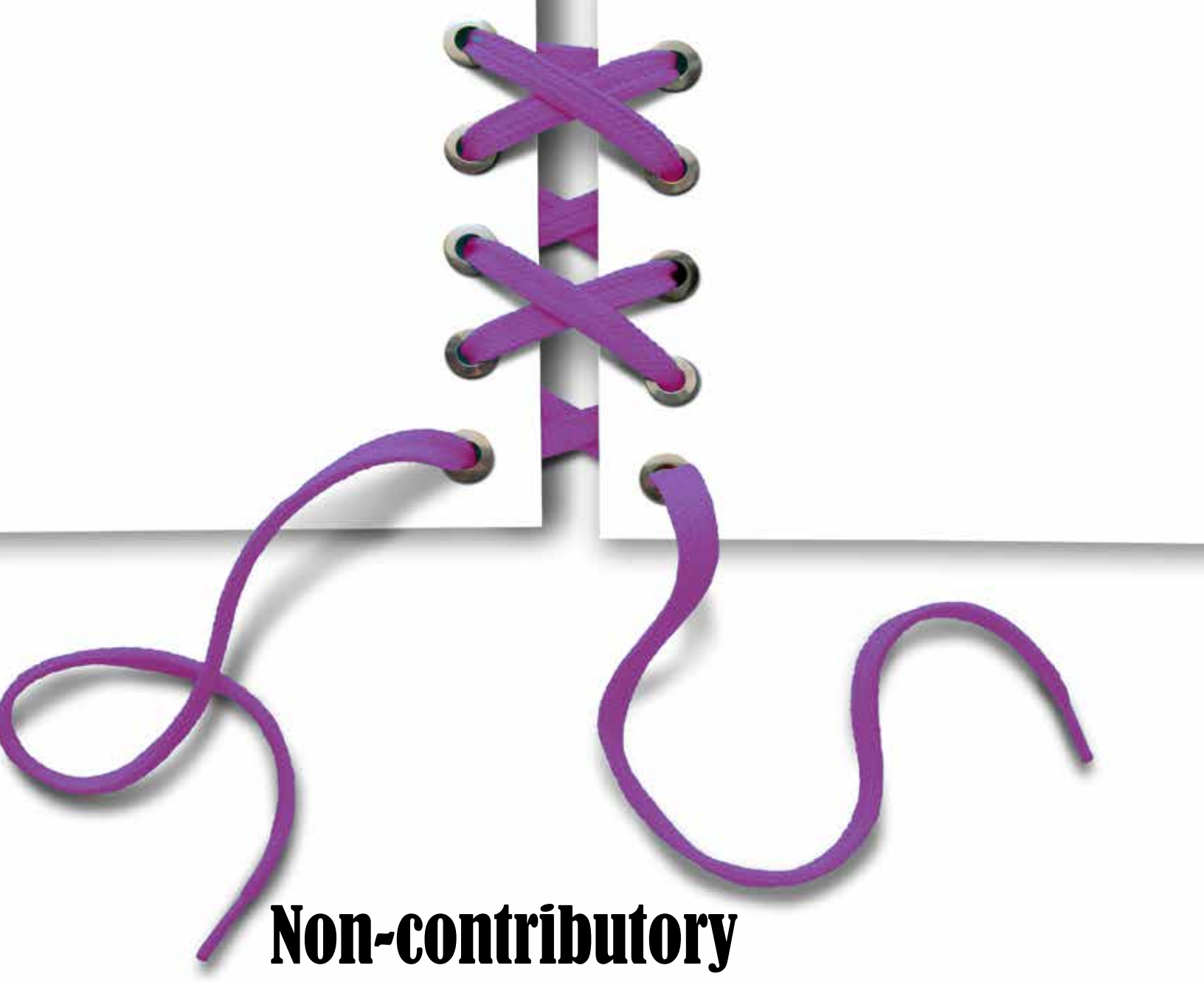

Non-contributory cash transfers

An instrument to promote the rights and well-being of children with disabilities in Latin America and the Caribbean

Heidi Ullmann
Bernardo Atuesta
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Simone Cecchini

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Executive Summary

Social protection plays a fundamental role in the realization of the rights of persons with disabilities throughout their lives, and especially during childhood. Although it is difficult to generalize about all children with disabilities—not only because the type and severity of disability they experience differ, but also because of their socio-economic status, gender, ethnicity and place of residence, among other factors—an unfortunate common denominator is that they face the risk of serious violations of their rights and daily exclusion. Given this situation, various social protection instruments can serve as tools to promote the development and inclusion of children with disabilities by ensuring basic living standards, providing monetary support for assistive devices (e.g., wheelchairs, prostheses and hearing aids) and expanding access to basic health, rehabilitation, stimulation and educational services, among others.

The role of social protection in addressing childhood disability is especially relevant when considering that families with children with disabilities may experience barriers in accessing various services to support their well-being, such as education and health, as well as higher levels of poverty due to the economic demands associated with their care. Disability entails additional costs for medical care and therapies, the purchase and maintenance of assistive devices, medications and transport. Additionally, ensuring the care, attention and stimulation that a child with a disability may require forces one of the parents, usually the mother, to leave the workforce, thereby lowering household income.

Cash transfers, both contributory and non-contributory, can play a central role in addressing the barriers faced by children with disabilities and their families, particularly with regard to ensuring income security and facilitating access to social services such as education, healthcare and public transport, as well as support services. These transfers can provide financial support to cover additional healthcare or transport expenses; spending on equipment, home adaptations and specialized services; and the additional costs of assistance from household members or relatives, including in terms of working time, corresponding employment opportunities and lost income due to providing care.

This study applies a mixed methodology that incorporates the analysis of quantitative and qualitative data to analyse cash transfer programmes aimed at families with children with disabilities. The analysis of statistical data from censuses and household surveys forms the basis of a diagnosis to characterize the socio-demographic situation of the population of children with disabilities; in other words, it shows the reality that needs to be addressed by social protection interventions, and more specifically, cash transfer programmes. Additionally, the rules of operation and/or manuals for these programmes are reviewed to shed light on the related aspects. To validate the study's preliminary findings, delve deeper into specific topics and answer questions about the management and scope of the programmes, this information is complemented with semi-structured interviews with key actors from: (i) the main transfer programmes, (ii) civil society organizations and (iii) programme participants.

Analysis of the available data shows that there is a close relationship between monetary poverty and childhood disability in Latin America. The findings also show a correlation between disability and poverty in some non-monetary dimensions, such as access to education and basic services. This situation calls for a comprehensive public policy response, including, among other elements, cash transfers.

It is important to recognize that significant progress has been achieved in the social protection of children and adolescents with disabilities in the region. This is confirmed by the appreciable increase in the number of non-contributory cash transfer programmes that include or prioritize families with children and adolescents with disabilities, which coincides with the ratification of the main human rights instruments for children and persons with disabilities, as well as a rise in conditional transfer and social pension programmes in the region.

That said, the available cash transfer programmes aimed exclusively at children with disabilities are still limited in the region. Although the population of children and adolescents with disabilities generally receives cash transfers through conditional transfer programmes, social pensions or unconditional transfer programmes that cover other vulnerable groups, the lack of transfer programmes targeting only children with disabilities can limit operational efforts to create referral or care pathways that, from these same programmes, make it possible to move towards comprehensive interventions and address the specific needs of families with children with disabilities. Moreover, tools such as selection instruments, recipient registries and processes for certifying disability status need to be strengthened.

It is also true that there is very little information available regarding budgetary expenditure and specific coverage of children with disabilities in non-contributory transfer programmes that include or prioritize families with children with disabilities. However, the data point to limited budgets in a context of widespread under-coverage and low payment amounts that do not correspond to the cost of disability for the family or the achievement of social protection objectives. Countries should make greater efforts to gather information disaggregated by age and disability status from these programmes, in order to study their evolution over time and the extent of their coverage as well as to make comparisons between countries in the region.

Given that children and adolescents with disabilities experience higher levels of monetary and non-monetary poverty than children without disabilities, as well as the existing evidence on the additional costs of having a family member with a disability, two issues that deserve more attention are the low transfer amounts and the fact that many programmes do not consider the situation of disability as a factor in determining the transfer amount. Actions to be undertaken include revising the transfer amounts according to the achievement of minimum social protection objectives, particularly in those countries where these amounts are extremely low.

The co-responsibility conditions that some programmes require of families with children with disabilities must also be reconciled with a rights-based approach. If there are no accessible services for persons with disabilities in their communities, a conditionality puts the receipt of the transfers at risk.

Finally, while transfers are an important contribution to family income, programmes must seek to enable children with disabilities to become fully integrated into society. In addition to providing ongoing support (including financial support), one of the challenges of programmes that provide transfers to families with children with disabilities is encouraging autonomous income generation by families and persons with disabilities themselves. For this reason, a strategy must be implemented that closely links transfer programmes aimed at families with children and adolescents with disabilities to accessible and inclusive education and health services, as well as to programmes for family income generation and for the labour market integration of persons with disabilities. Transfer programmes for families with children and adolescents with disabilities can thus become a gateway to support in different areas offered to this population by the government and, consequently, establish routes to full social and labour market inclusion.

Introduction: objectives, methodology and scope of the study

The rights of children and adolescents with disabilities are protected in numerous international instruments, from the Universal Declaration of Human Rights (1948), the Convention on the Rights of the Child (CRC, 1989), and more recently the Convention on the Rights of Persons with Disabilities (CRPD, 2006). At the national level, the countries of Latin America and the Caribbean have gradually adapted their regulatory frameworks to comply with the commitments they made by signing these instruments. Despite these commendable advances at the normative level, more than ten years after the entry into force of the Convention on the Rights of Persons with Disabilities, the inevitable conclusion is that there is a huge gap between the rights set out in these documents and their realization. In Latin America and the Caribbean, children and adolescents with disabilities suffer profound discrimination and serious violations of their rights, including the denial of access to education, healthcare, recreation and participation. This prevents them from reaching their full potential and contributing fully to society.

Social protection plays a fundamental role in the realization of the rights of persons with disabilities throughout their lives, and especially during childhood. Although it is difficult to generalize about the population of children with disabilities—not only because the type and severity of disability they experience differs but also because of their socio-economic status, gender, ethnicity and place of residence, among other factors—an unfortunate common denominator is that they face the risk of serious violations of their rights and daily exclusion. Given this situation, various social protection instruments can serve as tools to promote the development and expansion of inclusion of children with disabilities by ensuring basic living standards, providing monetary support for assistive devices (e.g., wheelchairs, prostheses and hearing aids) and expanding access to basic health, rehabilitation, stimulation and educational services, among others.

The role of social protection in addressing childhood disability is especially relevant when considering that families with children with disabilities may experience higher levels of poverty due to the economic demands associated with their care. Disability entails additional costs for medical care and therapies, the purchase and maintenance of assistive devices, medications and transport.

Additionally, ensuring the care, attention and stimulation that a child with a disability needs often forces one of the parents, usually the mother, to leave the workforce, thereby lowering household income. In this regard, non-contributory cash transfer programmes that seek to increase the disposable income of households in which one of the members has a disability can support these families in meeting such needs. To the extent that these transfer programmes are linked to other social services, they can also promote the development of children with disabilities in other areas.

In this context, the main objective of this study is to produce knowledge about aspects related to the design and implementation of several non-contributory cash transfer programmes aimed at children with disabilities in Latin America and the Caribbean, in order to offer recommendations that can help these programmes better adapt to the needs and realities of children with disabilities and their families, and to illustrate the existing gaps in terms of protection for this population. The hope is that this will in turn contribute to the development of a universal and inclusive social protection policy that specifically protects children with disabilities and safeguards their rights. Moving forward in this direction would also support the efforts of countries to implement the call of the 2030 Agenda for Sustainable Development to leave no one behind in the path of development and specifically to achieve SDG 1 End poverty in all its forms[1] and SDG 10 Reduce inequality within and among countries.[2] This is particularly relevant in the current context of the COVID-19 pandemic, where serious setbacks are expected in the socio-economic situation of large sectors of society, and especially of vulnerable households with children. Once again, the role of social protection as a key tool for guaranteeing basic levels of well-being is evident.

This study applies a mixed methodology that incorporates the analysis of quantitative and qualitative data. The analysis of statistical data from censuses and household surveys forms the basis of a diagnosis to characterize the socio-demographic situation of the population of children with disabilities; in other words, it shows the reality that needs to be addressed by social protection interventions, and more specifically, cash transfer programmes. Additionally, the rules of operation and/or manuals for these programmes are reviewed to shed light on the related aspects. To validate the study's preliminary findings, delve deeper into specific topics and answer questions about the management and scope of the programmes, this information is complemented with semi-structured interviews with key actors from: (i) the main transfer programmes, (ii) civil society organizations and (iii) programme participants. Guides were prepared to direct the interviews and specific content was created for each of the groups interviewed (see tables A1 to A4).

The document is organized as follows: after presenting the concepts and evidence that guide the study, the socio-demographic situation of children and adolescents with disabilities in the region is discussed. Subsequently, a general analysis of transfer programmes is made.

An analysis of the available data shows that there is a close relationship between monetary poverty and childhood disability in Latin America. The findings also show a correlation between disability and poverty in some non-monetary dimensions such as access to education and basic services. This situation calls for a comprehensive public policy response, including, among other elements, cash transfers. Furthermore, the results shed light on the multiple types of discrimination and exclusion that children and adolescents with disabilities may experience due to their place of residence and their ethnic and racial background. Such discrimination must also be considered when creating and implementing policies to promote their inclusion and underlines the importance of involving families in the policy-making process to ensure policies are more sensitive and relevant to their needs.

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[1] Specifically, targets 1.2 *(By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions)* and 1.3 *(Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable)*.

[2] Specifically, target 10.2 *(By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status)*.

I. Concepts and evidence that guide the study

A. The paradigm shift with regard to childhood disability: from charity to rights

The concept of disability has evolved significantly over time in response to socio-historical and political changes. But even with these developments, different approaches to this phenomenon have coexisted. Initially, according to what is known as the traditional model, disability was perceived as something abnormal that should be hidden, which promoted the marginalization and rejection of children with disabilities. Under this approach, societies like ancient Greece promoted infanticide based on the pretext of aspiring to a perfect race (Palacios, 2008; Rubio, 2017). Later, during the fourteenth and fifteenth centuries in Italy, when infanticide was already a crime, some religious and private organizations established the first orphanages and boarding schools where abandoned babies, children and adults with disabilities were kept away from society. This practice continued for several centuries and spread to other parts of Europe (Dozier and others, 2012; Hardy, 1999). Due to a lack of public funding, charity was the main source of means for these institutions, further denigrating the disability and vulnerability of children (Palacios, 2008; Rubio, 2017).

Alongside the establishment of orphanages and institutions, the increase in the number of persons with disabilities due to work and war during the fifteenth century in some European countries led to the creation of rehabilitation institutions. The first state aid for persons with disabilities arose from this alternative vision, called the rehabilitation model, which views disability as something that can be improved or fixed rather than something that should be hidden or avoided.[3] While rehabilitation institutions provide a service that seeks the productive inclusion of persons with disabilities, their focus on rehabilitation tends to generate frustration in patients because of the difficulty of returning to "normalcy". In general, the rehabilitation model places less emphasis on the family and social environment of persons with disabilities and promotes the idea that people's rights depend on their capacity to do and produce, rather than by their own nature and dignity (Palacios, 2008 and Rubio, 2017).

[3] The 1601 Act for the Relief of the Poor in England stands out as one of the first laws that sought to categorize people with disabilities in order to direct state aid and provide care according to the characteristics of each individual.

Box 1
Children and adolescents with disabilities in residential care

Institutional care for children with disabilities declined considerably during the twentieth century, not only because of the emergence of evidence highlighting its disadvantages but also because of laws and political movements that discouraged it. Despite evidence of the downsides and the efforts of some governments and civil society to eliminate them, there are still societies that encourage the families of persons with disabilities to use these types of institutions, reflecting the persistence of the traditional model and its view of disability as something to be hidden and as a family burden to be avoided.

In some regions of the world, it has been estimated that children with disabilities are 17 times more likely to enter institutional care than their peers without disabilities due to a lack of support for families, a lack of inclusive education, and poverty. In general, these institutions are characterized by high ratios of children per carer; low-wage and poorly trained carers; and generalized but not individualized care. Stigmatizing and welfare-based prejudices and notions of disability are predominant in these institutions. In addition to the conditions of the institutions themselves, which can act as a barrier to the maximum development and autonomy of children with disabilities, the statistical invisibility of these institutionalized children with disabilities is a strong obstacle to improving their situation. Because the main instruments for collecting information on persons with disabilities, such as population and housing censuses, do not collect data on those who are institutionalized, little data is available to understand their needs and characteristics. Most countries in the region do not have data on children with disabilities living in institutions.

Despite this limitation, it is estimated that 50,000 children and adolescents with disabilities live in residential care homes in Latin America and the Caribbean, most of whom are between the ages of six and 18. This situation signals a need to strengthen support for families with school-age children with disabilities to avoid residential care being seen as a "desirable" option for access to care, education and health. In many cases, access to health and education for children with disabilities is only possible in special institutions. Although these institutions may indeed have a greater capacity and accumulated experience in working with these individuals, the prevailing dynamic often reinforces isolation. In particular, for many low-income families, the affordability of these institutions acts as an incentive to institutionalize their children.

Source: Prepared by the authors on the basis of Better Care Network, 2017. Better Care Network (2017), Poverty Remains a Europe-wide Cause of Children's Institutionalisation. [Online] http://www.openingdoors.eu/opening-doors-for-europes-children-releases-latest-fact-sheets-from-15-countries/; W. Goldfarb (1945), "Effects of psychological deprivation in infancy and subsequent stimulation", *The American Journal of Psychiatry*, Vol. 102; S. Provence and R.C. Lipton (1962), *Infants in institutions*. Oxford: International University Press. RELAF and UNICEF (2016), *Last in Line: Children and adolescents with disabilities in residential institutions in Latin America and the Caribbean*. [Online] https://www.unicef.org/lac/informes/los-últimos-de-la-filaH. Skeels and H. Dye (1939), "A study of the effects of differential stimulation on mentally retarded children", *Proceedings & Addresses of the American Association on Mental Deficiency*, Vol. 44; R. Spitz (1945), "Hospitalism: An inquiry into the genesis of psychiatric conditions in early childhood", *Psychoanalytic Study of Children*, Vol. 2. UNICEF (2012), Children under the age of three in formal care in Eastern Europe and Central Asia. New York.

In the mid-1970s, movements led by organizations of persons with disabilities (OPDs) emerged in Europe and the United States that criticized the rehabilitative and charitable approach to providing services to persons with disabilities. Instead, they advocated for a rights-based approach and community-based rehabilitation (Kett, Lang and Trani, 2009; Palmer, 2013). As a result, a new social model of disability was created, where the central idea is that society must adapt to persons with disabilities and eliminate the structural, environmental and attitudinal barriers that limit their inclusion and participation under equal conditions (Barnes, Oliver and Barton, 2002; Palmer, 2013). This social approach to disability considers health limitations, but emphasizes that the exclusion from daily activities and participation experienced by persons with disabilities is due to an interaction between those health limitations and a physical and attitudinal environment that creates barriers. From this standpoint, the locus of disability moves from the individual to a relational phenomenon between the individual and his or her environment.

Conceptual changes regarding disability have occurred along with policy developments to protect and promote the rights of children with disabilities. In particular, the Convention on the Rights of Persons with Disabilities (CRPD) marks a turning point by establishing a stronger social and rights-based approach to disability. The CRPD states that "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (United Nations, 2006). This paradigm shift implies that the spectrum of public policies aimed at addressing the needs of the population with disabilities is expanded from charitable-welfare policies to

policies that actively seek to eliminate discrimination and expand opportunities for participation and inclusion of children with disabilities in different spheres, so that they may fully enjoy their rights. However, it is important to note that concepts of disability coexist in our societies and previous approaches cannot be said to have been completely "overcome".

B. International normative instruments

At the international level today, there is strong normative support for the rights of children with disabilities that originated with the first universal human rights instruments, culminating in the adoption of the CRPD. Along with the CRPD —the first human rights instrument of the twenty-first century— the Convention on the Rights of the Child (CRC, 1989) establishes explicit commitments by the States Parties to ensure children are able to fully exercise their human rights, including the right to social protection. Both conventions have been universally ratified by the countries in Latin America and the Caribbean.[4,5]

Article 2 of the CRC includes statements regarding children with disabilities, and calls for the implementation of the Convention without discrimination on the basis of a child's disability. Article 23 of the CRC is more directly linked to social protection and refers to the right of children with disabilities to enjoy a decent life, special care and access to education, healthcare and rehabilitation services, among others.[6]

One of the CRPD's eight principles is "respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities", and Article 7 addresses the specific rights of children with disabilities. Furthermore, the CRPD refers to social protection in Article 28, where it specifically recognizes the right to an adequate standard of living and social protection; and in sub-paragraph 2(b), the need to ensure access to social protection in particular for girls with disabilities, in recognition of their increased vulnerability due to the multiple types of discrimination and exclusion they face.

In summary, both the CRC and the CRPD challenge the charitable-welfare notion of disability in childhood and the concept of children with disabilities as passive recipients of care and protection. These instruments provide a strong legal foundation that recognizes children with disabilities as rights-holders, with the State as the guarantor of the full exercise of those rights and as full members of their families, communities and society. In line with these international commitments, the countries of Latin America and the Caribbean have progressively adjusted their national regulatory frameworks and built a nascent institutional structure to ensure these rights are achieved (Ullmann, 2017).

In turn, these instruments underline the role of the family, since the healthy development of children with disabilities cannot be addressed separate from their family context: the first steps towards ensuring the inclusion of children with disabilities are taken within the family unit. This means that families must have monetary resources, information, access to services and social and emotional skills to address the specific needs of children with disabilities. The various social protection instruments can play a key role in ensuring that families with children with disabilities have these resources and the necessary support to enhance their children's development.

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[4] See [online] https://indicators.ohchr.org.

[5] It is interesting to note how shifting views on disability are observed even in the way the topic is discussed in the CRC of 1989 and the CRPD of 2006. The CRC refers to disability from the perspective of physical impairment, while the CRPD already expands on the concept and establishes a rights-based approach.

[6] While the rights of persons with disabilities are safeguarded in international human rights instruments with a universalistic vision, going back to the Universal Declaration of Human Rights and more recently the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), persons with disabilities is not explicitly mentioned. For example, in both the ICCPR and the ICESCR, the anti-discrimination clause specifies the guarantee of rights "without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status". This is one of the reasons why various actors, including a strong civil society presence, mobilized to ensure that there was explicit recognition and commitment by countries in connection with the rights of persons with disabilities.

C. Poverty and childhood disability

The relationship between poverty and disability is one of the underlying factors in the persistent exclusion of this population and is a strong justification for prioritizing social protection interventions. In particular, non-contributory cash transfers can help alleviate the situation of families with members with a disability and promote their inclusion.[7]

In general, children are over-represented among the poor (ECLAC, 2019) and, as the Committee on the Rights of the Child points out in its General Comment No. 9, families with children with disabilities tend to experience even higher levels of poverty (Committee on the Rights of the Child, 2006). This is due to at least two previously mentioned factors: the costs associated with disability and related medical care, assistive devices and transport, among others; and the lack of family income resulting from the departure from the labour market of a family member taking care of the person with a disability.

Studies on the link between disability and poverty show that it is a complex and interdependent relationship that operates through various channels and at different levels (see, for example, Groce and others, 2011a and 2011b). Disability is both a cause and a consequence of poverty. Generally speaking, people who live in poverty —including children and adolescents— may have poor health and lack access to services to treat these problems, lack adequate nutrition, live in precarious housing without access to safe drinking water or adequate sanitation, hold dangerous jobs and live in areas where they may be victims of violence, all of which may increase their likelihood of developing a disability. There are also several factors that can generate a vicious circle of poverty among persons with disabilities. The exclusion of children with disabilities from the education system results in low educational achievement, which undermines their subsequent chances of accessing decent work with sufficient income and access to social protection. Meanwhile, even with the same level of income, households with members with a disability have higher expenditures due to support and assistance costs, and are therefore more likely to live in poverty. Specialized health and education services and rehabilitation can be especially unaffordable and difficult to access in developing countries, where these services are generally less common and concentrated in urban centres (Pantano, 2015). For children with disabilities, there may also be an opportunity cost if one of the adult members of the household has to take care of them instead of working for pay. When there are no social protection mechanisms to cover or subsidize costs and needs, these must be financed by the family, which can aggravate or cause poverty.

Despite these plausible arguments about the relationship between poverty and disability and the empirical evidence in the case of Latin America (see figure 5), the literature does not always show consistent findings, particularly with regard to monetary poverty. The divergent results can be partially attributed to differences in the concept of disability and poverty and how they are measured in research (Groce and others, 2011b) as well as the lack of consideration of the additional costs of disability (see box 2).

Box 2
The costs of disability

While the economic and social costs of disability are real and considerable, they are difficult to quantify. One reason is that these costs operate at different levels, from societies to families and even persons with disabilities themselves. Understanding this underlying issue is useful for shedding light on the challenges faced by persons with disabilities and their families in maintaining an adequate standard of living, as well as for the design of policies aimed at guaranteeing those standards of living.

[7] Because there are so few specific studies on children with disabilities, this review focuses on the findings available for adults and, as appropriate, refers to the scarce existing data related to children with disabilities.

However, estimates of the cost of disability are scarce and fragmented due to a number of factors. First, there are variations in the definitions of disability across disciplines and information sources. There is also insufficient information on the costs of different aspects of what it means to live with a disability. A third factor that complicates the measurement of disability costs, and in particular comparability, is that studies that have attempted to quantify the direct and indirect costs associated with disability apply different methodologies and there is no consensus on measuring the cost of disability. Some studies choose to measure consumption patterns among people with and without disabilities in health-related expenditures and other areas using household surveys. The limitation of the approach is that these sources generally do not collect information on disability-specific costs, which can lead to an underestimation of household expenses. Another method that has been gaining ground, called "standard of living", applies an indirect methodology to estimate the additional income required by a person with a disability to achieve the same standard of living as a person without a disability.

A recent systematic analysis reports that studies on this topic focus mainly on developed countries and the adult population. The costs of adult disability vary significantly between countries: 11 to 79 per cent of household income in the United Kingdom, 29 to 37 per cent in Australia, 20 to 37 per cent in Ireland, nine per cent in Vietnam, 14 per cent in Bosnia and Herzegovina and 19 per cent in Cambodia. Although the studies provide general indications, the large variations between countries and the wide ranges within countries only allow us to conclude that there are indeed additional costs of disability and that these costs fluctuate according to the severity of the disability, the household characteristics, and the country's level of development, cost of living and welfare system. In terms of research in Latin America, a study in Mexico showed that households with people with severe or moderate limitations spent 97 per cent more on outpatient healthcare than households without people with limitations. This finding is consistent with international data indicating that people with disabilities spend 15 per cent of total household expenditure on health costs compared to 11 per cent for survey respondents without disabilities.

There is a lack of information on the actual and cumulative costs of childhood disability. The few studies that specifically focus on children with disabilities are from developed countries and find higher expenditures by families with children with disabilities. For example, the out-of-pocket healthcare costs are 50 per cent higher for children with disabilities compared to their peers without disabilities, and 44.7 per cent of parents who have children with disabilities say that their children do not receive the services and equipment they require due to lack of economic resources.

Despite a lack of consensus on how to measure the costs of disability, all research findings indicate that families with members with a disability face increased expenditures associated with such issues as higher healthcare costs. This is relevant because if these higher expenses are not taken into account, poverty in households with people with disabilities may be underestimated. Conventional poverty lines based on a basic basket of goods and services do not adequately consider the goods and services that are permanently required by persons with disabilities. A recent initiative in Costa Rica addressed this issue through an exercise to create a methodology to estimate basic food and non-food baskets for people with disabilities, considering additional costs for such things as nutritional supplements, nappies, medicines, transport and personal assistance for six different types of disabilities. When this methodology of differentiated baskets is applied and compared with the traditional methodology of the country's National Institute of Statistics and Census (INEC), a considerable difference is found in the number of households in poverty, particularly extreme poverty, with variations depending on the type of disability. For example, applying the differentiated basket, the number of households in poverty with a member with a disability increases by 93 per cent, and the number of households in extreme poverty by 112 per cent, a figure that rises to 146 per cent among households with a member with a physical disability.

Source: Prepared by the authors on the basis of J. Braithwaite and D. Mont , "Disability and poverty: a survey of World Bank Poverty Assessments and implications", *ALTER: European Journal of Disability Research*, Vol. 3, 2009; P. Burton and S. Phipps, "Economic Costs of Caring for Children with Disabilities in Canada", *Canadian Public Policy* 35(3), 2009; CONAPDIS/Universidad Nacional, *Informe final: consultoría para la incorporación de la discapacidad en la medición de pobreza*, 2018; J. Cullinan, B. Gannon and S. Lyons, "Estimating the extra cost of living for people with disabilities", *Health Economics*, Vol. 20(5), 2011; J.G. Hoogeveen, "Measuring welfare for small but vulnerable groups: Poverty and disability in Uganda", *Journal of African Economies*, Vol. 14(4), 2005; H. Van Minh and others, "Estimating the extra cost of living with a disability in Vietnam", *Global Public Health*, 10(1), 2015; P. Loyalka and others, "The cost of disability in China", *Demography* 51(1), 2014; M. Morciano and others, "Disability costs and equivalence scales in the older population in Great Britain", *Review of Income and Wealth* 61(3), 2014; S. Mitra and others, "Extra costs of living with a disability: a review and agenda for research", *Disability and Health Journal* (10), 2017; P. Newacheck and others, "Health services use and health care expenditures for children with disabilities", *Pediatrics*, 114(1), 2004; Word Health Organization (WHO) and World Bank, *World report on disability*. Geneva, World Health Organization, 2011; M. Palmer, J. Williams and B. McPake,"Standard of Living and Disability in Cambodia", *The Journal of Development Studies* 55(11), 2019; M.G. Palmer and T.M.T Nguyen, "Mainstreaming health insurance for people with disabilities", *Journal of Asian Economics*, 14(4), 2012; P. Saunders, "The costs of disability and the incidence of poverty", *Australian Journal of Social Issues*, Vol. 42, Issue 4, 2007; J.E. Urquieta-Salomón and others, "El gasto en salud relacionado con la condición de discapacidad. Un análisis en la población pobre de México", *Salud Pública Mex* 5, 2008; A. Zaidi and T. Burchardt, "Comparing incomes when needs differ: equivalization for the extra costs of disability in the UK", *Review of Income and Wealth*, Vol. 51, No. 1, 2005.

A literature review that included 97 studies reported that a majority of the studies considered (60 studies, or 76 per cent of the sample) found a positive and significant relationship between monetary poverty and disability (Banks and Pollack, 2014). A previous review found that of 293 articles on disability and poverty, only 9.3 per cent (27 studies) were evidence-based (Groce and others, 2011a); of those 27 studies, 13 explored the relationship between monetary poverty and disability, and only seven found a positive correlation while five found no correlation at all.

This review included the findings of the study by Filmer (2008), which are of special interest to this paper and which did not show a correlation between poverty as measured by an index of wealth and disability among children. The study, based on household surveys from 14 countries,[8] three of which were in Latin America and the Caribbean (Plurinational State of Bolivia, Colombia and Jamaica), concludes that there is no difference in the prevalence of disability in children aged six to 17 among households in the poorest quintiles compared to the richest. Other international studies report that there is no clear evidence of a link to monetary poverty (Kuper and others, 2014). A review of 24 studies conducted in low- and middle-income countries concluded that the link between childhood disability and socio-economic status is inconsistent and inconclusive (Simkiss and others, 2011).

The data on monetary poverty and different types of disability in Latin America is limited but generally positive, as can be seen in table 1 and figure 5.

Table 1
Studies on monetary poverty and disability in Latin America

Study	Country	Population	Type of disability	Correlation between poverty and disability
Béria and others, 2007	Brazil	All ages	Hearing	Positive
De Moura and others, 2010	Brazil	Children (age 2)	Cognitive	Positive
Halpern and others, 2008	Brazil	Infants (12 months)	Cognitive	Positive
Rocha and others, 2010	Brazil	Adults	Mental	Positive
Medina-Mora and others, 2005	Mexico	Adults	Mental	Positive, but only for severe disability
Norris and others, 2003	Mexico	Adults	Mental	Positive
Anselmi and others, 2012	Brazil	Adolescents (age 15)	Mental	Positive, but not necessarily significant after adjustments
Contreras and others, 2003	Uruguay, Chile	All ages	All types	No positive correlation was found in Uruguay or Chile

Source: Prepared by the authors on the basis of Banks and Pollack, 2014.

Studies do show a more consistent correlation between non-monetary dimensions of poverty and disability in children. For example, using Alkire and Foster's (2007) multidimensional poverty methodology, Trani and colleagues show that children with disabilities are more deprived than non-disabled children of all ages (Trani, Biggeri and Mauro, 2011). These authors also document gaps among children with disabilities themselves: children in rural areas are more disadvantaged than their peers in urban areas. There is also evidence of deprivation among children with disabilities in terms of nutrition (Kuper and others, 2014; Yousafzai, Filteau and Wirz, 2003; Wu and others, 2010) and education (Filmer, 2008), which has profound consequences for the future social, economic and participation possibilities of children with disabilities and their families. With regard to non-monetary poverty and disability in Latin America, findings show that households living with persons with disabilities have more precarious housing, a lack of sanitation (Pantano, 2015) and a higher incidence, intensity and levels of multidimensional poverty (measured by the global Multidimensional Poverty Index) compared to households without members with some disability, according to a study on Brazil,

[8] This includes the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Living Standards Measurement Study (LSMS).

Chile, Colombia, Costa Rica and Mexico (Pinilla-Roncancio, 2018). Evidence is lacking on the cumulative effect of poverty on disability and the distribution of resources within the household, since fewer resources may be allocated to children with disabilities to the detriment of their development.

D. Social protection and non-contributory cash transfer programmes as instruments to address the costs and barriers to access for children with disabilities

In this study, social protection is viewed from a broad approach comprising various measures aimed at ensuring a basic level of economic and social well-being for all members of society, as well as building more just and equitable societies. In pursuit of this overall objective, social protection focuses on three fundamental actions: basic welfare guarantees, insurance against social risks or problems arising from a particular context or life stage, and moderation or repair of social damage corresponding to those risks or social problems (Cecchini and others, 2015). From this perspective, social protection responds not only to the risks faced by the entire population, but also to structural problems such as poverty and inequality. Generally speaking, social protection is based on three components: the non-contributory pillar (social welfare), the contributory pillar (social security) and labour market regulation measures.

Children with disabilities are exposed to multiple and overlapping risks, both because of their life stage and because of their disability status. With regard to their condition as children, the literature recognizes three factors that together make children especially vulnerable: (i) the high degree of dependence they have on their families to ensure their well-being, and where their families may lack the resources and opportunities to do so due to cyclical or structural reasons; (ii) the sensitive stage of physical, cognitive, social and emotional development in which they find themselves; and (iii) their lack of recognition until recently as rights holders and their exclusion from decision-making processes to demand those rights (Rossel and Filgueira, 2015). Accordingly, a specific approach is required to ensure social protection for children.

Considering the situation of children with disabilities, ensuring social protection interventions targeted towards this population is even more relevant and urgent. One first aspect to consider is that since childhood —and especially early childhood— is the stage where the foundations for the future development for all children are laid, early detection of problems and early stimulation can be very decisive factors in the growth and development trajectories of children with disabilities, indelibly altering their future possibilities. For example, research at the global and regional levels has shown that detection, screening, evaluation and effective linking to multidisciplinary and cross-sectoral services can maximize the capabilities and increase the social inclusion of children with various types of disabilities (see, for example, Collins and others, 2017; Brazil, 2016; Berens and others, 2015; Nuñez and others, 2018). Additionally, studies have demonstrated that improvements in functional capacity of children with disabilities are greater when interventions occur early in the development process (UNICEF, 2013).

A second consideration is that children with disabilities are at high risk of exclusion from society due to a lack of access to healthcare, education and basic services because of stigma and discrimination (UNICEF, 2013). Such exclusionary practices hinder their development and may further exacerbate the accumulation of disadvantages, including with respect to education, skills development and their ability to participate in skilled jobs later in life (ILO and others, 2018). Thus, social exclusion and discrimination are key elements in the relationship between poverty and disability.

And finally, a third justification for making targeted social protection interventions for this population a priority is the link between childhood disability and poverty, which was discussed in the previous section.

There is a wide range of interventions that can be implemented through different channels to promote the healthy development of children with disabilities and to support their families (see table 2).

Table 2
Examples of targeted social protection instruments and interventions for children with disabilities and their families

Type of instrument	Social protection component	Examples of interventions aimed at children with disabilities and their families
Transfers	Contributory or non-contributory	- Targeted or non-targeted cash transfers. - In-kind transfers: vouchers for transport, medicines, food. - Food programmes. - Grants for assistive devices.
Programmes to facilitate access to social services	Contributory or non-contributory	- Birth registration and identification. - Health insurance. - Inclusive healthcare: general healthcare services, including early detection and intervention components and support for families. - Early education and inclusive care.
Care and support services	Non-contributory	- Psychosocial support services for family and carers. - Home or institutional care programmes. - Early intervention. - Specialized rehabilitation therapies.
Legislation and policies for equality and non-discrimination		- Sensitization and awareness of the rights of children with disabilities. - Legislation for equal access to education, healthcare and basic services, among others, as well as anti-discrimination legislation. - Special fees and scholarships for children and adolescents with disabilities in school systems. - Laws to protect the labour rights and extended leaves of absence for parents who have children with disabilities.

Source: Prepared by the authors, adapted from Rubio, 2017.

Cash transfers, both contributory and non-contributory, can play a central role in addressing the barriers faced by children with disabilities and their families. This is especially true with regard to ensuring income security and facilitating access to social services such as education, healthcare and public transport, as well as support services. These transfers can provide financial support to cover additional healthcare or transport expenses; spending on equipment, home adaptations and specialized services; and additional costs of assistance by household members or relatives, including in terms of working time, corresponding employment opportunities and income lost due to care.

Non-contributory cash transfers, which include social welfare pensions and conditional cash transfer programmes (CCTs), are a social protection tool that have become one of the main instruments among social policy interventions aimed at reducing extreme poverty and poverty in the region over the past few decades. Today the region has 30 CCTs in 20 countries, which reflects how important these programmes have become in public policies to overcome poverty in Latin America and the Caribbean. Although there are differences between the various programmes (in terms of their components, coverage, amounts transferred and the conditions applied), they generally act through simultaneous channels, increasing the resources available for consumption by low-income households in order to meet their basic needs while also promoting the human development of participants in order to interrupt the intergenerational transmission of poverty (Cecchini and Atuesta, 2017). These programmes provide monetary and non-monetary resources and facilitate access to a range of social services. By creating a link between their allowances and services, these programmes can serve as a gateway for poor and vulnerable children to access comprehensive social protection systems.

In summary, the literature on monetary poverty in children with disabilities is not conclusive, partly because of measurement difficulties.[9] There is a strong need for additional research in this area. Research findings on the non-monetary dimensions of poverty point to greater deprivation in education, nutrition, healthcare and housing among children and adolescents with disabilities, which deepens their exclusion and perpetuates their condition of poverty. The confluence of low household income with the healthcare, education and rehabilitation needs of children with disabilities can lead the members of their household to adopt strategies such as borrowing, reducing consumption, and using savings to maintain their short-term living standards, thereby potentially negatively affecting the future well-being levels of families and their members.

Non-contributory cash transfers can be an important tool in tackling these challenges and reversing the acute exclusion and rights violations affecting the region's population of children with disabilities. For cash transfers to have a positive impact on the lives of children with disabilities and their families, programmes need to effectively reach this population. This means that they must be accessible, that their amounts must be sufficient to meet needs and that they must be comprehensive and coordinated with other social services; in other words, the transfer must be part of a package of services and interventions aimed at improving quality of life and inclusion, supported by a rights-based approach.

E. Lessons for Latin America and the Caribbean: the international experience related to cash transfers to families with members with disabilities in Europe, the United States and the rest of the world

What are the main lessons Latin America and the Caribbean can draw from experiences in Europe, the United States and the rest of the world regarding cash transfers to families with members with a disability? A review of such programmes in the United States, Canada, Germany, Denmark, France, the Netherlands, the United Kingdom, Australia, New Zealand, Japan, Nepal and South Africa (see list of programmes in table A5) provides some insight. It should be noted that the existing data on whether cash assistance programmes for households with children and adolescents with disabilities is successful or not are limited in terms of the impact of the transfers on this population's educational achievement, health status or future ability to enter the labour market. Kidd and others (2019) argue that there are very few studies that analyse the impacts of social protection schemes for people with disabilities, particularly because the existing information does not allow for a distinction between the population with and without disabilities. Moreover, there are no evaluations of the impact of transfer programmes for families with children and adolescents with disabilities on educational achievement, health status or family income levels. In this context, Mitra (2005) emphasizes the need to collect adequate and standardized information in order to carry out impact assessments that consider different definitions of disability and thus avoid possible biases produced by the different existing definitions.

It is important to note that the lack of data does not mean that cash assistance programmes focused on children and adolescents with disabilities do not have an impact. Rather, this absence is a further reflection of the invisibility of this population as a subject of research on social protection and evaluation. However, although the lack of information is the main obstacle to more detailed analyses of these programmes, there are operational aspects that should be considered in the region that refer to targeting assistance, certifying disability, and integrating assistance into inclusive services to achieve impacts.

[9] Particularly in Latin America and especially in the Caribbean, where no specific study on this subject was found.

First, at a time when the development of universal and comprehensive social protection systems is becoming increasingly important, it should be noted that programmes providing cash assistance to households with children or adolescents with disabilities in developed countries do not follow a single format with regard to how they target aid. Some programmes are focused on low-income populations while others do not take income into account. Secondly, another important aspect is the certification of disability. Insufficient information as well as the lack of an accessible and user-friendly system of certification of disability can affect programme coverage, particularly in rural areas. Findings suggest that more advanced systems, such as in the Netherlands, do not require greater effort on the part of parents or carers for detection or registration, since the health system records the child's disability in the medical record from the time of diagnosis. This record can be accessed by the entity that administers cash transfers to households with a child or adolescent with a disability. In this regard, it is important that health services can provide documentation certifying disability in a timely and efficient manner, which implies having clear regulations and trained personnel in health centres. Finally, the existing data suggest that cash assistance should not be an isolated intervention, but rather part of a social protection system aimed at caring for children with a disability that works closely with the education and health systems, as is the case with European systems. In general, cash transfers alone are insufficient to assist this population's transition to adulthood (IPCIG, 2018). Closing opportunity gaps for children and adolescents with disabilities requires not only financial support, but also the development of accessible and inclusive education and health systems. In fact, there are many factors that can determine whether or not cash assistance programmes for persons with disabilities, and especially programmes that are focused on children and adolescents, have an impact. For example, it is important that educational services are inclusive so that a transfer that seeks to subsidize transport for children and adolescents with a disability is effective (De Koker and others, 2006; Kidd and others, 2019). The possibility of creating real impact depends on having a range of inclusive services and goods, as well as access to information about specific support (Mont, 2006).

II. A socio-demographic overview of children with disabilities in Latin America and the Caribbean: poverty and rights violations

Understanding the urgency of social protection for children with disabilities requires addressing questions such as, how many children with disabilities are there in Latin America and the Caribbean? Where do they live and under what conditions? Although the answers to these questions are essential to improving the design, implementation and monitoring of policies and programmes to expand opportunities and promote the inclusion of these children, we do not have a complete picture of their actual situation. This statistical invisibility not only hinders attempts to ensure that the rights of children with disabilities have a place on the public agenda and that decisions are made in favour of their rights, but is also, in and of itself, a violation of their rights.

Based on statistical analyses of household surveys and population and housing censuses, this section makes a first attempt at the regional level to reverse this invisibility.

Before proceeding with the analysis, it is worth briefly reviewing the methodological challenges associated with measuring disability, because they influence the interpretation and especially the comparison of figures between countries (see box 3). In addition, measuring childhood disability presents particular challenges because children develop physically and mentally at different rates, making it difficult to assess their development and to distinguish between developmental limitations or delays and deviations that are within the range of what is expected. This is why questions developed and used for the adult population do not always generate reliable information on childhood disability. Additionally, the questions in a census or household survey are often answered by a selected respondent (adult) or the head of household, who answers on behalf of the children with disabilities. In the case of questions that seek to understand subjective aspects of disability, the adult's response may not reflect the experience of the child with a disability. Finally, there may be a refusal on the part of parents to accept that their child has a disability, despite the

existence of clear limitations, which affects not only the detection of childhood disability in data collection instruments, but also parents' ability to seek specialized care.

Box 3
The Washington Group and question modules on childhood disability

In the light of the evolving conceptual framework and data collection on persons with disabilities worldwide, the member countries of the United Nations Statistical Commission established the Washington Group on Disability Statistics in 2002, which seeks to "provide information on disability that is comparable throughout the world". The Washington Group's most significant achievement has been the development, worldwide testing and promotion of a short set of questions to identify individuals experiencing limitations that can be incorporated in censuses and surveys. This list includes questions about the severity level of difficulties regarding six domains of functional activities: seeing, hearing, walking, cognitive skills, self-care and communicating. The questions were based on the WHO's disability framework known as the International Classification of Functioning, Disability and Health (ICF).

Recognizing the need for a set of questions that would generate internationally comparable data on children with disabilities, the Washington Group formed a workgroup in 2009 that is chaired by the Italian National Institute of Statistics (ISTAT), and which UNICEF joined in 2011. The workgroup's first main activity was to develop a short set of questions to reflect current thinking on child development for inclusion in censuses and surveys. The new module uses the International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY) as a conceptual framework and is based on a functional approach to measuring disability.

The Washington Group Child Functioning Module, completed in 2016, was created for children aged two to 17 and assesses functional difficulties in different areas such as hearing, vision, communication/understanding, learning, mobility and emotions. To better reflect the degree of functional difficulty, each area is evaluated on a rating scale. The purpose is to identify the subpopulation of children who are at greater risk than other children of the same age or who are experiencing limited participation in an unaccommodating environment. The set of questions is intended to be used in national household surveys and censuses.

The module has been reviewed by experts and tested in several countries to determine the quality of the questions and their understanding in different cultural contexts. It has been incorporated into the most recent round of MICS and is being implemented in some countries as part of the sixth round of MICS. In March 2017, a joint statement issued by multiple UN agencies, Member States, organizations of persons with disabilities and other stakeholders recommended the module as the appropriate tool for SDG data disaggregation for children.

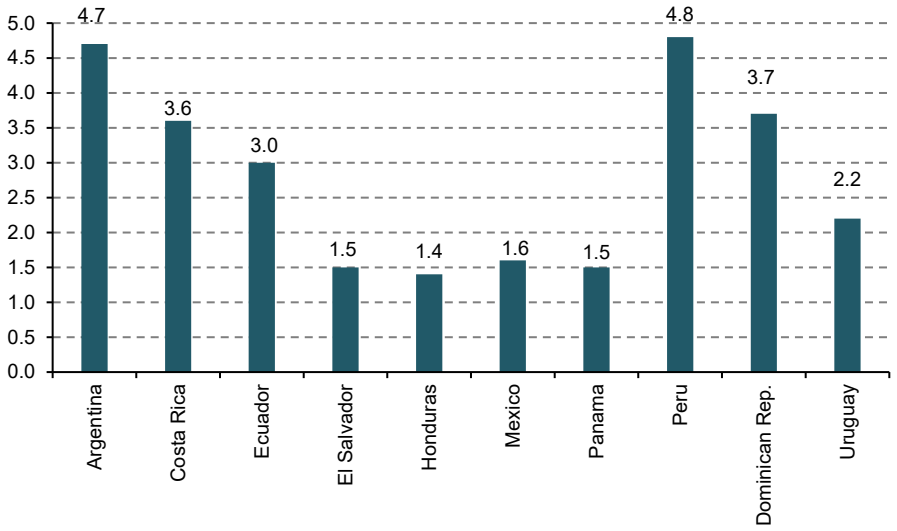
Source: Washington Group on Disability Statistics (2018), Disability Measurement and Monitoring using the Washington Group Disability Questions. [Online] https://www.washingtongroup-disability.com/question-sets/wgunicef-child-functioning-module-cfm/.

A. Socio-demographic profile of children with disabilities

Based on an analysis of the 2010 round of population and housing censuses, figure 1 shows the prevalence of disability for a group of countries in Latin America. The prevalence of disability ranges from 1.4 per cent of the child population in Honduras to 4.8 per cent in Peru.

Visual limitations predominate among children with disabilities in three countries. Cognitive and communication limitations also affect significant percentages of children with disabilities in the countries concerned (see table 3). This table also reflects the various approaches to collecting information on children with disabilities, illustrated by the different domains considered in the countries.

Figure 1
Latin America (10 countries): disability in children and adolescents aged 0 to 17, around 2010
(Percentages)



Source: Prepared by the authors on the basis of Population and Housing Censuses from Argentina (2010), Costa Rica (2011), Dominican Republic (2010), Ecuador (2010), El Salvador (2007), Honduras (2013), Mexico (2010), Panama (2010), Peru (2017) and Uruguay (2011).

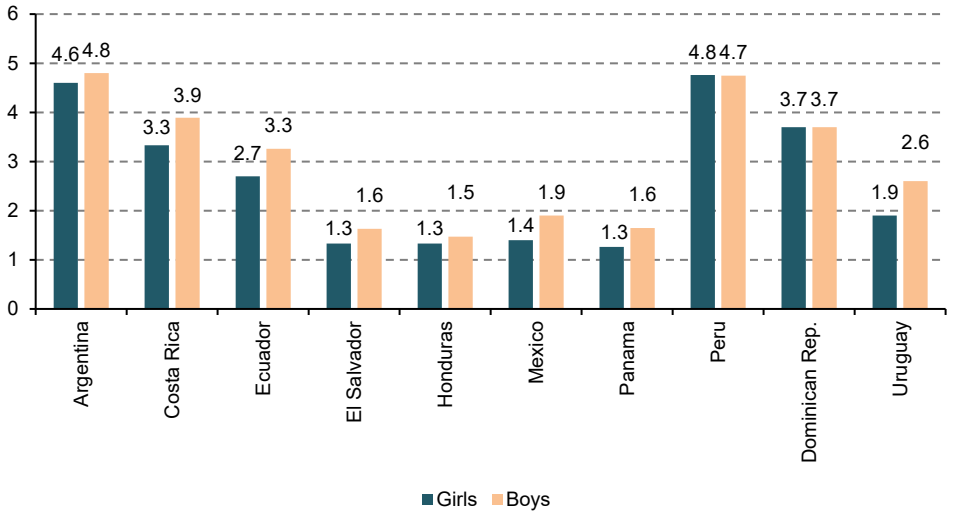
Table 3
Latin America (10 countries): disability in children and adolescents aged 0 to 17 by type of disability, around 2010
(Percentages)

	Visual	Hearing	Walking	Cognitive/ understanding	Communi-cation	Mental disorders/ relating to others	Upper extremity	Lower extremity	Physical/ motor	Other	Cerebral palsy
Argentina	47.9	14.1	24.1	37.3			14.9				
Costa Rica	43	9.1	13.0	26.2	17.9	7.5	6				
Dominican Republic	43.8	11.6	20.6	32.7	20.2	11.6	16.2	13.1			
Ecuador	21.4	13.3		30.1		10.1			36.9		
El Salvador	17.1	10.8	30.0		39.8	22.6	16.2				
Honduras	11.1	6.3	25.0		36.8	13.8	10.7			18.6	
Mexico	19.0	7.8	29.3	15.2	26.8	20.2					
Panama	9.3	12.6		35.7		6.5			18.1	10.5	7.3
Peru	56.3	5.6	12.2	16.9	16.0	12.5					
Uruguay	25.9	9.6	15.2	64.2							

Source: Prepared by the authors on the basis of Population and Housing Censuses from Argentina (2010), Costa Rica (2011), Dominican Republic (2010), Ecuador (2010), El Salvador (2007), Honduras (2013), Mexico (2010), Panama (2010), Peru (2017) and Uruguay (2011).

Unlike the general population, where disability tends to be concentrated in women, in children, boys tend to have a higher prevalence of disability than girls, although the differences are not very marked in most of the countries analysed (see figure 2).

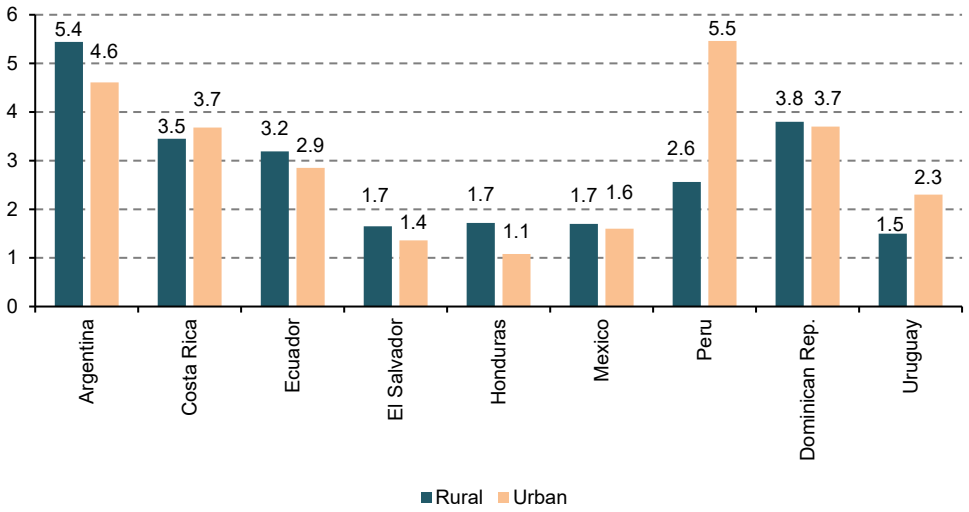
Figure 2
Latin America (10 countries): disability in children and adolescents aged 0 to 17 by gender, around 2010
(Percentages)



Source: Prepared by the authors on the basis of Population and Housing Censuses from Argentina (2010), Costa Rica (2011), Dominican Republic (2010), Ecuador (2010), El Salvador (2007), Honduras (2013), Mexico (2010), Panama (2010), Peru (2017) and Uruguay (2011).

With regard to place of residence, in many of the countries the percentage of children with disabilities in rural areas exceeds that of urban areas (see figure 3), which signals a need to ensure that policies that seek to improve the well-being of this population, including cash transfer programmes, recognize and respond to the particular challenges of these areas, in terms of early detection, accessibility and the provision of services for children with disabilities.

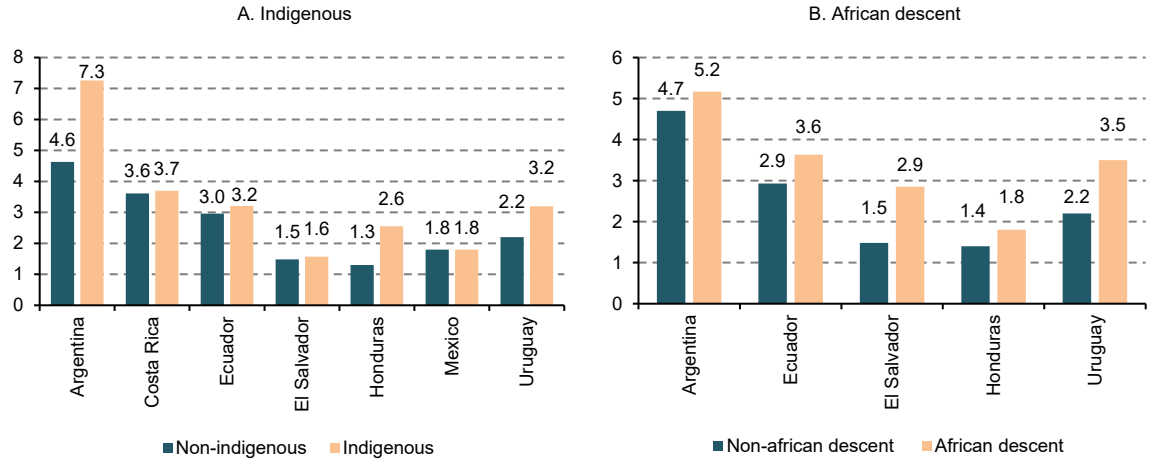
Figure 3
Latin America (9 countries): disability in children and adolescents aged 0 to 17 by place of residence, around 2010
(Percentages)



Source: Prepared by the authors on the basis of Population and Housing Censuses in Argentina (2010), Costa Rica (2011), Dominican Republic (2010), Ecuador (2010), El Salvador (2007), Honduras (2013), Mexico (2010), Peru (2017) and Uruguay (2011).

For those countries that collect information on ethno-racial status in censuses, children belonging to indigenous peoples or of African descent have a higher prevalence of disability (see figures 4A and 4B). This situation points to the multiple and simultaneous exclusion and discrimination experienced by these children in accessing education and healthcare services, among others.

Figure 4
Latin America (selected countries): disability in children and adolescents aged 0 to 17 by ethnicity and race, around 2010[a]
(Percentages)

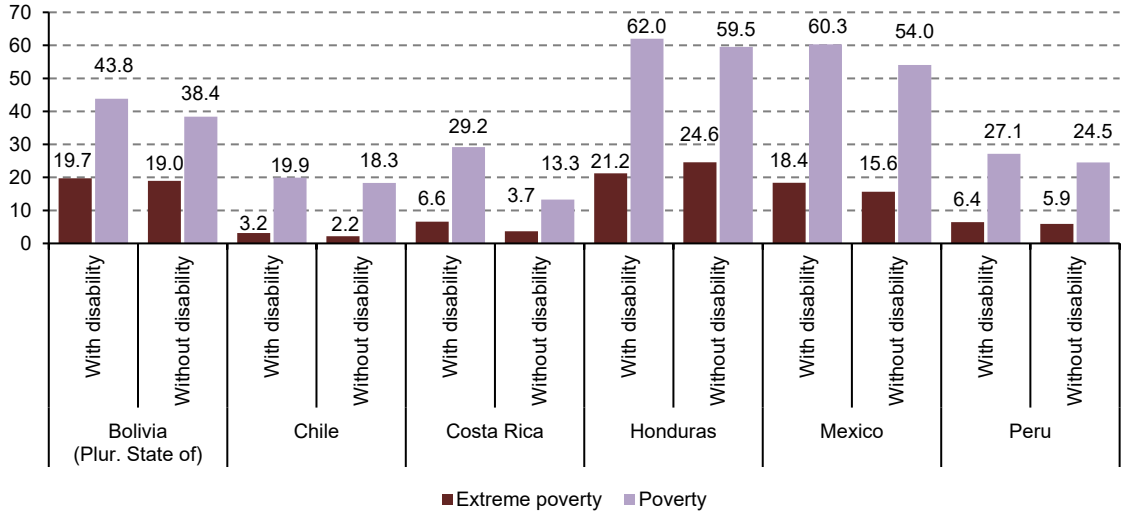


Source: Prepared by the authors on the basis of Population and Housing Censuses in Argentina (2010), Costa Rica (2011), Ecuador (2010), El Salvador (2007), Honduras (2013), Mexico (2010) and Uruguay (2011).
[a] The distinction between indigenous/non-indigenous and African descent/non-African descent is based on self-identification by the head of household.

B. Monetary poverty

Based on data from household surveys, in all the countries considered, the percentage of children and adolescents with disabilities living in poverty or extreme poverty exceeds the percentage of children and adolescents without disabilities in these situations (see figure 5). In Costa Rica, for example, the percentage of children and adolescents with disabilities living in monetary poverty is double that of children and adolescents without disabilities: 29.2 per cent compared to 13.3 per cent.

Figure 5
Latin America (6 countries): poverty and extreme poverty in children and adolescents aged 0 to 17 by disability status, around 2018
(Percentages)

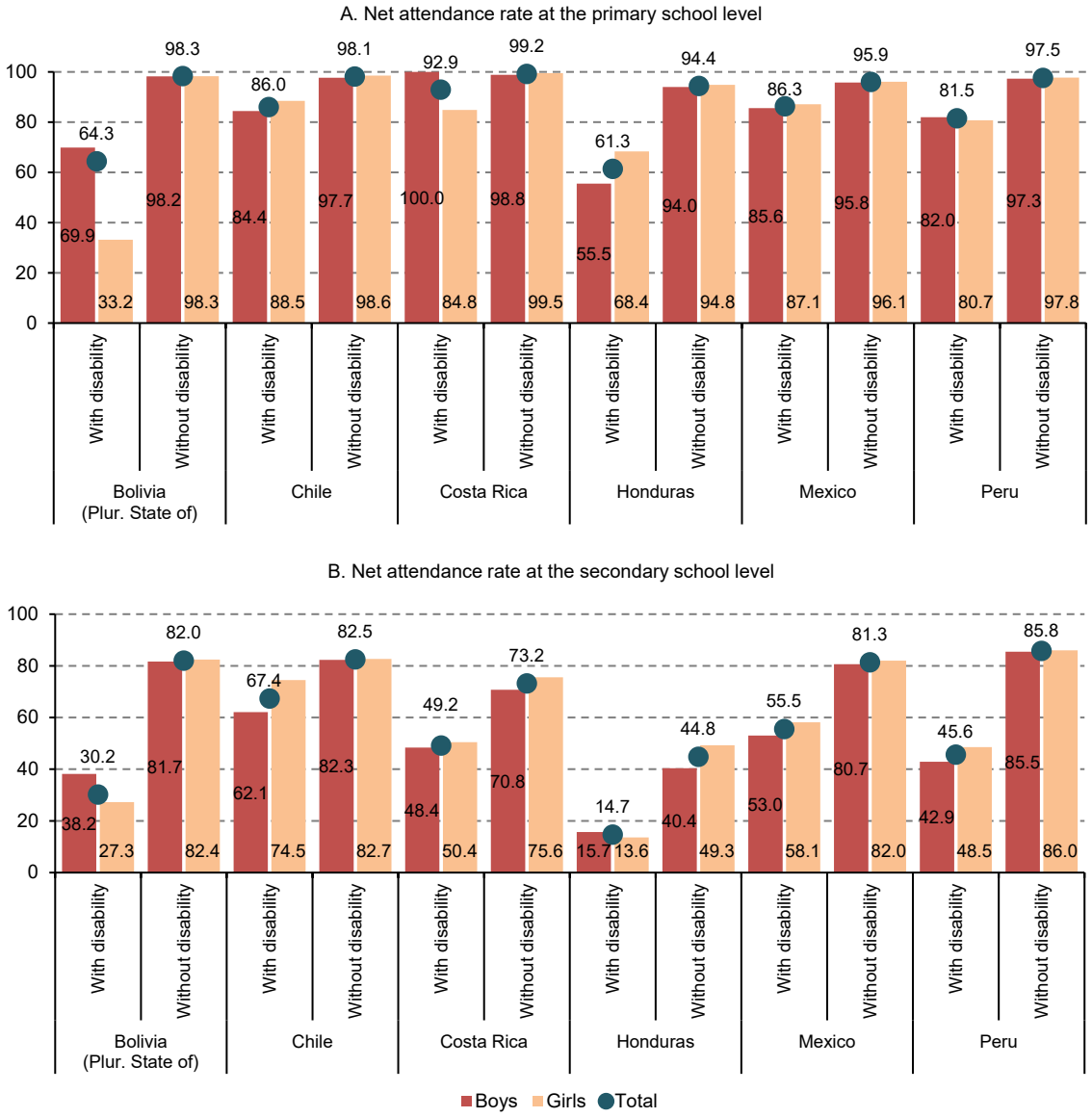


Source: Prepared by the authors on the basis of data from the Plurinational State of Bolivia: National Household Survey (2018); Chile: National Socio-economic Characterization Survey (2017); Costa Rica: National Household Survey (2016); Honduras: Multipurpose Household Survey (2009); Mexico: Statistical Model 2016 for the continuity of the MCS-ENIGH (2018) and Peru: National Household Survey – Living Conditions and Poverty (2018).

C. Non-monetary dimensions of poverty

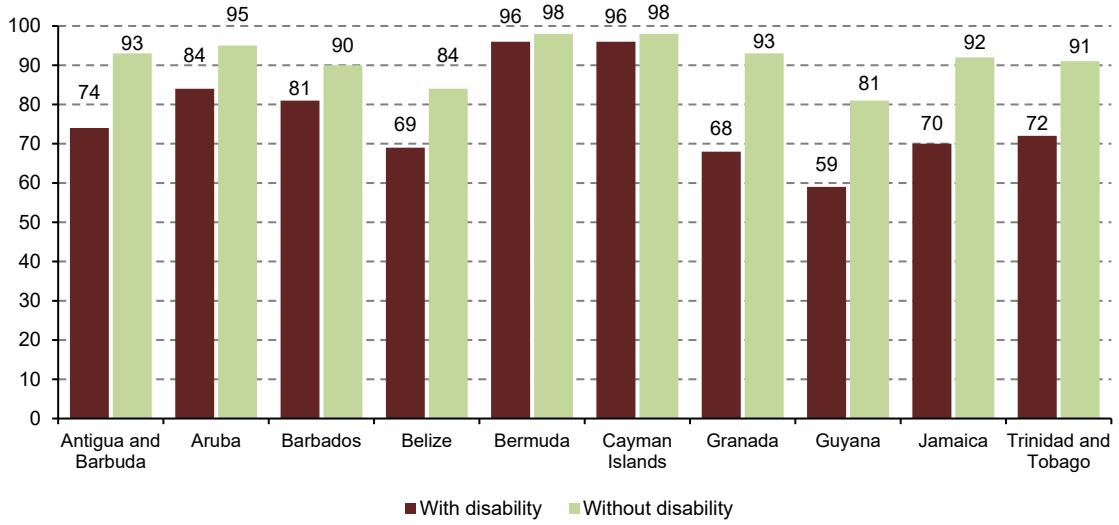
In all the countries for which information is available, both in Latin America (see figure 6) and the Caribbean (see figure 7), children with disabilities lag behind their peers without disabilities with respect to school attendance. This gap is worrying because education is a key area for promoting the inclusion of persons with disabilities throughout their lives, and those who are marginalized from education from an early age may be left out of the system altogether. Many individual rights, especially those associated with decent work and access to social security, are beyond the reach of those who have been deprived of quality education. A second point to consider is that in addition to the gaps in attendance, gaps in the completion of the different educational cycles are even more noticeable (UNICEF, 2013). Finally, another trend shown by figure 7 is that, when analysing school attendance figures for children with disabilities, it is clear that attendance decreases significantly with age in many of the countries, suggesting that there are barriers to their remaining in the more advanced cycles of the school system. Barriers to access and retention of students with disabilities in education systems include high costs, lack of physical accessibility of schools, poor adaptation of curricula and materials, lack of teacher training, and prejudices and stereotypes among principals, teachers, students without disabilities and their parents, among others (UNESCO, 2020).

Figure 6
Latin America (6 countries): net school attendance rate among children and adolescents aged 4 to 17 at the primary and secondary level by disability status, around 2018
(Percentages)



Source: Prepared by the authors on the basis of data from the Plurinational State of Bolivia: National Household Survey (2018); Chile: National Socio-economic Characterization Survey (2017); Costa Rica: National Household Survey (2016); Honduras: Multipurpose Household Survey (2009); Mexico: Statistical Model 2016 for the continuity of the MCS-ENIGH (2016) and Peru: National Household Survey – Living Conditions and Poverty (2018).

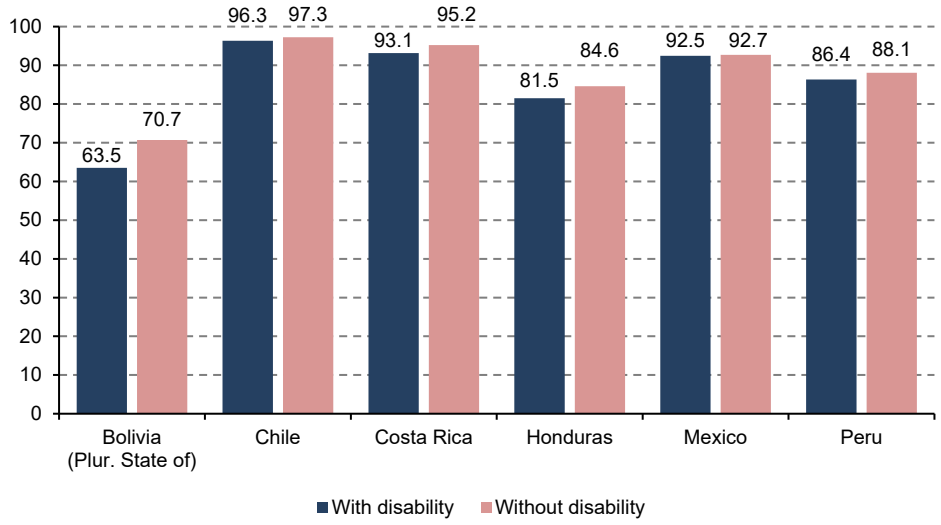
Figure 7
Caribbean (10 countries): school attendance among boys, girls and adolescents from 3 to 17 years of age by disability status, around 2010
(Percentages)



Source: Prepared by the authors on the basis of Population and Housing Censuses of Antigua and Barbuda (2010), Aruba (2010), Barbados (2010), Belize (2010), Bermuda (2010), Cayman Islands (2010), Grenada (2010), Guyana (2010), Jamaica (2010) and Trinidad and Tobago (2010).

With regard to other non-monetary dimensions of poverty, once again the data clearly show that children and adolescents with disabilities are at a disadvantage, particularly with respect to access to improved drinking water sources (see figures 8 and 9).

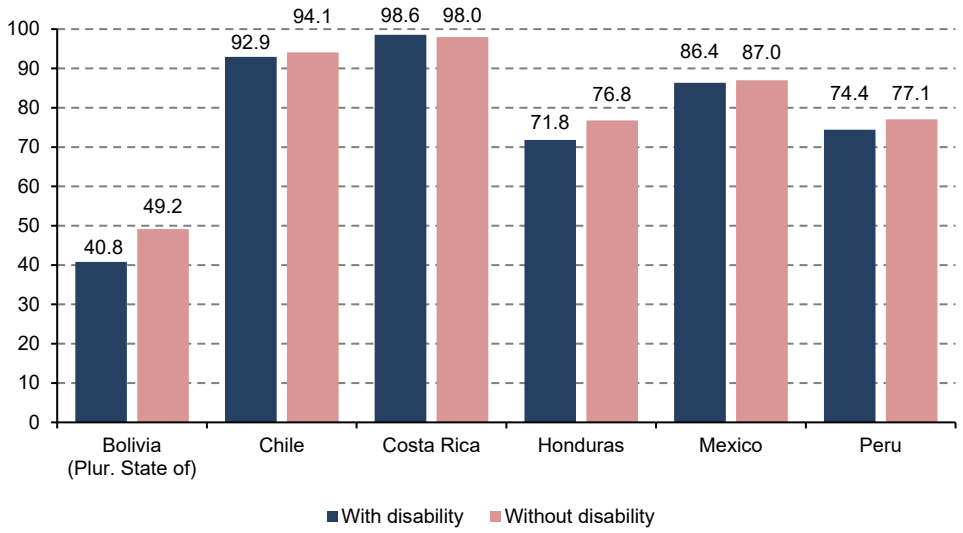
Figure 8
Latin America (6 countries): access to improved drinking water sources by disability status, around 2018[a]
(Percentages)



Source: Prepared by the authors on the basis of data from the Plurinational State of Bolivia: National Household Survey (2018); Chile: National Socio-economic Characterization Survey (2017); Costa Rica: National Household Survey (2016); Honduras: Multipurpose Household Survey (2009); Mexico: Statistical Model 2016 for the continuity of the MCS-ENIGH (2016) and Peru: National Household Survey – Living Conditions and Poverty (2018).

[a] In urban areas, public water supply is considered adequate (provided it is at least accessible from a household's own property); in rural areas, public wells and public water taps are included as possible sources.

Figure 9
Latin America (6 countries): access to improved sanitation sources by disability status, around 2018[a]
(Percentages)



Source: Prepared by the authors on the basis of data from the Plurinational State of Bolivia: National Household Survey (2018); Chile: National Socio-economic Characterization Survey (2017); Costa Rica: National Household Survey (2016); Honduras: Multipurpose Household Survey (2009); Mexico: Statistical Model 2016 for the continuity of the MCS-ENIGH (2016) and Peru: National Household Survey – Living Conditions and Poverty (2018).
[a] In urban areas, the public sewerage system is considered the only suitable option, while in rural areas septic tanks are also included.

The data presented in this section opens a small window on the realities of the lives of children and adolescents with disabilities in Latin America and the Caribbean. It offers clues about the needs and challenges faced by this population and their families, which in turn can guide public actions aimed at expanding their opportunities and ensuring they are able to enjoy their rights. Analysis of the available data shows that there is a close relationship between monetary poverty and disability in children in Latin America. The findings also show a correlation between poverty in some non-monetary dimensions and childhood poverty, such as lags in school attendance among children and adolescents with disabilities in Latin America and the Caribbean. This situation calls for a targeted and comprehensive public policy response, including, among other elements, cash transfers. Additionally, the data shed light on the many types of discrimination and exclusion that children and adolescents with disabilities may experience depending on where they live and their ethnic and racial background, which must also be considered when designing and implementing policies aimed at promoting their inclusion. The findings also underline the need to involve families in the development and implementation of such policies to ensure they are more culturally sensitive and relevant.

III. Non-contributory cash transfer programmes that include or prioritize families with children with disabilities in Latin America and the Caribbean: historical evolution and main characteristics

This section presents the historical evolution, main characteristics and most prominent differences of non-contributory cash transfer programmes that include or prioritize families with children with disabilities in Latin American and Caribbean countries and territories. Table 4 presents the various types of transfers available in the countries and territories of the region. Cash transfers received by families with children with disabilities may come from family allowance programmes, maternity leave payments or support to single-parent families, or they may be part of conditional transfer programmes. Families with children with disabilities may also receive other types of transfers aimed at providing specific services or goods, such as childcare support, subsidized transport or the purchase of assistive devices or other equipment.

The following section describes the historical evolution of the number of such programmes in the region, with an emphasis on their relationship to the ratification of international instruments on the rights of children and persons with disabilities. The main characteristics and differences of the programmes currently operating in the region are then outlined. Section III offers a more detailed comparison of the design and operating characteristics of selected programmes.

Table 4
Types of non-contributory cash transfers that include or prioritize families with children with disabilities

Intervention	Description
Cash transfers for families with children with disabilities	- Family allowances. - Payments from public agencies during periods of maternity, paternity, family or parental leave. - Support for single-parent families. - Conditional cash transfer programmes (CCTs).
Other types of transfers for families with children with disabilities	- Public support for childcare through specific payments or vouchers to parents. - Subsidized transport. - Assistive devices or other equipment.

Source: Prepared by the authors.

A. Historical evolution of non-contributory cash transfer programmes that include or prioritize families with children with disabilities

In 2018, Latin America and the Caribbean (LAC) had 29 non-contributory programmes providing cash transfers that included or prioritized families with children with disabilities. Twenty countries had such programmes in place in 2018; in addition to Mexico,[10] three were in Central America, six in the Caribbean and ten in South America. The Caribbean region also has six non-independent territories[11] that provide this type of transfer and which will be considered in the analysis in this section. As will be explained in detail below, these programmes differ in aspects ranging from their target population to the amount of the transfers to recipients.

The growth in the number of such programmes in the region[12] is closely related to the ratification of international human rights instruments relating to children and persons with disabilities, as well as the expansion of conditional cash transfer programmes designed to overcome the intergenerational transmission of poverty.[13] Data suggests that these instruments could be relevant in promoting national policies aimed at fulfilling the rights set out in those instruments, including the right to social protection.

Concurrent with the 1948 Universal Declaration of Human Rights, the first programme to provide cash transfers to children with disabilities in Latin America and the Caribbean was Argentina's Non-contributory Disability Pension (*Pensión no contributiva por invalidez o discapacidad* or PNCD for its acronym in Spanish). This pension provides transfers to adults who are unable to work due to a disability or to persons with severe disabilities of any age. This was the only programme that offered economic support to families with children with disabilities in Latin America and the Caribbean for more than 25 years, until Costa Rica's Non-contributory Basic Pension Scheme (*Régimen no*

[10] The two programmes in Mexico, analysed in sections IV and V of this study, ended in 2018. Since 2019, the Mexican government has made changes in its programmes for persons with disabilities. More specifically, educational support is provided through the Benito Juárez Scholarships for Well-being programme. Additionally, the Pension for the Well-being of People with Permanent Disabilities programme and the Support for the Well-being of Children of Working Mothers programme were launched. The characteristics of these programmes are detailed in table A10.

[11] These territories are Guadeloupe, French Guiana and Martinique (France), the Cayman Islands (the United Kingdom), and the United States Virgin Islands and Puerto Rico (United States of America).

[12] The term 'region' in this section refers to Latin America and the Caribbean and the six Caribbean territories that are dependent on other countries.

[13] For more information on conditional cash transfer programmes in the region, see Cecchini and Atuesta (2017), Cecchini and Madariaga (2011) and Cecchini and Martinez (2011).

contributivo de pensiones por monto básico or PMB, for its acronym in Spanish) was implemented in 1974, which aims to reduce poverty among older adults and persons with disabilities who are excluded from the Costa Rican social protection system. Five years later, in 1979, the Cuban social welfare system began, which includes transfers to mothers on unpaid leave for the care of sick children or children with disabilities (see table 5).

During the first half of the 1980s, two additional non-contributory programmes were launched that still provide transfers to families with children with disabilities. These programmes are the Family Subsidy (*Subsidio Único Familiar* or SUF, for its acronym in Spanish) in Chile and the Special Assistance Grants (*Ayudas extraordinarias* or AYEX, for its acronym in Spanish) in Uruguay. The number of such programmes remained stable for 12 years. In response to the ratification of the Convention on the Rights of the Child in 1989 and as part of the rising number of conditional cash transfer programmes, starting in the second half of the 1990s the region began implementing new transfer programmes that included or prioritized families with children with disabilities. As a result, the number of programmes in the region increased from seven in 1995 to 13 in 2005; this figure takes into account the financial support programmes implemented in Brazil, Colombia, Costa Rica, Ecuador, Jamaica, and St. Kitts and Nevis during this period.

With regard to the non-independent territories in the region, even before the start of Argentina's PNCD, the United States created its Aid to the Blind (AB) programme in the Virgin Islands, which was implemented in 1935 and is still in force. The aim of the AB is to provide financial support to all blind people in financial difficulty, including children and adolescents.[14] In 1963, the United States initiated the Temporary Assistance for Needy Families (TANF) programme in Puerto Rico, which provides financial support to older adults, the blind and persons with disabilities who are in a state of economic vulnerability. These two programmes are part of changes to the United States Social Security Act created in 1935 to improve the adequacy of public assistance for older adults and the blind (CRS, 2016). Guadeloupe, French Guiana, Martinique and the Cayman Islands started their cash transfer programmes which prioritize families with children with disabilities in the second half of the 2000s.

Since 2006, in line with the Convention on the Rights of Persons with Disabilities and the expansion of conditional cash transfer programmes in the region, the number of non-contributory financial support programmes that prioritize families with children with disabilities in LAC countries and territories has increased steadily to date: from 17 programmes in 11 LAC countries and five territories in 2006, to 35 programmes in 20 LAC countries and six territories in 2018 (see table 5).

[14] Although this programme is linked to the United States public welfare policy, it is considered part of the active programmes in the region. A similar case is presented for Puerto Rico because of its relationship with the United States; for Guadeloupe, French Guiana and Martinique because of their relationship with France; and for the Cayman Islands, which are part of the British Overseas Territories.

Table 5
Latin America and the Caribbean (20 countries and 6 territories): non-contributory cash transfer programmes that include or prioritize families with children with disabilities, operating in 2018 and in chronological order

Country	Programme	Year started
Argentina	Non-contributory Disability Pension (*Pensión no contributiva por invalidez o discapacidad*, PNCD)	1948-
Costa Rica	Non-contributory Basic Pension Scheme (*Régimen no contributivo de pensiones por monto básico*, PMB)	1974-
Cuba	Social welfare system (*Régimen de Asistencia Social*, RAS)	1979-
Chile	Family Subsidy (Act No. 18.020) (*Subsidio Único Familiar*, SUF)	1981-
Uruguay	Special Assistance Grants (*Ayudas extraordinarias*, AYEX)	1984-
Brazil	Continuous Benefit Programme (*Beneficio de Prestação Continuada*, BPC)	1996-
Saint Kitts and Nevis	Disability Grants (DG)	1998-
Costa Rica	Poverty and Disability (*Pobreza y Discapacidad*, PD; formerly Family Support Services – *Servicios Sustitutos de Convivencia Familia*)	1999-
Colombia	More Families in Action (*Más Familias en Acción*, MFA)	2001-
Jamaica	Programme of Advancement Through Health and Education (PATH)	2001-
Ecuador	Human Development Grant (*Bono de Desarrollo Humano*, BDH)	2003-
Bolivia (Plurinational State of)	Juancito Pinto Grant (*Bono Juancito Pinto*, BJP)	2006-
Mexico	Childcare for children of working mothers (*Programa de estancias infantiles para apoyar a madres trabajadoras*, PEI)	2007-2018
Chile	Intellectual Disability Allowance for children under 18 (*Subsidio por discapacidad mental para menores de 18 años*, SDMM)	2008-
Uruguay	Family allowances – Equality Plan (*Asignaciones Familiares - Plan Equidad*, AF-PE)	2008-
Antigua and Barbuda	People's Benefit Program (PBP)	2009-
Argentina	Universal Child Allowance (*Asignación Universal por Hijo*, AUH)	2009-
Costa Rica	Section H Family Allowance (*Asignación Familiar inciso H*, AFIH)	2009-
Paraguay	Tekoporâ (TKO)	2009-
Trinidad and Tobago	General Assistance Grant – Special Child Grant (SCG)	2009-
Ecuador	Joaquín Gallegos Lara Allowance (*Bono Joaquín Gallegos Lara*, BJGL)	2010-
Trinidad and Tobago	Public Assistance Grant (PAG)	2012-
Panama	Guardian Angel Programme (*Programa de Ángel Guardián*, AG)	2013-
Mexico	Prospera Social Inclusion Programme (*Programa de Inclusión Social Prospera*)	2014-2018
Dominican Republic	Subsidized Solidarity Pension Scheme (*Pensiones Solidarias del Régimen Subsidiado*, PSRS)	2014-
Peru	National Non-contributory Pension Program for People with Severe Disability in Situation of Poverty (*Programa Nacional de Entrega de la Pensión no Contributiva a Personas con Discapacidad Severa en Situación de Pobreza*, CONTIGO)	2015-
Uruguay	Personal Assistant Programme (*Programa de Asistentes Personales*, PAP)	2016-
El Salvador	Sustainable Families Basic Solidarity Pension for Persons with Disabilities (*Pensión básica solidaria a personas con discapacidad de Familias Sostenibles*, FS)	2017-
Venezuela (Bolivarian Republic of)	José Gregorio Hernández Grant (BJGH)	2018-
	Non-independent territories in Latin America and the Caribbean (6 territories)	
Territory	Programme	Year started
United States Virgin Islands	Aid to the Blind (AB)	1935-
Puerto Rico (United States)	General Assistance of the Temporary Assistance for Needy Families (TANF)	1963-
Guadeloupe, French Guiana and Martinique (France)	Disabled Child Education Allowance (*Allocation d'Education de l'Enfant Handicapé*, AEEH)	2006-
	Disability Allowance (*Prestation de Compensation du Handicap*, PCH)	2006-
	Daily Parental Allowance (*Allocation journalière de présence parentale*, AJPP)	2006-
Cayman Islands (United Kingdom)	Poor Relief Assistance – Poor Relief Payments (PRA)	2013-

Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] (https://dds.cepal.org/bpsnc/inicio); and on the basis of official documents from the governments of the region.

B. Characteristics of non-contributory cash transfer programmes that include or prioritize families with children with disabilities

Before discussing the characteristics and differences of the programmes analysed in this study, it is worth mentioning the programmes that are not considered. This study does not consider cash transfer programmes at the subnational level nor those that provide non-monetary support to children and adolescents with disabilities.[15] Non-contributory cash transfer programmes that do not explicitly include children with disabilities within their target population or within the priority population are also excluded, even though families with children with disabilities can be recipients if they meet eligibility criteria. Although such programmes do not provide differentiated support by disability status, their transfers can make up a large share of the incomes of families with children with disabilities.[16] Even if the scope of this study does not allow for consideration of these types of programmes, they should be included in the future research agenda in order to gain a more complete picture of all the support, both monetary and non-monetary, that the governments of the region offer to children with disabilities.

All of the programmes considered in this study are characterized by their non-contributory nature, their national coverage, their regular provision of cash transfers and their inclusion of children with disabilities in their target or priority population. However, despite these similarities, cash transfer programmes targeting this population differ from each other in several respects. First, not all programmes have the same target population; some exclusively target children with disabilities while others provide transfers to the entire population with disabilities regardless of the age of the recipients. Others also include support to families in financial difficulty that do not have members with disabilities, or provide support to families that are not necessarily poor. Some programmes provide financial support to groups such as older adults, indigenous peoples and pregnant women.

C. Target population

Of the transfer programmes in the region that provided cash support to families with children with disabilities in 2018, 29 programmes targeted impoverished and vulnerable families, and 15 programmes focused only on persons with disabilities. Within these two groups of programmes defined by their target population, nine programmes focused exclusively on children and adolescents and prioritized those with disabilities. The possible overlaps between target population types are detailed in table A6 and presented in a simplified manner in diagram 1.

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[15] For example, there are cash transfer programmes at the subnational level in the city of Buenos Aires (Ciudadanía Porteña), in Bogotá (school mobility and subsidized transport for persons with disabilities programmes), in Mexico City (an economic support programme for persons with permanent disabilities that operated until 2018, and from 2019 the *Mi Beca* scholarship programme, which has differentiated support for children and adolescents with disabilities), and in Panama City (disability scholarships). Additionally, there are more than 20 programmes that provide in-kind support to children with disabilities. For example, in Mexico, the Community Dining Hall programme and the Comprehensive Social Food Assistance Strategy contribute to the food security of the vulnerable population, giving priority to children with disabilities through the provision of food as well as nutritional guidance actions; in Central America, Costa Rica has a student scholarship programme which includes support for the education and rehabilitation of children with disabilities; in the Caribbean, Trinidad and Tobago provides support to persons with disabilities through the Medical Equipment and Prosthetics grants that fall under its General Assistance Grant programme.

[16] Some of these programmes, such as Costa Rica's *Avancemos* programme or Peru's *Juntos* programme, have health and education co-responsibility requirements. The ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean (available online at https://dds.cepal.org/bpsnc/inicio) and Cecchini and Atuesta (2017) provide more information on conditional cash transfer programmes in the region. Other programmes offer targeted financial support for specific recurring expenses, such as the Food Voucher and Poor Relief Assistance programmes in St. Kitts and Nevis, which seek to raise low-income families out of poverty.

Diagram 1
Latin America and the Caribbean (20 countries and 6 territories): non-contributory cash transfer programmes that include or prioritize families with children and adolescents with disabilities, by target population (TP), operating in 2018
(Number and percentage of total programmes)

		Target population focused on children and adolescents, prioritizing those with disabilities 9 programmes (25,7%)
Target population focused on families living in poverty, prioritizing persons with disabilities 29 programmes (82,9%)	Antigua and Barbuda - People´s Benefit Program Argentina - Universal Child Allowance Brazil - Continuous Benefit Programme Chile - Family Subsidy Costa Rica - Non-contributory Basic Pension Scheme Costa Rica - Section H Family Allowance Cuba - Social Welfare System Ecuador - Human Development Grant El Salvador - Sustainable Families Basic Solidarity Pension for Persons with Disabilities Cayman Islands - Poor Relief Assistance - Poor Relief Payments Jamaica - Programme of Advancement Through Health and Education Mexico - Prospera. Social Inclusion Programme Paraguay - Tekoporâ Dominican Republic - Subsidized Solidarity Pension Scheme Trinidad and Tobago - Public Assistance Grant Uruguay - Family allowances – Equality Plan **16 programmes (45,7%)**	Bolivia (Plur. State of) - Juancito Pinto Grant Colombia - More Families in Action Mexico - Childcare for Children of Working Mothers Programme Puerto Rico - Temporary Assistance for Needy Families - General Assistance **4 programmes (11,5%)**
Target population focused only on persons with disabilities 15 programmes (42,9%)	Argentina - Non-contributory Disability Pension Costa Rica - Poverty and Disability (formerly Family Support Services) Ecuador - Joaquín Gallegos Lara Allowance Panama - Guardian Angel Programme Peru - National Non-contributory Pension Programme for Persons with Severe Disability in Situation of Poverty – CONTIGO Saint Kitts and Nevis - Disability grants Venezuela (Bol. Rep. of) - José Gregorio Hernández Grant **7 programmes (20,0%)**	Chile - Intellectual Disability Allowance for Children under 18 Trinidad and Tobago - General Assistance Grant - Special Child Grant **2 programmes (5,7%)**
	US Virgin Islands - Aid to the Blind Uruguay - Personal Assistant Programme Uruguay - Special Assistance Grants **3 programmes (8,6%)**	Guadeloupe, French Guiana and Martinique - Disabled Child Education Allowance Guadeloupe, French Guiana and Martinique - Disability Allowance Guadeloupe, French Guiana and Martinique - Daily Parental Allowance **3 programmes (8,6%)**

Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the countries of the region. The description of the target population for all programmes can be found in table A6.

In particular, there are the following subgroups:

- The subgroup with the most programmes targets families living in poverty and prioritizes both families that have members with disabilities of any age and those that have members who belong to other vulnerable groups of the population (such as older adults, indigenous peoples and single mothers, among others). This subgroup includes 16 programmes (45.7 per cent of the total), including Ecuador's Human Development Grant (*Bono de Desarrollo Humano* or BDH, for its acronym in Spanish), Mexico's Prospera programme and Brazil's Continuous Benefit Programme (*Beneficio de Prestação Continuada* or BPC, for its acronym in Portuguese).
- The next largest programme subgroup focuses only on families living in poverty that have members with disabilities of any age. Seven programmes (20.0%) belong to this subgroup, including, for example, the Guardian Angel Programme in Panama, whose target population is all persons with severe disabilities who are dependent and in extreme poverty.[17]
- Among the programmes that provide transfers to families living in poverty, four programmes (11.4%) focus on families with children and adolescents with and without disabilities. This is the case of the Juancito Pinto Grant in the Plurinational State of Bolivia, which provides financial support to children under age 21 who attend mainstream public schools or special education centres.[18]
- The target population of three programmes (8.6 per cent) is strictly children and adolescents with disabilities, regardless of their socio-economic status. This subgroup includes the Disabled Child Education Allowance, the Disability Allowance and the Daily Parental Allowance offered in Guadeloupe, French Guiana and Martinique.
- Three other programmes (8.6 per cent) include people with disabilities in their target population regardless of age or socio-economic status. This subgroup includes the Personal Assistant Programme and Special Assistance Grants in Uruguay and the Aid to the Blind programme in the US Virgin Islands.
- Finally, there are two programmes (5.7 per cent) whose target population specifically includes impoverished families with children and adolescents with disabilities: the Intellectual Disability Allowance for children under 18 in Chile and the Special Child Grant under the General Assistance Grant programme in Trinidad and Tobago.

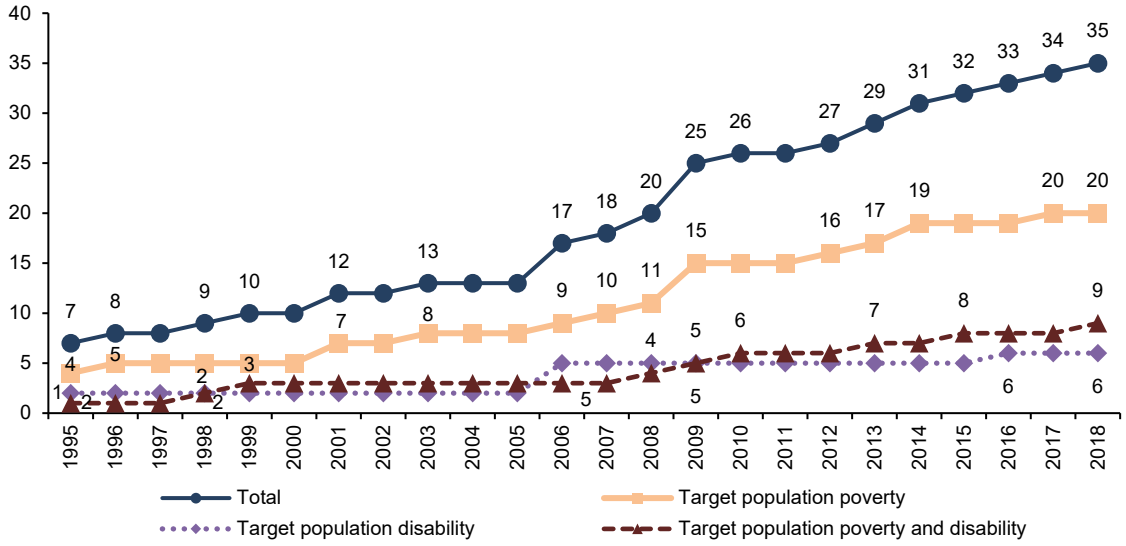
Classifying the programmes by target population makes it possible to analyse the contribution of each one to the growth of the total number of non-contributory transfer programmes that include or prioritize families with children with disabilities in the region. Figure 10 shows that the group of programmes that has most contributed to total growth is the one whose target population is focused on those living in poverty. The number of these programmes increased dramatically from 2008 to 2009, from 11 to 15, and again between 2011 and 2014 with an additional four programmes. This shows that the implementation of conditional cash transfer programmes in the region during this period made it possible to include support for families with children with disabilities. The group of programmes aimed

[17] This group would also include the Mexican Pension for the Well-being of People with Permanent Disabilities, which was launched in 2019 (see Appendix A10 for more information).

[18] This group also includes the Benito Juárez Scholarships for Well-being programme for students in Mexico, which prioritizes allowances for children and adolescents with disabilities, as well as Mexico's Support for the Well-being of Children of Working Mothers programme, which provides differentiated cash transfers to parents with children with disabilities. The two programmes began operating in 2019 (see table A10 for more information).

at both the poor and persons with disabilities also made a significant contribution with programmes such as the Joaquín Gallegos Lara Allowance programme in Ecuador, the Guardian Angel programme in Panama and CONTIGO in Peru, among others. The number of these programmes rose from three in 2007 to nine in 2018. The group of programmes whose target population is persons with disabilities, regardless of their socio-economic status, had the lowest number of programmes in 2018, with a marked increase in 2006 with the launch of the three programmes in Guadeloupe, French Guiana and Martinique, and later in 2016 with the Uruguayan Personal Assistant Programme. The increase in the number of programmes whose target population explicitly includes persons with disabilities, from five in 2005 to 15 in 2018, may be the result of policies promoted following the ratification of the Convention on the Rights of Persons with Disabilities in 2006.

Figure 10
Latin America and the Caribbean (20 countries and 6 territories): number of non-contributory cash transfer programmes that include or prioritize families with children with disabilities, by target population, 1995–2018



Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the countries of the region.

D. Transfer amounts and method of payment

Another aspect in which cash transfer programmes that include or prioritize families with children with disabilities differ is the transfer amount and payment frequency. While the vast majority (26) of the programmes provide transfers on a monthly basis, seven programmes provide transfers every two months, including Paraguay's Tekoporâ and Peru's CONTIGO, and the Juancito Pinto Grant (Bono Juancito Pinto or BJP, for its acronym in Spanish) in the Plurinational State of Bolivia, which operates on an annual basis.

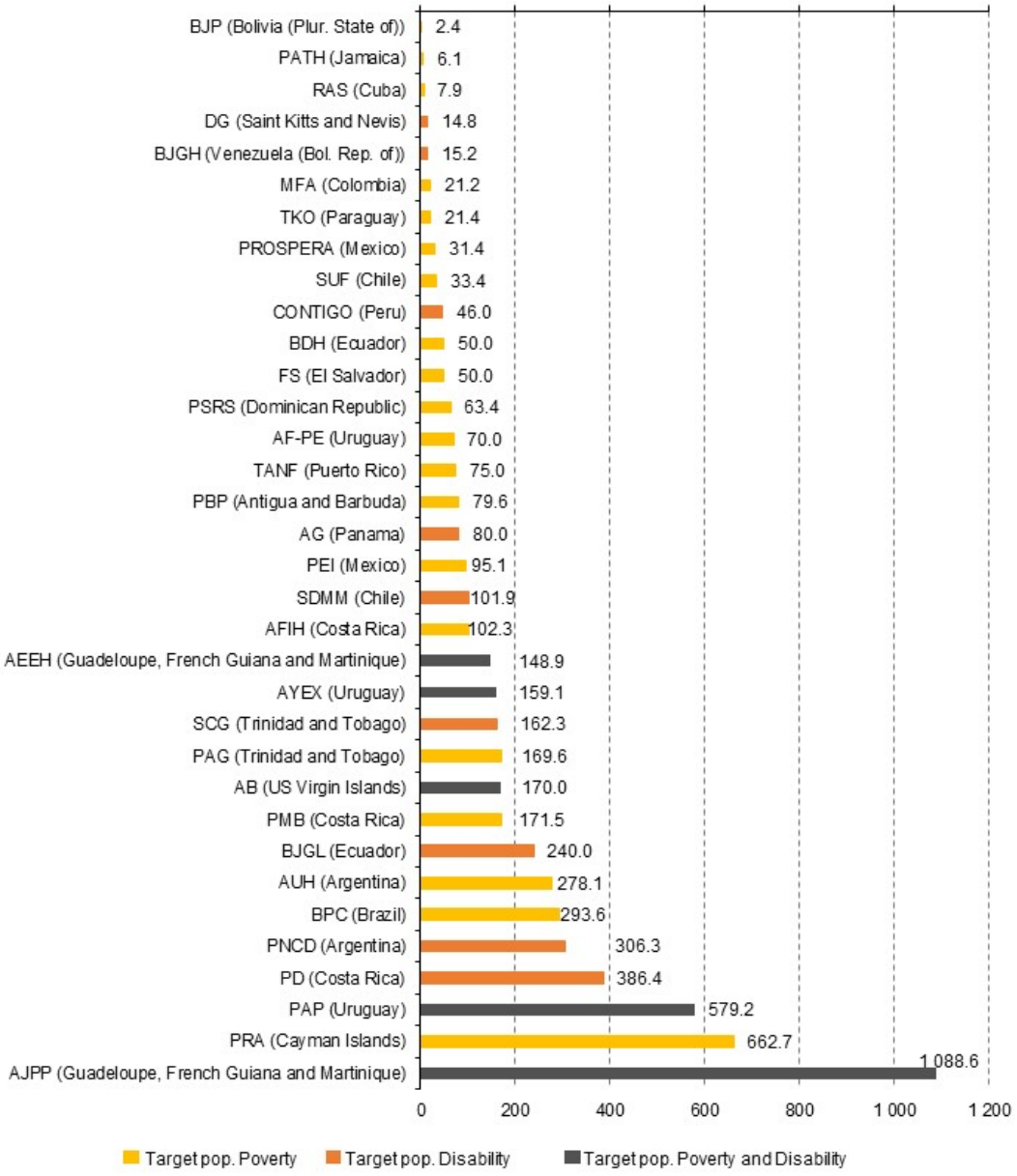
Once the amounts of the transfers are averaged on a monthly basis and are expressed in current dollars, considerable variation can be seen among the programmes. Figure 11 ranks cash transfer programmes for children with disabilities in Latin America and the Caribbean from the lowest to highest monthly amounts in current dollars, based on the latest available data.[19] While the Juancito Pinto Grant of the Plurinational State of Bolivia provides monthly transfers of less than US$3 per child with a disability, the Personal Assistant Programme (*Programa de Asistentes Personales* or PAP, for its acronym in Spanish) of Uruguay and the Poor Relief Assistance (PRA) of the Cayman Islands provide an average monthly amount of about US$600. Meanwhile, the Daily Parental Allowance (*Allocation journalière de présence parentale* or AJPP, for its acronym in French) programme in Guadeloupe, French Guiana and Martinique delivers on average more than US$1,000 per month; this is the programme with the highest transfer amount in the region's territories.

Figure 11 also provides information on the amount of transfers according to the target population group. It shows that the programmes with the greatest reach, belonging to the group whose target population includes those living in poverty, provide low, medium and high transfer amounts; in other words, they distribute transfer amounts within all the different ranges. All programmes for the target population with a focus on persons with disabilities provide amounts above $140 per month, which is at the upper end of the range. These data indicate that non-contributory transfer programmes aimed solely at persons with disabilities of all ages tend to deliver higher amounts than the programmes that, in addition to prioritizing families with children with disabilities, also provide financial support to other vulnerable populations. This shows a correlation with two factors: first, programmes that focus exclusively on persons with disabilities take greater account of the costs associated with disability when setting transfer amounts; and second, these programmes tend to have a smaller target population than those that include other vulnerable groups, which gives them the budgetary capacity to allocate higher amounts.

One way of standardizing transfer amounts and taking into account consumer prices in each country is to express the amounts as a percentage of the poverty line. Figure 12 presents the amounts of transfer programmes for children with disabilities in the region expressed as a percentage of the poverty and extreme poverty lines, according to data availability. These data confirm the variability in the amounts granted by the programmes in the region and show a positive correlation between the ranking of these amounts in dollars (from figure 11) and by percentage of the lines of poverty and extreme poverty. In other words, in general, the programmes with low transfer amounts also represent a low percentage of the poverty and extreme poverty lines, while the opposite is true for programmes with high transfer amounts.

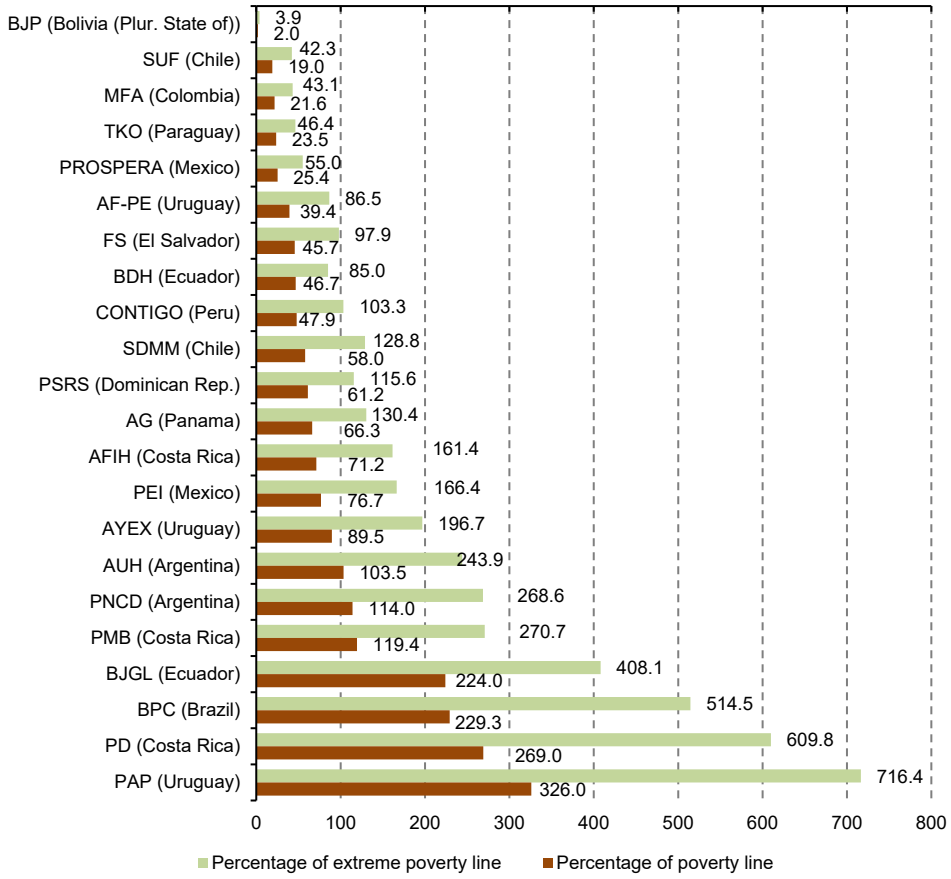
[19] Table A7 details the characteristics of the amounts of the non-contributory cash transfer programmes that include or prioritize families with children with disabilities in Latin American and Caribbean countries and territories.

Figure 11
Latin America and the Caribbean (20 countries and 6 territories): average monthly amount of non-contributory cash transfer programmes that include or prioritize families with children with disabilities, by target population, around 2018
(Current dollars)



Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the countries of the region.
Note: The amounts are for the year 2017, with the exception of the following programmes (the corresponding year is indicated in parentheses): DG (2009), BJGH (2018), PSRS (2016), TANF (2015), PBP (2012), AEEH (2018), AB (2018), PD (2018), PRA (2018) and AJPP (2018). The amount of the Disability Allowance in Guadeloupe, French Guyana and Martinique is not included due to a lack of available official information. The Prospera transfer corresponds to payment for a family with a child with a disability who does not attend school and who receives food and child support. The PATH transfer corresponds to payment for a family with a child with a disability receiving the basic and healthcare allowances. The abbreviations for each programme are found in table 5.

Figure 12
Latin America and the Caribbean (14 countries): average monthly amount of non-contributory cash transfer programmes that include or prioritize families with children with disabilities, around 2018
(Percentage of poverty and extreme poverty lines)

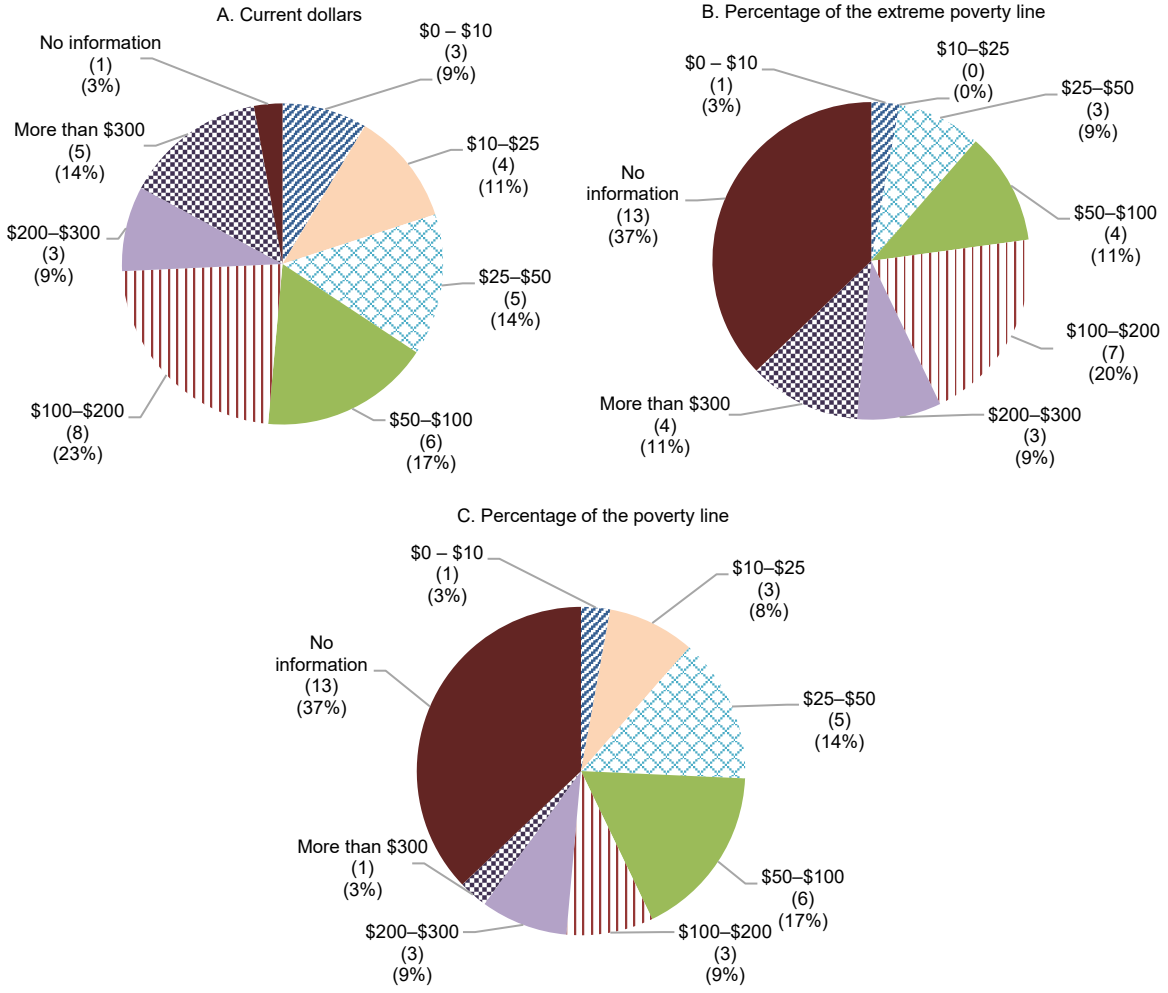


Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the countries of the region. The poverty and extreme poverty lines were obtained from CEPALSTAT, available [online] at https://estadisticas.cepal.org/cepalstat/portada.html?idioma=english.
Note: The amounts are for the year 2017, with the exception of the following programmes (the corresponding year is indicated in parentheses): PSRS (2016), PD (2018) and AJPP (2018). Only the programmes for which poverty line data exist in CEPALSTAT are included. Specifically, the programmes in Antigua and Barbuda, the Bolivarian Republic of Venezuela, the Cayman Islands, Cuba, French Guiana, Guadalupe, Jamaica, Puerto Rico, Martinique, Saint Kitts and Nevis, Trinidad and Tobago, and the United States Virgin Islands are not included. Due to data availability, the year of the poverty and extreme poverty lines closest to the last available year of the transfer amount was used. This is the case for Costa Rica's PD programme, for which 2017 cut-off lines were used, as well as for Mexico's Prospera and PEI programmes, for which 2016 cut-off lines were used.

Panel A in figure 13 shows the number and percentage of programmes by range of monthly transfer amounts in current dollars around 2017. In addition to the BJP in the Plurinational State of Bolivia, the $0 to $10 range includes Jamaica's PATH and Cuba's RAS. The next range, from $10 to $25, has four programmes, including More Families in Action (*Más Familias en Acción* or MFA, for its acronym in Spanish) in Colombia. The $25 to $50 and $50 to $100 ranges have five and six programmes, respectively, corresponding in total to 31 per cent of the programmes in the region. These include, for example, Peru's CONTIGO in the first range and Antigua and Barbuda's PBP in the second. The $100 to $200 range has eight programmes, and includes the Public Assistance Grant (PAG) in Trinidad and Tobago. The next range, from $200 to $300, includes three programmes, with Brazil's BPC standing out as the largest. Finally, the $300 and over range includes five programmes.

Panels B and C in figure 13 group the programmes according to the transfer amounts around 2017 and taking into account the percentage of poverty and extreme poverty lines they represent. Unfortunately, there is no information available on poverty and extreme poverty lines or on the transfer amounts for 13 of the 35 programmes in the region. However, the data indicate that 14 of the programmes provide amounts above the extreme poverty line and seven above the poverty line. Moreover, the monthly amount of nine programmes does not exceed half of the poverty line and the same is true for four programmes with respect to the extreme poverty line.

Figure 13
Latin America and the Caribbean (20 countries and 6 territories): number and percentage of non-contributory cash transfer programmes that include or prioritize families with children with disabilities, by range of the monthly amount in current dollars and by percentage of poverty and extreme poverty lines, around 2018

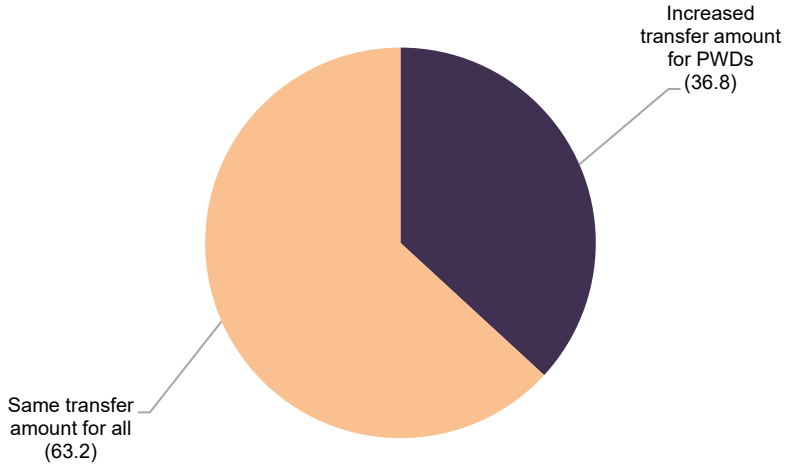


Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the countries of the region. The poverty and extreme poverty lines were obtained from CEPALSTAT, available [online] at http://estadisticas.cepal.org/cepalstat/Portada.html.
Note: The ranges in Panel A are given in current dollars and the transfer amounts for each programme correspond to the last available year. The ranges in Panels B and C are given as percentages of the extreme poverty line and the poverty line, respectively. table A7 specifies the amount, frequency and last year with information available from each programme.

The cash transfer amounts thus far refer to the average amount directed to families with children with disabilities per programme, but it should be noted that for several programmes, the amount(s) depend on the characteristics of the individuals or families receiving the transfers. In general, the amounts may vary according to the age, sex or employment status of the recipients. But in this particular case, it is of interest to know whether the amounts allocated by the programmes differ between people with and without disabilities. Of the 19 programmes that provide cash transfers to persons with and without disabilities, seven provide a larger amount to persons with disabilities, while 12 provide the same amount regardless of disability status (see figure 14 and table A7). Among those that allocate larger amounts are the Universal Child Allowance in Argentina, or the Family allowances – Equity Plan in Uruguay. Among those that allocate the same amounts are the Dominican Republic's Subsidized Solidarity Pension Scheme and the Antigua and Barbuda's People's Benefit Program.

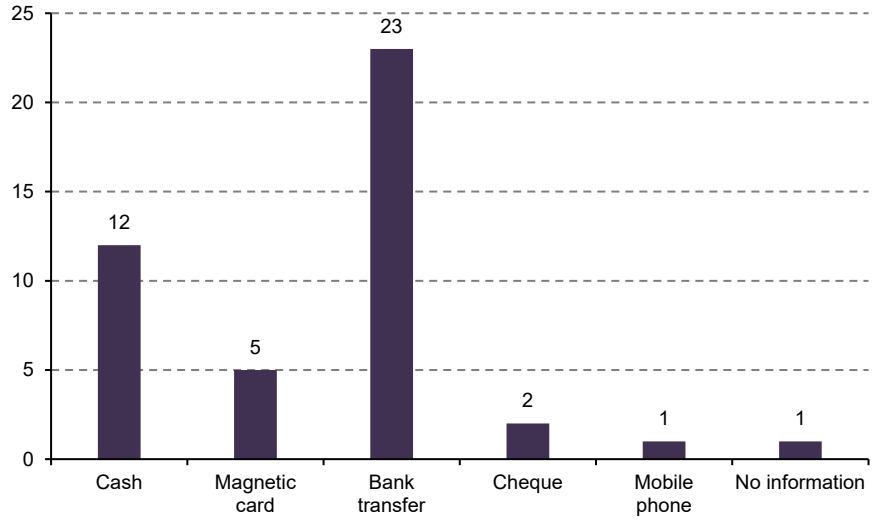
Another aspect in which cash transfer programmes that prioritize families with children with disabilities differ is transfer payment frequency. The vast majority of programmes deliver transfers through a bank transaction directly to the recipients' savings accounts, but others deliver cash, send cheques to households, or use other means such as magnetic stripe cards loaded with the amount that in some cases can be used only at certain establishments, and even via mobile phone. In Latin America, the Caribbean and the territories under consideration, 23 programmes make bank transfers directly to recipients, 12 have the option of cash payment, five use magnetic cards, two send cheques to families that do not have a bank account or an ATM near their place of residence, and Paraguay's Tekoporâ programme includes the option of sending the transfer by mobile phone (see figure 15 and table A7).

Figure 14
Latin America and the Caribbean (16 countries and 2 territories): number and percentage of non-contributory cash transfer programmes that include or prioritize families with children with disabilities, by differentiated amounts according to disability status, 2018



Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio and on the basis of official documents from the governments of the region.
Note: There are 17 programmes that are not included in this figure because they only provide transfers to persons with disabilities.

Figure 15
Latin America and the Caribbean (20 countries and 6 territories): number of non-contributory cash transfer programmes that include or prioritize families with children with disabilities, by payment method, 2018



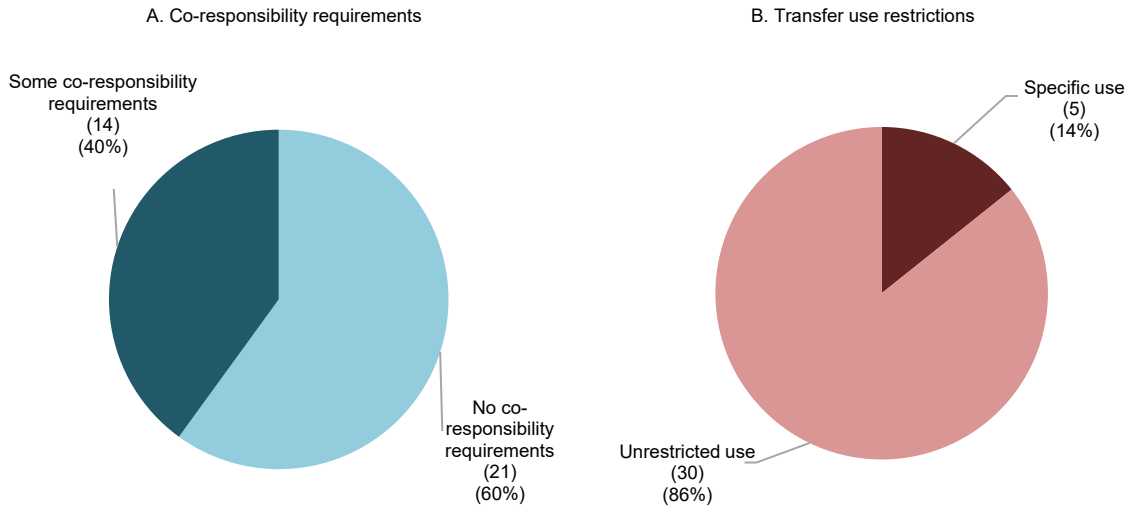
Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio and on the basis of official documents from the governments of the region.

E. Co-responsibility requirements and transfers use restrictions

Another particular aspect of transfer programmes targeting children with disabilities is that some have co-responsibility requirements as a condition to receiving transfers, while others do not. These co-responsibility requirements are generally associated with mandatory health checks for children, attendance at educational and rehabilitation centres or training talks for parents. Twenty-one of the 35 programmes in the region do not have any co-responsibility requirements, but the other 14 do, such as El Salvador's Sustainable Families Basic Solidarity Pension for Persons with Disabilities programme or the More Families in Action programme in Colombia (see figure 16 – Panel A and table A8). In addition to co-responsibility requirements, some programmes stipulate that the transfer must be used for certain expenses; for example, Uruguay's Personal Assistant Programme specifies that the transfer must be used to pay for a personal assistant service to care for the person with a disability. However, only five of the region's 35 programmes have such restrictions, which are all quite similar, while 30 programmes allow the transfer to be used freely (see figure 16 – Panel B and table A8).

In sum, there is an appreciable increase in the non-contributory cash transfer programmes that include or prioritize families with children with disabilities, which coincides with the ratification of the main human rights instruments for children and persons with disabilities, as well as a rise in conditional cash transfer and social pension programmes in the region. Many of the countries in the region have such programmes, which is an important development.

Figure 16
Latin America and the Caribbean (20 countries and 6 territories): non-contributory cash transfer programmes that include or prioritize families with children with disabilities, based on co-responsibility requirements and transfer use restrictions, 2018
(Number and percentages)



Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio and on the basis of official documents from the governments of the region.

However, the analysis reveals substantial room for operational improvement of the programmes. First, it is striking to note the low amounts of the transfers and the fact that, for many of the programmes, they do not take into account the situation of disability and its related costs as a factor in determining the amount granted. This is incongruous with the findings presented in Section III of this study showing that children with disabilities experience higher levels of monetary and non-monetary poverty than children without disabilities, as well as the existing data on the additional costs of having a family member with a disability, which would justify differentiated transfer amounts, and specifically higher amounts than those for people without disabilities. Secondly, the use of co-responsibility requirements for families with children with disabilities under some programmes is questionable with regard to ensuring their right to social protection. Indeed, if there are no accessible services for persons with disabilities in their communities, the requirements may well represent a barrier to receiving the transfer. The co-responsibility requirement of school attendance to receive the education grant in Jamaica's PATH programme is an example of how this can become a barrier to receipt the benefit (UNICEF, 2018).

Cash transfer programmes that prioritize families with children with disabilities have specific features, in addition to those previously mentioned in this section, in other institutional and operational aspects, whose comparison at the regional level is beyond the scope of this document. However, Section IV presents a detailed and comparative analysis of the quantitative, operational and institutional features of programmes in selected countries.

IV. Design and operation of selected non-contributory cash transfer programmes that include or prioritize families with children and adolescents with disabilities

This section describes and compares the design and operation of the programmes in Argentina, Chile, Ecuador, El Salvador, Jamaica, Mexico, Peru, Trinidad and Tobago, and Uruguay that were operational in 2018 (see table 6). These countries were chosen for their diversity in terms of geographical location, level of economic and social development, and degree of experience in operating transfer programmes for children with disabilities.

Table 6
Latin America and the Caribbean (9 countries): non-contributory cash transfer programmes that include or prioritize families with children with disabilities selected for comparison, operating in 2018

Country	Programme
Argentina	Universal Child Allowance (AUH)
	Non-contributory Disability Pension (PNCD)
Chile	Family Subsidy (SUF)
	Intellectual Disability Allowance for children under 18 (SDMM)
Ecuador	Human Development Grant (BDH)
	Joaquín Gallegos Lara Allowance (BJGL)
El Salvador	Sustainable Families Basic Solidarity Pension for Persons with Disabilities (FS)
Jamaica	Programme of Advancement Through Health and Education (PATH)
Mexico	Prospera Social Inclusion Programme
	Childcare for Children of Working Mothers Programme (PEI)
Peru	National Non-contributory Pension Program for People with Severe Disability in Situation of Poverty (CONTIGO)
Trinidad and Tobago	Public Assistance Grant (PAG)
Uruguay	Family allowances – Equality Plan (AF-PE)
	Personal Assistant Programme (PAP)
	Special Assistance Grants (AYEX)

Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the countries of the region.

A. Description of the selected programmes

Table 7 describes each of the selected programmes, which include conditional cash transfer programmes, social pensions and unconditional transfer programmes or allowances.[20] Of the selected programmes, seven are conditional cash transfer programmes; that is, they provide cash transfers on the condition that families carry out certain actions related mainly to school attendance and health checks for the children in the household. These programmes are the AUH in Argentina, SUF in Chile, BJGL in Ecuador, PATH in Jamaica, Prospera and PEI in Mexico[21] and AF-PE in Uruguay. Four programmes provide social pensions, which are non-contributory transfers that are delivered periodically and without co-responsibility requirements. These pensions are generally aimed at older adults and persons with disabilities and are provided for an indefinite period of time as long as the recipients continue to meet the characteristics of the programme's target population. Among the selected programmes, those that meet this description are the PNCD in Argentina, BDH in Ecuador,[22] FS in El Salvador and CONTIGO in Peru. Finally, four of the selected programmes provide unconditional cash transfers or allowances from the government for specific expenses for persons with disabilities, such as personal assistants or rehabilitation centres, or which are delivered for a specific time, for example, until the participant reaches the age of 18. These programmes are the SDMM in Chile, PAG in Trinidad and Tobago, and PAP and AYEX in Uruguay.

Table 7
Latin America and the Caribbean (9 countries): description of selected non-contributory cash transfer programmes that include or prioritize families with children with disabilities, 2018

Argentina	
Universal Child Allowance (AUH)	Conditional cash transfer programme aimed at improving the quality of life and access to education of children and adolescents. It is granted for up to five children under age 18. There is no age limit for children with disabilities (they can be over 18). As of May 2011, the AUH has been combined with the Universal Maternity Allowance For Social Protection (*Asignación Universal por Embarazo para la Protección Social*), which contributes to reducing infant mortality in children under age one and to improving pregnancy, childbirth and postpartum outcomes for women. In 2015, the Annual School Allowance (*Ayuda Escolar Anual*) was launched, which is granted for each school-age child (in addition to the Universal Child Allowance).
Non-contributory Disability Pension (PNCD)	Non-contributory pension programme aimed at vulnerable persons, including persons with disabilities of any age, who are not entitled to retirement or pension allowances; who do not have assets, income or resources to support themselves; and who have no relatives legally obliged to provide them with food. This type of pension does not require recipients to pay into any system.
Chile	
Family Subsidy (SUF)	Conditional cash transfer aimed at low-income families, where the adult workers in charge of the household are not covered by a social benefits security scheme. It is provided for every child under 18, pregnant mother or person with a disability of any age. Recipients are also entitled to free medical services from the National Health Service clinics and hospitals. Minors and persons with disabilities of any age must participate in the health programmes established by the Ministry of Health for the care of children up to age eight. For children over age six, proof must be shown that they are regular students enrolled in elementary, secondary or higher education or equivalent in state-run or state-recognized institutions, unless they have a disability. This subsidy cannot be combined with the Intellectual Disability Allowance for children under 18 (SDMM).

[20] Social pensions are provided indefinitely as long as the recipients continue to meet the characteristics of the target population (for example, having a disability and being under the poverty line). "Unconditional transfers" or allowances are granted for specific purposes or for a specific amount of time.

[21] Table A10 details the main characteristics of the transfer programmes that prioritize families with children with disabilities that have been implemented in Mexico since 2019.

[22] Ecuador's Human Development Grant (BDH) could be considered a conditional cash transfer programme or a social pension programme, as it has components that meet the characteristics of both programme types. As shown in the table, the BDH has three components: one providing transfers to mothers and which is conditional on their children's school attendance and medical check-ups, while the other two correspond to social pensions for persons with disabilities and adults over 65 years of age. For the purposes of this document, the component that provides transfers to persons with disabilities is of particular interest and is therefore included in the list of social pension programmes.

Intellectual disability allowance for children under 18 (SDMM)	Allowance aimed at children under age 18 with an intellectual disability and belonging to low-income families. Recipients are also entitled to free medical care in the National Health Service clinics and hospitals. Recipients of this programme must not be receiving any other type of allowance, including the Family Subsidy (SUF).
Ecuador	
Human Development Grant (BDH)	Conditional cash transfer programme, successor to the Solidarity Grant (*Bono Solidario*). It is part of the Social Protection Programme (PPS) of the Ministry of Economic and Social Inclusion (MIES), through which it is linked to microcredit and professional training programmes (Solidarity Productive Credit, *Crédito Productivo Solidario*) and protection against emergencies and natural disasters (Emergency Grant, *Bono de Emergencia*). The programme targets families in poverty with children under 16, as well as older adults and persons with disabilities of any age.
Joaquín Gallegos Lara Allowance (BJGL)	Conditional transfer programme that seeks to support people in critical socio-economic situations; with severe disabilities; catastrophic illnesses and rare or orphan diseases; and children under 14 with HIV/AIDS. The programme was created in 2010 as part of the Manuela Espejo Solidarity Mission Programme (*Programa Misión Solidaria Manuela Espejo*), which also includes the following components: technical assistance, housing solutions, orthotics and prosthetics, labour market integration and entrepreneurship, and early detection.
El Salvador	
Sustainable Families Basic Solidarity Pension for Persons with Disabilities (FS)	Social pension programme that provides a monthly transfer to people under the age of 70 with severe disabilities, who must have been evaluated by the Ministry of Health, in line with the process specified in the registration and evaluation form.
Jamaica	
Programme of Advancement Through Health and Education (PATH)	Conditional cash transfer programme aimed at vulnerable groups. It was created following efforts to streamline three previously existing income transfer programmes: Food Stamps, Outdoor Poor Relief and Public Assistance. This programme provides cash transfers to impoverished families with children under 17, adults over 60, persons with disabilities, pregnant and breastfeeding women and poor unemployed adults (between age 18 and 64). Additionally, it provides free school lunches where there is a government programme, as well as access to health services.
Mexico	
Prospera Social Inclusion Programme	This programme succeeded the *Oportunidades* Human Development Programme with the goal of connecting and coordinating the institutional offer of social policy programmes and actions, including those related to promoting productive development, income generation, economic welfare, financial and labour market inclusion, education, food and health. It was aimed at the population living in extreme poverty, under support schemes that allow families to improve their living conditions and enjoy their social rights and access to social development with equal opportunities. The programme offered two support schemes: (i) a support scheme with co-responsibility requirements, through which families could receive support from all programme components because the coverage and capacity of education and health services allowed the education, health and food components to operate simultaneously; and (ii) a support scheme without co-responsibility requirements, through which the coverage and capacity of the education and health services did not allow the education, health and food components to operate simultaneously, so that families could only receive support from the food, linking and higher education components without being subject to co-responsibility requirements.
Childcare for children of working mothers programme (PEI)	A programme using transfers to facilitate access to childcare services for mothers, single parents and guardians who are looking for employment, working or studying, so that they have economic support, thus reducing childcare costs at centres affiliated with the programme. The age conditions and the transfer amount were different for children with disabilities.
Peru	
National Non-contributory Pension Program for People with Severe Disability in Situation of Poverty (CONTIGO)	Non-contributory pension programme aimed at persons with severe disabilities living in poverty and which seeks to raise the quality of life of its recipients.
Trinidad and Tobago	
Public Assistance Grant (PAG)	An unconditional transfer programme that provides financial assistance to vulnerable citizens who are unable to earn a living to support themselves or who are dependent due to a parent's or guardian's illness, injury, incarceration, death and/or abandonment. It is also paid on behalf of needy children whose mother, father or both parents have died, are in hospital, are in prison or have abandoned the family. This allowance is also paid to the parent or guardian of a child with a severe disability and when the family income is considered inadequate.

Uruguay	
Family allowances – Equality Plan (AF-PE)	Conditional cash transfer programme aimed at children and adolescents from households in vulnerable socio-economic situations. It is part of the Equity Plan launched in 2008. It focuses mainly on education. The cash transfers aim to encourage children and young people to stay in the formal education system, or to reintegrate them if they have dropped out of school.
Personal Assistant Programme (PAP)	A programme that consists in providing a financial contribution to offset the costs of engaging a personal assistant service to support the development of the daily activities of persons with severe dependency.
Special Assistance Grants (AYEX)	Programme of financial contributions to promote the social, educational and cultural integration and rehabilitation of children and adults with disabilities. There are three different types of grants: payment for rehabilitation centres, payment for a transport van and payment for tickets for a person accompanying the person with a disability. This programme is aimed at children and adults with disabilities who need speech therapy, physical therapy and rehabilitation, psychomotor skills support and psychological treatment, among other services, and who meet the established requirements. The grant is for services provided at an institution or similar type of centre, and must not be provided at home.

Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the region.

While all the programmes prioritize families with children with disabilities, nine belong to the group whose target population is families in poverty, namely the AUH in Argentina, SUF in Chile, BDH in Ecuador, FS in El Salvador, PATH in Jamaica, Prospera and PEI in Mexico, PAG in Trinidad and Tobago and AF-PE in Uruguay. The PNCD in Argentina, BJGL in Ecuador, CONTIGO in Peru and SDMM in Chile belong to the group whose target population focuses on both poor families and persons with disabilities, while the PAP and AYEX in Uruguay are the only programmes among those selected whose target population focuses on persons with disabilities, regardless of their socio-economic situation.

Most of the selected programmes do not have an age limit for providing transfers to persons with disabilities, i.e., they include both children and adults with disabilities. Among the few programmes that set age limits are Chile's Intellectual Disability Allowance for children under 18 and Mexico's Childcare for children of working mothers programme, where children with disabilities cannot exceed six years of age.[23] Two programmes have more lax age restrictions: El Salvador's FS programme and Peru's CONTIGO. The recipients with disabilities in these programmes must be under 70 and 65 years of age, respectively. The Personal Assistant Programme in Uruguay is aimed at persons with disabilities under the age of 29 and over the age of 80. Age limits are generally set because of the existence of other programmes that provide cash transfers to persons with disabilities outside the established age ranges, such as social pensions for older adults or adults with work-related disabilities. For example, persons with disabilities who are recipients of CONTIGO in Peru can be enrolled in this programme until they reach age 65, at which time they can begin receiving allowances from the Pension 65 programme.

Of the 15 selected programmes, six of them only target persons with disabilities; the other nine programmes offer cash transfers to persons both with and without disabilities. Among the latter, some provide special conditions for people with disabilities, such as Chile's SUF or Jamaica's PATH, which eliminate the age limit for children with disabilities, or Argentina's AUH or Mexico's PEI, which provide higher cash transfer amounts for children with disabilities.[24] Other programmes grant the same amount to all their recipients, regardless of the characteristics of the persons with disabilities in the household, such as the BDH in Ecuador or Prospera in Mexico. These and other characteristics are analysed in detail in the following sections, with emphasis on the programme components that prioritize or include persons with disabilities.

[23] Mexico's childcare programme was replaced in 2019 by the Support for the Well-being of Children of Working Mothers programme (see table A10 for more information on this programme).

[24] The Support for the Well-being of Children of Working Mothers programme, which succeeded Mexico's PEI from 2019, continues to provide differentiated amounts for children with disabilities (see table A10 for more information on this programme).

B. Components of selected programmes that include or prioritize children with disabilities

This section outlines the varied components associated with each of the selected programmes, focusing on those that include or prioritize families with children with disabilities. Of the 15 selected programmes, seven have only one component – the monetary support given to recipient families or individuals: SUF and SDMM in Chile, BJGL in Ecuador, CONTIGO in Peru, PAG in Trinidad and Tobago, and AF-PE and PAP in Uruguay (see table 8). Other programmes, such as Argentina's PNCD, El Salvador's FS, Mexico's PEI and Uruguay's AYEX, have not only a transfer payment component that families with children with disabilities can receive, but also several components for cash transfer payments to other vulnerable populations or even other in-kind support components. For example, in addition to the transfer aiming to cover childcare, Mexico's Childcare programme for working mothers included a component to boost childcare services that offered financial support for people who wanted to establish and operate a childcare centre or who had locations where childcare services were provided or intended to be provided for the programme's target population. Thus, the components of the PEI complemented each other, to promote and strengthen both childcare supply and demand for the programme.[25]

The AUH in Argentina and the BDH in Ecuador have two cash transfer components that families with children with disabilities can receive. In the case of Argentina, in addition to the universal allowance for children with disabilities, which all families participating in the programme with children with disabilities of any age receive, there is also the annual school allowance, which is a transfer received by families with children with disabilities who attend either educational establishments integrated into the official education system or special education centres, workshops or professional training institutions that support the development and integration of persons with disabilities, or receive rehabilitation in official or private establishments. In the case of Ecuador, the first component is a social pension aimed at persons with disabilities of any age, while the second is a conditional cash transfer to mothers of school-age children, with the co-responsibility requirement of ensuring school attendance and health checks for the children of the household.

Jamaica's PATH programme has four transfer components that families with children with disabilities may receive depending on their characteristics. All PATH participating families receive the basic allowance without any co-responsibility requirement and can receive the health grant as long as they comply with the respective health centre check-ups. Additionally, if a family has children between the ages of 6 and 17 with disabilities who attend public schools, they can receive the education grant provided they meet a minimum attendance rate of 85 per cent. Similarly, families with children with disabilities who receive the education grant during secondary school can receive a post-secondary education grant upon completion of secondary school and go on to higher education.

Mexico's Prospera programme[26] had six transfer components that families with children with disabilities could receive. Food grants were provided to all of the programme's participating families based on co-responsibility requirements for health centre check-ups, household food expenses, and

[25] The Support for the Well-being of Children of Working Mothers programme, which succeeded Mexico's PEI programme from 2019, no longer includes the component to support childcare service providers (see table A10 for more information on this programme).

[26] This applies to the operation of Prospera until 2018. Since 2019, the Mexican government has made changes in its programmes for persons with disabilities. In particular, support for education and health is provided through the Benito Juárez Scholarship for Well-being programme and the Health Care and Free Medicine for the Unemployed programme, respectively. In addition, the Pension for the Well-being of People with Permanent Disabilities programme was launched, which provides financial support of 2,550 Mexican pesos every two months to children and young people aged zero to 29 with permanent disabilities living in highly disadvantaged municipalities, and to all persons with disabilities aged zero to 64 who belong to indigenous groups (see table A10 for more information on this programme).

consumption of nutritional supplements.[27] The "Living Better" (*Vivir mejor*) child grant was provided to programme participating families with children aged zero to nine with and without disabilities who fulfilled the co-responsibility requirements of medical check-ups, adequate nutrition, identification (birth certificate) and school enrolment. Finally, Prospera also provided transfers to families with children with disabilities under age 18 attending primary and secondary school (educational and school supplies grant), subject to compliance with at least 85 per cent school attendance, as well as to families with children with disabilities attending middle school (youth with Prospera).[28]

Table 8
Latin America and the Caribbean (9 countries): components of the selected programmes that include or prioritize families with children with disabilities, 2018

Argentina	
Universal Child Allowance (AUH)	1) Universal allowance for a child with a disability 2) Annual school allowance
Non-contributory Disability Pension (PNCD)	1) Severe disability pension
Chile	
Family Subsidy (SUF)	1) Family subsidy
Intellectual disability allowance for children under 18 (SDMM)	1) Allowance and free medical care
Ecuador	
Human Development Grant (BDH)	1) Conditional cash transfer to mothers 2) Unconditional cash transfer: pension for persons with disabilities
Joaquín Gallegos Lara Allowance (BJGL)	1) Allowance
El Salvador	
Sustainable Families Basic Solidarity Pension for Persons with Disabilities (FS)	1) Basic solidarity pension for persons with disabilities
Jamaica	
Programme of Advancement Through Health and Education (PATH)	1) Basic allowance 2) Health grant 3) Education grant 4) Post-secondary education grant
Mexico	
Prospera Social Inclusion Programme	1) Food grant 2) "Living Better" (*Vivir mejor*) food grant 3) "Living Better" (*Vivir mejor*) child grant 4) Education grant 5) School supplies grant 6) Youth with Prospera
Childcare for children of working mothers (PEI)	1) Support for working mothers
Peru	
National Non-contributory Pension Program for People with Severe Disability in Situation of Poverty (CONTIGO)	1) Non-contributory pension for persons with disabilities
Trinidad and Tobago	
Public Assistance Grant (PAG)	1) Public assistance grant
Uruguay	
Family allowances – Equality Plan (AF-PE)	1) Conditional cash transfer
Personal Assistant Programme (PAP)	1) Cash transfer to hire a personal assistant
Special Assistance Grants (AYEX)	1) Special assistance grants in accordance with the MIDES Agreement (institutional, transport aid and personal assistant tickets)

Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the countries of the region.

[27] Prospera's co-responsibility requirements only applied to families who received allowances under the co-responsibility support scheme. Prospera also operated a support scheme without co-responsibility requirements, whose scope of coverage and support capacity of the education and health services did not allow the education, health and food components to operate simultaneously. This meant that families could only receive support from the food and higher education components without being subject to co-responsibility actions.

[28] This document focuses only on the transfer payment components of each programme for families with children with disabilities. For a more detailed description of all the components of the selected programmes, see the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes, [online] https://dds.cepal.org/bpsnc/inicio.

C. Disability certification

Among the documents requested in order to apply for the programmes, families with children with disabilities must present a disability certificate in order to obtain the corresponding allowances, which in many cases may be different from those received by families with members without disabilities. Disability certification is a barrier to entry into financial support programmes for children with disabilities, particularly when the health professionals who can issue this certification are few in number or mainly located in urban centres. However, it is a necessary process to identify the type of disability of each programme participant and to provide the corresponding support in each case for the dignified development of each child. For this reason, it is important that the disability certification process is carried out by professionals, in an accessible manner, that is transparent and considers the needs of the participating families.

The procedures to obtain a disability certificate differ, as does the information they provide regarding the type and degree of disability and the duration of validity. Some programmes, such as the PEI in Mexico, required a simple medical certificate from a public health service physician indicating whether or not the child has a disability and the type of disability. This certificate had to be renewed annually, but did not require details regarding the degree of disability or other relevant information. This type of certificate can generate perverse incentives, especially in cases where cash transfers delivered to families with children with disabilities are greater than those directed to children without disabilities. For example, local doctors can collude with the transfer recipients who, in the case of the PEI, were in charge of childcare, and issue certificates of disability to children who do not have disabilities in order to obtain higher transfer amounts. Although these types of situations are rare and difficult to control and monitor in programmes at the national level, it is ideal to have a system of disability certification that avoids them.[29,30] In 2018, programmes such as Prospera in Mexico, BDH in Ecuador and PATH in Jamaica also required a disability certificate issued by a public health service physician, without explicitly specifying in their regulations the type of information the certificate had to contain regarding the degree of disability severity (see table 9).

Some of the selected programmes explicitly request a disability certificate containing more specific information on the severity and type of disability. El Salvador's FS programme, Peru's CONTIGO programme, Trinidad and Tobago's PAG programme, and Uruguay's AF-PE and AYEX programmes prioritize children with severe disabilities. Argentina's PNCD programme even requires the official medical certificate to indicate a minimum threshold of 76 per cent of disability severity, as does Ecuador's BJGL which, in addition to covering people with catastrophic illnesses, establishes a severity limit of 65 per cent for intellectual disability and 75 per cent for physical disability. Meanwhile, the target population of Uruguay's PAP programme is severely dependent people.[31] The entity in charge of the PAP uses the Ministry of Social Development's dependency scale, an instrument for assessing dependency and assigning the various benefits to the dependent population (Sistema de Cuidados de Uruguay, 2018).

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[29] According to the qualitative information gathered in the interviews with officials in charge of the PEI programme, cases were indeed identified where the same doctor granted disability certificates to several children in rural and sparsely populated areas, which led to doubts about the veracity of such certificates. However, according to the officials interviewed, these are occasional cases that the programme does not have the ability to control, so officials simply consider the information from the disability certificates as valid.

[30] The Support for the Well-being of Children of Working Mothers programme, which succeeded Mexico's PEI starting in 2019, proceeds in the following manner to certify a child's disability: when the disability is not visible to the support personnel of the Secretariat, an original medical certificate issued by a public health institution or by a licensed physician specialized in the type of disability is required (see table A10 for more information on this programme).

[31] According to the Uruguayan Care System, dependency is defined as 'the state in which people are determined to, for reasons related to the lack or loss of physical, psychological or intellectual autonomy, have a need for significant assistance and/or support in order to carry out the ordinary acts of daily life and, in particular, those related to private care" (Sistema de Cuidados de Uruguay, 2018).

The SUF and SDMM programmes in Chile are the only ones that include people with mental illness as recipients, so they require that the disability certificate, issued by the Commission for Preventive Medicine and Disability (COMPIN), indicates both the type and severity of the disability. Persons with disabilities or their dependents may obtain the COMPIN disability certificate in one of two ways: (i) by going to their nearest COMPIN centre, which will initiate the qualification process or refer it to the corresponding health centre; or (ii) by going directly to the public health centre that serves the person with disabilities or the one nearest their place of residence (this may be a family health centre or a community rehabilitation centre), where the qualification process will begin. The qualification file requires the following three reports: a functional biomedical report, a social and support network report, and a performance report. The applicant must submit the qualification file to the COMPIN, where the reports are reviewed and the disability certification is made, which specifies the percentage of overall disability, the main cause of the disability, the validity of the certification and whether the person has reduced mobility (SENADIS, 2019).

One of the countries with the most experience in support programmes for persons with disabilities in the region is Argentina, which is reflected in the comprehensiveness of the information and the way it processes the single disability certificate (*Certificado Único de Discapacidad*, CUD), required by the AUH for children with disabilities. The CUD is a public document granted to all persons who request it, who have any kind of long-term disability that prevents their full and effective participation in society on an equal basis with others. In order to process the CUD, the carer of the child with a disability must gather all the documentation indicated by their local social service centre, including a form filled out by the child's general physician. Once all the documentation is in order, the child with a disability must appear before the review board, which consists of three professionals: a specialist doctor, a psychologist and a social worker. This board evaluates the documentation submitted and the child's situation and then issues the CUD. This certificate is free and has a duration that depends on the type of disability, with a maximum of 10 years, at which time it can be renewed. The only step in the process that requires the presence of the person with a disability is the appearance before the evaluation board, for which an appointment must be requested from the local social service centre, either in person or online, with a specific day and time to avoid queuing up or any other type of inconvenience that the person with a disability may experience. If the person with a disability cannot travel, the carer must appear before the review board with the required documentation and a medical certificate of diagnosis that states the person's life would be at risk by travelling, and which also indicates the reason for the disability and the physical place where the person with a disability can be visited (COPIDIS, 2017).[32] The CUD not only serves to apply for allowances from the AUH, but also allows for additional benefits with regard to health services, transport and taxes to be granted.

Argentina's CUD requires a high level of institutional, technical and human capacity, which has been reached after considerable experience in the field of supporting persons with disabilities. The CUD process takes into account several aspects that are often ignored in the process of acquiring the disability certificates requested by most programmes in the region. First, the available information on the required documentation and the scheduling of appointments with the review board takes into account the costs of processing documentation and the difficulties in terms of transport and mobility for carers of children with disabilities. This is not taken into account in disability certificates that require carers of children with disabilities to wait in long queues for information or healthcare, often accompanied by the children with disabilities because they cannot be left at home with someone else.[33] Second, the composition of the review board improves the level of transparency and human capacity of the disability assessment. The review board minimizes the number of people with disabilities who are not given a disability certificate, as

[32] Requiring a life-threatening diagnosis for people who cannot travel to the medical centre seems excessive. In some cases, for example, the transfer of a person with a disability may not be life-threatening but it may be a very complicated and expensive process.

[33] The qualitative information collected in the interviews conducted in Mexico revealed the existence of this type of case.

it is composed of three specialists in different areas that cover the entire spectrum of disability evaluation. This requires a high institutional, human and technical capacity that allows good communication among the various institutions involved so that children with disabilities are evaluated by the right professionals and medical examinations are carried out with the right technical equipment. Unfortunately, many countries in the region still do not have these institutional, human and technical capacities to carry out this process, which prevents them from having such an elaborate process for the evaluation of disability certificates. Finally, unlike the case for the disability certificates required by programmes such as the PEI in Mexico or AF-PE in Uruguay, which must be renewed annually and every three years, respectively, the CUD in Argentina, as well as the COMPIN certificate required by Chile's programmes, establishes an expiration period that depends on each person's disability, i.e., it is not a fixed period. This prevents people with long-term disabilities, such as Down syndrome or autism, from having to repeat the same certification process quite frequently.

Table 9
Latin America and the Caribbean (8 countries): disability certificates for selected programmes, 2018

Argentina	
Universal Child Allowance (AUH)	Single disability certificate (CUD). The validity period of the CUD depends on each person's disability, and is valid for a maximum of 10 years, when it must be renewed.
Non-contributory Disability Pension (PNCD)	Official medical certificate (CMO) requested at a local healthcare centre (CAL).
Chile	
Family Subsidy (SUF)	Certificate from the Commission for Preventive Medicine and Disability (COMPIN). The validity period depends on the type of disability.
Intellectual disability allowance for children under 18 (SDMM)	Certificate from the Commission for Preventive Medicine and Disability (COMPIN). The validity period depends on the type of disability.
Ecuador	
Human Development Grant (BDH)	Certification of disability by the health authority, under the Ministry of Public Health.
Joaquín Gallegos Lara Allowance (BJGL)	Certification of disability by the health authority, under the Ministry of Public Health.
El Salvador	
Sustainable Families Basic Solidarity Pension for Persons with Disabilities (FS)	Disability certificate issued by the Ministry of Health.
Mexico	
Prospera Social Inclusion Programme	Medical disability certificate from the public health service. It must be renewed annually.
Childcare for children of working mothers (PEI)	Medical disability certificate from the public health service. It must be renewed annually.
Peru	
National Non-contributory Pension Program for People with Severe Disability in Situation of Poverty (CONTIGO)	Disability certificate issued by health establishments authorized by the Ministry of Health.
Trinidad and Tobago	
Public Assistance Grant (PAG)	Certificate from an official government physician.
Uruguay	
Family allowances – Equality Plan (AF-PE)	Disability certificate from the medical services of the Social Insurance Bank. It must be renewed every three years.
Personal Assistant Programme (PAP)	No disability certificate is required – instead, the dependency scale from the Ministry of Social Development is used.
Special Assistance Grants (AYEX)	Disability certificate from the person's general practitioner and healthcare provider.

Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the countries of the region.
Note: No information is available on the disability certificate for the PATH in Jamaica.

D. Targeting method

All selected programmes use methods to direct cash transfers to their target populations and minimize inclusion and exclusion errors (see table 10).[34,35] Some of these programmes follow a phased approach, starting with the selection of priority geographical areas on the basis of their socio-economic characteristics and level of poverty. For example, in the *Oportunidades* Human Development Programme (Prospera's predecessor), unmet basic needs indicators were used to select rural areas along with income and expenditure indicators to define the urban areas that would be given priority by the programme in its first phase (Cecchini and Madariaga, 2011; Orozco and Hubert, 2005). Other programmes that also use the geography-based selection phase as part of their targeting methodology are the BDH programme in Ecuador, the FS programme in El Salvador and CONTIGO in Peru.

Programmes that identify geographic areas subsequently select households that are potential programme participants. For this purpose, some programmes conduct a proxy means test that estimates the household's socio-economic level from quality of life variables included in administrative data and household surveys. This phase of the targeting method requires creating an index of the socio-economic level of each household that determines participation in the programme. Some programmes use multidimensional quality-of-life indices, as in the case of the SUF and SDMM programmes in Chile or the FS in El Salvador, while others estimate the per capita income of the household based on highly correlated variables, as in the cases of Prospera[36] and PEI in Mexico[37] and the PNCD in Argentina. In addition to those already mentioned, other selected programmes that use proxy means testing as part of their targeting method are BDH and BJGL in Ecuador, PATH in Jamaica, CONTIGO in Peru and AF-PE in Uruguay.

The selection of families for programme allowances using the methods described thus far may not only lack transparency, but also conflict with the perception of well-being in some communities. For this reason, several programmes include a community-based phase in their targeting method, which considers the perception of local actors with respect to the needs and deprivations of households in their community. This phase of the targeting process seeks to incorporate detailed information on the socio-economic situation of households in some communities and avoid conflicts between included and excluded groups. Among the selected programmes, only Prospera in Mexico and the BDH in Ecuador use this phase in their targeting process. In the case of the BDH, the community phase takes place in very remote rural census sectors where families are asked by a local authority to go to a public site and provide the information required for the social registry.

All programmes that provide transfers to families with children with disabilities request certain documents to prove that they meet the requirements that include them within the programme's target population. This is known as the category-based phase (according to disability condition), as it places potential participants into categories of actual participants according to their specific characteristics. In particular for the disability component, the documents requested include the child's birth certificate, identification of the adult carer, proof of the participants's address and the disability certificate indicating the type and degree of the child's disability. In addition to the administrative information available to the programmes, this documentation allows the programme entity to determine who can

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[34] Inclusion errors refer to when a user receives a transfer they are not eligible for; exclusion errors refer to when a person who should receive a transfer does not.

[35] Table A9 presents more details on the targeting method of the selected programmes.

[36] The Prospera programme was present throughout Mexico at the time of this study; its scope covered all families in extreme poverty. Prospera's targeting process as described in this section corresponds to the programme's initial phase, when it was called *Oportunidades*. According to the qualitative information gathered in interviews with Prospera officials, once the programme's selected and potential users covered the entire target population, new families entering the programme did so upon request under a wait-list system.

[37] The targeting methods of the programmes launched in Mexico from 2019 onwards are detailed in table A10.

and cannot receive the transfer. In five of the 15 selected programmes, programme officials approach families directly to offer the programme and request the necessary documents. These programmes are the AUH in Argentina, BDH in Ecuador, FS in El Salvador, PATH in Jamaica and, previously, Prospera in Mexico. These conditional cash transfer programmes include other support components for families in poverty. In the case of the remaining 10 programmes, potential users must approach the entity in charge of the programme with the documents in order to apply; that is, categorization is completed upon request. Argentina's Universal Child Allowance (AUH) is different in that it is automatically granted to families that received the Universal Maternity Allowance, since the entity in charge of the programme —in this case the National Social Security Administration (ANSES)— has all the information on the families and can automatically categorize participants. Requests for AUH allowances are made upon request only when the family did not receive the Universal Maternity Allowance.

Table 10
Latin America and the Caribbean (9 countries): methods of targeting the disability component of the selected programmes, 2018

	Geography	Proxy means test	Category			Community
			Financial means	Age	Disability	
Argentina						
Universal Child Allowance (AUH)			X		X	
Non-contributory Disability Pension (PNCD)		X	X		X	
Chile						
Family Subsidy (SUF)		X	X		X	
Intellectual disability allowance for children under 18 (SDMM)		X	X	X	X	
Ecuador						
Human Development Grant (BDH)	X	X	X		X	X
Joaquín Gallegos Lara Allowance (BJGL)		X	X		X	
El Salvador						
Sustainable Families Basic Solidarity Pension for Persons with Disabilities (FS)	X	X	X	X	X	
Jamaica						
Programme of Advancement Through Health and Education (PATH)		X	X		X	
Mexico						
Prospera Social Inclusion Programme	X	X	X		X	X
Childcare for Children of Working Mothers Programme (PEI)	X	X	X	X	X	
Peru						
National Non-contributory Pension Program for People with Severe Disability in Situation of Poverty (CONTIGO)	X	X	X		X	
Trinidad and Tobago						
Public Assistance Grant (PAG)			X	X	X	
Uruguay						
Family allowances – Equality Plan (AF-PE)		X	X	X	X	
Personal Assistant Programme (PAP)				X	X	
Special Assistance Grants (AYEX)					X	

Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the region.
Note: The X indicates the targeting methods used by each selected programme. Table A9 details the targeting method of the selected programmes.

E. Participant selection and registration tools

Targeting methods require certain tools to select the families or users who can receive the transfers. For the programmes that use the geography-based targeting phase, it is essential to have census data and other tools that include variables to estimate the socio-economic level of all populations in the country, such as household surveys and administrative data at the community level. To move from geography-based targeting to the selection of households or users, it is crucial to have tools with detailed information to determine their eligibility status through well-being indices, for which several programmes complement household survey information with administrative data on all household members. Household surveys can range from national surveys, such as quality-of-life or income and expenditure surveys, to surveys conducted by programme entities that collect specific information from the potential user population. Administrative data may include information on birth registration, work activity, health centre and school attendance, social security affiliation and participation in other government programmes. In addition, the entity in charge of each programme corroborates the participation of potential recipients using the documents requested at the time of application to the programme.

Most of the entities in charge of the selected programmes collect the available information for each person and each household and generate government records that allow the identification of the socio-economic characteristics of the potential participants. This information is used to select the actual programme participants and is subsequently incorporated into a registry of individuals and households using the programme. These records include information to identify persons with disabilities in each household, including children, not only from disability certification and information from administrative data sources, but also from socio-economic characteristic records that include questions to identify whether any person in the household has a disability.

In some cases, the records may be part of a national government registry of individuals and households that compiles information on the user populations of the country's social programmes in a single database. In the case of Chile, for example, since 2016 the social household registry (*Registro Social de Hogares* or RSH, for its acronym in Spanish)[38] has been used. It combines information provided by households with administrative information from the national tax authority, the unemployment insurance administrator, the superintendent of pensions, the superintendent of public health, the social security institute, the civil registry and identification department and the Ministry of Education (Berner, 2019). Chile's RSH includes the calculation of the household's socio-economic classification, which places each household in a socio-economic vulnerability range and is used as a selection tool in some of the Chilean government's social programmes.

In Mexico, information was collected from individuals and households through the single socio-economic information questionnaire (*Cuestionario Único de Información Socioeconómica* or CUIS, for its acronym in Spanish) and the survey of household socio-economic characteristics (*Encuesta de*

[38] In order to properly identify and select social protection programme participants, Chile has used various targeting instruments that have evolved over time. The first of these was the social assistance committee record (CAS), which was used from 1979 until 1990, when it was replaced by CAS-2, which was used until 2007. The CAS-2 was replaced by the social protection record (*Ficha de Protección Social* or FPS, for its acronym in Spanish), which remained in use until 2015. Since January 2016, the RSH has been used. The change from the CAS-2 to the FPS sought to shift the focus from unmet basic needs to measuring vulnerability in a way that considers the ability of households to generate income based on their characteristics (geographic location, household composition, level of dependency, education, gender, occupation and ethnicity of its members). However, the FPS lost credibility and legitimacy among households because of its lack of transparency and the perception that the assigned vulnerability score could be manipulated by lying or omitting information about household characteristics. Furthermore, there were no protocols on how to process the self-reported information from households, and the information was not verified. This led to the creation of the RSH, which addressed the weaknesses of the FSH and gives the Ministry of Social Development and Family Services the power to request from other ministries, services or public entities the information it requires to fulfil its functions, complying with the principles of fairness, modernity, transparency and simplicity (Berner, 2019; Berner and Díaz, 2019).

Características Socioeconómicas de Hogares or CUIS-ENCASEH, for its acronym in Spanish) for Prospera, which was later consolidated into the development targeting system (SIFODE). This information was then used to create the Prospera programme participant registry, which was based on the basic participant registry. It contained information on the families eligible for the process of joining the programme and the active participant registry, which included the families that had joined the programme and were still active, as well as the families that had been removed or suspended from the participant registry. This information was incorporated into the comprehensive government programme registry system (SIPP-G), a tool that consolidates the federal government transfer programme user information in a database.[39]

Argentina's Universal Child Allowance (AUH) uses information from the application for the programme along with information from the social security system to verify whether the parents are formal or informal workers and from the health and civil registry system to verify the child's birth. Specifically, it cross-references the databases of the civil registry and the single taxpayer registry of the country's federal administration of public revenue. If either parent receives a provincial-level pension, the household cannot receive the Universal Child Allowance. Information is also cross-checked against the national taxpayer and social identification system (*Sistema de Identificación Nacional Tributario y Social* or SINTyS, for its acronym in Spanish) to verify households' social and wealth characteristics.

Some countries do not yet have the mechanisms to link administrative data from different sources with data provided by potential participants, so they must base their selection decisions on information provided by the households themselves, supplemented by data from national censuses and household surveys. Ecuador, for example, has a social registry, a system based on information from household surveys that it uses to identify and select social programme participants. This registry has information on access to basic and social services, goods and income, characteristics of the dwelling, composition of the household, knowledge and access to information, and characteristics of location and access, which allows authorities to calculate the social registry index, an instrument used to select the households that will receive BDH and PEI allowances. Although this is not currently occurring, the entities in charge of the BDH and the PEI in Ecuador plan to incorporate administrative data in the selection of participants. The selected programmes in El Salvador, Jamaica, Peru, Trinidad and Tobago, and Uruguay are in a similar situation (see table 11).

Table 11
Latin America and the Caribbean (9 countries): selection tools and recipient registries for selected programmes, 2018

Country/programme	Selection tools	Recipient registries
Argentina		
Universal Child Allowance (AUH)	The transfer is automatically granted when participants received financial support from the Universal Maternity Allowance For Social Protection (AE). Otherwise, the information from the AUH application is used along with information from the social security and health systems and the civil registry.	National Social Security Administration (ANSES) registrant database
Non-contributory Disability Pension (PNCD)	PNCD application documents. Cross-checking of data against the national taxpayer and social identification system (SINTyS) to verify income, work, social work, properties, cars and the information from the socioeconomic survey of all the people in the household. Decisions are made on a case-by-case basis and the social worker issues a report for each family.	National Social Security Administration (ANSES) registrant database

[39] The tools used to select and register participants of the programmes launched in Mexico from 2019 onwards are detailed in table A10.

Country/programme	Selection tools	Recipient registries
Chile		
Family Subsidy (SUF)	Administrative data from the national tax authority (SII), unemployment insurance administrator (AFC), superintendent of pensions (SP), superintendent of public health (SS), social security institute (IPS), civil registry and identification department (SRCeI)) and the social household registry (RSH) form.	Social household registry (RSH).
Intellectual disability allowance for children under 18 (SDMM)	Administrative data from the national tax authority (SII), unemployment insurance administrator (AFC), superintendent of pensions (SP), superintendent of public health (SS), social security institute (IPS), civil registry and identification department (SRCeI)) and the social household registry (RSH) form.	Social household registry (RSH).
Ecuador		
Human Development Grant (BDH)	System to identify and select social programme participants (social registry).	Database of active payment user (from MIES) and single user registry under the interconnected social programme registry (under the Ministry for the Coordination of Social Development – MCDS).
Joaquín Gallegos Lara Allowance (BJGL)	System to identify and select social programme participants (social registry).	"Manuela Espejo Solidarity Mission" database.
El Salvador		
Sustainable Families Basic Solidarity Pension for Persons with Disabilities (FS)	2007 national population census and single participant registry (RUP).	Single registration of participating families.
Jamaica		
Programme of Advancement Through Health and Education (PATH)	Beneficiary Identification System (BIS).	List of registered PATH participants.
Mexico		
Prospera Social Inclusion Programme	Single socio-economic information questionnaire (CUIS) and Prospera's complementary information registered in the survey of household socio-economic characteristics (CUIS-ENCASEH).	The information collected on families through the CUIS is recorded in the development targeting system (SIFODE), which consolidates the socio-economic information on individuals and households. This information is used to create the Prospera programme participant registry, which is based on the basic participant registry. It contains information on the families eligible for the process of joining the programme and the active participant registry, which includes the families that had joined the programme and are still active, as well as the families that had been removed or suspended from the participant registry. This information is incorporated into the comprehensive government programme registry system (SIPP-G), a tool that consolidates the federal government transfer programme user information in a database.
Childcare for Children of Working Mothers Programme (PEI)	Single socio-economic information questionnaire (CUIS).	Attendance record or allowance calculation.
Peru		
National Non-contributory Pension Program for People with Severe Disability in Situation of Poverty (CONTIGO)	Single socio-economic record (FSU) and Household targeting system (SISFHO).	Registry of CONTIGO programme participants.
Trinidad and Tobago		
Public Assistance Grant (PAG)	Programme application documents, including the child's birth certificate and the bank statement of the child's carer.	Public Assistance Grant registry by the Ministry of Social Development and Family Services.

Country/programme	Selection tools	Recipient registries
Uruguay		
Family allowances – Equality Plan (AF-PE)	Critical insufficiency index (ICC) calculated from the information on the BPS-MIDES income reporting form.	Registry of Family allowances – Equity Plan participants.
Personal Assistant Programme (PAP)	Programme application documents and Ministry of Social Development dependency scale.	Registry of users of the personal assistant service under the Social Insurance Bank and registration of applicants to whom personal assistant services should be offered.
Special Assistance Grants (AYEX)	Programme application documents and the critical insufficiency index (ICC) for participants of MIDES programmes.	Registry of Special Assistance Grant participants.

Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the region.

F. Legal framework and responsible and implementing institutions

A clear legal framework that creates a robust institutional structure allows programmes to guarantee the right of families with children with disabilities to receive cash transfers, in addition to other services, without depending on political and economic fluctuations. Legal frameworks that clearly set out the rules of operation, procedures and functions of each institution involved prevent conflicts between different administrative units and make the execution of the processes easier and more efficient. Moreover, a precise and specific legal framework gives the programme legitimacy and protects its scope and continuity, while also guaranteeing participants' rights (Cecchini and Madariaga, 2011; Hailu, Medeiros and Nonaka, 2008; Repetto, 2009; Levy and Rodríguez, 2005).

Table 12 shows that the vast majority of selected programmes have a specific legal framework that defines concepts and functions and establishes rules for each procedure. However, for programmes such as the FS in El Salvador or the BDH and BJGL in Ecuador, the legal framework is based on executive decrees that do not guarantee programme sustainability, because the framework was not achieved through consensus from all political sides. In the case of Jamaica's PATH, although it has been in operation for 18 years, there is no information available on its legal framework.

The legal instruments that support the programmes establish the administrative and management structures within the responsible and implementing institutions that govern the programmes. Table 12 shows that for 11 of the 15 selected programmes, the Ministry of Social Development (or equivalent, depending on the country) is the responsible and implementing institution, suggesting that the programmes are part of long-term social policy strategies. For programmes that also offer other services in addition to cash transfers or require inter-institutional coordination to facilitate compliance with conditions, being included among the programmes under the Ministries of Social Development ensures inter-sectoral cooperation, but requires coordination with other sectors to ensure comprehensive services for those with a disability. Meanwhile, programmes such as Chile's SDMM, Jamaica's PATH and Uruguay's AYEX have an institutional structure anchored in a specific sector, in this case the Ministry of Labour and Social Security (or equivalent, depending on the country). El Salvador's FS programme stands somewhat apart, since it is the only one of the selected programmes whose institutional structure depends on the country's president. This makes it a programme that is highly linked to the executive branch and therefore results in a high risk of political unsustainability.[40]

The challenge for the institutions in charge of transfer programmes aimed at families with children with disabilities is to strike a balance between technical capacities, political support and resource availability. The experiences of the AUH in Argentina and the AF-PE in Uruguay are examples of how social consensus and political leadership have managed to create and implement poverty reduction programmes

[40] It should be noted that the Sustainable Families Basic Solidarity Pension for Persons with Disabilities programme continued after the last presidential change in El Salvador.

with these types of institutions. With regard to Argentina's AUH programme, civil society and academia promoted the debates that were later appropriated by the political sector, to finally implement this transfer programme in 2009 (Lo Vuolo, 2010). For Uruguay's AF-PE programme, the coalition between the government elected in 2004 and the parliamentary majority facilitated the implementation of the programme as part of the welfare and social security reforms (Maldonado and Palma, 2011).

Table 12
Latin America and the Caribbean (9 countries): Institutional structure and funding sources for selected programmes, 2018

	Legal framework	Responsible institution	Implementing institution	Sources of funding
Argentina				
Universal Child Allowance (AUH)	Decree No. 1602/2009 of November 2009 and Decree No. 504/2015 of April 2015, amending the existing Family Allowance Regime Act No. 24.714; Decree No. 446/2011. Act No. 27.160, Decree No. 492/16, Decree No. 593/16.	National Social Security Administration (ANSES).	National Social Security Administration (ANSES).	Sustainability guarantee fund of the Argentine integrated social security system; integrated retirement and pension system.
Non-contributory Disability Pension (PNCD)	Act No. 13.478/48; Decree No. 432/97; Decree No. 582/03; Act No. 23746/89; Act No. 18910; Decree No. 2360/90.	Ministry of Social Development.	National Commission for Non-contributory Pensions and National Social Security Administration (ANSES).	Ministry of Social Development.
Chile				
Family Subsidy (SUF)	Act No. 19.949; Decree No. 29 (2011); Act No. 20530; Decree No. 15 (2013).	Ministry of Social Development and Family (which until 2011 was called the Ministry of Planning – MIDEPLAN).	Sub-Department of Social Services (until 2011 it was the Executive Department of Social Protection under the MIDEPLAN).	Chilean Government.
Intellectual Disability Allowance for children under 18 (SDMM)	Act No. 20.255, Law No. 18.600	Ministry of Labour and Social Security.	Social Security Institute, Superintendency of Social Security.	The subsidy is financed with the resources allocated annually by the budget law.
Ecuador				
Human Development Grant (BDH)	Executive Decree No. 347-A /2003; Executive Decree No. 12 /2007; Executive Decree No. 1824 /2006; Executive Decree No. 1838/2009; Executive Decree No. 129 of 23 August 2017.	Ministry of Economic and Social Inclusion (MIES).	Sub-Department for Non-contributory Insurance, Contingencies and Operations attached to the Vice-Ministry of Economic Inclusion under the Ministry of Economic and Social Inclusion (MIES). The Sub-Department for Family is in charge of implementing the family support strategy for BDH recipients.	It was initially financed by the Inter-American Development Bank (IDB) and the International Bank for Reconstruction and Development (IBRD). It is currently funded by the national government only.
Joaquín Gallegos Lara Allowance (BJGL)	Executive Decree No. 422 (2010).	Ministry of Economic and Social Inclusion. Prior to 2013 it was the Technical Secretariat for Inclusive Disabilities Management (SETEDIS) of the Vice-Presidency of the Republic.	Ministry of Economic and Social Inclusion.	Ministry of Finance through the National Development Bank (BNF).
El Salvador				
Sustainable Families Basic Solidarity Pension for Persons with Disabilities (FS)	Executive Decree No. 28 of 2017.	Presidency of the Republic through the General Directorate for Government Coordination and the Technical and Planning Office of the Presidency (SETEPLAN).	Social Investment Fund for Local Development (FISDL)	World Bank (WB); Inter-American Development Bank (IDB); other bilateral and multilateral sources.

	Legal framework	Responsible institution	Implementing institution	Sources of funding
Jamaica				
Programme of Advancement Through Health and Education (PATH)	…	Ministry of Labour and Social Security.	…	World Bank (WB).
Mexico				
Prospera Social Inclusion Programme	Decree creating the National Coordination Office for the Prospera Social Inclusion Programme (September 2014).	Department of Social Development (SEDESOL).	National Coordination of the Prospera Programme.	Mexican government; World Bank (WB).
Childcare for Children of Working Mothers Programme (PEI)	Supreme Decree No. 008-2017-MIDIS.	Department of Social Development (SEDESOL).	Department of Welfare.	Mexican government.
Peru				
National Non-contributory Pension Program for People with Severe Disability in Situation of Poverty (CONTIGO)	Supreme Decree No. 004-2015-MIMP; Supreme Decree No. 007-2016-MIMP; Supreme Decree No. 008-2017-MIDIS; Supreme Decree No. 161-2017-EF.	Ministry of Development and Social Inclusion (MIDIS).	Ministry of Development and Social Inclusion (MIDIS).	Peruvian government.
Trinidad and Tobago				
Public Assistance Grant (PAG)	Legal Notice No. 182-1997, Legal Notice No. 233-2004, Legal Notice No. 22-2010, Legal Notice No. 123-2012. Public Assistance Act 18 of 1951.	Social Welfare Department of the Ministry of Social Development and Family Services.	Social Welfare Department of the Ministry of Social Development and Family Services.	Government of Trinidad and Tobago.
Uruguay				
Family allowances – Equality Plan (AF-PE)	Act No. 18.227 amending Acts No. 17.139 and 17.758.	Ministry of Social Development and the Monitoring Unit.	Ministry of Social Development, Social Security Bank (BPS).	General revenues.
Personal Assistant Programme (PAP)	Act No. 18.651 of 2010; Act No. 19.353 of 2015; Decree No. 117-016 of 2016; Decree No. 392-016 of 2016.	Ministry of Social Development.	National Department of Health.	Uruguayan government.
Special Assistance Grants (AYEX)	Resolution R.D. No. 3-33/2015 (Regulation on special assistance grants).	Social Insurance Bank (BPS).	Social Security Bank (BPS) and the companies or institutions that provide rehabilitation, educational, recreational or mobility services to AYEX users.	Uruguayan government.

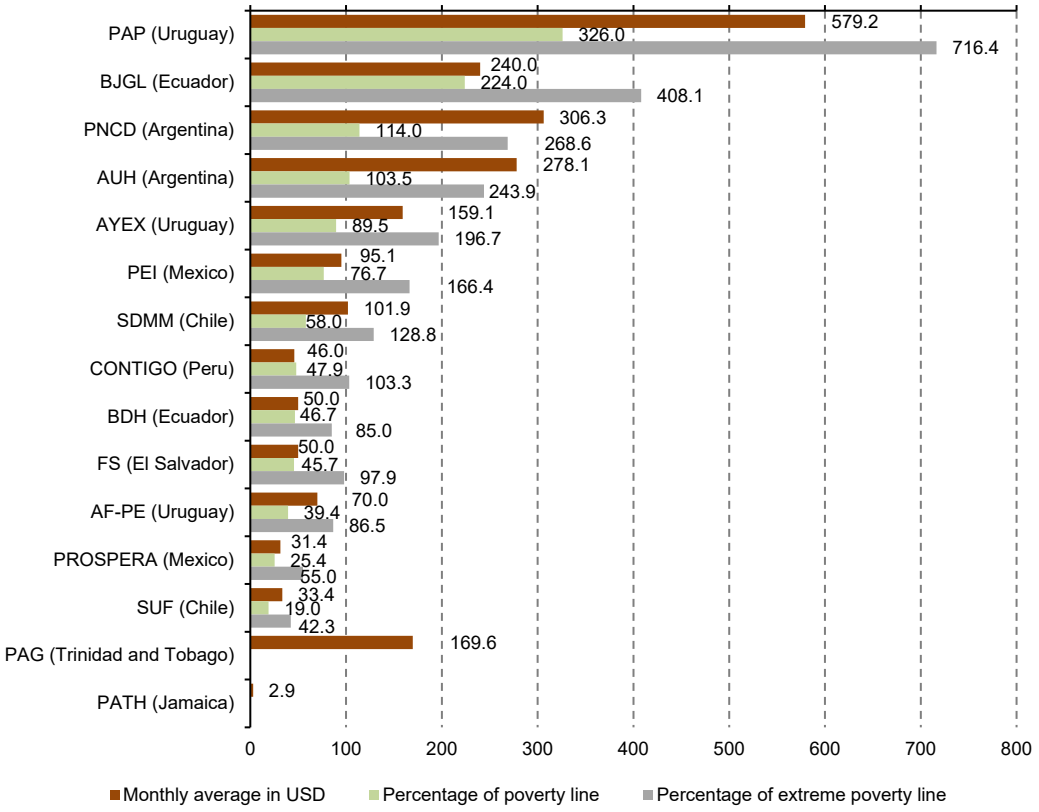
Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the region.

G. Cash transfer characteristics

The transfer amounts provided by the programmes that include or prioritize families with children with disabilities in Latin America and the Caribbean around 2018 varied widely, both when expressed in dollars and as percentages of the poverty and extreme poverty lines. Among the selected programmes, Uruguay's PAP delivers the highest amount of US$576.2 per month and Jamaica's PATH the lowest, at only US$6.1 per month. Uruguay's PAP continues to be the programme that provides the largest amount expressed as a percentage of the poverty and extreme poverty lines, since the transfer amount covers more than three times the poverty line and more than seven times the extreme poverty line. However, the amount provided

by Chile's SUF represents only 42.3 per cent of the extreme poverty line and 19 per cent of the poverty line; the basic amount of food and child support provided by Mexico's Prospera programme covered 55 per cent of the extreme poverty line and 25.4 per cent of the poverty line.[41] Among the selected countries, those that provide an amount that covers the value of the poverty line are the AUH and PNCD in Argentina, BJGL in Ecuador and PAP in Uruguay. Those covering the value of the extreme poverty line also include CONTIGO in Peru, SDMM in Chile, PEI in Mexico and AYEX in Uruguay. Thus, among the selected programmes, those that provide amounts that do not cover the value of the extreme poverty line are the SUF in Chile, Prospera in Mexico, BDH in Ecuador, AF-PE in Uruguay and FS in El Salvador (see figure 17).[42]

Figure 17
Latin America and the Caribbean (9 countries): monthly transfer amount for selected programmes expressed in dollars and as percentage of the poverty and extreme poverty lines, 2018



Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the countries of the region.
Notes: The Prospera transfer corresponds to payment for a family with a child with a disability who does not attend school and who receives food and child support. The PATH transfer corresponds to payment for a family with a child with a disability receiving the basic and healthcare allowances. Amounts are included as a percentage of the poverty and extreme poverty lines only for country programmes with poverty line data in CEPALSTAT. Due to data availability, the year of the poverty and extreme poverty lines closest to the last available year of the transfer amount was used. This is the case for Mexico's Prospera and PEI programmes, for which 2016 lines were used. The abbreviation for each programme is found in table 5.

[41] It is assumed that the amount received by a Prospera participant family with a child with a severe disability who was unable to attend school corresponded to the food and child support. This amount may vary depending on the composition and characteristics of the family of the child with a disability.

[42] There is no information available on the value of the poverty and extreme poverty line for Jamaica or Trinidad and Tobago, so they were not included in this analysis.

Among the selected programmes that do not target only persons or children with disabilities, five provide differentiated amounts to families with children with disabilities: AUH in Argentina, SUF in Chile, FS in El Salvador, PEI in Mexico and AF-PE in Uruguay. Four programmes deliver the same transfer amount for all participants, regardless of the disability status of the household members: BDH in Ecuador, PATH in Jamaica, Prospera in Mexico and PAG in Trinidad and Tobago. With regard to the other six programmes, which provide transfers only to children and persons with disabilities, four provide a flat transfer amount, i.e., the same for all participants regardless of their characteristics: PNCD in Argentina, SDMM in Chile, BJGL in Ecuador and CONTIGO in Peru. Uruguay's AYEX programme also provides an equal transfer for all participants who require the same services, but the amount may be different for people who require different services; that is, a child who received only the institutional care payment will receive a lower amount than a child who also requires the payment for transport. For Uruguay's PAP programme, the amount each family receives depends on the family's income bracket.

While transfer amounts should consider all costs associated with disability, especially in the case of programmes that provide differentiated amounts for persons with disabilities, these are generally set depending on the programme's budget and estimated coverage. For this reason, several of the programmes even establish maximum limits on transfers by family, such as Trinidad and Tobago's PAG or Uruguay's AF-PE (see table 13). Few of the selected programmes have clear documentation on how the transfer amounts were determined, and none of the programmes have documentation on estimating the costs associated with the disability of their recipients. Although some attempts have been made by public bodies and civil society to make these types of estimates, interviews conducted in Argentina, Mexico and Peru revealed that no actual estimates have been carried out.

Part of the difficulty of estimating disability-related costs is that there are many types and degrees of disability, and each has different associated expenses. Costs also vary depending on the age of the person with a disability due to the services, treatments and medications required at each stage of life. Furthermore, costs also depend on the quality of goods and services accessible to persons with disabilities, which varies according to their geographical location and their ability to access education and health facilities. In addition to the very frequent periodic expenses, unforeseen costs (e.g. due to illness) and occasional costs (e.g. medical check-ups or paperwork that must be filed every year or two) must also be taken into account. Moreover, the costs incurred by family members in terms of time and care work should also be considered as disability-related costs. It is very common for a family member to have to give up work in order to care for the child or person with a disability in the household, which leads not only to lost income since the person must leave the labour market, but also results in increased transport and food costs as well as unpaid work for the carer.

The selected programmes do not seek to cover all the costs associated with disability, but rather to contribute to the family income in order to alleviate the household's financial burdens. For this reason, transfers are usually given to the mother, the head of the household or the guardian or caretaker of the child or person with a disability (see table 13). The qualitative information collected in Mexico, in particular, revealed that families with children with disabilities used the transfers to cover the costs of education, rehabilitation and specialized therapies for the children. In Argentina, government and civil society officials have found that most families with children with disabilities use transfers to cover food and medical expenses. Some programmes even focus explicitly on covering the cost of a specific service required by children or persons with disabilities, such as Mexico's PEI programme, which sought to pay for childcare and was received directly by the person

providing the childcare.[43] Other such programmes include the PAP in Uruguay, which pays for personal assistants and is delivered directly to the personal assistant, and Uruguay's AYEX, which pays the costs of institutional care and the transport of the person with disability and his or her companion, and is delivered directly to the institute, carrier or companion of the participant according to the service received.

The transfers from the selected programmes also differ in aspects such as the payment method and frequency. Section III showed that most programmes in the region send the transfer through the formal banking system, while some programmes allow the option of payment in cash or even by cheque. In addition, most programmes deliver the transfers on a monthly basis, but others do so every two months or even annually. All of the selected countries provide monthly transfers, except Jamaica's PATH, Peru's CONTIGO and Mexico's Prospera (when it was active), which provide them every two months.[44] The AUH programme in Argentina reserves 20 per cent of each monthly transfer and pays out the accumulated amount to the families once a year, after verifying compliance of the children's health and education co-responsibility requirements.

[43] From 2019 the Support for the Well-being of Children of Working Mothers programme, which succeeded Mexico's PEI programme, no longer includes the component to support childcare service providers (see table A10 for more information on this programme).

[44] Non-contributory cash transfer programmes that include or prioritize families with children with disabilities and that are operational from 2019 in Mexico continue to provide transfers on a bimonthly basis (see table A10 for more information on these programmes).

Table 13
Latin America and the Caribbean (9 countries): cash transfer characteristics, 2018

	Modality	Amounts (in USD)	Method of payment	Frequency of payment	Recipient	Maximum per family
Argentina						
Universal Child Allowance (AUH)	Transfer according to zone of residence. A total of 80% of the amount granted is paid monthly to the recipients; the remaining 20% is held in a savings account in the name of the recipient at the National Bank of Argentina. The accumulated 20% may be received when the recipient proves that the health and education conditions have been met.	Between $64 and $84 for children without disabilities and between $210 and $278 for children with disabilities.	Bank transfer.	80% monthly, 20% annually.	Father or mother, guardian or blood relative up to the third degree.	This allowance is paid for up to five children.
Non-contributory Disability Pension (PNCD)	Flat transfer (same for all).	It corresponds to 70% of the minimum retirement. The amount was $306.30.	Bank transfer.	Monthly.	Direct participant. Allowances for children under 18 must be requested by their representative (parent, legal guardian or carer).	None; it is provided per person, not per household or family.
Chile						
Family Subsidy (SUF)	Flat transfer (equal for each child in the family), but the amount is double for children with disabilities.	It is $17 for children without disabilities and $33.40 for children with disabilities.	Bank transfer or cash withdrawal.	Monthly.	Father, mother or legal guardian.	None.
Intellectual Disability Allowance for children under 18 (SDMM)	Flat transfer (same for all).	$101.90.	Bank transfer or cash withdrawal.	Monthly.	Father, mother or legal guardian.	None.
Ecuador						
Human Development Grant (BDH)	Flat transfer (same for all).	Corresponds to $50.	Bank transfer or cash withdrawal.	Monthly.	Mother.	Up to $150, depending on the number of children in the household (variable component established from 2018).
Joaquín Gallegos Lara Allowance (BJGL)	Flat transfer (same for all).	Corresponds to $240.	Bank transfer.	Monthly.	Father, mother or legal guardian.	None.
El Salvador						
Sustainable Families Basic Solidarity Pension for Persons with Disabilities (FS)	Flat transfer (same for all).	Corresponds to $50.	Bank transfer or cash withdrawal.	Monthly.	Father, mother or legal guardian.	None.
Jamaica						
Programme of Advancement Through Health and Education (PATH)	The health component, aimed at persons with disabilities, is a flat transfer (same for all).	Corresponds to $12.10.	Magnetic card.	Every two months.	Family representative.	…

	Modality	Amounts (in USD)	Method of payment	Frequency of payment	Recipient	Maximum per family
Mexico						
Prospera Social Inclusion Programme	The food support component, which was the basic support that families with children with disabilities received, was a flat transfer.	Corresponded to $62.90.	Bank transfer or cash withdrawal.	Every two months.	Mother.	One transfer per family.
Childcare for Children of Working Mothers Programme (PEI)	Flat transfer (equal for each child in the family), but the amount is higher for children with disabilities.	Corresponded to $47.50 for children without disabilities and $95.10 for children with disabilities.	Bank transfer.	Monthly.	To the person providing childcare.	Maximum of three children per household at the same time, except in the case of multiple births.
Peru						
National Non-contributory Pension Program for People with Severe Disability in Situation of Poverty (CONTIGO)	Flat transfer (same for all).	Corresponds to $92.	Bank transfer.	Every two months.	Direct recipient or third party formally authorized to receive the transfer.	None.
Trinidad and Tobago						
Public Assistance Grant (PAG)	Based on family characteristics.	Corresponds to $169.60 for one person; $206.80 for two; $236.30 for three; and $258.50 for four or more.	Bank transfer, cheque or cash withdrawal.	Monthly.	Direct recipient or third party formally authorized to receive the transfer.	The maximum amount per family was $258.50 in 2018, for families of four or more.
Uruguay						
Family allowances – Equality Plan (AF-PE)	Transfer according to family composition (number of children, age, disability). Relative increase in the transfer amount to the children based on their attendance and progression through the formal education system.	Between $48 and $70.	Bank transfer or cash withdrawal.	Monthly.	Head of household, with preference for the mother.	Seven recipients (children per family).
Personal Assistant Programme (PAP)	The amount of the grant varies according to household income.	Depending on the family's income, the maximum amount is $579.20.	Bank transfer.	Monthly.	The personal assistant.	…
Special Assistance Grants (AYEX)	Flat transfer (same for all). The amount depends on the service.	It corresponds to $163.30 for institutional care, $77.40 for transport and $77.40 for the companion's tickets.	Bank transfer.	Monthly.	It is paid directly to the institute, transport provider or participant's companion.	None.

Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the countries of the region.

H. Penalties, programme duration and exit criteria

Some of the cash transfer programmes that prioritize families with children with disabilities impose penalties on families that do not comply with certain conditions (see table 14). For example, in the case of the SUF and SDMM in Chile, the cash transfer is cancelled if it is not collected for six months in a row; for the AF-PE in Uruguay, it is suspended if the information provided by the interested parties is found to be partially or totally false. These sanctions serve as an incentive for families to submit accurate information and take advantage of the allowance provided by the government.

The exit criteria for cash transfer programmes that prioritize families with children with disabilities are established both to ensure that transfers are not directed to those who no longer need them and for budgetary and policy reasons, which seek to maximize coverage and participant turnover due to budget constraints. According to Cecchini and Madariaga (2011), programmes that establish exit criteria for budgetary and policy reasons tend to shift away from their medium- and long-term objectives, since they focus more on the number of recipients the programme can reach than on the transition that families must make from needing and receiving transfers to no longer needing and receiving them.

One of the most common exit criteria in the selected programmes is the loss of eligibility conditions for the cash transfers (see table 14). Although these conditions are different for each programme, they are generally related to age, socio-economic, employment and health/disability status characteristics of the household members. In the case of Argentina's PNCD, for example, the transfer is lifelong, but if the family of a child with a disability manages to earn an income that exceeds the threshold for granting the allowance payment, the transfer is stopped. Interviews carried out in Argentina showed that these exit criteria can create perverse incentives that discourage adults with disabilities from seeking work: not only do they lose their allowance once they get a job, but the process for reapplying and being granted the allowance is lengthy, which in turn impacts the integration of persons with a disability into society and the guarantee of their rights.

In some cases, exit criteria may be combined with the programme duration. For example, for the AUH in Argentina or the PEI in Mexico (when it was active), the transfer is paid until the child reaches an age limit; however, in both cases the conditions vary when it comes to children with disabilities. With the AUH, the age restriction does not apply to persons with disabilities; for the PEI, the age of children with disabilities was less restrictive than for children without disabilities. For Mexico's PEI, the age limit for children without disabilities was one day before their fourth birthday, two years younger than for children with disabilities.[45] These restrictions ensure a rotation of participants that is in line with the programme's budgetary constraints, but after children reach the age limit and families no longer receive financial support, they may be even more vulnerable than when they entered the programme (Cecchini and Madariaga, 2011; Banegas, 2008; González de la Rocha, 2008). To ensure this does not happen, programmes must have strategies to ensure continuous social protection, where there is a connection between government programmes that allow families to make a smooth transition that will support their socio-economic development. For example, Trinidad and Tobago's PAG programme provides transfers only until the child with a disability turns 18, at which time the family's participation in the programme is terminated. At that point, the government offers the possibility for the young adult to transition to the Disability Assistance Grant for adults with disabilities.

[45] The Support for the Well-being of Children of Working Mothers programme, which succeeded Mexico's PEI from 2019, continued these conditions (see table A10 for more information on this programme).

Some of the selected programmes have a lifetime duration for persons with disabilities or depend on the type of disability, such as the PNCD in Argentina, BJGL in Ecuador, FS in El Salvador, CONTIGO in Peru, and the AF-PE, PAP and AYEX in Uruguay. Moreover, the duration of several programmes is the same for all participants, with the possibility of renewal or re-certification, provided that the eligibility conditions continue to be met. Among the programmes that take this approach are the SUF and SDMM in Chile, which both have a three-year duration; the BDH in Ecuador, which has a five-year duration; and the PATH in Jamaica, which has a four-year duration. While the possibility of re-certification allows families who still need financial support to continue to receive it, it can also be seen as a disincentive for families to improve their conditions and fully integrate into society without relying on government transfers. Mexico's Prospera programme was a special case, since it had a maximum eight-year duration with the possibility of re-certification, but it also offered a differentiated support scheme (*Esquema Diferenciado de Apoyo*, EDA) to families who were overcoming poverty, including those with children with disabilities, which allowed them to better transition to other social protection schemes to continue their development.

Table 14
Latin America and the Caribbean (9 countries): penalties, programme duration and exit criteria, 2018

	Penalties	Duration	Exit criteria
Argentina			
Universal Child Allowance (AUH)	Retention of 20% of the transfer until proof of compliance with conditions.	For children without disabilities, the transfer is granted until they turn 18. For persons with disabilities, the transfer is granted to their parents regardless of age.	For repeated non-compliance with health and/or education conditions. For loss of eligibility conditions. No recertification.
Non-contributory Disability Pension (PNCD)	…	Lifetime.	For loss of eligibility conditions.
Chile			
Family Subsidy (SUF)	The allowance is cancelled if it is not collected for six months in a row.	Three years. It can be renewed if the requirements are continually met.	For loss of eligibility conditions.
Intellectual Disability Allowance for children under 18 (SDMM)	The allowance is cancelled if it is not collected for six months in a row.	Three years. It can be renewed if the requirements are continually met.	For loss of eligibility conditions.
Ecuador			
Human Development Grant (BDH)	The allowance component for persons with a disability has no penalties. The transfer component to the mother does: Education: If the child is not enrolled in school, 50 per cent of the transfer payment will be reduced; if the child does not attend classes, the transfer payment will be definitively suspended. Health: If there is a first failure to comply, a warning will be issued with the payment receipt. If there is a second failure to comply, the payment will be reduced by 20%. If there is a third failure to comply, the payment will be reduced by 40%. If there is a fourth failure to comply, the payment will be suspended definitively.	Five years. It can be renewed if the eligibility conditions are continually met.	For loss of eligibility conditions. Recertification every five years.
Joaquín Gallegos Lara Allowance (BJGL)	…	Lifetime.	For loss of eligibility conditions.
El Salvador			
Sustainable Families Basic Solidarity Pension for Persons with Disabilities (FS)	…	Lifetime.	For loss of eligibility conditions.

	Penalties	Duration	Exit criteria
Jamaica			
Programme of Advancement Through Health and Education (PATH)	Payments to recipients who do not comply with the programme conditions will be suspended until the compliance requirement is achieved.	Four years. It can be renewed if the eligibility conditions are continually met.	For loss of eligibility conditions. Recertification every four years.
Mexico			
Prospera Social Inclusion Programme	Suspension of payments when: - The recipient for the family did not collect the payments twice in a row or if no transactions were made from the account for two or more consecutive bi-monthly periods; - There was a dispute over the programme payments among the registered members of the family; - It was not possible to gather the family's complete socio-economic and demographic information; - False or altered documentation was submitted; - The name of the programme was used for electoral, political, religious proselytizing or profit-making purposes; or - Duplication of the family was detected in the active participant registry.	Eight years. Prospera allowed families to remain in the differentiated support scheme (EDA) for one to three years after rising above the poverty line. The length of time a family could receive allowances under this scheme depended on the household maintaining demographic criteria (members under 22 years of age or women of reproductive age) and on their estimated per capita income.	For loss of eligibility conditions. Recertification every eight years.
Childcare for Children of Working Mothers Programme (PEI)	Due to non-compliance with the operating rules, one of the following options was possible: 1) the withdrawal process would be initiated; 2) temporary suspension.	Duration until children reach the age limit: between one and three years and 11 months (one day before their fourth birthday) for children without disabilities and between one and five years and 11 months (one day before their sixth birthday) for children with disabilities.	For the following reasons: - Non-compliance with any obligation; - Falsifying or modifying attendance records; - Signing attendance records for the childcare provider affiliated with the programme prior to or after care was provided or outside of the childcare facility; - Allowing any other person to sign the records other than those previously authorized; - Detecting that the participant provided false or modified information or documentation in order to meet the criteria and eligibility requirements for obtaining support; and - When the children exceed the age limit established in the programme operating rules.
Peru			
National Non-contributory Pension Program for People with Severe Disability in Situation of Poverty (CONTIGO)	Payments are suspended for one of the following reasons: 1) Use of money for purposes other than improving the quality of life of the person with a disability. 2) Signs of fraud, supported by the participant coordination and support unit. 3) Not collecting the payment for three consecutive months. 4) When the person authorized to collect receives a final judgement in a case of domestic violence against the person with a disability.	Lifetime, with annual renewal of the authorization for the collection of the allowances.	For loss of eligibility conditions.

	Penalties	Duration	Exit criteria
Trinidad and Tobago			
Public Assistance Grant (PAG)	The payment of public assistance will be suspended if the recipient is placed in state health institution that provides free services, is deprived of liberty or is absent from Trinidad and Tobago for a period longer than four months after official notification.	Until the child with a disability reaches the age of 18, when he or she can then apply for the Disability Assistance Grant.	For loss of eligibility conditions. If the recipient does not properly report his or her absence from the country for a period longer than four months, the payment of public assistance may cease. If the recipient is absent from the country for more than 12 months, assistance will be discontinued.
Uruguay			
Family allowances – Equality Plan (AF-PE)	Suspension of the transfer if it is found that the information provided by the persons concerned is partially or totally false or if the conditions for receiving the allowance cannot be verified for reasons attributable to them.	Lifetime for people with disabilities, with eligibility checks every three years.	For repeated non-compliance with health and/or education conditions. For loss of eligibility conditions.
Personal Assistant Programme (PAP)	If any irregularities are found, the allowance is immediately suspended, without prejudice regarding any other penalties that may apply.	Depends on the disability.	For loss of eligibility conditions.
Special Assistance Grants (AYEX)	In the event of non-compliance with conditions, a case file will be opened with the claims received and the heads of the institution will be given a hearing so that they can present the case. In the event of non-compliance with the requirements, BPS may withhold payment of the grants, issue a wrongful receipt of payment (previous payments must be reimbursed) or fine the institution.	Depends on the disability.	Death of the participant, completion of rehabilitation treatment, expiration of the technical evaluation, cessation of the disability payment, failure to attend institutional visits, failure to use the transport, failure of the recipients or external providers to comply with the rules established in the regulations.

Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] (https://dds.cepal.org/bpsnc/inicio); and on the basis of official documents from the governments of the countries of the region.

I. Expenditure and coverage of transfers for families with children with disabilities

Available information suggests that both the levels of expenditure and coverage of transfers for families with children with disabilities differ significantly among the selected programmes. According to data from around 2018, non-contributory transfer programmes in Argentina were, by a wide margin, those with the highest expenditure and coverage of children with disabilities among the selected programmes (see table 15). Together, the AUH and the PNCD spent more than $300 million in 2018 on transfers to families in which there were nearly 157,000 children with disabilities, representing more than 55 per cent of children with disabilities in that country. While the PNCD contributes nearly 80 per cent of the expenditure and coverage of the non-contributory transfer programmes that families with children with disabilities can receive in Argentina, the AUH, with a share of the remaining 20 per cent, reports higher expenditure and coverage than the programmes of the other selected countries.

Among the countries with available information, Chile stands out as the country with the second highest expenditure on non-contributory transfers and coverage of children with disabilities. Although the SUF reports the lowest level of expenditure and the second lowest coverage among the selected programmes, together with the SDMM these programmes reported in 2018 an expenditure of more

than $26 million in transfers to families with children with disabilities and coverage of more than 22,300 children with disabilities, which represents about 10 per cent of the total number of children with disabilities in the country.

In terms of coverage, Ecuador ranks third, while Uruguay comes third in terms of expenditure. The low transfer amount of the BDH results in transfer expenditure for families with children with disabilities of only $800,000 to cover more than 16,000 children with disabilities, while BJGL spends about $2 million to cover half the children with disabilities under the BDH. In 2018, the two programmes spent $2.8 million on transfers for 24,455 children with disabilities, equivalent to 16.3 per cent of children with disabilities in the country. The two Uruguayan programmes spent nearly $8 million in 2018; but while the AF-PE delivered transfers to 10,652 children with disabilities, PAP provided transfers to 1,190. As in Ecuador, differences in programme coverage in Uruguay arise because the transfer amounts are different. In total, Uruguay spent nearly $17 million in 2018 on transfers to some 12,000 children with disabilities.

Peru's CONTIGO programme delivered transfers in 2018 to 7,134 children with disabilities, equivalent to 1.6 per cent of children with disabilities in the country, with an expenditure of over $3.9 million. Mexico's PEI programme covered 5,977 children with disabilities, equivalent to 0.9 per cent of children with disabilities in the country, with a transfer expenditure of $4.5 million. The FS programme in El Salvador is the most recent of the selected programmes and it also has the smallest budget. This is reflected in its low coverage of only 204 children with disabilities, or 0.6 per cent of the child population with disabilities in the country, and its low transfer expenditure, which is just over $120,000.

The available historical information on transfer expenditure and coverage of families with children with disabilities in the selected programmes shows that most programmes have increased their coverage and expenditure on children with disabilities.[46] Especially high increases are visible in Argentina's AUH programme between 2009 and 2018, with a coverage expansion from 10,757 to 34,226 children with disabilities and raise in expenditure from 0.0005% to 0.01% of GDP. There were also other moderate increases, but equally important, in Chile's SDMM from 2008 to 2013 and Uruguay's AF-PE in the last 10 years. In contrast, programmes such as Ecuador's BDH and Mexico's PEI reduced spending on transfers and coverage of children with disabilities from 2016 to 2018. Although in Ecuador's case this is due to structural changes in the programme aimed at improving the targeting of transfers, programme means have been reduced by more than $1.5 million, and coverage has dropped by nearly 11,000 children with disabilities.

It should be noted most of the information on expenditure and coverage specifically directed at children with disabilities in the selected programmes was requested directly from the authorities in charge of the programmes, as it is not available to the public on government websites or in official documents. In particular, no information on expenditure and coverage disaggregated by age and disability status was found or received from the authorities in charge of the Prospera programme in Mexico, PATH in Jamaica, PAG in Trinidad and Tobago or AYEX in Uruguay. Countries should make greater efforts to gather information disaggregated by age and disability status from these programmes, in order to study their evolution over time and the extent of their coverage as well as to make comparisons between countries in the region.

[46] The historical series of expenditure and coverage of the selected programs are available upon request.

Table 15
Latin America (7 countries): expenditure and coverage of children with disabilities in families receiving transfers from selected programmes, 2018

	Expenditure (current dollars)	Coverage of children with disabilities	
		Number	As a percentage of the total number of children with disabilities at the national level
Argentina			
Universal Child Allowance (AUH)	56 642 736	34 226	12.06
Non-contributory Disability Pension (PNCD)	262 463 338	123 023	43.35
Chile			
Family Subsidy (SUF)	51 747	1 426	0.62
Intellectual Disability Allowance for Children under 18 (SDMM)	26 258 760	20 940	9.11
Ecuador			
Human Development Grant (BDH)	807 700	16 154	10.78
Joaquín Gallegos Lara Allowance (BJGL)	1 992 240	8 301	5.54
El Salvador			
Sustainable Families Basic Solidarity Pension for Persons with Disabilities (FS)	122 400	204	0.61
Mexico			
Childcare for Children of Working Mothers Programme (PEI)	4 462 873	5 977	0.93
Peru			
National Non-contributory Pension Program for People with Severe Disability in Situation of Poverty (CONTIGO)	3 907 135	7 134	1.63
Uruguay			
Family allowances – Equality Plan (AF-PE)	8 892 038	10 652	7.04
Personal Assistant Programme (PAP)	8 226 791	1 190	0.79

Source: Prepared by the authors on the basis of official documents and information provided directly by the programme officers of the programmes in the selected countries.

V. Conclusions and recommendations

Children and adolescents with disabilities gain access to material well-being in our societies through four spheres: the market, the State, their families and their communities. Of these four, the well-being of children with disabilities rests primarily with their families and the State. As a result of changes in the concepts of disability and the prominence of the rights-based approach in public policy, the role of the State is understood to be that of the ultimate guarantor of the rights of children with disabilities, and it must also protect and strengthen the capacity of families to guarantee their well-being.

Moving forward in this direction requires first overcoming the charity model of childhood disability that persists in our societies, and which, unfortunately, can still be found in some State institutions. In other words, we must move away from seeing children and adolescents with disabilities as needing charity and instead recognize them as subjects of rights. Providing families and children and adolescents with disabilities with the tools and resources necessary to build paths to full inclusion in society is essential for them to exercise these rights.

The resources needed to ensure inclusion are diverse and vary depending on the characteristics of the child and the families, but they can include: (i) financial means necessary to meet the specific needs of children with disabilities; (ii) information on the disability, its causes, and the particular physical and mental needs of each child; (iii) material support in the form of special services, as well as consumer goods and necessary equipment, such as special furniture and devices that are deemed necessary for the child with a disability to live a dignified and independent life and to be fully included in the family and community; (iv) various forms of temporary care, such as home help or day care services directly accessible in the community; (v) psychosocial support for parents and carers, such as strategies to reduce stress and anxiety caused by the financial, physical and emotional pressures of caring for a child with disability, which can also help prevent violence against children with disabilities; (vi) the basic need to work with families to raise awareness regarding the rights of their children; and (vii) access to affordable and quality education and health services.

However, the development of such routes to inclusion requires an essential foundation of statistical information. In order to understand and adequately respond to the multiple and interrelated forms of discrimination faced by children and adolescents with disabilities, information is needed about their situation and main needs, including data disaggregated by age, sex, territory, ethnicity and race and other characteristics. Therefore, addressing the lack of inclusion in many countries in the region will require strengthening their capacity to measure childhood disability, including having definitions, concepts and methodologies that adhere to a rights-based approach.

This study observed significant progress in the social protection of children and adolescents with disabilities. Such progress is confirmed by the appreciable increase in the number of non-contributory cash transfer programmes that include or prioritize families with children and adolescents with disabilities, which coincides with the ratification of the main human rights instruments for children and people with disabilities, as well as an increase in conditional cash transfer and social pension programmes in the region. From a perspective that recognizes the central role of comprehensive care for children and adolescents with the aim of inclusion, this study recognizes that cash transfer programmes are one component of a range of integrated and complementary services and allowances. Accordingly, a comprehensive approach to intervention is required that takes into account the multiple and changing needs of children with disabilities from a life-cycle perspective and with timely support in critical transitions.

Based on the analysis in this study, a series of recommendations are made to improve or strengthen the operational elements of cash transfer programmes for children and adolescents with disabilities.

(i) Cash transfer programmes that are aimed exclusively at children with disabilities are still limited in the region. The population of children and adolescents with disabilities generally receives cash transfers through conditional cash transfer programmes, social pensions or unconditional transfer programmes that also cover other vulnerable groups. However, the lack of transfer programmes aimed exclusively at children with disabilities may limit operational efforts to create referral or care pathways that, from these same programmes, make it possible to move towards comprehensive interventions and address the specific needs of families with children with disabilities.

(ii) With regard to the instruments used to select and register recipients, efforts should be made to create systems that integrate data from household surveys with administrative data, so that the systems contain information on the disability situation with complete information records on potential and effective participants. In addition, these systems make it possible to streamline and automate several programme selection, monitoring and evaluation processes. Together with the above, these systems have the potential to facilitate links with other government programmes and their coordination around a given policy (Repetto, 2009).

(iii) Disability certification is a central aspect of transfer programmes for persons with disabilities. Robust yet simple processes for this certification are recommended. A reliable system provides disability certificates to all those who have a disability and excludes those who do not have a disability. The process should be designed to make life easier for families: the system must be accessible to all and should minimize the difficulties of families and their children in terms of transport, waiting times and (unnecessary) documentation. It must also be physically accessible and provide relevant service by caring staff. The CUD in Argentina offers an example of a best practice in terms of disability certificates.

(iv) In light of the data on the additional costs of having a family member with a disability, and because children and adolescents with disabilities experience higher levels of monetary and non-monetary poverty than children without disabilities, more consideration must be given to the fact that the transfer amounts are low and that many of the programmes do not consider the situation of disability as a factor in determining the amount granted. Actions to be undertaken include revising the transfer amounts according to the achievement of minimum social protection objectives, particularly in those countries where these are extremely low.

(v) Reconciling the conditionalities that some programs require of families with children with disabilities with the rights approach is another pending task. If there are no accessible services for persons with disabilities in their communities, a condition puts receipt of transfers at risk.

(vi) Very little information is available on budgetary expenditure and specific coverage of children with disabilities by non-contributory transfer programmes that include or prioritize families with children with disabilities. However, the data point to limited budgets in a context of widespread under-coverage and low payment amounts that do not relate to the cost of disability to the family or the achievement of social protection objectives. Countries should make greater efforts to gather information disaggregated by age and disability status from these programmes, in order to study their evolution over time and the extent of their coverage as well as to make comparisons between countries in the region.

Lastly, while transfers are an important contribution to family income, programmes must seek to enable children with disabilities to become fully integrated into society. One of the challenges of programmes that provide transfers to families with children with disabilities, in addition to providing ongoing support (including financial support), is to encourage autonomous income generation by families and persons with disabilities themselves. For this reason, it is essential to implement a strategy that promotes a close connection between transfer programmes aimed at families with children and adolescents with disabilities, with accessible and inclusive education and health services, as well as with programmes for generating family income and for the labour market integration of persons with disabilities. Transfer programmes for families with children with disabilities can thus become a gateway to support in different areas offered by the government to children and adolescents with disabilities and their families, thereby establishing routes to full social and labour market inclusion.

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Annex

Table A1
Semi-structured interview guide for managers of cash transfer programmes

Research objective	Categories	Guiding questions
Identify the operational management aspects of the cash transfer programmes	Targeting the population with disabilities	- What is the mission and function of the entity for which you work? - Based on the mission and function of the entity for which you work, could you explain what your entity's programmes consist of and who the target participants are? - What is the institution's concept of disability and what are the types of disabilities it covers? - What method does the programme use to target participants? What criteria and tools are used to identify persons with disabilities and the type of disability of each recipient?
	Recipient selection	- What are the criteria for selecting programme participant? Are these criteria different for persons with and without disabilities? - During the targeting process, do you cross-check information with other social programmes? If so, could you explain how this is done?
	Disability certification	- If a disability certificate is required to access the programme, which entity is authorized to issue the certification? - What is the process for people (particularly children) to obtain their disability certificate? - What is your perception of how difficult it is to obtain the disability certificate? Points to consider: Information, mobility, transport and care costs, logistical support and infrastructure, paperwork and bureaucracy. - What is your perception of the effectiveness of the disability certificate? Points to consider: Strictness of the procedure, technical and human capacity of staff, geographical reach of certification centres and stigma of disability. - What elements do you think could improve the timeliness and effectiveness of the current certification process?
	How the programme works	- Once a child with a disability or his or her family enters the programme, how long does the child receive the transfers and services? (Only applies to programmes where the target population includes people without disabilities.) Is the duration the same for people with disabilities and people without disabilities? - How often is the cash transfer received and which payment mechanism is used? Example: bank transfer, voucher, cheque, etc. - For allowances granted to children with disabilities, who receives the cash transfer? How is the legal representation of children with disabilities verified? - Is there any follow-up with the family of the child with a disability receiving the transfer? What does it include?
	Re-evaluation of criteria and re-certification of disability	- If there is a time limit for participation in the programme, is there a re-evaluation of the selection criteria for participants to extend their inclusion in the programme? - Is there a disability re-certification process? If so, how often is this process carried out?
	Transfer amounts	- How are the transfer amounts established? - Are the transfer amounts different for children with disabilities? - Has the entity made any estimates about the costs associated with the disability to establish these transfers? Consider the following points: associated costs of disability (transport, healthcare, special care services) and opportunity cost of care time. - How is the variation over time of the transfer amounts established? - Do you think that the programme can be used as a tool to mitigate possible negative impacts from emergencies? Has this situation occurred at any point? - In your experience, what elements do you think should be re-evaluated in the process of assessing programme transfers? (With an emphasis on transfers aimed at children with disabilities).
	Transfer receipt conditions	- Does the programme set conditions for the receipt of cash transfers? What are these conditions? - Do these conditions apply equally to children with disabilities? - Which institution is responsible for assessing compliance with these conditions? - What is the procedure for checking compliance with these conditions? Points to consider: technical and human capacity for this procedure. - What elements stand out from the procedure of verifying compliance with conditions?

Research objective	Categories	Guiding questions
Determine the scope of the cash transfer programmes	Scope of the programme	- What is the programme's coverage in terms of families and individuals?
		- Does the entity monitor the number of children with disabilities and the number of families of children with disabilities receiving allowances from the programme? Is this coverage data disaggregated by disability status available to the public?
		- Does the programme succeed in reaching all the families it targets? More specifically, does the programme succeed in meeting its goals for coverage of families with children with disabilities?
		- Does the entity make estimates of exclusion rates from the programme (in general and specifically for families with children with disabilities)?
		- What do you think has limited the scope of the programme, particularly with regard to families with children with disabilities?
Identify the monitoring and evaluation aspects of the cash transfer programmes	Monitoring and evaluation	- What steps does the entity take to collect data on the process, coverage, expenditure and other outcomes of the programme?
		- How is this data used to improve the design and operation of the programme?
Determine the level of coordination of cash transfer programmes with other social programmes	Coordination with other social programmes	- Which complementary services or interventions (in terms of healthcare, education, transport, infrastructure, family and psychosocial support, etc.) are offered at the national or regional level to support families with children with disabilities by other institutions (State, non-governmental or private)?
		- How do you assess the level of coordination and complementarity with these other social programmes?
Determine the level of participation of families in the adequacy of cash transfer programmes	User participation in programme management	- Are there mechanisms for participation, so that users and their families can influence how the programme is managed? How effective are these mechanisms? Points to consider: complaint and grievance system.
Determine the outcomes of cash transfer programmes, with emphasis on children with disabilities	Outcomes	- What are the programme's outstanding outcomes? (especially focused on children with disabilities).
		- Has the entity conducted studies to determine what families (specifically those with children with disabilities) use the transfers for? E.g. food, clothing, education, savings, etc.
		- Have there been any programme impact assessments focused on children with disabilities? What are the findings of these assessments?
Determine the overall assessment of the different actors with respect to cash transfer programmes	Overall assessment	- What is your overall assessment of the programme and what elements do you think should be taken into account for future improvements? Points to consider: programme design, operational elements, scope, coordination with other programmes and adaptation of the programme to the needs of families.

Source: Prepared by the authors.

Table A2
Semi-structured interview guide for civil society organizations and programme teams

Research objective	Categories	Guiding questions
Identify the operational management aspects of the cash transfer programmes	Targeting the population with disabilities	- What is the mission and function of the entity for which you work? - What government programmes do you know that target families with children with disabilities? What do these programmes consist of? - Focusing on programmes that provide cash transfers, do you know the type(s) of disability they cover?
	Recipient selection	- What requirements must families meet to participate in these programmes? Are the requirements different for children with disabilities?
	Disability certification	- If disability certification is necessary, do you know which entity is in charge of issuing the disability certificate for these programmes? - What is the process for children with disabilities to obtain their disability certificate? - What is your perception of how difficult it is to obtain the disability certificate? Points to consider: Information, mobility, transport and care costs, logistical support and infrastructure, paperwork and bureaucracy. - What is your perception of the effectiveness of the disability certificate? Points to consider: Strictness of the procedure, technical and human capacity of staff, geographical reach of certification centres and stigma of disability. - What elements do you think could improve the timeliness and effectiveness of the current certification process?
	How the programme works	- Once a child with a disability or his or her family enters the programme, how long does the child receive the transfers and services? (Only applies to programmes where the target population includes people without disabilities.) Is the duration the same for people with disabilities and people without disabilities? - How often is the cash transfer received and which payment mechanism is used? Example: bank transfer, voucher, cheque, etc. - For allowances granted to children with disabilities, who receives the cash transfer? How is the legal representation of children with disabilities verified? - What is the process for families to receive cash transfers? Emphasize infrastructure, location and payment services for transfers. - Is there any follow-up with the family of the child with a disability receiving the transfer? What does it include?
	Re-evaluation of criteria and re-certification of disability	- If there is a time limit for participation in the programme, is there a re-evaluation of the selection criteria for participants to extend their inclusion in the programme? - Is there a disability re-certification process? If so, how often is this process carried out?
	Transfer amounts	- Are the transfer amounts different for children with disabilities? - In your experience, what elements do you think should be re-evaluated in the process of assessing programme transfers? (With an emphasis on transfers aimed at children with disabilities).
	Transfer receipt conditions	- Does the programme set conditions for the receipt of cash transfers? What are these conditions? - Do these conditions apply equally to children with disabilities? - What is the procedure for checking compliance with these conditions? Points to consider: technical and human capacity for this procedure. - What elements stand out from the procedure of verifying compliance with conditions?
Determine the scope of the cash transfer programmes	Scope of the programme	
Identify the monitoring and evaluation aspects of the cash transfer programmes	Monitoring and evaluation	

Research objective	Categories	Guiding questions
Determine the level of coordination of cash transfer programmes with other social programmes	Coordination with other social programmes	- Which complementary services or interventions (in terms of healthcare, education, transport, infrastructure, family and psychosocial support, etc.) are offered at the national or regional level to support families with children with disabilities by other institutions (State, non-governmental or private)? - How do you assess the level of coordination and complementarity with these other social programmes?
Determine the level of participation of families in the adequacy of cash transfer programmes	User participation in programme management	- Are there mechanisms for participation so that users and their families can influence how the programme is managed? How effective are these mechanisms? Points to consider: complaint and grievance system.
Determine the outcomes of cash transfer programmes, with emphasis on children with disabilities	Outcomes	- What are the programme's outstanding outcomes? (especially focused on children with disabilities). - Based on your experience, do you know if the entity has conducted studies to determine what families (specifically those with children with disabilities) use the transfers for? E.g. food, clothing, education, savings, etc.
Determine the overall assessment of the different actors with respect to cash transfer programmes	Overall assessment	- What is your overall assessment of the programme and what elements do you think should be taken into account for future improvements? Points to consider: programme design, operational elements, scope, coordination with other programmes and adaptation of the programme to the needs of families.

Source: Prepared by the authors.

Table A3
Semi-structured interview guide for families participating in cash transfer programmes

Research objective	Categories	Guiding questions
Identify the operational management aspects of the cash transfer programmes	Targeting the population with disabilities	- Does your family receive transfers or services from any social programmes? To your knowledge, what do each of these programmes consist of and who are they aimed at? (ask about specific programmes). - Focusing on programmes that provide cash transfers to your family, do you know the type(s) of disability these programmes cover?
	Recipient selection	- What requirements must your family meet to participate in these programmes?
	Disability certification	- If disability certification is necessary, do you know which entity is in charge of issuing the disability certificate for these programmes? - What process did your family have to follow so that your child with a disability could obtain their disability certificate? - Do you believe that all persons with disabilities (especially children) have the time and means to be evaluated for the certification process of these programmes? Points to consider: Information, mobility, transport and care costs, logistical support and infrastructure, paperwork and bureaucracy. - Do you feel that certification effectively selects those who should be supported by these programmes? Points to consider: Strictness of the procedure, technical and human capacity of staff, geographical reach of certification centres and stigma of disability. - How do you think the difficulty and method of certification could be improved so that monetary support reaches those who should receive it?
	How the programme works	- How long has your family been participating in these programmes? How long can you continue to participate? - How often do you receive cash transfers from these programmes? How do you receive them? Example: bank transfer, voucher, cheque, etc. - How did you have to prove legal representation for the children in your family in order to be a participant in these programmes? - What process do you or your family members follow to receive the cash transfers? Emphasize infrastructure, location and payment services for transfers. - Has your family received any follow-up from the programmes you receive allowances from? What does this follow-up entail?

Research objective	Categories	Guiding questions
	Re-evaluation of criteria and re-certification of disability	- If there is a time limit, will your family be reassessed so that you can continue to be a participant? - Has your family had to certify the child's disability on more than one occasion? If so, how often is this process carried out?
	Transfer amounts	- Is the amount of the transfer that your family receives different from the amount that families with children without disabilities receive? - What are the costs associated with the disability that your family incurs? - Are the costs associated with the disability incurred by your family covered by the cash transfers you receive?
	Transfer receipt conditions	- What conditions did your family have to meet in order to receive allowances from the transfer programmes you participate in? - What procedure did your family have to follow to ensure compliance with the conditions of these programmes? - What elements stand out from the procedure of verifying compliance with conditions?
Determine the scope of the cash transfer programmes	Scope of the programme	- Do you know families with children with disabilities who should receive the monetary support but do not? Similarly, do you know of families who should not receive the monetary support but do receive it? - What do you think has limited the scope of the programmes, particularly with regard to families with children with disabilities?
Identify the monitoring and evaluation aspects of the cash transfer programmes	Monitoring and evaluation	-
Determine the level of coordination of cash transfer programmes with other social programmes	Coordination with other social programmes	- Which complementary services or interventions (in terms of healthcare, education, transport, infrastructure, family and psychosocial support, etc.) does your family receive from other institutions (State, non-governmental or private)? - How do you assess the level of coordination and complementarity with these other social programmes?
Determine the level of participation of families in the adequacy of cash transfer programmes	User participation in the programme management	- Are there mechanisms for participation so that users and their families can influence how the programme is managed? How effective are these mechanisms? Points to consider: complaint and grievance system. - Have you or a member of your family taken part in these participation spaces? If so, which one(s)? What was the process and outcome?
Determine the outcomes of cash transfer programmes, with emphasis on children with disabilities	Outcomes	- How has receiving these transfers affected your family? (in terms of income, education, health, food, etc.). - What does your family spend the transfer amounts received from these programmes on? E.g. food, clothing, education, savings, etc.
Determine the overall assessment of the different actors with respect to cash transfer programmes	Overall assessment	- What is your overall assessment of the programmes your family participates in and what elements do you think should be taken into account for future improvements? Points to consider: programme design, operational elements, scope, coordination with other programmes and adaptation of the programme to the needs of families.

Source: Prepared by the authors.

Table A4
Institutions and individuals who provided quantitative and qualitative information for this study

Argentina	- Administración Nacional de la Seguridad Social (ANSES): Fernanda Reyes, Debora Feely and Magali Yance. - Agencia Nacional de Discapacidad (ANDIS): Miriam de Faria Viana and María Noel Destéfano. - Asociación Argentina de Padres de Autistas (APAdeA): Horacio Joffre Galibert and Marcela Niro. - Asociación Síndrome de Down de la República Argentina (ASDRA): Marcelo Varela. - Comisión para la Plena Participación e Inclusión de las Personas con Discapacidad (COPIDIS): Mercedes Rozental. - Consejo Nacional de Coordinación de Políticas Sociales de la Presidencia de la Nación (CNCPS): Gabriela Agosto. - Fundación Baccigalupo: Andrea Benaim. - Red por los Derechos de las Personas con Discapacidad (REDI): Marcelo Betti and Varina Suleiman. - Secretaría Nacional de la Niñez, Adolescencia y Familia (SENAF): Roberto Fidel Candiano, Maria Alicia Cusinato and Gabriel Enrique Castelli. - Sistema de Información, Evaluación y Monitoreo de Programas Sociales (SIEMPRO): Naomi Wermus, Ana Kukurutz, Guadalupe Grau and Soledad Laura Lopez.
Chile	- Ministerio de Desarrollo Social y Familia (MDSF): Francisco Socias.
Ecuador	- Ministerio de Inclusión Económica y Social (MIES): Oscar Leonardo Enríquez Sánchez, Gandy Rene Lopez Fuertes and Carolina Villalba.
El Salvador	- Secretaría Técnica y de Planificación (SETEPLAN): Irma Yolanda Núñez and Rebeca Sánchez.
Mexico	- Asociación pro Personas con Parálisis Cerebral (APAC): Isis Lemus Careño, Guadalupe Maldonado Guerrero and mothers of children in APAC: Tania Alva Carmona, Rachel Mercado Guerrero and Neli Martinez Lopez. - Confederación de Organizaciones a favor de la Persona con Discapacidad Intelectual (CONFE): Mariana Legaspe Montaño and Alejandra Romero Reyes. - Consejo Nacional para el Desarrollo y la Inclusión de las Personas con Discapacidad (CONADIS): Mercedes Juan López. - Fundación Teletón México: Tania Karasik Munitz and Sergio Zaragoza Castillo. - PROSPERA: Paulina Rodríguez Salinas and Damián Rosales. - Red por los derechos de la infancia en México (REDIM): Juan Martín Pérez García. - Secretaría de Desarrollo Social (SEDESOL): Rafael Arcos Morales, Jose Luis Uribe Arzate, Carolina del Carmen Fernández Méndez, Martha Angélica Ramos Rosas, Elizabeth González Gómez and Ricardo Celso Guzmán Roldán.
Peru	- CONTIGO programme: Oscar Hurtado Capristan. - Dirección de Políticas en Discapacidad del Consejo Nacional para la Integración de la Persona con Discapacidad – CONADIS: Luis Edgardo Vásquez Sánchez.
Uruguay	- Banco de Previsión Social (BPS): Beatriz Franchi. - Ministerio de Desarrollo Social (MDS): María Susana Barreto, Gabriela Pedetti, Juan Pablo Labat and Virginia Saenz.

Source: Prepared by the authors.

Table A5
Cash transfer programmes for children with disabilities from countries outside the region analysed for comparison purposes

Country	Programme
United States	Social Security Disability Income (SSDI)
	Supplemental Security Income (SSI)
Canada	Canada Child Benefits (CCB)
	Child Disability Benefits (CDB)
	Disability Tax Credit (DTC)
Germany	Kindergeld
Denmark	Børnecheck
France	Subsidio Familiar (SB)
	Subsidio de Educación para Hijo Minusválido (SEHM)
	Subsidio Diario de Presencia Parental (SDPP)
Netherlands	Prestaciones Familiares (PF)
United Kingdom	Child Benefit (CB)
	Disability Living Allowance (DLA)
	Carer's Allowance (CAUK)
Australia	Carer Payment (CPA)
	Carer Allowance (CAA)
	Carer Supplement (CSA)
	Carer Adjustment Payment (CAPA)
	Child Disability Assistance Payment (CDAPA)
	Assistance for Isolated Children Scheme – Distance Education Allowance (DEAA)
New Zealand	Best Start (BS)
	Child Disability Allowance (CDANZ)
	Disability Allowance (DANZ)
Japan	Universal Child Allowance (UCAJ)
	Child Rearing Allowance (CRA)
	Special Child Rearing Allowance (SCRA)
Nepal	Universal Child Allowance (UCAN)
	Disability Identification Card (DICN)
South Africa	Child Support Grant (CSG)
	Care Dependency Grant (CDG)

Source: Prepared by the authors.

Table A6
Latin America and the Caribbean (20 countries and 6 territories): non-contributory cash transfer programmes that include or prioritize families with children with disabilities according to target population, 2018

Country	Programme	Target population (TP)	Age range	TP focused on the poor, prioritizing persons with disabilities	TP focused on children and adolescents, prioritizing persons with disabilities	TP focused only on persons with disabilities
Antigua and Barbuda	People's Benefit Programme	Persons with disabilities or in poverty.	No age limit for PWDs	Yes	No	No
Argentina	Universal Child Allowance	Families with children with and without disabilities, whose parents are unemployed, working in domestic service or working in the informal sector.	No age limit for PWDs	Yes	No	No
	Non-contributory Disability Pension	Persons with total disability (76% or more).	No age limit for PWDs	Yes	No	Yes
Bolivia (Plurinational State of)	Juancito Pinto Grant	Persons under age 21 who attend public schools, regular subsystem education centres or public special education centres and alternative and special education subsystem centres.	Persons under age 21	Yes	Yes	No
Brazil	Continuous Benefit Programme	Adults over 65 not receiving pensions and persons with a long-term disability (minimum two years) of any age in extreme poverty.	No age limit for PWDs	Yes	No	No
Chile	Family Subsidy (Act No. 18.020)	Low-income families whose adult members are not registered in a pension system. Among those eligible for Family Subsidy are: a) Children up to age 18 years and persons with disabilities of any age, living at the expense of the recipient and not receiving an income equal to or greater than the value of the Family Subsidy; b) Persons with disability referred to in Act No. 18.600, of any age, who are not recipients of a welfare pension under Decree Law No. 869 of 1975.	No age limit for PWDs	Yes	No	No
	Intellectual Disability Allowance for Children under 18	Children under 18 with intellectual/cognitive and mental disabilities in low-income households.	Children under age 18	Yes	Yes	Yes
Colombia	More Families in Action	Families who are living in poverty and vulnerability (SISBÉN level 1), who have been displaced or indigenous people with children under 18. Priority is given to families with children with disabilities. In the case of children and adolescents with disabilities, the maximum of three children and adolescent recipients per family does not apply.	Children and adolescents with disabilities must be between four and 20 years of age	Yes	Yes	No
Costa Rica	Non-contributory Basic Pension Scheme	The elderly, persons with disabilities, destitute widows/widowers, orphans and the homeless.	No age limit for PWDs	Yes	No	No
	Section H Family Allowance	Low-income working people who have children with disabilities and persons over 18 and under 25 with disabilities, as long as they are students at an institution of higher education or a vocational or technical school.	No age limit for children with permanent disabilities	Yes	No	No
	Poverty and Disability (formerly Family Support Services)	Persons with disabilities in poverty.	Persons under 65 (only the health promotion axis)	Yes	No	Yes

Country	Programme	Target population (TP)	Age range	TP focused on the poor, prioritizing persons with disabilities	TP focused on children and adolescents, prioritizing persons with disabilities	TP focused only on persons with disabilities
Cuba	Social Welfare System	Within the different target population groups are mothers on unpaid leave for the care of children with a chronic illness or disability.	No age limit for PWDs	Yes	No	No
Dominican Republic	Subsidized Solidarity Pension Scheme	Adults over 60, unemployed single mothers with under-age children and persons with disabilities (loss of at least 50% of productive capacity) of any age who are vulnerable.	No age limit for PWDs	Yes	No	No
Ecuador	Human Development Grant	Families in extreme poverty with children under 16, adults over 65 and people with disabilities.	No age limit for PWDs	Yes	No	No
	Joaquín Gallegos Lara Allowance	Persons with severe disabilities (65% intellectual disability and 75% physical disability), with catastrophic illnesses, orphans and children under 14 age with HIV/AIDS, and who are living in extreme poverty.	No age limit for PWDs	Yes	No	Yes
El Salvador	Sustainable Families Basic Solidarity Pension for Persons with Disabilities	Families living in poverty, with priority given to families with children or pregnant women, students under 21 and persons with severe disabilities under 70 assessed by the Ministry of Health.	PWDs under age 70	Yes	No	No
Jamaica	Programme of Advancement Through Health and Education	Impoverished families with children under 17, adults over 60, persons with disabilities, pregnant and breastfeeding women and poor unemployed adults (between the ages of 18 and 64).	No age limit for PWDs	Yes	No	No
Mexico	Prospera Social Inclusion Programme	Households in food poverty. The targeting criteria included households with members with disabilities. Once eligible families were identified, the programme gave priority to households with members under age 22, households with women of reproductive age, and households with members with disabilities.	No age limit for PWDs	Yes	No	No
	Childcare for Children of Working Mothers	Households with at least one child under age four, or under age six in cases of children with disabilities, according to the following: mothers, single parents, guardians or main carers who were working, seeking employment or studying, whose per capita income per household did not exceed the welfare line and who declared that they did not have access to childcare services through public social security institutions or other means.	Children under age six for children with disabilities	Yes	Yes	No
Panama	Guardian Angel Programme	All dependent persons with severe disabilities in extreme poverty.	No age limit for PWDs	Yes	No	Yes
Paraguay	Tekoporâ	Households living in extreme poverty with pregnant women, widowed parents, elderly adults or children up to age 18, as well as persons with disabilities and indigenous families.	No age limit for PWDs	Yes	No	No
Peru	National Non-contributory Pension Programme for Persons with Severe Disability in Situation of Poverty – CONTIGO	Persons with severe disabilities, persons under age 65 living in poverty.	Persons under age 65	Yes	No	Yes

Country	Programme	Target population (TP)	Age range	TP focused on the poor, prioritizing persons with disabilities	TP focused on children and adolescents, prioritizing persons with disabilities	TP focused only on persons with disabilities
Saint Kitts and Nevis	Disability Grants	Aimed at families living in poverty with persons with disabilities.	No age limit for PWDs	Yes	No	Yes
Trinidad and Tobago	Public Assistance Grant	Citizens who are vulnerable or dependent due to illness, injury, incarceration, death and/or abandonment by a parent or guardian; needy children whose father, mother or both parents have died, are in hospital, are in prison or have abandoned the family; and parents or guardians caring for a child with a severe disability whose family income is deemed inadequate.	No age limit for PWDs	Yes	No	No
	General Assistance Grant – Special Child Grant	Families who are vulnerable, victims of natural or man-made disasters, and parents who cannot afford to care for a child with a disability.	Children with disabilities under 18	Yes	Yes	Yes
Uruguay	Family allowances – Equality Plan	Families living in poverty with children under 18 or persons with disabilities.	No age limit for PWDs	Yes	No	No
	Personal Assistant Programme	Aimed at offsetting the costs of engaging a personal assistant service to support the development of the daily activities of persons with severe dependency.	Persons under 29 and over 80	No	No	Yes
	Special Assistance Grants	Aimed at promoting the social, educational and cultural integration and rehabilitation of children and adults with disabilities.	No age limit for PWDs	No	No	Yes
Venezuela (Bolivarian Republic of)	José Gregorio Hernández Grant	Persons with disabilities supported by the *Movimiento Somos Venezuela*.	No age limit for PWDs	Yes	No	Yes

Non-independent territories in Latin America and the Caribbean

Territory	Programme	Target population (TP)	Age range	TP focused on persons living in poverty	TP includes only children and adolescents	TP includes only persons with disabilities
Cayman Islands (United Kingdom)	Poor Relief Assistance – Poor Relief Payments	People who are vulnerable due to old age and/or mental or physical disability.	No age limit for PWDs	Yes	No	No
Guadeloupe, French Guiana and Martinique (France)	Disabled Child Education Allowance	Families with dependent children under age 20, and who have a permanent disability rate of at least 80 per cent, or between 50 per cent and 80 per cent if the child is in a special education institution or receives home care.	Children and adolescents with disabilities under 20	No	Yes	Yes
	Disability Allowance	Persons with disabilities who are unable to perform essential everyday activities or who have serious difficulty in performing at least two essential everyday activities as defined in the assessment's reference system.	Children and adolescents with disabilities under 20	No	Yes	Yes
	Daily Parental Allowance	Any person who is responsible for a child under the age of 20 with a serious illness or disability which requires continuous supervision and strict care.	Children and adolescents with disabilities under 20	No	Yes	Yes

Country	Programme	Target population (TP)	Age range	TP focused on the poor, prioritizing persons with disabilities	TP focused on children and adolescents, prioritizing persons with disabilities	TP focused only on persons with disabilities
Puerto Rico (United States)	Temporary Assistance for Needy Families – General Assistance	Persons who are elderly, blind or with disabilities and families with children in need.	Each component has its own age range. The General Assistance component applies to children under 18 with disabilities.	Yes	Yes	No
United States Virgin Islands	Aid to the Blind	Blind persons who are US citizens or permanent residents of the US Virgin Islands. Resources such as savings/checking accounts and other properties that exclude the home in which the person resides cannot exceed $2,000. The value of the person's vehicle cannot exceed US$4,650.	No age limit for PWDs	No	No	Yes
Total number of programmes with "Yes"				29	10	16
Percentage of programmes with "Yes"				80.6	27.8	44.4

Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the countries of the region.

Table A7
Latin America and the Caribbean (20 countries and 6 territories): characteristics and amounts of non-contributory cash transfer programmes that include or prioritize families with children with disabilities, 2012/2018

Country	Programme	Year of information	Transfer amount in local currency	Transfer amount in dollars	Frequency of payment	Transfer different for PWDs	Method of payment
Antigua and Barbuda	People's Benefit Programme	2012	215	79.6	Monthly	No	Magnetic card (People's Benefit Card)
Argentina	Universal Child Allowance	2017	4 606	278.1	Monthly	Yes	Bank transfer
	Non-contributory Disability Pension	2017	5 073	306.3	Monthly	Not applicable	Bank transfer
Bolivia (Plurinational State of)	Juancito Pinto Grant	2017	200	28.9	Annually	No	In cash
Brazil	Continuous Benefit Programme	2017	937	293.6	Monthly	No	In cash or by bank transfer
Chile	Family Subsidy (Act No. 18.020)	2017	21 688	33.4	Monthly	Yes	Bank transfer
	Intellectual Disability Allowance for children under 18	2017	66 105	101.9	Monthly	Not applicable	Bank transfer
Colombia	More Families in Action	2017	124 950	42.3	Every two months	No	Bank transfer or cash withdrawal
Costa Rica	Non-contributory Basic Pension Scheme	2017	97 327	171.5	Monthly	Yes	Cheque or cash withdrawal
	Section H Family Allowance	2017	58 053	102.3	Monthly	Not applicable	Cash withdrawal
	Poverty and Disability (formerly Family Support Services)	2018	221 716	386.4	Monthly	Not applicable	Bank transfer
Cuba	Social Welfare System	2017	190	7.9	Monthly	No	…
Dominican Republic	Subsidized Solidarity Pension Scheme	2016	3 011	63.4	Monthly	No	Bank transfer

Country	Programme	Year of information	Transfer amount in local currency	Transfer amount in dollars	Frequency of payment	Transfer different for PWDs	Method of payment
Ecuador	Human Development Grant	2017	50	50.0	Monthly	No	Payment by magnetic card or in cash
	Joaquín Gallegos Lara Allowance	2017	240	240.0	Monthly	Not applicable	Bank transfer
El Salvador	Sustainable Families Basic Solidarity Pension for Persons with Disabilities	2017	50	50.0	Monthly	Yes	Bank transfer
Jamaica	Programme of Advancement Through Health and Education	2017	1 550	12.1	Every two months	No	Magnetic card
Mexico	Prospera Social Inclusion Programme	2017	1 190	62.9	Every two months	No	Payment in cash or by bank transfer
	Programme for childcare for children of working mothers	2017	1 800	95.1	Monthly	Yes	Direct payment to childcare providers
Panama	Guardian Angel Programme	2017	160	160.0	Every two months	Not applicable	Payment in cash or by bank transfer
Paraguay	Tekoporâ	2017	240 000	42.7	Every two months	Yes	Payment in cash, by bank transfer or by mobile phone.
Peru	National Non-contributory Pension Programme for Persons with Severe Disability in Situation of Poverty – CONTIGO	2017	300	92.0	Every two months	Not applicable	Bank transfer
Saint Kitts and Nevis	Disability Grants	2009	40	14.8	Monthly	Not applicable	Bank transfer
Trinidad and Tobago	Public Assistance Grant	2017	1 150	169.6	Monthly	No	Bank transfer
	General Assistance Grant–Special Child Grant	2017	1 100	162.3	Monthly	Not applicable	Bank transfer
Uruguay	Family allowances – Equality Plan	2017	2 006	70.0	Monthly	Yes	Cash withdrawal
	Personal Assistant Programme	2017	16 611	579.2	Monthly	Not applicable	Cash withdrawal or bank transfer
	Special Assistance Grants	2017	9 123	318.1	Every two months	Not applicable	Cash withdrawal or bank transfer
Venezuela (Bolivarian Republic of)	José Gregorio Hernández Grant	2018	700 000	15.2	Monthly	Not applicable	Magnetic card

Non-independent territories in Latin America and the Caribbean

Territory	Programme	Year of information	Transfer amount in local currency	Transfer amount in dollars	Frequency of payment	Transfer different for PWDs	Method of payment
Cayman Islands (United Kingdom)	Poor Relief Assistance – Poor Relief Payments	2018	550	662.7	Monthly	No	Bank transfer
Guadeloupe, French Guiana and Martinique (France)	Disabled Child Education Allowance	2018	132	148.9	Monthly	Not applicable	Bank transfer
	Disability Allowance	…	…	…	…	Not applicable	Bank transfer
	Daily Parental Allowance	2018	44	49.5	Monthly	Not applicable	Bank transfer
Puerto Rico (United States)	Temporary Assistance for Needy Families – General Assistance	2015	75	75.0	Monthly	No	Cheques sent by post
United States Virgin Islands	Aid to the Blind	2018	170	170.0	Monthly	Not applicable	Magnetic card

Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes, [online] https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the countries of the region.
Note: The Prospera transfer corresponds to payment for a family with a child with a disability who does not attend school and who receives food and child support. The PATH transfer corresponds to payment for a family with a child with a disability receiving the basic and health allowances.

Table A8
Latin America and the Caribbean (20 countries and 6 territories): co-responsibility requirements and intended use of payments from non-contributory cash transfer programmes that include or prioritize families with children with disabilities, 2018

Country	Programme	Co-responsibility requirements	Specific use of the transfer
Antigua and Barbuda	People's Benefit Programme	None	Unrestricted use
Argentina	Universal Child Allowance	Education: School attendance for children aged 5 to18. Health: Children under 18 must be up-to-date on all their vaccinations and have completed all health check-ups.	Unrestricted use
	Non-contributory Disability Pension	None	Unrestricted use
Bolivia (Plurinational State of)	Juancito Pinto Grant	School attendance rate of 80 per cent at their educational establishment, according to the teacher's report.	Unrestricted use
Brazil	Continuous Benefit Programme	None	Unrestricted use
Chile	Family Subsidy (Act No. 18.020)	Health: Minors and persons with disabilities of any age must participate in the health programmes established by the Ministry of Health for the care of children up to age eight. Education: For children over age six, proof must be shown that they are regular students in elementary, secondary or higher education or equivalent in state-run or state-recognized institutions, unless they have a disability.	Unrestricted use
	Intellectual Disability Allowance for Children under 18	None	Unrestricted use
Colombia	More Families in Action	Health: 100% of children must attend all growth and development check-ups. Education: School attendance rate of at least 80%. Children cannot be held back (fail) more than two school years. Training and information: Attend all meetings and trainings as well as the special support days scheduled by the municipality.	Unrestricted use
Costa Rica	Non-contributory Basic Pension Scheme	None	Unrestricted use
	Section H Family Allowance	Low-income persons with disabilities between 18 and 25 must be students at an institution of higher education or vocational training.	Unrestricted use
	Poverty and Disability (formerly Family Support Services)	None	It depends on the payment agreement between the participating families and the institutions coordinating the programme.
Cuba	Social Welfare System	None	Unrestricted use
Dominican Republic	Subsidized Solidarity Pension Scheme	None	Unrestricted use
Ecuador	Human Development Grant	Education: If the person with a disability does not attend an educational facility, he or she may receive the Disability Pension without conditions. Children with disabilities between 5 and 17 who attend an educational facility must be enrolled in school and have a 75% attendance rate. Children under 15 are not allowed to work. Health: Children under 5 must be taken for medical check-ups. Women and men who are members of the family unit and who are of childbearing age must attend a family planning talk at least once a year. Housing: Refrain from building any type of construction in flood-, landslide- or invasion-prone areas.	Unrestricted use
	Joaquín Gallegos Lara Allowance	Carers must attend trainings on topics such as: rights and self-esteem, organization of care and attention to the person with a severe disability, hygiene, nutrition, diet, vital signs, mobilization, sexual and reproductive health, among others.	Unrestricted use

Country	Programme	Co-responsibility requirements	Specific use of the transfer
El Salvador	Sustainable Families Basic Solidarity Pension for Persons with Disabilities	Recipients and carers must attend training on topics such as: human rights, food and nutritional security, development stimulation, gender, masculinity, environmental use and conservation, among others.	Unrestricted use
Jamaica	Programme of Advancement Through Health and Education	Health: Recipients must attend health check-ups. Education: Registration in a public school and have a minimum monthly attendance rate of 85% (does not apply to children with disabilities who are not in school).	Unrestricted use
Mexico	Prospera Social Inclusion Programme	Health: Recipients had to attend scheduled preventive medical check-ups. Education: School attendance rate of at least 85% (did not apply to children with disabilities who were not in school). Food: Allocations had to be used to buy food for the household and consume nutritional supplements. Others: Attend health guidance sessions.	Unrestricted use
	Childcare for Children of Working Mothers Programme	The child had to attend childcare at least 15 times per month and stay at least five hours each time.	The transfer was paid directly to the childcare provider.
Panama	Guardian Angel Programme	Health: Attend health check-ups and rehabilitation appointments, if recommended. Others: Participation in talks, classes and seminars on psychological and medical guidance, and access to the educational system for minors.	Unrestricted use
Paraguay	Tekoporâ	Health: Attend care centres for growth, development and vaccination check-ups for children and adolescents; attend pre-natal check-ups for pregnant women. Education: School enrolment and 85% attendance rate for children and adolescents (aged six to 18; not applicable to children with disabilities who do not go to school) and participation of adults in MEC literacy programmes. Identification: Have an identification document.	Unrestricted use
Peru	National Non-contributory Pension Programme for Persons with Severe Disability in Situation of Poverty – CONTIGO	None	Unrestricted use
Saint Kitts and Nevis	Disability Grants	None	Unrestricted use
Trinidad and Tobago	Public Assistance Grant	None	Unrestricted use
	General Assistance Grant – Special Child Grant	None	Unrestricted use
Uruguay	Family allowances – Equality Plan	Health: Complete periodic health check-ups for people with a physical disability. Education: School enrolment and attendance (does not apply to children with disabilities who are not in school).	Unrestricted use
	Personal Assistant Programme	None	The transfer must be used to engage a personal assistant service for the care of persons with disabilities.
	Special Assistance Grants	None	The transfer must be used for one of the following items: 1) Rehabilitation centres, 2) Transport, 3) Purchase of companion's tickets.
Venezuela (Bolivarian Republic of)	José Gregorio Hernández Grant	None	Unrestricted use

Country	Programme	Co-responsibility requirements	Specific use of the transfer
		Non-independent territories in Latin America and the Caribbean	
Territory	Programme	Co-responsibility requirements	Specific use of the transfer
Cayman Islands (United Kingdom)	Poor Relief Assistance – Poor Relief Payments	None	Unrestricted use
Guadeloupe, French Guiana and Martinique (France)	Disabled Child Education Allowance	None	Unrestricted use
	Disability Allowance	None	According to the personalized plan drawn up by the programme coordinators, the transfer must be used for one of the following items: 1) carer services; 2) technical support; 3) housing adaptations, vehicle modifications and additional transport-related costs; 4) specific or exceptional aid; and 5) service animals.
	Daily Parental Allowance	None	Unrestricted use
Puerto Rico (United States)	Temporary Assistance for Needy Families – General Assistance	None	Unrestricted use
United States Virgin Islands	Aid to the Blind	None	Unrestricted use

Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] (https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the countries of the region.

Table A9
Latin America and the Caribbean (9 countries): method of targeting the disability component of the selected programmes, 2018

Argentina		
Universal Child Allowance (AUH)	(1)	Category-based: according to need, only if the family did not receive the Family Child Allowance, and according to selection criteria: children and adolescents (up to age 18, or no age limit for persons with disabilities) whose parents are unemployed or work in the informal market at a wage below the minimum wage; are staff in private homes or temporary workers in the agricultural sector (in the months when the job is reserved); or are self-employed (*monotributista social*). Children and adults must be Argentine citizens, naturalized citizens or legal resident foreigners with three years of residency. Children with disabilities must have the Single Disability Certificate (CUD) to obtain disability accreditation.
Non-contributory Disability Pension (PNCD)	(1)	Category-based: according to need and selection criteria: (i) certified disability of at least 76 per cent working capacity; (ii) the applicant and his/her spouse are not covered by any kind of social security or non-contributory allowance; (iii) he/she does not have assets, income or resources of any kind that allow him/her to support him/herself and his/her family unit; (iv) he/she is an Argentine citizen or a naturalized citizen. Naturalized persons must have had continuous residency in the country for at least five years prior to the request for the pension; (v) foreign nationals must provide proof of a minimum continuous residency in the country of 20 years immediately prior to the request for the pension; (vi) they must not be subject to a court sentence.
	(2)	Proxy means test.
Chile		
Family Subsidy (SUF)	1)	Category-based: according to need and selection criteria. Aimed at persons with low-incomes who are not workers affiliated with a pension system. The following may be eligible: (i) minors up to age six, who provide proof of attendance at health programmes; (ii) minors between the ages of six and 18, who provide proof of regular studies at the elementary, secondary, higher or equivalent levels of education; (iii) mothers of minors supporting themselves for whom they receive family allowances; (iv) pregnant women who provide a certificate stating they are five months pregnant; and (v) persons with disabilities of any age who provide a certificate of their condition from the Commission for Preventive Medicine and Disability (COMPIN). The SUF cannot be combined with family allowances, the basic solidarity pension (PBS) or the intellectual disability allowance.
	(2)	Proxy means test.
Intellectual Disability Allowance for children under 18 (SDMM)	(1)	Category-based: according to need and selection criteria: (i) persons under age 18 with an intellectual disability accredited by the COMPIN; (ii) lack of economic resources (belonging to a household in the 20 per cent of greatest vulnerability according to the social household registry and having an average family income of less than 50 per cent of the minimum pension); (iii) not receiving any social security or other type of social allowance; and (iv) continuous residency in the country for at least three years immediately prior to the date the application is submitted.
	(2)	Proxy means test.
Ecuador		
Human Development Grant (BDH)	1)	Geography-based: the census sectors where the incidence of poverty exceeds 50 per cent of the households are selected according to the mapping data from the National Institute of Statistics and Census (INEC) and the Unsatisfied Basic Needs Index.
	(2)	Community-based: in very remote rural census sectors (e.g., the Amazon) families are asked by a local authority to go to a public site and provide the information required for the social registry.
	(3)	Proxy means test: families whose Welfare Index classifies them as living in extreme poverty.
	(4)	Category-based: according to selection criteria: families in extreme poverty with children under 16, adults over 65 and persons with disabilities certified by the health authority.
Joaquín Gallegos Lara Allowance (BJGL)	(1)	Category-based: according to need and selection criteria: people in critical socio-economic situations; with severe disabilities; catastrophic illnesses or orphan diseases; and children under 14 with HIV/AIDS. Persons with disabilities must be certified by the health authority.
	(2)	Proxy means test: families whose Welfare Index classifies them as living in extreme poverty.
El Salvador		
Sustainable Families Basic Solidarity Pension for Persons with Disabilities (FS)	(1)	Geography-based: priority is given to municipalities based on the percentage of households in extreme poverty, calculated on the basis of the 2007 National Population Census and the result of the Single Registry of Participants (RUP).
	(2)	Proxy means test: extreme poverty levels according to the Quality-of-Life Index of the Single Registry of Participants (RUP).
	(3)	Category-based: programme selection criteria. Persons under 70 with severe disabilities must be evaluated by the Ministry of Health.

Jamaica	
Programme of Advancement Through Health and Education (PATH)	(1) Proxy means test: families living in poverty according to the information in the Beneficiary Identification System (BIS). (2) Category-based: programme selection criteria.
Mexico	
Prospera Social Inclusion Programme	1) Geography-based: the coverage area included all areas of the country, but priority was given to areas with households registered in the development targeting system (SIFODE); the social gap index of the National Council for the Evaluation of Social Development Policy (CONEVAL) and the marginalization index of the National Population Council (CONAPO) were used to prioritize areas where the programme was not operating. (2) Proxy means test: families living in poverty according to the information in the development targeting system (SIFODE). (3) Community-based: areas with citizen demand registered by the Prospera national coordination unit. (4) Category-based: programme selection criteria. Persons with disabilities were required to submit a medical certificate from the public health service.
Childcare for Children of Working Mothers Programme (PEI)	(1) Category-based: according to need and programme selection criteria: (i) the child's mother or carer had to be working, studying or looking for work; (ii) the mother or carer must not have had access to any other type of childcare; (iii) the household's per capita income must have been below the welfare line, estimated from the information recorded by the household in the single socio-economic information questionnaire (CUIS); and (iv) children with disabilities must have had a medical certificate from the public health service indicating the child's disability. (2) Proxy means test.
Peru	
National Non-contributory Pension Program for People with Severe Disability in Situation of Poverty (CONTIGO)	(1) Geography-based: areas most in need. (2) Category-based: according to need and programme selection criteria: i) participants must have a certificate for a severe disability, issued by health facilities authorized by the Ministry of Health; ii) not receive income or pension from the public or private sector, including economic allowances granted through the Social Security Health Insurance (ESSALUD); iii) live in poverty according to the criteria of the household targeting system (SISFOH); and iv) be under 65 years of age. (3) Proxy means test.
Trinidad and Tobago	
Public Assistance Grant (PAG)	(1) Category-based: according to need and programme selection criteria. Children with disabilities must (i) belong to a household without an adequate income level and (ii) have a certificate from an official government doctor confirming their disability.
Uruguay	
Family allowances – Equality Plan (AF-PE)	(1) Category-based: according to need and selection criteria: (i) households with children under 18 whose income and poverty situation is verified by members of the Social Insurance Bank (BPS); (ii) includes former participants of the National Social Emergency Plan (PANES); (iii) participants cannot receive any other type of family assistance. (2) Proxy means test: families living in poverty according to the critical insufficiency index (ICC).
Personal Assistant Programme (PAP)	(1) Category-based: according to need and selection criteria: severely dependent persons under 29 or over 80 years of age residing in their home and who are Uruguayan or have been residents in the country for 10 years or more. Severe dependency will be determined according to the dependency scale applied by the Ministry of Social Development.
Special Assistance Grants (AYEX)	(1) Category-based: according to need and selection criteria: non-contributory transfers apply to persons with disabilities and/or developmental disorders who are participants in the "proximity" programmes of the Ministry of Social Development (MIDES), such as *Uruguay Crece Contigo*, *Cercanías/ETAF* and *Jóvenes en Red*. Participants must have a disability certificate issued by their general practitioner and healthcare provider.

Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] (https://dds.cepal.org/bpsnc/inicio; and on the basis of official documents from the governments of the countries of the region.

Table A10
Mexico: main characteristics of non-contributory cash transfer programmes that include or prioritize families with children with disabilities (operational since 2019)

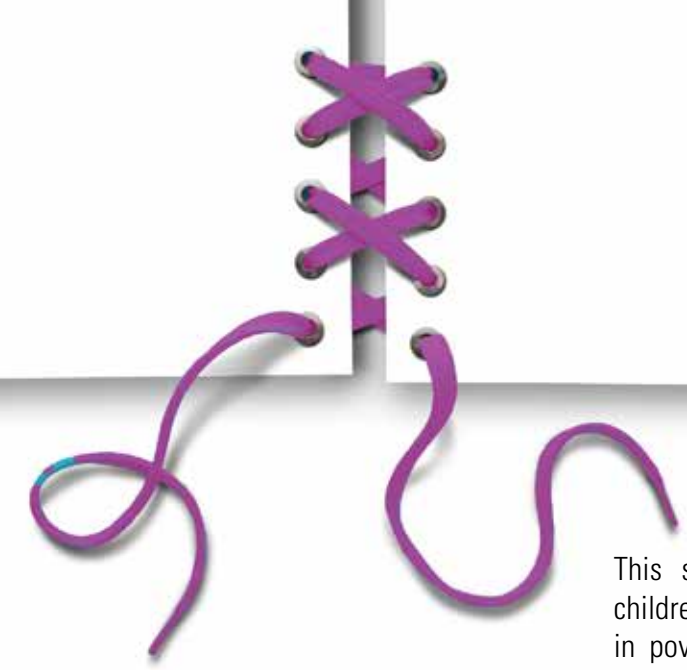
	Benito Juárez Scholarships for Well-being (BBBJ)	Pension for the Well-being of Persons with Permanent Disabilities (PBPD)	Support for the Well-being of Children of Working Mothers (ABNNHMT)
Description	The Benito Juárez Scholarships for Well-being programme seeks to strengthen inclusive and equitable education through capacity-building to support the education of those who are vulnerable or living in poverty. The programme provides scholarships in early, primary and secondary education to children and adolescents from participant families in order to encourage their enrolment and completion. From 2019, this programme has replaced the educational components of the Prospera Social Inclusion Programme.	The Pension for the Well-being of Persons with Permanent Disabilities programme strives to improve the quality of life, social well-being and equality of persons with permanent disabilities who are in a vulnerable situation by granting a non-contributory pension every two months, with priority given to children and adolescents and indigenous peoples.	The Support for the Well-being of Children of Working Mothers programme provides cash transfers to single parents or guardians who are looking for work, working or studying so that they can obtain childcare and improve their access to and remain in the labour market or complete their education.
Target population (includes age ranges for people with disabilities)	Families living in extreme poverty with children, adolescents and young people enrolled in school and who can access the programme's scholarships. Additionally, the programme considers Prospera participants households that meet the eligibility requirements in 2019, whose estimated per capita income is below the income poverty line (IPL).	(i) Children and young people between 0 and 29 years old. (ii) Indigenous people between 30 and 64 years old. (iii) Adults between 30 and 67 years old.	Households with at least one child under age four, or under age six for children with disabilities, according to the following: Mothers aged 15 years or over, single parents or guardians who are working, seeking employment or studying, without direct or family access to childcare and childcare services through public social security institutions.
Components	(i) Basic education scholarships; (ii) Universal scholarship for secondary school students. Students registered in care centres for students with disabilities (CAEDs) are referred to the Pension for the Welfare of Persons with Permanent Disabilities programme; students registered in this pension programme are excluded from receiving the universal scholarship for secondary school students.	(i) Financial support.	(i) Financial support.
Disability certification	Medical disability certificate from the public health service. It must be renewed annually.	The document certifying the permanent disability must contain the minimum requirements for medical certification by a public institution and must indicate the permanent disability. This document does not have to be presented when the person has a noticeable or obvious disability (the certificate is requested only in case of doubt about the permanent disability status).	When the disability is not visible to the Departmental support staff, an original medical certificate issued by a public health institution or by a licensed physician, specialized in the type of disability, will be required.

	Benito Juárez Scholarships for Well-being (BBBJ)	Pension for the Well-being of Persons with Permanent Disabilities (PBPD)	Support for the Well-being of Children of Working Mothers (ABNNHMT)
Targeting method	Geography-based: highly vulnerable and impoverished sectors according to the Declaration of Priority Attention Zones issued by the Chamber of Deputies. Priority is given to families living in areas with a majority indigenous population, areas with a higher degree of marginalization or areas with high rates of violence. Category-based: (i) families whose estimated monthly per capita income is below the extreme poverty line and who have a member between the ages of 0 and 15 enrolled in early or basic education; (ii) families whose monthly per capita income is below the poverty line and who have scholarship recipients.	Geography-based: Priority is given to people living in areas classified as indigenous, areas with a higher degree of marginalization or areas with high rates of violence. Category-based: Persons meeting the eligibility criteria for age, permanent disability status and geographic location, in the following order of preference: (i) children and youth; (ii) indigenous persons; and (iii) non-indigenous adults.	Geography-based: the programme prioritizes people living in indigenous municipalities; municipalities with a large social gap or extreme poverty; areas with a high degree of marginalization or high rates of violence; border and tourist areas; and areas subject to comprehensive development strategies. Category-based: participants in the previous PEI programme, selected according to need and programme selection criteria: (i) the child's mother or carer must have been working, studying or looking for work; (ii) the mother or carer must not have had access to any other type of childcare; (iii) the household's per capita income must have been below the welfare line, estimated from the information recorded by the household in the single socio-economic information questionnaire (CUIS); and (iv) children with disabilities must have had a medical certificate from the public health service indicating the child's disability. Direct means test.
Selection tools	Geography-based targeting is performed taking into account the social gap index (*Índice de Rezago Social*) established by the National Council for the Evaluation of Social Development Policy (CONEVAL), the marginalization index (*Índice de Marginación*) established by the National Population Council (CONAPO), available basic statistical information on localities and geostatistical areas, colonies or city blocks generated by the National Institute of Statistics and Geography (INEGI), the Department of Welfare or other institutions. Socio-economic information is collected from all households in the priority areas through a socio-economic survey in order to identify those eligible for the programme. Participants are selected on the basis of the information in the socio-economic survey, the validation of forms or proof of enrolment in basic and/or higher secondary education in schools authorized for the programme (incorporated by the Department of Public Education in the National Catalogue of Basic and Higher Secondary Education Workplaces in the school-based modality) and the programme record (used to process corrections or updates regarding users).	Proof of identification and address, application to join the Pension for the Welfare of Persons with Permanent Disabilities programme and a document certifying the permanent disability issued by a federal, state or municipal public health institution.	Development programme application form and other documents required for application to the programme.

	Benito Juárez Scholarships for Well-being (BBBJ)	Pension for the Well-being of Persons with Permanent Disabilities (PBPD)	Support for the Well-being of Children of Working Mothers (ABNNHMT)
Participant registry	The active programme participant registry (*Padrón Activo de Beneficiarios*) includes the households and users receiving the cash transfers. This registry is included in the basic programme participants registry (*Padrón Base de Beneficiarios*), which contains the socio-economic information of all potential participant households. The basic registry is then incorporated into the Registry of Comprehensive Development Programmes (*Padrón de los Programas Integrales para el Desarrollo*) that includes the lists of participants of grant programmes from the Mexican government.	Registry of Participants of the Pension for the Welfare of the Permanently Disabled.	Participant registry of the Support for the Welfare of Children of Working Mothers programme.
Legal framework	Decree establishing the National Coordination Office for the Benito Juárez Scholarships for Well-being (Federal Official Gazette, 31/05/2019). Agreement to establish the operating rules of the Prospera Social Inclusion Programme, for the fiscal year 2019 (Federal Official Gazette, 28/02/2019).	Agreement to establish the operational guidelines for the Pension for the Welfare of the Permanently Disabled, for the fiscal year 2019 (Federal Official Gazette, 27/02/2019).	Agreement to establish the operating rules of the Support for the Welfare of Children of Working Mothers programme, for the fiscal year 2019 (Federal Official Gazette, 28/02/2019).
Responsible institutions	Department of Welfare through the National Coordination Office for the Benito Juárez Scholarships for Well-being.	Secretariat of Welfare.	Secretariat of Welfare through the Directorate-General of Social Policy of the Sub-Department of Welfare.
Implementing institutions	Secretariat of Welfare through the National Coordination Office for the Benito Juárez Scholarships for Well-being, the State Coordination Offices for the Comprehensive Development Programmes, the Department of Public Education (SEP), the State Services for Education or equivalent, and the National Council for the Promotion of Education (CONAFE).	Secretariat of Welfare through the Sub-Department of Social and Human Development.	The Secretariat of Welfare through the Directorate-General of Social Policy of the Sub-Department of Welfare, in conjunction with the Technical Committee on normative aspects and the Development Programme Delegations.
Source of funding	Mexican government.	Mexican government.	Mexican government.
Transfer amounts (in Mexican pesos, USD, % poverty and % extreme poverty)	MXN $800 per month per family (in 2019). Equivalent to USD $41.60; 72.7% of the extreme poverty line and 33.5% of the poverty line.	MXN $1,275 per month (in 2019). Equivalent to USD $62.20; 115.9% of the extreme poverty line and 53.4% of the poverty line.	(i) For each child aged between one year and one day before his or her fourth birthday: MXN $800 per month; equivalent to USD $41.60; 72.7% of the extreme poverty line and 33.5% of the poverty line. (ii) For each child with a disability aged between one year and one day before his or her sixth birthday: MXN $1,800 pesos per month; equivalent to USD $93.50; 163.6% of the extreme poverty line and 75.4% of the poverty line.
Method of payment	Deposit in bank accounts or in cash or payment orders paid to support payment points.	Bank transfer or other suitable means.	Bank transfer or other suitable means.
Frequency of payment	Every two months, during five bimonthly periods (10 months of the school year).	Every two months.	Every two months.
Recipient	Mother.	The person with a disability, carer or other adult.	Mother, father or guardian.
Maximum per family	MXN $800 per month per family (in 2019).	None.	The transfer is given to participants for a maximum of three children per household in the same period, except in cases where there are multiple births.
Co-responsibility requirements	Students must be enrolled in basic education; registration in the participant registry.	None.	None.

	Benito Juárez Scholarships for Well-being (BBBJ)	Pension for the Well-being of Persons with Permanent Disabilities (PBPD)	Support for the Well-being of Children of Working Mothers (ABNNHMT)
Transfer use	Participating families must use the means from the programme to improve their children's education and support their regular school attendance.	Unrestricted use.	Unrestricted use.
Penalties	Indefinite suspension of the transfer when: (i) the proof of registration into school is not received on time; (ii) at least one scholarship recipient has had to repeat the same grade for a third time; (iii) the scholarship is not collected on two consecutive occasions; (iv) the family member receives the scholarship amount but does not make any withdrawals from his/her bank account for two or more consecutive two-month periods; (v) the family's allowance recipient does not sign his/her savings account contract or does not pick up his/her bank card to receive the programme transfers for more than two two-month periods after issuance; (vi) there are inconsistencies in the data of the family members and the family cannot be located to update them or when it is not possible to collect the complete socio-economic information on the family.	Suspension of the transfer when: (i) after three home visits, on different days and at different times, the pension recipient or the responsible person is not located at his or her registered home; (ii) no transactions or movements are recorded on the bank account over three two-month periods; or (iii) there are inconsistencies and/or incorrect information in the personal data and/or documents provided by the recipient or person in charge.	Due to non-compliance with the operating rules, one of the following options could occur: (1) the withdrawal process would be initiated; (2) temporary suspension.
Programme duration	The length of time that the children and adolescents who use the programme attend initial, primary and secondary education.	For as long as recipients meet the programme selection criteria.	Until children reach the age limit: between one and three years and 11 months (one day before their fourth birthday) for children without disabilities and between one and five years and 11 months (one day before their sixth birthday) for children with disabilities.
Exit criteria	The family is removed from the active programme participant registry when: (i) the head of the participating family does not comply with the commitments made (keeping family data up to date, participating in information sessions, preventing children from working, allocating resources to improving the children's education and supporting the children's regular attendance at school); (ii) false information is provided; (iii) the name of the programme is used for electoral, political, proselytizing, religious or profit-making purposes; (iv) eligibility conditions are no longer met; or (v) by voluntary withdrawal. There is a re-certification process for the continuous updating of the participant registry, for which the socio-economic information of user households must be updated no more than every four years.	(i) Eligibility conditions are no longer met; (ii) provision of false information; (iii) voluntary withdrawal; (iv) the user no longer has a disability; v) change of permanent or temporary residence abroad.	For the following reasons: (i) Detecting that the participant in this modality provided false or modified information or documentation in order to meet the criteria and eligibility requirements for obtaining support; and (ii) When the children exceed the age limit established in the programme operating rules.
Total coverage	3,727,454 families (in 2019).	815,923 people (in 2019).	149,314 people (in 2019).
Budget executed	MXN $25,780,362,670 (in 2019) Equivalent to USD $1,339,239,619 and 0.106% of GDP.	MXN $8,295,000,000 (in 2019) Equivalent to USD $430,909,090 and 0.034% of GDP.	MXN $1,975,130,000 (in 2019) Equivalent to USD $102,604,155 and 0.008% of GDP.

Source: Source: Prepared by the authors on the basis of the ECLAC Non-contributory Social Protection Programmes Database for Latin America and the Caribbean – Conditional Cash Transfer Programmes and Social Pension Programmes [online] (https://dds.cepal.org/bpsnc/inicio); and on the basis of information from CONEVAL (2020a, 2020b, 2020c) and the official journal of the Government of Mexico (2019a, 2019b, 2019c).



This study establishes a sociodemographic profile of children with disabilities, the majority of whom are living in poverty, and analyses non-contributory cash transfer programmes in Latin America and the Caribbean that cover or prioritize families with children or adolescents with disabilities. These programmes may be the gateway to the establishment of full inclusion routes for children and adolescents with disabilities and their families, both in the social and the labour sphere. While the region has seen an increase in the number of cash transfer programmes that cater to or prioritize families with children or adolescents with disabilities, there is a need for comprehensive action to ensure accessible services, strengthen selection tools as well as recipient registries and disability certification processes, and establish cash transfer amounts that cover all costs associated with childhood disability.

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