

CBM Global Disability Inclusion

Extra cost in humanitarian crisis

A study on the additional cost of disability in the North Region of Burkina Faso.



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This study was realized by Dramane Traore, of CBM Burkina Faso, with the support of Manuel Rothe, of CBM Global, in collaboration with Fédération Burkinabè des Associations pour la promotion des personnes Handicapées (FEBAH) and Solidarié Développement Inclusif (SOLIDEV).

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Executive summary

This study was conducted CBM Global, FEBAH and Solidev in April 2022 in Ouahigouya commune against a backdrop of an increasing humanitarian crisis in the north of Burkina Faso. It aims to quantify the additional costs incurred by households with members with disabilities among the IDP population. It provides empirical data to inform the humanitarian programs of CBM Global and the humanitarian response to the IDP crisis in general to ensure it addresses the specific needs and additional cost faces by persons with disabilities, thereby contributing to more equitable assistance programs.

The methodology of the study involved a mixed-methods approach, combining quantitative and qualitative data collection techniques. Alongside key informant interviews and focus group discussions, it included a survey with **1899 respondents** with and without disabilities to gather detailed information on the additional costs faced by families with persons with disabilities. The approach aims for a deep understanding of the financial impact of disability in the context of humanitarian crises, ensuring that the findings are grounded in the lived experiences of the people affected by the humanitarian crisis.

The study assessed both actual monthly household expenditures using the Goods and Services methods and the estimated household expenditures to cover basic needs using the Goods and Services Required method¹. It shows that the on average the actual monthly expenditures for the cost categories of the Minimum Expenditure Basket (MEB) was on average **8.2% higher** for households with persons with disabilities, CFA 140'850, compared to CFA 130'175 for households without persons with disabilities. The estimated expenditure required to cover basic needs was **22.4% higher** for households with persons with disabilities, CFA 261'010, compared to CFA 213'250 for households without persons with disabilities.

When asked about specific health care cost related to their disability, including rehabilitative care, mental health care and general health care, respondents reported an average of CFA 35'240 of monthly expenditures. The required monthly expenditure to cover basic health needs was estimated by respondents at CFA 60'865 on average. This constitutes **25% and 43.2%** of actual monthly expenditures respectively.

The findings of the study underscore the need for humanitarian actors to recognize and address the unique financial situation of persons with disabilities, ensuring that Cash and Voucher Assistance (CVA) programs are tailored to meet the increased costs associated with disability, to ensure they can pay for extra cost and have sufficient cash remaining to cover other essential needs to the same extent as everybody else.

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¹ See Mont D. & Cote A. (2020). Considering disability related cost in social protection.

1. Background

Since 2016, Burkina Faso has been shaken by a security crisis. This has caused the displacement of populations towards areas considered as more secure. As of 28 February 2022, there were 1,814,283 internally displaced people (IDPs) in 277 communes in Burkina Faso, including 98,053 IDPs in the Ouahigouya commune. According to Burkina Faso's Humanitarian Response Plan (HRP) 2022, 3.5 million people need assistance, and an estimated 60,000 of them, or 1.7%, are people with disabilities. These figures on people with disabilities are below internationally accepted ones; the 2011 World Bank and WHO report mentions 15%.

Besides the question on the underestimation of the number of people with disabilities and the absence of reliable data, the question of additional expenditure necessary cover the basic needs of people with disabilities in this context of humanitarian crisis remains essential. In compliance with the obligations of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), it is essential to take extra cost into account in humanitarian responses. Article 11 of the CRPD states that "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".

While there are a number of studies assessing extra cost in developing countries², the lack of accurate data on extra cost in humanitarian crisis was the main motiation for conducting a study on the additional costs for people with disabilities in a context of humanitarian crisis as part of CBM Globals humanitarian response for most at-risk population in IDP and hosts communities in Ouahigouya commune, in the North Region. The study serves as a gap analysis in the coverage of basic needs and the setting of the transfer value for multi-purpose cash transfers for a household with and withou persons with disabilities.

² Mitra et al. (2017). Extra costs of living with a disability. A review and agenda for research.

2. Methodology

The study is based on survey with 1899 respondents. The survey was supported by field staff of Fédération Burkinabè des Associations pour la promotion des personnes Handicapées and Solidarié Développement Inclusif (SOLIDEV) and with the support of the technical services in charge of social action, employment and youth in Ouahigouya. Overall management and technical support for the implementation of the study was provided by CBM Burkin Faso with support of Humanitarian Technical Team of CBM Global.

The survey questionnaire was configured on KoboCollect. It was used for the training of key informants on 20 April 2022. Following the training and the pretest, the data collection took place from 22 to 30 April 2022 in IDP sites and in host families in the Ouahigouya commune.

2.1. Extra cost assessment method

The study assessed both actual monthly household expenditures using the Goods and Services method, with respondents listing their average monthly household expenses and then listing disability specific expense which come in addition to what they would spend if they did not have a disability, and secondly the estimated required household expenditures using the Goods and Services Required method, with respondents estimating what expenditures would be needed to enable them to cover their basic needs in accordance with the minimum expenditure basket.

The average size of a household in Burkina Faso is 5.2 individuals at the national level and 5.8 individuals in the North Region, according to the GPHC 2019 report. The report defines an ordinary household as a "basic socio-economic unit composed of individual members that have kinship relations or not. They live together in the same dwelling, pool their resources and meet their basic food and other basic needs together. The household usually has a recognised head of the household, who could be of either gender. In general, a household can consists of one man, and one or more women (wives), his children, his unmarried children, and other unmarried relatives and servants.

2.2. Sample

By applying the proportion of 1.7% to the number of IDPs in the Ouahigouya commune with a 10% margin, the survey sample was set at 1,900 people, namely 700 people with disabilities 1,200 people without disabilities. Purposive sampling was applied to ensure gender equality and adequate representation of people with disabilities (physical, sensory and intellectual disabilities). The final sample included 1,899 respondents, of which 1,202 were women and 697 were men. All were internally displaced persons from other regions of Burkina Faso.

2.3. Socio-economic characteristics of respondents

Distribution by age group

Age	Women with disabilities	Men with disabilities	Women without disabilies	Men without disabilities	Total	Percent
5- 11	28	26	1	0	55	2.9%
12-17	21	19	7	3	50	2.6%
18- 29	62	42	81	15	200	10.5%
30-59	151	96	388	188	823	43.3%
60-69	53	30	155	97	335	17.6%
70-79	63	37	115	81	296	15.6%
80+	33	26	44	37	140	7.4%
Total	411	276	791	421	1 899	100%

Distribution by place of stay

Place	Women with disabilities	Men with disabilities	Women without disabilies	Men without disabilities	Total	Percent
IDP Site	318	215	547	306	1386	73%
Host Family	93	61	244	115	513	27%
Total	411	276	791	421	1 899	100%

Distribution by occupation

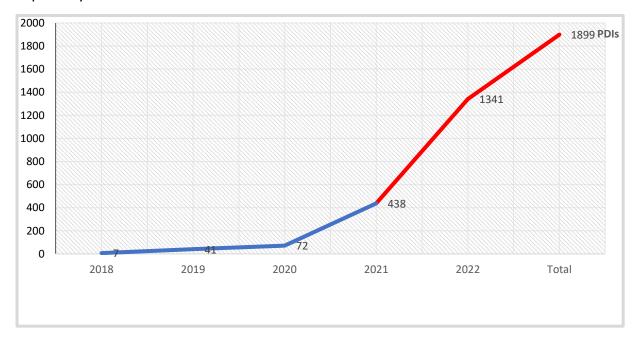
Occupation	Women with disabilities	Men with disabilities	Women without disabilies	Men without disabilities	Total	Percent
Farmer	339	172	698	337	1546	81.4%
Breeder	5	11	2	11	29	1.5%
Student	9	7	3	0	19	1.0%
Small Trader	14	14	37	16	81	4.3%
Other	44	72	51	57	224	11.8%
Total	411	276	791	421	1899	100%

Distribution by level of education

Education	Women with disabilities	Men with disabilities	Women without disabilies	Men without disabilities	Total	Percent
Secondary	9	5	12	3	29	1.5%
Primary	16	7	6	6	35	1.8%
Literate	14	15	14	17	60	3.2%
Illiterate	372	249	759	395	1775	93.5%
Total	411	276	791	421	1 899	100%

Distribution by date of arrival

The date of arrival of respondents in Ouahigouya commune varied between 2018 and 2022, with the respondents who has been living with a host family for the longest period arriving on 18 June 2018 and the respondent living in a IDP site for the longest period arrived on 9 September 2018. There has been a considerable increase in the number of IDPs since 2021. This is consistent with the increase in attacks for the same period, especially in the Lorum Province.



2.4. Limitations

The main difficulties encountered during this study were the respondents lack of confidence in the interviewers, which made the interview time longer, as the interest of the study had to be further explained. Also, estimating costs was not easy for some respondents who were receiving assistance. Inadequacies in the data collected were corrected with the support of supervising staff in the field.

3. Survey Results

3.1. Average monthly expenses

Average monthly expenses of households with persons with disabilities:

MEB Composition	Cost in CFA	Percent
Food	57′755	41%
Healthcare	27′855	19.8%
Housing / Shelter	13′213	9.4%
Education	8′797	6.2%
Transport	10′739	7.6%
Personal care / WASH	5′105	3.6%
Essential household items	5′566	4%
Energy	3′845	2.7%
Communication	7′975	5.7%
Total	140'850	100%

Average expenses of households without persons with disabilities:

MEB Composition	Cost in CFA	Percent
Food	57′300	44%
Healthcare	18′274	14%
Housing / Shelter	16′878	13%
Education	10′522	8.1%
Transport	9'112	7%
Personal care / WASH	5′724	4.4%
Essential household items	4′910	3.8%
Energy	4′185	3.2%
Communication	3′270	2.5%
Total	130′175	100%

Average actual monthly expenditure for the cost categories of the Minimum Expenditure Basket (MEB) was on average **8.2% higher** for households with persons with disabilities, CFA 140'850, compared to CFA 130'175 for households without persons with disabilities. Although there is no significant difference in spending on food between the two types of households, the situation is different for other cost categories such as health, education and transport, where expenditures between households with and without persons with disabilities differs significantly.

3.2. Detailed expenses per cost category

Food:

Proportion of Average month	3.	
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	respondents with disabilities reporting regular expenditure	expenditure (CFA)	respondents without disabilities reporting regular expenditure	expenditure (CFA)
Dry rations	90.4%	30′715	97,3%	31′740
Vegetables	73.7%	3′720	77,9%	2′025
Condiments	91.1%	4′750	96,0%	5′750
Fruits	38.6%	730	40,3%	1′700
Drinking Water	67.8%	2'875	69,5%	2′365
Food products	52.3%	3′945	52,6%	6′510
Meals	22.1%	11'020	47,6%	7′210
Total		57′755		57′300

Overall, there is no difference average expenditure for food, regardless of disability. Dry rations are among the priority expenditures mentioned by respondents. The proportion of respondents with disabilities who regularly buy dry rations (maize, millet, sorghum, etc.) is slightly lower than that of respondents without disabilities (90.4% and 97.3% respectively). More persons without disabilities reported buying meals in restaurants than persons without disabilities, but persons with disabilities tend to spend more when they go out. Most respondents reported inadequate water supply. The North Region is a dry area where the water table is very deep, and wells and small dams dry up quickly at the beginning of the dry season.

Health:

	Proportion of respondents with disabilities reporting regular expenditure.	Average monthly expenditure (CFA)	Proportion of respondents without disabilities reporting regular expenditure.	Average monthly expenditure (CFA)
Consultation	61.6%	2′570	36.8%	3′800
Medicine	91.3%	13′765	41.8%	9′325
Care	44.7%	9'220	19.8%	4′150
Ambulance	4.8%	2′300	9.4%	1′000
Total		27′855		18'275

Households with persons with disabilities spend significantly more on health care related costs, spending around one third (34.4%) more to cover health needs than persons without disabilities. The purchase of medication is much more frequently mentioned by people with disabilities as a regular health expenditure than by people without disabilities (91.3% vs 41.8%). The purchase of medicines from street vendors without a prescription, is practiced by all respondents.

Education:

	Proportion of respondents with disabilities reporting regular expenditure	Average monthly expenditure (CFA)	Proportion of respondents without disabilities reporting regular expenditure	Average monthly expenditure (CFA)
School fees	24.9%	7′500	82.8%	10′125
School supplies	30.3%	3′765	82.5%	3′175
School uniform	12.4%	1′050	46%	1′325
School canteen	3.3%	850	22.7%	1'650
Parent contribution	23.7%	50	58.8%	350
Tutoring fees	3.5%	0	17.9%	250
Total		13′215		16'875

In the area of education, there is no significant difference regarding the total amount of the monthly expenditure basket, but the majority of households of people without disabilities regularly spend more on education than households of people with disabilities. Moreover, the proportion of respondents with disabilities who regularly spend on education is low compared with respondents without disabilities. For example, the proportion for school fees is 24.9% for households of people with disabilities compared with 82.8% for households of people without disabilities. This is due to the financial support that households of people with disabilities receive to cover the school fees of their children. In addition, households of people with disabilities tend to send fewer children with disabilities to school; as a result, most of them did not mention regular expenditure related to education.

Transport:

	Proportion of respondents with disabilities reporting regular expenditure	Average monthly expenditure (CFA)	Proportion of respondents without disabilities reporting regular expenditure	Average monthly expenditure (CFA)
Bus fare	3.6%	250	12.8%	350
Taxi (car and	20.5%	1950	28.9%	550
motorcycle)				
Fuel	31%	4385	28%	1720
Repair	11.4%	1390	12.2%	650
Total		7′975		3′270

The results show significantly higher transportation costs for persons with disabilities. The average monthly expenditure for transport for households of people with disabilities (CFA 7'975) is twice as high as that of households of persons without disabilities. A person with disabilities may need two motorcycles or a family member's or friend's car for a journey that a person without a disability can make by bus or with one motorcycle. Persons with disabilities are significantly less likely to use public transport (3.5% vs 12.8%) and tend to spend more on fuel for motorcycles or cars (CFA 4'385 vs. CFA 1'720), in many cases for a vehicle belonging to a family member or friend. It should be noted that some respondents reported only travelling on foot or by bicycle.

Personal care:

	Proportion of respondents with disabilities reporting regular expenditure	Average monthly expenditure (CFA)	Proportion of respondents without disabilities reporting regular expenditure	Average monthly expenditure (CFA)
Clothing	52.0%	3′750	62.3%	4′950
Hygiene products	46.0%	2′895	55.2%	2′500
Sanitation kit	42.9%	2′150	57.3%	3′070
Total		8'795		10'520

Persons with disabilities overall spend less on clothing, personal care and hygiene products compared with persons without disabilities.

Housing and Shelter

Housing and Shelter costs include all costs related to rent, construction and of sheds and dormitories. Households with persons with disabilities spent slightly more on average on housing and the proportion of respondents with disabilities who regularly purchase products and services related to housing is lower (48.8%) compared with the proportion of respondents without disabilities (70.3%). The number of households reporting expenditures for housing and shelter repair was 19.1% for households with and 25.6% for households without persons with disabilities.

Essential household items:

For essential household items (mainly kitchen utensils like pots, buckets, spatulas, sieves, ladles, bowls, charcoal stoves, gas stoves) the average monthly expenditure is similar, CFA 5′565 for households with persons with disabilities and CFA 5′725 for households of people without disabilities. The proportion of respondents who regularly buy these items is 41.8% for households with persons with disabilities and 50.9 % for households of people without disabilities.

Communication:

Communication costs are related to products or services purchased for communication, such as mobile phone credits, landline bills, and internet connection credits. Newspaper and television subscription are very rare among the respondents.

The average monthly expenditure for communication is CFA 3'845 for households with persons with disabilities and CFA 4'185 for households of persons without disabilities. This expenditure mainly concerns mobile phone communication credits. Persons with disabilities are less likely to spend on mobile phones. The proportion of respondents who regularly buy communication credits is 65.2% for households with persons with disabilities and 88.9 % for households of persons without disabilities.

Energy

Energy-related expenditures include bills from the national electricity company (SONABEL), solar panels and accessories, fuel for generators (paraffin, petrol or diesel), coal, firewood, and cooking gas. Households with persons with disabilities spend slightly less on energy and fewer own or plan to own solar panels.

3.3. Expenditures required to meet basic needs.

Both household with persons with disabilities and households without persons with disabilities consider their actual expenditures inadequate to cover their basic needs. 672 of the 1'212 household with persons without disabilities (55%) and 349 out of 687 of households with persons with disabilities (50.8%) reported gaps in basic needs coverage. These gaps were identified in a different order of priority for households with persons with disabilities and those without.

Respondents with disabilities:

Type of expenditure	Number of respondents	Percent
	reporting gap	
Food	316	46,0%
Healthcare	310	45,1%
Personal care	285	41,5%
Communication	262	38,1%
Essential household items	232	33,8%
Housing / Shelter	182	26,5%
Transport	107	15,6%
Education	104	15,1%
Energy	73	10,6%

Respondents without disabilities:

Type of expenditure	Number of respondents reporting gap	Percent
Food	632	52,1%

Healthcare	585	48,3%
Personal care	572	47,2%
Communication	565	46,6%
Energy	519	42,8%
Essential household items	496	40,9%
Housing / Shelter	416	34,3%
Education	314	25,9%
Transport	217	17,9%

Food and health were areas requiring increased assistance. For respondents without disabilities the lack of reliable energy from solar panels was considered a higher priority gap. Persons with disabilities considered essential household items a higher gap because many were not able bring any items when they were displaced. Persons with disabilities also considered the lack of accessible transport a higher gap.

The estimated monthly gaps in terms of expenditure were:

Persons with disabilities:

Expenditure Type	Average Monthly Expenditure	Reported gap to cover basic needs	Required monthly expenditure to cover basic needs
Food	57′755	32'655	90'410
Healthcare	37′855	26'259	64′114
Personal care	8′213	12′740	20′953
Communication	7′797	11'682	19'480
Energy	8′739	8′734	17′473
Essential household items	5′105	7'641	12′746
Housing / Shelter	4′566	6′028	10′594
Education	2′845	5′759	8'604
Transport	7′975	8'661	16'636
Total	140'850	120′159	261′010

Persons without disabilities

Expenditure Type	Average Monthly Expenditure	Reported gap to cover basic needs	Required monthly expenditure to cover basic needs
Food	57′300	30'658	87′958
Healthcare	16′878	12'647	29'525
Personal care	18′274	9′780	28'054
Communication	10′522	8'875	19′397
Energy	9′112	6′790	15′902
Essential household items	5′724	4'670	10′394
Housing / Shelter	4′185	5′111	9'296
Education	3′270	2′083	5′353
Transport	4′910	2'461	7′371
Total	130′175	83'075	213′250

3.4. Additional costs for disability-related healthcare

Proportion of persons with disabilities reporting specific health care needs related to their disability:

Expenditure type	Respondents reporting cost related to their disability	Percent
Medical consultations	474	69%
Hospitalisation	200	29.1%
Medical emergencies	131	19.1%
Mental health and psychosocial councelling	76	11.1%
Physical rehabilitation services	66	9.6%
Surgery	53	7.7%
Obstetrics	06	0.9%

Persons with disabilities required more medical consultation and hospitalization services in the last six months. For specialized services, the estimated additional monthly expenditures 35,240 CFA francs.

Expenditure type	Average monthly cost (CFA)
Physical rehabilitation	19′265
Maternal health	4′230
Mental health	11′745
Total	35′240

The required average monthly expenses to fully cover all healthcare needs, was estimated by respondents on average at CFA 60'865.

Expenditure type	Average monthly cost (CFA)
Physical rehabilitation	29′500
Health care	12′500
Mental health care	18'865
Total	60'865

To access health services, the majority of persons with disabilities travel on a motorbike or car belonging to a friend or family member (402 out of 687, or 58.5%), by motorbike taxi (227 out of 687, or 33.0%), or on foot or in a wheelchair (107 out of 687, or 15.6%).

To travel to a health center, people with disabilities spend an average of CFA 3,645 per month on transport, and they estimate the gap at CFA 4,395. To travel go health centers sufficient times to cover their basic needs and by adequate means of transportation respondents estimated on average 8,040 CFA francs are required every month.

The average monthly expenditure on specific medicines related to age, disability or pregnancy is CFA 12'665. To purchase these specific medicines in sufficient quantity and quality, the amount needed is CFA 18'140.

For specific health, hygiene or clothing items related to age, disability or pregnancy, the average monthly expenditure for people with disabilities is estimated at CFA 8'485 $\,$, whereas the required amount was estimated at CFA 10'675 $\,$ to enable the acquisition of adequate quality products.

Expenditure on specialized dietary items related to old age, disability or pregnancy, the respondents estimated the amount at CFA 8'510 per month. For adequate food the required expenditure was estimated at 9'295.

3.5. Additional cost for assistive devices and personal assistance

356 out of 687 people with disabilities (51.8%) reported using assistive devices.

Assistive Device	Number	Percent
Cane, crutches, walker	118	33.1%
Modified WASH facilities or items	99	27.8%
Modified tools or equipment related to IGA	87	24.4%
Wheelchair or three wheeled motorcycle or tricycle	59	16.6%
Orthotics or prosthetics	22	6.2%

For the maintenance or repair of assistive devices, the expenditure was estimated at CFA 7'800. However, for adequate maintenance respondents estimate the required expenditure at CFA 9'280.

206 out of 687 people with disabilities (29.9%) reported needing personal assistance. The cost of this specific care is estimated at CFA 11'860 CFA francs, whereas CFA 19'350 were the estimated required monthly expense for quality home care or personal assistance.

3.6. Total estimated additional cost for disability related services

In total, when asked to summarize all disability-related expenditures, persons with disabilities estimated the monthly expenditure for specific services at CFA 88'200. For the adequate access to specific disability-related items and services, the required average monthly expenditure was estimated at CFA 126'995.

4. Conclusions

This study is one of the few studies on extra cost conducted in a humanitarian context and focused on assessing basic needs coverage of displaced populations. By providing one of the few estimates of the direct costs of disability in a low-income country, it contributes empirical evidence to a literature that has predominantly focused on high-income contexts.

Humanitarian CVA actors must address extra cost.

The study shows the actual monthly expenditure for the cost categories of the Minimum Expenditure Basket (MEB) was on average 8.2% higher for households with persons with disabilities, CFA 140'850, compared to CFA 130'175 for households without persons with disabilities. The estimated expenditure required to cover basic needs was 22.4% higher for households with persons with disabilities, CFA 261'010, compared to CFA 213'250 for households without persons with disabilities. The estimated total disability-specific monthly expenditure was estimated by persons with disabilities at CFA 88'200 and for the required expenses for adequate access to specific disability-related items and services, was estimated at CFA 126'995.

These results broadly align with analysis from non-humanitarian contexts, which estimate additional costs for persons with disabilities with a range of 10% and 40%, with higher costs observed for people with severe disabilities³.

The results underscore the need for humanitarian actors to recognize and address disability-related extra cost in Cash and Voucher Assistance (CVA) programs. Cash transfer values for households with persons with disabilities should be higher for households with persons with disabilities, to ensure they can cover extra cost and have enough cash remaining to buy the same amount of food and other essential items as everyone else. The findings also underscore the need for targeted policy interventions of government assistance schemes to address the additional costs borne by households with persons with disabilities, guiding the development of more inclusive social protection programs.

Health and rehabilitative care are major drivers of extra cost.

The study reveals that healthcare and the related transport to reach health care facilities is a major driver of additional cost for persons with disabilities. This goes both for the actual expenditure and the required expenditure for health care. When asked about specific health care cost related to their disability, including rehabilitative care, mental health care and general health care, respondents reported an average of CFA 35′240 of monthly expenditures. The required monthly expenditure to cover basic health needs was estimated by respondents at CFA 60′865 on average. This constitutes between 25% and 43.2% higher monthly expenditures. The purchase of medication is much more frequently mentioned by people with disabilities as a regular health expenditure than by people

³ Mitra et al. (2017). Extra costs of living with a disability. A review and agenda for research. And: Palmer et al. (2016). Standard of Living and Disability in a Low Income Country.

without disabilities (91.3% vs 41.8%) and average monthly expenditure for medicine is higher (CFA 13'765 vs. CFA 9'325).

The study also highlights the specific additional costs for assistive devices among persons with disabilities. Over half of the participants reported requiring assistive devices, with expenditures for maintenance and repair resulting in additional costs 7,800 CFA on average and an estimated CHF 9'280 required adequate maintenance and repairs. This does not include the cost of acquiring an assistive device for those who don't have one or lost it as a result of the displacement.

These finding illustrate the need for humanitarian action to prioritize health and rehabilitative services within humanitarian responses. By integrating the direct provision of health and rehabilitation support or the facilitation of referrals to existing health and rehabilitation providers in their programs, humanitarian actors can enhance the effectiveness of cash and voucher assistance and ensure that persons with disabilities receive the necessary care without incurring prohibitive costs and reducing their ability to cover other essential needs like food and water.

The lack of accessible transport is a barrier for persons with disabilities to access essential services and a driver of cost.

The study shows significantly higher transportation costs for persons with disabilities. The average monthly expenditure for transport for households of people with disabilities (7,975 CFA francs) is twice as high as that of households of persons without disabilities. A person with disabilities may need two motorcycles or a family member's or friend's car for a journey that a person without a disability can make with one motorcycle. Persons with disabilities are significantly less likely to use public transport (3.5% vs 12.8% reporting expenditure for bus fare) and tend to spend more on fuel for motorcycles or cars borrowed from family members of friends (CFA 4'385 vs. CFA 1'720).

These findings highlight the barriers to mobility which limits access to services, underscoring the importance of considering transport in humanitarian programs. By subsidizing travel costs for persons with disabilities to reach cash distribution points, markets and health care services, humanitarian actors can significantly reduce these barriers, improving access to essential services during humanitarian crisis.

Assessing the required expenditure enriches the understanding of extra cost.

The studies use of a mixed-method approach, analyzing both actual household expenditures and the necessary expenses to cover basic needs, contributed to our understanding of the extra costs faced by households with persons with disabilities. This methodology offers a more nuanced view, revealing not just the immediate financial pressures but also the broader economic challenges these families face.

This approach provides humanitarian actors with a more comprehensive picture of the cost for essential needs of households of persons with disabilities, facilitating better-informed decisions regarding the setting of transfer values in CVA programs. This dual analysis method should be considered in future policy and program development in CVA, ensuring that assistance is aligned with the actual needs of affected populations.

