



Social protection and the social model of disability

By Dominic Fritz

I. Introduction

While a rights-based approach to social protection seems to be more and more accepted among many scholars and practitioners, there is surprisingly little mention of disability in mainstream social protection literature. If persons with disabilities are referred to, they are often portrayed according to a charity model. This is surprising insofar as the social model of disability could conceptually well be incorporated into a rights-based understanding of social protection. This paper analyses the existing and the potential connection between the social model of disability and social protection, and discusses some of the major challenges faced when applying a rights-based understanding of disability to social protection. The last section proposes a way forward by using the framework of ‘transformative social protection’ as the main reference.

A. What is social protection?

The definition of social protection is not as straightforward as it may seem. Definitions range from narrowly understood interventions of social assistance to a broad view including a range of different social policy measures (for a critical discussion of current definitions of social protection, see Devereux/Wheeler 2004). Many definitions agree on three pillars of social protection, which are social transfers (tax-based), social insurance (contribution-based) and regulatory policies. Some definitions include social services as a fourth pillar. What most mainstream definitions have in common is that they see social protection as addressing a set of economic risks, vulnerabilities or livelihood shocks. The ‘Sector Concept on Social Protection’ (BMZ 2009), the binding strategy for Germany’s engagement in the area of social protection in development cooperation, identifies four types of risks for income loss, namely life cycle risks, health risks, economic risks and natural/ecological risks. This conceptualisation is based on the World Bank’s Risk Management Framework (SRM), which goes on to identify three strate-

gies to address income shocks (reduction, mitigation and coping). All these concepts deal with vulnerability and risk almost exclusively from an economic point of view, a fact criticised by those who argue for a more social approach to social protection (e.g. Holmes and Jones 2009).

B. What is the social model of disability?

The social model of disability has evolved throughout the past four decades as one of the major tenets of the disability rights movement and is a concept that continues to develop. Striving to move away from a medically-based focus on the perceived deficiencies of an individual, the social model underlines that disability is a socially constructed phenomenon resulting from the interaction of one’s impairment – generally a functional limitation – and the person’s environment. This takes into account the heterogeneity of disability: there is a multitude of physical, mental, intellectual and sensorial impairments, and the disabling effects of these impairments can differ greatly from person to person, according to their circumstances and life conditions.

In the past, persons with disabilities were often seen as dependent and viewed according to their ‘medical rehabilitation’ needs. The social model, on the other hand, fosters an understanding of the physical, institutional and attitudinal barriers that affect a disabled person’s participation in society in all areas of life, including education, culture, work, health and political representation. Accordingly, the inclusion of persons with disabilities is understood today as a human rights issue. A crucial milestone for this rights-based approach to disability is the UN Convention on the Rights of Persons with Disabilities, which entered into force in 2008 and has already been ratified by 100 countries (as of May 2011).

For reasons of brevity, this paper uses the terms ‘social model’ and ‘rights-based model’ interchangeably, although in a strictly theoretical sense they form distinguished, if closely related, concepts.

II. The social protection/charity nexus

A. Is social protection charity for persons with disabilities?

While the social model of disability puts an emphasis on environmental barriers and focuses on the abilities and capacities of persons with disabilities, many comments in social protection literature seem to reflect another image of disabled people. In many publications on social protection, the place for persons with disabilities is as a part of an enumeration of ‘vulnerable groups’ (usually a quartet of orphans, widows, old people and persons with disabilities). While this might be correct, the absence of a more differentiated and realistic approach to disability and the lack of specifics is striking. Mentioning disabled people as part of vulnerable groups without further discussion suggests an all-defining commonality between these groups – dependency and incapacity to be economically productive – while ignoring the different abilities and needs of individuals and groups of people. Other written material, especially social insurance literature, sees disability as one of several ‘life cycle risks’, reducing the complex social phenomenon of disability to a supposedly quantifiable risk of acquiring an impairment.

In a critical review of the World Bank’s ‘Poverty Reduction Strategy Paper (PRSP) Sourcebook’, the International Labour Organisation or ILO (2002: 12) pointed out that in chapters like those on education or participation, disability is portrayed according to the social model, whereas the social protection chapter provides a completely different picture of persons with disabilities. Referred to as ‘the disabled’, persons with disabilities are labelled amongst other things as ‘economically inactive’ or ‘those who cannot be expected to work’.

The European Report on Development, which in 2010 bears the title ‘Social Protection for Inclusive Development’, barely mentions disability apart from a few non-specific references as part of the above-mentioned vulnerability quartet. Social Protection is praised for offering ‘a direct and simple means of redistributing some of the gains from growth to those not able to productively contribute to the economy – such as the elderly or disabled’ (ERD 2010: 63). The section on ‘Efforts to improve access’ makes no mention whatsoever of persons with disabilities, although accessibility of services and programmes is a major issue. What the ILO (2002) underlined almost a decade ago about the social protection chapter of the World Bank PRSP Sourcebook, seems still to be true today: ‘persons with disabilities are dissolved in the “vulnerable groups” concept: they are in fact ignored.’ It seems very ironic that a report which bears the key slogan of the global disability community in its title – ‘Inclusive Development’ – fails to provide a truly inclusive understanding of social protection.



While it is rarely expressed explicitly, the underlying assumption of conventional wisdom appears to be that persons with disabilities are dependent, passive recipients of support who cannot care for themselves or participate actively in society. The danger for social protection advocates and practitioners is that they reproduce the stereotype of persons with disabilities which the disability rights movement has in recent decades fought hard to dismantle. This is not merely a semantic issue as it can be assumed that social

protection literature reflects and affects programme design. The ILO (2002: 13) warns that such language might contribute to ‘push the vast majority of persons with disabilities back into a ghetto of social exclusion [and] paternalism’. The fear that this might

happen is reflected in some cautious perceptions of social protection on the part of disability rights advocates. Many are afraid that a focus on social protection could ‘shift the disability and development debate from rights back to welfare’ (Sight Savers 2007). This cautiousness relates in particular to social cash transfers, which might be perceived as ‘hand-outs’ and be associated with patronising attitudes towards disabled people. Marriot (2007: 13) quotes a disability rights advocate from South Africa who questioned ‘whether social assistance might be another cloth put around the medical model [of disability], emphasising what disabled people cannot do.’

This scepticism notwithstanding, social protection for persons with disabilities has long been enshrined as a right in several human rights instruments. In fact, the right to social security for disabled persons had already been stipulated in 1948 by the Universal Declaration of Human Rights (Art. 25). More recently, the ‘Standard rules on the equalisation of opportunities for persons with disabilities’, adopted by the UN General Assembly in 1993, has its own rule (No. 8) on ‘income maintenance and social security’, and the UN Convention on the Rights of Persons with Disabilities (2008) contains an article (No. 28) on ‘adequate standards of living and social protection’.

From a rights-based point of view, social protection should not merely be understood as an instrument to ‘protect those who cannot protect themselves’ but rather as a tool for supporting people’s capacity for independence. Social protection measures are not about creating dependency, on the contrary they should serve to enable a person to overcome the many barriers for persons with disabilities which persist in society. From an economic perspective, social protection can help people meet the extra costs of disability and so facilitate access to services and employment opportunities.

It is this approach of ‘empowerment through meeting costs’ (Marriott 2007: 15) that can make social protection an important strategy towards the inclusion of persons with disabilities.

Furthermore, as Piron (2004: 12) points out, social protection is crucial not only for the realisation of economic and social rights, but also civil and political rights. She states, ‘Social protection measures may be required in order that the poorest and most vulnerable can participate fully in decision-making processes and realise the full range of civil and political rights to which they are entitled’. For persons with disabilities this holds especially true as they are most often shut out from political participation and decision-making processes at the local to the national level.

B. The political economy of charity

When applying the social model of disability to social protection, a puzzling aspect is revealed by looking at the matter from a perspective of political economy. Social protection, especially social transfers, is always under a certain amount of pressure in any given political arena to draw a line between the ‘deserving’ and the ‘undeserving’ poor. The European Development Report 2010 states: ‘The political appetite to provide social assistance to this latter group, sometimes dubbed as “poor” and “lazy”, is waning’ (ERD 2010: 84). Within the logic of this dichotomous understanding of social protection, persons with disabilities as a group appear to be on the safe side, as they would be seen in general as the ‘deserving poor’. This view is clearly based on a charity model of disability, but one might argue that it at least helps to garner support for disability-targeted safety nets (Mitra 2005: 38). However, social protection advocates are well advised to resist the temptation of using a charity understanding of disability for the promotion of social protection. Firstly, the moral classification of poor people according to how much they ‘deserve’ to be ‘helped’ is undermining efforts for a rights-based approach to social protection. Lautier (2006: 102) identifies the major challenge ‘to gain credence for the idea that social security for the “most vulnerable” does not concern “poor people in need of help”, but rather citizens with rights, and that it is the condition for their participation in the democratic decision-making process’. Secondly, settling for a charity model of disability in order to seek political support would backfire in terms of a broader agenda for inclusion. One disability organisation in Bangladesh expressed concern that accepting a disability allowance might ‘reduce disabled people’s advocacy in other areas: disabled people may feel that with the allowance, they do not have rights to ask for more and should just “stay at home and accept [their] disability pension”’ (cited in Marriot 2007: 18).

Therefore, from a political economy perspective, it is crucial that advocacy for social protection for persons with disabilities is based from the very beginning on a rights-based understanding of disability.

III. Issues to be considered

This section outlines some of the bottlenecks and challenges in reconciling social protection with the social model of disability.

A. ‘Incapacity to work’?

Many social transfer programmes specifically targeted at people with disabilities conceive of disability as a very severe condition that prohibits employment (Mont 2006: 4). In the Bolivian social protection system, for example, disability is defined as ‘total and definitive incapacity to perform a “reasonable paid job”, caused by chronic illness, injury, loss of a limb or a function’ (Grushka and Demarco 2003). There are two problems with this approach.



Firstly, using a concept of ‘incapacity to work’ to define disability, as many targeted schemes do, directly contradicts the social model of disability, which maintains that incapacity is not simply the result of physical, intellectual or sensory impairment, but that it also reflects factors such as education, discrimination or the accessibility of the workplace. If a person with disabilities is less economically productive, it is not because he or she is ‘disabled’ but because she/he lives and works in environments that are ‘disabling’ (Buckup 2009). The absurdity of any social protection concept based on a medical understanding of disability is neatly summarised by Medeiros et al. (2006: 19): ‘On the one hand, very few human beings are not biologically capable of doing some kind of work and most people with severe physical and intellectual impairments are capable of labour activities. On the other hand, people with moderate impairments often face severe limitations not due to their own bodily impairments but as a result of barriers present in the social environment.’ The ability of people to do some kind of paid work is very much dependent on workplace adaptations – many innovative workplace adaptation measures exist. While it might be necessary to have a legal definition of ‘incapacity to work’ for the purpose of insurance benefits, the definition of disability generally used for social protection should not be connected to this assumed ‘incapacity to work’.

A second issue of concern with this approach is that it can set up strong work disincentives by tying a benefit to a person’s self-declaration to be ‘unable’ to work. While little is known about the impact of disability-targeted transfers on

the labour market in developing countries, it is important to recognise that the prospect of losing a disability transfer if one were to earn beyond a remuneration limit can deter persons with disabilities from working (Mitra 2005: 21). This is especially the case if a disability programme does not offer services or incentives for its beneficiaries to return to work (for a case study on disability transfers and unemployment, see Mitra 2010).

Social protection should help to close rather than widen the gap between the potential and the actual productivity of persons with disabilities. If offered in the right way, cash transfers or others instruments of social protection could support livelihood activities of persons with disabilities, just as many mainstream cash transfers can increase the productivity of the poor. The challenge is to provide those persons with severe disabilities who cannot be expected to earn their own income with much-needed financial support and services, while at the same time not discouraging those who would like to be economically productive by denying them benefits based on their willingness to work. No country appears to have a failsafe answer to this. Some disability organisations argue that the extra costs associated with disability mean transfers should be provided regardless of income, to equalise opportunity (Marriott 2007: 41). Another approach suggested by SightSavers (2007: 2) is to provide time-limited benefits for those persons with disabilities who want to work.

B. Targeting vs. mainstreaming

There are two general strategies to reach persons with disabilities through social protection: targeting and mainstreaming. Both can be founded on rights-based principles, but neither of them are an automatic panacea for inclusion. From a rights-based perspective, targeting may be necessary to reach vulnerable groups which: experience discrimination; may not benefit from social security and other social protection schemes; and/or do not have adequate access to services (Piron 2004: 14). For persons with disabilities, targeted benefits are also a way to cover the extra costs associated with disability (see box). If presented as a right, not as charity, they might improve status and respect within the household and communities. Self-targeting may be adequate for persons with disabilities particularly for the provision of specialised services or in-kind benefits such as assistive devices, as they are generally of less interest to non-disabled persons. However, there is a danger of stigmatisation and approaches must ensure that the people who most require benefits are indeed reached, but without the community labelling them as 'dependents'. Furthermore, it is important not to present targeted benefits as the only option. Persons with disabilities are entitled to the same full range of mainstream benefits and core services as persons without disabilities (Mitra 2005: 26).

The extra cost of disability

It was Amartya Sen (1999), pioneer of the multidimensional understanding of poverty, who also introduced the concept of the 'conversion handicap' – the cost of converting income into a good living. A disabled person not only faces additional challenges in raising an income, but also their cost of living is higher, e.g. with the need to pay for assistive devices, to hire an assistant, or additional transport costs. Consequently, to do the same things as a non-disabled person, somebody living with a disability has to have a higher income; and with the same income, a disabled person might be able to do far fewer things than his/her non-disabled peers. This has at least two important implications: firstly, it is an economic rationale for a rights-based argument on why targeted disability benefits make sense. Secondly, it implies that even in mainstream schemes, disability has to be considered specifically and any measure that is based strictly on income, such as a simple means-test for a cash transfer scheme, is insufficient in determining the poverty or vulnerability of a household. Not taking disability into account as an eligibility factor would imply that persons with disabilities would need to be more deprived than persons without disabilities in order to access a benefit programme (Mitra 2005: 27).

Consequently, the second strategy to reach persons with disabilities is through mainstreaming in general social protection schemes. This implies removing barriers (physical, institutional and attitudinal), combating discrimination and enabling equal access. As opposed to disability targeting, considering persons with disabilities in the framework of mainstream social protection has the advantage of low levels of added administrative capacity and costs, as well as the potential to reach a larger portion of the poor with disabilities. Moreover, disability mainstreaming may help promote an overall culture of inclusiveness, which might lead to better social inclusion and participation in general, as well as greater flexibility in social protection systems. One disadvantage of disability mainstreaming could be that progress may be slow, especially in countries with no overall disability policy or legislative framework. In such contexts, years could pass before attitudes towards disability change and persons with disabilities are regarded as citizens with full entitlements to all mainstream benefits and services (Mitra 2005: 37). However, contrary to that opinion, some fear it is actually the provision of specialised benefits which is holding up the process of inclusion into the mainstream (Marriott 2007: 14).

Targeting and mainstreaming should not be considered as mutually exclusive strategies. As Mitra (2005) points out, in the case of cash transfers safety nets may need to be designed with some elements of disability targeting, either in the conditions of eligibility, at benefit levels or in the services provided to better reach and serve persons with disabilities.

C. Certifying disability

A major challenge that arises with targeting programmes at persons with disabilities is that determining disability is extremely complex and faces both administrative and conceptual challenges. From a technical perspective, developing countries generally lack the administrative and financial capacity that is required to run individual assessments and certification systems, a prerequisite for targeted programmes. Conceptually, the problem of assessing disability arises. Within the social protection literature, disability is often mistakenly grouped with age and gender as an 'easily identifiable characteristic' (e.g. Devereux 2006: 7) which is assumed to be easier to observe than a person's assets and income in a means test. The assumption that disability is an observable and homogenous phenomenon is, however, far

from reality: disability is sometimes invisible (e.g. certain intellectual impairments, periodic mental health problems, pain), often changing over time and always heterogeneous. It is heterogeneous insofar as there are many types of disabilities and in that a similar health condition or impairment can affect people's lives in very different ways (Mitra 2005: 18). Disability is very much context-specific. And yet, disability assessments are generally based on medical examinations (Sight Savers 2007: 2),



requiring the provision of detailed medical information and often a visit by the disabled person to a health clinic. Moving away from a strictly medical approach would allow a more subjective assessment of disability, taking into account environmental and social barriers faced by disabled people. This was part of the reason for introducing locally based panels for assessing disability in South Africa. However, this more flexible and context-specific process bears the risk of inclusion errors and fraud (Marriot 2007: 46). Community-based targeting with respect to disability is unlikely to work in communities where persons with disabilities are socially excluded, as Mitra (2005: 20) points out.

The quality of the certification process, or the lack thereof, has a direct impact on the effectiveness of social protection. Qualitative data from India suggests that shortcomings in the identification and certification system are to some extent driving low coverage in the social protection system and the perceived complexity of the certification process is a significant barrier for many who might be eligible for benefits (World Bank 2007: 114). Experience with disability pen-

sions in Latin America shows that social security reforms can be inefficient if the disability certification system is not adapted and reformed accordingly (Grushka and Demarco 2003).

D. Conditionality

One area where the inclusion of persons with disabilities is tested is the issue of conditionality in Conditional Cash Transfers (CCT). Should persons with disabilities be exempt from the conditions associated with CCT programs?

Again, the social model of disability helps us to better understand how our view of disability affects programme design: the reasons why persons with disabilities may not be able to comply with conditions are often not associated with

individual impairments, but rather with a non-inclusive service environment. If a local school or health clinic is inaccessible for a disabled child or mother, it is impossible to fulfil a programme's education or health requirements. Excluding a disabled beneficiary from a cash benefit because of non-compliance due to an inaccessible environment would seem like an absurdity. Waiving conditions therefore appears to be a reasonable short term solution to enable the poor with disabilities to access cash transfers, especially when there is no other social assistance programme in place (Mitra 2005: 34). At the same time, exemptions from conditions undermine the basic philosophy of CCT programmes, namely to couple short-term poverty relief with long-term investments in human capital: 'If persons with disabilities are not induced to invest in human and health capital, the long term poverty reduction effect that is expected from this investment is not achievable for this group. Inequality between persons with and without disabilities is thus likely to be enhanced, and participation in society by persons with disabilities would not be encouraged.' (Mitra 2005: 34). Waiving conditions would also give services such as schools an 'easy way out of not addressing the inclusiveness' of their systems (Mont 2006: 5). Accordingly, some suggest that conditions could actually encourage inclusive service provision by increasing demand from disabled people or their families (SightSavers 2007: 3).

There certainly is not one 'right way' to deal with conditionality for persons with disabilities in CCT programmes. Mitra (2005) proposes the explicit recognition of disabled persons through not waiving conditions but rather adjusting them to reflect the different constraints faced by a person with disabilities in going to a school or clinic. Furthermore, the social model teaches us that cash transfers have to be coupled with policies to make service delivery more inclusive.

IV. The way forward: reconciling the social model of disability with social protection

There is a fine line between arguing for social protection for persons with disabilities because of their disability-specific vulnerability and purporting an image of dependency and passivity. Key to an argumentation which keeps this delicate balance and does not lead into the ‘charity trap’ is the social model. This always makes the distinction between the impairment and the disability, the latter being caused as much by environmental factors as by a person’s functional limitations. Social protection can be an important remedy to tackle these environmental factors and it should not be understood as compensation for a person’s impairment but as key to the realisation of one’s human rights.

There are three conclusions/recommendations I would like to draw from these considerations and this paper’s analysis.

1. Move beyond the economic dimensions

The multidimensional nature of poverty (again a concept introduced by Sen [1999]) has become common ground among many in the development world, yet a lot of social protection thinking is still awkwardly focused on the economic side of poverty, conceiving social protection interventions purely as a means of (re-)distributing *money* to individuals through insurance or transfers. In their paper ‘Putting the *social* back into social protection’, Holmes & Jones (2009) argue that the almost exclusive focus on economic risks is unjustified and that social risks and vulnerabilities should be put back on the policy agenda in order to enhance social protection effectiveness. In a citation of the 2008/09 Chronic Poverty Report, Holmes & Jones recall that four out of the five poverty traps identified in the report were non-income measures, namely: insecurity, limited citizenship, spatial disadvantage and social discrimination. The connection with the social understanding of disability is obvious: the relationship between poverty and disability is not a natural consequence of an individual’s impairment but mainly the result of a complex web of social factors such as stigma and discrimination. Responding to a disabled person’s vulnerabilities through social protection in this way requires considering a variety of dimensions. A renewed focus on the ‘social’ part of social protection is a necessary and inevitable conclusion if the social model of disability is to be applied. If disability results out of the interaction between a person’s impairment and the environment, or if vulnerability associated with disability is seen in social terms, then social protection has to define its scope beyond economic assistance and the protection of individuals.

2. Recognise the transformative potential of social protection

Extending social protection to areas like equity, inclusion, and empowerment, as well as social, cultural and political rights is one of the major tenets of the ‘transformative social protection’ approach. The framework, devised by Devereux & Sabates-Wheeler (2004), combines an understanding of

economic risk and vulnerability with a conceptualisation of social risk in terms of social inequality and exclusion. They suggest that transformative interventions in social protection should include changes to the regulatory framework to protect socially vulnerable groups against discrimination. The transformative elements might occur in the design of core social protection policy and programmes, or as explicit linkages to complementary interventions such as micro-credit services, rights awareness campaigns and skills training. While the two authors themselves did not make a connection with the disability issue, their approach fits the social model of disability like a glove and seems like a natural consequence of the social model: transforming the very environment that turns an impairment into a disability is the best protection against vulnerability. This could include programmes to raise awareness of the rights-based model of disability or to promote legislation which translates the framework of the UN Convention on the Rights of Persons with Disabilities into national law. Transformative social protection in the field of disability might also mean that empowerment and capacity development for persons with disabilities and their organisations is needed. For example, a local study in some rural states in India revealed that 94 per cent of households with disabled members have not heard of the Persons with Disabilities Act and many associated entitlements (World Bank 2007: 126). Therefore, combining benefit programmes with empowerment measures seems to be a crucial tool for raising the effectiveness of social protection.

3. Money is not enough – access to services is crucial

One of the major implications of the social model is that the needs of persons with disabilities are as encompassing and pertaining to all aspects of life as those of non-disabled people. While it is not within the scope of social protection to provide for all of those needs, it is important to recognise that the manifold social vulnerabilities and risks are best encountered with a diversified response which is not solely reliant on income enhancement. For persons with disabilities this often means that social services, both specialised and for the general population, form a significant contribution to their participation in social life – and, consequently, reduce their vulnerability. There has been a tendency in international development discourse to neglect the importance of social services beyond those pertaining to health and education, at the expense of persons with disabilities who often have additional rehabilitation, counselling or protection needs. A disability benefit, for example, might have a much bigger impact if it is coupled with a counselling component for job seekers. Increasing provision, access and quality of service delivery thus should receive more attention in the social protection community. The newly released guidelines on community-based rehabilitation (WHO 2010) can provide valuable guidance on how service delivery for persons with disabilities can be feasible, affordable and linked to mainstream development.



Conclusion

Social protection has often been unsuccessful in taking into account the heterogeneity of persons with disabilities and the different realities that they are facing. In much of the social protection literature disability continues to be perceived primarily in its medical dimension. The social understanding of disability, however, could be a crucial tool for integrating the complex set of social vulnerabilities that persons with disabilities face all over the world into social protection programming. This implies a critical review of disabling or excluding factors in development work and social protection programming. It also means reconsidering the often limited understanding of social protection, which focuses mainly on economic dimensions. A renewed focus on social vulnerabilities, a transformative approach to social protection and an increased attention to inclusive service delivery would benefit a broad range of vulnerable people and could help to make social protection a major instrument for improving the lives of many individuals, including persons with disabilities.

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