Through the close collaboration with local and national Organizations of Persons with Disabilities and through a number of specific measures to ensure inclusion and accessibility throughout the response design and implementation, the project has been able to create equal outcomes for persons with and without disabilities to cover urgent basic needs in the aftermath of Cyclone Amphan. Through an inclusive and participative process, households with persons with disabilities in the affected communities could be comprehensively identified and their needs assessed. Registering persons with disabilities as direct recipients of the multipurpose cash assistance empowered them and their families and raised awareness about the situation of persons with disabilities in the community and the need to more systematically include a disability inclusion perspective in disaster risk reduction.

The project helped the most at-risk households to cope up with the impact of Cyclone Amphan and created positive impacts which go beyond the beneficiary households to build more equitable and inclusive humanitarian responses to Bangladesh's recurring disasters.

# Abbreviation

|              |  |
|--------------|--|
| <b>ADD</b>   | Action on Disability and Development             |
| <b>CDD</b>   | Centre for Disability in Development             |
| <b>CPP</b>   | Cyclone Preparedness Programs                    |
| <b>CWG</b>   | Cash Working Group                               |
| <b>DiDRR</b> | Disability inclusive Disaster Risk Management    |
| <b>DMC</b>   | Disaster Management Committees                   |
| <b>DRR</b>   | Disaster Risk Reduction                          |
| <b>DRRA</b>  | Disabled Rehabilitation and Research Association |
| <b>KII</b>   | Key Informant Interviews                         |
| <b>MPCG</b>  | Multi-Purpose Cash Grant                         |
| <b>OPD</b>   | Organization of Persons with Disabilities        |
| <b>PDM</b>   | Post Distribution Monitoring                     |
| <b>RNA</b>   | Rapid Needs Assessment                           |
| <b>WASH</b>  | Water, Sanitation and Hygiene                    |
| <b>WGSSQ</b> | Washington Group Short Set of Questions          |

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