

Report No: ACS18810

Middle East and North Africa Income Support for Persons with Disabilities in MENA: Social Insurance and Beyond

June 2016

GSP05

MIDDLE EAST AND NORTH AFRICA



Standard Disclaimer:

This volume is a product of the staff of the International Bank for Reconstruction and Development/ The World Bank. The findings, interpretations, and conclusions expressed in this paper do not necessarily reflect the views of the Executive Directors of The World Bank or the governments they represent. The World Bank does not guarantee the accuracy of the data included in this work. The boundaries, colors, denominations, and other information shown on any map in this work do not imply any judgment on the part of The World Bank concerning the legal status of any territory or the endorsement or acceptance of such boundaries.

Copyright Statement:

The material in this publication is copyrighted. Copying and/or transmitting portions or all of this work without permission may be a violation of applicable law. The International Bank for Reconstruction and Development/ The World Bank encourages dissemination of its work and will normally grant permission to reproduce portions of the work promptly.

For permission to photocopy or reprint any part of this work, please send a request with complete information to the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923, USA, telephone 978-750-8400, fax 978-750-4470, <http://www.copyright.com/>.

All other queries on rights and licenses, including subsidiary rights, should be addressed to the Office of the Publisher, The World Bank, 1818 H Street NW, Washington, DC 20433, USA, fax 202-522-2422, e-mail pubrights@worldbank.org.

TABLE OF CONTENTS

I. EXECUTIVE SUMMARY	6
II. DISABILITY INSURANCE.....	8
Eligibility Criteria.....	8
Benefit Levels	10
Disability Assessment.....	12
Costs of Disability Pension Programs	14
EGYPT 18	
III. BEYOND SOCIAL INSURANCE: MAPPING SOCIAL ASSISTANCE AND OTHER PROGRAMS FOR PWDs 22	
Mapping programs for PWD	23
Rehabilitation	23
Services 27	
IV. CONCLUSIONS	29
ANNEX I. SOCIAL INSURANCE SURVEY INSTRUMENT	30
ANNEX II: SOCIAL ASSISTANCE SURVEY INSTRUMENT	39
ANNEX III: HEALTH SURVEY INSTRUMENT.....	51
ANNEX IV: EDUCATION SURVEY INSTRUMENT	62
V. REFERENCES	73

ACKNOWLEDGEMENTS

This report was prepared by a team led by Gustavo Demarco. The estimates and analysis of disability pension costs were produced by Carlos Grushka. The section on rehabilitation was prepared by Moustafa Abdalla. Qinyao Wan provided critical inputs to an earlier version of this report. The section on Disability Assessment made extensive use of material prepared by Ilene Zeitzer. The institutional surveys were prepared by a team led by Gustavo Demarco, including the following members: Rene Antonio Leon Solano, Laura McDonald, Amina Semlali, Gbemi Adeniran, and Santhadevi Meenakshy.

The team would like to recognize the guidance received from Aleksandra Posarac and the constant encouragement and support from Iqbal Kaur. Peer reviewers were Rafael Rofman, Sergiy Biletsky and Charlotte Vuyiswa McClain-Nhlapo.

Vice President:	Hafez Ghanem
Director for Programs and Partnerships	Franck Bousquet
SP Global Practice Senior Director (Acting)	Omar Arias
SP Global Practice Director (Acting)	Anush Bezhanyan
SP Practice Manger (Acting)	Hana Brix
Task Team Leader	Gustavo Demarco

Acronyms

CAPMAS	Central Authority for Public Mobilization and Statistics (Egypt)
CRPD	United Nations Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organization
GEPF	Government Employee Pension Fund (Egypt)
GISI	General Institution for Social Insurance (Syria)
ICF	International Classification of Functioning, Disability and Health (WHO)
MENA	Middle East and North Africa Region (World Bank)
MOSS	Ministry of Social Solidarity (Egypt)
NDDSS	National Disability Determination Service System
NGOs	Non-government Organizations
PPEEPF	Public and Private Enterprise Employee Pension Fund (Egypt)
RBC	Regulation Basis Code
SSC	Social Security Corporation (Jordan)
USSSA	United States Social Security Administration
WCA	Work Capability Assessment
WHO	World Health Organization

I. EXECUTIVE SUMMARY

To date, there have been very few systematic approaches to ensuring the provision of adequate social services and assistance to persons with disabilities in MENA countries. Most wide-scale efforts include:

- a. **Income support:** Social Insurance programs provide income support to insured workers who become disabled; in addition, some programs also provide rehabilitation and eventually support reinsertion in the labor markets, although the first objective is predominant in these programs;
- b. **Social Assistance:** Assuming that poverty is higher among PWD than in the general population, Social Safety Nets programs often include categorical targeting for them, with objectives also mostly focused on income support;
- c. **Medical treatments and Rehabilitation:** programs are usually part of Health Insurance and Public Health programs, but they are also sometimes part of the Social Insurance benefit package;
- d. **Inclusive education:** Education programs promote the inclusion of children and youth with disabilities, with the overall objective of improving their life and work opportunities;
- e. A number of other programs address cross-cutting issues, such as infrastructure and transportation, to improve access to services.

Most countries in MENA lack integrated national disability policies, and while some public agencies have the mandate to coordinate the different programs, the effectiveness of any effort will face the challenges of inadequate information. Program coordination is missing or weak and even information about programs outreach and gaps is limited or non-existing. While some countries are making efforts to improve disability programs management, the use of systematic tools to collect and process information about the programs is very limited.

The first challenge facing any attempt to coordinate policies for PWD is the huge data gaps, while programs are so fragmented, have so many different objectives and run by public, private and international agencies.

This report proposes a toolkit which can be used to produce national assessments in MENA countries. The toolkit consists of a series of four questionnaires to be completed by institutions delivering specific programs in the areas of Social Assistance, Social Insurance, Health and Education. A first attempt was made to collect primary information from a selected group of countries in the region, but the level of response was low and it resulted evident that systematic collection of data from widespread sources can be best achieved if supported by field work, possibly in connection with ongoing operations, as in the case of a recent assessment produced by the World Bank in Palestine¹.

¹ Abu Alghaib, O. (2015)

Social Insurance programs are probably the ones where information is most readily available. In addition, there may be important learning for other programs if further analysis is conducted for these programs. Better understanding and improvements in critical related processes such as disability assessment, costs and the links with rehabilitation programs in Social Insurance may render important lessons for the better implementation of other programs addressed to PWD.

Social Insurance faces enormous challenges in the three areas mentioned above: assessment procedures are unclear, long term costs of the programs are hardly known and links with rehabilitation programs are weak. This report also explores ways to improve knowledge as the basis to set sound regulations in the area of Social Insurance.

Among them, the methodology presented in the report to estimate the long term costs of disability pensions can be a powerful tool to support policy dialogue. Results of its use in some countries in MENA are also presented and compared. While the overall expenditures in disability insurance represent a minor part of the overall Social Security expenditures, the absence of objective parameters to define disability may result in unexpected changes as the programs mature and covered population is extended or becomes older. The extent to which Disability Insurance meets basic principles of design, such as sustainability, adequacy and affordability can be better understood through the costing methodology presented in Section II of this report.

The logical sequence of to present our findings should start from a system's level, down to specific programs. However, given the relatively better availability of data on Social Insurance programs, we have adopted an alternative sequence, and present a discussion of disability pensions in Section II, followed by a presentation of the toolkit to assess programs from a system's perspective in Section III. Specifically, the toolkit is included as Annexes I to IV.

II. DISABILITY INSURANCE

Social Insurance and Social Assistance are probably among the largest programs providing income support and services to persons with disabilities as measured by their size, but they only cover part of the needs of a subgroup of people with disabilities: the insured workers of the formal sector and to some extent the “poor” or “vulnerable, usually defined in a rather unclear manner. In addition to income support, these programs usually include rehabilitation and healthcare support.

However, there is still an important vacuum concerning statistics and cost analysis of Social Insurance programs. Ad-hoc studies were performed by the World Bank for a group of countries in MENA, and the results are also summarized in this chapter.

Most countries in MENA provide social insurance programs for workers who become disabled, and in exceptional basis, also on a non-contributory basis. As a general rule, these programs provide income support and rehabilitation to workers who become disabled due to illness or accidents that result in a significant reduction of the ability of the worker to continue working. The illness or accident resulting in reduced capacity to work may be associated with the working conditions (work accident or injuries) or to any other reason (general disability programs).

Social Insurance programs provide the most important, regular and sustainable income support to people with disabilities in MENA. However, these programs only apply to workers who were already in the formal sector (thus, insured by some form of Social Security) at the time they became disabled, and only 35% of the labor force in MENA is covered by any social security program (Gatti, R. et al, 2011).

In addition, the way to define eligibility criteria (and thus the disability assessment) is sometimes unclear or not entirely objective, and seldom follows international benchmarks generally accepted as best practices.

While Social Insurance disability programs are normally considered to be an integral part of the pension programs, the definition of the monetary benefits is not always consistent with the general principles from which old age pensions derive. In addition, the design of these programs has been the result of less careful attention than other Social Security interventions: old age pensions have been at the center of pension policy design, and even unemployment and health insurance programs have received larger attention. Social Security programs do not have separate costing of disability programs, and the extent to which they comply with basic principles of design, such as sustainability, adequacy and affordability are not known.

Finally, while disability insurance programs usually include in-kind benefits (such as access to rehabilitation) in addition to the monetary ones, implementation and enforcement of the first is weak, and beneficiaries of the programs only receive monthly payments and remain lifetime excluded from the labor force.

Eligibility Criteria

Disability insurance programs in MENA lack common patterns concerning basic design features, including the definition of the population being covered. All countries establish a certain “degree

of incapacity” as the minimum required to be eligible for a pension, but the percentages show wide variation across countries, and a similar situation happens with the criteria to assess incapacity.

Out of fourteen countries analyzed² (Table 1), five allow for partial disability pensions (Jordan, Yemen, Algeria, Egypt and Libya). Total disability, in turn, is defined as a loss of 100 percent of working capability in eight of the countries, while others define the total disability as a loss of a portion of working capability (50% or more). Disparity of criteria is not exclusive of MENA, and comparison with other regions also shows lack of clear benchmarks in the way disability is defined, but percentages of working capability loss usually concentrate around 66% as a standard eligibility criterion. As we will discuss below, subjective assessment of disability is also reflected in the way the percentage of capability loss is measured, which makes international comparisons even more difficult.

Table 1: Required degree of disability in MENA countries

Country	Total	Partial	Remarks
MENA			
Iran	66%		Loss of earning capability
Jordan	100%	Yes	Totally or partially incapability for work
Lebanon	50%		Loss of normal working capability
Oman	100%		
Qatar	100%	Yes	Under 60(men) /55(women) Total incapability for work
Saudi Arabia			Under 60, incapability for work
Syria	80%		80% incapability for work
Yemen	100%	Public-sector: yes; Private-sector: no	Public-sector: total and partial; Private-sector: total;
Algeria	100%	50%	Totally or partially incapability for work, under normal retirement age, 60(men, 55 veterans)/55(women)
Egypt	100%	Yes	Totally or partially incapability for any gainful employment, under 60
Libya	80%	60%	80% incapability for work
Morocco	100%		Total incapability for work
Tunisia	66.7%		66.7% incapability for work
Kuwait	50%		

Source: US SSA: “Social Security Around the World”

The definition of incapability to work is not exempt from ambiguity: in some cases it is defined as incapability to do any job, while in others it refers to incapability to perform a specific job. In Lebanon, for example, it is defined as a loss of normal working capability, while in Egypt it is defined as incapability for any gainful employment.

The ambiguity in the definition of disability is not exclusive of Social Insurance programs, and it has important consequences in terms of program objectives and population to be covered. In Egypt, for example, different definitions of disability have resulted in a variety of estimates. According to the UN, Egypt has more than 12 million people living with disabilities, of which children represent one third. Together with their families, More than 36 million people are directly or indirectly affected by disabilities (Plan International, 2014). Central Authority for Public

² The analysis of this section is based on information from USSSA: “Social Security Programs Around the World”

Mobilization and Statistics (CAPMAS), however, estimated around 3.5% of the total population to be disabled³.

Benefit Levels

Even in countries with retirement saving pension systems, disability pensions are defined benefit, with the amounts expressed as a percentage (“replacement rate”) of the average income perceived during a reference period before becoming disabled.

The benefits offered by different social insurance schemes shows wide variations among countries. As a result, commuting factors (replacement rates) in MENA vary from 3.33% to 100% of salary.

Variations among countries are also common in the case of old age pensions, but the differences are even higher in the case of disability pensions. Rules to calculate pensions are usually complex, as reflected in the main parameters of the schemes: commuting factors (replacement rate), minimum contribution requirements, insured wage (salary base and ceiling), and indexation show wide variations among countries.

For example, in Bahrain, the disability pension is 44% of the insured worker’s average monthly earnings in the last year of contributions before becoming disabled, or 2% of the insured’s average earnings during the last year of contributions multiplied by the number of years of contributions, whichever is higher. Minimum is 44% or 200 dinars a month. In Iran, the pension is 3.33% of the insured’s average earnings in the last two years multiplied by the number of years of contributions.

In Tunisia, The pension is 50% of the insured’s average earnings in the last 10 years before the disability began plus 0.5% of average earnings for each three-month period of contributions exceeding 180 months. In Morocco, the pension is 50% of the insured’s average monthly earnings in the last 96 months plus 1% of average monthly earnings for every 216 days of insurance exceeding 3,240 days, up to 70%. As a result, workers with identical salaries and a contribution period of five years would receive a monthly disability pension (expressed in US dollars in all cases) of \$79 in Iran, \$ 355 in Bahrain, \$ 475 in Tunisia and \$ 1059 in Morocco.⁴

The differences are not only the result of different commuting factors, but also due to differences in the definition of the insured wage and the influence of the length of service before the worker became disabled. Table 2 and Figure 1 depict the wide fluctuation in benefit calculation observed in the region, as shown in the previous examples.

³ European Commission (2002), includes a very detailed discussion of different definitions of disability.

⁴ The author's calculation based on the Benefits standards: Social Security Programs throughout the World (2011), <http://www.socialsecurity.gov/policy>.

(2) Nominal monthly average wages in local currency units: International Labor Office, <http://kilm ilo.org/kilmnet/>. Morocco & Tunisia: <http://www.salaryexplorer.com/>

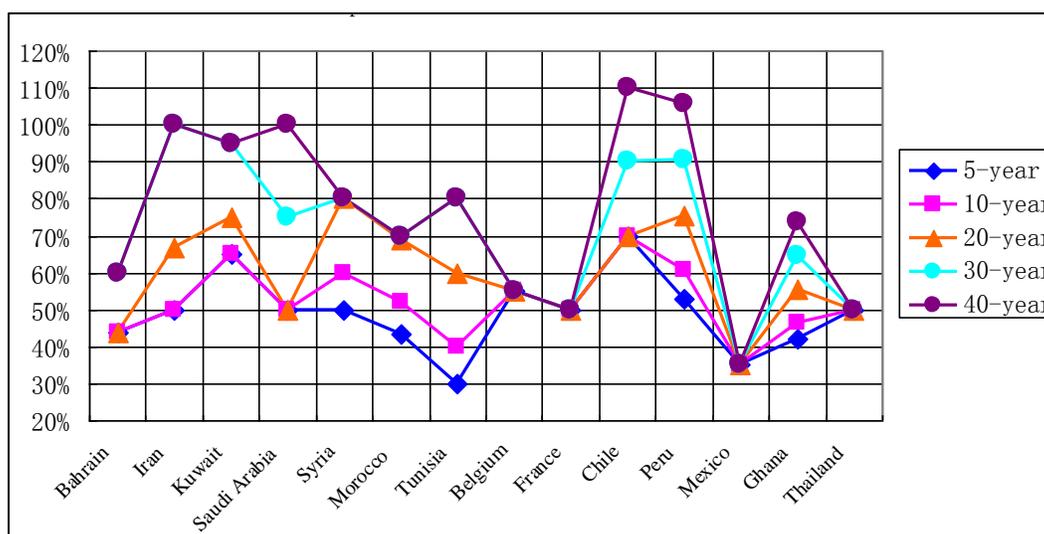
(3) Official exchange rate (LCU per US\$, period average) in 2012: World Bank Database.

Table 2: Monthly Disability Pension for Total Permanent Disability as a percentage of average income (%) in some MENA countries

Region/Country	The number of years of contributions				
	5-year	10-year	20-year	30-year	40-year
MENA					
Bahrain	44	44	44	60	60
Iran	50	50	67	100	100
Kuwait	65	65	75	95	95
Saudi Arabia	50	50	50	75	100
Syria	50	60	80	80	80
Morocco	43	52	69	70	70
Tunisia	30	40	60	80	80
Europe					
Belgium	55	55	55	55	55
France	50	50	50	50	50
LAC					
Chile	70	70	70	90	110
Peru	53	61	76	91	106
Mexico	35	35	35	35	35
Africa					
Ghana	42	47	56	65	74
Asia					
Thailand	50	50	50	50	50

Source: World Bank, based on US SSA: “Social Security Around the World”

Figure 1: Monthly Disability Pension for Total Permanent Disability as a percentage of average income with different contributions periods in some countries.



Source: World Bank, based on US SSA: “Social Security Around the World”

Disability Assessment

Assessing disability is another area where different criteria prevail, which in turn affects the conditions to become eligible for disability pensions.

Ideally, disability assessment for Social Security programs should include the following elements:

- i) A transparent process with clear roles and accountabilities;
- ii) Objective guidelines, including medical and socio-economic factors;
- iii) Mechanisms of appeals, grievance and redress.

Institutional set up: Roles and accountability

In MENA countries, different agencies are responsible for the evaluation and certification of disability. As summarized in Table 3, while several countries in MENA rely on professional assessment of a specialized board, the level of autonomy and accountability mechanisms vary from one country to another.

Table 3: Assessment Institution in MENA countries

Country	Assessment Institution
Bahrain	Medical Committee
Jordan	The Central Medical Committee, Appeal Medical Committee
Saudi Arabia	The General Organization for Social Insurance's medical board
Tunisia	Medical Commission (central)
Qatar	High Medical Commission
Palestine	Medical Committees (different for West Bank and Gaza)
Egypt	Medical Commissions

One important element of the institutional set up is the separation between the assessment process and the administration of the program. In general, separation of both functions allows for the second to appeal the decisions of the first, but this is not the most common case, with the possible exception of Bahrain. In this country, both the insured and the Social Insurance Organization may request periodic medical examinations during the first four years of disability. By contrast, in Saudi Arabia, The General Organization for Social Insurance's medical board assesses the need for constant attendance.

While the institutional framework for disability assessment is an important design ingredient of transparent and objective criteria, it needs to be complemented with clear guidelines on how disability will be assessed.

Guidelines

Most developed countries worldwide have adopted regulatory guidelines for the assessment of disability. In USA, for example, the initial assessment is done using the Regulation Basis Code (RBC), which appears in Social Security's administrative data systems as well as related research

data sets. The RBC documents the detailed reason for each SSA determination, in terms of medical, medical-vocational, and other criteria. The RBC is recorded in the National Disability Determination Service System (NDDSS).

The disability determination process is used by Social Security field offices and state DDS agencies to make initial disability determinations. The steps in the disability determination process for adults are the following: Step 1: Financial screens; Step 2: A medical screen to deny applicants without a severe impairment; Step 3: A medical screen to allow applicants who are the most severely disabled; Step 4: Can severely impaired applicants work in their past jobs? Step 5: Can severely impaired applicants do other work in the national economy? Field offices implement the first of the five-steps, and DDS agencies are responsible for the medical determinations at steps 2 to 5.

The specific criteria used by the DDS in the allow/deny determinations are identified in the RBC, which is included in the NDDSS data generated by DDS agencies. The RBC describes the basis for initial determinations and reconsiderations. Outcomes of higher-level appeals, such as decisions of ALJs, are in principle, based on the same criteria as DDS determinations, but such appeals decisions are not included in the NDDSS data generated by DDS agencies. ALJ-level decisions are recorded in the Case Processing and Management System in US.

However, there are a number of weaknesses in the disability assessment process in USA. Among others, the process is long, and decisions are often taken following bureaucratic processes with little professional judgment of the disabling conditions of individuals.

The United Kingdom has one of the easiest and most simplistic assessment systems called the Work Capability Assessment (WCA). It is solidly based on medical evidence, but once it establishes the existence of the condition, it then focuses on how the existence of the condition impacts the person's remaining functioning. It does not reason from medical tests, but instead starts with the level of the functional impact, and eligibility for the benefit is based on a range of descriptors of limited capability for work that are categorized under 21 activities designed to assess both physical and mental health. Claimants score "points" on these descriptors, and a benefit is approved if a minimum number of points are met. However, the claimant would still be considered for vocational habilitation or rehabilitation.

By contrast, MENA countries lack a comparably objective and transparent process of disability assessment resulting in potentially high level of discretion⁵. Therefore, not only disability insurance covers a fraction of the population, but the inclusion errors are often high among the covered population. In other words, disability insurance provides many undeserved benefits, while a large number of PWD in the informal sector or unemployed only have access to income support through social assistance programs, whenever available.

⁵ Egypt is in the process of adopting a similar functional tool to assess disability for the new Social Assistance "Karama" program.

Medical and environmental factors

In most countries in MENA, disability assessment is guided by medical principles, assimilating disability with health impairment. Environmental factors recommended by WHO's CDRP are not considered. This is the case in Palestine, according to a recent World Bank assessment of disability programs⁶. The assessment also notes, in addition, that criteria are outdated.

In Egypt, the definition of disability is also heavily driven by the medical approach⁷. Consequently, the policies made by the government are based on individualization and medicalization of disability rather than on the social and economic aspects of the issue (Hagrass, 2005). Disability is still deemed as something to be ashamed of by the families who become socially stigmatized and economically vulnerable because of disability (Plan International, 2014).

In Qatar, the High Medical Commission assesses disability based on medical conditions, but the criteria are not documented and the Commission only produces a summary document with the final decision, which the Social Security does not appeal.

Medical criteria are still the main drivers to give disability benefits, even in developed countries, although empirical evidence shows that non-medical, social determinants, such as the level of education and occupational factors should be addressed in assessments and rehabilitation programs⁸.

Costs of Disability Pension Programs

Actuarial analysis and projections are often produced to assess the financial situation and sustainability of pension schemes, but in most of the cases they are focused on the analysis of old age pensions. Disability insurance has received much less attention and, in consequence, little is known about the specific costs and trends of these programs.

In contrast with elderly pensions, disability pensions are less exposed to deterministic trends and depend to a large extent on the definition that different countries adopt to define not only the benefits, but also eligibility conditions. Consequently, significant differences are observed in costs and coverage across countries.

While the overall expenditures in disability insurance represent a minor part of total Social Security expenditures. The relatively smaller costs of disability pensions are therefore less at the center of attention and pension reforms often take care of old-age pension reforms only, excluding disability pensions. However, changes in demographic structure, especially for fairly young social insurance schemes such as those of MENA countries, may impact significantly the costs of the programs, and aggravate the financial burden imposed on the programs. Together with the level of discretionality in disability assessment and the varying ways in which disability is defined in

⁶ Abu Alghaib, O. (2015)

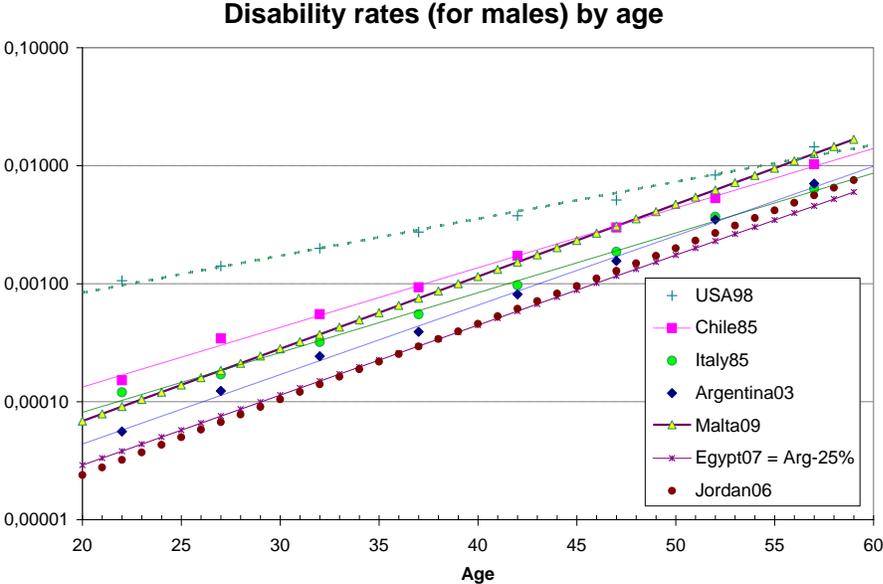
⁷ As part of the implementation of the new Karama program, disability assessment will shift from medical to functional approach, but the new methodology is still being developed.

⁸ Krokstad et al (2002) analyze 62,000 cases in Norway and conclude that social determinants are strongly correlated with the prevalence of disability

different countries, this may result in unforeseeable long term financial needs. A clearer projection of financing needs may support early adjustments in the regulatory framework.

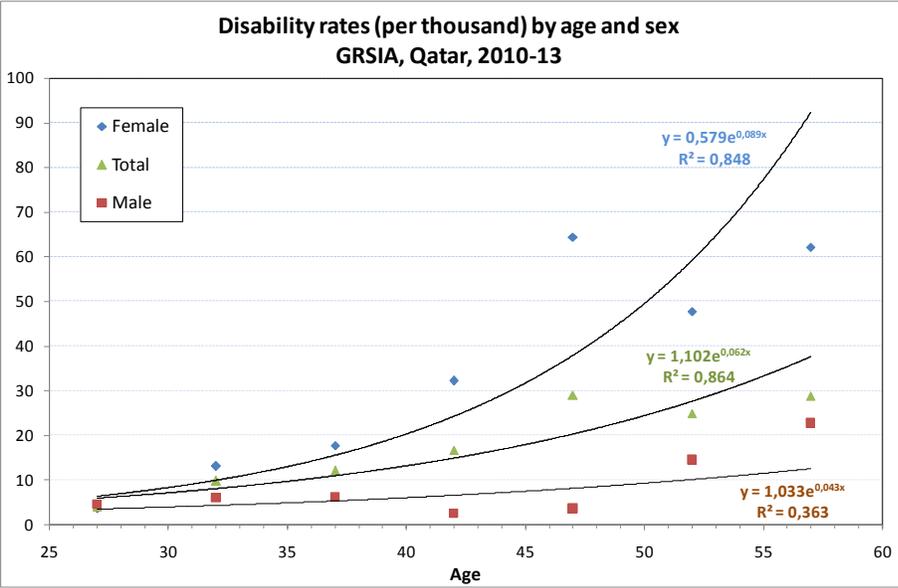
The association between disability rates and age is shown in Figure 2 for a selected group of countries.

Figure 2: Disability Rates by Age in selected countries (in Log units)



In the case of Qatar, the disability rate by age increases even at a faster rate, as shown in the figure 3 below.

Figure 3. Disability rates in Qatar



The World Bank extensively uses PROST model to project long term financial costs and sustainability analysis of pension schemes, and the tool has proved to be an effective instrument to support policy dialogue on reform options. However, the long term financial needs of disability and survivorship pensions could be better captured through a complementary and more customized tool. Such a model has been developed and used extensively in LAC, and also in some MENA countries, such as Jordan, Egypt, Syria, Qatar and Malta.

This section presents a general framework of how costs can be calculated and shows results for the Jordan, Egypt and Qatar.

The model

Several variables affect disability pension costs in general and are listed here:

- *Replacement ratio for the defined benefit;*
- *Definition of eligible beneficiaries and their survival probabilities;*
- *Probabilities of dying for the insured population;*
- *Marital status, sex, age and number of children of insured members, if applicable;*
- *Discount rates for likely future payments;*
- *Previous work experience and insured earnings history;*
- *Contribution rates and investment returns;*
- *The probability of becoming disabled;*
- *The survival probabilities for disabled workers.*

At a first stage, two factors are important for the calculation of disability costs (DC_t). The risk of becoming disabled (i_t), and the present value of the insured capital (DIC_t). The disability insured capital (DIC_t) is equivalent to the defined benefit (DDB_t) net of the amount accumulated in the individual account (IA_t):

$$\boxed{DC_t = i_t * DIC_t = i_t * (DDB_t - IA_t)_t} \quad (1)$$

The gross components included in equation (1) do not only depend on the period considered, but also on individual ages (x) and their relative wages (W_x / W), if applicable.

$$\boxed{DC_t = \sum_x DC_{x;t} * c_{x;t} * \frac{W_x}{W} = \sum_x i_{x;t} * DDB_{x;t} * c_{x;t} * \frac{W_x}{W}} \quad (2)$$

DDB_{x;t} : Defined benefit is an annuity with monthly payments equivalent to a given percentage of the earnings base that applies. This annuity largely varies with regard to years of contribution and level of earnings.

c_{x;t} is the weight of contributors' age distribution

The replacement rate in all three samples is set fixed at 70%. This is based on three factors:

- **International experience:** The replacement rate is 70% in Chile and 70% in Argentina. An exception is made (in Argentina) for those affiliates who contributed irregularly;

- A rough empirical average;
- The fact that years of contribution are positively correlated with age, but flat amounts imply a proportional inverse correlation with growing salaries.

In case of death of a disability pensioner, the eligible beneficiaries often have the right to a benefit equivalent to the total or some fraction of the pension. However, the impact of these costs is not considered here, since they correspond to a different project on survivorship pensions.

Thus, the total defined benefit for the basic scenario is:

$$DDB_x = 0.7 * \left(\sum_{t=0}^{\omega} {}_t p_x^i * v^t \right) \quad (3)$$

where:

${}_t p_x^i$ = probability of surviving from age x to age $x+t$ according to the MI85 Life Table⁹⁹

v = discount rate = $1/1.03 = 0.97087$

From equations (1) to (3), it was shown that the theoretical disability cost for a given age depends on the probabilities of becoming disabled, the defined replacement rate, and the survival probabilities of disabled workers. The overall cost depends also on the age structure of the insured population (since it is a weighted average of the age-specific costs), and their relative wages.

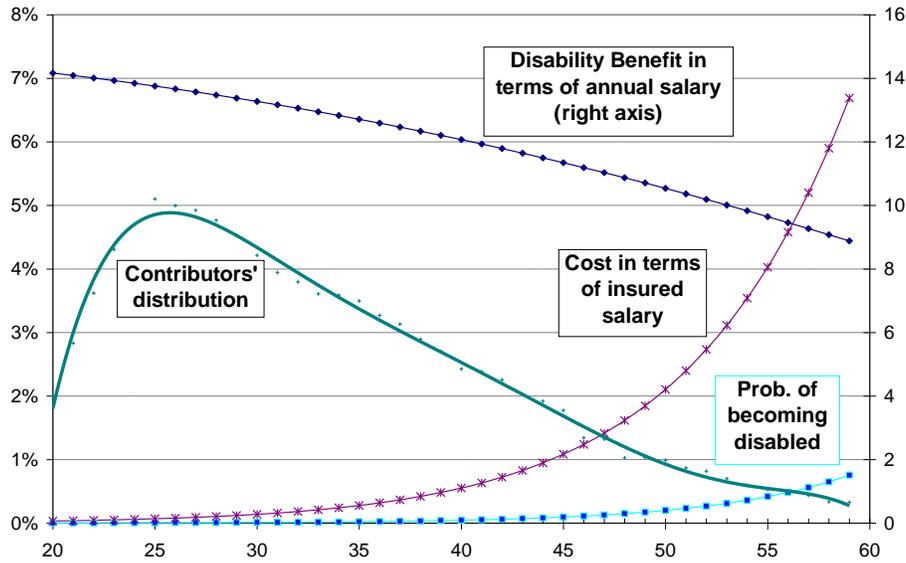
Baseline scenarios on costs have been produced for Jordan, Egypt and Qatar. The main results are summarized in the following sections.

Jordan

As shown in Figure 4, the present value of future payments of disability benefits decrease slowly, on average at an annual rate of 1%. The probabilities of becoming disabled increase very fast (16% a year) and thus, the age-specific insurance cost (obtained by multiplying these probabilities times the insured capital) also increases very fast (14% a year). While the cost is less than 1% for workers aged below 45, it is between 1% and 7% of their salary for those aged above 45, reflecting once again the relevance of the age composition.

⁹⁹ MI85 table is available at the Society of Actuaries' website: www.soa.org

Figure 4: Costs of Disability Pensions and its Components, Jordan (*)



(*) Costs are measured in number of annual salaries in the right vertical axis, and as % in the left axis

Source: own elaboration.

On average (weighted by the age structure of the contributing population in 2005/07), disability pensions imply 13 annual salaries, the gross annual risk of becoming disabled is 0.5 per thousand, and the cost is 0.5% of the salary. Weighting by the relative wages, the total average disability cost is 0.7% of the salary.

The financing of disability pensions will be inexpensive in the short term given that mainly young workers are covered, but the models show a significant growing trend for the long term costs. While different assumptions may produce different results, it is critical to make use of the regulatory power to define a sustainable framework. In order to meet the goal of having lower costs for these benefits, replacement ratios and/or beneficiaries covered might be redefined accordingly.

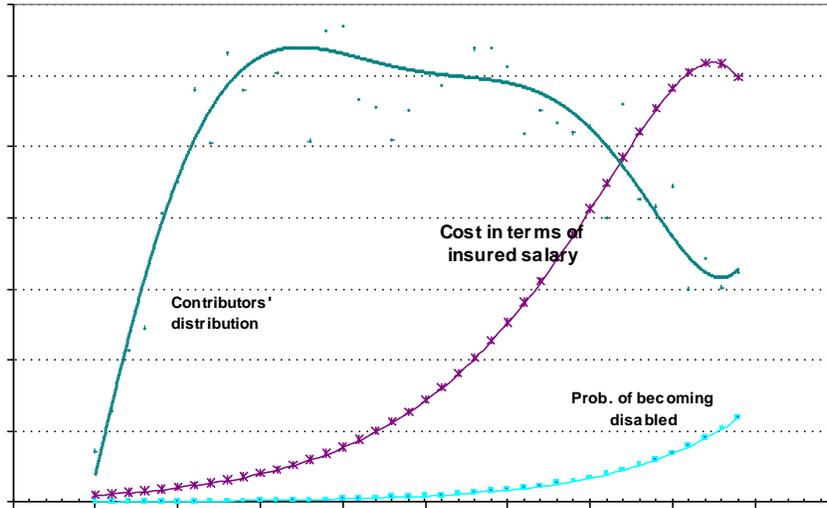
The cost of non-work related disability pensions in Jordan is around 1% of total wages. When taking the ageing process into account, costs are assumed to rise to 1.6% of salaries.

EGYPT¹⁰

The probabilities of becoming disabled increase very fast (about 29% a year for ages above 40, at a higher rate before) and thus, the age-specific insurance cost (obtained by multiplying these probabilities times the insured capital) also increases very fast (about 24% a year for ages above 40), reflecting once again the relevance of the age composition (Figure 5).

¹⁰ This section's detailed based on: World Bank: "Survivorship and Disability in the Pension Reform of Egypt".

Figure 5: Costs of Disability Pensions and its Components, Egypt (*)



(*) Costs are measured in number of annual salaries in the right vertical axis, and as % in the left axis

Source: own elaboration.

While the cost is less than 1% for workers aged below 40, it is between 2% and 3% of their salary for those aged above 50. On average (weighted by the age structure of the contributing population in 2006), disability pensions imply 12 annual salaries, pensions for the surviving widow represent 8 annual salaries (adding up 20), and (net of the balance in the individual accounts) produce a defined net benefit equivalent to 15 annual salaries.

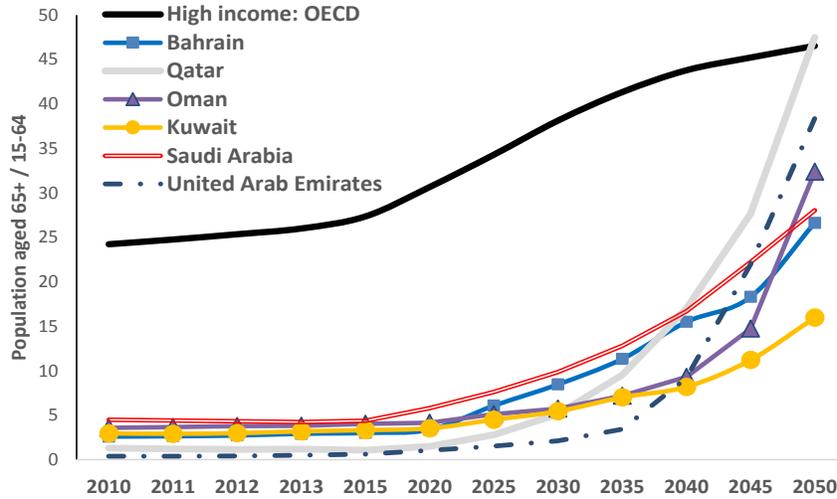
The gross annual risk of becoming disabled is about 0.1% and the total average disability cost is 1% of the insured salary. As previously noted, these estimates do not reflect the ‘real’ costs, although they are expected to converge in practice.

The system to finance disability pensions will be inexpensive in the short term given that mainly young workers would be covered and that reserves would not be constituted, but these models show a reasonable horizon for the long term costs, which are increasing. It is critical for the Government to make use of the regulatory power to define a sustainable framework for the future in order to prevent rising costs while at the same time keeping benefits at an acceptable level.

GCC Countries: the case of Qatar

Population structure will change rapidly in GCC countries. As shown in Figure 6 below, population over 65 years as a proportion of active population will increase exponentially. In the case of Qatar, UAE and Oman, projections show similar levels to those of OECD countries between 2045 and 2060, while KSA, Bahrain and Kuwait will move in the same direction but at a lower pace.

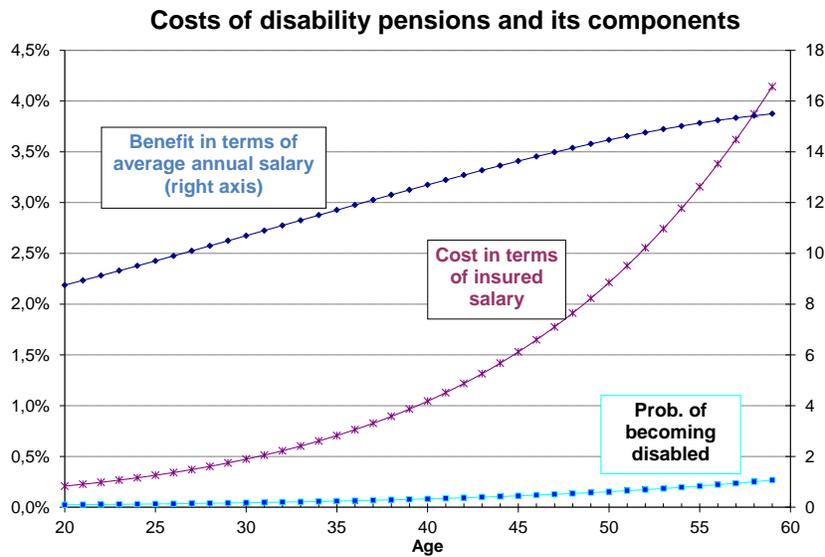
Figure 6. Ageing population in GCC countries and OECD



Source: World Bank (2016)

As in previous cases, ageing population will not only affect the costs of elderly pension programs, but also those of disability pensions, given the increase of age-specific costs of these programs. Estimates made for Qatar using the same model are presented in figure 7.

Figure 7: Costs of Disability Pensions and its Components, Qatar (*)



(*) Costs are measured in number of annual salaries in the right vertical axis, and as % in the left axis

Source: World Bank (2016)

On average (weighted by the age structure of the contributing population in 2013), cost of disability pensions represent 11.8 annual salaries (or 11.5 after adjustment for wage growth by age), the gross annual risk of becoming disabled is 0.7 per thousand, and the cost is 0.86% of the average salary. Considering the aging process already taking place in Qatar, we compare a more mature system (with an even age distribution), and the new cost would grow 39%, up to 1.2% of salaries.

The analysis in this section was mainly focused on the determination of costs of disability pensions based on long term considerations. The analysis defined a baseline scenario under current experience. The results for all MENA countries where disability costs were projected shows recurrently similar results. In the baseline case, disability pensions exhibit a comparatively low cost (in the range of 0.9% to 1% of salary), but in the longer term, changes in the demographic structure will increase this cost by a percentage ranging between 40% and more than 100%.

While administrative or regulatory reforms may result in efficiency gains, the impact on the system's finances will not be significant in the short term, and therefore the incentives to set in place such reforms may not be high. However, the situation will be quite different in the future, mostly associated with changes of covered population structure, and this will require additional efforts to monitor the financial situation of this program. Financing disability pensions will show an increasing trend if the disability rates are kept constant over the long term¹¹ and the population ages as expected. A prudent and objective regulatory framework minimizing the leakages and discretionality of disability assessment is essential to preserve the sustainability of the programs.

¹¹ This assumption may overestimate the long term costs, if sinistrality rates are reduced thanks to improved health treatments.

III. BEYOND SOCIAL INSURANCE: MAPPING SOCIAL ASSISTANCE AND OTHER PROGRAMS FOR PWDs

Social Insurance programs are just a piece in the complex mosaic of programs for PWD. A recent assessment conducted in Palestine shows that disability is strongly correlated with informality, unemployment and lack of education¹². With more than one third PWD above the age of 15 being illiterate, and close to 90% unemployed, the role of social insurance can only have a limited scope. While the numbers in other MENA countries may be lower, the limited capacity of social insurance programs to address the needs of PWD is quite evident.

A number of other programs provide income support for PWD in MENA. These mainly consist of social assistance programs defined categorically, and in most cases they are provided by the government or public agencies, and a number of civil society organizations.

Social Assistance for PWD provide income support in the form of cash transfers targeted to poorer families with one or more PWD living in the household. Examples of such programs are the new Karama program of Egypt, which will gradually reach all poor families with people living with disabilities. Social Pensions in Egypt also provide income support to PWD, although the program is now phasing out as the better targeted Karama program expands countrywide. Similar programs with different levels of outreach and targeting exist in most MENA countries.

Social Assistance for PWD, can reach a far larger number of potential beneficiaries, but they face important challenges in terms of organizational capacity, financing and sustainability. Since these programs rely on budget allocations and partnerships with CSOs, their sustainability is challenged by potentially limited resources, which in turn is also affected by the limited information about their coverage (actual and potential), and even their institutional set-up.

Both from a human rights and development perspective, however, income support programs cannot address all the needs of PWD. More broadly, from an integrated policy perspective, what PWD need is to be integrated (or re-integrated) in the labor market and be included in all forms of social life. Ideally, income support programs for PWD should include non-monetary benefits such as rehabilitation, daycare centers and employment. Particular importance also have inclusive education programs, since the astounding rates of illiteracy among PWD in MENA represents the most serious constraint to inclusiveness.

The toolkit presented in this section and Annexes has the objective of providing policy makers with elements to support a comprehensive and integrated agenda for PWD. The information gathered from these questionnaires is expected to show gaps which the programs would need to address.

¹² Abu Alghaib (2015)

Mapping programs for PWD

Collecting information to map programs for PWDs in the areas of Social Assistance proved to be much more difficult than reviewing the social insurance programs (which are fairly centralized and limited in number).

A survey instrument was designed to collect information covering program goals and objectives; program beneficiaries (targeting, eligibility and demographics); disability assessment, program funding; program activities and benefits; program partnerships and collaboration; and monitoring and evaluation. Survey data explored each of these processes and in this way aim to identify variations in approaches and potential gaps in each of these areas. The instrument was self-report and allowed each respondent to select an answer from choices provided, or in many instances, to provide their own answer.

Similar instruments were also designed to gather information about programs providing in-kind support to PWD, notably in the areas of education and health.

These surveys are proposed as possibly useful instruments to collect basic information on large number of fragmented programs administered by governments, CSOs and international agencies, at country level. A first attempt to collect information from the survey showed that the tools would be most effective if conducted from the field, a task which is beyond the scope of the current work. The questionnaires included as Annex of this report may serve as basis for country-level assessment, such as the one conducted in Palestine in 2015. They may be used as separate modules, or as a basis to support a comprehensive mapping of existing programs. In the second case, they may serve the much needed task of coordinating national programs, an important need which countries in MENA have not addressed in a systematic manner, with the possible exception of Palestine.

Rehabilitation

One area of particular focus in the survey toolkit presented is the link between rehabilitation and other programs. All countries in MENA have rehabilitation programs, but they have limited scope and coverage, and they are not well integrated with the rest of the programs. Initial assessments reveal that in many cases, income support through disability pensions or cash transfers do not adequately meet the needs of many persons living with disabilities. Supporting their inclusion and integration in society should be the overarching objective of programs for PWD, and rehabilitation is an important component of this.

According to the survey conducted by UN in 2004-2005 (UN, 2006), to fulfill their commitment to the provision of rehabilitation to persons with disabilities and in order for them to reach and sustain their optimum level of independence and functioning, governments were required to respond on seven (7) measures that form the core actions for meeting the rehabilitation needs of persons with disability. The measure are 1) Adopting policies; 2) Passing legislation; 3) Adopting programs, 4) Allocating financial resources, 5) Training personnel, 6) Making rehabilitation services accessible to persons with disabilities, and 7) Consulting and cooperating

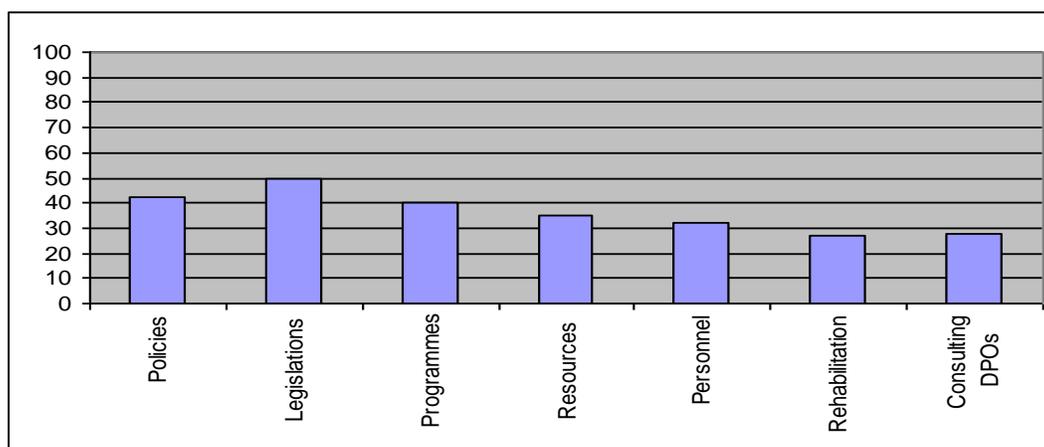
with organizations of persons with disabilities. As shown in Table 4 and Figure 8, a large number of countries are not reporting compliance with actions to assure access to rehabilitation services.

Table 4: T1-Rule3

Actions government has taken to provide rehabilitation services for persons with disabilities	No	Yes	N/A
Adopting policies	48	65	1
Passing legislations	57	56	1
Adopting programs	46	67	1
Allocating financial resources	40	73	1
Training personnel	37	76	1
Making rehabilitation services accessible to persons w/ disabilities	31	82	1
Consulting organizations of persons w/ disabilities	32	81	1

Source: South-North Centre for Dialogue and Development. Global survey of government actions on the implementation of the standard rules of the equalization of opportunities for persons with disabilities. Amman, Office of the UN Special Rapporteur on Disabilities, 2006:141.

Figure 8: Percentage of Countries without Action on Selected Rehabilitation Services



Source: South-North Centre for Dialogue and Development. Global survey of government actions on the implementation of the standard rules of the equalisation of opportunities for persons with disabilities. Amman, Office of the UN Special Rapporteur on Disabilities, 2006:141.

With regard to legislations for rehabilitation services, the region has had some steps in developing the platform for equitable opportunities for people with disabilities. In Jordan, the law for the Welfare of Disabled persons ensures the integration of the rehabilitation rights of people with disabilities (education, employment, sports and recreation) into the general life of society (Al-Hussein Rehab, 2008). In Egypt, the Law no. 39 on Rehabilitation of the Disabled people provides 5 percent employment quota for people with disabilities in any public or private employers with

50 or more employees (JICA, 2002). Free health insurance and education aid are secured by the Palestinian law which was enacted in 1991. This law exempts people with disabilities from all customs and taxes on the private transportation means (World Bank, 2008). Through its comprehensive legislations on disability, Lebanon ensures health and rehabilitation services at the expense of the state (LMSA, 2000)

However, coverage gaps are alarming. Rehabilitative educational programs in the MENA region continue to exclude more than 95 percent of the disabled school-aged population at the primary level, and almost entirely at the university level (Alasuutari, 2000). In Jordan, around 92 percent of children with disabilities are underserved by the few rehabilitation services provided by the public or private providers, based on the Jordanian National Council of Family Affairs (NCFA, 2004). This reflects the lack of the national strategy for rehabilitation services to identify the needs and bridge the gaps (Gharaibeh, 2008).

With respect to integration of rehabilitation services, there are gaps of a clear governance system and an institutional framework to govern the interaction between government agencies, CSOs and communities (World Bank, 2005). Accordingly and following the 2011's revolution, the government of Egypt established the NCDA so as to play this coordination role and bridge the gap in the currently fragmented system of rehabilitation services for people with disabilities.

As the main provider of rehabilitation services, many local CSOs do not have the technical or operational capacity to apply and introduce a community-based approach or interact enough with the affected families. The old rehabilitation techniques are the main niche for the majority of the CSOs who are not sufficiently exposed to rehabilitative inclusive education policies, pedagogical methods, and practices. In most of the cases, their programs are not evaluated to measure whether that activities provided have reached the target population with the means to live independent and productive lives. Let alone the mild and moderate degrees of people with disabilities who are either not diagnosed or misdiagnosed due to the lack of early identification programs using cost-effective tools and protocols. Mostly, local CSOs target individuals with disabilities who are registered as disabled, showing severe disabilities or exhibiting "noticeable" late behavioral symptoms.

Apart from the low capacity to implement and manage such rehabilitation services, government programs and line ministries often lack the mandate, capacity, knowledge and resources to guide and monitor local CSO activities. The governmental agencies also lack the expertise to support the CSO transition towards inclusive community-based services, which integrate education, primary health care, and early intervention with vocational training and job matching. The aforementioned legislative framework on disability in the MENA reflects the governmental commitment, and provides a basis for systematic and strategic work in the future. However, as enforcement remains limited and implementation capacity weak, legislation alone does not guarantee benefits for individuals with disabilities.

Nevertheless and on the public-private integration front, a number of initiatives addressing disability in the region are emerging to address several bottlenecks. The Social Protection Initiatives Project (SPIP) in Egypt (1999-2004), for instance, has yielded some lessons learnt that could be considered by the government. For example, the community-based Inclusive education Model, as a form of Community-Based Rehabilitation, was shown to be a feasible entry point for

inclusion of children with disabilities. This could be achieved through a network of local CSOs supports the disability component, managed by the Ministry of Social Solidarity. Inclusion was piloted in formal and non-formal education programs to instill the principles of a culture that recognizes "diversity" rather than "disability". As a result, the Ministry of Education issued a decree in 2005 supporting the enrollment of disabled children in formal schools turning these schools into inclusive associations.

Another good example of public-private partnership is a program supported by the Yemen Social Fund for Development (SFD). Guidance and a framework for public-private cooperation were piloted under SFD. The guidance was translated into legislation for the management of government centers by CSOs. The SFD not only finances disability programs implemented by local NGOs, but also finances buildings, equipment and capacity building to sustain their work (Coleridge, 2004). SFD initiatives have also fostered inclusive education reaching out to blind, deaf, physically disabled persons and children with mental health disabilities. SFD further supports the training of teachers to enable them serve children with disabilities. These initiatives, however, are urban-based, and there are very few local NGOs working in rural areas, where many of the poor and disabled live. The leadership role played by the SFD did not result in government engagement in disability, and the current situation of conflict in the country will require a new assessment as part of the country's reconstruction and recovery efforts.

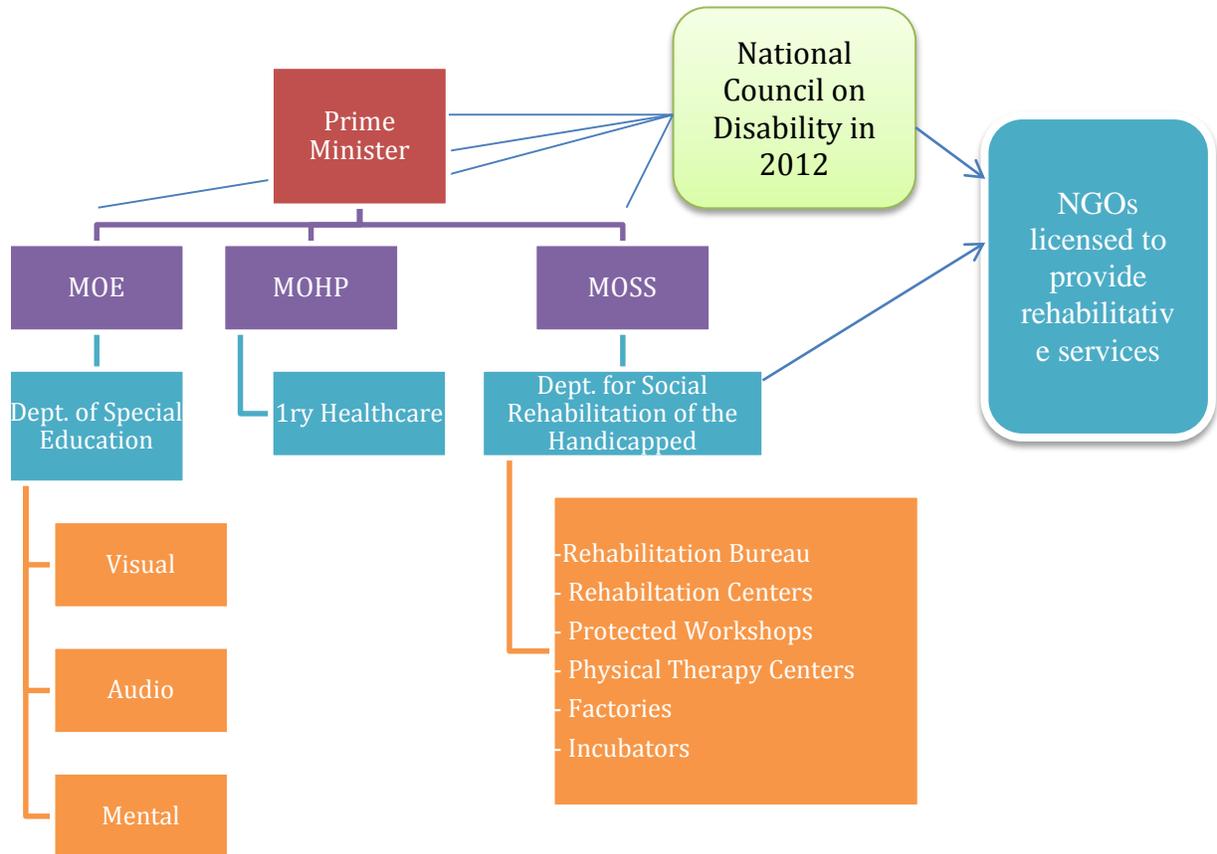
Yet another example of public-private partnership can be found in West Bank and Gaza, where the Palestinian Authority initiated systematic cooperation with local CSOs in the area of service provision for the disabled. The Palestinian National Committee for Rehabilitation is composed of representatives from local CSOs providing rehabilitation services and the Ministry of Health.

Almost all specialized rehabilitation services in Palestine are provided by CSOs: The mapping identified 55 NGOs in West Bank and 33 CSOs in Gaza that provide health-related rehabilitation services. The majority of these are small local NGOs providing a variety of services to a small number of people. However, around 7-8 larger rehabilitation centers provide a wide range of specialized services.¹³

In **Egypt**, the policy, regulation, partial provision, and supervision of rehabilitation services are shared among three ministries, namely; The Ministry of Social Solidarity (MOSS), The Ministry of Health and Population (MOHP), and the Ministry of Education (MOE) (JICA, 2002). The MOSS, through its dedicated Department for Social Rehabilitation of the handicapped, is mandated with making policies to cater to the rehabilitation needs of people with disabilities, and licensing the NGOs which provide social and rehabilitation services to the disabled community. The department also refers persons with disabilities to non-governmental agencies that offer rehabilitation services, physiotherapy, education and other social services. The MOHP, on the other hand, has no specific department or unit in charge of the disability-related services, and merely provides medical and therapeutic rehabilitative services (JICA, 2002). As a way of inclusion and through its resolution No.154, the MOE has already introduced special education to the system whereby children with disabilities (visual, hearing, mental, or other physical cases) are integrated with their non-disabled peers in the same schools. Figure 8 below provides an overview of the administrative governance of disability in Egypt.

¹³ Abu Alghaib, O. (2015)

Figure 9: Governance Structure of the Rehabilitation Services for People with Disabilities in Egypt



Source: JICA (2002)

In 2012 and due to lack of coordination among different ministries, the cabinet approved the establishment of the National Council for Disability issues to be in charge of policy making, and supervision and monitoring of the performance of the government as well as the agencies concerned with the services provided to people with disabilities. This includes the development of a national plan for disability.

Services

Egyptian stakeholders have been underlying the poor level of applying the existing legislation, the limited access to relevant rehabilitation services, the significant obstacles people with disabilities are facing to secure income, and there minimal involvement of public authorities in social service provision.

As per the scope of privileges secured by the government, people with disabilities have access to government-owned mass transit buses free of charge, special subsidies to purchase household products, wheelchairs, and prosthetic devices. They are also entitled for expeditious approval for

the installation of new telephone lines and reductions on customs duties for specially equipped private vehicles (USICD, 2010). This, however, is only reaching the minority of disabled community, of which the majority cannot use the disabled-unfriendly public transportation and cannot afford to buy the subsidized vehicles (Daily News Egypt, 2012). Additionally, disability pension and/or health insurance coverage are only provided to the civil or public employees. That is, the majority of the disabled community who are not employed (65%) is deprived of those social security benefits.

Unfortunately, the data on the coverage of rehabilitation services, the need for them, type and quantity of measures provided by public and/or private, the quality of those measure, and estimates of unmet needs are very limited in Egypt. There is not registry of people with disabilities in the country and thus the supply-demand gap is unclear. Governmentally-sponsored physical rehabilitation services in Egypt reach less than 5 percent of the disabled population (World Bank, 2005) and only 2 percent of disabled children have access to rehabilitation services (Plan International, 2014). The rehabilitation services, social or physical, are mainly provided by the NGOs and CDAs who are primarily sponsored by international organizations or through charity.

A critical element of a policy framework for PWD, rehabilitation programs need a space on their own in the analysis of services and policies. The toolkit proposed in the Annexes may be an entry point to assess the current situation and needs, and it may support further analysis and policies.

Including persons with disabilities means, in a broad sense, providing the necessary elements to improve the opportunities to access to education, jobs and social activities in general. Income support by itself is not enough to achieve this objective. Even the potential of rehabilitation programs varies a lot from one country to another, depending on a number of factors such as the availability of adequate infrastructure, the space for inclusive education, the existence of laws promoting the employability of PWD. All these essential factors are present in variable degrees. Assessments at country level should explain how to improve the design and coordination of the existing programs, or introduce new ones. The proposed survey toolkit is intended to fill this gap, although a more comprehensive analysis should also look at accessibility and infrastructure, which is beyond the scope of this study.

IV. CONCLUSIONS

This report does not include a comprehensive analysis of the programs for PWD in MENA, but it does identify some of its challenges or provide tools for further analysis.

There are information and regulatory vacuums in the programs for PWD in MENA. Financing shows unfair asymmetries, since most people with disabilities remain uncovered, and among those who receive benefits, some do not deserve.

In the case of Social Insurance programs, a clear assessment of costs, long term financing needs and sustainability may support policy dialogue for reforms. The costing tool presented has been used in MENA and LAC countries, complementing the World Bank PROST toolkit, and it is expected to continue being used and improved as part of future engagements.

Disability assessment has also been presented as an area in which important progress needs to be made, and concrete cases of adoption of simplified tools to assess capability gaps are already happening in MENA, and expected to shed light to future reforms.

Existing programs are mostly centered around income support and only to a minor extent they include non-cash benefits. Rehabilitation services, for example, have limited scope and coverage, and they are not well integrated with the rest of the programs.

Stronger links between Social Insurance, Social Assistance and Rehabilitation programs are essential to reach the needs of PWD, which go well beyond income support. As a developmental objective, integration of PWD in the labor market and more broadly in society should be the main drivers of national policies. Information gaps, program coordination and resources are key ingredients to develop national policy frameworks.

In an effort to effectively map disability programs in MENA and to better understand them, the institutional survey tool that was developed as part of this study can be applied to expand the level of understanding and improve the diagnosis at country level. Policy makers would benefit from better information, analysis of international benchmarks and best practices, and improved coordination among different existing programs.

ANNEX I. SOCIAL INSURANCE SURVEY INSTRUMENT

Program Survey: Social Insurance	_____ Country	_____ ID Code
<p style="text-align: center;">DIRECTIONS</p> <p>Please answer all questions if possible. If you have ANY questions pertaining to completing the survey, please contact _____. If you do not know the exact numbers or percentages, please do your best to provide an <u>approximate</u> figure based on your knowledge of the program. If your institution is implementing more than one social insurance program which assists persons with disabilities, please fill out <u>one survey per program</u>. Note that directions for responding are indicated with **.</p> <p>1. Name and location of your Institution (e.g., Ministry office, non-governmental organization, etc.) _____</p> <p>2. Name and brief description of the Program _____</p> <p>3. Person completing survey</p> <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Title: _____</p> <p style="margin-left: 40px;">Telephone Number: _____</p> <p style="margin-left: 40px;">Email: _____</p> <p>4. Program dates</p> <p style="margin-left: 40px;">Date this program was started: Month____ Year _____</p> <p style="margin-left: 40px;">Date this program ended (if applicable): Month____ Year _____</p>		
GOALS AND OBJECTIVES		
<p>1. What is/are the disability pensions program's main objective(s)?</p>	<p style="text-align: center;">**PLEASE CIRCLE ALL THAT APPLY**</p> <p>a. Providing income support to persons with disabilities</p> <p>b. Promoting inclusion of persons with disabilities</p> <p>c. Creating short-term employment/income-generating opportunities for persons with disabilities (through rehabilitation or other programs)</p> <p>d. Raising awareness and advocacy</p> <p>e. OTHER (or to add another objective), please write it here: _____ _____</p>	

<p>Please share any program documents or materials that you may have that describe your mission, mission statement and activities.</p>	
<p>2. The activities concerning people with disabilities, is that a component within a larger (and otherwise non-disability related) program?</p>	<p>**PLEASE CIRCLE YES <u>OR</u> NO**</p> <p>1. Yes 2. No</p>
<p>PROGRAM BENEFICIARIES: TARGETING, ELIGIBILITY AND DEMOGRAPHICS</p>	
<p>3. How many new beneficiaries of disability programs has your institution provided benefits to in the past five (5) years?</p>	<p>**PLEASE WRITE NUMBER ON LINES BELOW**</p> <p>TOTAL NEW BENEFICIARIES:</p> <p>2007 _____</p> <p>2008 _____</p> <p>2009 _____</p> <p>2010 _____</p> <p>2011 _____</p>
<p>4. How many beneficiaries of disability programs does your organization currently have?</p>	<p>**PLEASE WRITE NUMBER ON LINE BELOW**</p> <p>TOTAL NUMBER: _____</p>
<p>5. What is the geographic coverage of your program?</p>	<p>**PLEASE CIRCLE ONLY ONE ANSWER**</p> <p>a. The entire country b. Region(s) → indicate name(s)? _____ c. Governorate(s) → indicate name(s)? _____ d. Municipality(ies) → indicate name(s)? _____ e. Other (please specify): _____</p>

<p>6. What is (are) the target population(s) of your disability programs?</p>	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <p>a. Workers with work related disabilities or injuries b. Workers with non-work related disabilities (general disability) c. Workers with permanent disability d. Workers with temporary disability e. Workers with total disability f. Workers with partial disability g. Workers with disabilities that represent an impediment when performing their normal tasks, even if they would be able to perform other tasks h. Non disabled workers</p>															
<p>7. What are the eligibility criteria to receive a disability benefit?</p>	<p align="center">PLEASE LIST ALL CRITERIA **PLEASE INCLUDE 1 CRITERION PER LINE**</p> <hr/> <p>Minimum time of service:</p> <hr/> <p>Percentage of incapacity:</p> <hr/> <p>Other (please specify):</p> <hr/>															
<p>8. How many members applied and how many of those received a disability benefit?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">2010</th> <th style="width: 20%; text-align: center;">2011</th> </tr> </thead> <tbody> <tr> <td>Total number of applicants</td> <td></td> <td></td> </tr> <tr> <td>Total number who received benefits</td> <td></td> <td></td> </tr> <tr> <td>Total number who applied and were disabled, but did not meet other eligibility criteria (such as minimum number of months or years of contribution)</td> <td></td> <td></td> </tr> <tr> <td>Total number who applied and were not eligible</td> <td></td> <td></td> </tr> </tbody> </table>		2010	2011	Total number of applicants			Total number who received benefits			Total number who applied and were disabled, but did not meet other eligibility criteria (such as minimum number of months or years of contribution)			Total number who applied and were not eligible		
	2010	2011														
Total number of applicants																
Total number who received benefits																
Total number who applied and were disabled, but did not meet other eligibility criteria (such as minimum number of months or years of contribution)																
Total number who applied and were not eligible																
<p>9. For those individuals that you are unable to benefit from your program, what do you do?</p>	<p align="center">**PLEASE CIRCLE ALL ANSWERS THAT APPLY**</p> <p>a. Try to provide them with some assistance (even though it may not be exactly what they request/need) b. Contact another organization on their behalf c. Tell them to return at another time d. Tell them that you are unable to provide the service they need</p> <p>Other: _____</p>															
<p>10. Do you check if beneficiaries receive benefits from other institutions?</p>	<p align="center">PLEASE CIRCLE BELOW</p> <p>a. No b. Yes (if yes how/where do you check this)?</p>															
<p>11. Among the beneficiaries of disability programs, what portion are...?</p>	<p align="center">**PLEASE WRITE PERCENTAGES ON LINES BELOW BASED ON YOUR TARGET POPULATION(S) FROM QUESTION #6**</p> <p>a. Workers with work related disabilities or injuries _____ b. Workers with non-work related (general) disabilities _____ c. Workers with permanent disability _____ d. Workers with temporary disability _____ e. Workers with total disability _____ f. Workers with partial disability _____ g. Workers with disabilities that represent an impediment to perform their normal tasks, even if they would be able to perform other tasks _____ h. Non-disabled workers, please explain: _____</p>															

i. Other, please explain: _____

12. For the beneficiaries of disability programs, please provide the numbers by gender and age groups:

	Youth (24 yrs or below)	Adults (25 – 64 yrs)	Elderly (65+ yrs)	Total
Male				
Female				
Working				
Not working				
Total				

DISABILITY STATUS AND ASSESSMENT

13. What percentage of the program beneficiaries who are persons with disabilities have...?

- **PLEASE INDICATE PERCENT ON LINES BELOW****
****THE TOTAL OF ANSWERS 13A THROUGH 13F SHOULD EQUAL 100% ****
****Persons with multiple disabilities should ONLY be included on LINE E****
- Mobility impairments _____
 - Sensory (hearing, vision) impairments _____
 - Mental impairments (neurological, cognitive or mental disorders) _____
 - Other _____
 - Multiple impairments (more than 1 disability of a different type, e.g. mobility AND sensory) _____
 - Unknown/Uncertain _____

14. How is disability assessed?

- Interview
- Exam
- Self assessment
- Professional assessment (a doctor)
- Certification from a public hospital
- Other ...
Please explain _____

15. If their disability status was assessed during an interview (at any time, in whole or in part), how often are international or national written guidelines used?

- **PLEASE CIRCLE ONLY ONE ANSWER****
- Never
 - Not very often
 - Sometimes
 - Most of the time
 - All of the time
 - Don't know

16. If their disability status was assessed with an exam (at any time, in whole or in part), how often are international or national written guidelines used?

- **PLEASE CIRCLE ONLY ONE ANSWER****
- Never
 - Not very often
 - Sometimes
 - Most of the time
 - All of the time
 - Don't know

<p>17. In general, during the assessment do you collect information related to...?</p>	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <p>a. TYPE of disability/illness (e.g. mobility, sensory, etc.) b. SEVERITY of disability/illness c. NEEDS you identify d. NEEDS they (beneficiaries) identify e. Other _____</p>
<p>PROGRAM FUNDING</p>	
<p>18. What portion of funding FOR your program is "in-kind" support (not monetary, e.g. goods, services, training)?</p>	<p align="center">**PLEASE WRITE PERCENT ON LINE BELOW**</p> <p align="center">PERCENT: _____</p>
<p>PROGRAM ACTIVITIES AND BENEFITS</p>	
<p>19. What type of activities does your program carry out?</p>	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <p align="center">**PLEASE PUT A STAR NEXT TO THE THREE MOST COMMON TYPES OF ACTIVITIES **</p> <p>a. Payments in cash b. Family/child allowance c. Housing and utility subsidy d. Noncontributory pension e. In kind benefits: (What types?) _____ f. Medical services/rehabilitation g. If OTHER , please write it here: _____</p>
<p>PARTNERSHIPS AND COLLABORATION</p>	
<p>20. Do you subcontract any components of the program?</p>	<p align="center">**PLEASE CHECK EITHER YES OR NO**</p> <p align="center">YES _____ NO _____</p>
<p>21. If you answer YES to the question above, what portion of your program do you contract out?</p>	<p align="center">**PLEASE WRITE PERCENT ON LINE BELOW**</p> <p align="center">PERCENT: _____</p>
<p>22. To which organization(s) do you primarily</p>	

<p>sub-contract?</p>	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <ul style="list-style-type: none"> a. to a national agency (such as public hospitals) b. to a local NGO/association/CBO c. to an international NGO d. to a private for profit agency (such as private hospitals or medical professionals) e. Other, please specify: _____
<p>23. Which of these organizations do you partner with?</p>	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <ul style="list-style-type: none"> a. Communities b. Local NGOs c. Local religious center (church, mosque, synagogue, etc.) d. International NGOs e. Disabled people organizations f. Local government authorities g. National government authorities h. International organizations i. Private sector organizations j. Other _____
<p>24. On the basis of your answers to the question above, please describe the main areas in which you collaborate with each entity:</p>	<p>Communities:</p> <ul style="list-style-type: none"> a. Referral (the organization refers to your program or vice-versa) b. Training/awareness-raising c. Work together on a specific program/project activity (design and/or implementation) d. Awareness AND policy dialogue e. Other, please specify: _____ <p>Local NGOs :</p> <ul style="list-style-type: none"> a. Referral (the organization refers to your program or vice-versa) b. Training/awareness-raising c. Work together on a specific program/project activity (design and/or implementation) d. Awareness AND policy dialogue e. Other, please specify: _____ <p>Local religious center (church, mosque, synagogue, etc.):</p> <ul style="list-style-type: none"> a. Referral (the organization refers to your program or vice-versa) b. Training/awareness-raising c. Work together on a specific program/project activity (design and/or implementation) d. Awareness AND policy dialogue e. Other, please specify: _____ <p>International NGOs:</p> <ul style="list-style-type: none"> a. Referral (the organization refers to your program or vice-versa) b. Training/awareness-raising c. Work together on a specific program/project activity (design and/or implementation) d. Awareness AND policy dialogue e. Other, please specify: _____ <p>Persons with disabilities organizations:</p> <ul style="list-style-type: none"> a. Referral (the organization refers to your program or vice-versa) b. Training/awareness-raising c. Work together on a specific program/project activity (design and/or implementation) d. Awareness AND policy dialogue e. Other, please specify: _____ <p>Local government authorities:</p> <ul style="list-style-type: none"> a. Referral (the organization refers to your program or vice-versa) b. Training/awareness-raising c. Work together on a specific program/project activity (design and/or implementation) d. Awareness AND policy dialogue e. Other, please specify: _____

	<p>National government authorities:</p> <ul style="list-style-type: none"> a. Referral (the organization refers to your program or vice-versa) b. Training/awareness-raising c. Work together on a specific program/project activity (design and/or implementation) d. Awareness AND policy dialogue e. Other, please specify: _____ <p>International organizations:</p> <ul style="list-style-type: none"> a. Referral (the organization refers to your program or vice-versa) b. Training/awareness-raising c. Work together on a specific program/project activity (design and/or implementation) d. Awareness AND policy dialogue e. Other, please specify: _____ <p>Private sector organizations:</p> <ul style="list-style-type: none"> a. Referral (the organization refers to your program or vice-versa) b. Training/awareness-raising c. Work together on a specific program/project activity (design and/or implementation) d. Awareness AND policy dialogue e. Other, please specify: _____
MONITORING & EVALUATION	
<p>25. Did you have baseline data**? If no, did you collect the data?</p> <p><i>**basic information gathered before a program begins/before individuals begin receiving services. It is often used later to provide a comparison for assessing program impact.</i></p>	<p style="text-align: center;">**PLEASE CHECK EITHER YES OR NO**</p> <p style="text-align: center;">Had baseline data:</p> <p style="text-align: center;">YES _____ NO _____</p> <p style="text-align: center;">Collected baseline data:</p> <p style="text-align: center;">YES _____ NO _____</p>
<p>26. If you had and/or collected baseline data, what type was it?</p>	<p style="text-align: center;">**PLEASE CHECK ALL THAT APPLY**</p> <p style="text-align: center;">Quantitative _____ Qualitative _____</p> <p style="text-align: center;">**Please attach questionnaire and/or any relevant reports/data as available**</p>
<p>27. If you did collect baseline data, have you used these data in any way?</p>	<p style="text-align: center;">**PLEASE CIRCLE ONLY ONE ANSWER**</p> <ul style="list-style-type: none"> a. No b. No, but plan to c. Yes, for monitoring d. Yes, for evaluation e. Yes, for both monitoring and evaluation f. Yes, other. Please explain _____
<p>28. Do you set targets (objectives for your program, e.g. providing # of services to # of beneficiaries, etc.)?</p>	<p style="text-align: center;">**PLEASE CHECK EITHER YES OR NO**</p> <p style="text-align: center;">YES _____ NO _____</p>
<p>29. If you answer yes to the question above, are these...?</p>	<p style="text-align: center;">**PLEASE CHECK ALL THAT APPLY**</p> <p style="text-align: center;">Quantitative _____ Qualitative _____</p>

<p>30. Could you please list some of the most recent targets?</p>	<p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p>
<p>31. Do you believe that your program is effective? What do you base your assessment on?</p>	<p>**PLEASE CIRCLE ALL THAT APPLY**</p> <p>a. Measured indicators (largely quantitative measures, e.g. % change or # increase in...)</p> <p>b. Feedback from clients and/or families</p> <p>c. Feedback from program workers</p> <p>d. It seems effective to me, but this is my opinion and not on the basis of quantitative/qualitative data from several program beneficiaries</p> <p>e. I believe it could be more effective.</p>
<p>32. If you circled option "e" above, please explain in which ways the program could be more effective?</p>	<p>**PLEASE ELABORATE**</p> <p>(e.g. lack of finances, training quality issues, not wide enough reach, insufficient infrastructure)</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>33. How is information related to program impact, achievements and/or progress used?</p>	<p>**PLEASE CIRCLE ALL THAT APPLY**</p> <ul style="list-style-type: none"> a. To review/revise goals and objectives b. To review/revise implementation of program to address weaknesses c. To improve staff capacity d. To reallocate resources e. To provide information to stakeholders on project targets and achievements f. To raise additional funds g. Other, specify _____
<p>34. If you carry out beneficiary follow-up, what type of follow-up do you carry out? (e.g. how do you track beneficiaries' progress after program finalization?)</p>	<p style="text-align: center;">PLEASE ELABORATE</p> <p>_____</p> <p>_____</p>
<p>35. If you do not carry out beneficiary follow up is this because of:</p>	<p>**PLEASE ELABORATE ON ALL THAT APPLY**</p> <ul style="list-style-type: none"> a. Lack of staff _____ b. Lack of resources _____ c. Other,specify _____ <p>_____</p>

-THANK YOU-

ANNEX II: SOCIAL ASSISTANCE SURVEY INSTRUMENT

Program Survey: Social Assistance	_____ Country	_____ ID Code
<p style="text-align: center;">DIRECTIONS</p> <p>Please answer all questions if possible. If you have ANY questions pertaining to completing the survey, please contact _____. If you do not know the exact numbers or percentages, please do your best to provide an <u>approximate</u> figure based on your knowledge of the program. If your institution is implementing more than one social assistance program which assists persons with disabilities, please fill out <u>one survey per program</u>. Note that directions for responding are indicated with **.</p> <p>5. Name and location of your Institution (e.g., Ministry office, non-governmental organization, etc.) _____</p> <p>6. Name and brief description of the Program _____</p> <p>7. Person completing survey</p> <p style="margin-left: 20px;">Name: _____</p> <p style="margin-left: 20px;">Title: _____</p> <p style="margin-left: 20px;">Telephone Number: _____</p> <p style="margin-left: 20px;">email: _____</p> <p>8. Program dates</p> <p style="margin-left: 20px;">Date this program was started: Month ____ Year _____</p> <p style="margin-left: 20px;">Date this program ended (if applicable): Month ____ Year _____</p>		
GOALS AND OBJECTIVES		
1. What is/are the program's main objective(s)?	<p style="text-align: center;">**PLEASE CIRCLE ALL THAT APPLY**</p> <ul style="list-style-type: none"> f. Promoting inclusion of persons with disabilities g. Raising awareness and advocacy h. Building community assets i. Creating short-term employment/income-generating opportunities j. Providing income support k. Protecting consumption against adverse shocks to income l. OTHER (or to add another objective), please write it here: _____ 	

Please share any program documents or materials that you may have that describe your mission, mission statement and activities.

2. The activities concerning people with disabilities, is that a component within a larger (and otherwise non-disability related) program?

****PLEASE CIRCLE YES OR NO****

- 36. Yes
- 37. No

PROGRAM BENEFICIARIES: TARGETING, ELIGIBILITY AND DEMOGRAPHICS

38. How many beneficiaries has your program assisted/provided services to since it began?

****PLEASE WRITE NUMBER ON LINE BELOW****
TOTAL NUMBER:: _____

39. How many beneficiaries does your program currently assist?

****PLEASE WRITE NUMBER ON LINE BELOW****
TOTAL NUMBER:: _____

40. What is the geographic coverage of your program?

****PLEASE CIRCLE ONLY ONE ANSWER****

- f. The entire country
- g. Region(s) → indicate name(s)? _____
- h. Governorate(s) → indicate name(s)? _____
- i. Municipality(ies) → indicate name(s)? _____
- j. Other (please specify): _____

<p>41. What is (are) your target population(s)?</p>	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <p>i. All persons with a disability</p> <p>j. Only persons with a specific type or types of disability (physical, cognitive, hearing, etc.). Please specify which type(s) of disability: _____</p> <p>k. People who have a chronic illness</p> <p>l. Non-disabled persons,** Please specify: _____</p> <p>m. Other, please explain: _____</p> <p><i>**If you only circle this option, please stop here and do not fill in the rest of the questionnaire</i></p>															
<p>42. What are the eligibility criteria to participate in the program?</p>	<p align="center">PLEASE LIST ALL CRITERIA</p> <p align="center">**PLEASE INCLUDE 1 CRITERION PER LINE**</p> <hr/> <hr/> <hr/> <hr/>															
<p>43. How many applied and how many of those were enrolled?</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th align="center">2010</th> <th align="center">2011</th> </tr> </thead> <tbody> <tr> <td>Total number of applicants</td> <td></td> <td></td> </tr> <tr> <td>Total number enrolled</td> <td></td> <td></td> </tr> <tr> <td>Total number who applied and were eligible, but were not enrolled</td> <td></td> <td></td> </tr> <tr> <td>Total number who applied and were not eligible</td> <td></td> <td></td> </tr> </tbody> </table>		2010	2011	Total number of applicants			Total number enrolled			Total number who applied and were eligible, but were not enrolled			Total number who applied and were not eligible		
	2010	2011														
Total number of applicants																
Total number enrolled																
Total number who applied and were eligible, but were not enrolled																
Total number who applied and were not eligible																
<p>44. For those individuals that you are unable to benefit from your program, what do you do?</p>	<p align="center">PLEASE CIRCLE ALL ANSWERS THAT APPLY**</p> <p>e. Try to provide them with some assistance (even though it may not be exactly what they request/need)</p> <p>f. Contact another organization on their behalf</p> <p>g. Tell them to return at another time</p> <p>h. Tell them that you are unable to provide the service they need</p> <p>Other: _____</p>															
<p>45. Do you check if beneficiaries receive benefits from other institutions?</p>	<p>Please circle below:</p> <p>c. No</p> <p>d. Yes (if yes how/where do you check this)?</p>															
<p>46. Based on your answer to question #6, what portion of your program beneficiaries are...?</p>	<p align="center">**PLEASE WRITE PERCENTAGES ON LINES BELOW BASED ON THE SELECTED POPULATION (S) CIRCLED ABOVE**</p> <p>a. All persons with a disability</p> <p>b. Only persons with a specific type or types of disability (physical, cognitive, hearing, etc.). Please specify which type(s) of disability: _____</p> <p>c. People who have a chronic illness</p> <p>d. Non-disabled persons,**</p>															

e. Please specify: _____
 Other, please explain: _____

47. Based on the selected population (s) circled in question #6 above, what percentage of your program beneficiaries are...?

Population	Children (<5 yrs)	Children/Youth (6 – 18 yrs)	Young Adults (19 – 24 yrs)	Adults (25 – 64 yrs)	Elderly (65+ yrs)
All persons with a disability					
Only persons with a specific type of disability (list by type)					
1.					
2.					
3.					
4.					
People who have a chronic illness					
Non-disabled persons					
None of the above (total)					

48. Based on the selected population (s) circled in question #6 above, what percentage of your program beneficiaries are...?

Population	Male	Female
All persons with a disability		
Only persons with a specific type of disability (list by type)		
1.		
2.		
3.		
4.		
People who have a chronic illness		
Non-disabled persons		
None of the above (total)		

49. Based on	Population	Working	Not working	Don't know	are...?
	All persons with a disability				
	Only persons with a specific type of disability (list by type)				
	1.				
	2.				
	3.				
	4.				
	People who have a chronic illness				
	Non-disabled persons				
	None of the above (total)				

DISABILITY STATUS AND ASSESSMENT

<p>50. What percentage of the program beneficiaries who are persons with disabilities have...?</p>	<p align="center">**PLEASE INDICATE PERCENT ON LINES BELOW**</p> <p align="center">**THE TOTAL OF ANSWERS 15A THROUGH 15E SHOULD EQUAL 100% **</p> <p align="center">**Persons with multiple disabilities should ONLY be included on LINE E**</p> <p>g. Mobility impairments _____</p> <p>h. Sensory (hearing, vision) impairments _____</p> <p>i. Mental impairments (neurological, cognitive or mental disorders) _____</p> <p>j. Other _____</p> <p>k. Multiple impairments (more than 1 disability of a different type, e.g. mobility AND sensory) _____</p>
<p>51. If their disability status was assessed during an interview (at any time, in whole or in part), how often are international or national <u>written</u> guidelines used?</p>	<p align="center">**PLEASE CIRCLE ONLY ONE ANSWER**</p> <p>g. Never</p> <p>h. Not very often</p> <p>i. Sometimes</p> <p>j. Most of the time</p> <p>k. All of the time</p> <p>l. Don't know</p>
<p>52. If their disability status was assessed with an exam (at any time, in whole or in part), how often are international or national <u>written</u> guidelines used?</p>	<p align="center">*PLEASE CIRCLE ONLY ONE ANSWER*</p> <p>g. Never</p> <p>h. Not very often</p> <p>i. Sometimes</p> <p>j. Most of the time</p> <p>k. All of the time</p> <p>l. Don't know</p>
<p>53. In general, during the assessment do you</p>	

<p>collect information related to...?</p>	<p align="center">**PLEASE CIRCLE <u>ALL</u> THAT APPLY**</p> <p>f. TYPE of disability/illness (e.g. mobility, sensory, etc.) g. SEVERITY of disability/illness h. NEEDS you identify i. NEEDS they (beneficiaries) identify j. Other _____</p>
<p>PROGRAM FUNDING</p>	
<p>54. Does your program receive funding from any of the following organizations? If so, what portion of your program's budget is covered by each...?</p> <p>**For each category, indicate a percentage, for example, if there are two International Organizations, please indicate % funding of total that they provide together**</p>	<p align="center">**PLEASE CIRCLE YES OR NO** **IF YES, INDICATE PERCENT ON LINES BELOW** **THE TOTAL OF ANSWERS A THROUGH G SHOULD EQUAL 100%**</p> <p>a. National Government: YES/NO _____ b. State Government : YES/NO _____ c. International organizations (and name(s)) : YES/NO _____ d. Non-governmental organization (and name(s)): YES/NO: _____ e. Charity/Private : YES/NO _____ f. Self-Funded : YES/NO _____ g. Other, please specify..... _____ _____</p>
<p>55. What portion of funding FOR your program is "in-kind" support (not monetary, e.g. goods, services, training)?</p>	<p align="center">**PLEASE WRITE PERCENT ON LINE BELOW** PERCENT: _____</p>
<p>PROGRAM ACTIVITIES AND BENEFITS</p>	
<p>56. What type of activities does your program carry out?</p>	<p align="center">**PLEASE CIRCLE <u>ALL</u> THAT APPLY** **PLEASE PUT A STAR NEXT TO THE THREE MOST COMMON TYPES OF ACTIVITIES **</p> <p>h. Food or other in-kind transfer i. Unconditional cash transfers j. Family/child allowance k. Price subsidy (e.g.: food or energy) l. Noncontributory pension m. Wage/employment subsidy n. Workfare (cash for work) o. Fee waiver p. Conditional cash transfer (e.g. school, health) q. If Conditional cash transfer, please specify type _____ r. If OTHER , please write it here: _____</p>

<p>57. Briefly describe how your organization determines what type of services/benefits beneficiaries will receive?</p>	<p align="center">**PLEASE CIRCLE ALL ANSWERS THAT APPLY**</p> <p>a. Official records b. Decision/recommendation from health workers/medical personnel c. It is based on a personal calculation considering a number of factors d. Everyone receives an equal and/or standard amount e. Ad hoc (random, case by case basis not based on any methodology or specific criteria) f. Other procedure, please describe</p> <p>_____</p> <p>_____</p>
<p>PARTNERSHIPS AND COLLABORATION</p>	
<p>58. Do you subcontract any components of the program?</p>	<p align="center">**PLEASE CHECK EITHER YES OR NO**</p> <p align="center">YES _____ NO _____</p>
<p>59. If you answer YES to the question above, what portion of your program do you contract out?</p>	<p align="center">**PLEASE WRITE PERCENT ON LINE BELOW**</p> <p align="center">PERCENT: _____</p>
<p>60. To which organization(s) do you primarily sub-contract?</p>	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <p>f. to a national NGO/ association g. to a local NGO/association/CBO h. to an international NGO i. to a private for profit agency j. Other, please specify: _____</p>
<p>61. Which of these organizations do you partner with?</p>	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <p>k. Communities l. Local NGOs m. Local religious center (church, mosque, synagogue, etc.) n. International NGOS o. Disabled people organizations p. Local government authorities q. National government authorities r. International organizations s. Private sector organizations t. Other: _____</p> <p>_____</p>
<p>62. On the basis of your answers to the question above, please describe the main areas in which you collaborate with each entity:</p>	<p>Communities:</p> <p>f. Referral (the organization refers to your program or vice-versa) g. Training/awareness-raising h. Work together on a specific program/project activity (design and/or implementation) i. Awareness AND policy dialogue j. Other, please specify: _____</p> <p>Local NGOs :</p> <p>f. Referral (the organization refers to your program or vice-versa)</p>

- g. Training/awareness-raising
- h. Work together on a specific program/project activity (design and/or implementation)
- i. Awareness AND policy dialogue
- j. Other, please specify: _____

Local religious center (church, mosque, synagogue, etc.):

- f. Referral (the organization refers to your program or vice-versa)
- g. Training/awareness-raising
- h. Work together on a specific program/project activity (design and/or implementation)
- i. Awareness AND policy dialogue
- j. Other, please specify: _____

International NGOs:

- f. Referral (the organization refers to your program or vice-versa)
- g. Training/awareness-raising
- h. Work together on a specific program/project activity (design and/or implementation)
- i. Awareness AND policy dialogue
- j. Other, please specify: _____

Persons with disabilities organizations:

- c. Referral (the organization refers to your program or vice-versa)
- d. Training/awareness-raising
- f. Work together on a specific program/project activity (design and/or implementation)
- g. Awareness AND policy dialogue
- h. Other, please specify: _____

Local government authorities:

- f. Referral (the organization refers to your program or vice-versa)
- g. Training/awareness-raising
- h. Work together on a specific program/project activity (design and/or implementation)
- i. Awareness AND policy dialogue
- j. Other, please specify: _____

National government authorities:

- f. Referral (the organization refers to your program or vice-versa)
- g. Training/awareness-raising
- h. Work together on a specific program/project activity (design and/or implementation)
- i. Awareness AND policy dialogue
- j. Other, please specify: _____

International organizations:

- f. Referral (the organization refers to your program or vice-versa)
- g. Training/awareness-raising
- h. Work together on a specific program/project activity (design and/or implementation)
- i. Awareness AND policy dialogue
- j. Other, please specify: _____

Private sector organizations:

- f. Referral (the organization refers to your program or vice-versa)
- g. Training/awareness-raising
- h. Work together on a specific program/project activity (design and/or implementation)
- i. Awareness AND policy dialogue
- j. Other, please specify: _____

MONITORING & EVALUATION

<p>63. Did you have baseline data**? If no, did you collect the data?</p> <p><i>**basic information gathered before a program begins/before individuals begin receiving services. It is often used later to provide a comparison for assessing program impact.</i></p>	<p align="center">**PLEASE CHECK EITHER YES OR NO**</p> <p align="center">Had baseline data:</p> <p align="center">YES _____ NO _____</p> <p align="center">Collected baseline data:</p> <p align="center">YES _____ NO _____</p>
<p>64. If you had and/or collected baseline data, what type was it?</p>	<p align="center">**PLEASE CHECK ALL THAT APPLY**</p> <p align="center">Quantitative _____ Qualitative _____</p> <p align="center">**Please attach questionnaire and/or any relevant reports/data as available**</p>
<p>65. Have you collected any other project-related data across the life of the program?</p>	<p align="center">**PLEASE CHECK EITHER YES OR NO**</p> <p align="center">YES _____ NO _____</p>
<p>66. If you collected baseline data and/or other project-related data, how was this data collected?</p>	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <p align="center">Administrative Records</p> <p align="center">Surveys/Questionnaires:</p> <p align="center">Focus Groups</p> <p align="center">Other: _____</p>
<p>67. If you did collect baseline data have you used these data in any way?</p>	<p align="center">**PLEASE CIRCLE ONLY ONE ANSWER**</p> <p>g. No</p> <p>h. No, but plan to</p> <p>i. Yes, for monitoring</p> <p>j. Yes, for evaluation</p> <p>k. Yes, for both monitoring and evaluation</p> <p>l. Yes, other. Please explain _____</p> <p>_____</p>
<p>68. Have you used any project-related data in any way?</p>	<p align="center">**PLEASE CIRCLE ONLY ONE ANSWER**</p> <p>a. No</p> <p>b. No, but plan to</p> <p>c. Yes, for monitoring</p> <p>d. Yes, for evaluation</p> <p>e. Yes, for both monitoring and evaluation</p> <p>f. Yes, other. Please explain _____</p> <p>_____</p>
<p>69. If you used the collected data for either monitoring, evaluation or other things, who carried out this process?</p>	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <p>a. An independent entity</p> <p>b. Funders</p> <p>c. Program/Institution itself</p> <p>d. Others. Please explain: _____</p> <p>_____</p> <p>e. _____</p>

<p>70. If you used the collected data for either monitoring and/or evaluation, does this monitoring and/or evaluation include any of the following?</p>	<p align="center">**PLEASE CIRCLE <u>ALL</u> THAT APPLY**</p> <p>a. Input indicators b. Output indicators c. Outcome indicators (impact) d. Process indicators (input, output)</p>
<p>71. Do you set targets (objectives for your program, e.g. providing # of services to # of beneficiaries, etc.)?</p>	<p align="center">**PLEASE CHECK EITHER YES OR NO** YES _____ NO _____</p>
<p>72. If you answer yes to the question above, are these...?</p>	<p align="center">**PLEASE CHECK ALL THAT APPLY** Quantitative _____ Qualitative _____</p>
<p>73. Could you please list some of the most recent targets?</p>	<p>a. _____ b. _____ c. _____ d. _____ e. _____</p>
<p>74. Do you believe that your program is effective? What do you base your assessment on?</p>	<p align="center">**PLEASE CIRCLE <u>ALL</u> THAT APPLY**</p> <p>f. Measured indicators (largely quantitative measures, e.g. % change or # increase in...) g. Feedback from clients and/or families h. Feedback from program workers i. It seems effective to me, but this is my opinion and not on the basis of quantitative/qualitative data from several program beneficiaries j. I do not believe it is as effective as it could be.</p>
<p>75. If you circled option "e" above, please explain why the program is not as effective as it could be?</p>	<p align="center">**PLEASE ELABORATE** (e.g. lack of finances, training quality issues, not wide enough reach, insufficient infrastructure)</p> <p>_____ _____ _____</p>
<p>76. Who do you share information on your program with?</p>	<p align="center">**PLEASE CIRCLE <u>ALL</u> THAT APPLY**</p> <p>a. Program beneficiaries b. Donors c. Community members d. Other public agencies e. Program staff f. Public disclosure through websites/public documents g. Other, please</p>

	specify _____ _____
<p>77. How is information related to program impact, achievements and/or progress used?</p>	<p>**PLEASE CIRCLE ALL THAT APPLY**</p> <ul style="list-style-type: none"> h. To review/revise goals and objectives i. To review/revise implementation of program to address weaknesses j. To improve staff capacity k. To reallocate resources l. To provide information to stakeholders on project targets and achievements m. To raise additional funds n. Other, specify _____
<p>78. If you carry out beneficiary follow-up, what type of follow-up do you carry out? (e.g. how do you track beneficiaries' progress after program finalization?)</p>	<p style="text-align: center;">PLEASE ELABORATE</p> <p>_____</p> <p>_____</p>
<p>79. If you do not carry out beneficiary follow up is this because of:</p>	<p>**PLEASE ELABORATE ON ALL THAT APPLY**</p> <ul style="list-style-type: none"> d. Lack of staff _____ e. Lack of resources _____ f. Other, specify _____ <p>_____</p>

-THANK YOU-

ANNEX III: HEALTH SURVEY INSTRUMENT

Program Survey: Health	_____ Country	_____ ID Code
<p style="text-align: center;">DIRECTIONS</p> <p>Please answer all questions if possible. If you have ANY questions pertaining to completing the survey, please contact _____. If you do not know the exact numbers or percentages, please do your best to provide an <u>approximate</u> figure based on your knowledge of the program. If your institution is implementing more than one health program which assists persons with disabilities, please fill out <u>one survey per program</u>. Note that directions for responding are indicated with **.</p> <p>9. Name and location of your Institution (e.g., Ministry office, non-governmental organization, etc.) _____</p> <p>10. Name and brief description of the Program _____</p> <p>11. Person completing survey</p> <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Title: _____</p> <p style="margin-left: 40px;">Telephone Number: _____</p> <p style="margin-left: 40px;">email: _____</p> <p>12. Program dates</p> <p style="margin-left: 40px;">Date this program was started: Month ____ Year _____</p> <p style="margin-left: 40px;">Date this program ended (if applicable): Month ____ Year _____</p>		
GOALS AND OBJECTIVES		
1. What is/are the program's main objective(s)?	<p style="text-align: center;">**PLEASE CIRCLE ALL THAT APPLY**</p> <ul style="list-style-type: none"> a. Providing physical/mental rehabilitation services b. Referring persons with disabilities to different health services c. Health Promotion d. Advocacy/Awareness-raising (Information, Education, Communication) e. Improving access to health services f. Training for persons with disabilities (e.g. vocational). g. OTHER (or to add another objective), please write it here: _____ 	

Please share any program documents or materials that you may have that describe your mission, mission statement and activities.

2. The activities concerning people with disabilities, is that a component within a larger (and otherwise non-disability related) program?

****PLEASE CIRCLE YES OR NO****

80. Yes

81. No

PROGRAM BENEFICIARIES: TARGETING, ELIGIBILITY AND DEMOGRAPHICS

82. How many beneficiaries has your program assisted/provided services to since it began?

****PLEASE WRITE NUMBER ON LINE BELOW****
TOTAL NUMBER:: _____

83. How many beneficiaries does your program currently assist?

****PLEASE WRITE NUMBER ON LINE BELOW****
TOTAL NUMBER:: _____

84. What is the geographic coverage of your program?

****PLEASE CIRCLE ONLY ONE ANSWER****

- k. The entire country
- l. Region(s) → indicate name(s)? _____
- m. Governorate(s) → indicate name(s)? _____
- n. Municipality (ies) → indicate name(s)? _____
- o. Other (please specify): _____

85. What is (are) your target population(s)?

****PLEASE CIRCLE ALL THAT APPLY****

- n. All persons with a disability
- o. Only persons with a specific type or types of disability. Please specify which type(s) of disability: _____
- p. People who have a chronic illness
- q. Non-disabled persons,**
Please specify: _____
- r. Other, please
explain: _____

***If you only circle this option, please stop here and do not fill in the rest of the questionnaire*

<p>86. What are the eligibility criteria to participate in the program?</p>	<p>PLEASE LIST ALL CRITERIA **PLEASE INCLUDE 1 CRITERION PER LINE**</p> <hr/> <hr/> <hr/> <hr/>																																																
<p>87. How many applied and how many of those were enrolled?</p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">2010</th> <th style="width: 20%; text-align: center;">2011</th> </tr> </thead> <tbody> <tr> <td>Total number of applicants</td> <td></td> <td></td> </tr> <tr> <td>Total number enrolled</td> <td></td> <td></td> </tr> <tr> <td>Total number who applied and were eligible, but were not enrolled</td> <td></td> <td></td> </tr> <tr> <td>Total number who applied and were not eligible</td> <td></td> <td></td> </tr> </tbody> </table>		2010	2011	Total number of applicants			Total number enrolled			Total number who applied and were eligible, but were not enrolled			Total number who applied and were not eligible																																			
	2010	2011																																															
Total number of applicants																																																	
Total number enrolled																																																	
Total number who applied and were eligible, but were not enrolled																																																	
Total number who applied and were not eligible																																																	
<p>88. For those individuals that you are unable to include in your program, what do you do?</p>	<p>**PLEASE CIRCLE ALL ANSWERS THAT APPLY**</p> <p>i. Try to provide them with some assistance (even though it may not be exactly what they request/need)</p> <p>j. Contact another organization on their behalf</p> <p>k. Tell them to return at another time</p> <p>l. Tell them that you are unable to provide the service they need</p> <p>m. Other: _____</p>																																																
<p>89. Do you check if beneficiaries receive benefits from other institutions?</p>	<p style="text-align: center;">PLEASE CIRCLE BELOW:</p> <p>e. No</p> <p>f. Yes (if yes how/where do you check this)?</p>																																																
<p>90. Based on your answer to question #6, what portion of your program beneficiaries are...?</p>	<p>**PLEASE WRITE PERCENTAGES ON LINES BELOW BASED ON THE SELECTED POPULATION (S) CIRCLED ABOVE**</p> <p>f. All persons with a disability</p> <p>g. Only persons with a specific type or types of disability (physical, cognitive, hearing, etc). Please specify which type(s) of disability: _____</p> <p>h. People who have a chronic illness</p> <p>i. Non-disabled persons,** Please specify: _____</p> <p>j. Other, please explain: _____</p>																																																
<p>91. Based on the selected population (s) circled in question #6 above, what percentage of your program beneficiaries are...?</p>																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Population</th> <th style="width: 15%;">Children (<5 yrs)</th> <th style="width: 15%;">Children/Youth (6 – 18 yrs)</th> <th style="width: 15%;">Young Adults (19 – 24 yrs)</th> <th style="width: 15%;">Adults (25 – 64 yrs)</th> <th style="width: 15%;">Elderly (65+ yrs)</th> </tr> </thead> <tbody> <tr> <td>All persons with a disability</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Only persons with a specific type of disability (list by type)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>People who have a chronic</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Population	Children (<5 yrs)	Children/Youth (6 – 18 yrs)	Young Adults (19 – 24 yrs)	Adults (25 – 64 yrs)	Elderly (65+ yrs)	All persons with a disability						Only persons with a specific type of disability (list by type)						5.						6.						7.						8.						People who have a chronic					
Population	Children (<5 yrs)	Children/Youth (6 – 18 yrs)	Young Adults (19 – 24 yrs)	Adults (25 – 64 yrs)	Elderly (65+ yrs)																																												
All persons with a disability																																																	
Only persons with a specific type of disability (list by type)																																																	
5.																																																	
6.																																																	
7.																																																	
8.																																																	
People who have a chronic																																																	

illness					
Non-disabled persons					
None of the above (total)					

92. Based on the selected population (s) circled in question #6 above, what percentage of your program beneficiaries are...?

Population	Male	Female
All persons with a disability		
Only persons with a specific type of disability (list by type)		
5.		
6.		
7.		
8.		
People who have a chronic illness		
Non-disabled persons		
None of the above (total)		

93. Based on the selected population (s) circled in question #6 above, what percentage of your program beneficiaries are...?

Population	Working	Not working	Don't know
All persons with a disability			
Only persons with a specific type of disability (list by type)			
5.			
6.			
7.			
8.			
People who have a chronic illness			
Non-disabled persons			
None of the above (total)			

DISABILITY STATUS AND ASSESSMENT

94. What percentage of the program beneficiaries who are persons with disabilities have...?¹⁴

- **PLEASE INDICATE PERCENT ON LINES BELOW****
****THE TOTAL OF ANSWERS 15A THROUGH 15E SHOULD EQUAL 100% ****
****Persons with multiple disabilities should ONLY be included on LINE E****
- l. Visual difficulty, even wearing glasses _____
 - m. Difficulty hearing, even using hearing aid _____
 - n. Difficulty walking or climbing steps _____
 - o. Difficulty remembering or concentrating _____
 - p. Difficulty washing or dressing without help _____
 - q. Difficulty communicating or being understood _____

¹⁴ This question follows the Washington Group set of six questions on disability.
http://www.cdc.gov/nchs/washington_group/wg_questions.htm

<p>95. If their disability status was assessed during an interview (at any time, in whole or in part), how often are international or national <u>written</u> guidelines used?</p>	<p align="center">**PLEASE CIRCLE ONLY ONE ANSWER**</p> <p>m. Never n. Not very often o. Sometimes p. Most of the time q. All of the time r. Don't know</p>
<p>96. If their disability status was assessed with an exam (at any time, in whole or in part), how often are international or national <u>written</u> guidelines used?</p>	<p align="center">**PLEASE CIRCLE ONLY ONE ANSWER**</p> <p>a. Never b. Not very often c. Sometimes d. Most of the time e. All of the time f. Don't know</p>
<p>97. In general, during the assessment do you collect information related to...?</p>	<p align="center">**PLEASE CIRCLE <u>ALL</u> THAT APPLY**</p> <p>k. TYPE of disability/illness (e.g. mobility, sensory, etc.) l. SEVERITY of disability/illness m. NEEDS you identify n. NEEDS they (beneficiaries) identify o. Other _____</p>
<p align="center">PROGRAM FUNDING</p>	
<p>98. Does your program receive funding from any of the following organizations? If so, what portion of your program's budget is covered by each...?</p> <p>**For each category, indicate a percentage, for example, if there are two International Organizations, please indicate % funding of total that they provide together**</p>	<p align="center">**PLEASE CIRCLE YES OR NO**</p> <p align="center">**IF YES, INDICATE PERCENT ON LINES BELOW**</p> <p align="center">**THE TOTAL OF ANSWERS A THROUGH G SHOULD EQUAL 100%**</p> <p>h. National Government: YES/NO _____ i. State Government : YES/NO _____ j. International organizations (and name(s)) : YES/NO _____ k. Non-governmental organization (and name(s)): YES/NO: _____ l. Charity/Private : YES/NO _____ m. Self-Funded : YES/NO _____ n. Other, please specify _____</p>
<p>99. What portion of funding FOR your program is "in-kind" support (not monetary, e.g. goods, services, training)?</p>	<p align="center">**PLEASE WRITE PERCENT ON LINE BELOW**</p> <p align="center">PERCENT: _____</p>
<p align="center">PROGRAM ACTIVITIES AND BENEFITS</p>	
<p>100. In what types of facilities is the program administered?</p>	<p align="center">**PLEASE CIRCLE <u>ALL</u> THAT APPLY**</p> <p>a. Community centers/areas b. General Health Care clinics c. Specialized Health Care Clinics d. Hospitals e. Rehabilitation Centers f. Residential settings</p>

	<p>g. In living residences for people with disabilities</p> <p>h. Other, please explain: _____</p>
<p>101. What type of activities does your program carry out?</p>	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <p align="center">**PLEASE PUT A STAR NEXT TO THE THREE MOST COMMON TYPES OF ACTIVITIES **</p> <p>s. Physical therapy</p> <p>t. Medication</p> <p>u. Consultations</p> <p>v. Assistive Devices</p> <p>w. Specific health treatment</p> <p>x. Health promotion (e.g., classes/activities to promote physical activity, positive health behaviors)</p> <p>y. Prevention (classes/activities to increase knowledge of risk factors, etc. of disease, injury)</p> <p>z. Psychological counseling</p> <p>aa. Referrals</p> <p>bb. If OTHER , please write it here: _____</p>
<p>102. Briefly describe how your organization determines what type of services/benefits beneficiaries will receive?</p>	<p align="center">**PLEASE CIRCLE ALL ANSWERS THAT APPLY**</p> <p>g. Official records</p> <p>h. Decision/recommendation from health workers/medical personnel</p> <p>i. It is based on a personal calculation considering a number of factors</p> <p>j. Everyone receives an equal and/or standard amount</p> <p>k. It depends it's on a case by case basis not based on any methodology or specific criteria.</p> <p>l. Other procedure, please describe</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>PARTNERSHIPS AND COLLABORATION</p>	
<p>103. Do you subcontract any components of the program?</p>	<p align="center">**PLEASE CHECK EITHER YES OR NO**</p> <p align="center">YES _____ NO _____</p>
<p>104. If you answer YES to the question above, what portion of your program do you contract out?</p>	<p align="center">**PLEASE WRITE PERCENT ON LINE BELOW**</p> <p align="center">PERCENT: _____</p>
<p>105. To which organization(s) do you primarily sub-contract?</p>	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <p>k. to a national NGO/ association</p> <p>l. to a local NGO/association/CBO</p> <p>m. to an international NGO</p> <p>n. to a private for profit agency</p> <p>o. Other, please specify: _____</p>

<p>106. Which of these organizations do you partner with?</p>	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <ul style="list-style-type: none"> u. Communities v. Local NGOs w. Local religious center (church, mosque, synagogue, etc.) x. International NGOS y. Disabled people organizations z. Local government authorities aa. National government authorities bb. International organizations cc. Private sector organizations dd. Other: _____
<p>107. On the basis of your answers to the question above, please describe the main areas in which you collaborate with each entity:</p>	<p>Communities:</p> <ul style="list-style-type: none"> k. Referral (the organization refers to your program or vice-versa) l. Training/awareness-raising m. Work together on a specific program/project activity (design and/or implementation) n. Awareness AND policy dialogue o. Other, please specify: _____ <p>Local NGOs :</p> <ul style="list-style-type: none"> k. Referral (the organization refers to your program or vice-versa) l. Training/awareness-raising m. Work together on a specific program/project activity (design and/or implementation) n. Awareness AND policy dialogue o. Other, please specify: _____ <p>Local religious center (church, mosque, synagogue, etc.):</p> <ul style="list-style-type: none"> k. Referral (the organization refers to your program or vice-versa) l. Training/awareness-raising m. Work together on a specific program/project activity (design and/or implementation) n. Awareness AND policy dialogue o. Other, please specify: _____ <p>International NGOs:</p> <ul style="list-style-type: none"> k. Referral (the organization refers to your program or vice-versa) l. Training/awareness-raising m. Work together on a specific program/project activity (design and/or implementation) n. Awareness AND policy dialogue o. Other, please specify: _____ <p>People with disabilities organizations:</p> <ul style="list-style-type: none"> e. Referral (the organization refers to your program or vice-versa) f. Training/awareness-raising c. Work together on a specific program/project activity (design and/or implementation) d. Awareness AND policy dialogue e. Other, please specify: _____ <p>Local government authorities:</p> <ul style="list-style-type: none"> k. Referral (the organization refers to your program or vice-versa) l. Training/awareness-raising m. Work together on a specific program/project activity (design and/or implementation) n. Awareness AND policy dialogue o. Other, please specify: _____ <p>National government authorities:</p> <ul style="list-style-type: none"> k. Referral (the organization refers to your program or vice-versa) l. Training/awareness-raising m. Work together on a specific program/project activity (design and/or implementation) n. Awareness AND policy dialogue

	<p>o. Other, please specify: _____</p> <p>International organizations:</p> <p>k. Referral (the organization refers to your program or vice-versa)</p> <p>l. Training/awareness-raising</p> <p>m. Work together on a specific program/project activity (design and/or implementation)</p> <p>n. Awareness AND policy dialogue</p> <p>o. Other, please specify: _____</p> <p>Private sector organizations:</p> <p>k. Referral (the organization refers to your program or vice-versa)</p> <p>l. Training/awareness-raising</p> <p>m. Work together on a specific program/project activity (design and/or implementation)</p> <p>n. Awareness AND policy dialogue</p> <p>o. Other, please specify: _____</p>
<p>MONITORING & EVALUATION</p>	
<p>108. Did you have baseline data**? If no, did you collect the data?</p> <p><i>**basic information gathered before a program begins/before individuals begin receiving services. It is often used later to provide a comparison for assessing program impact)?</i></p>	<p>**PLEASE CHECK EITHER YES OR NO**</p> <p>Had baseline data:</p> <p>YES _____ NO _____</p> <p>Collected baseline data:</p> <p>YES _____ NO _____</p>
<p>109. If you had and/or collected baseline data, what type was it?</p>	<p>**PLEASE CHECK ALL THAT APPLY**</p> <p>Quantitative _____ Qualitative _____</p> <p>**Please attach questionnaire and/or any relevant reports/data as available**</p>
<p>110. Have you collected any other project-related data across the life of the program?</p>	<p>**PLEASE CHECK EITHER YES OR NO**</p> <p>YES _____ NO _____</p>
<p>111. If you collected baseline data and/or other project-related data, how was this data collected?</p>	<p>**PLEASE CIRCLE ALL THAT APPLY**</p> <p>Administrative Records</p> <p>Surveys/Questionnaires:</p> <p>Focus Groups</p> <p>Other: _____</p>
<p>112. If you did collect baseline data, have you used these data in any way?</p>	<p>**PLEASE CIRCLE ONLY ONE ANSWER**</p> <p>m. No</p> <p>n. No, but plan to</p> <p>o. Yes, for monitoring</p>

	<p>p. Yes, for evaluation q. Yes, for both monitoring and evaluation r. Yes, other. Please explain _____</p>
<p>113. Have you used any project-related data in any way?</p>	<p>**PLEASE CIRCLE ONLY ONE ANSWER**</p> <p>a. No b. No, but plan to c. Yes, for monitoring d. Yes, for evaluation e. Yes, for both monitoring and evaluation f. Yes, other. Please explain _____</p>
<p>114. If you used the collected data for either monitoring evaluation or other things, who carried out this process?</p>	<p>**PLEASE CIRCLE ALL THAT APPLY**</p> <p>a. An independent entity b. Funders c. Program/Institution itself d. Others. Please explain: _____</p>
<p>115. If you used the collected data for either monitoring and/or evaluation, does this monitoring and/or evaluation include any of the following?</p>	<p>**PLEASE CIRCLE ALL THAT APPLY**</p> <p>e. Input indicators f. Output indicators g. Outcome indicators (impact) h. Process indicators (input, output)</p>
<p>116. Do you set targets (objectives for your program, e.g. providing # of services to # of beneficiaries, etc.)?</p>	<p>**PLEASE CHECK EITHER YES OR NO** YES _____ NO _____</p>
<p>117. If you answer yes to the question above, are these...?</p>	<p>**PLEASE CHECK ALL THAT APPLY** Quantitative _____ Qualitative _____</p>
<p>118. Could you please list some of the most recent targets?</p>	<p>f. _____ g. _____ h. _____ i. _____ j. _____</p>
<p>119. Do you believe that your program is effective? What do you base your assessment on?</p>	<p>**PLEASE CIRCLE ALL THAT APPLY**</p> <p>k. Measured indicators (largely quantitative measures, e.g. % change or # increase in...) l. Feedback from clients and/or families m. Feedback from program workers n. It seems effective to me, but this is my opinion and not on the basis of quantitative/qualitative data from several program beneficiaries o. I do not believe it is as effective as it could be.</p>
<p>120. If you circled option "e" above, please explain why the program is not as effective as it could be?</p>	<p>PLEASE ELABORATE (e.g. lack of finances, training quality issues, not wide enough reach, insufficient infrastructure) _____ _____</p>
<p>121. Who do you share information on your program with?</p>	<p>**PLEASE CIRCLE ALL THAT APPLY**</p> <p>h. Program beneficiaries i. Donors j. Community members</p>

	<ul style="list-style-type: none"> k. Other public agencies l. Program staff m. Public disclosure through websites/public documents n. Other, please specify _____
<p>122. How is information related to program impact, achievements and/or progress used?</p>	<p style="text-align: center;">**PLEASE CIRCLE ALL THAT APPLY**</p> <ul style="list-style-type: none"> o. To review/revise goals and objectives p. To review/revise implementation of program to address weaknesses q. To improve staff capacity r. To reallocate resources s. To provide information to stakeholders on project targets and achievements t. To raise additional funds u. Other, specify _____
<p>123. If you carry out beneficiary follow-up, what type of follow-up do you carry out? (e.g. how do you track beneficiaries' progress after program finalization?)</p>	<p style="text-align: center;">PLEASE ELABORATE</p> <p>_____</p> <p>_____</p> <p>_____</p>

124. If you do not carry out beneficiary follow up, is this because of:

PLEASE ELABORATE ON ALL THAT APPLY

- a. Lack of staff _____
- b. Lack of resources _____
- c. Other, specify _____

-THANK YOU-

ANNEX IV: EDUCATION SURVEY INSTRUMENT

Program Survey: Education	_____ Country	_____ ID Code
<p style="text-align: center;">DIRECTIONS</p> <p>Please answer all questions if possible. If you have ANY questions pertaining to completing the survey, please contact _____. If you do not know the exact numbers or percentages, please do your best to provide an <u>approximate</u> figure based on your knowledge of the program. If your institution is implementing more than one education program which assists persons with disabilities, please fill out <u>one survey per program</u>. Note that directions for responding are indicated with **.</p> <p>13. Name and location of your Institution (e.g., Ministry office, non-governmental organization, etc.) _____</p> <p>14. Name and brief description of the Program _____</p> <p>15. Person completing survey</p> <p style="padding-left: 40px;">Name: _____</p> <p style="padding-left: 40px;">Title: _____</p> <p style="padding-left: 40px;">Telephone Number: _____</p> <p style="padding-left: 40px;">email: _____</p> <p>16. Program dates</p> <p style="padding-left: 40px;">Date this program was started: Month ____ Year _____</p> <p style="padding-left: 40px;">Date this program ended (if applicable): Month ____ Year _____</p>		
GOALS AND OBJECTIVES		
1. What is/are the program's main objective(s)?	<p style="text-align: center;">**PLEASE CIRCLE ALL THAT APPLY**</p> <ol style="list-style-type: none"> 1. To increase access to education for persons with disabilities. 2. To improve quality of education for persons with disabilities. 3. To improve relevance of education for persons with disabilities. 4. To increase enrollment and retention of persons with disabilities. 5. To increase awareness/advocacy regarding any education issue that persons with disabilities may face 6. To improve capacity/credentials of teachers and/or other stakeholders to assist persons with disabilities. 7. To improve educational outcomes in general 8. IF OTHER (or to add another objective), please write it here: _____ 	

<p>Please share any program documents or materials that you may have that describe your mission, mission statement and activities.</p>	
<p>2. The activities concerning people with disabilities, is that a component within a larger (and otherwise non-disability related) program?</p>	<p>**PLEASE CIRCLE YES OR NO**</p> <p>125. Yes 126. No</p>
<p>PROGRAM BENEFICIARIES: TARGETING, ELIGIBILITY AND DEMOGRAPHICS</p>	
<p>127. How many beneficiaries has your program assisted/provided services to since it began?</p>	<p>**PLEASE WRITE NUMBER ON LINE BELOW**</p> <p>TOTAL NUMBER:: _____</p>
<p>128. How many beneficiaries does your program currently assist?</p>	<p>**PLEASE WRITE NUMBER ON LINE BELOW**</p> <p>TOTAL NUMBER:: _____</p>
<p>129. What is the geographic coverage of your program?</p>	<p>**PLEASE CIRCLE ONLY ONE ANSWER**</p> <p>p. The entire country q. Region(s) → indicate name(s)? _____ r. Governorate(s) → indicate name(s)? _____ s. Municipality (ies) → indicate name(s)? _____ t. Other (please specify): _____</p>
<p>130. What is (are) your target population(s)?</p>	<p>**PLEASE CIRCLE ALL THAT APPLY**</p> <p>s. All persons with a disability t. Only persons with a specific type or types of disability (physical, cognitive, hearing, etc). Please specify which type(s) of disability: _____ u. People who have a chronic illness v. Non-disabled persons,** Please specify: _____ w. Other, please explain: _____ _____ _____</p> <p><i>**If you only circle this option, please stop here and do not fill in the rest of the questionnaire</i></p>
<p>131. What are the eligibility criteria to participate in the program?</p>	<p>PLEASE LIST ALL CRITERIA</p> <p>**PLEASE INCLUDE 1 CRITERION PER LINE**</p> <hr/> <hr/>

<p>132. How many applied and how many of those were enrolled?</p>	<table border="1" style="margin: auto;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">2010</th> <th style="width: 20%;">2011</th> </tr> </thead> <tbody> <tr> <td>Total number of applicants</td> <td></td> <td></td> </tr> <tr> <td>Total number enrolled</td> <td></td> <td></td> </tr> <tr> <td>Total number who applied and were eligible, but were not enrolled</td> <td></td> <td></td> </tr> <tr> <td>Total number who applied and were not eligible</td> <td></td> <td></td> </tr> </tbody> </table>		2010	2011	Total number of applicants			Total number enrolled			Total number who applied and were eligible, but were not enrolled			Total number who applied and were not eligible					
	2010	2011																	
Total number of applicants																			
Total number enrolled																			
Total number who applied and were eligible, but were not enrolled																			
Total number who applied and were not eligible																			
<p>133. For those individuals that you are unable to include in your program, what do you do?</p>	<p>**PLEASE CIRCLE ALL ANSWERS THAT APPLY**</p> <p>n. Try to provide them with some assistance (even though it may not be exactly what they request/need)</p> <p>o. Contact another organization on their behalf</p> <p>p. Tell them to return at another time</p> <p>q. Tell them that you are unable to provide the service they need</p> <p>Other: _____</p>																		
<p>134. Do you check if beneficiaries receive benefits from other institutions?</p>	<p>PLEASE CIRCLE BELOW</p> <p>g. No</p> <p>h. Yes (if yes how/where do you check this)?</p>																		
<p>135. Based on your answer to question #6, what portion of your program beneficiaries are...?</p>	<p>**PLEASE WRITE PERCENTAGES ON LINES BELOW BASED ON THE SELECTED POPULATION (S) CIRCLED ABOVE**</p> <p>k. All persons with a disability</p> <p>l. Only persons with a specific type or types of disability (physical, cognitive, hearing, etc). Please specify which type(s) of disability: _____</p> <p>m. People who have a chronic illness _____</p> <p>n. Non-disabled people _____</p> <p>o. Other, explain: _____</p>																		
<p>136. Based on the selected population (s) circled in question #6 above, what percentage of your program beneficiaries are...?</p>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Population</th> <th style="width: 12.5%;">Children (<5 yrs)</th> <th style="width: 12.5%;">Children/Youth (6 – 18 yrs)</th> <th style="width: 12.5%;">Young Adults (19 – 24 yrs)</th> <th style="width: 12.5%;">Adults (25 – 64 yrs)</th> <th style="width: 12.5%;">Elderly (65+ yrs)</th> </tr> </thead> <tbody> <tr> <td>All persons with a disability</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Only persons with a specific type of disability (list by type)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Population	Children (<5 yrs)	Children/Youth (6 – 18 yrs)	Young Adults (19 – 24 yrs)	Adults (25 – 64 yrs)	Elderly (65+ yrs)	All persons with a disability						Only persons with a specific type of disability (list by type)					
Population	Children (<5 yrs)	Children/Youth (6 – 18 yrs)	Young Adults (19 – 24 yrs)	Adults (25 – 64 yrs)	Elderly (65+ yrs)														
All persons with a disability																			
Only persons with a specific type of disability (list by type)																			

9.					
10.					
11.					
12.					
People who have a chronic illness					
Non-disabled persons					
None of the above (total)					

137. Based on the selected population (s) circled in question #6 above, what percentage of your program beneficiaries are...?

Population	Male	Female
All persons with a disability		
Only persons with a specific type of disability (list by type)		
9.		
10.		
11.		
12.		
People who have a chronic illness		
Non-disabled persons		
None of the above (total)		

138. Based on the selected population (s) circled in question #6 above, what percentage of your program beneficiaries are...?

Population	Working	Not working	Don't know
All persons with a disability			
Only persons with a specific type of disability (list by type)			
9.			
10.			
11.			
12.			
People who have a chronic illness			
Non-disabled persons			
None of the above (total)			

DISABILITY STATUS AND ASSESSMENT

139. What percentage of the program beneficiaries who are persons with disabilities have...?

****PLEASE INDICATE PERCENT ON LINES BELOW****
****THE TOTAL OF ANSWERS 15A THROUGH 15E SHOULD EQUAL 100% ****
****Persons with multiple disabilities should ONLY be included on LINE E****
 r. Mobility impairments _____

	<p>s. Sensory (hearing, vision) impairments _____</p> <p>t. Mental impairments _____</p> <p>u. Others _____</p> <p>_____</p> <p>v. Multiple impairments (more than 1 disability of a different type, e.g. mobility AND sensory) _____</p> <p>_____</p>
<p>140. If their disability status was assessed during an interview (at any time, in whole or in part), how often are international or national <u>written</u> guidelines used?</p>	<p align="center">**PLEASE CIRCLE ONLY ONE ANSWER**</p> <p>s. Never</p> <p>t. Not very often</p> <p>u. Sometimes</p> <p>v. Most of the time</p> <p>w. All of the time</p> <p>x. Don't know</p>
<p>141. If their disability status was assessed with an exam (at any time, in whole or in part), how often are international or national <u>written</u> guidelines used?</p>	<p align="center">*PLEASE CIRCLE ONLY ONE ANSWER*</p> <p>m. Never</p> <p>n. Not very often</p> <p>o. Sometimes</p> <p>p. Most of the time</p> <p>q. All of the time</p> <p>r. Don't know</p>
<p>142. In general, during the assessment do you collect information related to...?</p>	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <p>p. TYPE of disability/illness (e.g. mobility, sensory, etc.)</p> <p>q. SEVERITY of disability/illness</p> <p>r. NEEDS you identify</p> <p>s. NEEDS they (beneficiaries) identify</p> <p>t. Other _____</p> <p>_____</p>
<p>PROGRAM FUNDING</p>	
<p>143. Does your program receive funding from any of the following organizations? If so, what portion of your program's budget is covered by each...?</p> <p>**For each category, indicate a percentage, for example, if there are two International Organizations, please indicate % funding of total that they provide together**</p>	<p align="center">**PLEASE CIRCLE YES OR NO**</p> <p align="center">**IF YES, INDICATE PERCENT ON LINES BELOW**</p> <p align="center">**THE TOTAL OF ANSWERS A THROUGH G SHOULD EQUAL 100%**</p> <p>o. National Government: YES/NO _____</p> <p>p. State Government : YES/NO _____</p> <p>q. International organizations (and name(s)): : YES/NO _____</p> <p>r. Non-governmental organization (and name(s)): YES/NO: _____</p> <p>s. Charity/Private : YES/NO _____</p> <p>t. Self-Funded : YES/NO _____</p> <p>u. Other, please specify..... _____</p>
<p>144. What portion of funding FOR your program is "in-kind" support (not monetary, e.g. goods, services, training)?</p>	<p align="center">**PLEASE WRITE PERCENT ON LINE BELOW**</p> <p align="center">PERCENT: _____</p>

PROGRAM ACTIVITIES AND BENEFITS	
145. In what types of facilities is the program administered?	<p style="text-align: center;">**PLEASE CIRCLE <u>ALL</u> THAT APPLY**</p> <ul style="list-style-type: none"> i. In special schools j. In special classrooms in regular schools k. Regular schools l. Home m. Rehabilitation/clinic setting n. In living residences for people with disabilities o. Other, please explain: _____
146. What type of activities does your program carry out?	<p style="text-align: center;">**PLEASE CIRCLE <u>ALL</u> THAT APPLY**</p> <p style="text-align: center;">**PLEASE PUT A STAR NEXT TO THE THREE MOST COMMON TYPES OF ACTIVITIES **</p> <ul style="list-style-type: none"> cc. Make schools/classroom physically accessible dd. Increase availability of teaching materials (e.g.: visual aids, adaptive technology, etc) ee. Provide cognitive stimulation (exposure to shapes, numbers) to disabled children ff. Provide life-skills training (to improve communication, personal, and social skills) gg. Provide vocational and/or job-readiness training (to improve cognitive and psychomotor skills) hh. Provide on-the-job training ii. Provide training to teachers and/or other school staff on disability-related education matters. jj. Design and/or revise school curriculum for disabled students kk. Define standards for students, teachers and school administrators, and/or a regulatory framework to monitor results ll. If OTHER, please write it here: _____
147. Briefly describe how your organization determines what type of services/benefits beneficiaries will receive?	<p style="text-align: center;">**PLEASE CIRCLE ALL ANSWERS THAT APPLY**</p> <ul style="list-style-type: none"> m. Official records n. Decision/recommendation from health workers/medical personnel o. It is based on a personal calculation considering a number of factors p. Everyone receives an equal and/or standard amount q. Ad hoc (random, case by case basis not based on any methodology or specific criteria) r. Other procedure, please describe _____ _____ _____
PARTNERSHIPS AND COLLABORATION	
148. Do you subcontract any components of the program?	<p style="text-align: center;">**PLEASE CHECK EITHER YES OR NO**</p> <p style="text-align: center;">YES _____ NO _____</p>
149. If you answer YES to the question above, what portion of your program do you	<p style="text-align: center;">**PLEASE WRITE PERCENT ON LINE BELOW**</p>

contract out?	PERCENT: _____
150. To which organization(s) do you primarily sub-contract?	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <ul style="list-style-type: none"> p. to a national NGO/ association q. to a local NGO/association/CBO r. to an international NGO s. to a private for profit agency t. Other, please specify: _____
151. Which of these organizations do you partner with?	<p align="center">**PLEASE CIRCLE ALL THAT APPLY**</p> <ul style="list-style-type: none"> ee. Communities ff. Local NGOs gg. Local religious center (church, mosque, synagogue, etc.) hh. International NGOS ii. Disabled people organizations jj. Local government authorities kk. National government authorities ll. International organizations mm. Private sector organizations nn. Other: _____
152. On the basis of your answers to the question above, please describe the main areas in which you collaborate with each entity:	<p>Communities:</p> <ul style="list-style-type: none"> p. Referral (the organization refers to your program or vice-versa) q. Training/awareness-raising r. Work together on a specific program/project activity (design and/or implementation) s. Awareness AND policy dialogue t. Other, please specify: _____ <p>Local NGOs :</p> <ul style="list-style-type: none"> p. Referral (the organization refers to your program or vice-versa) q. Training/awareness-raising r. Work together on a specific program/project activity (design and/or implementation) s. Awareness AND policy dialogue t. Other, please specify: _____ <p>Local religious center (church, mosque, synagogue, etc.):</p> <ul style="list-style-type: none"> p. Referral (the organization refers to your program or vice-versa) q. Training/awareness-raising r. Work together on a specific program/project activity (design and/or implementation) s. Awareness AND policy dialogue t. Other, please specify: _____ <p>International NGOs:</p> <ul style="list-style-type: none"> p. Referral (the organization refers to your program or vice-versa) q. Training/awareness-raising r. Work together on a specific program/project activity (design and/or implementation) s. Awareness AND policy dialogue t. Other, please specify: _____ <p>People with disabilities organizations:</p> <ul style="list-style-type: none"> g. Referral (the organization refers to your program or vice-versa) h. Training/awareness-raising <ul style="list-style-type: none"> i. Work together on a specific program/project activity (design and/or implementation) j. Awareness AND policy dialogue k. Other, please specify: _____ <p>Local government authorities:</p> <ul style="list-style-type: none"> p. Referral (the organization refers to your program or vice-versa) q. Training/awareness-raising r. Work together on a specific program/project activity (design and/or

	<p>implementation)</p> <p>s. Awareness AND policy dialogue</p> <p>t. Other, please specify: _____</p> <p>National government authorities:</p> <p>p. Referral (the organization refers to your program or vice-versa)</p> <p>q. Training/awareness-raising</p> <p>r. Work together on a specific program/project activity (design and/or implementation)</p> <p>s. Awareness AND policy dialogue</p> <p>t. Other, please specify: _____</p> <p>International organizations:</p> <p>p. Referral (the organization refers to your program or vice-versa)</p> <p>q. Training/awareness-raising</p> <p>r. Work together on a specific program/project activity (design and/or implementation)</p> <p>s. Awareness AND policy dialogue</p> <p>t. Other, please specify: _____</p> <p>Private sector organizations:</p> <p>p. Referral (the organization refers to your program or vice-versa)</p> <p>q. Training/awareness-raising</p> <p>r. Work together on a specific program/project activity (design and/or implementation)</p> <p>s. Awareness AND policy dialogue</p> <p>t. Other, please specify: _____</p>
MONITORING & EVALUATION	
<p>153. Did you have baseline data**? If no, did you collect the data?</p> <p><i>** basic information gathered before a program begins/before individuals begin receiving services. It is often used later to provide a comparison for assessing program impact.</i></p>	<p style="text-align: center;">**PLEASE CHECK EITHER YES OR NO**</p> <p style="text-align: center;">Had baseline data:</p> <p style="text-align: center;">YES _____ NO _____</p> <p style="text-align: center;">Collected baseline data:</p> <p style="text-align: center;">YES _____ NO _____</p>
<p>154. If you had and/or collected baseline data, what type was it?</p>	<p style="text-align: center;">**PLEASE CHECK ALL THAT APPLY**</p> <p style="text-align: center;">Quantitative _____ Qualitative _____</p> <p style="text-align: center;">**Please attach questionnaire and/or any relevant reports/data as available**</p>
<p>155. Have you collected any other project-related data across the life of the program?</p>	<p style="text-align: center;">**PLEASE CHECK EITHER YES OR NO**</p> <p style="text-align: center;">YES _____ NO _____</p>
<p>156. If you collected baseline data and/or other project-related data, how was this data collected?</p>	<p style="text-align: center;">**PLEASE CIRCLE ALL THAT APPLY**</p> <p style="text-align: center;">Administrative Records</p> <p style="text-align: center;">Surveys/Questionnaires:</p> <p style="text-align: center;">Focus Groups</p> <p style="text-align: center;">Other: _____</p>
<p>157. If you did collect baseline data have you used these data in any way?</p>	<p style="text-align: center;">**PLEASE CIRCLE ONLY ONE ANSWER**</p> <p>s. No</p> <p>t. No, but plan to</p> <p>u. Yes, for monitoring</p> <p>v. Yes, for evaluation</p> <p>w. Yes, for both monitoring and evaluation</p> <p>x. Yes, other. Please explain _____</p>

<p>158. Have you used any project-related data in any way?</p>	<p>**PLEASE CIRCLE ONLY ONE ANSWER**</p> <p>a. No b. No, but plan to c. Yes, for monitoring d. Yes, for evaluation e. Yes, for both monitoring and evaluation f. Yes, other. Please explain _____</p>
<p>159. If you used the collected data for either monitoring, evaluation or other things, who carried out this process??</p>	<p>**PLEASE CIRCLE ALL THAT APPLY**</p> <p>a. An independent entity b. Funders c. Program/Institution itself d. Others. Please explain: _____ _____ _____</p>
<p>160. If you used the collected data for either monitoring and/or evaluation, does this monitoring and/or evaluation include any of the following?</p>	<p>**PLEASE CIRCLE ALL THAT APPLY**</p> <p>i. Input indicators j. Output indicators k. Outcome indicators (impact) l. Process indicators (input, output)</p>
<p>161. Do you set targets (objectives for your program, e.g. impact on educational attainment, goals for beneficiary impact, etc.)?</p>	<p>**PLEASE CHECK EITHER YES OR NO**</p> <p>YES _____ NO _____</p>
<p>162. If you answer yes to the question above, are these...?</p>	<p>**PLEASE CHECK ALL THAT APPLY**</p> <p>Quantitative _____ Qualitative _____</p>
<p>163. Could you please list some of the most recent targets?</p>	<p>k. _____ l. _____ m. _____ n. _____ o. _____</p>
<p>164. Do you believe that your program is effective? What do you base your assessment on?</p>	<p>**PLEASE CIRCLE ALL THAT APPLY**</p> <p>p. Measured indicators (largely quantitative measures, e.g. % change or # increase in...) q. Feedback from clients and/or families r. Feedback from program workers s. It seems effective to me, but this is my opinion and not on the basis of quantitative/qualitative data from several program beneficiaries t. I do not believe it is as effective as it could be.</p>

<p>165. If you do not believe that the program is as effective as it could be, please ex</p>	<p style="text-align: center;">PLEASE ELABORATE</p> <p>(e.g. lack of finances, training quality issues, not wide enough reach, insufficient infrastructure)</p> <hr/> <hr/>
<p>166. Who do you share information on your program with?</p>	<p style="text-align: center;">**PLEASE CIRCLE ALL THAT APPLY**</p> <ul style="list-style-type: none"> o. Program beneficiaries p. Donors q. Community members r. Other public agencies s. Program staff t. Public disclosure through websites/public documents u. Other, please specify _____ <hr/>
<p>167. How is information related to program impact, achievements and/or progress used?</p>	<p style="text-align: center;">**PLEASE CIRCLE ALL THAT APPLY**</p> <ul style="list-style-type: none"> v. To review/revise goals and objectives w. To review/revise implementation of program to address weaknesses x. To improve staff capacity y. To reallocate resources z. To provide information to stakeholders on project targets and achievements aa. To raise additional funds bb. Other, specify _____
<p>168. If you carry out beneficiary follow-up, what type of follow-up do you carry out? (e.g. how do you track beneficiaries' progress after program finalization?)</p>	<p style="text-align: center;">PLEASE ELABORATE</p> <hr/> <hr/> <hr/>

169. If you do not carry out beneficiary follow up is this because of:

- a. Lack of staff _____
- b. Lack of resources _____
- c. Other, specify _____

-THANK YOU-

V. REFERENCES

- Abu Alghaib, O. (2015): “Services for Persons with Disabilities in West Bank and Gaza: Assessment of Supply and Demand side. What do Persons with Disabilities want, need and expect from Social Services”. Document prepared for The World Bank. Mimeo.
- Actuarial Foundation (2004): “Disability Insurance: A missing piece in the financial security puzzle”. Washington DC.
- Angulo, D.; R. Andrade, and P. Arteaga (1995). “Tasas de mortalidad e invalidez del sistema previsional chileno.” II Congreso Argentino de Actuarios y I Congreso de Actuarios del Cono Sur, CPCE, IAA, Buenos Aires.
- Coppini, M. (2000). Técnicas de los seguros sociales Vol. I and II. International Social Security Association, ISSA. Geneva.
- Dudzik, P. and D. McLeod (2000): “Including the most vulnerable: Social Funds and People with Disabilities”. SP Discussion Paper No. 0023. The World Bank, Washington DC.
- European Commission (2002): “Definitions of Disability in Europe: A comparative analysis”. Mimeo.
- Gruber, J (1999): “Disability Insurance Benefits and Labor Supply”. MIT/NBER. Mimeo.
- Grushka, C.; M. Belliard, and M. De Biase (2010). ‘Disability and Social Security in Argentina at the Turn of the Century’. International Congress of Actuaries, Cape Town, South Africa.
- Holzmann, R. and E. Palmer, eds. (2006): Pension reform. Issues and prospects for Non-Financial Defined contribution (NDC) schemes. The World Bank, Washington DC.
- Holzmann, R. and R. Hinz (2003): “Pensions in the XXIst Century”. The World Bank. Washington, D.C.
- Elwan, A. (1999): “Poverty and Disability: A survey of the literature”. SP Discussion Paper No. 9932. The World Bank, Washington DC.
- ISSA (2010). Social Security Programs throughout the World: Europe, 2010, International Social Security Association. www.socialsecurity.gov/policy/docs/progdesc/ssptw/2010-2011/europe/malta.html
- Krokstad, S., R. Johnsen and S. Westin (2002): “Social determinants of disability pension: a 10-year follow-up of 62,000 people in a Norwegian county population”. International Journal of Epidemiology 2002; 31:1183-1191.
- Mont, D. (2007): “Measuring Disability Prevalence”. SP Discussion Paper No. 0706. The World Bank, Washington DC.
- OECD (2010): “Sickness, Disability and Work: Breaking the Barriers”. Paris.

Rofman, R. (2001). “Annuity markets and benefits design in multi-pillar pension schemes: Experience and lessons from four Latin American Countries.” World Bank.

USSSA (2011): ‘Social Security around the World’. <http://www.socialsecurity.gov/policy>.

Whitehouse, E. (2007): “Pensions Panorama. Retirement Income in 53 countries”. The World Bank. Washington DC.

World Bank (2016). ‘Qatar Pensions and Social Insurance Systems’. Report No: ACS18545

World Bank (2010). ‘Actuarial Perspectives for Pensions Survivorship and Disability in Malta’. Mimeo.

World Bank (2009). ‘Cost of Disability Pensions in the Hashemite Kingdom of Jordan’. Mimeo.

World Bank (2008). ‘Survivorship and Disability in the Pension Reform of Egypt’. Mimeo.

World Economic Outlook (2010). WEO Database, International Monetary Fund. April. <http://www.imf.org/external/pubs/ft/weo/2010/02/weodata/index.aspx>

World Health Organization and World Bank (2011): “World Report on Disability”. Geneva.

Zayatz, T. (1999). Social Security Disability Insurance Program Worker Experience. Actuarial Study 14. Social Security Administration, USA.

Zeitler, I. (2016): “Best Practices in the Basics of Disability Evaluation and Some International Examples”. Workshop on Disability Assessment for Ministry of Social Solidarity and Medical Commissions. Ain-Sokhna, Egypt (mimeo).