

# Impact evaluation of the Disability Allowance in the Maldives

## Policy Brief

### Summary

This policy brief is based on findings of a 3ie-supported impact evaluation of the Disability Allowance in the Maldives. This study used a nationally representative, population-based survey of disability in the Maldives, combined with a mixed-methods, quasi-experimental evaluation to assess access to the Disability Allowance and the impact of the Disability Allowance on poverty, health, well-being and social participation. This study found 6.7% of people are living with a disability in the Maldives, of whom 25.5% were receiving the Disability Allowance (programme coverage). Overall, the Disability Allowance had a minimal impact. No impact was found on poverty, well-being and social participation. However, receiving the Disability Allowance was linked to a modest positive impact in health. Access to the Disability Allowance could be improved by streamlining and decentralising the application process, amending the cumbersome requirements for gathering medical documentation of impairments and raising awareness on the application process, including eligibility requirements. The impact of the Disability Allowance may be improved by raising the benefit level, strengthening referrals to linked services and through broader, cross-sector disability-inclusive policy and planning.

### 1. Insights from the impact evaluation: Key messages

- The overall impact of the Disability Allowance was minimal, highlighting a need to explore how to change the programme to improve its impact. Options include, increasing the monetary value, adjusting delivery mechanisms, strengthening referral procedures, adding linked benefits.
- The Disability Allowance on its own is unlikely to fully protect people with disabilities from poverty and other forms of marginalisation. There is a need to invest in and enact broader disability-inclusive planning across legislation, services and programmes to maximise the effect of social protection. Opportunities include, increasing the quality and availability of assistive devices, improving physical and communication accessibility across sectors. and enforcing stringent anti-discrimination laws.
- Involving people with disabilities and their representative groups in all stages of programme and policy design, implementation and monitoring will help overcome barriers to accessing the programme (e.g. lack of awareness, unclear eligibility, difficulties with application).

### 2. Overview

Social protection is an increasingly popular strategy for addressing poverty in many low- and middle-income countries (LMIC). However, evidence is lacking on its effectiveness, including for people with disabilities. The Maldives provides a compelling example of a social protection programme, as it offers one of the largest disability-targeted cash transfers in a LMIC – providing around US\$130 per month to Maldivian citizens with disabilities. (Walsham et al., 2018) It also offers a range of other complementary programmes (e.g. Medical Welfare, which covers the cost of assistive devices and other services not covered under national social health insurance) (Hameed et al., upcoming-b). We therefore undertook an impact evaluation of the Disability Allowance in the Maldives, in order to inform policymakers on whether the Disability Allowance has a positive impact on its target population, and what, if any, changes are required

to improve its effectiveness. Findings from this research can also be informative for other countries as they adapt or design social protection programmes for people with disabilities.

This brief presents findings from a mixed-methods impact evaluation of the Disability Allowance in the Maldives. We also present disability prevalence data as well as comparisons between people with and without disabilities, in terms of poverty, quality of life and participation to demonstrate social protection need.

### **3. Main summary of your study**

#### **3.a. Main Problem(s)/Question(s)**

As of June 2016, there were 6,839 beneficiaries receiving the Disability Allowance (about US\$130) costing the government \$11.0 million per year. Evidence is therefore needed to ascertain whether the Disability Allowance has a positive impact on its target population, and if any changes are required to improve its effectiveness. This study was undertaken to evaluate the impact of the Disability Allowance on poverty, quality of life and participation of people with disabilities and their families. It also sought evidence on aspects of the implementation of the programme, such as the need for, coverage of and barriers to accessing the programme.

#### **3.b. Methods**

We conducted a mixed-methods quasi-experimental study to evaluate the impact of the Disability Allowance among people with disabilities and their households in the Maldives, with a focus on poverty, quality of life and participation. Data was collected in 2017 (baseline) and 2019 (endline).

As baseline, we conducted a nationally representative population-based survey to estimate the prevalence of disability, and coverage of the Disability Allowance. Through probability proportionate to size sampling, we selected 5,363 people across 1,065 households throughout the country. All enumerated individuals were screened for disability using the Washington Group Extended Set for adults (aged 18+) and the UNICEF-Washington Group Child Functioning for children (aged 2-17). A case-control study was nested within the survey to compare people and households with and without members with disabilities to ascertain need for the Disability Allowance.

To assess the impact of receiving the Disability Allowance, all people with disabilities identified in the baseline survey who were not receiving the Disability Allowance were provided with information about the programme and encouraged to apply. Further, data was collected from new enrollees recruited from programme lists, before receipt of their first payment. Age-sex-location matched people without disabilities were selected as a control group.

At endline, we retraced the cases and control. All cases and controls were interviewed at baseline and endline using similar standardised questionnaires to compare on poverty, quality of life, participation and access to services between people with and without disabilities and explore the impact of the Disability Allowance on these indicators. The impact of the Disability Allowance was assessed quantitatively through difference-in-difference analysis.

Qualitative research was also conducted to further explore the experience of people with disabilities and the impact of the Disability Allowance. We collected qualitative data from 23 people with disabilities at baseline, and 20 at endline. Participants were purposively sampled to include a mix of Disability Allowance recipients and those not enrolled, males and females, older

and younger people with disabilities, as well as people with different types of disabilities (e.g. hearing, physical). Qualitative data was analysed thematically and explored perceived poverty, need for social protection, impact of disability upon participation and quality of life, differences by age or gender, facilitators and barriers to inclusion. For Allowance recipients, views on the programme, level of satisfaction and how they feel it could be adjusted to better meet their needs were explored.

### **3.c. Main Findings**

The need for the Disability Allowance was high. Approximately one in 15 people in the Maldives is eligible for enrolment in the Disability Allowance, and people with disabilities were significantly poorer, and had lower quality of life and reduced participation.

However, there are widespread difficulties experienced by people with disabilities in accessing the Disability Allowance. The baseline coverage of Disability Allowance was only 25.5%, and only 10 of the 287 people with disabilities referred, enrolled in the Disability Allowance by endline. Once people were enrolled in the programme the Disability Allowance appeared to function well, except that the linked benefits were poorly realised (e.g. Medical Welfare) (Hameed et al., upcoming-a).

Overall, the impact of the Disability Allowance was minimal. Receiving the Allowance did not improve household per capita expenditures, social participation, quality of life or access to work and education (Banks et al., upcoming). The Disability Allowance did improve some health indicators (e.g. improved health ratings, decreased health spending, and for older adults, reduced prevalence of negative health events). Still, the conditions of enrollees did not improve, and Disability Allowance recipients remained significantly poorer, had a worse quality of life and were more likely to face social exclusion compared to people without disabilities.

### **3.d. Analysis and discussion of the study findings**

The Disability Allowance may not have achieved all its desired impacts for several reasons. First, the amount provided is probably too low to effect meaningful changes, given that most recipients had to contend with both household poverty and additional costs of disability. Second, referrals and access to key services and programmes, such as Medical Welfare, were lacking. Third, people with disabilities did not always have agency in how the Disability Allowance was spent. Fourth, uptake of the Disability Allowance was low. Finally, the lack of broader disability-inclusive planning likely limited the potential impact of the Disability Allowance, indicating a need for complementary policies and programmes to reduce the exclusion of people with disabilities. These activities may include increasing the availability, awareness and quality of disability-related services, improving the accessibility of information/infrastructure, combatting stigma around disability.

Our results are consistent with the existing literature in terms of the need for the disability allowance. The prevalence of disability was similar to previous estimates from the region. (Banks et al., 2019b) (Mactaggart et al., 2016). Furthermore, abundant evidence confirms the link between poverty and disability, (Banks et al., 2017a), and the association of disability with low participation and reduced quality of life (World Health Organisation and World Bank, 2011).

Our results are also consistent with previous evidence in terms of functioning of other Disability Allowances. Coverage of the Disability Allowance in the Maldives was relatively low, and this was also the case in Nepal (13%), and Tanzania (21% enrolled in any social protection

programme) (Banks et al., 2019b, Kuper et al., 2016). In contrast, a study in Vietnam found that coverage of Disability Allowance was relatively high (40%), potentially due to the greater ease of the application process and the attractiveness of linked benefits (e.g. subsidised health insurance) (Banks et al., 2019a). In every setting, concerns were raised about the low amount of the cash transfer, the poor realisation of linked benefits, and administrative complexities to enrolment.

A previous impact evaluation does not exist for a Disability Allowance, or social protection more generally for people with disabilities (Banks et al., 2017b), and so comparison is difficult. Cross-sectional and qualitative studies of self-reported impact indicate that cash transfers, while often an important source of income for people with disabilities and their households, are insufficient on their own to protect recipients fully from poverty and exclusion (Banks et al., 2017b). Our findings support this evidence.

#### **4. Recommendations**

Recommendations have been formulated to address three key concerns: 1) The Disability Allowance is failing to have positive impact. 2) Social protection alone is unlikely to fully protect people with disabilities from poverty and marginalisation. 3) Greater involvement of people with disabilities is needed to develop appropriate interventions.

##### Policy makers

- Implement changes to the Disability Allowance to improve its impact (e.g. increase transfer value, strengthen referral procedures).
- Invest in and enact broader disability-inclusive planning across legislation and policies, to maximise the effect of social protection (e.g. accessible transport, workplace accommodations, anti-discrimination laws).
- Involve people with disabilities and their representative groups in programme and policy design, implementation and monitoring.

##### Programme managers

- Strengthen provision of linked benefits, through improving referral systems between the Disability Allowance, Medical Welfare and other key services (e.g. education, assistive devices).
- Spread awareness of the Disability Allowance, including eligibility criteria and how to apply.

##### Civil society

- Increase awareness about disability in the community to combat stigma and encourage Disability Allowance uptake.
- Advocate for mainstreaming of disability across policies, services and programmes. For example, lobby governments and other stakeholders to increase investment in disability-related services (e.g. rehabilitation/assistive devices, inclusive education), particularly outside of Male' where these services are lacking.

#### **5. Graphics**

Any graphic may be chosen from the infographics produced for the study (attached as Annex and, available online (Hameed et al., 2020))

#### **6. Case examples**

Shareehan is nearly 20 years old, and lives on an island distant from Male'. She has a severe visual impairment that requires her to hold things up close to be able to see them. Her mother

complains that she has taken herself out of school. Shareehan later explains that she refused to go back to school because she is put in the one special class in the school, along with very young children with different types of disabilities. She says she has been taught the same lessons for the past several years- just the alphabet, how to count, and how to make a paper flower. Shareehan plans to live independently from her family, as soon as she has saved enough money to build a small house. She knows she receives the Disability Allowance and calculates how much should have accumulated to date. However, the Allowance goes to her father's bank account, and despite repeated requests, her parents have not transferred it to her own bank account saying she is too unwell to know or be able to withdraw money. She likes to hope that her Disability Allowance money is being saved for her, but she knows it is unlikely because her mother has a loan to repay, and her father has recently bought a motorcycle.

Aslam is a 45-year-old man living in Male'. He started losing his hearing when he was in school, and soon dropped out after being bullied because of his disability. He never learned sign language but has developed signs to communicate with his older brother, through whom we conducted the interview. Aslam lives in an adjoining room next to his brother's flat and is dependent on him for food and money. He never learned a trade but has some skill in maintenance work and does this occasionally for very low pay. Aslam's brother hands over the Disability Allowance to Aslam every month, but that money is gone by mid-month and Aslam comes to ask for more money. His brother reports that people take advantage of Aslam because of his impairment, taking his money and sometimes involving him in crimes. Aslam had a hearing aid some years ago, but it was sold off by the family. Now, they rarely try health services in Maldives because they are repeatedly advised to go abroad, but they cannot afford it anymore. They are unaware of the Medical Welfare programme through which Aslam can get a hearing aid.

Maiz is a 4-year-old boy living in Greater Male'. He has been diagnosed with autism and ADHD. His parents are both from other islands, but they moved to Male' to be able to get him the therapeutic services he needs. Living costs are high in Male', so they can only afford one bedroom for the whole family which now includes a newborn baby. Still, the father's salary is not enough, and they often have to buy food from the store on credit. Although they are grateful to be within reach of the therapeutic services Maiz needs, they are unable to take him regularly. In addition to difficulties paying for speech, occupational, and behaviour therapy sessions, they struggle to pay for transport because Maiz resists travelling by ferry or motorcycle. His hyperactivity is difficult to manage in the one room they share, but they find it unsafe to take him outside because he tends to run off. Maiz's preschool teacher also found it hard to manage him, and the school asked for additional payment to hire a personal assistant to help him in class. They are unable to manage all these expenses on the Disability Allowance alone.

## 7. Quotes

- a) Beneficiary describing how the Disability Allowance alone is insufficient, particularly when they have to travel to Male' to seek specialist services. They are caregivers of 5-year old boy with cognitive impairment, living on island

*I: How much do you spend? For example, when you go to Male' [for specialist services], you said you stay for about a week?*

*R: Yes, it's usually for that long, it does cost us a lot [...] It's difficult to say how much exactly, but it usually empties everything we have. Because that includes tickets for*

*us both, return [ticket], our stay in Male', food. So yes, it is a lot for us [...] We come when we are nearly out of money. We come when there is no other way, when we have reached a point when we can't stay in Male'*

- b) Island-based key informant describing costs associated with the medical certification and application for the Disability Allowance

*"For example, if a family with little income has a child with a disability, and they need to sort out his registration [for the Disability Allowance] because it's something they need... if it's a child, then him and his mother, and most likely father. So, three people's airfare roundtrip from here to Male' [...] That's not all, they go to Male' and have to stay there for about a week [...] So they spend about [\$320] in Male', and about [\$900] or [\$970] in total just for registration... [\$970] is about eight months of this child's [Disability Allowance] money"*

- c) Key Informant from NGO describing the mistrust created by unclear eligibility criteria

*"The target members, parents do not know what eligibility criteria is. And because they don't know... say it is someone who is mildly autistic or a minor physical disability... they might say 'I've submitted the form but I don't get the Allowance and they have said I don't have a disability but I do have a disability'... they don't know what constitutes a disability here, that it is when they have an impairment and face certain challenges. Because of this, there is a clash and they raise it very negatively about how the government treats people with disabilities"*

## 8. Photographs

(attached separately as Annex. Copyright: International Centre for Evidence in Disability)

## 9. Key resources

### References

- Banks, L. M., Hameed, S., Kawsar Usman, S. & Kuper, H. upcoming. Impact of the Disability Allowance in the Maldives.
- Banks, L. M., Kuper, H. & Polack, S. 2017a. Poverty and disability in low- and middle-income countries: A systematic review. *PLOS ONE*, 12, e0189996.
- Banks, L. M., Mearkle, R., Mactaggart, I., Walsham, M., Kuper, H. & Blanchet, K. 2017b. Disability and social protection programmes in low- and middle-income countries: a systematic review. *Oxford Development Studies*, 45, 223-239.
- Banks, L. M., Walsham, M., Minh, H. V., Duong, D. T. T., Ngan, T. T., Mai, V. Q., Blanchet, K. & Kuper, H. 2019a. Access to social protection among people with disabilities: Evidence from Viet Nam. *International Social Security Review*, 72, 59-82.
- Banks, L. M., Walsham, M., Neupane, S., Neupane, S., Pradhananga, Y., Maharjan, M., Blanchet, K. & Kuper, H. 2019b. Access to Social Protection Among People with Disabilities: Mixed Methods Research from Tanahun, Nepal. *The European Journal of Development Research*, 31, 929-956.
- Hameed, S., Banks, L. M., Kawsar Usman, S. & Kuper, H. upcoming-a. Access to the Disability Allowance in the Maldives: National coverage and factors affecting uptake.
- Hameed, S., Banks, L. M., Usman, S. K. & Kuper, H. 2020. *Infograph series: (1) Prevalence of disability in the Maldives; (2) Access and (3) Impact of the Disability Allowance in the Maldives* [Online]. International Centre for Evidence in Disability. Available: <https://www.lshtm.ac.uk/research/centres/international-centre-evidence-disability/research> [Accessed 2020].

- Hameed, S., Walsham, M., Banks, L. M. & Kuper, H. upcoming-b. Process evaluation of the Disability Allowance programme in the Maldives.
- Kuper, H., Walsham, M., Myamba, F., Mesaki, S., Mactaggart, I., Banks, M. & Blanchet, K. 2016. Social protection for people with disabilities in Tanzania: a mixed methods study. *Oxford Development Studies*, 44, 441-457.
- Mactaggart, I., Kuper, H., Murthy, G., Oye, J. & Polack, S. 2016. Measuring disability in population based surveys: the interrelationship between clinical impairments and reported functional limitations in Cameroon and India. *PloS one*, 11, e0164470.
- Walsham, M., Kuper, H., Banks, L. M. & Blanchet, K. 2018. Social protection for people with disabilities in Africa and Asia: a review of programmes for low-and middle-income countries. *Oxford Development Studies*, 1-16.
- World Health Organisation & World Bank 2011. *World Report on Disability*, Geneva, World Health Organization.