RESEARCH BRIEF: EFFECTIVE POVERTY REDUCTION FOR PERSONS WITH DISABILITIES IN LIBERIA

KEY FINDINGS
1. There is a lack of expectation around state support, particularly regarding the rights and responsibilities of the state towards older adults and women.
2. Persons with disabilities – particularly women with disabilities – and their families are at increased risk of multidimensional poverty and have limited or no capacity to withstand any kind of ‘shock’.
3. Adults and children with disabilities are not well supported by the current education system, and experience higher levels of exclusion.
4. Healthcare workers at all levels need training on disability.
5. Persons with disabilities are often politically disengaged, perpetuating marginalisation and exclusion.
6. Persons with disabilities experience higher risk of crime and insecurity.

RESEARCH OBJECTIVES
This three-year research programme began in 2014 and was funded by the UK Department for International Development and the Economic and Social Science Research Council. The main objectives of the research were to:

- Provide evidence to support the improvement of the lives of persons with disabilities in Liberia.
- Investigate how multidimensional poverty affects wellbeing among individuals with disabilities and their families in Liberia both within the household and compared to their non-disabled counterparts.
- Explore the dynamics of wellbeing using objective and subjective indicators, moving away from solely economic perspectives to a more nuanced understanding.
- Provide an evidence base to support the policy environment, including decision making processes such as the development of a national plan on disability or a ‘disability roadmap’.
- Examine the effects that policies have on the lives of persons with disabilities, and identify Liberian-specific contextual solutions.

The research has found that while poverty is pervasive amongst communities, persons with disabilities experience additional challenges. This briefing note outlines these challenges and highlights some key recommendations to overcome them.
1) LACK OF EXPECTATIONS AROUND STATE SUPPORT

Given the lack of formal employment or other social protection mechanisms, this is perhaps unsurprising. However, only 0.35% of those surveyed identified their main source of income as ‘government aid’ and all were aged 60-87. Most of those interviewed had little expectations about the state having any obligation towards them. This puts people in precarious situations and increases their risk of poverty. Moreover, many of those interviewed would be considered of retirement age in other countries. However, due to lack of a universal state pension and limited state support, they have little choice but to work. This gap between need and available support raises serious questions about the disconnect between state and citizen, and what the Government is prepared to do to address this.

2) LIMITED CAPACITY TO WITHSTAND ‘SHOCKS’

Linked to the above is that whilst many families in Liberia may be in a similarly poor position, the inability of the household to withstand sudden and unpredictable ‘shocks’ is particularly acute for persons with disabilities. Such shocks can be financial (loss of employment, debt, unplanned pregnancy or other expenditure); marital (separation, divorce); health-related (including onset of disability). Already impoverished households have little or no resilience to withstand these sudden shocks. A third of household heads interviewed were women with disabilities. On average, these women have the same number of children as women in non-disabled households, but many are already in a more precarious situation, lacking education, job opportunities and social support. Their resilience to withstand any shock that they or their household may encounter is therefore reduced, and the impact can be significant. For example, a disabling accident or illness in a parent may lead to one or all of their children being removed from school and put to work, as feeding and housing the family is prioritised.

This impact can also be generational, particularly regarding the education of these children. Parents with disabilities often cited ‘financial reasons’ for why they were less likely to send their children to school regularly, and also accounts for why, when they do attend, these children are more likely to be in public school. By contrast, non-disabled parents tended to report sending their children to private schools, as this was seen to provide a better education for their children. A clear policy implication of this is that more thought needs to be given to social protection mechanisms that would provide resources to persons with disabilities facing unplanned out-of-pocket expenditure. These could include school-level support to ensure their children stay in school.

3) LACK OF SUPPORT IN THE EDUCATION SYSTEM

Challenges within the education system in Liberia are well known and widespread. According to our survey, around 70% of both disabled and non-disabled adults have similarly very low levels of education. For persons with disabilities, this is due to a range of reasons, including the lack of inclusion of adults and children with disabilities in current education policies across the board, from early education through to tertiary and adult education (according to Education Management Information Systems (EMIS) data, currently less than 0.5% of students in primary and secondary school are children with disabilities), as well as inaccessible classrooms and curriculum. However, lack of accurate school-level data on children with disabilities, and the likelihood of large numbers of out-of-school children being children with disabilities, are also a concern. If a child with a disability is fortunate enough to access schooling, they are unlikely to experience equality of opportunities within the classroom, resulting in low educational attainment and reduction of future life chances.
Children with disabilities often start school later and, because of irregular attendance, remain in school for longer periods of time – they may have to repeat classes or exams and often fall behind. Many of those interviewed for this study were well above the typical age for their grade, including a 30-year-old in Grade 10. Whilst this may reflect the right to education whatever the age, it also raises many questions, not least around child protection and ensuring appropriate opportunities and choice.

Whilst children with disabilities may access education through programmes that specifically target them, children of parents with disabilities are likely to miss out on such programmes as they are not themselves disabled, even though these children often face considerable multidimensional poverty growing up in households affected by disability and, as noted above, are often removed from school if the household experiences any kind of difficulty. There are clear policy implications for this related to how parents can be better supported to ensure their children remain in, and progress through, the education system.

There is a disconnect between school and adult education, leading to limited employment opportunities. However, continuing or returning to education for adults with disabilities was less of a concern among those we interviewed: no one spoke about improving their education or technical vocational education and training (TVET), despite policies to strengthen the TVET system. This may also reflect a lack of expectation about the possibility for further education or training. What persons with disabilities clearly stated they want and need are opportunities to access loans and/or microcredit schemes. Yet they are routinely excluded from such schemes, and none are specifically designed for them. There is also very weak implementation or monitoring of existing employment-related policies to ensure equal inclusion of people with disabilities, despite government commitments to the contrary.

4) HEALTH WORKERS NEED TRAINING ON DISABILITY

Even without the recent Ebola crisis, it is clear that persons with disabilities are not well served by the public health system. Moreover, it is not clear that data about persons with disabilities accessing services is collected or recorded, thus making it difficult to make accurate estimates about service usage or need. Nevertheless, while they experience many of the same challenges with the health system as everyone else, including variable quality of care, long waiting times and lack of medications, these can all be amplified for persons with disabilities. According to survey results, persons with disabilities reported significantly less access to healthcare when it was needed than non-disabled counterparts. Many of those person with disabilities interviewed also reported experiencing discriminatory behaviour by healthcare staff.

Of course, not all the healthcare received was bad, and there were some notable – but infrequent – examples of compassionate care, including during the Ebola outbreak. Nevertheless, while many of the healthcare staff and others involved in the Ebola response stated that ‘Ebola did not discriminate’, according to some persons with disabilities, the healthcare system did. The specific way in which the Ebola response took place – including house by house distributions and community-led responses may have increased the chances that persons with disabilities were included in the response, rather than by any intentional programme design, but it was not systematic. Both in reference to general health care and to Ebola-specific outreach efforts, it is notable that not one healthcare worker interviewed for this research – from hospital directors, officers in charge, through to general community health workers (GCHVs) – had any training on disability. This clearly needs to be addressed to ensure equitable inclusion in healthcare services at all levels.
5) POLITICAL DISENGAGEMENT AND DISENFRANCHISEMENT
This was reflected in multiple areas: community participation, awareness of community funding and resources, as well as voting and registration. This is particularly important in an election year. Results show that persons with disabilities are less likely to vote than their non-disabled peers – although importantly not if they are also the household head. This raises additional questions about gender empowerment, as men are more likely to be the head of household. It also raises questions about political voice, as, if persons with disabilities are not included in community activities, their voices remain unheard, perpetuating exclusion. Perhaps even more worrying is the lack of faith in the political system: not voting – or even registering to vote – reflects a level of political disenfranchisement amongst persons with disabilities, who constitute a sizable political voice – one not currently being heard.

6) HIGHER LEVELS OF CRIME AND INSECURITY
Persons with disabilities are more likely to have witnessed or experienced crime than their non-disabled peers. They also reported feeling less secure in their communities. According to survey data, the experience of crime is twice as high (43%) for women with disabilities than men with disabilities (21%) who were not household heads.

These results indicate that persons with disabilities are at higher risk of crime, yet overall persons with disabilities were dissatisfied with their interactions with the police, though some did commend them. There needs to be more targeted interventions to protect and support persons with disabilities, and police, judiciary and other security services need to have more training about the range of issues facing persons with disabilities and how they can more effectively serve them.

RECOMMENDATIONS
1. Existing policies need to be properly enforced, resourced, and monitored. There needs to be a robust system for complaints and redress if policies are not implemented effectively;
2. The development of a national action plan or ‘road map’ would enhance the coordination of activities for the effective inclusion and rights of persons with disabilities. Persons with disabilities must be included in all levels of consultation and decision-making toward its realisation;
3. There is a need to collect robust comparable data in national level surveys and surveillance mechanisms. Use of the UN-endorsed Washington Group Short Set Questions would facilitate this;
4. There needs to be a shift in perspective to view social safety nets not as charity, but as a means to enable persons with disabilities to access their rights to equitable inclusion and participation in society. Social protection mechanisms should also be flexible enough to enable people to deal with ‘shocks’, as well as increase resilience to future shocks.

METHODOLOGY
This research used a mixed-methods approach, utilising quantitative and qualitative approaches:
- Analysis around disability inclusion in national policies and legislations
- Quantitative household survey (2,020 respondents) comparing the responses of persons with disabilities to their non-disabled peers in five counties (Montserrado, Lofa, Cape Mount, Grand Bassa and Sinoe) to understand inter- and intra-household dynamics of poverty and disability.
- 22 focus group discussions with persons with disabilities, as well as six with Ebola survivors, to compare the experiences during the Ebola outbreak of 2014-2015.
- Over 30 key informant interviews of community leaders, government officials and other stakeholders in the five counties.

RESEARCH TEAM
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