



Social protection policy analysis

Peru



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The geographical maps in this report are for informational purposes only and do not constitute recognition of international boundaries or regions; GIZ makes no claims concerning the validity, accuracy or completeness of the maps nor assumes any liability resulting from the use of the information therein.

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1 Introduction

Originaltext: Morning Cataract Screening, Campana Gratuita Optalmologica para Descarte de Cataratas (in a community hall)- organised by the Municipality of Villa Maria del Triumfo with the support of the Clinica Divino Nino Jesus. The screening is free of cost and the people who work there are volunteers. Here: the technical assistant (left hand) of nurse Christina and the waiting patients. **Vorschlag:** Technical assisstant at a free morning cataract screening talking to patients.



Following a strict policy of macro-economic stability during the 1990s, Peru has been going through the longest period of expansion in its history. From 2004 to 2014, the country has experienced an annual average growth rate of more than 6%.¹ During the same period, poverty rates have decreased from 50% to 24%.² Nonetheless, inequality is persistent with little reduction in the Gini Index from 0.5 in 2005 to 0.44 in 2013. This, according to INEI, is explained by the high poverty rates (around 50%) in rural areas.

In Peru, persons with disabilities – an estimated 5.2% of the population according to the 2012 National Specialized Survey on Disability³ – are a particularly discriminated group. This is due to various attitudinal and environmental barriers that hinder opportunities for persons with disabilities to participate on an equal basis with others in health, education, employment, and social protection.

However, since the entry into force of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2008, the Peruvian government has begun to address disability in a more systematic way within their policies of promotion and protection of rights. Thus, in 2012, the new General Law on Persons with Disabilities established a new regulatory framework for the development of a disability policy. The same year, disability was included for the first time in the State budget programmes.⁴ However, the financial resources dedicated to persons with disabilities inclusion policies have remained inadequate, at less than 0.01% of GDP in the last two years to serve 5% of the total population.⁵

In this economic, social and policy context, this document critically explores how mainstream social protection policies in Peru have affected the inclusion of persons with disabilities in Peruvian society.

¹ Central Reserve Bank of Peru. Statistics: <http://www.bcrp.gob.pe/estadisticas/cuadros-anuales-historicos.html> (Acceded on January, 2015).

² World Development Indicators Database: <http://www.worldbank.org/en/country/peru/overview> (Acceded on January, 2015).

³ INEI. National Institute of Statistics and Informatics. National Specialized Survey on Disability – ENEDIS. (Lima, Peru. 2014).

⁴ Budgeting for results is a public management strategy that links resource allocation to products and measurable results for the population, which requires the existence of a definition of the results to be achieved; the commitment to achieve those results over other secondary objectives or internal procedures; determining responsibility, procedures for generating information on the results products and tools of governance; and accountability.

⁵ According to INEI, Peru has an estimated population of 30.1 million inhabitants in 2014.

2

Methodology

Originaltext: Siblings: Nayrut and Fredy Huittoccollo Ccacha, 11 and 12 years old, Laurence-Moon-syndrome (symptoms: small obese body with diminished hormone production, cognitive impairment and progressive loss of vision. Here: Nayrut (left hand) learning the alphabet in braille.
Vorschlag: 11 years old child with Laurence-Moon-syndrome which causes cognitive impairment and progressive loss of vision learning the braille alphabet.



The present policy analysis was conducted in Peru to understand past successes and failures and to plan for future policy implementation. The research took place alongside a similar analysis in Tanzania, and as such a policy research guideline was developed allowing cross-country comparison between the two studies. This can help disentangle generalizable from context-specific effects in policy adaptation, evolution and implementation (see Table 1, below).

A literature review was carried out prior to the policy analysis to identify social protection policies and programmes in Peru. This included review of the relevant BMZ and GIZ publications on social protection, national and international legislation on social protection, policy instruments, national directives, monitoring and evaluation documents, and grey literature. Databases and national surveys were also crucial. In addition, 22 interviews were held with key stakeholders, including organizations of persons with disabilities, to explore more in-depth information on the impact of major policies.

Table 1: Social Protection and Policy Research Guideline for Peru and Tanzania

Interviewee	Age of child
Institutional framework	Analysis of legislation and institutions in charge of policy making and legislation
Policy content	Analysis of the most important disability-related policies in the country, as well as the general social protection policy
Identification of persons with disabilities	Analysis of disability surveys, identification tools and definitions
Social protection programmes review	Analysis of type and content of programmes
Social protection programmes sustainability	Analysis of measures in place to ensure sustainability of programme
Access to social protection programmes amongst persons with disabilities	Analysis of the enabling and constraining factors to access to programmes (information, access to benefits, accommodations)
Quality of social and health services	Analysis of the factors that contribute to ensuring the quality of services

Source: SODIS – LSHTM.

3

Social protection policies in the last decades



3.1 The emergence of social protection programmes

Since the 1970s, Peru has experienced successive waves of social protection programmes implemented by the Government and sustained in the 2010s. The ‘Comedores Populares’ (Community Kitchens)⁶, created in the 1970s, are mothers from poor neighbourhoods organised into groups to prepare meals for their neighbours and their own families.⁷ The ‘Vaso de Leche’ (Glass of Milk) programme was created in 1985 to provide a glass of milk (or any nutritionally equivalent food) to children and pregnant women.⁸ The national programme ‘Wawa Wasi’⁹ (Children’s house) was created in 1997 to provide day care for infants (0 to 3 years old) in order to stimulate early childhood development through health care and education services, and promote access for mothers to the labour market. Although the government continued to increase the coverage of social protection programmes, it did not succeed in the 1990s to reduce poverty and inequities.¹⁰

As a result, in the 2000s, conditional cash transfer programmes were introduced following Mexico’s Oportunidades success – the main anti-poverty and human capital development programme of the Mex-

ican government – in order to break the inter-generational cycle of poverty by incentivizing uptake of basic health and education services.¹¹ During the Toledo Administration, in 2005, the first conditional cash transfer programme in Peru, Juntos, was piloted in some districts of Ayacucho. This was expanded during the Alan García Administration to the Peruvian forest region.¹²

3.2 The new institutional framework: the need for harmonisation

To respond to the lack of coordination and coherence between the various social protection programmes targeting different groups amongst the population, in 2012, President Ollanta Humala created the Ministry of Development and Social Inclusion (MIDIS)¹³ to coordinate and articulate the social policies in his Administration. MIDIS enacted two main functions: the direct provision of services through social programmes and the oversight of poverty-related actions initiated by different sectors and levels of administration.¹⁴ To support the mission of MIDIS as the lead social protection body, an inter-ministerial Committee, ruled by MIDIS, titled the National System of Development and Social Inclusion (SINADIS), was created.¹⁵

The goal of MIDIS’s short-term policies are to provide temporary relief to the most vulnerable households affected by extreme poverty.¹⁶ Juntos and Pensión 65 are the two instruments used in combination to target poor people and promote the utilisation of

⁶ Garrett, James, ‘Comedores Populares: Lessons for Urban Programming from Peruvian Community Kitchens’ (IFPRI 2011), p. 3.

⁷ ‘Members of some of these clubs began buying food in bulk and preparing meals as a group to feed their families. These clubs became the comedores populares. Their popularity steadily increased and, by the late 1970s, government and donor agencies began providing them with food aid and other assistance. The kitchens multiplied and eventually became a major channel for distributing food to the urban poor, particularly during Peru’s economic crisis of the early 1990.’ IFPRI, ‘Peruvian Community Kitchens’ (IFPRI 2002), p.1.

⁸ The Glass of Milk Programme prioritised children between 0 and 6 years old and pregnant women. Afterwards, the programme focused on children from 7 to 13 years old, elderly people and tuberculosis patients (INEI 2008).

⁹ The programme focused on children from 0 to 3 years old, aimed to give them not only day care, but also to promote the use of public services in this group. This programme was one of the first intended to articulate social programmes: health assistance, education and nutritional services.

¹⁰ Vargas Valente, Rosana. ‘Gendered risks, poverty and vulnerability in Peru: A case study of the Juntos Programme’ (ODI 2010), p. 18.

¹¹ See Correa Aste, Norma. Conditional cash transfers in Latin America: Inputs for a political economy analysis. Contribution to the panel: ‘Case studies on the research and policy making interface’ (PUCP 2012).

¹² Vargas, Gendered risks, poverty and vulnerability in Peru, p. 43.

¹³ Law No 29792. October, 20th, 2011.

¹⁴ MIDIS. National Strategy for Development and Social Inclusion (2013).

¹⁵ Law No 29792. Article 21.

¹⁶ MIDIS. National Strategy.

public services. As a medium-term objective, MIDIS aims to expand economic opportunities for very poor families and to improve access to basic services such as quality water and drainage provisions, electrification and telephones.¹⁷ In the longer-term, MIDIS aims to improve nutrition, health and access to high-quality education for children.¹⁸

Beyond coordination issues, the Peruvian government has also recognised that social protection programmes have failed in the past to reduce poverty through a lack of clarity and transparency about who should benefit first from social protection initiatives. A clear identification process and definition of a target population has consequently become a key requirement for MIDIS.¹⁹

MIDIS's priority target population is defined as people who meet at least three of the following criteria:²⁰

- rural dwellers, living in villages of less than 400 houses or 2000 people;
- father or mother not Spanish speaker;
- father or mother who did not complete elementary school; and
- households in the lowest quintile of income distribution.

The emergence of MIDIS as the lead body in charge of developing, guiding and coordinating social protection in Peru is seen as a very positive initiative. In this pro-poor supportive environment, it is important to understand whether persons with disabilities are included.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Ibid.



4 Persons with disabilities and social protection policies

Originaltext: Morning Cataract Screening, Campana Gratuita Optalmologica para Descarte de Cataratas (in a community hall)- organised by the Municipality of Villa Maria del Triunfo with the support of the Clinica Divino Nino Jesus. The screening is free of cost and the people who work there are volunteers. Jose Villafuerte Guzman, 84 years old, visual impairment, Here: (right hand) with the technical assistant (left hand) of nurse Christina. **Vorschlag:** Jose Villafuerte Guzman, 84 years old, at a free morning cataract screening by volunteers in a community hall with support from a local clinic.



4.1 From the charity model to the social model of disability

At the international level, Peru ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007, including its Optional Protocol, by Legislative Resolution No. 29127 (Legislative Resolution approving the 'Convention On The Rights Of Persons With Disabilities and its Optional Protocol'). Peru is also part of the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities (2001) – a regional human rights instrument within the Organization of American States (OAS) calling on states to facilitate the full inclusion of persons with disabilities into society through legislation, social initiatives, and educational programmes.

At the national level, a series of legal texts explicitly refer to the rights of persons with disabilities. The Peruvian Political Constitution (1993) refers to the protection of persons with disabilities in relation to the right to health²¹, education²² and employment.²³

'People unable to take care of themselves because of a physical or mental impairment have the right to respect for their dignity and to a legal regime which guarantees protection, attention, rehabilitation and safety' (extract from Article 7).

The General Law on persons with disabilities, Law No. 29973, passed in 2013, marks a turning point in the definition of disability in Peru shifting from a charity to a social model of disability. In its Article 2, it states:

'A person with disability is one having one or more physical, sensorial, mental or intellectual permanent impairments which in interaction with various attitudinal and environmental barriers, does not exercise or may be impeded in the exercise of

her/his rights and in the full inclusion and effective participation in society on an equal basis with others'.

4.2 CONADIS as the new leading body

The main institution in charge of developing a legal framework and policies regarding disability is the National Council for the Integration of Persons with Disabilities (CONADIS), a decentralized public institution of the Ministry of Women and Vulnerable People (MIMP). CONADIS is a policy and coordination body, but also implements concrete activities in regions. For example, in 2012 CONADIS ran a pilot programme in Tumbes for the identification, evaluation and registration of persons with disabilities ('Tumbes Accesible').²⁴

CONADIS is also the head of the National System for the Integration of Persons with Disabilities (SINAPEDIS), a functional system responsible for ensuring the compliance of public policies that guide the state interventions on disability. However, CONADIS is not the only focal point on disability and coexists with: The Congress' Committee on Social Inclusion and Persons with Disabilities; the Permanent Multi-sectoral Commission for the Implementation of the UNCRPD; and the Regional and Municipal Offices for the Attention of PWD (OREDIS and OMAPED).²⁵

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²¹ Peruvian Constitution 1993. Article 7.

²² Ibid. Article 16.

²³ Ibid. Article 23.

²⁴ Created by Supreme Resolution No. 085-2012-PCM, adopted on 23 March 2012.

²⁵ General Law on Persons with Disabilities. Article 72.

²⁶ Created by the Peruvian Congress in 2011.

sion and Persons with Disabilities;²⁷ the Permanent Multisectoral Commission for the Implementation of the UNCRPD; and the Regional and Municipal Offices for the Attention of PWD (OREDIS and OMAPED)²⁸

The multiplicity of actors in the disability field has led to the elaboration of various overlapping strategies. In 2008, CONADIS developed the 2nd Plan for the Equalization of Opportunities for Persons with Disabilities 2009 – 2018²⁹ with government actors and civil society organisations. In 2012, various ministries – the Ministry of Inclusion and Social Development (MIDIS), the Ministry of Health (MINSA), the Ministry of Education (MINEDU), and the Ministry of Labor (MINTRA) – developed the Multisectoral Strategy ‘Integral Social Inclusion of Persons with Disabilities’.

4.3 National surveys as the starting point of inclusion

In Peru, a lack of reliable, timely and comprehensive statistical information on the prevalence of disability has constituted a major obstacle to the inclusion of persons with disabilities in national policies and programmes.³⁰

Since 1940, numerous national census surveys have included data on disability, although these have been considered to constitute significant under-report, with disability prevalence estimated to be around

1% of the population.³¹ In 2006, more robust methods and definitions of disability emerged, leading to estimations of around 8% of the total population.³² The recent National Specialized Survey on Disability (ENEDIS), undertaken in 2012 by the National Institute of Statistics and Informatics (INEI), constituted the first comprehensive, specialized and quantitative instrument in the country, which was developed following the UNCRPD standards. ENEDIS estimated that, in 2012, 1,575,402 Peruvians could be considered as being persons with disabilities, representing a prevalence of 5.2% of the total national population. Another key finding from the survey was that only 7% of persons with disabilities had received a disability card, which hindered the access of all others to public services.³³

4.4 Comparison of disability inclusion in social protection programmes

According to the General Law on Persons with Disabilities, social programmes should include persons with disabilities, especially women, children and those living in poverty, and should cover expenses related to their disabilities (e.g. medical expenses, higher transport costs, etc.).³⁴ However, in the national strategy of social protection ‘Inclusion to Growth’, disability is viewed as a cross-cutting issue rather than a priority target. As a result, the identification criteria elaborated by the Household Targeting System – SISFOH – does not include any preferential access to persons with disabilities.³⁵

²⁷ Created by Supreme Decree 080-2008-PCM, published on 4 December 2008.

²⁸ General Law on Persons with Disabilities. Articles 69 – 70.

²⁹ Adopted by Supreme Decree 007-2008-MIMDES, published on 23 December 2008. The first Plan for the Equalization of Opportunities for People with Disabilities 2003-2007 had many weaknesses that limited its impact, according to a report issued by the Congress. See: Francke, Pedro & others. Equal Opportunities for Persons with Disabilities Plan 2003 – 2007. Balance and proposals (Congress of the Republic of Peru 2006).

³⁰ Samaniego, Pilar. Approach to the reality of people with disabilities in Latin America. CERMI 2006.

³¹ INEI. National Specialized Survey on Disability (ENEDIS), p. 17.

³² Ibid.

³³ Ibid., p. 16.

³⁴ General Law on Persons with Disabilities. Article 61.

³⁵ The new Socioeconomic Format Sheet (FSU 2013), approved by Ministerial Resolution No. 066-2013-MIDIS, includes a question on the disability condition of household members, but this data is not part of the criteria for focalization.

When comparing the key national social protection programmes in Peru, one notes that the only programme that has a specific measure in place targeting persons with disabilities is FONCODES, which has created the Guarantee Fund For Persons with

Disabilities, FOGADIS.³⁶ The other four programmes – Cuna Mas, Qali Warma, Juntos and Pensión 65 – have not put in place specific measures to identify and accommodate persons with disabilities and create specific measures to respond to their needs (see Table 2).

Table 2: Comparison of Disability Inclusion in Social Protection Programmes

Social protection programme	Objectives	Target population	Coverage	Attention to persons with disabilities
Cuna Mas	To improve infant development via two means of intervention: day care service at Cuna Más Integral Child Centres and support services to poor families.	Children between 6 and 36 months old.	109,000 infants in 2014	In theory, the programme gives priority to children with disabilities and centre staff are trained in inclusion. In practice, there is no evidence and data demonstrating that children with disabilities are systematically included.
Qali Warma	To guarantee a high-quality and diversified nutrition for children in public infant schools (from the age of 3) and public primary schools.	Children between 3 and 10 years old.	2.7 million children in 2014	No specific focus on disability. Children with disabilities excluded by default as 79% of them do not attend school. ³⁷
National Fund for Cooperation and Social Development (FONCODES)	To allow poor households living in rural areas to increase their incomes through access to financing mechanisms and skills development.	Municipalities and poor households		No specific measure of accessibility in infrastructure, but creation of a Guarantee Fund For Persons with Disabilities – FOGADIS.
Juntos	Conditional monetary transfer programme designed to relieve poverty and stimulate human capital in the poorest households of Peru.	Pregnant women, children and adolescents	734,000 households in 2014 in 18 out of 25 regions	No specific measure in place. Minors with severe impairments can be exempted.
Pensión 65	To provide a monthly pension to people over the age of 65, who are suffering from extreme poverty and receive no other benefits.	People over 65	420,000 individuals in 2014	No specific measure in place. Facilities for payment.

Source: SODIS/CRONICAS.

³⁶ FONCODES. PAME: <http://www.foncodes.gob.pe/portal/index.php/programmeas/programmeas-pame> (Acceded on December, 2014).

³⁷ Interview with the Directorate of Special Basic Education of the Ministry of Education held on November 2014.

4.5 Juntos - National Programme for Direct Support to the Poorest

Juntos is a conditional cash transfer programme designed to relieve poverty and stimulate human capital in the poorest households of Peru. Juntos is implemented in 18 of the 25 regions with the highest rates of population under extreme poverty conditions.³⁸ It provides cash incentives with help and guidance to improve the economic capacities of households with pregnant women, children and adolescents up to the age of 19 attending school. The programme transfers 200 soles every two months (approximately 70 US dollars) to the mother of the household under the condition that the children in the household regularly attend school and health services (see Table 3). The amount of cash is estimated to represent on average 15% of household budgets, which compared to other cash transfer programmes in the region is one of the least generous.³⁹

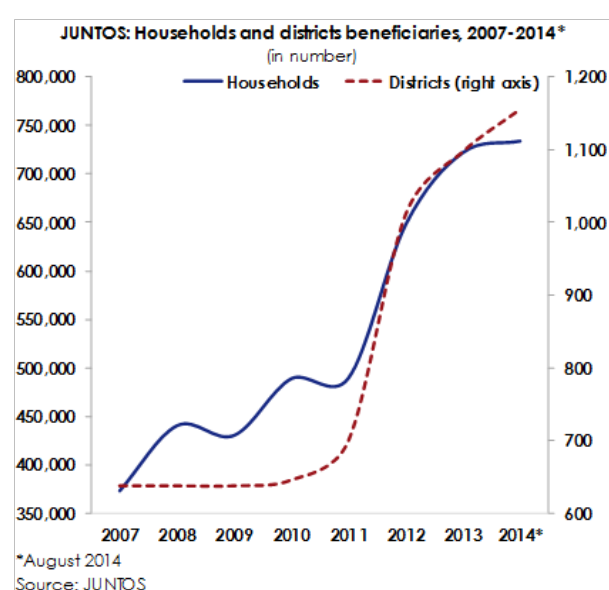
Table 3: Programme Conditionalities

Interviewee	Age of the child
For children under 6 years, pregnant and lactating women:	Attend regular health checks: CRED for children, pre-natal and post-natal checks for women
For children between 6-14 years who did not complete primary school:	School attendance for at least 85% of the school Year.

Source: Perova and Vakis 2012.⁴⁰

The coverage of Juntos has increased since its creation in 2005. The programme started by covering some specific rural areas (110 districts situated in the Andean region, specifically in the departments of

Apurimac, Ayacucho, Huancavelica and Huanuco), and, since 2011, Juntos has covered the whole country. The number of beneficiaries has increased from 124,025 persons in 2005 to 2,765,521 persons in 2011, representing about 7.6% of the total Peruvian population and 21.2% of the population living in extreme poverty.⁴¹



An evaluation of the programme conducted by the World Bank in 2005 – 2007 showed that Juntos had a positive impact on households' welfare indicators:⁴² Juntos contributed to increase overall consumption of households by 33% and income by 43%. It also contributed to poverty reduction in targeted districts by 14% and extreme poverty reduction by 19%. In terms of utilisation of health services, children included in Juntos were 69% more likely to have received health checks and pregnant women were 91% more likely to have delivered in health facilities. In terms of education, Juntos had no impact on the number of new registrations, but positively impacted by 25% the attendance rate of children already registered. Nevertheless, longitudinal studies did not find a direct relationship between house-

³⁸ MIDIS. Infomidis: <http://programas.midis.gob.pe:8081/MAPAS/> (Acceded on August, 2014).

³⁹ Perova, Elizaveta and Renos Vakis. 'Welfare impacts of the 'Juntos' Programme in Peru: Evidence from a non-experimental evaluation' (World Bank, 2009), p. 23.

⁴⁰ Adapted from Perova & Vakis, Welfare impacts of the 'Juntos' Programme, p. 4.

⁴¹ Lavigne, Milena. 'Social protection systems in Latin America and the Caribbean: Peru' (ECLAC 2013), p. 20.

⁴² Perova & Vakis, Welfare impacts of the 'Juntos' Programme in Peru, p. 2.

hold's nutrition levels and programme intervention, except concerning chronic child malnutrition.⁴³

Other qualitative studies have reported promising results regarding health and educational family practices;⁴⁴ consumption habits;⁴⁵ banking and savings;⁴⁶ small productive activities;⁴⁷ and perceptions of the State,⁴⁸ but also negative impacts of the programme including pressure on children, local conflicts, and abuses and misuses related to conditionalities. In relation to gender issues, Juntos generated a positive impact on women's empowerment and family dynamics, including changes in women's self-perceptions regarding their power in the household, changes in women's daily routine, and a greater involvement of men in domestic activities.⁴⁹ However, some authors have highlighted the risk of Juntos reinforcing traditional roles of women in child care.⁵⁰

4.6 Persons with disabilities and Juntos

During the 2012 national survey, 87% of persons with disabilities reported not benefiting from any social programme, and only 0.8% declared being included in Juntos.⁵¹ In terms of enrolment conditions, until November 2014, children with disabilities could be included in two circumstances: i) the child was able to attend school or ii) the child was not able to attend school but the household had other targeted members.⁵² In the second case, the child with disabilities would be exempted from the household's school attendance conditionalities. However, if the child with disabilities was the only child in the family, the household would be excluded from Juntos. Since the new enrolment directive in November 2014, the household would not be excluded but would only be obliged to meet the conditionalities regarding nutrition and health (but not school attendance).⁵³

The percentage of children and adolescents with disabilities within the education system is very low, and the provision of special education is very limited. In addition, only a low percentage of regular schools are able to offer inclusive education.⁵⁴ This low rate of school attendance among children with disabilities makes meeting the conditionalities of Juntos very challenging for households with one or more children with disabilities.⁵⁵ Moreover, more than 20% of Peruvian special education schools are located in Lima, which is not covered by Juntos.

Other problems faced by parents of children with disabilities are related to transportation costs and other additional costs related to the child's impairments, such as purchase of assistive devices, and adaptation of the house, which may not be covered

⁴³ Sánchez, Alan and Miguel Jaramillo. JUNTOS impact on early nutrition. (Working Paper series BCR 2012), p.2; Escobar, Javier and Sara Benites. Evaluation Study (Young Lives 2012), p. 19-20.

⁴⁴ Jones, Nicola; Vargas, Rosana and Eliana Villar. 'Conditional Cash Transfers In Peru: Tackling The Multi-Dimensionality Of Poverty And Vulnerability' in Alberto Minujin et al. (ed.) Social Protection Initiatives for Families, Women and Children: An Analysis of Recent Experiences (UNICEF 2007), p. 19.

⁴⁵ Díaz, Ramón & others. 'Analysis of the implementation of the Juntos programe in the regions of Apurímac, Huancavelica and Huanuco' (CIES - CARE 2009), p. 37; and Escobar & Benites, Evaluation Study, p. 6.

⁴⁶ Trivelli, Carolina; Montenegro, Jimena & María Cristina Gutiérrez. 'A year saving. First results of the pilot program 'Promoting savings in Juntos families'' (IEP 2011), p. 2.

⁴⁷ Streuli, Natalia. 'Children's Experiences of a conditional cash transfer in Peru and its implications on their Social Worlds' (Young Lives 2010), p. 1.

⁴⁸ Correa Aste, Norma & Terry Roopnaraine. 'Indigenous Peoples and Conditional Cash Transfer Programme' (BID 2014), p. 5.

⁴⁹ Jones and others, Conditional Cash Transfers in Peru, p. 10.

⁵⁰ Streuli, Children's Experiences, p. 25.

⁵¹ INEI, National Specialized Survey on Disability (ENEDIS), p. 172.

⁵² Executive Direction Resolution No 42-2013-MIDIS/PNADP-DE, adopted on 11 June 2013.

⁵³ Executive Direction Resolution No 138-2014-MIDIS/PNADP-DE, adopted on 14 November 2014.

⁵⁴ Tovar Samanez, Teresa. 'The decade of the inclusive education for children with disabilities 2003-2012' (CNE 2013), p. 115.

⁵⁵ Streuli, Children's Experiences, p. 4.

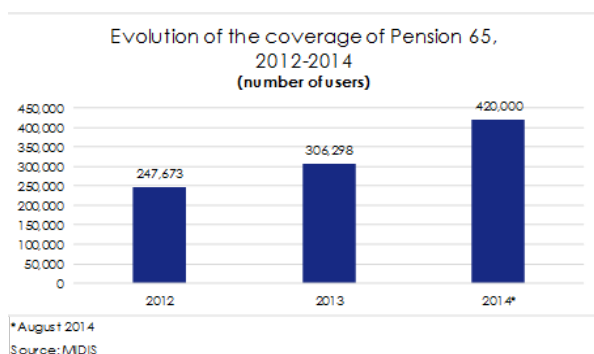
by the monthly 100 soles (70 USD) provided by Juntos.⁵⁶

Disability has thus not been a priority for Juntos. As a result, the Juntos database does not contain national data on children and adults with disabilities, with the exemption of those exempted from conditionalities.

4.7 Pensión 65

Pensión 65 is a non-contributory and solidary pension scheme. It provides 250 soles every two months (approximately 83 US dollars) to every person over the age of 65 who is suffering from extreme poverty and does not receive any other benefit.

An additional benefit for people enrolled in Pensión 65 is the automatic affiliation to the Integral Health Insurance (SIS) scheme to give them access to free healthcare.



Pensión 65 is not specifically designed for persons with disabilities and there is no documented data

about how many elderly people benefiting from Pensión 65 are persons with disabilities. However, one can reasonably assume that there is a high proportion of persons with disabilities amongst Pensión 65 members, considering that in Peru 32% of people with a mobility difficulty are over 65, 60% of people wearing hearing aid are over 65 and 61% of people wearing glasses are over 65 (INEI, 2012).

Both the National Pension Scheme (NPS) and the Private Pension Scheme (PPS) offer pension schemes for workers who acquire an impairment. The disability pension with NPS is based on a pay-as-you-go system. The monthly pension represents a minimum of 50% of the referential monthly wage and increases with the number of dependants. With PPS, the disability coverage is an insurance scheme. The monthly contribution to the PPS includes a payment into a disability insurance. The monthly pension varies between 50% and 70% of monthly salaries depending on the severity of impairment.⁵⁷

Recently, the government has created a non-contributory pension system for persons with severe impairments living in poverty.⁵⁸ Accordingly, a person with severe impairments will have to opt between the disability pension and working.

⁵⁶ Resolution No 138-2014-MIDIS/PNADP-DE.

⁵⁷ Lavigne, Social protection systems in Latin America, p. 14.

⁵⁸ General Law on Persons with Disabilities. Article 59.

5

Health policies and persons with disabilities



5.1 A protective and non-discriminatory legal policy framework

The Peruvian Constitution explicitly recognizes for persons with disabilities the right to protection, care, rehabilitation, and safety. The General Health Act, Law No. 26842, amended by the General Law on Persons with Disabilities, states in its Article 9 that a person with disabilities is entitled to receive health services and quality rehabilitation, without discrimination, on an equal basis with others. Under this act, the Ministry of Health must ensure the availability and accessibility of assistive technologies, devices, drugs, and compensatory aid necessary for care and rehabilitation of persons with disabilities.⁵⁹

Although the Ministry of Health (MINSA) has not established a specific Department of Disability and Health, major progress has been made in recent years on disability-related health policies. Two new national strategies focusing on disability have emerged: (i) the Equal Opportunity Plan for Persons with Disabilities 2009 – 2018 (PIO); and (ii) the National Human Rights Plan 2014 – 2016. In 2014, for the first time in Peruvian health history, a budget of 27 million soles was allocated to health, habilitation and rehabilitation services for persons with disabilities in the 'Integral Social Inclusion of Persons with Disabilities' Programme. For 2015, the programme budget was doubled and expanded to include new activities in a rebranded programme entitled 'Prevention and management of secondary health conditions in persons with disabilities'.

5.2 Health Insurance and persons with disabilities

In 2009, the National Congress approved the Universal Health Insurance Framework Law (Law No. 29344), which changed the design of the Peruvian health insurance system. The Universal Health

Insurance (*Aseguramiento Universal de Salud* – AUS) aims to guarantee health insurance coverage to all residents regardless of their working condition or economic situation. It was translated into a Health Insurance Essential Plan (*Plan Esencial de Aseguramiento en Salud* – PEAS). The PEAS formulation was based on a burden of disease study,⁶⁰ and resulted in a priority list of 140 insurable conditions, estimated to cover 65% of the national burden of disease.⁶¹ The reform aims to improve not only population coverage, but also financial and services coverage.⁶²

In general, health insurance coverage of the general population has improved significantly over the last decade in Peru, from 37.3% of the Peruvian population insured in 2004, compared to 52.7% in 2008 and 61.9% in 2012. According to INEI, only 38% of persons with disabilities in Lima had health insurance in 2006,⁶³ compared with 62% in 2012.⁶⁴ Among persons with disabilities who were insured, 48% were covered by SIS, 46.5% by EsSalud, 3% by an Army and Police Forces insurance, 1.4% by private insurance, and 1.3% by another kind of insurance, such as EPS, university insurance or private school insurance. The geographical distribution of coverage varied considerably: in urban areas, 35.6% of persons with disabilities were covered by SIS and 57.7% by EsSalud, whilst in rural areas 91.2% were covered by SIS and only 7.3% by EsSalud.

Despite recent progress, limited data is available on disability and health insurance. In 2013, MINSA commissioned the Nation Health Council (CNS) to review the implementation of the health insurance reform amongst persons with disabilities. The resulting policy report⁶⁵ proposed a variety of improvements to the financing of the health system and its

⁶⁰ MINSA. Burden of Disease Study (2004).

⁶¹ USAID. The health insurance essential plan. Conceptual and methodological aspects (2011). p. 19.

⁶² MINSA. Management Report. A year of implementation of universal health insurance (2010). p. 3–4.

⁶³ INEI. 2006 Household Survey on Disability in Lima and Callao (EHODIS).

⁶⁴ INEI. 2012 National Specialized Survey on Disability (ENEDIS).

⁶⁵ Health National Council – CNS. Documento de política: El Perú saluda la vida (MINSA, 2013).

⁵⁹ General Law on Persons with Disabilities. Chapter V.

various health insurance mechanisms. It was noted that the SISFOH poverty criteria excluded a large group of the population with disabilities who, while not extremely poor, could not afford the price of rehabilitation services.⁶⁶ This was confirmed by the national survey, which highlighted that 22.6% of persons with disabilities could not afford health services and 35.4% rehabilitation services. The Health Insurance Essential Plan (PEAS) did not cover mental health problems and chronic conditions, although it did offer limited coverage of rehabilitation services. The review also noted that the significant transport costs to access services may diminish the value of the benefit itself. Rehabilitation centres were also assessed as the least accessible public places, just after bus stops and markets.⁶⁷

⁶⁶ The National Committee on Disability of the Health National Council is composed by CONADIS members, Community Social organizations representants and national experts, among others. .

⁶⁷ INEI. National Specialized Survey on Disability (ENEDIS). p. 14.

6

Education and persons with disabilities



6.1 Legal framework

The education system in Peru is regulated by the Constitution of 1993 and the General Law of Education of 2003. It is divided into two stages: basic education and higher education. Basic education is provided in two additional modalities: Basic Alternative Education (Educación Básica Alternativa – EBA) and Basic Special Education (Educación Básica Especial – EBE). Basic Alternative Education is a modality targeting youths aged above 14 years old and adults who did not complete basic regular education. Basic Special Education is mainly directed towards students with disabilities, giving direct attention to students with severe and multiple impairments and providing support to students with disabilities included in regular schools.

The Peruvian Constitution stipulates the duty of the State to ensure that no one is denied an education on the grounds of ‘mental or physical limitations’.⁶⁸ Furthermore, its Article 14, fourth paragraph, states: ‘Education is provided, at all levels, subject to constitutional principles and aims of the educational institution.’

The General Law of Education of 2003⁶⁹ and the General Law on Person with Disabilities of 2012, as well as its regulations, provide the main national legal framework for the educational system targeting persons with disabilities. The General Law of Education states that inclusion is one of the crucial guiding principles of Peruvian education, along with: ethics, equity, quality, democracy, and interculturality. The State has a duty to promote and ensure the inclusion of persons with disabilities in institutions at different stages, modes and levels of the national education system, ensuring the physical adequacy of its infrastructure, furniture and equipment; distributing adapted and accessible educational materials; ensuring the availability of trained teachers; and teaching of Braille, sign language and other modes, means and formats of communication (Article 20-A).

The General Department of Basic Special Education (Dirección de Educación Básica Especial – DIGEBE) at the Ministry of Education (MINEDU) is the governing body responsible for defining, promoting and managing inclusive education. As a complement, the National Roundtable for the Dialogue and Joint Action for Inclusive Education, created by Ministerial Resolution No. 313-2011-ED, was established to foster dialog between the State and civil society to promote inclusive education of persons with disabilities.

6.2 Policy framework

Inclusive education began to emerge in Peru in 2003 when the Peruvian Government declared the ‘Inclusive Education Decade: 2003-2013’, followed by a series of complementary policies and plans. The Plan for Equal Opportunities for Persons with Disabilities (PIO) 2009-2018 sets education as a priority area and suggests a series of actions including the design and implementation of inclusive education policies; the access, permanence and success of students with disabilities included in the education system; the accessibility of information and use of technological resources; the removal of barriers to inclusion; and the design and implementation of measures for inclusion in higher education.

Since 2013, the Peruvian government has implemented the ‘Inclusion of children and youth with disabilities in basic and productive technical education’ Programme (Programme Budget No 0106). This programme aims to improve educational services for children and youth with disabilities in basic and technical-productive education, strengthening specialized support services for inclusion in regular classrooms, and ensuring attention to students with severe and multiple impairments. In 2014, the budget was 127.5 million soles, with more than 89% of this budget allocated to the special education system. For 2015, the budget was maintained at the same level.

⁶⁸ The Peruvian Constitution of Peru. Article 16.

⁶⁹ Law 28044.

In late 2014, the MINEDU issued a Technical Directive named 'Standards and Guidelines for the Development of School Year 2015 in Basic Education', approved by Ministerial Resolution No. 556-2014-MINEDU. This annual directive recommends that public and private regular schools must keep at least two vacancies per classroom for pupils with disabilities. If the school includes 10 or more students with disabilities, it must guarantee a specialized teacher. Schools must also ensure that classrooms with students with disabilities have a lower teacher-student ratio than that required for the level and type of education.⁷⁰

⁷⁰ In last year's directive, although the rule prohibited assessing children during the registration process, private schools could do it in case of 'special educational needs, enabling prioritization of students to admit when applications exceed the number of vacancies.

Table 4: Chronological evolution of support for inclusive education

Year	Support
1980s	Establishment of Special Education Centres (<i>Centros de Educación Especial – CEE</i>) with initial and primary education for students with disabilities aged six and above. Establishment of Support and Complementary Services for the Integration of the Exceptional (<i>Servicios de Apoyo y Complementación para la Integración del Excepcional – SACIE</i>) to support students with mobility and sensorial impairments in integrated regular schools starting from secondary level. Some special education classes were also established in regular schools in areas where there was no CEE.
1982	The Education General Law 23384, established the Direction for Basic Special Education (<i>Dirección de Educación Básica Especial – DIGEBE</i>)
1990s	Development of the Integration Project of children with special needs in regular schools with UNESCO supervision. PWD were included in the regular school system for the first time.
2003	The new Education General Law 28044 established an inclusive approach to the education system and created the Basic Special Education Modality with an inclusive approach.
2003-2012	Supreme Decree No 026 – declared the ‘Inclusive Education Decade 2003-2012’ which established the need for the formulation and design of plans, conventions, programmes and projects.
2006	Creation of the National Department for Basic Special Education (<i>Dirección de Educación Básica Especial – DIGEBE</i>).
2008	Creation of Resources Centres for Basic Special Education (<i>Centros de Recursos de la Educación Básica Especial – CREBE</i>) Creation of a ‘Dialogue Roundtable and Coordinated Action for Inclusive Education’, which was then ratified at ministerial level in 2011 and reaffirmed in 2013.
2012	Creation of the temporary Sectorial Commission for Education of Students with Disabilities, responsible for the evaluation of plans, programmes, projects and processes which guarantee access, permanence, good treatment and school success to all students with special needs related to disability and to exceptional talent. Adoption of the General Law on Persons with Disabilities.
2013	Creation of the Programme Budget ‘Inclusion of children and youth with disabilities in basic and productive technical education’.
2014	Entry into force of the Regulations of the General Law on Person with Disabilities, which included a dedicated section on inclusive education.

Source: Tovar, 2013.

6.3 Poor level implementation of education policies

Several surveys and studies documented the level of access to education amongst persons with disabilities. ENEDIS showed a high level of exclusion in the education sector. In 2012, 23.6% of persons with disabilities had no education or only initial education, only 40.4% had attended primary school, and 22.4% attended secondary education. Only 1.7% had attended special basic education. In rural areas, 44.1% of persons with disabilities did not have any education. Disaggregating the data by gender, 57.7% of women with disabilities did not have any education, compared to 30.2% of men with disabilities. In this regard, the UN Committee on the Rights of Persons with Disabilities noted its concern about 'existing gaps in the de facto implementation of these provisions, in particular at the illiteracy rate among the indigenous peoples and Afro-Peruvian communities, and the impact that this may have on the indigenous and minority children with disabilities'.⁷¹

The Ombudsman Office pointed out in its Report No. 155 (2011) that 52% of school principals interviewed acknowledged that their school was not prepared for receiving pupils with disabilities.⁷² Tovar (2013) showed that 25% of institutions refused to admit children with disabilities. According to the 2013 National Educational Institutions Survey, prepared by the INEI, less than 1% of schools have the required conditions of physical accessibility for persons with disabilities.⁷³ The Ombudsman's Office also reported that 50% of schools do not have accessible entrances and none of these schools had requested support to improve the situation.⁷⁴ According to the Ombudsman's Office, 92.1% of supervised schools reported not having received any type of material suitable for the inclusion of students with disabilities.⁷⁵ 70% of teachers felt un-prepared or un-trained to deliver inclusive education.⁷⁶ In 2014, only 10% of schools had received support from the Support and Counselling Services for Special Educational Needs (*Servicios de Apoyo y Asesoramiento de las Necesidades Educativas Especiales* – SAANEE).⁷⁷

⁷¹ UN Committee on the Rights of Persons with Disabilities. Concluding observations on the initial report of Peru. Document CRPD/C/PER/CO/1 (2012). Paragraph 37.

⁷² The Ombudsman's Office of Peru. 'Children with disabilities: Scope and limitations in implementing the policy of inclusive education in primary schools'. Report No. 155 (2011). p. 94-95.

⁷³ INEI. 2013 National Educational Institutions Survey.

⁷⁴ The Ombudsman's, Children with disabilities, p. 111.

⁷⁵ Ibid p. 100.

⁷⁶ Tovar, The decade of the inclusive education, p. 88.

⁷⁷ MINEDU. 2014 School Census.

7

Employment and persons with disabilities



7.1 Legal framework

There has been some priority towards enacting laws that promote the entry of Persons with Disabilities to the labour market. The Peruvian Constitution states that the 'disabled person who works' has priority protection from the State under the labour 'protective principle'.⁷⁸

The General Law on Persons with Disabilities also recognizes the right to work and incorporates a chapter on the employment of persons with disabilities that covers employment services, anti-discrimination measures, reasonable accommodation, promotion of employment (quotas, incentives, and additional points in merit competitions for public sector jobs), and a special scheme for businesses formed by persons with disabilities. The General Law on Persons with Disabilities also establishes that employers who hire persons with disabilities have an additional deduction in the payment of income tax.⁷⁹

Mainstream labour legislation has also incorporated specific rules on the employment of persons with disabilities in both public and private sectors.

7.2 Policy framework

Labour opportunities for persons with disabilities in Peru are highly informal and precarious. According to INEI, 2.6% of persons with disabilities are unemployed, 76.8% face economic inactivity; and 58.2% of those who are employed work independently.⁸⁰ Persons with intellectual impairments have the highest unemployment rates (16.6%) and gender differences are significant.⁸¹ Low levels of human capital and low private sector demand, as well as stigma and discrimination, are factors that explain low labour

market participation and employment of persons with disabilities.

Peruvian employment policies related to persons with disabilities are very limited in scope and focus primarily on unemployment rather than economic inactivity.⁸² Two main public labour programmes target persons with disabilities. 'Soy Capaz' ('I am able'), launched by CONADIS in 2012, and promotes the employment of persons with disabilities through a network of job boards. Secondly, a pilot programme called 'Trabaja conmigo, empleo con apoyo' ('Work with Me, Supported Employment') has been established to promote labour inclusion of youth and adults with Down syndrome and Asperger syndrome. In 2013, the Ministry of Labour (MINTRA) created a budget programme titled 'Inclusion of youth with disabilities in the labour market' (Budget Programme No. 0102), which aimed to provide access to employment services to persons with disabilities. However, this was then deactivated in 2014.

MINTRA's mainstream policies have been relatively more effective in including persons with disabilities in general workfare programmes. 'Trabaja Perú', for example, targets employment opportunities in the informal sector, specifically in the construction sector, and this matches with the low level of human capital among persons with disabilities. Trabaja Perú operates along with other programmes: 'Vamos Perú', an orientation and training programme; 'Jóvenes a la obra', a labour training programme for youth; and 'Proempleo', a labour intermediation services programme. After a slow start, these programmes have been increasingly incorporating beneficiaries with disabilities.⁸³

Peru has also established a quota system both for private and public employers. According to the General Law on Persons with Disabilities, public entities are required to hire persons with disabilities con-

⁷⁸ Peruvian Constitution 1993. Article 23.

⁷⁹ General Law on Persons with Disabilities. Article 47.2.

⁸⁰ INEI. National Specialized Survey on Disability (ENEDIS). p. 127-131.

⁸¹ Ibid.

⁸² Maldonado, Stanislao. 'Government Policy and Employment of Persons with Disabilities in Peru' in Heymann, Jody; Ashley Stein, Michael and Gonzalo Moreno. Disability and Equity at Work (Oxford Scholarship Online 2014), p. 4.

⁸³ MINTRA. Statistics Yearbook: <http://www.trabajo.gob.pe/mostrar-Contenido.php?id=86&tip=86> (Acceded on November, 2014).

stituting not less than 5% of its staff, whilst private employers with more than fifty workers are required to employ persons with disabilities at no less than 3%. Despite this, information collected by CONADIS in 2010 shows that only 0.5% of the public labour force is composed by persons with disabilities. According to results from the MINTRA's National Survey of Monthly Change in Employment (ENVME) in March 2014, 8.8% of Peru's total formal private companies with 10 or more workers, and 14.7% of those in Lima, do not have any staff with disabilities.

In relation to training programmes and placement services, the efforts made by the institutions in charge have been insufficient and have had little impact.⁸⁴ While the MINTRA has been implementing its obligations through the employment programmes detailed above, CONADIS has created the educational centre 'Alcides Solomon Zorrilla' in Callao, which provides productive and technical training to PWD in areas related to jobs traditionally thought of as appropriate for PWD.⁸⁵

⁸⁴ Maldonado, Government Policy and Employment, p. 12.

⁸⁵ CONADIS. CETPRO Alcides Carrión: <http://conadisperu.gob.pe/cetpro/88-cetpro-alcides-salomon-zorrilla.html> (Acceded on November, 2014).

8

Women with disabilities



8.1 Gender equality and persons with disabilities

The Peruvian policy framework for gender equality is outlined by Law No. 28983, Law on Equal Opportunities for Women and Men (LIO), and the National Plan for Gender Equality (PLANIG) 2012-2017. The LIO establishes the legal, institutional and policy framework to ensure that women and men exercise their rights without discrimination in all spheres of life; whereas the PLANIG is the instrument aiming to mainstream gender in the three levels of government and ensure non-discrimination. The Ministry of Women and Social Development (MIMP) is the lead agency, responsible for equal opportunities for women. Therefore, it is responsible for coordinating and monitoring the implementation of the LIO and PLANIG in both the public and private sectors at national, regional and local levels.

The General Law on persons with disabilities stipulates the equality between men and women as a general principle of policies and programmes of different sectors and levels of government.⁸⁶ However, despite the reliable evidence in relation to the differences in access to education, health, work and social protection between women and men with disabilities; the policy instruments regarding persons with disabilities have not included a gendered approach. The PIO 2009-2018 refers to gender equality only in one concrete action: the prevention of disability in women of childbearing age. In the case of the PLANIG, disability is mentioned in three actions among other disadvantaged groups, but without a specific gendered approach to persons with disabilities.

In this regard, the UN Committee on the Rights of Persons with Disabilities manifested its concerns at the lack of measures directed towards women with disabilities in the PIO 2009-2018 and national legislation.⁸⁷ The Committee urged Peru to 'accelerate

its efforts to eradicate and prevent discrimination against women and girls with disabilities, by incorporating gender and disability perspectives in all programmes, as well as by ensuring their full and equal participation in decision-making'.⁸⁸

8.2 Sexual and reproductive health

Peru has one of the highest rates of maternal mortality in the region. Per 100 thousand births, 93 women die from causes related to pregnancy.⁸⁹ In addition, only 52% of women who live with their partners use modern family planning methods, and only 45% of women plan their pregnancies. Adolescent pregnancy is also high. 13% of women between 15 and 19 years have been pregnant. Among men of the same age group, less than 1% are parents. In 2012, 1273 new cases of HIV and 326 cases of AIDS were detected in persons aged 15 to 29 years.

The General Law on Persons with Disabilities declares that the State must guarantee access to comprehensive health services, including sexual and reproductive health services. Nevertheless, the national health strategy for sexual and reproductive health implemented by MINSA does not include actions specifically targeting persons with disabilities. Moreover, until 2012, the Technical Norm for Family Planning approved by Ministerial Resolution No. 536-2005/MINSA (2005), declared that persons with 'mental incompetence' could be sterilized without their free and informed consent.

8.3 Violence against women

According to the Demographic and Family Health Survey,⁹⁰ in 2013, 71.5% of women have experienced violence caused by their husbands or partners at some point in their lives. 67.5% have suffered psy-

⁸⁶ General Law on Persons with Disabilities. Article 4.1.

⁸⁷ UN Committee on the Rights of Persons with Disabilities. Concluding observations on the initial report of Peru. Document CRPD/C/PER/CO/1 (2012). Paragraph 14.

⁸⁸ Ibid. Paragraph 15.

⁸⁹ ENDES 2013.

⁹⁰ ENDES 2013.

chological or verbal violence, 35.7% physical violence, and 8.4% have been sexually assaulted. Differences in the experience of violence by education and poverty levels are not significant. Only in 2013, 12.1% of women have experienced violence caused by their husbands or partners. 40.1% of women victims of physical violence did not seek help. Moreover, 104 femicide victims were recorded in 2013.

Although there is no data available in relation to persons with disabilities in the ENDES, it is worth noting that a report on sexual violation between 2000 to 2009 showed that a number of victims reported to have 'psychic anomaly', 'altered consciousness', 'mental retardation', and 'inability to resist' (Mujica, 2011).⁹¹ Based on the criteria used by the police, these categories refer in many cases to people with intellectual and psychosocial impairments. Another study by the Ombudsman Office on female rape victims reported that 18.8% of the victims had some

form of 'mental disability', constituting the second highest group in the sample.⁹²

The Peruvian State has approved two National Plans to Combat Violence against Women (2002-2007 & 2009-2015), which proposes the development and implementation of public policies to address the problem of violence against women. The first national plan encountered troubles in its implementation mainly related to the insufficiency of resources and the lack of intersectoral coordination. In this regard, the second plan has ensured a sectoral and participatory approach, recognizing the necessary intervention and coordination of all sectors. However, the Ombudsman's Office of Peru has also identified difficulties in the implementation of the second plan,⁹³ and neither of these plans have included actions related to violence experienced by women with disabilities.

⁹¹ Mujica, Jaris. Sexual violence in Peru 2000-2009 (Promsex 2011), p. 102.

⁹² The Ombudsman's Office of Peru. 'Sexual violence in Peru. A study of court cases'. Report No. 04-2011-DP/ADM (2011).

⁹³ The Ombudsman's Office of Peru. 'Balance on the implementation of the National Plan to Combat Violence against Women 2009-2015'. Report No. 003-2013-DP/ADM (2013).

9

Conclusions



The policy analysis shows that, despite legal and policy advances regarding the rights of persons with disabilities, such as the new General Law on Persons with Disabilities, Peruvian State interventions are still insufficient and limited to disability-related institutions. Recent data and reports show significant barriers and exclusion from access on equal terms to health services, education, employment, and social protection programmes, in particular in the case of women and those living in rural areas.

Although the Peruvian government has put significant emphasis on implementation of social protection programmes in the poorest areas of the country, directing its efforts towards the most vulnerable and disadvantage populations, persons with disabilities have not been targeted or prioritized by the new social programmes, and no significant differences have been established for their attention. Moreover, social protection programmes do not adequately consider the problems and vulnerabilities that affect persons with disabilities and, thus, the particular needs of this group are not properly addressed. Therefore, it is not expected that social protection programmes will have a full and positive impact on the population with disabilities until a disability perspective is incorporated.

Regarding health and education programmes, access remains an important challenge, in particular in relation to children with disabilities. Lack of accessibility – to the physical environment, to transportation, to information and communications – is a

key barrier to the full participation of persons with disabilities, but it also has a negative impact on the households' economy. In addition, absence of trained professionals and specialists in health and educational settings, as well as support services, calls into question the quality of services offered. This situation involves intersectoral challenges that are not being addressed. Fostering linkages to CONADIS and other mainstream and disability-related entities may promote a more joined-up approach to overcoming all challenges in social protection, especially with regard to ensuring universal access to health and education services and improving the quality of services.

In addition to the pressing need to improve the coverage and quality of services available for PWD, disability-associated costs should be taken into account in the implementation of social protection schemes. As the theoretical and empirical literature indicates, households with members with disabilities, in particular children, face substantial direct and indirect additional costs (Stabile & Allin 2012). Persons with disabilities have to independently meet the costs of a lack of accessibility, social adaptation, and exclusion. This may require differentiated attention to persons with disabilities within mainstream social protection programmes, including targeting and higher benefits; as well as the establishment of complementary disability-specific programmes.

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