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>> Welcome to the webinar. Please stand by. The webinar will begin shortly. Please remain on the line.

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>> The broadcast is now starting. All attendees are in listen only mode.

>> Hi, everyone. Good afternoon, and also good morning. The majority of you already know me enough. But for those that maybe connected today for the first time, my name is Alessia Rogai, and I'm the knowledge management and learning coordinator of the project Bridging the Gap, Bridging the Gap is European Union funded initiative coordinated by the International and Ibero-American Foundation for administration and public policies, FIIAPP, in partnership with three European agencies for development cooperation, the Spanish, Austrian and Italian, and two NGOs European disabilities forum and International Disability and Development Consortium. As you know Bridging the Gap supports the mainstreaming of disability in international cooperation in pipe partner countries, Burkina Faso, Ecuador, Ethiopia, Paraguay and Sudan. Today, we arrive finally to this 12th session of our cycle of webinars. As you know, sadly, this is the last session of the cycle.

I know that you are maybe sad, but no worry, because we are already planning another short cycle for next year. So stay tuned on that. Talking about today, as you know this session will be host also in Spanish and in French later this week. You can find all our previous recordings on Bridging the Gap website on our Facebook and Twitter pages, and above all on our YouTube channel. You will find the links

to these channels in a while in the chat box here.

So this 12th session today is about session protection, this topic is crucial when we talk about persons with disabilities all around the world, and because especially persons with disabilities live a number of experiences that frequently reduce the access and/or the demand for services like for example limited resources, traditional social norms preventing use of services, disability, discrimination, and even more if we think about the strong linkage between disability and poverty, and especially for that reason in the last decade, there are, there has been growing interest in mainstreaming disability in social protection intervention.

Social dimensional vulnerability can be barriers to accessing secure livelihood and essential services. Referring to the CRPD, the right to social protection as you know is enshrined in the article 28 which recognized the rights of persons with disabilities to social protection and to enjoyment of that right without discrimination on the basis of disability. So the convention already calls on state parties to ensure that persons with disabilities receive equal access to mainstream social protection, programs and services.

So well to discuss with us about this important topic today, we have Alex Cote. Alex collaborates, collaborated with Bridging the Gap since the beginning in different ways, so thank you very much to be with us also today and next Friday, because Alex will host

also the session on social protection in French next Friday the 3rd at 11:30 Brussels time. Alex has been also working in the last 20 years on inclusive development and especially on the negotiation, implementation and monitoring of the CRPD. He has been regional program director for humanity and inclusion in southeast Europe and then in Middle East. He then worked as capacity building program manager with international disability alliance, where he has initiated CRPD related training programs. Recently he focused on CRPD compliant budgeting and inclusive social protection. He is cofounder of the center for inclusive policies which support capacity development for CRPD compliance and inclusive public policies with focus on data and more effective mobilization and use of public resources for inclusion.

So thank you very much, Alex. We are really looking forward to hearing your introduction to this important topic. I give you virtually the floor in a while but before starting, as usual, I would like to remind you that this webinar is live captioned, and you can find already the transcription there link to follow the transcription here in the chat box. As I said, you find all the previous recordings on our YouTube channels, and soon I will alert you, that soon you will find also all Bridging the Gap materials, not just webinars but also our studies, publication, results, etcetera even on the IDDC website, because soon Bridging the Gap will have also a dedicated page on the knowledge management of our

results as I said.

So, well, we start finally. Alex, thank you very much again, and I give you, as I said, virtually the floor. Thank you very much.

>> ALEX COTE: Thank you very much, Alessia for this introduction. Welcome, everybody, for this conversation on inclusive social protection systems for empowerment of persons with disabilities. Today I'm talking to you as the technical coordinator of the U.N. CRPD project on inclusive social protection, which is coimplemented by ILO, UNICEF together with the international disability alliance.

So I think you will have the Power Point on which I have included many different aspects. I won't tackle all the slides, but I just want to make sure that if you get the slides and use them, there is a flow with the people with whom you are working, so what is very important, at the very beginning, it's to really replace social protection within the broader set of intervention that are required for any person and persons with disabilities in particular.

When we talk about comprehensive policy framework for inclusion, we basically look at a policy framework which articulates barrier removal in one end, and provides support. And whether you tackle barrier removal or support, you need to consider diversity of persons with disabilities, the diversity of barrier they face and the diversity of support they require.

If we look at removing barriers, what kind of policies are we talking about? Accessibility, awareness raising,

nondiscrimination, affirmative actions. When we look at support to individual, we look at support services, habilitation, rehabilitation, transitional services, and social protection. Social protection is one of the supports to individuals, and of course whether you are working on barrier removal or support to individual, you need to ensure meaningful engagement of organization of persons with disabilities.

Social protection, I suppose that most of you are quite familiar with it, but I want to ensure that we know all together we have a common understanding of what we are talking about, so I would just like to spend a few minutes on a kind of social protection 101, I apologize for those of you who are very familiar with that.

When we talk about social protection, one important thing is there are a lot of definition of social protection, and we won't do the exercise, but depending on which international organization you are talking to, you will have somewhat different definition. But what is important is that most of them consider the same issues, which would be across the lifecycle, you have maternity, sickness, unemployment, work injury, that require medical care, you can face disability, old age, will require support. Those are the core elements that you would see in social protection systems and policies.

Basically, social protection can do two things broadly. The first one is income support, which usually could come in like cash

transfer, benefits, but it's also access to services, and access to services doesn't mean that social protection deliver all those service, but facilitate the access or enable the access to those services.

When we talk to income support, it can be to compensate a loss of income, for instance, and this is mostly the case when it comes to disability with regards to insurance, you work, you contribute to insurance, and then if you have an accident and you become a person with disability, then depending on the level of loss of your earning capacity, you will receive some compensation. We will come back to that. And those compensation are mostly for people who are working and who have an income. For those who may not be in this position, income supports will be actually providing the minimum level of income, and coverage of health expenditure among others that are required.

When we talk about social protection, we basically distinguish three main areas of work, of support, in kind, in cash, or services. These can be through tax finance systems which would be basically the public budget or social insurance, that is basically if you are formerly employed or a civil servant part of your salaries goes to social insurance, so you contribute and then if something happened to you, you will get back support.

Key question when we talk about social assistance, tax finance schemes and I won't go in detail of them but those are the big debate.

I am actually currently in Geneva in the global social protection week, and those discussion are happening. Basically, is either the social assistance is universal, for instance, all people above 65 year old will get a social pension, or targeted, which means we will give a cash assistance for poor people that are let's say below a certain threshold of income.

Another element is whether those support are conditional or unconditional. Conditional means basically you are a family, you have three kids, we will give you a cash benefit to support your children only if your children attend school more than 60 or 70 percent of the time. Unconditional means you get the benefit because you have kids, but there is no behavioral condition attached to that.

Overall, we can say that social protection is a set of policy and programs that aim at preventing or protecting all people against poverty, vulnerability and social exclusion, throughout their life cycles, with particular emphasis towards vulnerable groups. It can be provided in cash, in kind, through social insurance, tax funded benefits, social assistance program, or public works which we won't go in detail about that today.

So looking at social protection and persons with disabilities, the key question is why social protection is important for persons with disabilities. One of the first things is because people with disabilities are like anybody else, they can feel sick. They can

have health problems. And actually we know that persons with disabilities are more likely to face what we call catastrophic health expenditure which means you need healthcare, but getting healthcare will put you in debt, and can jeopardize your socioeconomic status.

Persons with disabilities are also represented among poor people and persons with disabilities have extra costs related to disability. They might need support the different stage of their life, and we know that women and girls with disabilities face additional issues. And persons with disabilities face discrimination, for instance, a lot in terms of employment.

All those reasons together build a bit of a rationale for social protection and persons with disabilities. If we look at what governments usually do, they provide usually small cash benefits, if we talk about low and middle income countries. They cover some healthcare cost. More rarely they provide funds to support the access that people need to access the support that people require, and sometimes more frequently in Eastern Europe, for instance, or Central Asia they pay for institutions for children and adults with disabilities.

If we look globally, actually only one in five persons with severe disability get the disability related benefit. Why the focus on person with severe disability, or high support needs, it's because they are the natural target of social protection in general, in most

countries. But they are also the people for which data is the most easily comparable. Very often you know that wherever you use the Washington group or not, you will have different estimation, but in most countries you have 2 percent, 2.5, 2.8, when the Washington group questions are not used, and those are actually people with very significant and visible disabilities.

So think of when we say one in five persons with severe disability, think of these 2, 3 percent of the population. If we look, we will have in western Europe, Eastern Europe, a coverage that is more than 90 percent of people. In the Americas which is north and south, you will have 72 percent. In central and western Asia, 53, Asia and Pacific 9.4, and Africa there is not enough data but we know it's less. So in average 27.8, but actually you can see a very big difference between higher income country and lower income countries. If we look at Europe, for instance, there is in average 3.6 percent of the adult population who is recipient of disability benefit. It can go up to 11 percent of the working age population in Ireland.

So we are talking about significant numbers. If we look at low and middle income countries who have disability benefit, the best coverage we have today is Mauritius or Georgia with a little bit more than 3 percent of the adult population, and if you take other countries, like India, Nepal, Bangladesh, you are below 0.5 percent of the working age population.

And if we look at the spending, we see the country spending average 2 percent of the GDP gross domestic product on disability benefit, and low and middle income countries would spend below 0.6 percent, actually only 6 of the 33 low and middle income countries who have tax finance disability benefit spend above 0.3 percent of the GDP. We have a huge, huge gap between high income and low income country. It is not solely related to disability. It is more about social protection spending in general. But what is important is that sometimes government present the fact that those benefit exist, and like it's, you know, it's something, but very often the number of people covered and the amount of money given is not adequate, far from being adequate. There is a lot of room for improvement.

But most importantly, if we look at the poverty statistics, whether in Europe or in low and middle income countries, we realize that actually people with disability are constantly poorer than person without disabilities. The same goes with regards to work. You will have across continent, across countries, high income, low income, middle income countries, people with disabilities are much less likely to work than person without disabilities.

So it's a bit of bizarre thing, if you consider that some countries spend 2 percent of their GDP on supporting people with disabilities directly, and some people spend 0.5, or 0.3 or even less, and actually the level of inequality between people with

disabilities and without disability exist in all those countries. Of course, it's not only because of social protection, it's about accessibility, awareness, mind-set, a lot of things. But it's also about the way things are designed, and what we see is that in many countries, social protection is designed in a way that can undermine inclusion. For instance, you get the disability benefit because you are considered unable to work, which means that in your family, if you are in a poor country, the disability benefit might be the only stable income. There is no interest for you to find a job as a person with disability.

In some countries, if you get the disability benefit, you are not entitled to get vocational training or small business grant, which means you are supposed to rely on the disability benefit all the time. Those issues are really very important, if you consider a country like Brazil who has a fairly generous system for people with disabilities under a certain threshold of income, they are really trying and they are thinking on how do we change the system so that we can support people to seek and retain work, because they consider that they have too many people with disabilities that get the benefit that actually could be in position to work. But it's a challenging element, and we will come back to that.

So the CRPD is looking at the social protection in a certain way, which is kind of challenging, the way things have been done, both in high income countries and more recently in middle and low income

countries. We need to keep in mind that originally, social protection and disability is social insurance. It basically, you get disability pension because you are not able to work anymore. Or you are not able to earn as much as you were earning. This is what has been framing social protection from the beginning.

I invite you and this is in the handout of the webinar, ILO and Ida have produced together with many other organizations a joint statement on towards inclusive social protection systems for the full and effective participation of persons with disabilities, which basically explains from a CRPD point of view what social protection systems should do. It doesn't really explain how, but basically says what they should be doing and what they should be providing.

I really invite you to go through, we will look at some of the key elements, but it's a more extensive reading with more elements in it.

What CRPD says about social protection, you mostly see that in article 28. It is basically few message, persons with disabilities have the right to same adequate standard of living, they should have access to social protection scheme and programs, on equal basis with others, and there I invite you to pay attention to these two elements, that state as to ensure that persons with disabilities have access to affordable and quality disability related services and devices, which would include support for independent living in

the community as stated in article 19. But they also say that for people living in poverty, they should support assistance to cover disability related expenses.

This is something, I was working on the negotiation of the CRPD on this, and government didn't want to remove this wording for those in poverty, because they wanted to keep this kind of safety, that cash benefit would be mostly for poor persons with disabilities. And we could not change that. But the fact that the article mentions the government need to provide and ensure access to affordable and quality disability related service and device kind of make a break in this poverty limitation. We will come back to that a bit later. But it's a very important point.

Another element which is very important is in article, multiple articles, 7, 16, 18 and 23, you have direct reference to the support for children with disabilities and their parents, which often go through social protection systems, whether it's a child grant, child disability grant, foster care, etcetera, etcetera, this is very important, especially to prevent institutionalization.

One of the biggest drivers of the persistence of institutionalization in Eastern Europe and Central Asia where it's very prevalent it's basically poverty, is the fact that families of children with disabilities do not have the means to provide for the extra cost required by the child with disabilities.

Of course, the issue of multiple discrimination faced by women

and girls with disability which needs to be tackled or so in social protection programs and international cooperation. Let's look quickly at different benefit that exist today in some countries, that are considered under social protection budgets. Tax exemption on car importation, would we consider that this is a CRPD compliant tax, social protection benefit? It's actually not against the CRPD. Is it really effective in supporting most of people with disabilities? No. That we know. Free public transport benefit which is a concession that exists in many countries, or local authorities are providing it, basically would be more effective, though we know that many people with disabilities cannot use public transport, due to inaccessibility. But it would benefit more people than tax exemption on car importation.

Marriage allowance is for instance in some places, you have marriage allowance to encourage marriage with person with disabilities because this is in certain community, this is a very important thing to be married, to be in social capital, so there are those elements.

Depending how it's done, the marriage allowance can be CRPD compliant or not. It all depends if it's reinforce a stigma or it's, it actually supports people to set up a family, and that would fall under article 23, for instance, on home and family. Entitlement for placement in residential social care institution would not be CRPD compliant. Voucher for six hours per week of personal

assistance, that may not be fundamentally noncompliant with the CRPD, but we know that it's not effective and adequate for living independently in the community, though it could be what we call a respite measure which means the family is providing the care, but six hours per week, somebody will be paid to do it, to come and support, which can provide relief both for the person with the disability and the family. So we could go through all those elements. What I wanted to do with this slide is to attract your attention that the way benefits are done may or may not contribute to inclusion, may or may not contribute to CRPD implementation. And very often what we see is that DPO's are reluctant to question existing benefit because they are afraid to lose them. They don't trust that the government might for instance reallocate funding from one benefit or service to another. And that is something that is really important in terms of thinking advocacy, but sometimes the advocacy of DPOs perpetuate schemes that are not conducive for inclusion. We will come back to that.

One of the key fundamental issues when we talk about social protection and an issue that has gained traction in recent time and it's really important is basically the issue of disability related cost. We all know that persons with disabilities face extra cost which can be specific disability expenditure like assistive device or personal assistance, modifying the house for accessibility, sign language interpretation, but it can be also more, spending more on

the same items than others, for instance, healthcare, or transportation. I cannot take the bus, I have to pay for the taxi, which my neighbor doesn't have to pay for, because the bus is not accessible. That is an extra cost that is related to disability, even though it's not a disability specific expenditure.

Housing premium, one of the very important things that we don't always think about is that if you want to access services or if there is no public accessible transportation, you will want to be close to facilities and amenities in a city, for instance, or in a village, and usually the closer you are from those, the more expensive your housing is. So persons with disabilities are likely to pay more than others in terms of housing, and it's more difficult for instance to find accessible housing, which may lead you to spend more.

But people with disabilities have also indirect cost and their family as well, they have less employment opportunities, they have less educational opportunity which translate in lower earning for persons with disabilities. But also and that is very important, caregiver or family members of persons with disabilities are likely to have less earning, and to lose out in terms of education opportunities. We know that children in household with person with disability are less likely to go to school and complete school. The costs are not only associated to the persons with disabilities but also the household of the persons with disabilities, who face extra cost with regards to the lack of support and the barrier existing

in the environment.

When we look at those extra costs and we look at poverty rates, one thing that is very important is that if you don't account for extra cost, sometimes the poverty rates of persons with disabilities is marginally higher than for person without disabilities. When you adjust for the disability related cost, it becomes significant. We can see for instance in this slide in Cambodia, the poverty rate without extra cost is 17 percent, with extra cost included 34 percent, in Vietnam it moved from 17 to 22, in another study 16 to 20 and in Bosnia from 21 to 30. But what is very important is that the method that is used usually to calculate those extra costs look at the actual impact of disability on the finance of a family. So what they do is they look at families with disability and exactly the same family but without person with disabilities. They look at the standard of living.

The difference of standard of living is considered to be attributed to the cost of disability. What is the big flaw in the methodology is it looks at what people are doing now. We know that most people in low and middle income countries and many high income countries also do not participate on equal basis with their neighbors. We are not looking actually at the cost of equal participation, we are looking at the current economic impact of disability on household.

Research in South Africa, one of the very few, it's a study that

have been done a few years ago, asked people different group of people with disabilities, what are your cost, and in this group you have people with very low level of participation and people with more extensive level of participation. You can see the huge difference, for instance, a person with deafblind and stay at home would spend 400 Randed which is the currency in South Africa while a deafblind person who would participate at a job on equal participation would spend 14,000 Rand. The disability benefit in South Africa which is one of the highest proportionally in low and middle income country is 1700. Basically, the disability benefits is nine times less than the cost of participation.

What we are saying with that is not that governments should give the money, but it means that your cash benefit will not cover the cost of participation. You need to find a blend between service, in kind, cash, that will help people cover those extra costs. For instance, if we talk about deafblind people, it could be voucher for guide interpreters and the same would be for deaf people, for instance. For person with physical disability or others could be personal assistant services, that you may not give the money, but you can provide voucher. The issue of cost of disability is really very important, but the methodology you use to do it is equally important. That's why in the frame of this project and other initiatives, we will do in the next two years a set of research in Kenya, Bangladesh, Indonesia, where we compare those different

methods in terms of cost of disability to be able to inform, to say if you want to do this type of policy intervention, use this methodology. If you want to really see what is the cost of participation, please use this other methodology.

I invite all of you to think about that, because if there is no understanding about the diversity of cost that people should face in terms of participation, it will be very difficult to design adequate social protection and support service policies.

If we talk about social protection in the light of CRPD, there are few elements that I would like to share with you, we could spend two weeks and we are developing a training module that will last actually three weeks on social protection. We will tell you more later. But for today, those are the key message we would like you, we would like to share with you. The first one is moving from focus on incapacity to work, to support, to participation and inclusion. The second is moving from institutional care to support in the community. The third is one size doesn't fit all.

Disability assessment focus should focus on support requirements rather than impairment. The twin track approach, social protection across the lifecycle, and ensuring participation of DPOs in the design evaluation and delivery of social protection, so now we will go through those different elements, but those are really in discussion that you may have with social protection professionals, those are some of the key elements on which we know there is matter

to discuss.

Moving away from the incapacity to work, I already touched upon them, much too often persons with disabilities have to be certified as unable to work in order to access social protection programs. Of course not all people with disabilities are today in a position to work. It doesn't mean that they cannot work. It means considering the lack of support and the barrier in the environment today in a given city, in a given country, in a given field, those people are not in position to work.

It's very different way of looking at things and saying, person cannot work, because they have this impairment or because they have this disability. And why is it important? Because what we see in many rich countries is that we have spent 20, 30 years telling people, prove us you cannot work, in order to get disability benefits. Then you end up with 4 percent of the population being on, or 3 percent of the population being on disability benefit, who cannot work. Many of those people could actually engage in work, maybe not full time, maybe not all type of work, but they could, providing that they have accessibility and support. Now many more countries are trying to push people with disabilities to work, and it doesn't work very well, because the paradigm has been built in. The mind-set of both employers, persons with disabilities, their families, and it makes it difficult.

We need to acknowledge that there are barriers for people with

disabilities in the labor market, but we need to acknowledge also the capacity of all persons with disabilities. Of course, people always say that for some people with disabilities, it's really impossible. It is true that people with very complex support needs, multiple impairment, it's very difficult. But we are talking about a very small minority, and even those people can engage in occupation, that may not be productive employment, but maybe. The whole issue is it's certainly not 3 percent of the population.

Where there is a issue, where there is a fear, is that we don't want to say, people are able to work, because then policymaker might say, so why should I give them social protection, because I understand that social protection is for people who cannot work. So we really need to change the understanding that social protection is not only about people who cannot work. It's about people who may not in position to work today, will require income support because they don't have money, but they also require support if they were to find a work.

For instance, you are a wheelchair, person using a wheelchair, taking a simple example, you find a employer that is willing to adapt the work environment to provide you reasonable accommodation but you don't have the money to pay taxi because and the public transportation is not accessible, if you were getting a cash transfer, disability benefit, you could actually pay, contribute to the cost of the taxi, and take the job. But because you cannot,

and you don't have the money, then it's not worth it for you. You will spend all your salary in the taxi.

That is very important to work with government on this, and some countries are making the shift. For instance, in Fiji, people who work or who come from a household with poverty assistance can benefit from the new disability allowance scheme, that has been created two years ago. We are still, we still need to see how it works. But at the core of it there is this idea that actually we understand that people with disabilities who work or not face extra cost, and that if we want to encourage people to work, actually covering their extra cost is a good way of encouraging them and proving incentives. Other countries are doing it. It is not the majority. But it is there somewhere in the thinking, and we need to build on that.

Another issue that is very important is unbundling poverty and disability. In some countries, you have benefit for poor, people with severe, poor people with severe disability, excuse me. So you don't tackle many boxes with that. Basically you find in one country you will have, you need to be bedridden and be very poor, so it's a tiny number of people, it's extremely difficult to identify them. You miss out a lot of people who require support anyway.

What we see research show that when you have a disability benefit, and you live in a poorhouse hold, the money is not used for your participation. The money is not used to support you. The money is paid, is used to pay the rent and pay the food of the household.

Those benefits are more poverty benefit targeted as people with disabilities, rather than a disability benefit per se.

Whether the benefit is for the person or actually the household is also a discussion. It's not to say it's not useful. What we see in the research also is that persons with disabilities says that it helps dignity, it helps to rebalance their role in the family, because now they don't feel they are a burden, because they have a disability benefit and they contribute to the household cost, they are more valued as a person, and a human being in the family which is extremely important. But that help within the family it doesn't really help the participation of people with disabilities.

What we say is that people with disabilities need income security, because of poverty, because they are not in position to find work, and they need cash transfer to cover disability extra cost, whether it's the child with disability, whether it's an adult with disability or elderly person with disability. You need extra money and extra support that other people may not need. For instance, I'm a elderly person, in my country there is a social pension for old people. Not all people are with disability, many of them do but not all people do. Still they will all receive the same amount of money. For instance, in South Africa, they have the old person pension which is the same for everybody, but if you need extra support or personal assistant, they will give you a small, it's not enough but it's acknowledgment that old person with

disability face more cost than others. We need to unbundle poverty support with disability support. That is extremely important. Some countries like Indonesia are starting doing that. For instance, they have this program which is for poor families, 16 percent of poorest, what they did is try to identify within those families who, which household has a person with disability and they double the amount given to the family. It's a first step. But then what happen for the people with disability who do not benefit from this poverty scheme, and also the fact that the extra money on disability is given to the household doesn't really benefit directly the participation of the person.

It's a good intention, but in terms of design, there are flaws. In addition, you need to provide exemption, discount. Some people will not qualify for poverty support. Some people will not qualify for disability extra cost because government are likely to put a income threshold. But all people could benefit for instance from free transportation or healthcare coverage. Several countries are doing that. It's a good way of providing support to all persons with disabilities wherever they are in their income distribution, because what is very important is that in most of low and middle income country, the income distribution is very flat, which means if you are in the 60 percent the richest, you are not very far from poor people. So those are really elements to take into consideration. As we said, how do we shift from

institutionalization to living in the community. In many low income countries, not so relevant because there is not that many institutions. It is much more relevant in Eastern Europe or Central Asia or similar region. But we can see that many low and middle income countries are tempted by setting up disabled person, disabled people homes, institution for children, special schools that are not really schools, etcetera.

There is this temptation because it's an easy fix. It doesn't work. We know it. But it's a easy fix. It is important to insist that social protections should support and the money for social welfare and social protection should support service in the community, rather than institutional support or institutional care. It's extremely, extremely important.

The big question we have and it's also something on which we are working and we would be really interested to hear about what you think and initiatives you may have, what does it mean in the low income country like Uganda or Cambodia, or what is it support to living in the community because when we do training with DPOs, and we ask about article 19B on support services and personal assistance, very often what we have is a feedback, I don't feel comfortable to have someone in the home to. I prefer family member. But when people get experience of personal professional assistance and discover they have more choice and control they may change their mind. If you look at country like Romania, in Europe, they have

two systems. They have a system for family members who are providing supports and they are called personal assistants, and they have professional personal assistance which is a third person from outside the family which is actually a professional delivering the support. Both get paid, but it's a different logic.

This is really something that we are trying to think about, what would be the link for instance between social protection, disability benefit, for instance, and community-based rehabilitation, or life program, how we can combine those two. In other field like children it's called cash plus program, cash plus service program, and we need to explore that in the field of disability.

Autonomy, choice and control, I mentioned it. One point that is important is the legal capacity, if you do not have legal capacity you cannot open a bank account, sign a mobile phone subscription. You might not be able to claim your benefits, receive your money, and use the money that is yours. So it's really a core element where article 12 require recognition before the law connect with article 28 on social protection.

We are getting close to the end, so bear with me. Key issue of disability assessment and determination, how do we decide who is legally entitled to disability support in a country? As you know in many countries, most of them, it's done with medical assessment, and the CRPD committee says you need to take an approach that is human rights based and go beyond medical approach.

All government make the same recommendation, they come back and and say how do we do that, that is the number one question we get at international level for technical assistance. And it's not a easy one. We don't have the time to go in depth in this topic. I just want to share with you some of the issues. How do we make a comprehensive assessment in a cost effective way and in a way that is simple enough so that it can be available and accessible all over the country with existing human resources.

One of the things we have seen is countries trying to be more human rights based approach, assessing the barrier and the participation, and for that they need occupational therapist and this and that and a social worker and the doctor still, and then they face a problem. In most of remote areas, basically beyond main cities, they do not have those people. So they cannot do the assessment. Then it create barrier for people to access the assessment and therefore, access the support and the benefits.

So we need to find a way to assess support requirements, to be CRPD compliant conceptually in the assessment but in a way that is cost effective and simple, so that it can be done all over the country, in most countries, with existing human resources.

Another element is that it needs to be predictable, which means that you have guidelines that give the same outcome for the same person wherever this person is in the country and whoever is doing the assessment. Also, it should be predictable so that people with

disabilities know, okay, if I start this process which is never easy, that is cumbersome sometimes, that is sometimes I feel like begging and I don't want to, I need to know how likely it is that I will be certified, and I will get the benefit, because otherwise I do all that and I get hugely disappointed.

So how is it predictable. And the last point, which is probably for government, one of the most important, the reliability in terms of fraud, and in terms of claims and complaints. Government do not want a system where that can be cheated easily, but also a system that will expose them to complaint, people contesting actually the result of the assessment and the determination process.

There is a lot of debate and discussion around disability card, and we probably would change the terms of the debate if like Senegal we were shifting from disability card to equal opportunity cards, which is something somewhat less stigmatizing. You are not getting a card because you are disabled and you can't work. You are getting a card because you have the right to equal opportunities. It's a slight semantic change, but it can also provide in terms of awareness and mind-set a different type of thinking.

And one last point around disability assessment, which is very important, is how do you ensure that disability assessment and determination never contribute to discrimination and restriction of rights. For instance, your child, 6 year old, you get the disability assessment to get the support, and during the assessment

it is decided you cannot go in mainstream school. You need to go in special school, or you are not edge indicatable at all. The assessment should never be used to restrict the rights. Always used to provide support. This is very important. And the same goes for people with intellectual disability or psychosocial disabilities with regards to legal capacity.

So you can go more in depth in that, by asking you the question, what the disability assessment should answer to, is it what is the person able to do, not able to do, what are the support needs of the person, what are the barriers faced by the person, what would it take for the person to function equally, what would it take for the person to participate equally.

Stay tuned, because we are working on that. We are trying to answer this question. I can tell you it's really not easy for the reason I mentioned before, because there is a lot of constraint to be taken into consideration. Again, any of you that are interested in taking part in this conversation, please contact me, and I will loop you in this conversation.

From everything I've said, I think it's fairly logical to say that one size doesn't fit all. Basically, the idea that you have a disability benefit and it's \$15 for everybody, doesn't really make the cut. People are very different, persons with disabilities are very different. They have different support needs. We need something that is more flexible, more responsive.

Of course, countries need to start somewhere but it needs to be in the plan, the one benefit the same amount for everybody is not the goal. We need to have something that is more reflective of the diversity of the persons with disabilities. This is one of the key challenges and opportunity of the reform of disability assessment, we should inform the type and level of support required and should help government to say, okay, we have that many people requiring that level of support, that many people, etcetera, etcetera, and that is also very important to connect that with census and surveys, etcetera, etcetera.

Again something that is fairly straightforward, so I won't go too long around that, but whether you are a child, adult of working age, or old age, you have disability specific requirements and you need supports. So it's important to think that we need this kind of social protection support across the lifecycle.

The twin track approach, I think you are also familiar with all that, I don't need to mention it. But it is still important because in all your countries, social protection systems are different. Some of your countries there are disability benefits, sometimes there is no disability benefits. Sometimes you have social pension, no pension, child grant, no child grant. The issue is how do we build a system that tackle the basic needs in terms of social protection, old age pension, for instance, that persons with disabilities will all have at some point, we hope so because they

get old, but also disability specific requirements, and each country will make a different mix, by using the existing social mainstream systems and scheme and by creating or transforming the disability specific schemes.

How do we make this balance? That is very important. It will be different in each country. Of course, at the end, supporting DPO meaningful engagement, this is very important, because in many countries DP O's do not have a good understanding of social protection. Many DPOs associate social protection with charity, because government associate social protection for persons with disabilities with charity.

Let's face it, there are so many DPO leaders and it's natural, it's the same in many movements, are from middle class up, so for them \$15 or \$10 a month doesn't make difference. It is charity. But for a very poor persons with disabilities, it can make a difference in the household economics, and as I said not much in participation but that is in household economics. So there is really a need for the DPO movement to understand that the rights based approach to social protection. That is point one.

The second point is to understand better social protection systems, and it's not that easy. It can quickly become technical. There is many things that you need to understand, so when governmental donors or development agencies consult with DPOs on social protection, they need to make sure that it's an informed

consultation, and that people with disabilities have actually the information. For instance, in some countries like Lebanon, they are starting, ILO is starting a process to work with the DPOs to build a position paper on social protection and disability, a progressive process with training, with discussion, etcetera, etcetera, so that the contribution and the consultation with DPOs is really informed. Okay. That is why for instance, a few months ago we had participation of DPOs from ten countries in the social protection week of Asia Pacific.

At the end of the week, I want to share with you that as a conclusion, the DPOs had the moment to share with and the closure to share with all the participants of the social protection week with the Asia development bank, World Bank, UNICEF, ILO, governments, and their key message was we don't want to be stuck at home. We want social protection but social protection that support our inclusion and participation, not just social protection give us a little amount of money to stay at home, and not starve. And I think this was really a very important message.

Yeah, so I would suggest that we stop here, and by the end I will explain to you a little bit what the project does and how you can get involved.

It was a long speech. I hope you are still there, and I welcome any questions.

>> ALESSIA ROGAI: Well, thank you very much, Alex, of course we

are still there, full of questions. I have personally a lot of questions because the topic is really interesting, and I think it attacks all the important arguments, and I have a few questions also in the chat box.

I absolutely invite the audience to text your questions in the chat box or better raise your hand, and make your question directly to Alex. I remind you that you have a question to interact with us but also if you want to describe a situation that you are living, good practices, share your thoughts, I absolutely welcome them.

I have immediately in the chat box several questions about, I invite you to raise your hand and interact directly with Alex because you made several questions. And I don't want to misunderstand what you are asking. But anyway, if I can in the meantime summarize what Morali would like to know, I think it's about what you, Alex, were talking now especially respect to the approach on social protection, action and policies, to avoid the charity approach, but Morali was raising also not charity but sometimes it is like a, is it all charity or, does it seem like welfare but not a right, that I think is considered sorry as welfare or charity and not as a right, the implementation of social protection policies. As I said, Morali if you agree, I can open your mic and you can directly explain better your question. Just a second. I will try to open the mic. No, I'm not able.

Well, I invite you, if you want to take the floor, just raise

your hand and I will try to open your mic again. So I think that the question of Morali was about the approach especially. I also will say that about, you were talking about political will, and how they look at disability, how they consider people with disability as a part of human diversity or just, as I said, charity, or just a welfare approach. I don't know if you have any comments on that, Alex.

>> ALEX COTE: Definitely. I think as I was mentioning, it's all about the framework. If government develops schemes that are for poorest people with severe disability who cannot work, it will be difficult for the population, person with disability themselves to get away from the idea that this is charity.

If the government and DPOs think of social protection as an instrument to support inclusion of persons with disabilities, and that combined disability benefit that you can get even if you are in the income generating activity, even if you have a job, it will change a lot the way people think of social protection.

It's really, sometimes it's not so much about the benefit itself. For instance, as I was saying, free transportation, people, in some countries it's called privilege, the privilege for the person with disabilities. It's not a privilege. It's called of setting extra cost. I have costs that you don't have because you don't have a disability. The government is not covering that. So the government put in place concession or discounts that allow me to

offset my extra cost.

I spend more on some things, because of disability. Therefore, I'm entitled to spend less on other things than you, to compensate. It's really about how you frame it, rather than the thing itself. I was mentioning about the marriage allowance, initially in the state of India it was a marriage allowance, if you marry a person with disabilities. Then it became an allowance to encourage marriage between persons with disabilities. In both case it's a bit of a, the intention is interesting, the way it's formulated is bad. It could be an allowance to, because of the right of home and family, and we know that people with disabilities will set up a new home, might face extra cost in terms of adaptation, for instance. Therefore, we will give you a one time payment to support that. The amount of money might be the same. The name might be the same. But the logic behind the benefit will be very different. And that is really a way of how do you frame social protection support, how do you think about it. That is really, really important. That would be my answer.

>> ALESSIA ROGAI: Thank you, thank you, Alex. Thank you very much. I have indeed a question, I also continue to invite our audience to interact and take the opportunity to have Alex with us 20 minutes more for questions. In the meantime, I would like to ask something honestly, because I was thinking that we always think how to include persons with disabilities, in this case we are talking

about social protection, but on the context what drives exclusion from social protection. And you know why I'm thinking that, when you were talking about how social protection schemes compliant the CRPD, because in the list that you presented, there are indeed things that if you are not really an expert on the CRPD, maybe you can get confused, because you think that it's something to include persons with disabilities, but at the end of the day, looking at the convention, it's not.

So what really drives, yes, exclusion from social protection? Thank you, Alex. Thank you very much.

>> ALEX COTE: So, there are different I think elements in this. I think one of the issues we have primarily, which is basic and it's not social protection related, it's basically access to information. People with disabilities do not access information about mainstream schemes and regular schemes. So that is a big element. The second is that social protection delivery mechanism, whether it's registration or outreach, etcetera, etcetera, may not be inclusive of persons with disabilities.

So I think once you have those two elements tackled, it's I think a big element. Other issues that you would have is, I would say, wrong good ideas, or and it comes back to the question we had just before, which is how do you think about social protection for persons with disabilities, which for instance, institutions is for me the most explicit example of that. As I said, the issue it's easy to

do. It costs money but it's easy to do. You build building, you put people in, you put staff to some extent and then job done. Organizing community support services is more complicated.

I think this is also something to be considered. But mostly, as I would say that the way government think about social protection, the knowledge they have on the issue of extra cost, I think many people will be extremely surprised to know what actually is required to support persons with disabilities. And to that I would add that sometimes I believe that in the disability movement, we also have, we are a bit careful because we don't know how to speak the information, if I say to a government in a low to middle income country the true cost of participation, they might just get afraid and therefore, they will shy away the debate. And this is not unreasonable to think that. But it doesn't mean that we have to avoid the conversation altogether, at the opposite, I think we need to double down and invest in it, and see how do we present the data, present the evidence, frame the debate in the best way and the most conducive possible.

>> ALESSIA ROGAI: Thank you very much, Alex, for your answer. I would like to give the floor, because she said me now that she would like to intervene, and have some thoughts, especially regarding the question that I did now, I would like to give the floor to pillar, Bridging the Gap country coordinator in Ethiopia and as majority of you know we work on social protection and livelihood

in Ethiopia. I tried to open your mic. It is open, you can intervene. Thank you very much.

>> Thank you, Alessia. Yes, my question is quite general, actually, and it's somehow related, Alessia to your question, but Alex, I just would like you to reflect a bit on the roadmap in this kind of moving this agenda forward in a country like where I am currently in Ethiopia, where there is not that much that has been done still in regards to disability assessments, and when we are trying to move towards something that is CRPD compliant, and you mentioned all the challenges in how to make that happen in an environment where the resources are scarce, and you have to take into account what effects you don't want to achieve. I'm thinking about also that my interpretation is that, like you just said, that the knowledge of this topic plus the CRPD and everything is quite weak among different stakeholders.

So in a way, I mean I have the feeling that we need to engage in many fronts at the same time, because if you start like discussions, there will be a lot of different opinions. And so how do you have any further reflections of how to move this topic like forward in general?

>> ALESSIA ROGAI: Thank you very much, Pia.

>> ALEX COTE: Thank you very much for this question. I think I will start by the last element that you mention. I think it's very important to have multistakeholder conversation about the why

of social protection. And for instance, U.N. is doing a regional workshop in few weeks in Cairo on disability assessment and one of the question on the agenda is disability assessment for what. Basically, what is the purpose of it. I think that is where the real conversations start. Are you doing a disability assessment just to decide yes, no, few people will get this benefit, that is the only one that exists and that's it, or are you doing a disability assessment because you want to put in place a system that will progressively extend the support to people with disabilities. And it's very different. It's different in the terms of the assessment itself, in difference in the investment you will do, in terms of information system.

I think Senegal is interesting. I'm always careful at choosing good or best practice, because you never know, but I think that the work that is done in Senegal by the government is interesting. They put in place an assessment that is somewhat, it's not solely for impairment, it takes into consideration life habits and support requirement, and this assessment is connected to a database that is of course anonymized, etcetera. But it's, it provides a sense of what is it that, what is it that people need, what is it. Most importantly, once you have those information and you compile those information, you are able to cost, you say, okay, I would, I have that many people who would need for instance this type of assistance, so I can cost that, because I know how many are eligible. Of course,

if I put something in place, I'm likely to have more people coming in, but that will be gradual. That will be phasing. I think, because in Senegal they do this disability assessment which provide this equal opportunity card which gives you few entitlement across ministries, the same card is used by different ministries. I think it's a interesting system, every system is never perfect but I think it's a good start, because I think the original question is interesting, it's going in the right direction.

When it comes to disability assessment itself, we are in the middle of the reflection and as I told you, it is not easy. But the technical consensus in the small group we are working and we will expand that very soon, is basically saying, if you want to ensure that all people with disabilities, whoever they are and wherever they are in most low and middle income countries, you need a simple system. You need a simple assessment because countries do not have the institutional capacity to do complex assessment.

What we are suggesting, I would not say that what is in the thinking now it's trying to think of a two stage approach, a very simple assessment, functional assessment that could be done by social worker, or in the primary healthcare, or whatever is the best infrastructure that is available in a country. And this assessment would look like a lot what we are doing, but it has to be standardized, formalized to give reliability that government need. Based on that you would access for instance the basic package of

entitlement, and for instance, the equal opportunity card, okay?

But then if the person that is doing the assessment is not in capacity to do, for instance, with regards to invisible disability, hard-of-hearing, some deaf people, people with psychosocial disability, there could be a request for a second assessment, but the cost of the second assessment would be paid by the system. It would not be, the burden would not be on the person to pay for the taxi or the bus to go to the big city to get the doctor to get the certificate that I cannot get in my village etcetera because this is a big barrier for people to access the assessment and determination and later on the disability related benefits.

This is where we are today. Some countries, Fiji for instance, have a system where the social worker who is working on eligibility of benefits are actually doing home visits, and they have a questionnaire which is basic functioning, and it contribute to a very fast decision. If the social worker cannot make this decision, then it's referred to a higher level. But there is support to the person with disability to do this procedure, which we tend to believe that this is going also in the right direction.

I would say right now, there are initiatives done in different countries that give us an indication of what it could look like. But there are still many questions.

>> ALESSIA ROGAI: Thank you very much, Alex, and thank you very much also to Pia to raise this issue. I would like to come back

to talk but just because I have an interesting question by another colleague of mine from Sudan rehab, rehab as I said from Sudan, asked again about charity. In particular she said among the countries with low income, governments are not able to provide the full, necessary services. Therefore, they depend on charity. Do you think, is there any way to put the charity works in the right track to maximize the benefits to the persons with disabilities? Do you have any thought about it, Alex? I think yes also because we were talking about it, I remember last time that we met about it.

>> ALEX COTE: I think there are a few things. First, I think we need to be clear when we talk about charity, we are not talking about the organizations, because NGOs that are called charity are important, and actually this is a very important element, which I want to mention, I didn't mention it enough. Most high income countries except Scandinavian and few others, services, support services for persons with disabilities are provided by NGOs and DPOs. So because government doesn't know how to do it, it's too specific, too responsive, too flexible. And I think there is a huge scope for NGOs and DPOs to engage in this field, and it's probably, in my opinion, one of the big area of transformation of CDR and CBID is to work on the connection between CDR, C b.i.d. and social protection. We could talk about that at length. But I think it's really a big, big area. Countries that start to have small cash assistance program like Philippines or many in Africa, how do you

do a cash plus. You are a family with a child with disability. You receive a child grant. What about, because you are in the system, partnering with a CDR organization that will provide you with additional support, basically mutually reinforcing what the CBR is doing and what social protection can do. I think this is very important.

Another point when we talk about charity which is more the approach, is in terms of political economy. If you remember the figures I gave you, we know that for decent disability cash benefits supports, I would not call it a benchmark, but it looks like 0.4 percent of the GDP, or 0.5 percent of the GDP is kind of a minimum. You need a lot of political will to increase and to go to this kind of spending.

I would say it's probably challenging to expect lawmakers and authorities to really do the shift from a charity perspective to the rights-based approach and to really transform that in spending. So there is probably, and I know it's difficult and challenging, but how do we use despite the fact that we would like it to be changed, this charity energy, I would say or motivation, and basically step by step reformat it, but build on it. I think sometimes we hide from that and we prefer not to engage with people who have a charity approach, even in government, because this is not the right language or this is not what we want, but at the end of the day, you need a certain amount of political momentum to promote budget and

increase spending. This is not donors money. Donors money can kickstart programs for social protection but donors money don't sustain this kind of programs. This is really domestic fund, domestic money. I think it's very important.

But I think primarily, as I said, it's how you work with persons with disabilities and families to understand the difference, because in the social protection week, one of the participants said something really interesting, he said if you are in a village somewhere in a remote area, and the person with disabilities living from charity and receiving food or money from the community, for this person it might not make much difference the money comes from the community or the government. If the logic is the same.

Once again, I think it's how do we work on the frame behind it, and we understand what we are trying to achieve, why as I said when it comes to political will and government and Parliament, this will probably be a tougher sell. But those are the challenges we are facing.

>> ALESSIA ROGAI: Thank you, thank you very much, Alex, really, really interesting. We have just a few minutes. So I think that we have time for a couple of questions more. I found a question of Mary really interesting is about employment. It's about employment, because sometimes as you said, for example, you give support for, to persons with disabilities, a person with disability, but maybe the person can be supported to get a job and maybe having

of course other kind of social protection supports, but in that way maybe the government should support that person to find a job and be included in the labor market. So how to determine obligations of what should be provided by the employers first, what should be provided by the government as a part of social protection, and what should be due by the person or the DPO in accessing to the job, in terms of support. Thank you very much, Alex.

>> ALEX COTE: Okay, so employer, reasonable accommodation, that's it. Question is, how do we do with small business, informal economy, and large business is not a question. It's a matter of political will of enforcement, it will not be easy but it's feasible. When you come to informal economy and small businesses, it's more challenging.

I think social protection can probably play a role to a certain extent there, because for instance, some people may require, some people with disability may require assistive device for work, so in some countries the government supports the employer to provide it. But in some countries, the employers support the person. And the assistive device follow the person. For instance, I'm a person with low vision, I need a big screen, a magnifier, I will get that from the government, and I will take it to the employer. When I, if I get fired, I leave with my screen and my magnifier.

I think this is important. Other issues regarding to quota, fine, the financing, cofinancing of reasonable accommodation or

workplace adaptation, I think it's a bit further away from social protection but it's connected. I think there is a lot of thinking that needs to be put in that, especially when it comes to informal employment. I believe that the BID program and connect and other program that are ongoing will probably start providing evidence around what is required and what works.

With regards to the person, and what the social protection can do, I would go back to the example of the transport, is that the person with disability should not pay more than anybody else to go for work, should not pay more than any other person to find a job. And actually, government should contribute to that. And this is why we insist on the fact that person with disability will seek work and get job, should also receive disability benefit to cover those extra costs. That is why also we are supportive of concession like free transport, etcetera, etcetera, that would be attributed to persons with disabilities to level the playing field, to equalize opportunity to find employment.

Other things that can be done that are a bit in between social protection, it's a gray area, would be job placement, that is an interesting practice. But it could be also for people with cognitive impairment, psychosocial disability and others, job coach, and that is supported employment which has proved to be an effective way where the employer employ a person with disability or group of persons with disabilities and there is a coach. But

it is not paid by the employer, that come time to time to support them to adapt to the environment, to adapt to the workplace, etcetera, etcetera. So in between active labor policy and employment policy and social protection, there is a lot of connection, and this is also one of the area that we are exploring now. We will do a set of development papers, by the way, on many of the topics I have mentioned we are working on background papers. If you are interested, please contact me. We will send it to you for feedback. But I would say, I don't expect that people with disabilities themselves have more, they have no more obligation than anybody else to find a job. They should just should not have to pay more or face more constraint than anybody else to do so.

>> ALESSIA ROGAI: Thank you, thank you very much, Alex. Indeed, we arrive at the end of the session. There is, I don't know if you have a couple of minutes more to answer to the last question that can be interesting, it is about DPOs. Just the last question because I know that a lot of our participants work for DPOs based at local level, especially in our countries, so this is a question by Raj that ask to explain how DPO can push for achieving the SDG10 target for bringing persons with disabilities within the social protection systems in the low income countries. Thanks for this last thought, Alex and then we close.

>> ALEX COTE: Could you just repeat the question? I had a kind of, I didn't hear you very well.

>> ALESSIA ROGAI: It's just asking for suggestion, maybe some (overlapping speakers).

>> ALEX COTE: I think first DPO should invest in social protection much more than they do. But they should do it with the right framework. It's not only about cash benefit, it's also about supports services, about connecting, it's about also supported to employment. When we talk about DPOs and social protection, let's face it. Sometimes it's not very nice environment. I remember having worked in some countries where there was big debate about who should be entitled to the disability card, who is not, who is in the club, who is not, because people know that the amount of money is not unlimited. So how do you split.

I think that the DPOs really need to, one, develop their capacity and understanding of social protection issues and system, and two, really work on the concepts among themselves about what is it we want from social protection systems. Let's look at the CRPD. Let's look at this other thinking altogether what is our demand, because for, in many situation it's a bit of a competition, groups against groups, those who have already benefits, those who want to in turn get benefits, and it's not always conducive to the best advocacy towards government so that would be my point.

Just with regards to the question about, there is not yet a universal definition of extra cost, and the reason for that is that it's very contextual. But this is also why we are doing those

research. I mention Kenya, Bangladesh, Indonesia, Georgia, so stay tuned. We will come up with more on this, because we know that those are questions that many people have, the standard, methodology, how do you do that, how do you define extra cost, assess those extra costs. This is something on which we are working.

Maybe a little bit few information before we finish about the U.N. PRPD project, this is a project implemented by ILO, UNICEF and IDA. We are developing those background papers which we will send to any of you that are interested for feedback and comment, what we want with those background papers is trigger discussions and debates and trying to identify required innovation and solutions. We will engage with different countries that are involved in reforming the social protection system. We will also work to mainstream disability in different existing social protection related tools developed by the World Bank and ILO and others, and one other point that is important is that we are working with IDA to support DPO engagement. That is why we have the week, social protection week in Manila in September which combine attendance to the conference plus training. We are looking at different form of such gathering. We will have probably one in March in Kenya for the subregion and more in the coming years.

Please keep in touch and if you are interested to be part of this process. Thank you very much.

>> ALESSIA ROGAI: Thank you, thank you, Alex, thank you really

very much. I'm sorry for all the questions that we were not able to answer. We finally arrive at the end of this session. But we arrive at the end of this webinar cycle. I would like to thank you first of all, Alex for your time today. As usual it's really interesting hearing talking about inclusion and disability from you. I would like to say thanks to our audience, especially those are following the cycle from the beginning, so thank you very much. I really hope that you found useful this cycle.

You can find as I said all the recordings of these webinars on our YouTube channel, our website, Facebook and Twitter pages. In the upcoming weeks, maybe realistically beginning of next year, you will receive all the material related to the cycle, so the certificate first of all, for those who participated, follow at least 75 percent of the cycle, but also all the learning materials with the link for recordings, the Power Point presentations, and as I said, in the next days, you will find all this information also on the IDDC website.

We also think to put the cycle on some external USB pen drives that we will distribute locally during our events and our activities next year. So, well, stay tuned, because as I said from the beginning next year we will have another cycle. We are preparing another cycle for you, five sessions, country specific, in our five countries, so stay tuned on our channels and thanks again. Thanks to you, Alex, thank you, everybody. Enjoy the rest of the day.

Bye.

>> ALEX COTE: Bye-bye.

(end of webinar at 9:10 a.m. CST)

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