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Social Protection in Rwanda through a Disability Lens

Contents:

Abstract:

This paper will focus on a conceptual analysis of social protection through a disability lens, using the Rwandan social protection strategy as a case study. The aim of the study is, in applying a disability related constraints model, to draw out the barriers to the inclusion of disabled people in social protection programmes, and to assess the transformative potential of the programmes to break down societal barriers. To frame the analysis, the study has focused on poverty dimensions, conceptual understandings of social protection and sample instruments used, namely public works and cash transfers. The disability related constraints emerging from the research are not only those embedded in, and resulting from the structures of society such as intra household dynamics; the cumulative disadvantage of inaccessibility and exclusion; and imposed disadvantage through environmental and attitudinal barriers. They also stem from the actual concepts and design of social protection from the initial identification stage in poverty assessments, to applying social risk management to address poverty.

Chapter 1: Setting the Scene

1.1 Section outline

''The greatest scandal of our age'' is how the Commission for Africa described the gap between the wealthiest people in the world and poor people in Africa (Greig et al 2007: 1). Significant improvements can be seen in living conditions around the world including the reduction of hunger, increased life expectancy, and gains in health and education (Greig et al 2007). Yet inequality is rising and in 2000, the world's 400 top taxpayers had an income the equivalent of four African countries with a combined population of 161 million people (Sachs 2005).

In response to a recognised increase in poverty and vulnerability, social protection emerged in the 1980s and 90s and has advanced with incredible speed. Between 1990 and 2000, programmes reached 100 million households, that is, approximately half a billion people (Barrientos and Hulme 2010b). Also within this context of poverty and inequality, 15% of the world's population are disabled (WHO 2011); 80% of whom live in poorer countries; and 20% of the world's poorest people are disabled (UN ENABLE

2008). Given the prominence of social protection programmes on a global scale; and the significant representation of disabled people amongst the poor; this paper will draw together the development perspective and the disability perspective and, using the example of the Rwandan social protection strategy, analyse the conceptual framework of social protection through a disability lens.

To demonstrate the influences on the Rwandan development agenda, this section will firstly give a broad overview of the response of the development industry to world poverty, and the position of disability within. Clarification of the term social protection and a contextual outline of the case study country Rwanda will set the scene for the study. An outline of the research includes the analytical framework adopted, and subsequent format of the paper; the key research questions; and research methodology applied.

1.2 The state of play in global development

An industry of aid has evolved with richer countries supporting poorer countries with Official Development Assistance (ODA). As there is no agreed upon solution to eliminating extreme poverty, the debates concerning aid effectiveness are vibrant, varied and conflicting. The concepts underlying development range from a most basic definition of 'good change' (Chambers 1997, in Thomas 2000: 23), to more fundamental analysis of key drivers of change such as the intersectional causes and nature of poverty; and the interconnecting impact of economic growth, poverty reduction, democracy, good governance (Riddell 2007), and the international aid system itself (OECD, no date).

The reasons for richer countries to intervene in poorer countries are not only moral in terms of meeting basic needs or entitlements to basic human rights; but also for trade to create or sustain markets; and for geopolitical reasons to maintain control, stability and peace (Pronk 2001). According to their particular motivations, richer countries impose regulations and conditions in terms of economic and political policies which, notably, they may not

adhere to themselves and nor did they during their own periods of economic growth and industrial development (Chang 2002). For example, unfair trade rules ‘’deny poor countries US$ 700 billion every year’’ (Bush 2007: 41).

Since the Second World War, development thinking has undergone a journey promoting concepts including modernisation where poorer countries are expected to forego tradition, emulate richer countries, and catch up to be able to participate in the global market (Greig et al 2007). In order to do this, the delivery of ODA has followed certain trends ranging from a predominantly charity and needs-based approach in the 1960s and 70s; and an onus on economic development in the 80s (Therien and Lloyd 2000). Since this period, highlighting the incremental, detrimental impacts upon the poor, thus putting into question a neoliberal free market solution to poverty, various approaches have been adopted by key international actors focusing on human rather than solely economic development. The range includes sustainable livelihoods; rights based approaches; human security; and social exclusion (Bush 2007). The eight Millennium Development Goals

(MDGs) have been developed to target basic needs, including addressing hunger, disease, child mortality, and literacy. Sachs maintains that if the richer countries honoured their pledges of committing 0.7% of their annual GDP to international aid, these goals could be attained by 2015 (Sachs 2005). However, to date, only 6 countries have achieved this (OECD 2011).

The debate on the effectiveness of aid and solutions for poverty reduction is wide ranging in terms of motivation, conceptual understanding, and the power and influence accompanying the interventions of richer countries. Such approaches have variable impacts from addressing structural changes and the causes of poverty, to alleviating the symptoms.

1.3 Disability and Development

With such ambitious aims of empowerment, realising rights, and fighting social exclusion, it would seem the stage is set for the inclusion of disabled people on the development agenda. Indeed former World Bank president, James D Wolfensohn, maintained in 2002, that the MDGs would not be achieved ‘’unless disabled

people are brought into the development mainstream'' (World Bank, no date, no page). In theory, generic social protection programmes should include disabled people as they do not form a homogeneous group. There are multiple, intersecting identities such as the elderly, people living with HIV, female headed households, orphans. Yet a disabled elderly person or orphan may well be excluded where disability is seen as an issue for specialists, to be dealt with separately (Miller and Albert 2006).

The definition of disability within the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in article 1 is:

> ''Persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'' (UNCRPD 2006: 4).

This incorporates the disability social model by referring to barriers that is, shifting the focus from a purely individual perspective to the role of a disabling society (Oliver 2009).

The very existence of the UNCRPD, as well as its extremely detailed content in terms of what needs to be addressed, signifies the breadth of exclusion in every aspect of society (UNCRPD 2006). Albert's review of the extent to which disability has been mainstreamed in development highlights the existence of policies, papers, and guidance notes of key international actors but that there are still constraints in terms of policy to practice (Albert et al 2006). Disability related constraints particular to social protection development practice will be explored throughout the paper.

1.4 What is social protection?

Social protection has emerged to expand traditional social security measures protecting people within the formal structures of employment, to incorporate those people, in poverty, operating outside of formal employment structures. According to the World Bank, the informal sector constitutes up to 80% of the workforce in Africa (Coleridge 2005). Firstly, for clarity, it is worth citing in full the definition of social protection within the Rwandan policy of 2005 (Republic of Rwanda 2005):

> ’’A set of 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 marginalised; with the overall objective of reducing the overall social and economic vulnerability of the poor, vulnerable and marginalised groups’’ (MINALOC 2011: 27).

The flagship programme within the Rwandan social protection strategy is the Vision 2020 Umurenge Programme (VUP) (Republic of Rwanda, no date, b), the components of which are a cash transfer to extremely poor households with no labour capacity (direct support); public works; and financial services with crosscutting components of training and community sensitisation. The latter includes public messages on health, education and gender. This incorporates the conceptual framework of *protection* against and *prevention* of deprivation, and *promotion* to increase income and capabilities (MINALOC 2011). These definitions are comparable to those provided by the major writers on social protection, and development agencies. However, a definition by

Sabates-Wheeler adds a further dimension, namely *transformative social protection* designed to *address social justice and exclusion* (Sabates-Wheeler and Devereux 2010). This is of interest in applying a disability lens where such transformation would have a potential impact on the equality, empowerment and inclusion of disabled people as aspired to within the UNCRPD. The underlying concepts and instruments of social protection will be explored more fully in each section.

1.5 The Rwanda Context:

A broad situational analysis will demonstrate that Rwanda not only has a vibrant development agenda to address its daunting challenges, but that its implementation is also currently heavily dependent on external financing, and thus inextricably linked with the influences outlined above. Rwanda is a small, landlocked country situated in East Africa bordered by Burundi, the Democratic Republic of Congo, Tanzania and Uganda. It is the most densely populated country in Africa with a burgeoning population of over 10 million; and is a low income country (NIS, no date). In rebuilding after the civil war from 1990 – 1994 and the

genocide in 1994, during which up to 1 million Tutsis were killed, there are key constraints for Rwanda. These include the effects of the global economy, poor health, skills shortages, poor physical infrastructure, a lack of natural resources, government capacity, a low tax base, a small private sector and poor service delivery (UNDP 2010b). In addition, the trauma and psycho social challenges as a result of the 1994 genocide are underestimated, with very little service provision (MINALOC 2011).

The majority of the population survive through subsistence agriculture and Rwanda is known as the land of a thousand hills, the image depicting well the topography. In 2000, 2% of the population were connected to electricity and 52% had access to clean water (Republic of Rwanda, no date, a). There is high aid dependency shown by an increase of foreign aid from 5% of GNP in 1973 (Prunier 1997), to half of Government spending funded by ODA in 2010. In 2007 / 08, 44 – 56% of this was spent on health, education, water, sanitation, and social protection (UNDP 2010b).

The above could paint a bleak picture and yet, since the devastating destruction of 1994, there have been phenomenal changes within the country. In 2008, there was a 94% primary school enrolment rate and 85% of the population are signed up to community based health insurance (UNDP 2010b). Rwanda has ambitious goals in place. The national strategy, Vision 2020 envisages a united, democratic, inclusive, middle income, competitive country, a knowledge based society, pro poor growth and a reduction in aid dependency (Republic of Rwanda, no date, a).

Although the methods of data collection and criteria for identification have not been analysed for this paper, the Rwandan 2002 census estimated 3.9% of the population were disabled (UPHLS 2009). A later study goes on to state that ‘’households with a disabled member have a poverty level 1.7% above the national average and 76.6% are either poor or vulnerable to living in poverty’’ (MINALOC 2011: 12). Although it is not yet publicly accessible, a disability census was being prepared in Rwanda from 2009 onwards, with leadership and technical guidance from

the national disabled peoples organisations (DPOs) which promises to provide more accurate statistics in the future. As Rwanda is the case study country, and as our interest is in disability related constraints to inclusion in social protection, further contextual information and illustrative examples will be used throughout the paper.

1.6 The research

Social protection has become an integral part of development practice with the major agencies developing policies. A review of ODA in Ghana claims evidence of ‘’the positive economic and social outcomes’’ of including disabled people (Metts and Metts 2000: 485). However, there is a lack of specific analysis and evaluation regarding the inclusion of disabled people in the design of social protection frameworks and their implementation. This includes not only identifying barriers but also whether existing targeted programmes are reaching the intended beneficiaries, and if the intervention is appropriate (Mont 2010).

Rwanda has been selected as the primary country of study as an example of a poorer country with extensive development programmes in place, despite the constraints outlined above. In its post conflict status, it has had scope to re evaluate and redevelop its policy frameworks which include the Vision 2020 national strategy (Republic of Rwanda, no date, a) and an Economic Development Poverty Reduction Strategy (EDPRS) (Republic of Rwanda 2007 – 2012), within the framework of which it has developed a social protection policy and strategy from zero. In addition, in Rwanda, ‘’policies, laws and regulations necessary to establish a strong foundation of disability mainstreaming are in place’’ (SADPD 2008: 41). Rwanda has signed and ratified the UNCRPD within which article 28 is specific about the right to social protection and adequate living standards, including services for disability related needs, and assistance for disability related expenses (UNCRPD 2006). There is also a Law for the General Protection of Persons with Disabilities (2007) for which ministerial orders have already been put in place. These are effectively instructions for implementation of the law in the areas of health, education, infrastructure, employment, communication and

transport (SADPD 2008). This is in theory, potentially removing the environmental and institutional barriers to participation of disabled people in line with the UNCRPD. Lastly, I spent 10 years living and working in Rwanda from 2000 to 2010, including as a Programme Manager of a disability rights programme. An integral element of this programme included advocating for, and building capacity for the inclusion of disabled people in poverty reduction programmes and I therefore have a keen interest in this area.

This paper will adopt the social model of disability as the epistemological baseline, framing the analysis around disabling societal barriers to inclusion. To add depth to the study of such barriers, a methodology of analysis used within the gender discourse will be applied, viewing social protection not through a gender lens, but through a disability lens.

To clarify, incorporating gender into development policies and programming is now commonplace and expected. The extent to which this is inclusion in terms of targeting women to participate, or a deeper aim of positive transformation of particular gender

dimensions is more variable. There is evidence demonstrating that if social protection schemes are not designed, implemented, and evaluated when viewed through a gender lens, women may be excluded; marginalised further; or unexpected impacts on power dynamics within the household can occur (Kabeer 2008).

Parallels can be drawn within the discourse of gender and disability. Within the disability movement, there has been a shift from a biological, individual view of disability towards the social model where the onus is on a disabling society. The gender debate has evolved from a focus on the biological, individual view of women and their needs within Women in Development (WID) to a Gender and Development (GAD) approach with a focus on normative social roles, and ideological perceptions of the interaction and interrelationships between men and women and causes of inequality (Pearson 2000).

Kabeer has analysed social protection and labour in the informal sector through a gender lens using an institutional analytical framework and a three dimensional model regarding the structures

of constraint (Kabeer 2008). To demonstrate the comparability of this model to disability issues, the word gender has been replaced by disability, that is: *disability specific constraints* in terms of norms and practices; *disability intensified inequalities* in terms of access to resources and opportunities; and *imposed forms of disability disadvantage* from the state, market and civil society. This last point refers to the institutions, that is, the ‘’rules of the game’’ (Kabeer 2008: 56) in terms of the role of the family, kinship, community, civil society, markets, states, and social relations in creating and reinforcing, in this case, disability. This constraints model has been applied as a guiding background framework to analyse multi level disability related constraints, that is, where and at which level the social, cultural and environmental barriers implicit in the social model reside. Linking with the definition of transformative social protection, the two key research questions are:

- What constraints and barriers exist to the inclusion of disabled people in the Rwandan social protection strategy?
- What is the transformative potential of the Rwandan social protection strategy to remove societal barriers?

Three core aspects of social protection have been selected for analysis, namely the poverty dimension; the conceptual background of social protection; and instruments within the Rwandan strategy, specifically public works and cash transfers. As social protection is aimed at the poorest sectors, the first section deals with the current debates on poverty; the links between poverty and disability; and the complexities of measurement, identification and targeting which, ultimately determine access to programmes. The second section will outline the concepts underlying social protection organised into a framework of institutions, interests and ideas and linking into pertinent aspects of welfare theory. Social protection is not a one off development initiative, but is being promoted as a long term, permanent system to be incorporated into government structures. Therefore locating it within a neoliberal economic regime; exploring the political implications; and drawing out key ideas regarding needs, rights and social risk management can help us better understand the theoretical background to programme design. A brief historical comparison explores the cultural

compatibility and evolution of the current social protection strategy in Rwanda. The third section addresses public works and cash transfers as examples of social protection instruments within the Rwandan strategy, focusing on social impact. Each section will outline the key current debates; situate the Rwandan strategy within these debates and bring the two areas of disability and social protection together by applying a disability lens and adopting the barriers / constraints approach in the Rwandan context. Where relevant, case studies from other countries will be used to demonstrate constraints or successful strategies. The final section will offer concluding comments in light of the above.

1.7 Methodology

The methodology used for this exploratory study was a desk based research of secondary sources and grey literature (Laws et al 2003). To gather broad based information on social protection, key word searches using 'social protection' and 'social protection and disability' were used on the University of Leeds library website; google and google scholar. The bibliographies of the resultant papers and texts led to further sources, as did researching the

work of the prominent academics and researchers on the subject. The websites of the World Bank, the Overseas Development Institute and the Institute of Development Studies offer social protection discussion and background papers. Key word searches within journals including Development in Practice, Development and Change, Disability and Development, Disability and Society also identified relevant articles. The module reading lists for the Disability and Global Development course are extensive and were complemented by a simple library shelf search. The information used relating to Rwanda stems from my personal experience in Rwanda; knowledge of certain documents available through Rwandan DPO websites; and that which is publicly accessible through the official Republic of Rwanda websites. The document used as a focal point for analysis was the 2011 Rwandan social protection strategy, but the above mentioned sources are used throughout to illustrate key points.

In terms of ethics, comments and viewpoints expressed are purely those of the author as a result of analysis of publicly available documents. Due to financial constraints, it has not been possible

to return to Rwanda to carry out primary research. However, to gain the perspective of disabled people in Rwanda, two key studies have been used. The Umbrella of People with Disabilities in the Fight Against HIV and AIDS (UPHLS) carried out a mapping exercise and study of unmet needs in 2009 which included interviews with 1763 disabled people (UPHLS 2009). Philippa Thomas carried out a country level research in Rwanda in 2005 (Thomas 2005). Obviously these studies did not include questions about social protection but they were carried out by disabled people; they do provide information sufficient for a broad situational analysis; they are publicly accessible; and it is a method of including the voice of disabled people, albeit remotely.

The advantages of the desk research are that it has been possible to gain a thorough overview of current thinking regarding social protection. This, in turn has highlighted a gap regarding the limited data concerning the impact of social protection on disabled people and the extent to which they are sufficiently or appropriately included.

Chapter 2: The Poverty Debate

2.1 Section outline

Social protection targets the poorest people. In order to do that poverty needs to be defined, identified, and measured, all with an understanding of its causes to be able to design appropriate interventions. This is in itself a complex process with conflicting viewpoints on how it should be done. This section will explore key related concepts, drawing upon the link between poverty and disability, and the implications of targeting categorical groups, specifically disabled people. The disability related constraints will be identified even at this fundamental stage of concepts and assessment, which is the stepping stone to the design of, and subsequent access to social protection programmes.

2.2 What is poverty?

Poverty can be defined in terms of material deprivation in terms of income as well as lack of access to resources, services and basic information (Ducados 2006). Further dimensions can be added such as ‘’exclusion from social support networks’’ (Norton et al 2001: 48); a ‘’state of relative powerlessness’’ (Oxfam in Green

2008: 27); and a lack of opportunities and choices (UNDP in Bush 2007). Poverty can be absolute where survival and subsistence is paramount, but relative poverty, as depicted by Townsend in 1979, is in relation to societal norms and whether people can do ‘’what is socially expected of them’’ (Alcock 1997: 85).

In addition to poverty, either economic or human, there is the vulnerability factor. The most vulnerable are ‘’those running the greatest risk of not being able to meet their basic needs’’ (Lautier 2006: 95) and relates to the ability to cope in the face of a shock due to a lack of assets or options within a household. A shock can be an individual incident such as an illness or death in the family (idiosyncratic) or something affecting a whole community such as a drought (covariant). Vulnerability can become chronic when risks are persistent and unpredictable (Ellis et al 2009). This in turn leads to time preference behaviour, that is, short term solutions for immediate needs and priorities (Wood 2004). To clarify, if there is an income deficit due to a shock such as illness, a household may have to sell assets to buy food. If another shock

occurs within a short space of time, the household does not have sufficient time to replace assets, and sinks deeper into poverty.

2.3 The links between disability and poverty

Disabled people experience poverty in the ways outlined above. However, there is empirical evidence documenting specific disability related factors which are a consequence of and lead to poverty. Imposed constraints, such as inaccessible services of education, water, sanitation, and health, and lack of access to employment increase poverty (Yeo, 2001). There is a detrimental effect on household income if a family member is disabled (WHO 2011; Elwan 1999). Such constraints are intensified into a cycle of poverty as with the cumulative disadvantage of the above, a disabled person has fewer opportunities and resources to gain access to further resources.

Increased poverty can also lead to impairments where there is a lack of access to health care, food security and clean water. A treatable condition can become permanently disabling if untreated

due to lack of resources, adequate diet, information or accessible services (Elwan 1999; Despouy 1991).

In Rwanda, 90% of the poor are in rural areas and the causes of poverty are cited as ‘’lack of land, soil infertility, weather conditions, lack of livestock and ignorance’’ (UNDP 2010b: 25). Further causes are the pressures of population growth and high fertility rates (the average family has 6.1 children); and lack of savings and investment (Republic of Rwanda 2009). The legacy of the civil war and the genocide has left many vulnerable groups of people including child headed households, widows, freed prisoners, youth, landless people, disabled people, and returnees. The major causes of impairment in Rwanda have been identified as genocide and war, poverty (malnutrition and lack of access to health care), ignorance, disease, accidents and congenital causes (Thomas 2005).

The above causes are particular to Rwanda, but there are systemic, structural causes such as how resources are produced and distributed (Alcock 1997); and the structure of economic

classes (Sen 1981). In focusing on needs and what individuals lack, it ‘’detracts from understanding what processes are……actively creating and reproducing poverty’’ (Yeo 2006: 83). Not only is poverty a construct of society, but Finkelstein maintains that an industrial, capitalist system creates disability by segregating those people who can and can not produce, and keep up with, or fit into the system (Barnes and Mercer 2010). In this respect, poverty and the relationship between the poor and the non poor; and disability and the relationship between disabled people and non disabled people becomes a political issue which is constructed and managed, rather than dissipated.

2.4 Identifying and measuring poverty

According to the World Bank, poverty can be measured in three ways, namely, welfare metric; using a poverty line; or equivalence. Although these can be useful as broad comparative measures, their accuracy is questionable.

Welfare metric is either measuring income or consumption. Income is more difficult to measure as it may be irregular or

informal, whereas consumption fluctuates less (Braithwaite and Mont 2008). The well known poverty line of the equivalent of US$1 per day is problematic as the purchasing power parity (PPP) may not be relevant to the context, if, for example, there is a higher calorific need due to the climate. The PPP is also not based on the needs or consumption patterns of the poor (Braithwaite and Mont 2008; Reddy and Pogge 2007). This measure does not indicate relative poverty, that is, in relation to average incomes within a country (Dollar and Kraay 2002); and how far below or how many people are just above it (Sen 1981). It is also insufficient for basic nutrition (Bush 2007).

In addition to material deprivation, there are disability intensified constraints such as the extra costs of impairment (WHO 2011). This may mean reduced expenditure on everyday living which impacts upon quality of life (Alcock 1997). If coming out of poverty means achieving a minimum standard of living, ‘’the poverty line for people with disabilities should be adjusted to address the additional costs they face’’ (Braithwaite and Mont 2008, in Mont

2010: 329). Sen (2004) refers to this as ‘conversion disability’ (Mont 2010: 329).

The equivalence scale assumes that members of a household benefit equally or proportionally. If a household is poor, then all members of the household are poor and it is calculated on a per capita basis. However, disabled people may not consume equally within a household (Braithwaite and Mont 2008). They may not benefit from transfers into the household or, the household may benefit opportunistically from transfers originally intended for impairment related expenses. This may even incur adverse incorporation (Bush 2007). For example, a disabled person may not benefit from a transfer, and yet no other supportive action is taken as the transfer is deemed to be sufficient, and they are therefore worse off.

The statistics for Rwanda demonstrate all three methods in that 36.9% of the population have insufficient means to provide a minimum food basket (UNDP, 2010b); 77% in 2007 were surviving

on less than $1.25 per day (DfID 2011a: 54) and there is a GDP per capita of US$ 540 (NIS, no date).

However, concerned that econometric measures do not capture multi dimensional poverty, the United Nations Development Programme (UNDP) developed the Human Development Index (HDI) as a measurement of poverty which uses proxy indicators in terms of per capita GDP, literacy and life expectancy (Munro 2010). Rwanda is ranked 152 / 169 in the 2010 HDI (UNDP 2010a). Between 1980 and 2010, Rwanda has improved in these areas and is ‘’one of the best performing countries in Africa’’ (UNDP 2010b: 20). However, according to new measures introduced to the HDI system (UNDP 2010c) there is increasingly high inequality and 81% of the population experience multiple deprivations (UNDP 2010d).

Poverty analysis, in Sen’s argument, should include assessing functioning and capabilities (Sen 1985, in Gough 2004). Functionings refer to what one is able to achieve, and capabilities to the opportunities or freedoms to be able to do the things which

one values (Frediani 2010). Three conversion factors are referred to with regard to the effectiveness of individual agency namely, personal characteristics, social characteristics such as social norms, and environmental characteristics such as institutions and infrastructure (Frediani 2010). Linked to personal agency is the concept of power relations which Eyben put into five categories, that is, ‘’power to, power over, power with, power as knowledge and power structure’’ (Eyben 2004, in Frediani 2010: 180).

Therefore a biological approach, first touted by Rowntree in 1901, which measured poverty in terms of food and nutritional requirements to maintain physical efficiency, and is reflected in the welfare metric approach of the World Bank, is arbitrary as requirements may not be the same for all. Indeed, requirements are value judgements, specific to a particular context (Sen 1981).

Such concepts of functionings and capabilities; the conversion factors of individual agency; and power relations are relevant to disabled people within the social model, in terms of their impact upon opportunities and freedoms in the face of societal barriers.

However, such subjective and intersecting criteria are difficult to define and measure. For example, according to the World Health Organisation (WHO), ‘’rehabilitative services in the developing world reach only 1 – 2% of the disabled population’’ (Eide, et al 2009: 150). Therefore even if capabilities are considered, they may be hindered through lack of appropriate services. Furthermore, the WHO classification system tries to capture the multi dimensional factors of disability according to a biopsychosocial approach (WHO 2001). However, disabled people are still often assessed medically according to their individual impairment (Mont 2010), just as the poor are measured by individual income, without taking into account social and environmental factors. Whether measuring disability or poverty in this one dimensional manner, this can create a paradox where in order to access support, a person must emphasise what they can not do, thus impacting on self perception, confidence and self esteem (Mont 2010), as well as how they are viewed by others.

On a practical level, poverty assessments at local level are time consuming, expensive, and locally specific so cannot be

transferred or scaled up to other areas (Ellis et al 2009). When trying to determine levels of poverty on a national scale therefore, feasibility is pertinent regarding data collection of inter related multiple deprivations, which can then be comparable across regions, countries and over time.

Lastly, there is the debate about defining poverty in terms of basic human needs. Examples include Maslow's hierarchy of human needs (1943) referring to a basic physiological need for survival as the base, followed by safety and security, relationships, self esteem which, when all in place, leads to a need for creativity and self actualisation (Fitzpatrick 2001). The UPHLS study of unmet needs, or constraints of disabled people in Rwanda revealed the most common as: being identified by their impairment within the family; being the least educated; a lack of and prohibitive cost of orthopaedic equipment; and the need for medical insurance (UPHLS 2009).

The latter moves away from normative assumptions, and addresses felt needs, that is, what an individual feels they need for

their well being (Norton et al 2001). Chambers is known for participatory approaches to hear the voice of the poor, and reports back poor people's priorities as ''independence, mobility, security and self respect'' (Chambers 1989: 2), which can not be measured, nor automatically achieved through income alone.

2.5 Targeting

Targeting is a complex process which involves defining eligibility criteria. Mechanisms for targeting include geographic criteria, specifying categories, means tests, proxy means tests, community selection and self selection, or a combination thereof. Each has their advantages and disadvantages and prone to inclusion errors (those people who receive but do not need the benefit) and exclusion errors (those people who need the benefit but who are excluded from receiving it) (Ellis et al 2009).

Within the Rwandan VUP programme poverty is measured according to public consensus techniques within the Ubudehe system operating at each cell (local) level. This originates with a traditional system called Uhudehe where, for example, different

households would work together to prepare land for planting, moving from plot to plot so that everyone was ready. There were collective social meetings to identify and resolve community problems. The modern version involves a participatory poverty assessment with a social mapping process to highlight major problems and the poorest households (Republic of Rwanda, no date, c). This community targeting system identifies and ranks households according to 6 different poverty levels using proxy indicators such as a lack of earners in the household; a disabled person in the household; the number of dependants; and land access. The range is from destitute (no land, livestock, shelter, begging to survive), to food and money rich. The head of household is the registered person and non direct family members who normally live in the household may be included (Republic of Rwanda 2009). For transparency and accountability, the names of beneficiaries of direct support are published for all to see. Eligibility assessment is for receipt of social assistance transfers known as direct support which will be explored more fully in section 4. The Ubudehe system was awarded a UN trophy as the

best managed and implemented development programme within 150 countries (The New Times 2008).

The advantages of the community selection method of identification are that it is benefiting from local knowledge; increases ‘’social acceptance of targeting decisions’’ (Ellis et al 2009: 45); and increases democratic processes and collective responsibility (Kabeer 2008). The methods of identification outlined above are contextual and draw upon traditional and cultural factors appropriate to a Rwandan setting. However, the dilemma of how or whether to identify a person as disabled links to the perception, understanding, and frame of reference of the disabled individual themselves, the community and local leaders. Disability specific constraints in terms of prevailing stereotypes or assumptions (Norton et al 2001) are influential. Linking to Sen’s analysis, there are underestimations of the existing and potential functionings, capabilities and productive contributions of disabled people. For example, participants in the Thomas study provided key descriptors of the position of disabled people in Rwanda as reflecting shame on a family and individual, reduced marriage

prospects, employment discrimination, name calling, a dependence on the family, and exclusion from information (Thomas 2005). Of course, discrimination and prejudice may well be through ignorance or fear and simply by not being used to interacting with someone with an impairment (Coleridge 1993), more so than negative attitudes as such (Ingstad 1999). Nevertheless, the implicated risk of such perceptions is that a disabled person has such a low status and value in the community that either they do not merit consideration for direct support, or are not considered capable of using it effectively. As the key criteria for access to direct support appear to be lack of productivity and capabilities, there is a risk of reinforcing negative attitudes, that direct support is the only option, as a disabled person is not capable of anything else. These implications confirm the need for, and value of social impact studies referred to in section 4.

Implicit within targeting is separating out a particular group of people which can have an unintended negative impact. It can contribute to divisiveness by making differences more visible and cause further marginalisation, discrimination and stigma (Ellis et al

2009; Griffiths et al 2009). A person risks becoming socialised into a ‘’dependent disabled identity’’ (Barnes and Mercer 2010: 114) if continually so labelled and segregated. Titmuss’ argument for universal protection is to avoid a sense of inferiority and stigma of the have nots, with the haves (Fitzpatrick 2001). It can also detract from relationships with other groups within the community who can be a source of exclusion (Green 2002).

Such stigma can stem from fundamental views on why a person is poor. For example, an environmental epistemology relates the causes of social problems such as poverty to social conditions. A pathological epistemology conversely relates the causes of poverty to, for example, the ‘’failings and immorality of individuals’’ (Fitzpatrick 2001:.2), hence the distinction between deserving and undeserving poor. This leads to the view that in eliminating poverty, in the first case, society should change to accommodate the needs of all, or secondly, that individuals should change their behaviour. These environmental and pathological epistemologies can be compared with the social model and individual / medical models of

disability respectively, and subsequently whether society adapts, or a disabled person must change to fit in.

Although not included in the available Rwanda documentation, general evaluations of community assessments are that they are subjective; and attitudes, stigma and prejudice influence inclusion or exclusion (Mont 2010). There is sometimes a naivety concerning the altruism and notions of community spirit. Where there is widespread poverty in a locality, experience of coping and survival strategies means that individuals, including recipients, public servants and leaders, are competitive in accessing whatever they can. Social rather than administrative rules take precedent and power relations are instrumental, resulting in elite capture and leakage to non intended beneficiaries (Ellis et al 2009). The community may believe that ‘’we are all poor here’’ (Ellis et al 2009: 47) or, there is a fine margin of difference in poverty levels, even by just one or two dollars per month, and the cut off point can be potentially divisive causing resentment between those who can and can not participate. The transfers therefore have to be minimal or the target group will leapfrog up

the ladder, bypassing their neighbours who subsequently become the new poor, again causing resentment. Loeb maintains that ‘’tolerance of people with disabilities has also tended to diminish sharply during periods of economic hardship’’ (Loeb 2009: 26) which will have an impact where there is competition for scarce resources.

The concepts and criteria of vulnerability and poverty are therefore subject to different interpretations from small to large scale. The design of social protection programmes and their accessibility by disabled people, depend on such interpretations. As has been demonstrated, there are not only additional factors such as the costs of impairment, but multi level disability constraints within defining, measuring, and identifying poverty. Indeed, people have to be identified twice, both as disabled and as poor. In either scenario, whether concerning individual assets, or functionings and capabilities, assessment is heavily dependent on attitudes of others; and what the accepted norms of disabled people in society are deemed to be. Power relations and hierarchies amidst the community in terms of accessing resources, may well be

reinforced (Sabates-Wheeler and Devereux 2010). Despite the practical complexities of in depth poverty assessments, unless such issues are addressed, there is a minimal transformative potential. There is risk either of exclusion errors; maintaining poverty levels; not challenging prevailing attitudes; and indeed exacerbating poverty by reinforcing negative attitudes. Systemic constraints may not be addressed as poverty / disability continues to be associated with the individual, more than institutional structures.

Chapter 3: A conceptual analysis of social protection

3.1 Section outline

Having explored certain key aspects of poverty, this section draws upon concepts defining the contextually specific systems which evolve within countries to manage poverty levels within a population. To better understand the relatively new phenomenon of social protection, it is useful to incorporate pertinent aspects of the theoretical background of welfare. The framework for this conceptual analysis adopts three broad facets of social protection, namely institutions, interests and ideas (Holmes and Jones 2010).

For each facet, key issues have been selected for discussion. An overview of welfare regimes highlights the political context and institutional influence; and the interests of governments offer a further political rationale to social protection. The key ideas selected for discussion include social protection as a right or charitable act, and social risk management. In situating Rwanda within this theoretical context, it is of interest to explore cultural compatibility through a brief insight to historical traditions of what could be construed as social protection. Where relevant the current Rwandan social protection strategy will be used to demonstrate key points, as well as applying the disability lens to identify constraints, and transformative potential.

3.2 Welfare regimes and political economy

Regarding an institutional framework, Esping Anderson refers to three forms of welfare regimes. Firstly, a liberal regime involves economic liberalism, favouring free markets; family values; traditional authority; and a strong work ethic (Fitzpatrick 2001). The principle is that which an individual deserves according to responsibilities fulfilled, rather than adhering to needs and rights

(Van Ginneken 2006). Secondly, a conservative state corporatist regime is based on contributory social insurance, adhering to inherited values, established authority and tradition, thus maintaining the status quo (Fitzpatrick 2001). A social democratic regime provides more universal support with the state replacing market and family responsibilities (Kazepov and Sabatinelli 2006). The regime influences the reasons for welfare provision and its format, and consequently the level of stratification regarding equality, class and status. For example, a means tested, low benefit scheme which has stigma attached, creates a different strata or class to those people who meet their needs through the market (Esping Anderson 1990).

The current neoliberal regime is hegemonic on a global scale driving both domestic and international policies, and consequently influential in shaping the development agenda in aid dependent, poorer countries. The conditions of the Washington Consensus lauded the power of the market to generate economic growth, the benefits of which would 'trickle down' to all sectors of a population. The principles of this free market broadly include privatisation,

deregulation of financial markets and systems, and deregulation of the labour market. Significantly it imposed a reduction in the role of the state in terms of public expenditure and providing public services (Williamson 2008). This diverted from the previous Keynesian post World War II era of state intervention for public services (Deacon 1997). The view is that a free market is self regulating and led by 'an invisible hand' as competition leads to an overall benefit. In this sense a country may be seen to be at a competitive disadvantage if there are high levels of public spending, as well as interfering with and reducing the effects of this invisible hand (Fitzpatrick 2001).

Rwanda is following a neoliberal direction aiming for trade liberalisation, privatisation, tax reforms, market driven interest rates and private sector run services all with an ''efficient and productive workforce'' (Republic of Rwanda, no date, a: 9). Success is around modernisation in terms of wealth, profit and employment, and there is an aim to ''create a middle class of Rwandan entrepreneurs'' (Republic of Rwanda, no date, a: 11).

It is not within the remit of this paper to fully outline the vast literature debating the links between economic growth and poverty reduction. However, evidence suggests that poverty is exacerbated by failures of the market with increasing inequality (De la Briere and Rawlings 2006); and that unregulated markets and the economic growth so vehemently pursued, are not reliable in alleviating poverty (Hickey 2010). Therefore systems are required to protect the social rights of those people for whom the market fails.

To participate in such an individualistic, competitive system of production on an equal footing, disabled people face many constraints. Human capital barriers need to be taken into consideration, that is, the lack of access to schools, health centres, vocational training, and employment opportunities (Mont 2010). There are limited government resources and services and ''only 5% of disabled Rwandans are able to access the services they need'' (Thomas 2005: 36), thus reducing their capabilities to be productive and to participate. Further barriers according to Mitra amongst communities and in accessing services include physical

barriers and inaccessible transport; communication and access to information; and ‘’stigma, discrimination and lack of sensitivity or awareness’’ (Mitra 2005, in Mont 2010: 329).

3.3 Government interests

Governments have a general development role in regulating macroeconomic conditions including public expenditure, tax policy, fiscal stability, sustainable growth, and price regulations (Barrientos 2010). They are also responsible for pursuing long term public interest development agendas which improve sanitation and health, education and other services (Dercon et al 2010).

Systems which support the poor have to take into account not only the direct costs, but also the costs of not doing so. Social protection is currently being lauded as a means of addressing or resolving many issues. These include the inter-generational transmission of poverty and exclusion (De la Briere and Rawlings 2006); stability and security (Norton et al 2001); inequality and poverty reduction (DfID 2011b); contributions to economic growth

(Slater 2010); and peaceful social relations and conflict management (Lautier 2006). So many reasons from just a selection of different sources demonstrate the wide ranging, and high expectations for social protection systems. To illustrate further, that the starting point is low and the expectations high, in Rwanda, between 2000 and 2006, the poverty incidence dropped from 60.4% to 56.9% of the population and the extreme poverty incidence from 41.3% to 36.9% (Republic of Rwanda 2009). To put this in perspective, this is based on an income of 250 RWF per day and 175 RWF per day, per adult respectively which at the current exchange rate is less than GBP 25p (exchange-rates.org 28.08.2011). In addition, social protection systems are implemented within a neoliberal context and often promote the neoliberal paradigm. As explained above, rather than alleviation, this is more likely to create the poverty and inequality social protection is attempting to address.

With such prevailing poverty, there is a risk that if a state cannot provide for its citizens, it loses its legitimacy and it becomes harder to govern (Norton et al 2001). The Rwandan strategy indeed

states an aim of strengthening the faith of the population in the government and ‘’the social contract between government and citizens’’ (MINALOC 2011: 14). Rwanda understandably has a particular interest in conflict prevention, peace building and the inclusion of particular social groups (DfID 2011 b).

ILO (International Labour Organisation) research estimates that a basic social protection package would require 2 – 3% of GDP or 1 – 2 % if the poor were targeted and the levels of benefits were reduced (Barrientos and Hulme 2010a). This would include: ‘’a universal old age pension (65+); a universal pension for disabled people; universal access to basic education; universal access to basic health care; and a specific child benefit’’ (Behrendt 2010: 286). However, in countries where the tax base is low, further revenue needs to be generated, tax collection improved, or expenditure diverted from other sectors (Barrientos and Hulme 2010a). Notably, ‘’the obstacles to the universal satisfaction of basic needs are mainly social, political and economic…. not technical or scarcity based’’ (Munro 2010: 35). Decisions are therefore political. Taxpayers need to be managed so that they

see the benefit of their contributions, but also the benefits of supporting the poor. Programmes can be used as a political tool to win votes, and attitudes amongst decision makers within government are influential. For example, ‘’urban dwellers are considered by governments to be more politically valuable’’ (Hickey 2010: 256) and yet the majority of people in absolute poverty live in rural areas (Green 2008). In addition, there is a form of social control with the premise that the poor will be grateful for the intervention and therefore not challenge the systems or the government in power (Wood 2004), particularly when the levels of poverty are so low and the intervention is the difference between survival or not.

However, the standing of disabled people within a community means that they are not considered vote winners or vote swingers (Coleridge 1993) and it is therefore difficult to influence programme design or delivery. Where there is competition for scarce resources, and sequencing or prioritising occurs, other vulnerable groups may take precedence over disabled people

(Thomas 2005); certain groups are left until last; and negotiation for such scarce resources becomes political (Bickenbach 2009).

3.4 Charity or rights?

The political rationale and interests are linked to the ideas within social protection referring to the concepts influencing the design of policies, strategies and programmes. These broadly fall into a focus on ‘’risks, needs and rights’’ (Barrientos and Hulme 2010a: 4).

The UN defines social protection on the basis of needs, that is, that there are ‘’acceptable levels and security of access to income; livelihood; employment; health and education services; nutrition; and shelter’’ (Barrientos and Hulme 2010a: 5) which are necessary for human and economic development. This links to the MDGs, which significantly do not mention disability despite it being a development issue (WHO 2011). Of course, as outlined in section 2, needs and minimum standards are subjective and value laden; and disproportionate to the global wealth in existence.

In meeting these needs, further fundamental concepts include whether welfare is a response in a charitable or moral sense; or on the basis of rights in terms of entitlements, responsibilities and duties, and contributions to society (Fitzpatrick 2001). The latter implies a contract between state and citizen in ‘’raising the status of passive beneficiary to that of claimant’’ (Hickey 2010: 259). In this sense a citizen is fulfilling a duty by working, contributing, and earning certain rights. Marshall (1949) refers to social rights to protection as integral to citizenship, which are not dependent on labour contributions or on how one performs (Esping Anderson 1990). Yet a non working citizen may find it harder to justify their social rights, and public assistance may be viewed as charitable if it is deemed that there is no reciprocity or an individual is taking more than they are giving (Fraser and Gordon 1994). However, the role of a government is to create an ‘’enabling environment’’ for the progressive realisation of rights (Norton et al 2001: 20) with a responsibility to provide social protection rather than it being a benevolent or charitable action (Shepherd et al 2004).

The Rwandan strategy lays a foundation in human rights as outlined in section 1. Yet, even with political will and a legal base protecting rights, disability specific constraints arise where the conceptual understanding stems from earning those rights through fulfilling duties, and contributions made to society. If the prevailing attitude is that disabled people do not contribute in terms of economic productivity, as opposed to recognising their status as a citizen, welfare measures risk stemming from a charitable, rather than rights base.

3.5 Social Risk Management (SRM)

The World Bank views social protection within the framework of Social Risk Management (SRM) within a stable macroeconomic and financial environment. Risks can be evaluated through the probability of a hazard occurring, that is the frequency of single and repeated shocks; whether they are individual or covariant; and their magnitude (Norton et al 2001). The World Bank view is that ‘’protecting the poor against income and consumption variability will allow them to invest and accumulate’’ (Sabates- Wheeler and Devereux 2010: 64). This stems from a North American market

oriented approach including safety nets and cost recovery, that is, user fees for health and education (Norton et al 2001).

People will take fewer risks when they have no reserves to withstand a hazard or shock, meaning lower productivity, selling assets and reducing food consumption. This has consequences on human capital including child labour; reduced schooling; malnutrition leading to stunting; reduced health care spending; and higher mortality (Barrientos and Hulme 2010a). Within the Rwandan EDPRS, it is made clear that the concept of Social Risk Management has been incorporated with the aim to:

> ‘’achieve effective and sustainable social protection for the poor and vulnerable, to reduce the risks to which households are subject, to mitigate the potential consequences of those risks, and to help families that experience them to cope with the consequences’’ (MINALOC 2011: 25).

However, such risk management may leave out the destitute and chronically poor (Hickey 2010) as they are not seen to be contributing to the growth process (Shepherd et al 2004), and

therefore not a priority to invest in. There is also the risk of a ‘’focus on those easiest to bring out of poverty’’ (Yeo 2001: 5) and, of course, the very poor will take much longer to graduate out of poverty.

Beck is a prominent academic on the risk society and maintains that there is a focus on ‘’minimising risks and fears rather than on maximising social justice’’ (Fitzpatrick 2001:189). According to Culpitt, such risks are portrayed as threats instead of ‘happenstance’ (Culpitt 1999: 51). Furthermore, in the neoliberal context, each individual is responsible for protecting themselves against risk. This then curbs resistance and claims on governments, and such individualism undermines a group or class consciousness. The system stigmatises and divides as ‘’to seek public support is to define yourself as needy, and by definition, to be dependent’’ (Culpitt 1999: 144).

This last point parallels potential perceptions of disabled people, that is, if support is required it implies neediness and dependence. Yet, constraints of disabled people in Rwanda have been identified

as lack of self confidence, information, technology, infrastructure, rehabilitation, vocational training and qualified personnel as well as experiencing cultural stigma (SADPD, 2008). These constraints are forms of imposed environmental and institutional disadvantage, not the limitations or neediness of the individual. The ‘’cumulative social disabilities’’ (Bonnel 2004: ii) should also be recognised, that is how the barriers in the past have created the current situation, such as lack of schooling, inadequate health care, or confidence sapping stigma.

Just using these examples, how then is it possible to manage risk to the same extent as a non disabled person in the face of such barriers, which can not be dismantled by one person’s actions? In fact, the whole concept of a risk society appears at odds with the social model, and is limited in terms of transformative potential. The onus is pushed back onto the individual, inviting individual responses rather than systemic changes which would reduce risk and eliminate barriers for all. Furthermore, such an emphasis on individual production becomes problematic in a situation of widespread unemployment, and poverty concentrated in distinct

areas (Loeb 2009) where eliminating risks are beyond the individual sphere of influence.

Finally, in the context of the informal sector, informal systems of social protection may be in place which are less individualistic; rely on family and community networks; and where contributions are not necessarily linked to labour and economic activities (Rodrigues et al 2006). An official scheme can interrupt this, rendering the household dependent on the transfer if the family stop their support.

3.6 Historical and traditional methods of social protection in Rwanda

The history of Rwanda is complex and at times deeply traumatic. It would be insensitive in such a brief space to try to outline a context which includes a civil war from 1990 – 1994 and the genocide in 1994. However, some historical aspects of Rwandan pre colonial and colonial society have been selected to offer some perspective as to how social protection was dealt with before the term was coined and it became a development programme.

These link with the concepts outlined above which influence current social protection formats.

According to Prunier's historical overview, Rwanda was a monarchy with a traditional class system of three broad groups of cattle herders; the majority agriculturalists; and the minority nomadic hunter gatherers (the Tutsi, Hutu and Twa). Although lineage was important, there was an element of social mobility, with groups intermarrying and changing groups depending on their economic status, but clans included all groups (Prunier 1997). This brought with it an element of informal rights depending on where a person belonged in the hierarchy, and the entitlements that came with that membership (Wood 2004). Now, in the spirit of unity and reconciliation, people refer to themselves as Rwandan and are politically obliged to do so.

Within this class system, there was tight control and organisation down to each hill or local area, with an emphasis on fulfilling duties. The family unit was pivotal to social life, with a household fulfilling the obligations to the community, not the individual (Prunier 1997).

In this sense, social capital, in terms of reciprocal and hierarchical social relations, would be essential to well being (Gough and Wood 2004). This research has not uncovered documentation on the position of disabled people in traditional society for comparison. There is only inference in that social status held significance, yet a disabled person was known by the pejorative term 'ikimuga' (Thomas 2005: 21), which roughly translates as a broken pot and linguistically has a prefix for objects, as opposed to people.

These intricate arrangements were distorted during colonial times firstly through German rule from 1897 to 1916 and then under Belgian rule from 1916 to 1959. At the time there was great faith in social Darwinism and the idea of superior and inferior races (Republic of Rwanda, no date, a). The Tutsis were favoured as superior administrators and leaders and divisions between groups were forged. One could infer that a neoliberal seed was planted as Belgium imposed taxes on individuals, thus moving away from the idea of collective responsibilities, to individualism. Labour was commodified which altered reciprocal arrangements and social obligations; and privatisation, including previously communal

grazing lands, polarised people further into economic classes. Very poor families would have to find a charitable patron (Prunier 1997).

Of course, there have been complex changes since independence, leading up to, and as a result of the genocide. However, the above signifies a culture in transition, where a nation's psyche, whilst attributing status to individual wealth, associates with class, groups, hierarchies and powerful authorities; and a reliance on social capital and networks. The modern version of risk related social protection conversely caters to individualism; a desired self sufficiency more than interdependence; and an emphasis on personal economic capital. However, it is interesting that, for example with Ubudehe, Rwanda is adapting traditional, cultural practice, which focuses on community cohesion, reciprocal problem solving and interdependence, to current social protection strategies and vice versa.

3.7 Evolution of social protection systems

Recognising that systems are home grown, country specific, and evolve over centuries in response to context and events, there is a question as to why Rwanda has developed its social protection strategy in such a format. Social protection is part of a package and included in the World Bank sourcebook to design Poverty Reduction Strategy Papers (Conway and Norton 2002). As stated above, social risk management is the World Bank's preferred mechanism for social protection. The EDPRS in any country also ''has to be approved by the International Monetary Fund and the World Bank'' (Bevan, 2004: 115) in exchange for funding. As the World Bank channels the largest amount of funds it ''maintains intellectual and financial hegemony'' (Escobar 1995: 156). One could therefore question if such social protection systems would have evolved without the influence of the donors, or whether as Escobar opines, an ''institutionalisation of development practice'' (Escobar 1995, in Kothari 2002: 40) has occurred. The ILO has been influential in setting world standards and universalising social welfare policies. Such global influence means that if a nation wishes to be seen as a modern state, then certain institutions and

systems must be instigated (Usui 1994). There are indeed questions around the political legitimacy of external funders regarding their influence on welfare and social policy development (De Britto 2010; Gough 2004); and their assumptions that they can ‘’engineer social movements’’ in a short period of time (Norton et al 2001: 44).

Poverty and the systems creating and alleviating it are politically motivated and influenced by the predominant regime. This is not only at national, but also at international level as global standards and systems are being incorporated into distinct cultures. Despite the legal framework pledging to increase accessibility and inclusion, social risk management is predominant within a liberal regime, and emphasises individual responsibility and productivity. Social protection is seen more as a last resort, than a universal right. Examples given above of disability related constraints such as cumulative disadvantage, infer that the playing field will remain uneven.

Chapter 4: Instruments of Social Protection

4.1 Section outline

Within this overall context, this section briefly assesses examples of the instruments designed to meet the high expectations of social protection outlined above. Public works and social cash transfers have been selected with a focus on their social impact.

4.2 The range of instruments

The instruments of social protection are varied and broadly fall into the categories of social insurance and social assistance. Social security is part of social protection but has evolved within the confines of formal employment and associated entitlements related to sickness, maternity, and old age; and is based on the contributions that an individual has made through taxation (Barrientos 2006). In poorer countries, services, insurance and the labour market are not sufficiently developed to support the demands (Barrientos and Hulme 2010b). Therefore within the informal sector, further instruments can include safety net measures such as food aid and subsidies, public works and employment guarantee programmes. Human development

measures include child care and child nutrition; micro nutrient supplementation and school feeding programmes; and conditional cash transfers dependent on attendance at health clinics and schools. Protection and promotion measures include microfinance programmes (Shepherd et al 2004). The systems of support are therefore wide ranging but, for the purposes of this paper, the focus will be on public works and direct cash transfers as two key instruments within the Rwandan strategy.

4.3 Public works

In Rwanda, the cash transfers are currently available only to those households which can not participate in the public works programme. It is therefore pertinent to briefly explore the barriers to such participation.

The concepts behind public works programmes are that they contribute to asset accumulation not only by providing food or cash to beneficiaries, but through the construction of infrastructure such as roads, irrigation channels, etc (Ellis et al 2009). Politically, this is significant as the expenses incurred can be said to increase

assets in the form of infrastructure; and create jobs to avoid an impression of welfare with no perceived return (McCord 2010). However, as short term interventions they do not address long term poverty, and the duration may not correspond to the timing when there is greatest need (McCord 2010).

If there is no ‘able bodied labour’ some poorest households who have disabled members, or the chronically hungry may be excluded (Ellis et al 2009: 33) as hard physical labour is required. In addition to physical access constraints, one of the main issues is the perception of the capabilities of a disabled person and other roles are not considered for those unable to do the hard physical labour (Thomas 2005). For example, research in 2005 highlighted the perceptions of disabled people as being objects of charity, underestimated in terms of abilities and potential, not considered for development programmes, and overprotected (Thomas 2005). Therefore in designing public works programmes, it is necessary to understand the barriers to participation both in terms of access and attitudes.

4.4 Cash transfers

From mid 2000s cash transfers have been the main method for social protection. They infer a responsibility and obligation by the government; reinforce the notion of rights (to basic social security); and provide a predictable regular cash inflow. This can maintain survival levels; be a buffer for shocks; and prevent selling any existing assets. There is a lower delivery cost, than for example food, as well as ‘’linkage effects in the local economy, multiplier effects through self investments; spill over on the non-poor; and protection against shocks’’ (De la Briere and Rawlings 2006: 15 – 16). The beneficiaries also have more choice and autonomy over how the cash is spent.

Cash transfers, known as direct support in the Rwandan strategy, are seen as a last resort, if markets and family have failed. However, they can not solve everything and are not effective as stand alone interventions. Inputs into the supply side are required such as free basic education and the community health insurance scheme as well as Savings and Credit Cooperatives (SACCOs) to

support income generating activities (DfID 2011b; MINALOC 2011) which is reflected in the Rwandan social protection strategy.

Within the strategy it is planned to carry out a feasibility study for a specific disability grant (MINALOC 2011). It is hoped that this will not focus solely on affordability, but also on the impact on disabled people. Some experience has been gained through cash grants for disabled ex-combatants administered through the Rwanda Demobilisation and Reintegration Commission (RDRC) which will eventually be amalgamated into the social protection system. There has been an element of securitisation of disability in Rwanda and the RDRC provides ‘’preferential treatment for disabled genocide survivors and ex-combatants’’ (Thomas 2005: 10). If the RDRC approach is used as a model, there is a risk that it will reinforce a medical interpretation of disability in terms of responding to individual rehabilitation needs. Access to the system is based on a medical assessment and screening process, leading to rehabilitation treatment, and a monthly allowance based on average basic household needs (Mehreteab 2007). According to Mont, a cash transfer targeting disabled people specifically

should be combined with other support such as vocational training, medical rehabilitation where appropriate and desired, and assistive devices (Mont 2010), in order to avoid a poverty trap and dependence. Otherwise there is no opportunity for graduation out of poverty. However, providing an assistive device does not address the issues of inaccessible schools, health centres or workplaces, therefore increasing accessibility and a focus on societal barriers also needs to be incorporated (Metts 2000).

4.4 Social impact

Disabled people are theoretically members of households eligible for direct support. Whereas studies have provided evidence of the impact of cash transfers on women (Holmes and Jones 2010), and older people, there is limited data on the social impact regarding disabled people in terms of social status, self esteem and participation in decision making.

Examples which illustrate the importance of monitoring social impact include the Latin American cash transfer programmes where mothers are targeted as direct recipients. This is in

recognition of statistical evidence that ‘’women tend to invest more in children’’ (De la Briere and Rawlings 2006: 23). Evaluations of cash transfers as pensions have shown that as this is a legal right; increases the household income; and has an impact on the nutrition levels of other household members, there is a ‘’positive social impact on the status, independence and dignity of older people’’ (Ellis et al 2009: 128).

Although, if a disabled person receives social assistance there is the danger of reinforcing the perception of someone who can not contribute or be productive (Thomas 2005), there may yet be an improved status resulting from the contribution made to the household. Different scenarios will have different impacts, depending on whether the transfer is going into the whole household as with the Rwandan direct transfer; to the head of household on behalf of a disabled person if they are not deemed capable of managing it; or if the transfer goes to a disabled person directly. When the focus is on the household as a unit, as opposed to vulnerable individuals, it does not ‘’preclude acknowledging significant inequalities in intra household allocation

of income and resources'' (Barrientos 2006: 171). Indicators regarding such social impact will need to be incorporated into monitoring and evaluation, and ideally the impact on the community as well as the individual (Cracknell 2000) particularly with regard to attitudinal and behavioural change of and towards disabled people. Checklists are commonly used to assess the impact of projects on women (Kabeer 2008), which can be adapted to apply to disabled people. The strategy stresses that the government is working with DPOs in programme development, in view of empowerment. This will need to continue in terms of monitoring and evaluation as experience shows that policies can improve using the evidence of impact on people who actually use services (Branfield and Beresford 2006). For monitoring and planning, data will be disaggregated by ''sex, age, disability, ethnicity and status as genocide survivors'' (MINALOC 2011: 34) but this in all likelihood will provide more quantitative as opposed to qualitative data.

Finally, in terms of programme delivery certain disability related constraints include a lack of access to relevant information and the

difficulties with bureaucracy (WHO 2011). Public perceptions of the capabilities of disabled people may include the assumption that it is not possible to manage a bank account or money, as well as communication barriers. Within the Rwandan direct support programme, in order to receive the transfer a household has to participate in the training and sensitisation activities. If they do not, and direct support recipients are reviewed every 6 months, they will be removed from the list (Republic of Rwanda 2009). It is therefore essential to ensure that these activities are appropriate and accessible to disabled people. They would also be, of course, a useful channel for sensitisation campaigns directed at local communities in favour of disabled people. Kabeer maintains that as women may be ‘’less literate, less mobile, less well connected to social networks beyond the household and less well represented within community decision making structures’’ (Kabeer, 2008, p. 324), additional efforts are required to reach them. This view equally applies to disabled people.

Therefore, where public works are prohibitively inaccessible, cash transfers can provide a buffer support to households. They have a

limited transformative role unless in conjunction with improved accessible public services and other social protection instruments. As negative perceptions of the capabilities of a disabled person may be reinforced, it is important to monitor the social impact, particularly on intra household dynamics and attitudinal change.

Chapter 5: Conclusion

Applying a disability lens, this paper has broadly analysed the underlying concepts of social protection, which is now being promoted by international donors on the development agenda to alleviate poverty. Within a global picture, amidst a variety of approaches and intentions, Rwanda, the case study country, is surging forward with ambitious development goals to enter the global arena; to achieve their own economic success; and to reduce their dependency on external funding. However, as extreme inequality persists with the majority of the Rwandan population living in poverty, Rwanda and donors have developed a strategy of social protection to protect the very poorest from deprivation, to prevent further deprivation and to promote a

graduation out of poverty using instruments such as public works and direct support in the form of cash transfers.

The multi dimensional, disability related constraints model has guided analysis to determine the barriers to inclusion in social protection programmes, as well as the transformative potential of such programmes to change the status quo and actually break down societal barriers.

The poverty debate highlights the complexities of defining, identifying, and measuring poverty which is the first barrier to accessing social protection support. If you have not been identified as poor, you do not get on the list. The identification is twofold, as there is also a process of determining who is disabled, and whether concerning poverty or disability, this stems from a pathological or environmental ontology. In linking disability to poverty, the major barriers include potentially disability exclusive methods of identification. Using welfare metric tools, impoverishing social elements and needs other than income or consumption are not recognized. Poverty lines do not cater for the

additional costs of impairments, and per capita income measurements do not account for intra household power dynamics and therefore the status of a disabled person within their family.

Although Sen's functionings and capabilities approach to poverty analysis offers potential recognition of multi dimensional aspects, constraints include the attitudes and perceptions of a disabled person themselves as well as families and communities. For example, focusing on what a person can not do, rather than what they can, and framing such perceptions within societal norms and expectations. The lack of access to education and health services, and employment, and its cumulative effect, demonstrates that disabled people have fewer opportunities in comparison to non disabled peers, and capabilities are restricted. In terms of targeting, categorical targeting can further enhance difference, with accompanying stigma and discrimination. The community methods also risk not challenging negative perceptions of disabled people, and reinforcing existing power structures in terms of accessing resources. Yet, it is here that the transformative potential resides, in utilising the built in participatory approaches and sensitisation

initiatives of the programmes to open up discussion on disability issues and the more social and human development unmet needs, as well as material deprivation. However, concerning in depth assessments of multi dimensional poverty and their subjectivity, feasibility is also pertinent.

The paper explored the concepts of social protection within a framework of institutions, interests and ideas. The transformative potential is limited overall in that the concepts and tools may well cause or reinforce the identified constraints. The predominant neoliberal regime, which strives for individualistic self sufficiency, purports a welfare system as a last resort, as opposed to a state responsibility for universal provision as a right. Management of poverty is politicised, and in Rwanda social risk management is prioritized, emphasizing the onus on personal responsibility to protect oneself economically, and to increase personal income. The disability related constraints link again to actual and perceived capabilities as the focus is on productivity, minimizing the social contributions a person makes to society. In lauding personal responsibility to become less poor, it detracts from addressing the

structural barriers in existence, preventing a level playing field for disabled and non disabled people to manage their risks. This potentially reinforces negative images, positioning dependence on social assistance as the only option. The cumulative effects of prolonged reduced access to health and education services mean that in a competitive free market, disabled people are further behind the starting line before the race has begun.

There are questions arising on the cultural impact on Rwandan society as a 'modern' individualism and state provision for the poorest, combines with the traditional importance of social capital, family networks and interrelated hierarchies of groups. Although it will not be known, how would Rwanda have dealt with extreme poverty without the World Bank social risk model? Finally, the disability related constraints were explored within the instruments of public works and cash transfers. As public works depend on hard physical labour, cash transfers are the only option where this is not possible. These are not effective in isolation and without input into accessible public services, there is a risk of dependency with no opportunities for graduation; reinforcing negative attitudes

regarding capabilities; and detracting from addressing societal barriers. As has occurred for the gender dimension, social impact studies will be essential to determine the impact of cash transfers on not only income; but intra household dynamics; impact on the community; and disabled people themselves to determine the extent of social transformation, and most appropriate tools of support. Evidence through primary research would be appropriate to test the disability related constraints identified within this theoretical analysis. It is also hoped that such identified constraints will influence the feasibility study on a specific disability grant planned within the Rwandan social protection strategy, so that effective support becomes available where it is needed.

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