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Key Principles and Recommendations for Inclusive Cash and Voucher Assistance

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Key Principles and Recommendations for Inclusive Cash and Voucher Assistance

This technical brief is intended to provide general guidance for humanitarian agencies to implement Disability Inclusive Cash and Voucher Assistance (CVA), mainstreaming disability in the intervention in line with the CRPD and with the "must do" action listed in the IASC guidelines on inclusion of persons with disabilities in humanitarian action:

- Promote meaningful participation of persons with disabilities
- Remove barriers
- Empower persons with disabilities
- Disaggregate data collection for monitoring inclusion

Programmatic considerations

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1. Ensure identification and registration of persons with disabilities

Persons with disabilities constitute a vulnerable group that needs to be prioritized, there is high risk of it failing to identify some persons with disabilities.

In many cases cash actors invite households (HHs) to self-register for CVA support, using mechanisms which are often unknown and inaccessible to persons with disabilities whilst neglecting to provide accessible information or support to access the self-registry.

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1. Ensure identification and registration of persons with disabilities

Recommendations

- A **systematic use of The Washington Group Short Set on Functioning** (WG-SS) in surveys can help to improve identification of persons with disabilities and data should be disaggregated by sex age and disability in line with the IASC Guidelines.
- **Providing accessible information and communications** on available CVA programming is critical. It is equally critical to develop and enable **accessible registration formats** and provide support for individuals and HHs who would need support with registration.

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2. Design and adapt delivery modalities to ensure persons with disabilities can access cash and markets

Delivery modalities may need to be adapted to ensure that persons with disabilities are aware of cash programming, can register to receive CVA and access financial service providers and markets.

As a general rule, CVA should be provided directly to adults with disabilities themselves rather than to their caregivers or legal guardians. Delivery mechanisms should therefore remove environmental, social or institutional barriers that prevent this and reasonable accommodation should be considered.

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2. Design and adapt delivery modalities to ensure persons with disabilities can access cash and markets

Recommendations - Accessible Cash feasibility

- Conduct a **cash feasibility assessment** of the appropriateness and **accessibility of available delivery mechanisms** from the perspective of persons with disabilities. This assessment must include references to financial and technological access and literacy; availability and cost of accessible transport; physical and sensorial access to registration systems and distribution points, and availability of accessible ATMs and banks. It is also critical to identify protection risks associated with CVA and identification of support measures needed.
- Continually **assess the barriers** that persons with disabilities face in accessing cash and market, and once identified take steps to engage with and consult these populations to identify the most effective ways to ensure their access to CVA
- Provide **specific support** (where required) to allow people to independently **access the delivery mechanism and markets** to use the cash. This may include dedicated staff who can accompany and support people with disabilities, providing shuttle services to access the delivery point, ensuring physical accessibility of central distribution points.

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2. Design and adapt delivery modalities to ensure persons with disabilities can access cash and markets

Recommendations - Accessible Cash feasibility

- **Provide information** about the cash delivery **in multiple accessible and understandable formats** (including flyers, posters, information events, signage, radio announcements, social media, sign language).
- If CVA is delivered in person **consider priority lanes** for persons with disabilities and with possibility to sit.
- Where a caregiver receives CVA for a person with disabilities measures should be in place to ensure that **cash reaches the end user** and that s/he are making the choice of how to utilize the funds.

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2. Design and adapt delivery modalities to ensure persons with disabilities can access cash and markets

Recommendations - Access to markets

- Any **market assessment** needs to **consider specific barriers** to market access for persons with disabilities including physical access to shops and markets, available accessible transportation and social stigma towards persons with disabilities
- Cash actors need to identify how market actors can be **helped to make their markets and services more accessible** to persons with disabilities (for instance by improving accessibility in terms of the environment or communications).
- **Market assessments** need to consider the **availability and costs of specific goods and services** needed by persons with disabilities (for example medication, nutritional requirements, specific hygiene items or clothes, specialized health care, assistive devices). These costs would need to be taken into considerations when defining a Minimum Expenditure Basket (MEB) value

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3. Consider a realistic Minimum Expenditure Basket (MEB) for persons with disabilities and diverse transfer value

Evidence from global cash programming demonstrates that MEB calculations on which most humanitarian agencies base their cash transfer value do not systematically consider the additional costs that persons with diverse disabilities and their families have. In emergency contexts these extra costs can include, for example, expenditures for accessible transportation, assistive devices or medical supplies

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3. Consider a realistic Minimum Expenditure Basket (MEB) for persons with disabilities and diverse transfer value

Recommendations

- When the transfer value is harmonized with other cash actors, **a top-up transfer for persons with disabilities to cover extra cost** should be considered to achieve equality of outcome.
- If that's not possible, cash actors should facilitate **referrals to protection top ups** that involve one-off payments aimed at meeting the costs of interventions specific to the needs of individuals and families with a person with disabilities.

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4. Monitor inclusive cash outcomes through CVA and adjust approaches as necessary

The impact of CVA on persons with disabilities should be monitored throughout the interventions, and relevant adjustments should be made in order to address risks, ensure inclusion and maximize outcomes

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4. Monitor inclusive cash outcomes through CVA and adjust approaches as necessary

Recommendations

- **Post-distribution monitoring** should assess if persons with disabilities were able to **access CVA support**. A systematic use of The Washington Group (WG-SS) in PDMs can help to understand the access of persons with disabilities to CVA and data should be disaggregated by sex age and disability.
- **Program evaluation teams** should include women and men with **disabilities** with diverse lived experience and reports should reflect the views of women, men, girls and boys with disabilities on the program outcomes.
- **Post-distribution monitoring** should assess if persons with disabilities in the household have been **able to cover essential specific needs** they may have because of their disabilities. These needs could include medicine, sanitary items, specific dietary items or specific clothing

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4. Monitor inclusive cash outcomes through CVA and adjust approaches as necessary

Recommendations

- **Market monitoring** should continuously **assess the availability of specific goods** needed by persons with disabilities, and the barriers for persons with disabilities to using cash independently
- Process and outcome **monitoring** for inclusive CVA should **include the specific barriers and risks** that persons with disabilities face when it comes to the access and use of cash. The ability to autonomously access the cash is a key indicator for equal outcomes for persons with disabilities.
- **Accountability systems** and **feedback and complaints mechanisms** needs to be accessible, safe and easy to use for all persons with disabilities

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5. Engage persons with disabilities and their representatives throughout the CVA program cycle

Persons with disabilities must be meaningfully involved throughout the program cycle. Their requirements, knowledge and preferences for accessing cash, markets and services must be central to any CVA program design.

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5. Engage persons with disabilities and their representatives throughout the CVA program cycle

Recommendations

- Ensure that women and men representing the diversity of disability and cultural backgrounds in the target population are **meaningfully engaged, fully informed** and adequately resourced in order to participate
- **Budget for accessibility and reasonable accommodation** from the beginning of any program design. This extra budget is an investment, not a cost.
- **Partner with OPDs** as early as possible. and continuously foster these relationships through all stages of the project cycle, from identifying needs and barriers through planning, implementation, monitoring and evaluation of the CVA.

Thank you
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