

# Good practices and lessons for a meaningful engagement of Organisations of Persons with Disabilities in disability assessment process

## 1. Approaches to Disability Assessment

**Disability-specific social protection schemes** require a mechanism to identify and assess eligible recipients on the basis of their disability. This is a challenging and highly debated topic, and the type of assessment used often reflects how the concept of disability is understood within a country.

**The most appropriate disability assessment applies the rights-based approach found within the United Nations Convention on the Rights of Persons with Disabilities (CRPD).** The CRPD defines disability using the social model that recognises that while persons with disabilities experience physical, mental, intellectual, or sensory impairments, it is the interaction of these impairments with the barriers created by society that determines the severity of their disability.

**An ideal rights-based approach to disability assessment is one that:**

- Focuses on the requirements of the person because of barriers within society,** rather than the individual's impairment and / or health condition.
- Is available and accessible to all persons with disabilities** in all areas of the country.
- Does not contribute further to discrimination** or restrictions of rights of persons with disabilities.
- Respects the dignity,** autonomy, and privacy of persons.
- Is simple and transparent** with clear accountability and complaints mechanisms.

**The involvement of persons with disabilities and organisations of persons with disabilities (OPDs)** in disability assessment is an essential element of the rights-based approach.

The processes applied in each aspect of the mechanism, including the design, implementation, monitoring and accountability, should enable contribution of persons with disabilities’ perspectives and experiences.

**Globally, three distinct approaches for disability identification and assessment** have been used across various countries. The key characteristics of each are summarised below.

APPROACH	Impairment	Functional Limitations	Disability
<b>SCOPE</b> →	<b>Employs a medical assessment</b> to determine health conditions and the level and severity of impairment associated with them, often attaching percentages to the overall levels of impairment.	<b>Assesses a person’s functional capabilities</b> such as lifting, standing, handling, hearing, seeing, remembering, concentrating, and the extent to which they are constrained. Often completed with a medical assessment.	<b>Assesses the extent to which environmental factors</b> affect an individual’s ability to carry out their daily lives, irrespective of their impairment. It can be completed with a medical and / or functional assessment.
<b>FOCUS</b> →	<b>Focuses on the individual rather than social and physical environment</b> within which persons with disabilities live.	<b>Focuses on the individual rather than social and physical environment</b> within which persons with disabilities live.	<b>Focuses on the physical and social environment</b> within which persons with disabilities live
<b>CRPD COMPLIANCE</b> →	<b>Does not</b> comply with the rights-based approach articulated in the CRPD.	<b>Does not fully</b> comply with the rights-based approach articulated in the CRPD.	<b>Does comply</b> with the rights-based approach articulated in the CRPD.

**The disability approach** described above consists of an assessment of the impact that social and physical environmental factors have on a person’s ability to carry out everyday activities and may include a medical assessment of the individual’s impairment and/or functional capabilities. This approach complies with the social model of disability and the rights-based approach provided for in the CRPD.

**While many countries would like to adopt a disability approach, they find it impossible given the human and financial resource constraints, and high time demands.** Specialists such as social

<sup>1</sup>Alexandre Cote, UNPRDP-ILO-UNICEF Inclusive Social Protection Initiative, Considerations for cost-effective disability assessment and determination mechanisms in line with CRPD standards in LMICs, November 2020



workers and occupational therapists who are required to complete social and functional assessments are in short supply and even if identified, are often busy fulfilling existing commitments and are unavailable to engage in the assessment process. A further challenge with medical assessments is the lack of qualified medical staff. Additionally, even if someone is a medical practitioner, this does not mean that they have the expertise to appropriately undertake a medical assessment related to disability.

### The two boxes below provide examples of disability assessment in practice

#### Box 1: Brazil's disability assessment mechanism

**Brazil formally adopted the International Classification of Functioning, Disability and Health (ICF) as a method for measuring health and disability in 2003.** The ICF has been incorporated into comprehensive disability assessment tools in use since 2007. Applicants are scored based on impairment/illness, functionality, and interaction with their environment, using a comprehensive questionnaire.

**This is an example of good practice. The assessment design is based on the principles of the CRPD. However, it is a resource-heavy and time-consuming assessment process.** Both a medical officer and a social worker are involved. Each separately consider the impairment and the environment of the applicant.

#### Box 2: Fiji assessing eligibility to access the allowance scheme (DAS)

**Fiji has piloted a new mechanism to identify and assess eligibility for a disability allowance** that is designed to take into account the extra costs incurred by persons with disabilities. Human rights principles guided the approach used to design and test the application of the process and tools. OPDs were involved in each stage. The first step is identifying persons with disabilities in the community, that is undertaken by local social welfare officers and OPDs. An assessment is then completed at the home of the persons with disabilities or in the local social welfare offices, of functional needs, assistance required, medical needs, and of additional costs incurred due to the disability. This assessment determines eligibility and level of disability allowance. If a person is determined not to be eligible for DAS, there is right of appeal. There is also an option for a secondary assessment with a specialist medical practitioner. All costs related to this, including travel, are covered by the State.

**The findings from the evaluation of the initial small pilot (2018-2020) that achieved coverage of 0.92% of the population is promising.** There was a threefold increase in the total number of DAS recipients from 2,133 (2018) to 7,003 (2020).

**Due to resource constraints, in recent years, some countries have adapted the assessment processes to better suit the reality of the context.**

Examples of some adaptations undertaken are:

- **Design of relatively simple disability assessments that can be used by trained non-specialists** to identify the majority of persons with disabilities, while recognising that there are a minority of cases, in particular of people with less visible disabilities, who may require more intensive assessments by specialists

- **Two-step assessment process** with the initial assessment being undertaken by local authorities and a secondary medical assessment only taking place when there is doubt, a less visible disability or a medical certification needed
- **Mobile assessment camps** where medical doctors and a social worker travel to remote communities to undertake the assessments

## 2. Disability Assessment in Cambodia

The Royal Government of Cambodia, with support from UNICEF and European Union designed a disability assessment mechanism known as the **Social and Rights-based Disability Identification Mechanism (SRDIM)**. The aim is to provide persons with disabilities with identification cards so that they can access a range of public services alongside developing an electronic Disability Management Information System (DMIS).

The new approach is a positive step towards applying a rights-based approach for disability assessment through its **use of a combination of medical and functional limitations models and aspects from the social model of disability.**

The assessment tool has been designed to require minimal time from the very small and limited pool of relevant skilled specialist medical and rehabilitation workers and therapists that are available in Cambodia. It focuses on training local focal points who are non-specialists that live in or close to communities, to use the tool within their own localities. The option of completing assessments within the applicant's home, if required, is available.

**The aim is that holders of the disability identification card will be able to access a range of services**, including disability benefits, employment opportunities determined by quotas, technical, vocational education, and training (TVET) programs, free public transport, schooling, health check-ups at public health facilities, and rehabilitation services.

### Box 3: The Social and Rights-based Disability Identification Mechanism (SRDIM) – description

#### The assessment considers:

- **Five categories of disability** - physical, sensory, intellectual, mental, and other
- **Three levels within each category** – most severe, intermediate, and mild
- **Social indicators consisting of:**
  - Access to birth certificate
  - Poverty status (ID Poor)
  - Living conditions and living environment
  - Level of assistance and support needed
  - Need for assistive devices and medication
  - Data on the employment status are collected for adults.
  - Social activities
  - Need for personal assistance

Importantly, **links are being created between the social assistance scheme IDPoor and disability assessment databases**, using a unique identifier. In this context, it is no longer necessary for IDPoor to separately collect its own information on disability. Instead, persons with disabilities on the IDPoor database will be able to be identified for assessment undertaken for eligibility for IDPoor Cards. **The assessment tool so far has been introduced** in 25 provinces across Cambodia.

**The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) has rolled out a national training program** focusing at the commune level, reaching 5,633 stakeholders, 47.1 percent of which are women. **Trained commune/ Sangkat officials (a male and female) undertake the disability identification interview** and authorised government officials from the Department of Welfare for Persons with Disability (DWPD) validate the results and approve the eligibility of recipients for a Disability Identification Card. **The assessment scheme is available on demand** at each commune and a **grievance mechanism** is built into the operational design.

### **3. Good practices and benefits from engaging with community-based organisations of persons with disabilities (OPDs)**

**The Australia-Cambodia Cooperation for Equitable Sustainable Services (ACCESS) Program** is a five-year (2018-2023) initiative undertaken with the financial support of the Government of Australia provided through the Department of Foreign Affairs and Trade (DFAT). ACCESS provided a range of support to increase awareness and understanding of the needs of persons with disabilities and the barriers that they often experience in being identified and accurately assessed for accessing social protection initiatives in Cambodia. **The support provided by ACCESS included:**

#### **Enhancing the understanding of members of OPDs on disability-inclusive social assistance and facilitating opportunities for engagement with RGC**

- Dialogue between OPDs and Social protection policy makers/implementors took place at the national and local levels, particularly in the area of identification and assessment, allowing OPDs to access accurate information on this process.

#### **Supporting the readiness of key stakeholders to engage in discussions around disability-inclusive social protection**

- Training was provided to OPDs on social protection and entitlements in Cambodia and on international best practices. The purpose of the training was to provide information and improve knowledge to support advocacy and dialogue between OPDs and RGC.
- ACCESS presented concepts related to disability inclusion to the National Social Protection Council- General Secretariat (NSPC-GS), which helped to raise their interest in the topic and identify how ACCESS could contribute further in this area. Four RGC officials and two staff from the national OPD – Cambodia Disabled People’s Organisation (CDPO) participated in an in-depth training series on different aspects of disability-inclusive social protection.

#### **Nurturing dialogue**

- **ACCESS facilitated and supported a series of four national-level dialogues between OPDs and RGC stakeholders to discuss ways for Cambodia’s social protection system to become more disability**



**inclusive.** A crucial benefit of these dialogues for OPD leaders was to receive updated information on targeting process and benefits from social assistance schemes directly from RGC senior officials. Following the dialogues, the OPDs then disseminated this information to their members at the community level. This assisted local OPDs and their members to understand their entitlements so that they could engage with and advocate to local authorities to ensure appropriate identification, assessment processes were in place to support access to benefits.

- **RGC officials from MoSVY, NSPC-GS and Ministry of Planning equally benefitted** from being directly exposed to the experiences of persons with disabilities on accessing social protection benefits that were shared by OPDs during the dialogues. They found these dialogues to be very helpful. While they already knew about many of the concerns raised, it was more impactful to hear the issues explained directly by OPDs themselves. The dialogues generated a greater willingness by RGC to listen to the challenges that persons with disabilities face around social protection and to engage directly with OPDs for a positive outcome on the disability inclusiveness of social protection.<sup>2</sup>

### Practical Collaboration

- **Following initial engagement, practical collaboration on progressing inclusive social protection took place between OPDs and RGC.** Fifty OPD representatives joined a training session on the disability identification tool (SRDIM) organised by the Department of Welfare for Persons with Disabilities of MoSVY, resulting in an increased familiarity with the tools and process.
- **At the subnational level, ACCESS enabled the Cambodian Disabled People's Organisations (CDPO) to facilitate collaboration between OPDs and RGC.** Seven OPDs and Women with Disabilities Federations in the provinces of Kampong Speu, Kampong Cham, Tbong Khmum, Siem Reap, Battambang, Kratie and Svay Rieng assisted persons with disabilities to access the disability registration process. This was done by OPDs collaborating with commune authorities to inform their members of upcoming disability identification process and timeframe and alerting authorities in case people were missed out. During a recent field visit in Tbong Khmum and Kampong Cham, commune authorities expressed their appreciation of the support of OPDs to identify persons with disabilities in their communities.

### Communication

**To support reliable information sharing down to the community level, ACCESS funded the CDPO to develop a communications package** on existing social protection schemes to be used by grassroots OPDs to inform their members.

**This support provided by ACCESS to both OPDs and RGC stakeholders has contributed to positive and encouraging outcomes** in regard to awareness of disability-inclusive social protection and on improved reach of the assessment process.

<sup>2</sup>ACCESS Story of Significant change- Moving towards a more disability inclusive social protection system

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**More persons with disabilities are being assessed by the SRDIM and registered in the Disability Management Information System (DMIS),** which provides access to benefits that they may be eligible to receive. At the end of June 2022, national level authorities had collected data from 234,094 persons with disabilities (114,215 females), and 200,000 of them were to be provided with disability cards in 2022 to support them to better access social protection schemes and other support services. Persons with disabilities with an IDPoor card registered in the DMIS can receive the cash transfer while other disability-specific benefits that may be made available are still to be defined.

**OPDs in the provinces and districts are better informed about the social benefits that their members may be eligible to receive and how they can access them.** This enables stronger and more effective engagement with commune councils for the benefit of their members.

**Box 4: Evidence-based dialogue supports disability-inclusive reform of social protection scheme**

“This discussion on disability was overdue, and I am very happy that it has taken place. It can help pivot from a “feelings” based discussion to an evidence-based one. This analysis gives evidence which adds strength to the reform design and gives options of ways to take it forward technically.” HE Dr. Narith Chan, Under-Secretary of State of Ministry of Economy and Finance (MEF) and General Secretary of National Social Protection Council (NSPC)

**OPDs and their members are increasingly contributing to all aspects of the identification and assessment process** that takes place at the local community level. The OPDs have better knowledge to monitor that the assessment and registration systems are being implemented correctly and fairly. This increased capacity and level of engagement will contribute to more effective ongoing roll-out and increased likelihood of sustainability of the new system currently being established.

**The direct engagement at the national and local level of RGC officials with OPDs in forums and training has contributed to improved knowledge and understanding on disability** and has helped to strengthen engagement and cooperation between them.

## **4. The way forward to recognising the role of OPDs in disability identification**

**Building on international experience and the recent practice in Cambodia, a few additional strategies can be considered to further strengthen the participation of OPDs in the delivery of the disability identification and assessment mechanism:**

**A clear and inclusive communications strategy that ensures persons with disabilities are aware that the assessment mechanism exists and know how to access it.**

**A successful well-funded communications strategy that uses multiple channels,** including soliciting the support of OPDs and the use of communication products adapted to meet the needs and abilities of persons with disabilities would further advance the outreach for the identification and assessment process. This includes providing braille, sign language or interpretation services to those with literacy challenges. A clear and accessible communications strategy can both ensure

access by eligible persons with disabilities, and act to deter those who will clearly not qualify, so as to reduce pressure on the system.

### **Awareness raising of local authorities in charge of disability identification on the situation of persons with disabilities and strengthening capacities of OPDs to take part in the process.**

This may include:

- Disability awareness training, including ongoing training to all staff involved in the assessment process
- Participation of OPDs in the promotion, identification, and assessment processes
- Engagement of OPDs in monitoring delivery and, based on experiences, informing ongoing delivery enhancements
- Resourcing and capacity strengthening of OPDs to enable their meaningful engagement and support of local government in the delivery and improvement of the system

### **Accessibility and equity for all persons with disabilities to the assessment, at low – or no – cost**

- **Reimbursement of transport costs** if incurred
- **Covering the costs of potential additional specialist assessments or tests** that may be required in more complex cases
- **Ensure accessibility of the commune halls** with consideration of different impairments, including through providing ramps, ensuring that signs are translated into braille for those with visual impairments, forms are accessible to those with visual difficulties and sign language interpretation is available, when needed

### **Inclusive appeal mechanisms and monitoring and evaluation practices involving persons with disabilities and their representative organisations**

**Persons with disabilities' voice should be heard in monitoring and evaluation practices and their views should inform ongoing system and delivery improvements.** This may be through regular dialogues with OPDs at all levels, and implementation of a satisfaction survey with individual applicants/recipients. Additionally, complaints and grievance mechanism should be made easy and accessible to persons with any type of difficulties. OPDs can have a role to play in collecting issues faced by their members related to the identification processes.

