



SOCIAL PROTECTION AND PERSONS WITH A DISABILITY IN THE MIDDLE EAST: ISSUES, CHALLENGES AND DEBATES

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Disability Monitor Initiative-Middle East, (DMI-ME)

Monitoring Legislative Change, Social Innovation and Public Policies

Location

Lebanon, Egypt, Palestine, Jordan, Syria, Iraq, Yemen

Launched by CBM and Handicap international, together with, Bethlehem Arab Society for Rehabilitation, Arab Organization of Disabled People, Lebanese Physical Handicapped Union and Al Hussein Society for Habilitation/ Rehabilitation of the Physically Challenged Advance and Atfaluna , The Disability Monitor Initiative (DMI) for Middle East is an advocacy initiative that gathers and disseminates information on relevant disability topics underpinning the move towards full participation and equal opportunities of people with disabilities. The DMI-ME is primarily based on field research consulting with people with disabilities, service providers, members of civil society, government officials and local authorities. The objectives of the DMI-ME are to build up knowledge on the situation of people with disabilities, examine best practices in terms of social innovation happening on the grass-roots level as well as to inform about policy reforms on the national and international levels. The aim is that the DMI-ME will serve as a tool for reporting on critical issues affecting people with disabilities in an effort to support the empowerment of relevant stakeholders with information.

Monitoring social innovation:

One of the key features of the DMI-ME is whilst disseminating information, it monitors social innovation carried out by

local actors including Disabled Peoples Organizations (DPOs), service providers and local authorities. The methodology behind the DMI-ME is to gather information on a local level through field work within Handicap International (HI), CBM or partner projects in order to have first hand information. It includes consulting with people with disabilities, their representative organisations, service providers, as well as local and national authorities.

Monitoring legislations

The DMI-ME will monitor the evolution of legislation of all Arab countries with regards to the compliance or not with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Monitoring Public Policies

Often the missing links between socially innovative practices and upgraded legislation is the development of sound public policies. In the Middle East, a key focus of the DMI-ME will be the monitoring of development and enforcement of public policies and allocation of public resources. Attention will be paid to budgeting issues, decentralization, and institutional capacities to enforce legislation. The DMI-ME will also pay a special attention to policies of multilateral and bilateral agencies as they can strongly influence local stakeholders both from civil society and public sector.

A combined perspective

In this way the DMI-ME has a unique

perspective on disability issues; it looks at both the macro level policies in place while monitoring how these policies translate into practice and how these practices impact the lives of people with disabilities. The DMI-ME should contribute actively to making available knowledge that will help stakeholders in the implementation of the UNCRPD. The objective of the DMI-ME is to be an advocacy tool to monitor and facilitate the sharing of knowledge on the ways that local organisations, authorities and international agencies develop and support reforms that promote and enable the full participation of people with disabilities.

The Disability Monitor Initiative-Middle East and the Making It Work project

The ratification of the UNCRPD sets a major challenge: how to bridge the huge gap that exists between the standards set by this international convention and the actual standards of existing services, systems and policies, particularly in low or middle income countries. The central aim for Making it Work is to reduce this gap through processes of information dissemination and exchange, and in doing so, to promote a model for inclusive development. The purpose of this initiative is to develop a monitoring tool that will support the collection and exchange of information about inclusive disability policies and practices. The goal is to promote a bottom-up approach to inclusive development, where actors and agencies working at the field level (particularly in countries where there are limited resources) have the opportunity to influence

national development frameworks, in collaboration with policy-makers and civil society groups.

The Making It Work initiative is based around four clear objectives:

1. To develop the capacity of stakeholders (at local, national and regional levels) to collect information on key disability issues and practices that uphold the principles of the UNCRPD.
2. To develop the capacity of stakeholders to use this information to produce thematic reports and working papers with clear policy recommendations.
3. To develop the capacity of stakeholders to monitor the implementation of the report recommendations and any subsequent changes in policy.
4. To facilitate the international exchange of these reports through an interactive website.

Making It Work builds upon lessons learned through the Disability Monitor Initiatives in both South East Europe (www.disabilitymonitor-see.org) and the Middle East and also the work of Source (www.asksource.info) in managing an international information exchange system.

The guidelines for the development of such initiatives will be elaborated based on the South East Europe and the Middle East Disability Monitor Initiatives.

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Editorial:

Social Protection for Social Inclusion: so Much Remains to be Done.

Alexandre Cote, Governance and Social Inclusion
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Amir is an eight-year-old boy who is not expected to attend classes in a university nor get married. He has cerebral palsy. His mother cannot seek employment as all her time is spent taking care of and supporting Amir and due to the lack of (government) assistance and services, she incurs huge expenses for special health care, rehabilitation, education and technical aid; expenditures that his parents do not have to pay out for their two other children. Payments made for Amir's healthcare are the funds they will never be able to save for Amir's higher education or marriage, potentially spoiling economic and education opportunities for his two other siblings. What is worse is that Amir has much more to risk living in poverty when he reaches adulthood compared to other children, as he will be up against obstacles primarily due to the lack of safety nets and support mechanisms for persons with a disability like him.

Amir could be Lebanese, Jordanian or Egyptian as most of the countries in the region have poor social protection

mechanisms for persons with disabilities. In the past, social protection in the Middle East and North African Region or MENA has been focusing on extensive public employment, subsidies for main consumption items like food and energy, and free basic health care and education. These mechanisms are designed for the majority of the population and have failed to take into consideration specific needs and rights of persons with disabilities. With the successive economic crises, and conflict in some areas, and consequences of economic liberalization, these social protection mechanisms have been shrinking and targeted programs and measures have taken their place, most of the time failing to properly address the needs of persons with disabilities, revealing de facto that the rights of nearly 10 percent of the population are neglected.

It is worth highlighting that most of the past and current policies in the region are guided by a medical and charitable approach to disability, which focus on few benefits, free health care (bribe excluded), tax exemptions (if you are unable to give, at least don't take), mere support for technical aids and quota for

public employment. These measures have provided temporary relief to the burden of persons with disabilities but certainly did not contribute to reinforce their opportunities for education, employment and participation on an equal basis with others in society.

Good initiatives by NGOs, mostly supported by foreign funds and local private donations or public programs such as the Lebanon “right and access” or the Yemeni disability fund, show that innovative mechanisms can be developed. But as disability remains at the margin of the policy makers’ agenda due to the lack of sound understanding of disability issues, so far, no country has succeeded in scaling up and sustaining good initiatives and developing national social protection schemes that combine effective safety nets and supportive measures to prevent persons with disabilities and their families to remain in or fall into poverty and ensure their full participation.

With the United Nations Convention on Rights of Persons with Disabilities, States have the duty to ensure that children and adults with disabilities both enjoy their rights to live in the community, access education, health care, employment and enjoy equal opportunities as others. Middle Eastern societies, like most in the world, remain discriminatory and non-inclusive to persons with disabilities; they desperately need to develop supportive and

comprehensive social protection systems and optimally utilize resources available to support the daily struggle of persons with disabilities to become part of society.

This 1st issue of the Disability Monitor Journal has gathered views of policy-makers, service providers, and organizations of persons with disabilities in an attempt to set a framework for further debate and discussion among stakeholders. We therefore propose a combination of theoretical and practice-based articles about social protection issues including gate keeping and social services, and practical focus on three crucial issues which are constantly under debate health insurance, cash transfer and exemption.

Because the Middle East is full of interesting initiatives, because the task is huge and complex, and because available resources are scarce, understanding together and learning from each other is now a duty if we really intend to uphold and promote more inclusive societies.

Social Protection: A Favour or a Right?

General Issues and Trends.

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The approach to social protection has significantly evolved over the two last decades encompassing a wide range of issues and generating strong debates among practitioners, policy makers and academics. Is social protection to be understood as a set of coping mechanisms, whether implemented as earned rights or State granted entitlements or as a set of policies ensuring protection of all and inclusion of vulnerable groups? In a context of economic and political crises, Middle East societies face a great dilemma whether extended social protection should be seen as a right or a favour?

The national and international commitments to global poverty reduction reflected in the Millennium Development Goals, and more specifically the commitment to halve, between 1990 and 2015, the proportion of people whose incomes are less than 1USD a day, have underscored the extent and persistence of poverty in developing countries. There is an emerging consensus among multilateral institutions on the need for developing countries to strengthen and develop social protection policies and programmes as an urgent response to poverty and vulnerability¹. This consensus has centered on “social protection” as a framework that covers a wider range of programmes, stakeholders, and instruments relative to

other alternatives such as “social policy”, “social security”, “social insurance”, or “safety nets”. In this paper, **we refer to social protection as all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized with the overall objective of reducing the economic and social vulnerability of the poor and other marginalized groups.**²

However, it must be noted that there are many different interpretations of what exactly constitutes social protection. At the risk of oversimplifying these differences, one can identify two (2) different visions of social protection:

- A limited vision that considers social protection as a means of providing short-term assistance to help individuals and households cope with shocks while they seek new economic opportunities that will immediately allow them to improve their situation;
- A broader foresight that looks at social protection as having both short-term and long-term functions in poverty reduction: helping people to conserve and accumulate assets and transform their socio-economic relationships so they are not constrained from seizing opportunities through clientelism.

In cases where people, due to their age or disability, are dependent on others, this broader vision envisages long-term forms of social assistance such as grants and non-contributory pensions. The narrow vision sees a clear distinction between social protection and livelihood promotion, while the broad vision sees them as being closely related.

Social security is a funded system, which ensures that beneficiaries or their families are compensated for risks that leave them unable to work, and thus unable to generate income.

Social protection has been traditionally associated with a range of public policies that “rich” industrialized countries put in place in order to protect individuals from poverty and deprivation. Such programmes are typically comprised of labour standards, employment protection, other schemes linked to life-cycle contingencies (i.e., maternity, family allowances, old age pensions), compensations for work-related emergencies (i.e., unemployment, work injuries). In the 90s, the social protection concept experienced a transformation within the context of economic crises and structural adjustments; it has come to define an agenda for social policy in developing countries. In this context, social protection becomes broader than social security, social assistance or safety nets³.

Defining social protection in the Middle East

While scientific literature mainly adopts a perspective focusing on institutions (their functions, modes of financing, rules on expenses, relationships among themselves and other groups or agencies, rules and administrative organizations), organizing systems in ideal types, namely: the professionally-based (Bismarckian) and the citizenship-based (Beveridgian) form of social protection with two (2) major trends: a residual or minimalist welfare state or a more generous and encompassing one.

As far as institutional social security coverage goes in the Middle East region, it does not seem like the region is unique or different from other regions in the world. However, wide differences from country to country is apparent: from Tunisia that has engaged in the extension of a compulsory contributive employment-related social security (i.e., mainly pensions and health insurance) to include most categories of the working population to Yemen, where only a very small percentage of the working population, mainly public servants, are covered for pensions. Countries such as the Gulf monarchies, where statutory social security is provided to all citizens, but where foreigners who represent a majority of the population in some countries, are excluded while other nations like Egypt have a significant percentage of workers covered, but

¹ See

IADB, 2000, *Social Protection for Equity and Growth*, Washington DC: Inter-American Development Bank.

Asian Development Bank 2001, *Social Protection Strategy*, Manila: Asian Development Bank.

ILO, 2001, *Social Security. A New Consensus*, Geneva: International Labour Office.

World Bank, 2001, *Social Protection Sector Strategy: from Safety Net to Springboard*, Sector Strategy Paper, Washington DC: The World Bank.

See the Definition of the United Nations:

United Nations, 2000, *Enhancing social protection and reducing vulnerability in a globalizing world*, Report of the Secretary General to the Thirty-ninth Session E/CN.52/2001/, Washington DC: United Nations Economic and Social Council.

where actual coverage is losing value, and finally Palestine and Iraq, where occupation and war generate different forms of insecurity that go far beyond that related to labour...

In studying developing countries⁴, it eventually becomes obvious that “theoretical” categories encounter several limitations, mainly as a result of the presence of dual protection systems: formal and informal ones. In this context, the institutional perspective faces the problem brought about by the existence of the latter, informal institutions- that provide some degree of protection to a majority of the population and cannot be reduced to a category of sheer « care ».

Thus one major challenge is to define the object « social protection regimes » separately from institutional approaches that we believe are inappropriate in contexts where the social role of the State is weak, deficient or incomplete; where protected employment concerns only a minority of workers; where social rights have no or little meaning for most; and where most people tend to resort to other forms of protection. It is therefore necessary to also look into protection services provided by the family and the community in order to understand the kind of resources that may be mobilized to satisfy social needs.

Universalisation and extension of social security: a global necessity

Only a very small proportion of the world's population, especially of developing countries, benefits from any institutionalised social protection, and the majority has had to rely exclusively on community and family solidarity as well as on other forms of ad hoc assistance and charity.

Only one person in five of the world population has adequate social security protection, while less than half has any kind of social protection at all.

Several orientations have been drawn to extend social protection mechanisms to cover vulnerable people. These debates about social security are linked to the shifting ideological ground on the respective roles and responsibilities of individuals, family and community, market and State. The erosion of the nation-state and new considerations about citizenship, are partly linked to the migration of people across borders, fleeing or seeking opportunities to survive economically. These perspectives reflect different visions of who is supposed to share the responsibility for an improved social protection: The State, the employers and/or powerful groups within a society or the Individual?

³ On the one hand, the World Bank moves beyond the traditional perspective of social protection and defines a “social risk management” framework, adding macroeconomic stability and financial market development to typical social protection programmes. The ILO, on the other hand, looks at social protection as based on basic rights, describing it as “entitlement to benefits that society provides for individuals and households - through public and collective measures - to protect them against low or declining living standards arising out of a number of basic risks and needs”.

See:

World Bank, 2001, *Social Protection Sector Strategy: from Safety Net to Springboard*, Sector Strategy Paper, Washington DC: The World Bank.
Van GINNEKEN Wouter, 2000, *The extension of social protection: ILO's aim for the years to come*, in A. Norton (ed.) *Social Protection: New Directions of Donor Agencies*, London: Department for International Development, pp. 33- 48

Is Social Protection a Right? Towards a strengthening of social rights and security in the region

The general situation of rights in the Arab States is quite problematic; economic, social, human, civic and political rights remain restricted in most countries⁵. However, it can be noted that, even though national trajectories are diverse (colonial influence, resources, etc.), social rights are more often a favour granted by the ruler than a social and political conquest attained through social movements and that they are often granted on a discriminatory basis (i.e., based on nationality, labour status, gender, etc.). Furthermore, security is also an issue in the Arab states. Social security is one among the many dimensions of security that are not granted on a regular basis to citizens, residents and workers. To a large extent, the security of a person or family depends on his economic assets social standing and political capital. Many Arab States have actually engaged in extending social security coverage to unprotected workers, but political will and/or economic resources often lack significant reforms. The market alone cannot integrate the most vulnerable groups of

the labour force, particularly in situations where economic productive investments are lagging, kept in the hands of powerful individuals and families, and not carried out with the welfare of the larger population in mind. The particular place of many Arab countries in the globalized economy and their general conditions of insecurity has lead to their marginalization and that of large parts of their active population.

This situation makes it necessary to emphasise social protection, and more specifically on its “procedural arm”, - with social security as a right, since the concept of social protection tends to become a common political word which renders the situation more precarious for the most vulnerable groups or categories.

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4 We borrow here elements from two papers :

Destremau Blandine and Lautier Bruno: “Social protection and social rights regimes in developing countries: towards the construction of a typology”, presented at the (RC19), International Sociological Association: “Social Policy in a Globalizing World : Developing a North-South Dialogue”, University of Florence, Italy, Political and Social Science Department, September 6 -8, 2007

Destremau Blandine with Marie-Noëlle AbiYaghi: “The social protection challenge: How can informal workers enjoy social rights in Arab countries?” written for the ILO/CAWTAR project “Gender and Rights in the Informal Economies of Arab States”, 2007.

5 On the debate on security vs. liberty it would be interesting here to see

LOCKE John, ed. 1988, *Two Treatises of Government*, Cambridge Texts in the History Political Thoughts.

LOCKE John, ed 1990, *A Letter Concerning Toleration*, Prometheus Books.

And:

HOBBS Thomas, ed. 1996, *Leviathan or the Matter, Form, and Power of a Commonwealth, Ecclesiastical and Civil*, Oxford University Press.

Social Protection and Disability in Brief

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In this article, social protection is presented as poverty reduction tool especially for persons with disabilities often presented as one of the most vulnerable groups. GTZ briefly reviews a range of public policy initiatives and tools to achieve an integrated social protection system for persons with disabilities.

Poverty, social protection and disability are closely linked

Enhancing social security by building, improving and extending systems of social protection in developing countries is an important contribution to poverty reduction. To be socially protected means, for example, having access to health financing schemes such as a national or a community based health insurance, to social assistance measures such as cash transfers or in kind contributions, as well as being eligible to micro finance offers.

Beneficiaries of social protection measures

are traditionally those poor households that for various reasons beyond their control cannot sufficiently satisfy all family members' basic needs, and who often cannot afford quality health care and education. These families are also the first ones to be affected by external – climatic, political or economic – crises. In low-income countries, families' having a family member with a disability often belong to the poorest socioeconomic stratum. Amartya Sen provided the theoretical foundations for understanding that households including a person with a disability are particularly destitute as they need more financial means to fulfil their needs than persons without disabilities⁶. Evidence also shows that households with a disabled household head are poorer than the average⁷ and that persons with disabilities themselves have less employment opportunities compared to persons without disabilities⁸. Likewise, children with disabilities are enrolled in school less frequently⁹ and their attendance rates are lower¹⁰. Lesser schooling and employment opportunities can have a mid and long-term impact on a households' capacity to build up assets and human capital.

6 SEN, Amartya, 1999, *Development as freedom*. Oxford, Oxford University Press.

7 HOOGEVEEN Johannes G, 2005, "Measuring welfare for small but vulnerable groups: poverty and Disability in Uganda". *Journal of Economics* 14: 603 - 631.

8 RISCHESKI, Dorothea, H. Kuper, O. Atijosan, V. Simms, M. Jofret-Bonet, A. Foster, C. Lavy (2008): "Poverty and musculoskeletal impairment in Rwanda". *Transactions of the Royal Society for Tropical Medicine and Hygiene* 102, 608 - 617.

9 FILMER, L and L. PRINTCHETT (1999). *The effect of household wealth on educational attainment around the world: demographic and health survey evidence*. Washington, World Bank.

10 RISCHESKI, *op cit*.

Persons with disabilities and social protection – existing evidence

Facilitating poor families with a person with disability access to social protection schemes can assist in addressing immediate needs as well as in building up human capital for mid- and long-term poverty reduction. The little evidence existing so far on the inclusion of persons with disabilities into social protection programs is guided by the twin-track approach, which implies the analysis of social protection measures regarding their inclusiveness, and exploring ways for target group specific programs.

Opportunities for including a disability component in social protection programs should be taken in order to better meet the needs of persons with disabilities in general programs. For the mainstreaming of this target group into social protection programs Sophie Mitra also suggests focusing on removing physical and communication-related barriers as well as social barriers which might prevent the target group from accessing benefits¹¹.

Daniel Mont examines the way conditional cash transfer (CCT) programs reach persons with disabilities when the conditions are the same for all

beneficiaries. Recommendations for inclusion are to treat disabled people exactly like non-disabled people in terms of benefit design, but to exempt them from the conditions associated with CCT programs - as disabled persons have higher opportunity costs in complying with them than non-disabled people, and as the existing infrastructure often does not allow compliance with the conditions for persons with disabilities. Therefore CCT programs should additionally be coupled with policies to make service delivery more inclusive¹².

Marriott and Gooding take a look both at target group specific and at mainstream programs of social assistance and their capacity to actually reach persons with disabilities. Recommendations include strong legal foundations for social assistance to persons with disabilities as to make sure disabled people have a right to social protection and can claim their entitlements; the involvement of persons with disabilities in the design, implementation and evaluation of social protection mechanisms; as well as embedding measures of social assistance into more comprehensive programs¹³.

German Technical Cooperation and inclusive social protection

Guided by the United Nations

¹¹ MITRA, Sophie (2005). *Disability and social safety nets in developing countries*, Social Protection Discussion Paper No. 0509. Washington, World Bank.

¹² MONT, Daniel (2006). *Disability in conditional cash transfer programs -*

drawing on experience in LAC. Third international Conference on Conditional Cash Transfers June 26 - 30, Istanbul.

¹³ MARRIOTT, Anna and Kate GOODING (2007). *Social assistance and disability in developing countries*. Haywards Heath, Sightsavers International.

¹⁴ United Nations (2006). *Convention on the rights of persons with disabilities*. New York, United Nations.

Convention on the Rights of Persons with Disabilities¹⁴, the German Technical Cooperation Agency (GTZ) actively considers persons with disabilities in its development programs. The principles for inclusive development are laid down in the policy paper “Disability and Development”¹⁵, combining the human rights based with the twin track approach. Evaluation of current social protection schemes designed by GTZ and their partners regarding their inclusiveness demonstrate that an accurate poverty assessment facilitates the participation of persons with disabilities: the selected beneficiary households in a CT program in Zambia, where the poorest 10% of the population were identified through a community based poverty assessment, included a high proportion of households with a person with disability (Ministry of community development and social services and GTZ, 2007)¹⁶. At GTZ, new social protection schemes are designed with attention to the following considerations:

1. persons with disabilities are disproportionately represented among the poor and therefore in particular need of social protection measures,

2. persons with disabilities might require higher financial means than the general poor to satisfy their needs,

3. programs should be designed, implemented and monitored in a participatory manner to ensure that specific needs of persons with disabilities are being addressed,

4. pilot studies can help create best practice examples regarding either target group specific programs as well as mainstreaming inclusive social protection programs.

¹⁵ Deutsche Gesellschaft für technische Zusammenarbeit (2006). *Disability and development - a contribution to promoting the interests of persons with disabilities in German Development Cooperation*. Eschborn, GTZ.

¹⁶ Ministry of community development and social services and GTZ (2007). *Evaluation report, Kalomo social cash transfer scheme*. Lusaka, GTZ.

Social protection and persons with disabilities in the laws: Recognized rights and unframed provisions.

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The Arabic legal culture does not recognize the social services or the social protection as integral concept could be formulated on shared bases and under same category.

Analyzing the social protection approach components and trying to conduct a quick analogy on the Arab disability laws, will lead to the following facts:

1. The medical approach as a main criterion to define the disability and the welfare approach as a general legal-frame of the provisions in the Arab disability laws, have negatively effected the legal provisions set forth in the national laws particularly those related to the services' provisions. Legally, the services are being presented as fragmented activities of which the State is encouraged to carry out, not as rights generate obvious obligations and entail clear responsibilities of which shall be fulfilled by the State within a specified period of time.
2. The cash transfer as one of the social protection aspects in the disability field is not recognized in the legal frame of the disability in the most of the Arab disability laws, unless we consider the provisions on the financial assistance for specific types of disability in very exclusive cases one of the forms of cash transfer. Such texts could be noticed in most of the Arab disability laws particularly for persons with intellectual disability.

3. Some of the Arab countries adopt the disability card as gate keeping to access to the disability services. The pure medical identification of the disabilities in addition to the procedures of diagnosing and identifying some types of disabilities, have definitely narrowed the scope of the implementation of the related laws, this leads to serious exclusion of large number of PwDs from the provided services, particularly who have specific types of disabilities such as the psychosocial and the non-apparant disabilities which are not recognized in the present Arab disability laws.

4. Most of the national laws are keen to mention that the provided services by the State are free-of-charge, Specific indications in this regard could be noticed on the vocational and physical rehabilitation services, this is in harmony with the needs and the medical based approaches which manipulate the disability legal texts, plans or programs. With regard to the other services, (education, assistive devices , health etc), they are being provided by small fees or free of charge in some cases according to the monthly income or based on a study case of the beneficiary. it's worth mentioning that the disability services provided by the private sector are chargeable and expensive, having said that, there are some exceptions make the services in the private sector available by modest fees or free of charge if the service provider intends to benefit from the tax-exemption which is granted in many

disability laws as an award for the private sector to encourage the service providers to make their services available.

5. The assistive devices and the technical support are frequently stated in the national laws as main tools to achieve the physical and the information accessibility Based on the welfare and the needs approach. The legal provisions which organize the benefit of these devices are considered the main form of the charity characteristic which prevails in the Arab disability laws, This “justifies” the ambiguity and the broadness of these provisions.

6. Different types of financial exemptions such as taxes-exemptions and exemptions from the fees of some services are stated in the Arab laws on different levels but on the same bases, the welfare and the charity approach, The latter makes the provided exemptions a type of the alms without clear legal-reference, moreover, some important exemptions for instance, have been decided upon ministerial decrees/

decisions, this makes these exemptions without legal immunity and it is easy to amend, delete or change the related provisions by a decree or decision by the successors. The detailed conditions and bases of benefiting from the exemptions are usually enacted by executive regulations adopted by the related ministries (I.E ministry of social affairs and ministry of finance), these regulations are rarely comprehensive and mostly exclude some types of disabilities or at least stipulate restrictions of which create a discriminatory scheme. This attitude is in accordance with the needs, medical and the charity approach that these exemptions are based on.

The exemptions should be taken as a temporary compensation for lack of accessibility and reasonable accommodation.

The compensatory principle shall form the exemptions-provisions-base if a well-paved direction is projected to accomplish the equal opportunities and to ensure secure and transparent system to access and benefit from the exemptions as a type of the social services.

Country	The Main Law
Egypt	Law #39/ 1975 on the rehabilitation of disabled persons and related amendments Law #12/ 1996 on the rights of the child, and the Amending Law #126/ 2008, in addition to extensive regulations and ministerial decrees.
Jordan	Law #31 /2007 on the rights of disabled persons and the national strategy on the affairs of the disabled persons 2007.
Lebanon	Law #220/ 2000 on the rights of disabled persons
Palestine	Law #4/ 1999
Yemen	Law #61 /1999 on the welfare and rehabilitation of disabled persons, Law #2/ 2002 on the fund for the welfare and rehabilitation of disabled persons, Law #10/ 1997 on the social fund for development and Law #31/ 1996 on social care.

Brief overview of Middle East Countries and Disability Laws

To see the full table on Legal entitlements please refer to the DMI website www.disabilitymonitor-me.org

Ensuring access to Social Services: a condition to mitigate risk of poverty among persons with disabilities.

Darryl Barrett, Disability Services Coordinator,
Handicap International, Middle East.

Too often the social protection understanding is restricted to in cash or in-kind assistance and omits the fact that such measures compensate the lack of opportunities such measures might not support actively persons with disabilities to reach their full potential. Though challenging for technical and resources related issues, ensuring access to social services appears to be a key condition for inclusion of people with disabilities.

Disability is often viewed as being both a cause and a consequence of poverty¹⁷. However, in accordance with the international consensus on the Millennium Development Goals, and eradicating poverty, this goal is unlikely to be achieved unless the rights and needs of persons with disabilities are considered¹⁸. It has been estimated that up to 20 percent of the world's poorest

people have disabilities¹⁹. For poverty reduction, sustained economic growth and social development to be possible, the participation of people with disabilities in society needs to be guaranteed²⁰. It is estimated that only 2 percent of persons with disabilities in developing countries have access to basic services, including rehabilitation; the need for improvement in this area is evident²¹. Ensuring the access to basic or social services by governments in both developed and developing nations is now seen as a major factor in the ability of the public sector to address issues of health, education, inclusion and overall quality of living for its citizens, especially marginalized groups like those living with disabilities.

While there remains no consensus on the definition of "social services", the concept can be generally approached from two (2) perspectives. Firstly, social services can be viewed as those services that affect

¹⁷ BERRY Chris, FORDER A, SULTAN, S, MORENO-TORRES, M, 2004, *Approaches to Improving the Delivery of Social Services in Difficult Environments*, PRDE Working Paper 3, UK Department for International Development.

¹⁸ Ibid.

¹⁹ ELWAN Ann, 1999, *Poverty and Disability A Survey of the Literature*, Social Protection Unit Human Development Network, World Bank.

²⁰ Stakes National Research and Development Centre for Welfare and Health <http://info.stakes.fi/ssd/EN/disabilityandpoverty/facts/index.htm> as at 27 September 2008.

²¹ DESPOUY Leandro, 1993, *Human Rights and Disabled Persons (Study Series 6)*, Centre for Human Rights Geneva and United Nations, New York. http://www.addc.org.au/webdocs/Disability%20&%20Poverty/Fact%20Sheets/INCLUSION%20INT_FACT%20SHEET_Fact%20Sheet%20on%20Poverty%20and%20Disability.pdf

an individual on a very personal level such as the provision of housing, personal care assistance, social support and protection²² . In addition to the personal aspect related to social services, a broader view can likewise be adopted. Social services can go further than providing personal benefits, in that the availability of services such as education, health care and employment, social services bring about social cohesion and set basic living standards with improvements on the equalization of opportunities²³ . **Social services therefore can be viewed as those covering a diverse range of services that work to reduce poverty, discrimination and social exclusion by enabling vulnerable and marginalized groups (such as persons with disabilities) to have equal opportunities within the community²⁴.** While providing the services needed by marginalized or vulnerable groups in society, social services provide an equally important preventive function as the provision of social services can avert groups from potentially falling into poverty or becoming increasingly marginalized due to economic or social factors that may aggravate their inability to compete for health care, education and other basic services²⁵ .

This preventive aspect is particularly

important for the Middle East, as the World Bank has indicated that regardless of the improved living standards in the region in the past 30 years, the gap between the rich and the poor, urban and rural are steadily increasing²⁶. Following the high revenues received by oil-rich Arab countries in the 1970s and subsequent economic inflow effects in non-oil rich Arab countries, governments were in a position to consider investing in much needed social activities. In the 1980s, governments in the region were openly spending money on social services, including health care and education. However, in the following decade, spending and budgets were re-evaluated when the real cost of these previously considered “free services” were calculated²⁷ . Governments started looking more closely at containing the costs of social services and the issue of “access” to these social services became an important aspect, particularly for marginalized groups such as persons with disabilities²⁸ .

Ensuring that people have access to services, especially in difficult or challenging environments is continually being recognized as vital for the abovementioned personal and social reasons related to a basic standard

22 CHIRIACESCU D, *Ensuring Access of People with Disabilities to Social Services: The Need for Regulatory Mechanisms in South East Europe*, May 2006, *Handicap International*.

23 *Ibid*.

24 ZAFIRIS Tzanatos, 2000, *Social Protection in the Middle East and North Africa: A Review*, Paper presented at the Mediterranean Development Forum, Cairo, World Bank, p3.

25 *Ibid* p.11.

26 *Ibid* p.14.

27 BALE Malcolm D., *Reaching the Rural Poor in a Globalizing World*, Paper from Expert Group Meeting on Globalization and Poverty Reduction: Can the Rural Poor Benefit from Globalisation? United Nations, 89- November 2001, New York.

28 *Ibid*.

of living, social inclusion and the equalization of opportunities, in reference to various international agreements and understanding on the manner and method of improving the situation for poor and marginalized groups. Access to services is a crucial component in the global aspirations reflected in the Millennium Development Goals and as targets for donors when working with governments and non-governmental organizations²⁹. For example, the European Disability Action Plan (2006- 2007) established priorities for the promotion of access to services relating to social inclusion and social protection³⁰. Similarly, the European Association of Service Providers for People with Disabilities (EASPD) has also recommended for its 2008- 2009 action plan that access for all to services is vital in their overall strategy³¹.

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) also underscores the importance of ensuring access to services for persons with disabilities in various articles and as a cross-cutting issue (i.e., Articles 2, 19, 24, 25, 26, 27 and 28 to name a few)³².

The positive impact of international instruments and policy papers reflecting

the importance of contemplating on effective social service provision is that regional governments in the Middle East now have a reference they can use and are working with international actors to ensure that service provision remains a priority and access to services for persons with disabilities and other marginalized groups is highlighted. For example, in Yemen, the World Bank is working with the government to ensure that the Social Fund for Development improves access to basic services for marginalized Yemeni citizens, and provides a transparent model for social service provision in the country³³.

With governments in the Middle East receiving the UNCRPD positively, reflected in the signatories and ratifications of the governments of the region, there is momentum and spirit in addressing some of the many challenges faced by persons living with disabilities. From issues of legislation on disability and proactive social policy to access to education services and assistance with employment opportunities, regional governments can be viewed as not only having the duty but could also be considered as having the desire to positively affect change, with respect to ensuring access to services for persons with disabilities in the Middle East.

²⁹ Disability High Level Group, *Disability High Level Group Position Paper, European Platform for Rehabilitation Meeting 1112- October 2007*.

³⁰ *Ibid*.

³¹ European Association for Service Providers for Persons with Disabilities, *EASPD input on the bi-annual action plan on disability (20082009-)* at <http://www.easpd.eu/LinkClick.aspx?fileticket=35435861636149646B6F513D&tabid=3531&stats=false> as at 28 October 2008.

³² *United Nations Convention on the Rights of Persons with Disabilities*

³³ BALE Malcolm D., *op cit*.

Gate Keeping: Urgent Need For Reform to Ensure Fair And Effective Access To Social Protection Entitlements.

Alexandre Cote, Governance and Social Inclusion Advisor . SI.EM.PRE

Gate keeping is a mechanism allowing public authorities to assess needs of persons with disabilities and decide who can be granted entitlements and support granted by laws. If well designed and implemented, those mechanisms contribute to an effective support to people with disabilities, a good monitoring of the situation of people with disabilities and an optimal allocation of resources. Unfortunately in most of Middle Eastern countries, due to restrictive legislations and policies, gate keeping can turn to be a tool that misleads the analysis of the situation of people with disabilities and doesn't allow an equitable distribution of public support.

Being the system of decision making that guides effective and efficient targeting of services and support for people with disabilities and other vulnerable groups, Gate keeping is one of the fundamental aspect of public policies aiming at supporting children and adult with disabilities. The gate keeping mechanism operates at macro (local, national) and micro (individual) level. Ideally, it has three main functions:

- At the individual level, ensuring that person with disabilities benefit from a comprehensive needs assessment and are granted and oriented towards the most effective support they can get.

- Aggregating individuals needs to obtain an overview of situation and needs of persons with disabilities allowing policy formulation in terms of type and effectiveness of support needed, diversity of services to be created and their geographic distribution, staff training...
- Allowing the most effective allocation of resources available

In Middle East: A restrictive gate keeping reflecting restrictive policies

In Middle East those mechanisms are very limited and often reduced to medical check and certificates, carried out without a very clear frame (use of international classification such as WHO International Classification of Functioning), administratively processed in different institutions which decide whether persons with disabilities applying, are entitled or not to certain support described in the laws. As much as the needs assessment is limited the diversity of entitlements granted is also very limited, for two reasons:

- As the laws, for most of them, are based on medical approach to disability, they do not focused on support to inclusion of person with disabilities and therefore offer a very little scope of support (exemptions, technical aids, and health insurance or pension benefit)
- As the public sector do not provide

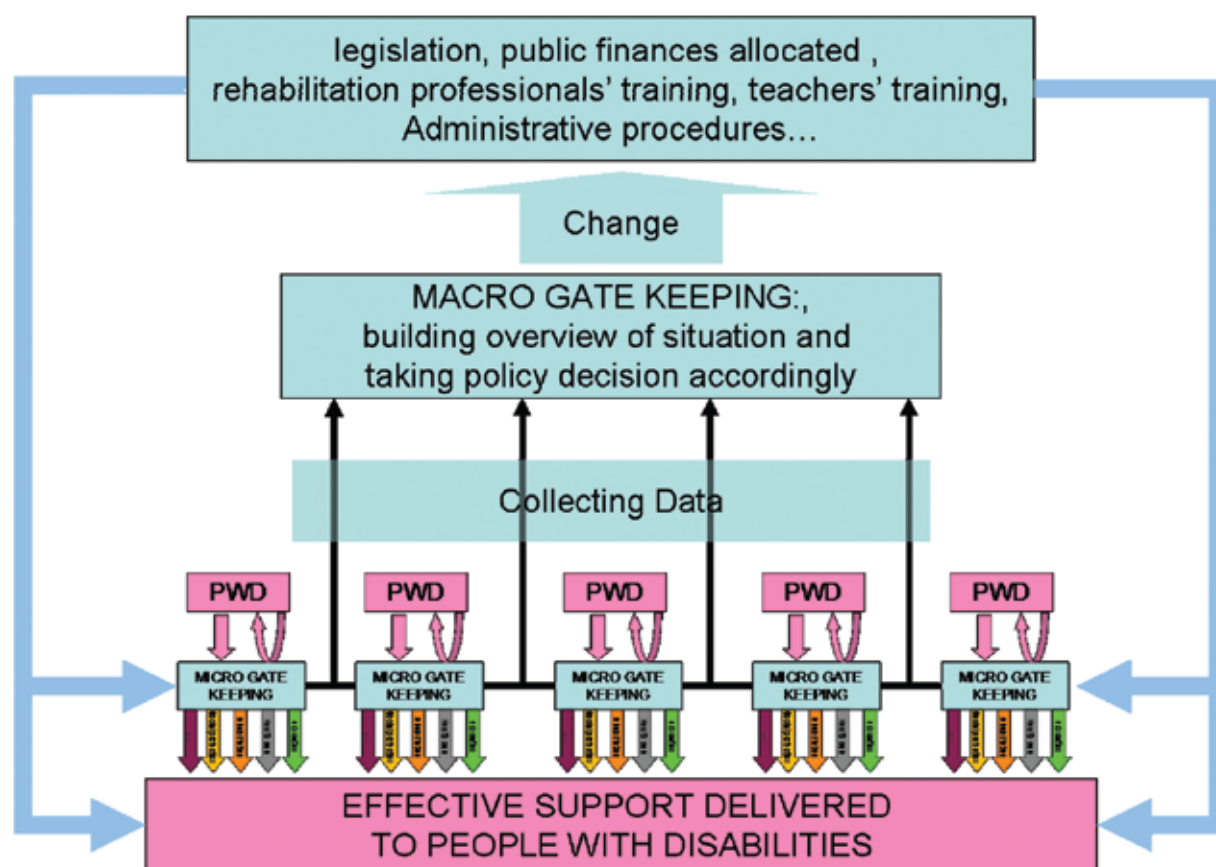
much services supporting people with disabilities (non inclusive school and few support or specialised services) and didn't develop regulatory mechanism allowing strong partnership with NGOs doing so, it cannot grant access to a needed diversity of services.

The lack of information of persons with disabilities and their families, especially

could be effective gate keeping, and the Yemen disability fund which extend possibilities of access to services for people with disabilities.

Gatekeeping at macro level: assessing needs or creating invisible one?

Assessing individual needs and having the opportunity to collect and organise



Sch.1: Gate keeping mechanism

among poor one, about their entitlements, is also a strong limitation that prevents them to benefit of the limited support they could get and therefore generate even more inequality.

Interesting initiatives are taking place in Lebanon with the rights and access program which is an example of what

data, gate keeping mechanisms should allow steering the balanced distribution of social services at the territorial level, in accordance with the real needs of the users. Therefore, it should also allow concerned public authorities to target and allocate their resources for the best outcome on life of people with disabilities in an accountable manner.

Unfortunately the limitation of the system itself creates a strong bias. Because very few data exist about situation of people with disabilities, gate keeping structure becomes often the only trusted source of information, even if they reflect of very partial part of the real situation of people with disabilities. Indeed, many people with disabilities remain invisible to the “system”:

- Persons who are not entitled by laws to get support as every gatekeeping mechanisms reflect strictly laws and their definition of disabilities: for instance in some countries only mobility disability is considered, therefore persons with sensory or intellectual impairment don't “exist” for the system.

- Persons who don't know about their entitlements, the system, and what it can brings them never make the step to get assessed and register

Worth to be mentioned that some ministries in charge of gatekeeping, aware of their strong budget limitation don't seek to extend coverage of their system as they know they might grant access to inexistent support due to lack of resources and therefore would have to manage even more users frustration. This approach undermines strongly the data collection and macro needs' assessments that are essential to bring challenges of persons with disabilities where it should be: higher in the agenda of policy makers.

Initiative for Proper Gate-Keeping: The Rights and Access Programme. LEBANON.

Ms. Hyam Fakhoury, responsible for the Research and Development Unit / Rights and Access, Ministry of Social Affairs, Lebanon

The Right and Access programme is a good example of a gate-keeping mechanism that facilitates access of persons with disabilities to the full enjoyment of their rights by optimizing use of available resources and public-civil sector collaboration.

1- How did you initiate the Rights and Access programme in Lebanon?

Following the recommendations of a national seminar on disability regrouping more than 150 NGOs, experts, and representatives of concerned private and public institutions, Law No. 243 / 1993 was issued; stipulating general

rights for persons with disabilities and the National Committee for the Disabled (NCD) was constituted by Law No. 243 / 1993.

The NCD is the ultimate reference to all issues related to persons with disabilities in Lebanon. Its mission is to define policies in favor of persons with disabilities and to follow-up the execution conducted by the Ministry of Social Affairs (MOSA) in coordination with all concerned public and private institutions.

The Rights and Access Programme (R&A) was born from the 1st National Committee in 1994. It was born from the necessity of the National Committee to execute its mission and its goals that were defined as follows:

- Ensuring all the rights of persons with

disabilities in Lebanon,

- Facilitating access to these rights and all the accompanying privileges, and
- Transforming relationships between the private and public sectors from a one based on “affiliations” (to a community, a party, etc.) to one based on “rights” and “rights” alone.

2- Who are the main actors?

The National Committee for the Disabled which launched the program is one of the main actors for R&A. It is a semi-public organization that comprised of eighteen (18) representatives from each of the following: the Government (from MOSA), NGOs recognized as service providers for the disabled, disabled peoples’ organizations (DPOs) as well as disabled individuals. Each type of impairment (motor, mental, hearing and visual) is entitled to four (4) representatives each; twelve (12) members are elected by their bases and two (2) experts are nominated by the Minister. The President of the Committee is the Minister of Social Affairs, the Vice-President, its General Director and two (2) other members are the Head of the Disabled Service, and the Director of Social Services. R&A is integrated into the Ministry of Social Affairs.

As stipulated in the Law No. 220 / 2000 that replaced Law 243 / 93, MOSA is the National Executive Body tasked to address all issues on disability. Its objectives are 1) to ensure the transition of persons with disabilities from the state of marginalization they are currently experiencing to total integration, and 2) to transform the relation of disability from mere “charity work” to professional work based on rights and duties.

3- What are the main components of the programme?

- Accessible centers: there are currently six (6) centers in Lebanon (Beirut, Baalbek, Hadath Taanayel, Tripoli, and Sarafand) and we are in the process of opening another one in Halba- Akkar.

These administrative centers are run permanently by trained staff and physicians; they are authorized to receive the persons with disabilities and their families, create and update personal files, issue the Individual Card and deliver all other “visas” needed to obtain the rights and services provided by the government as per Law No. 220 / 2000 (e.g., technical services, special care, exemption from specific taxes, etc.).

- The adoption of the WHO 1983 classification of impairments as a reference
- The individual disability card: More than 68,000 of these cards have been issued. The aim is to facilitate the evaluation of the qualitative and quantitative needs of the disabled in Lebanon and to secure access to their rights. This card allows its holder to benefit from all the rights and advantages as defined by laws of and decrees in the country.
- The production of norms, standards and procedures related to specialized, institutional or proximity services.
- The elaboration of necessary legislations and regulations.
- Covering technical aids and specialized services, aimed to coordinate with all public coverage institutions in Lebanon
- A developed automated, decentralized administrative system to manage, monitor

and upgrade or improve the program.

- Awareness and information on rights of persons with disabilities.

4- How does the programme complement the existing social security scheme?

The Rights and Access programme guarantees an administrative infrastructure that allows targeting the needs of the persons with disabilities more directly and facilitates access to the required services provided by public and private institutions.

In this regard, the Rights and Access programme is a pilot project, as its purpose is to harmonize existing schemes: social security, civil servants, and other schemes, focusing on an accessible, transparent adequate and dynamic procedure, optimizing both service provision and management of public funds.

5- What are the benefits for the persons with a disability enrolled in this programme?

There are no direct financial benefits for persons with disabilities who register at the MOSA and/or R&A. The Rights and Access programme distributes the Individual Disability Card according to pre-set classifications of impairment, morbidities, causes and their identified needs and rights; consequently, it also supplies “visas” for other organizations, government services and exemptions.

6- What are the procedures of assessment and granting entitlements?

The person with disability should first go to a reception R&A of their choice, usually the one nearest their place of work or home

and bring with them some basic official documentation: an identification card, two (2) photos, a family civil registry record, a social security card and complete medical file, if available; an audiogram is mandatory for those with hearing impairments. The accredited specialized physician examines the person and fills an application form while the center’s staff completes and processes the application. The individual disability card is provided on the spot if the person has a “classified” impairment; this is free-of-charge.

All other “visas” or certificates for other public services for persons with disabilities follow a similar procedure, requiring pertinent documents relevant to the service. Procedures are printed and available in all centers and in MOSA. Appointments can be given to shorten any waiting time in the center and to ensure the presence of the specialized medical doctor. Home visits can be conducted when the disability is too severe.

7- What are the key limitations of the system?

Although there are administrative constraints that hinder the development of the program, the main limitation of the system is that its funding comes from the budget of the Ministry of Social Affairs and it is public knowledge that the agency generally suffer from a lack of funds. And since 1998, when the Programme was launched and the MOSA financially covered the proximity services delivered by accredited institutions to persons with disabilities, such as wheel chairs, incontinence aids and bed sore prevention aids, the lack of or decreasing budget reflects an important threat to the system, especially as far as its expansion is concerned.

Can Cash Transfers Reduce Inequality for Persons with Disabilities?

Adib Nehmeh, PA for Poverty Reduction Policies
UNDP, SURF-AS

Cash transfers can be defined as the provision of assistance in the form of cash to the poor or those who face a probable risk, in the absence of the transfer, of falling into poverty. Transfers targeted at persons with disabilities recognize that they are facing much more barriers than others to earn a living and that some persons with severe impairments might have difficulties even if given the opportunity to participate in livelihood programs or if education and employment policies are more inclusive. Disability targeted transfers thus, intend to provide basic income security to this vulnerable groups. Nevertheless, some observers argue that transfer programs targeted at persons with disabilities seem to follow a charity view of disability rather than a development and rights perspective to empower and involve persons with disabilities. Adib Nehme gives us a closer look on the issue and its challenges.

Background

The social protection systems present significant differences, where two (2) important theoretical trends prevail; the first trend holds the State (or society) responsible for ensuring basic services and rights for all,

specifically for the most vulnerable groups. This obligation requires no contributions from the concerned parties and individuals as it relies heavily on State budget or grants. In contrast, the second trend compels beneficiaries of any given social protection system to finance the rights and services they are enjoying³⁴. Generally, the more the social protection system includes wider segments of society, the more it favors the first trend, wherein service is provided by the State, especially if the State adopts a human rights-based approach and if the service in question is one of the (morally, politically, and legally) binding “basic” human right (as indicated and protected in various human rights covenants, national legislations and Constitutions). The philosophy, and subsequent practice, a State implements has an impact on persons with disabilities and has implications on the adopted definition of disability and the perspectives used to deal with persons with disabilities. In this light, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is supposed to constitute the adopted approach.

Disability defined

According to the UNCRPD, disability does not result from a person’s impairment or deficiency, but from the interaction of persons with disabilities with attitudinal and environmental barriers that impede their

34 This may either be in the form of a general contribution to a certain fund, such as contributions to the social security fund or any of its related clauses or coverage (i.e., end of service indemnities, maternity, sickness etc.) or in the payment of duties and fees to be settled as soon as the specific service is availed, whether as a nominal fee or full or partial payment for the service.

full and effective participation in society on an equal basis with others. In other words, **disability is defined as a relation between a person with specific characteristics and an environment that might not be complementary, supportive to or helpful in dealing with these characteristics;** and since disability is based on interaction, it does not occur without the presence of both parties constituting the relation. Consequently, the responsibility of the society and the environment are deemed structural and essential factors in terms of creating a disability. It implies securing the rights for a person negatively affected by the environment, causing him/her to be disabled; this also means that **the government and the private sector shall assume a higher level of responsibility in eliminating factors causing disabilities from the environment.** However, this should not translate into more obligations (i.e., higher contributions) for persons with disabilities to finance and/or make the necessary changes in the surrounding environment.

On the contrary, statistics and studies undertaken in most countries illustrate that the number of persons with disabilities is higher in the poor and low-income groups than among other groups. As a result, governments and community-based groups, in which the private sector effectively participates, tend to adopt the approach which underscores the importance of public or direct contributions through charges and fees in exchange for the use of and access to services; this will have a more negative impact on a person with a disability. Even if persons with a disability are exempted from fulfilling some obligations, the approach, which puts emphasis on

contributions to financing the process, will in turn, create a less-enabling environment.

As explained earlier there are different systems of contributions; public contributions on the one hand and private contributions on the other. Hence, we must point out that **there is no ready-to-use formula** but an optimal balance among the merits of different approaches must be attained, based on the level of participation of citizens in the decision-making process and adherence to the human rights-based approach.

Cash Transfers

Assistance and transfers are tools of the social protection system and safety nets; there are basic differences between two (2) main kinds of assistance: in-kind assistance in all its forms or “traditional assistance” and conditional and unconditional cash transfers.

Cash transfers vis-à-vis in-kind assistance

When we speak of the transfers system, we do not refer to the non-organized material support that takes place within families or any group bound by kinship, but to a more structured system of providing cash assistance that may be conditional or unconditional, to specific groups of persons based on a pre-set eligibility criteria. **Cash transfers are based on the assumption that the recipients are in a better position to determine their priorities in expending the money or assistance provided; while the provision of in-kind assistance (e.g., food, clothing, appliances, books, etc.) assumes that the provider is in the best position to ascertain what is best for the beneficiary and accordingly chooses the**

form or kind the assistance will take.

Cash transfers: what NOT to do

The feasibility of conditional cash transfers is still being debated on and has not yet reached a consensus. At best, these have achieved mixed results³⁵, while programs with one or more of the characteristics below are expected to receive severe criticisms:

- Conditional and in-kind assistance mean that the provider has decided the priorities, expressed as a specific requirement or restriction;
- The system adopted for choosing beneficiaries may not be accurate or objective;
- Ensuring that beneficiaries abide by the conditions requires complicated monitoring and follow-up systems; and
- No set timeframe as to when the program implemented is expected to finish. Experience has shown that this system tends to become a form of continuous support, whereas provision of the assistance should end on the basis that the beneficiary has become self-sufficient, presumably due to his/her being a recipient of the assistance.

Caveats on Conditional Cash Transfers

Are conditional cash transfers the best form of assistance?

Cash transfer systems is a safety net component and consequently, a social protection element. An integrated social protection system should be first established, and within it, a method of establishing the

best form of assistance (i.e., cash or in-kind, depending on the context). This is why we cannot be adamant in saying that the cash transfer system is the best form of assistance for persons with disabilities, without taking into consideration existing social policies or social protection systems, especially those encompassing persons with a disability. In fact, only after these have been taken into consideration can cash transfers actually make sense.

Is it convenient, especially for persons with a disability relative to other citizens?

While we cannot completely answer in the affirmative, in-kind assistance to persons with a disability are usually devices that compensate for the impairment of certain physical functions, such as prosthesis, artificial limbs, wheelchairs, Braille equipment and hearing aids, etc.. It may also be in the form of drugs or equipment for health care purposes (e.g., water mattresses, diapers, etc.); in the case of persons with a disability, provision of in-kind assistance takes top-most priority, whether it is supplied directly or through cash transfers specifically intended for the purchase of these and other similar equipment or devices.

Cash transfers, person with a disability and other vulnerable groups

However cash (or other in-kind) transfers can target persons with a disability as well as other fellow citizens as long as the poverty indicator is present. With persons with a disability, it is often the case that their capacities and environmental conditions are not properly identified and consequently are

³⁵ The most successful cases can be found in Latin American countries such as Brazil, Mexico, and Chile.

not covered by the framework of conditions generally stipulated in the conditional transfer system. A good example of this is the condition of sending the child to school to avail of the assistance when there is a lack of well-equipped schools to accommodate children with disabilities. In this situation, **it is difficult to imagine that the cash and in-kind transfer systems address and encompass the needs of persons with disabilities.** Thus, it is imperative that a system appropriate to the needs of person with a disability is created, at least temporarily, or sections are reserved for them in a public system. However it is important to emphasize that the main issue is the elaboration of social policies and the public system to ensure social protection, specifically for persons with disabilities.

Role of the State

The role of the State in such systems varies from one country to the other. In some Arab countries, especially the oil-producing ones, the State plays a major role in the disability sector, specifically in providing the financial resources while in some cases, three (3) factors favour this trend:

1. Dominance of the State in the social and economic sectors;
 2. Religious, moral, and ideological backgrounds influence and to a certain extent, perpetuate patron-client relations between the State and less-favoured groups (in this case, persons with disabilities); and
 3. Availability of financial resources mostly derived from oil revenues.
- In this case, the State will create cash and

in-kind assistance systems and institutions for persons with disabilities and will fully engage in guaranteeing the requirements of the care or service provided to them. While in other countries with fewer resources, such initiatives will depend on the space given in the public arena by the State to the social society and private sector. Moreover, one should take into consideration the impact of International Organizations like the World Bank (WB) - that can be considered as the initiator and promoter of such systems in the countries where it operates.

Generally speaking, we can say that governments and some development actors in the Arab region are resisting the switch from the current systems to cash transfer systems for various reasons some more compelling than others.

In this regard, would be important to note that Arab countries are highly bureaucratic, with the public sector suffering from large gaps in technology, human and organizational capacities, and high rates of corruption and nepotism. This is compounded further by the presence of multiple social groups, unevenly distributed among regions, religions, rites and tribes of one country. Primarily due to the factors cited above, the adoption of a computerized technical cash transfer system is more difficult, often resulting in high levels of errors and loss, aggravated by a less-effective monitoring capacity. Thus, it would appear to the citizens and some social categories and groups that the authorities are allocating funds for their supporters and or people of their region or kin rather than assigning the funds on objective criteria based system.

Cash Transfers and Persons with Disabilities in practice: The Case of Yemen

Afrah Al Ahmadi, Senior Human Development Specialist / World Bank, Yemen Country Office

Social assistance programs, such as cash transfers, and social funds, have been used to help reduce poverty and mitigate income shocks for excluded and marginalized groups. However, social assistance programs have not been designed within the context of an integrated social protection strategy, which renders their efficiency quite problematic. Afrah Al Ahmadi discusses the specific case of Yemen.

Background

In the mid-90s, the Government of Yemen (GOY) initiated a Social Safety Net Program (SSN) to mitigate adverse impacts of the economic reform program on the poor. The number of sub-programs under the SSN grew over time and includes: (i) Social Welfare Fund (SWF); (ii) Social Fund for Development (SFD); (iii) Public Works Program; (iv) the Disability Fund (DF); (v) Productive Families Program; and (vi) the Agricultural and Fish Production Promotion Fund. The overall objective of these funds is to provide protection and services to the poor. Three (3) of these funds have direct targeting for persons with disabilities: DF, SFD, and SWF.

SFD has a wide range of programs

focusing on community-driven development and provision of basic services. It has established a special program for disability, wherein it supports access to rehabilitation and social services, capacity building for disabled peoples' organisations (DPOs) and non-governmental organisations (NGOs) working on disability issues and provide disability policy support. While DF is a disability-specific mechanism, the SFD and SWF target a wide range of Yemeni poor, including the poor persons with a disability.

The DF provides financial assistance to persons with disabilities for health care, education and assistive devices; this assistance is also extended to NGOs and DPOs as fund support for activities targeted at persons with disabilities. The SWF, on the other hand, is the national cash transfer program with persons with a disability as part of its eligible beneficiaries. A discussion on targeted cash transfers to persons with a disability in Yemen would include both the Disability and Social Welfare Funds; while the SWF provides direct cash transfers, the DF makes available in-kind transfers to persons with disabilities.

The Disability Fund was established in 2002 with the objective of providing stable and fixed financial resources to support different projects to rehabilitate persons with disabilities; these projects were

expected to directly benefit the disabled.

The Fund is also expected to coordinate within the social protection network to ensure that various needs of the disabled are met. Hence, the Fund channels financial resources to persons with disabilities by: (i) financing projects and activities implemented by DPOs and NGOs directly benefiting persons with disabilities (e.g., vocational training, physical rehabilitation and special education); and (ii) purchasing direct services for persons with disabilities (e.g., assistive devices, health care and educational assistance). The Fund operates through branches at the Governorates level and the manner of its operation is mainly reactive, whereby persons with disabilities have to access the Fund and submit an application to avail of the assistance.

This approach limits the access of persons with disabilities to the assistance, especially those in the rural areas (Yemen is over 70 percent rural).

The Social Welfare Fund³⁶ was established in 1996 with the singular objective of providing cash grants to vulnerable groups that are identified to be using a categorical approach (e.g., orphans, women without support, completely and/or partially disabled persons and poor, needy persons). Until recently, the amount of assistance was YR 1,000 monthly at the minimum, with an additional YR 200 for each family member and a maximum

of YR2,000 per family. In response to the food crises, the Government has doubled the amount of cash transfer.

SWF makes available two (2) types of assistance: permanent social assistance and temporary relief. The groups targeted for the former include orphans, widows and divorced women, single women and the permanently disabled, if they are not receiving income from other sources, such as pensions or the Martyr's Fund. Groups targeted for temporary relief consist of the temporarily disabled, and families with a missing or imprisoned household head, unemployed convicts who have spent at least three (3) months in prison. In principle, the beneficiary has to be without income or lacking or without the potential to earn income.

At the end of 2006, nearly three-fourths of the one (1) million targeted beneficiaries were in the "permanent" category absorbing about 80 percent of the budget. The dominance of "permanent" category beneficiaries creates a risk of non-graduation from the program.

The distribution of SWF benefits follows a three-staged targeting approach: in the first stage, the number of "cases" is distributed among governorates based on food-poverty estimates of 1998 - 99; the next stage of targeting is based on estimates of district level food-poverty estimates and the last stage, within a district, applicants are

³⁶ This section quotes from the report "An Integrated Approach to Social Sectors Towards a Social Protection Strategy - Phase 1", World Bank, 2008.

evaluated according to fifteen (15) criteria to determine their degree of deprivation. On a scale of zero (0) to 26, those that score over 21 are automatically selected, while those that score below twelve (12) are automatically disqualified; local elected councils decide on the cases that fall in-between.

The SWF is currently reforming its targeting mechanism. The new targeting approach will depend on the 2005 household budget survey and used the proxy means-testing in defining the poor; the new approach would also involve the community in the process. It is expected that the new approach will minimize the leakage of SWF assistance to the non-poor.

Can these funds transfer be useful to persons with disabilities? The SWF is a cash assistance mechanism aimed to help the poor cope with extreme poverty. The principle behind the assistance would be coupled with other social protection programs (i.e., skills training, employment and education) to help beneficiaries move out of poverty and to mitigate the risks of falling into poverty. The transfer amounts to only 10 percent of the consumption expenditure of the poor so while SWF cash transfers helps; it does not replace other sources.

Currently, the cash transfer is not conditional, meaning, the family or individual have complete freedom on how to spend it. As part of its ongoing

reform program, the SWF is considering introducing Conditional Cash Transfers (CCT) to protect the long-term human capital of the poor by linking cash transfers with education and health programs. Furthermore, by its mandate, the DF could play a more important role in reducing inequity in favor of persons with disabilities, by supporting the rehabilitation and development of persons with disabilities. Attaining equity requires a supportive policy framework and proactive programs for the empowerment of persons with disabilities. The SFD is supporting the development of a National Strategy for Disability that is expected to provide the policy framework and help bring the different programs targeting persons with disabilities together and work in a coordinated manner.

The DF support to individual persons with disabilities through assistive devices and physical rehabilitation is a very important contribution that when it is linked with other initiatives supportive of longer-term development like skills training and inclusive education, it can better prepare the person with disability to be integrated in mainstream society.

A key challenge for most of the existing programs, particularly the DF is the capacity to reach out to persons with disabilities in the rural areas. Many initiatives exist in Yemen but many are biased for the urban areas and lack the capacity and resources to reach those in the rural areas.

Health Insurance for Persons with Disabilities: Real Practices or Pure Wishes?

Views from public official and civil societies

While the right to health care services is stipulated in national laws, access to these services is often hindered by several obstacles generated by macro and micro political problematiques. Rima Canawati draws the situation for persons with disabilities in Palestine.

Palestine: Rima Canawati.

Head of Special Education & Community Programs
Psychosocial Intervention Program Coordinator
Low Vision Program Manager
Bethlehem Arab Society

1- What is stipulated by law concerning access to health services in Palestine? Is this being implemented?

The Palestinian Law on the rights of persons with disabilities No. 499/ stipulates, «to guarantee health services that are included in the government health insurance free of charge both to the individual with the disability and to his/her family.»

Unfortunately, the law is not implemented. However, an agreement was reached between the General Union of Disabled Palestinians (GUDP) and the Palestinian Ministry of Social Affairs during the second Intifada that allows persons with disabilities to avail of government health insurance and enable them to receive health care services for 60 New Israeli Shekels (NIS = \$17) to be paid once. Two years ago, this fee was canceled and persons with disabilities became entitled to free government health insurance. Nevertheless, children and adults with disabilities are entitled to health insurance for themselves and not their families, unless the head of the household himself/herself has a disability.

Before obtaining the health insurance, persons with disabilities should first be referred to a district level medical committee to determine the percentage their disabilities, since only those with a disability percentage of 60 percent or more can be entitled to health insurance under the current regulations; although the Palestinian Law No. 499/ on the rights of persons with disabilities asserts that all persons with disabilities are entitled to health services covered by the government health insurance free-of-charge regardless of the disability percentage.

2- Can you explain how the health care system works in Palestine?

The health service providers in Palestine are the Palestinian Ministry of Health, non-government organizations, the private sector and the UNRWA. NGOs are still the main service providers in the rehabilitation sector, providing national, intermediate and grassroots-level rehabilitation services as well as assistive devices. Health services are restricted to health centers, general hospitals and private clinics in addition to rehabilitation centers while many specialized health services are still lacking, particularly in the public sector. Majority of patients seek these specialized services at the NGO and private sectors if available; otherwise, they seek those services abroad being self-referred or, when entitled to public health

insurance, referred by the Palestinian Ministry of Health which covers around 70 to 90 percent of the cost of treatment incurred depending on the period during which the person has been insured (i.e., 70 percent for those newly-insured, 80 percent for those insured for the past three (3) months and 90 percent for those insured for at least one (1) year.

Nevertheless, treatment expenses for civil servants, public workers and persons with disabilities are 95 percent covered, while those for the staff of the Ministry of Health and those injured in the Intifada are fully-covered. The referral decision has to be done by the National Referral Committee situated in Ramallah, which might take a long time before a decision is acted on unless the patient has personal contacts with top government officials.

Those who have these personal relations can even get referrals from NGOs, the private sectors or abroad, even if the same services are made available by the public sector. Restrictions on constant movement, especially with the construction of the separation wall that has divided the Palestinian territories into isolated cantons, has led to the establishment of specialized health services at the district level by NGOs and actors in the private sector to meet the emerging needs of the Palestinian population.

Nevertheless, patients with public health insurance still need to avail of the health services they are entitled to, from public hospitals in other districts, rather than being referred to NGOs despite difficulties in access and expenses encountered. Patients entitled to public health insurance may avail the health services at primary health clinics in rural areas

and general public hospitals in cities whenever needed; patients without disabilities have to pay fees for public health insurance (around 960 NIS = \$270 per year).

It is important to note that the health system in Palestine has been overburdened due to increased emergency demands, a result of the rising number of conflict-related injuries, the tight siege imposed on Palestinian territories and the continuous decline of the Palestinian economy. The country is currently experiencing severe constraints: an apparent lack of specialists and qualified medical and paramedical human resources, a considerable shortage of medical supplies and technical resources that has adverse effects on the quality of the health services rendered.

4- Do all persons with disabilities have equal access to health care services?

Not all persons with disabilities have equal access to health care services in Palestine; particularly those who come from poor families and live in remote rural areas a significant number of them face problems accessing the needed specialized health services unavailable in the public sector because the referral system is quite bureaucratic, centralized and ineffective.

5- Are there any other conditionalities to access health services? (i.e., be employed, etc.)?

In general, there are no conditionalities for health insurance, as long as they pay the required fees that majority of the population cannot afford due to the sluggish economy and stifled by continued Israeli restrictions on trade

and movement. Everyone is entitled to public health insurance; public workers are usually insured by the Palestinian Authority but the Palestinian health system remains inefficient.

As for persons with disabilities, they can access public health services made available when their disability percentage exceeds 60 percent, as per the Jordanian Law of 1951. This does not correspond to the Palestinian Law on the rights of persons with disabilities No. 499/ that has not yet been implemented due to severe financial constraints on the part of the Palestinian Authority. The disability percentage is decided by a designated Medical Committee at the district level appointed by the Ministry of Health.

6- Are there any fees for health services?

Health insurance fees of the government amount to 960 NIS, equivalent to \$270 per family per year. However, the person, whether with or without disability, should also cover five (5) to thirty (30) percent of his/her treatment expenses when referred to the NGOs the private sector or abroad, depending on the period during which he/she has been insured, as explained earlier. Public workers are automatically covered by the Palestinian Authority.

7- How many persons with disabilities are living below the poverty line in Palestine?

According to World Bank reports, more than 66 percent of the Palestinian population lives below the poverty line. Almost all persons with disabilities in the country also subsist below the poverty line and they are among the most disadvantaged persons in the world, often over-represented among the poorest of the poor. The situation is more complicated for persons with disabilities in Palestine due to prevailing

conditions that make it very difficult to break the vicious cycle of disability and poverty. At any rate, there is no official disability and poverty related statistics available in Palestine.

8- How many persons with disabilities do not have adequate health insurance in Palestine?

There are no official statistics but in principle, all persons with disabilities are entitled to public health insurance in Palestine. However, even persons with disabilities who do use their health insurance do not receive adequate, quality health services since the health system and infrastructure in Palestine has been damaged under deteriorating conditions; moreover, public health services often lack human and technical resources and even medical supplies.

9- What are the consequences of the lack of healthcare coverage for persons with disabilities in Palestine?

The lack of health care coverage for persons with disabilities in Palestine has negative implications for early detection, identification and proper diagnosis of disabilities and implementation of early intervention. Moreover, it causes further complications in the person's health condition as well as an increase disability and mortality rates among persons with disabilities.

JORDAN: Dr Munther Ammari,

Chief of Early Detection and Diagnosis of Disabilities in the Mother and Child Health Directorate, Ministry of Health, Jordan

The Law on the Rights of persons with disabilities (No.31 for the year 2007)

stipulates in Article 4 that the Ministry of Health

shall provide citizens with disabilities with services and rights in the following fields:

- Preventive programs and health education including necessary surveys for early detection of disabilities
- Diagnosis, scientific classification and issuing medical reports for persons with disabilities
- Medical, physiological rehabilitation and therapeutic services at different levels and making them easily accessible
- Primary health care for women with disabilities during pregnancy, delivery and post-natal periods
- Free medical insurance

In addition to that the abovementioned services, according to this law, the Higher Council for the Affairs of Persons with Disabilities was established to give the issue of disability its due importance within the policies in Jordan, putting it on the top of the list of national priorities. It also aims to improve the quality of life of persons with disabilities and empower them to live a decent and productive life within their respective families. Another goal of the Council is to curb and reduce the rates of occurrence of disabilities in the Kingdom; it also focuses on improving the quality of the services made available to persons with disabilities, taking the gender differences into consideration and preventing discrimination against them to realize equity in opportunities and enhance self-reliance.

Finally, it seeks to broaden the participation of disabled persons and integrate them in society, in view of their right to participate in decisions

related to issues concerning them.

It is important to note that the law is generally implemented, but some particular points are only partially implemented such as the neonatal screening for PKU, hearing loss and congenital hypothyroidism; the Ministry of Health seriously looks into applying the above screenings in national and worldwide programmes.

Now let us examine more carefully the health care system in Jordan:

on the one hand we have, the Ministry of Health (MOH), which includes the Jordan Medical Council, the Higher Health Council and MOH hospitals;

on the other hand, MOH health centers are comprised of the Royal Medical Services, medical services of governmental universities, private hospitals, the United Nations relief and works agency (UNRWA) and primary health care services. The latter encompasses pre- and post-natal care, family planning and child care. There are 414 maternal and childhood centers (MCH centers) covering all the regions of Jordan that provide its services free-of-charge. We have to mention that all children from birth until six (6) years of age have free medical insurance.

All persons with disabilities have equal access to health care services in Jordan

but the rehabilitation services, such as physiotherapy, occupational therapy, speech therapy and training, are not available in rural and remote areas.

There are no conditionalities for entitlements and there are no fees for health care as all disabled persons are entitled to free medical coverage.

There are no statistics on disabled persons below the poverty line because the numbers are unstable.

Sometimes however, some medications or rehabilitations aids may not be available so they have to bring their own or seek help for adequate health services from the national welfare fund, the «Royal Diwan» or from the Higher Council for the Affairs of Persons with Disabilities.

It is recognized that early detection will lead to early intervention of rehabilitation yielding the best results; in the case of the lack of the health care, the relatives are asked to reach the services from the nearest available center. Jordan is a small country so the consequences for people in remote areas are less as they can likewise reach the nearest service within an hour or so.

Exemptions for Persons with Disabilities: A Vaccine against Exclusion? The Debate...

The exemptions issue is quite a controversial one: on the one hand, exemptions are seen as a good means to compensate for the extra costs generated by a disability; and on the other hand, some activists in the disability movement see that the exemptions are based on a charity and medical perspective.

Two activists, coming from different contexts (Palestine and Lebanon) shed the light on these different perspectives on this issue's "debate".

Palestine: Nasser Jaber

President of the Bethlehem Sport Club of Disabled

1-Can you please narrate to us your actions and advocacy efforts to provide exemptions for persons with disabilities?

Since the early 90s, persons with disabilities started taking the lead in setting up and managing their own institutions and clubs, influencing decision-makers to grant them their full rights so that they would live in dignity and independence. Their demands were met in 1999 when local community institutions adhered to the Persons with Disabilities' claim movement. The 1999 Law No. 4 on the rights of persons with disabilities is considered

a pilot initiative in the event of effective implementation. Article 6 of the aforementioned law states that all persons with disabilities are exempted from tariffs, customs duties and taxes imposed on medical and educational materials and equipment, as well as on assistive devices and personal transportation used by persons with disabilities. There are also exempted institutions and schools that ensure the transportation of persons with disabilities.

2- Are there residency and occupancy requirements?

As far as I know, there are no residency and occupancy requirements. But the intended beneficiary must hold a resident status in Palestinian territories.

3-What are the disability requirements (eligibility criteria)?

The eligibility criteria are set as follows:

- The concerned person must have a disability, as well as an impairment rate defined by the Palestinian Minister of Health. By virtue of the law, this Ministry is the body entrusted with such tasks
- Permanent impairment rate must be 80 percent and above
- The concerned person must be Palestinian citizens

However, no consensus has been reached by the official parties requested to set an exemption rate equal to that of impairment instead of depriving a considerable portion of people from accessing the service. This issue has not yet been settled and the State is asked to set an exemption rate equivalent to that of impairment. Thanks to this step, a considerable number of people are expected to benefit from this service.

4- What are the income requirements? How do you define income? Does the existence of an income disqualify the person with disability from an exemption?

Generally, exemptions are not connected to income but are, in some cases, related to vehicles (personal means of transportation). If the applicant or person requesting is jobless and classified as a social case, in other words, if the concerned person is poor and cannot afford to buy a car, exemptions are brought into attention due to the danger that Persons with Disabilities might be exploited by opportunists who would avail of the privilege as not everyone is entitled to it, thus costing the State a considerable amount of money.

5-What kind of exemptions are generally implemented for persons with disabilities?

Persons with disabilities are exempted from paying tariffs, customs duties and taxes.

6-And in Palestine, are people with disabilities entitled to exemptions? If yes, what kind of exemptions?

Yes, as mentioned earlier, persons with disabilities in Palestine are entitled to exemptions in accordance with the law, more specifically in accordance with Article 6 of the aforementioned law; these exemptions encompass tariffs, customs duties and taxes.

7-What additional disability-related costs are you facing (personal impairment and lack of support services generating even more expenses)?

Unfortunately, our society totally refuses to recognize the capacities of persons with disabilities. I do believe that we are facing a crisis of confidence caused by insufficient social awareness campaigns. It is worth mentioning that this on-going confidence crisis begins in the early stages of education and becomes a huge barrier that separates persons with disabilities from other segments of society. One should also bear in mind that persons with disabilities have had their share, in one way or another, in building this barrier; these factors along with those that have increased the burden of disability and its complexities. In this case, persons with disabilities have a hard time looking for a job, regardless of their academic and vocational achievement levels. The situation is further aggravated by the failure of the State to make available the needed services and subsidies. Given all these factors, tutors of children with

disabilities were unfortunately obliged to abandon their students, which sometimes expose them to exploitation, abuse and persecution.

8-In your opinion, do exemptions for persons with disabilities contribute to the alleviation of their exclusion? Why and how?

Provided exemptions that hopefully will be increased and developed to a greater extent, help in dealing with some issues and contribute, though to a lesser extent, to the alleviation of the financial burden when buying assistive devices for persons with disabilities; devices typically include wheelchairs, printing equipment, specific computers for persons with visual impairment and other mechanisms. These are provided in such a manner that persons with disabilities achieve a smooth and easier integration into society.

Persons with disabilities can also buy their own transport vehicles exempted from tariffs, customs duties and taxes. When such measures are implemented, the cost of a given vehicle is more than halved and consequently, they will be more independent and will be able to move around easily. All these factors will contribute to widen the horizon of persons with disabilities in terms of education and job opportunities.

Lebanon: Amer Makarem.

President, Youth Association of the Blind, Lebanon

1- Could you please narrate to us your actions concerning the exemptions for persons with disabilities?

When the Law 220 / 2000 was being expanded, some activists in Lebanon were demanding to have the exemptions mentioned. I personally

believe that the standard rule should not be the exemption; the standard rule and principle is that persons with disabilities have the same duties and obligations as their co-citizens. Legislative bodies should examine what the extra costs are for a person with disability and decide on corresponding exemptions.

A lot of disabled peoples organizations (DPOs) and activists in the disability movement did not understand our position concerning this matter; unfortunately, there is always the temptation for some DPOs to request that most of the services and goods to be completely free-of-charge.

2- What are the general requirements to qualify for exemption?

To be eligible for the exemption, an applicant must have a documented physical or mental impairment and hold a disability card provided by the Lebanese Ministry of Social Affairs³⁷.

However, I maintain that the only requirement and condition should be the extra cost that a person with a disability has to pay because of his/her disability, independent from his/her will. One should not be eligible for disability exemptions if they cannot engage in gainful work due to a physical or mental disability; in this case, they would consequently fall under another vulnerable category, that of the unemployed.

The most important requirement/criteria should be based on the fundamental rights of citizens and human beings.

3- What are the income requirements and what is considered income, and does the existence of an income disqualify the persons with a disability for an exemption?

³⁷ <http://www.socialaffairs.gov.lb/ShowPage.asp?spID=1201020>

Income, generally referring to salary and wages, social security payments, interests³⁸, should not be a condition for exemptions especially if we consider that exemptions are for the provision of basic fundamental needs and goods and not for subsidiary and luxury goods. For instance, some persons may be tempted to buy luxury cars; exemptions to make the car accessible in this case, will be disapproved. Exemptions should target basic services such as access to education, health and leisure.

4- What kind of exemptions is generally implemented for persons with a disability? And in Lebanon, are persons with disabilities entitled to exemptions? What kind of exemptions?

The most common exemptions are:

- Free public transportation
- Customs exemptions
- Accessibility/special devices
- Cultural activities/museums

Persons with disabilities are entitled to a few exemptions in Lebanon such as municipality fees and taxes, registration taxes and customs for cars; however, these are not all implemented.

5- What additional costs related to your

disability (personal impairment and lack of support services generating even more expenses) are you facing?

I am visually-impaired, therefore, I cannot use the public transportation, which is not accessible in Lebanon, or avail of the service³⁹; I am obliged to take a taxi, which costs me three (3) times more than the “service” and up to ten (10) times more than the public transportation. Access to education and culture is also problematic as Braille books are expensive.

6- In your opinion, do exemptions for persons with disabilities contribute to the alleviation of their exclusion? Why and how?

Well, if marginalization comes from the impossibility or difficulty to access fundamental and basic services such as health, education, social life, leisure, transportation, etc., then exemptions can be a tool to alleviate exclusion for persons with disabilities.

7- Anything you would like to add?

I think it is important to highlight one point: who pays for the exemptions and the extra costs of disability? NGOs and civil society organizations have to contribute but this is mainly the responsibility of the State. The State is responsible for providing public services for its citizens.

³⁸ Income includes:

- disability payments,
- all Social Security payments,
- salary and wages (including bonuses),
- interest (including non-taxable interest on state and local bonds),
- total dividends,
- net earnings from farming, rentals, business or profession (including amounts claimed as depreciation for income tax purposes),
- income from estates or trusts,
- gains from sales and exchanges,
- the total amount received from governmental or private retirement or pension plans,
- annuity payments (excluding amounts representing a return of capital),
- alimony,
- unemployment insurance payments,
- workers' compensation, etc.

³⁹ Cheap collective cab.

What's Next?:

These interviews highlight various concerns and several challenges not only with respect to the CRPD ratification, implementation or monitoring, but also in the sought occurrence of the radical change in the disability movement milieu which turns it as a whole to the rights based approach. In the same time, these interviews provide common intentions, strong motivations and joint positions towards promoting the human rights culture and disability movement. The winds of change which started to blow already through the region with the kick-start of the CRPD in 2003, thrusts ahead this trend. It is clear now that the rights-oriented

stakeholders are able to diagnose the weaknesses and to identify the problems. The next step then should be the capacity building of the rest of the stakeholders to enhance the decision making process and direct it to mainstream disability inclusively. The current positive trends of the decision makers in the Arab world (which deduced from the number of the signatures and ratifications, additionally the progressive national initiatives in some countries), must be invested by the local, national, regional and the international bodies to create good practices aimed at enhancing the human rights of PwDs and the bases of the services provision.

Selected Publications:

Social Protection:

BEATTIE Roger, 2000: "Social Protection for all: But how?" in: *International Labour Review*, vol. 139, n° 2, pp. 129 - 148.

DESTREMAU Blandine and LAUTIER Bruno, 2007, "Social protection and social rights regimes in developing countries: towards the construction of a typology", paper presented at the RC19 conference "Social Policy in a Globalizing World: Developing a North-South Dialogue", Florence, September 2007, unpublished.

ESPING-ANDERSEN G., 2002, "The Sustainability of Welfare States: Reshaping Social Protection", in B. Harris-White (ed.) *Globalization and Insecurity. Political, Economic and Physical Challenges*, London: Palgrave, pp. 218 -232.

TZANATOS Zafiris, "Social Protection in the Middle East and North Africa: A review", In *Employment Creation and Social Protection in the Middle East and North Africa*, HANDOUSSA Heba and TZANATOS Zafiris, World Bank

The MENA region entered the 1980s with historically high growth rates averaging about seven percent per annum which was also among the highest in comparison to other developing regions (especially due to oil revenues). Poverty was the lowest in the region compared to other regions. But there was a reversal of fortune in the 1990s and many countries have since experienced negative growth rates. The risk of falling oil prices was not hedged. Households in MENA countries now receive less income from selling the labor of their members than they did a decade ago; they have more debt to repay than their ancestors and will pass even greater liabilities to their offspring; the young face higher unemployment rates; the old remain largely unprotected from their inability to work; and all have less water available for consumption and irrigation. In a word, they are more vulnerable. Reducing vulnerability is not synonymous to poverty reduction and goes beyond policies that endeavor to bring the poor to an acceptable level of minimum consumption. It is broader in that it includes the reduction of the risk for the non-poor of falling below the poverty line and the creation of

opportunities that would lead to the improvement of living conditions of the poor and the non-poor. At first, the reduction in risk should be sought in the role of the macroeconomy and the functioning of the labor market to create wealth and employment. However, even the most enabling environment would never eliminate risks, and social protection programs can play a useful role in catering for the needs of those who do not fully share the benefits of growth or job creation.

HILAL Jamil, 1998, « The Limits of Informal Social Support Systems in the West Bank and Gaza Strip », Economic Development and Poverty Reduction, Mediterranean Development Forum, September 36-1998, Morocco.

JÜTTING Johannes, 2000, « Social Security Systems in low-income countries: concepts, constraints and the need for cooperation », ISSR, vol. 53, 42000/, pp. 361-.

LAUTIER Bruno, 2006: "Towards Universal Social Security and Protection of the "most vulnerable", in Social Protection and inclusion. Experiences and policy issues, ILO – STEP, Strategies and Tools against social Exclusion and Poverty Programme, Social Security Department.

ROBALINO David A. 2005, Pensions in the Middle East and North Africa Time for change, The World Bank. Washington D.C., http://siteresources.worldbank.org/INTMENAMENA/Resources/1_MENAMENA_Pension_Reform_Complete.pdf

This is the first comprehensive assessment of pension systems in the Middle East and North Africa. While other regions - Central Asia, Eastern Europe, and Latin America, in particular - have been actively introducing reforms to their pension systems, Middle East and North African countries have lagged behind. This is explained, in part, by the common belief that, because demographics remain favorable - the countries are young and the labor force is expanding rapidly - financial problems are far in the future; as a result, pension reform does not have to be a priority in the broader policy agenda. However, the authors show that aging is not

the only factor behind a financial crisis; the problem is the generosity of the current schemes. Moreover, badly designed benefit formulas and eligibility conditions introduce unnecessary economic distortions and make the systems vulnerable to adverse distributional transfers. The book does not present a general model that could solve the problems of all pension systems in MENA countries. Instead the authors focus on outlining a framework for guiding discussions on pension reform and making objective policy choices. This assessment will be useful for policy makers and government officials involved in pension reform in the Middle East and North Africa region.

STANDING Guy, 2002, Beyond the New Paternalism: Basic Security as Equality, Verso, London.

The century of labouring man has come to an end, and yet governments continue to link social entitlements to the performance of labour. This book argues that the era of market regulation has ended in an era of fiscal regulation: new social and economic insecurities have spread around the world, boosted by globalization and flexible labour markets, and compounded by privatization and increased selectivity of social policy. This global insecurity has spawned growing and vastly underestimated inequalities. To overcome these seemingly endemic insecurities and inequalities, Guy Standing argues for a complex egalitarianism, in which basic income security is recognised as a right for all. Work (including voluntary, community and care work), and not labour, must be the basis of a 'good society,' and policies must be judged by their capacity to promote occupational security.

SUPIOT Alain (ed.), 2006: Protection sociale et travail décent. Nouvelles perspectives pour les normes internationales du travail, Travaux conduits à l'initiative du BIT, Semaine Sociale de Lamy, Supplément n° 1272, 4 septembre.

VAN GINNEKEN Wouter, 2007, "Social Security and the global socio-economic floor: towards a

human rights-based approach”, paper presented at the RC19 conference “Social Policy in a Globalizing World: Developing a North-South Dialogue”, Florence, September 2007, unpublished.

Cash Transfers:

MONT Daniel, 2006, “Disability in conditional cash transfer programs - drawing on experience in LAC”, Third international Conference on Conditional Cash Transfers June 26 – 30, Istanbul.

STANDING Guy, 2007, How Cash Transfers Boost Work and Economic Security, UNDESA Working Paper #58, October.

There has long been a minority view that providing people with cash is an effective way of combating poverty and economic insecurity while promoting livelihoods and work. The mainstream view has nevertheless been that giving people money, without conditions or obligations, promotes idleness and dependency, while being unnecessarily costly. This paper reviews recent evidence on various types of schemes implemented in developing countries, including several pilot cash transfer schemes, assessing them by reference to principles of social justice. It concludes that experience with cash transfers is strengthening the case for a universal basic income.

Social Protection and Disability:

GTZ, Deutsche Gesellschaft für technische Zusammenarbeit, 2006, Disability and development - a contribution to promoting the interests of persons with disabilities in German Development Cooperation, Eschborn, GTZ.

MARRIOTT Anna and GOODING Kate, 2007, “Social assistance and disability in developing countries», Hayward’s Heath, Sight savers International.

MITRA Sophie, 2005, “Disability and social safety nets in developing countries”, Social Protection Discussion Paper No. 0509. Washington, World Bank.

This paper deals with how social safety nets may reach the poor with disabilities in developing countries. It presents a framework for analyzing the inclusion of disability in social safety nets. The paper first reviews evidence on the relation between disability and poverty, and discusses the roles that safety nets may play with regard to disability. Safety nets can reach persons with disabilities through inclusive mainstream programs as well as disability targeted programs. The advantages and challenges of disability targeting are then discussed. The paper proceeds to analyze different ways that can be used to include disability considerations in the implementation of mainstream safety nets through the reduction of physical, communication and social barriers surrounding such programs and through the careful design and evaluation of safety nets. The use of disability targeting versus or in combination with disability mainstreaming is then discussed.

Events:

A conference about the rights of persons with disabilities and the media was held in Egypt in July 2008. It targeted the media staff: (Radio and TV directors, TV hosts, media producers and writers, journalists, and actors). It was organized in cooperation between the National Council of Childhood and Motherhood in Egypt and the Special Rapporteur’s office under the patronage of the first lady of Egypt. It included presentations about the drama and disability and presentations on the international documents in addition to the national aspect of the disability.

The campaign on the War and Disability was launched in Lebanon in July 2008 it included video spots present the consequences of the war and its impact on the disability. The participants were from the national, regional and international disability alliances. It included as well presentations on the global survey and some related reports.

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Useful links:

CIARIS

<http://www.ciaris.org/>

Learning and Resources Centre on Social Inclusion. (Centre informatique d'apprentissage et de ressources sur l'inclusion sociale).

Disability Monitor Initiative Middle East

<http://www.disabilitymonitor-me.org/Test/index.htm>
(website under construction)

Disability Monitor Initiative South East Europe

<http://www.disabilitymonitor-see.org/index.htm>

GTZ

<http://www.gtz.de/en/>

International cooperation enterprise for sustainable development with worldwide operations.

World Bank

<http://web.worldbank.org/wbsite/external/topics/extsocialprotection/0,,contentmdk:20263372~menuupk:282656~pagepk:148956~pipk:216618~thesitepk:282637,00.html>

International Labour Organisation

<http://www.ilo.org/public/english/protection/>

Social Security Department; Global Social Trust

<http://www.ilo.org/public/english/protection/secsoc/areas/policy/gst.htm>

Social Security Statistics

<http://www.ilo.org/public/english/protection/secsoc/areas/stat/sso.htm>

Strategies and Tools against Exclusion and poverty (STEP)

<http://www.ilo.org/public/english/protection/secsoc/areas/step.htm>

SANABEL Regional Microcredit Network.

<http://www.sanabelnetwork.org/news/>

Social Fund for Development YEMEN

<http://www.sfd-yemen.org/>

Social Fund for Development Egypt

<http://www.sfdegypt.org/>

United Nations Enable, Rights and Dignity of Persons with Disability

<http://www.un.org/disabilities/index.asp>

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