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ES-KEY

# Disability Allowance in the Maldives

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# Overview

- Background
- Methods
- Access
- Impact
- Questions

# Social protection in the Maldives

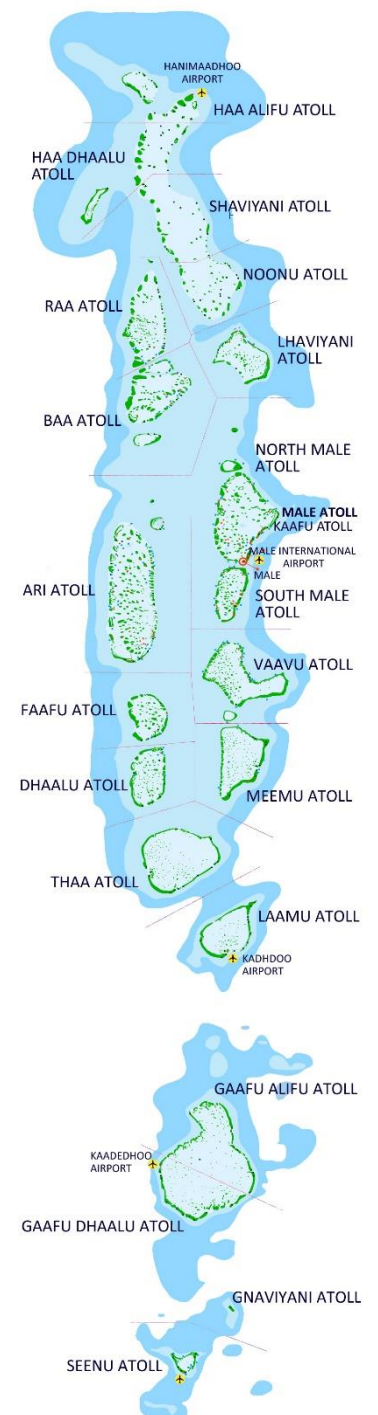
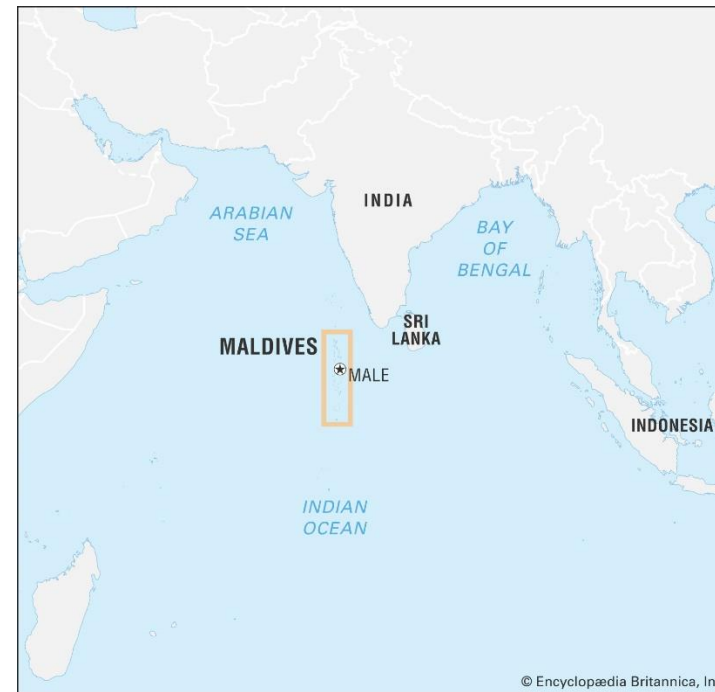
Under the administration of the National Social Protection Agency (NSPA)

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Disability Allowance  
Medical welfare (also open to people without disabilities)

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Other schemes include Old Age Pension, Single Parent Allowance



# Disability Allowance

- Monthly cash transfer equivalent to US\$130
- Eligibility: people assessed by a government committee as having a disability
- Established in 2010 to “provide financial support to the disabled and enable them to have equal opportunities in the society as others”
- As of June 2016, 6,839 people with disabilities were receiving the Allowance

# Medical Welfare

- Most medical care provided through national healthcare system (*Aasanda*)
- Medical Welfare provides assistive devices and financial assistance for non-covered items (e.g. medications)
- Can cover costs relating to application for DA, cover disability specific conditions
- Not limited to people with disabilities
- For requests, need to submit certification of impairment by medical professional/ need for service or device



# Objectives

To assess access to the Disability Allowance

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To explore the impact of the Disability Allowance on poverty, quality of life and participation



# Methods

- Quasi-experimental study design
- Baseline (2017): pre-receipt of the Disability Allowance
  - National population-based survey (>5,000 people)
  - Additional recruitment of people newly accepted to the Disability Allowance
  - Case control: people with and without disabilities
- Endline (2019): Re-visit all cases, controls and new enrollees
- Qualitative research: ~40 in-depth interviews at baseline and endline

# Methods – Determining impact

- Analysis through difference-in-difference to compare changes in poverty, participation and quality of life

Intervention group: new Disability Allowance enrollees

Compared to:

People with no disabilities

People with disabilities (never enrolled)

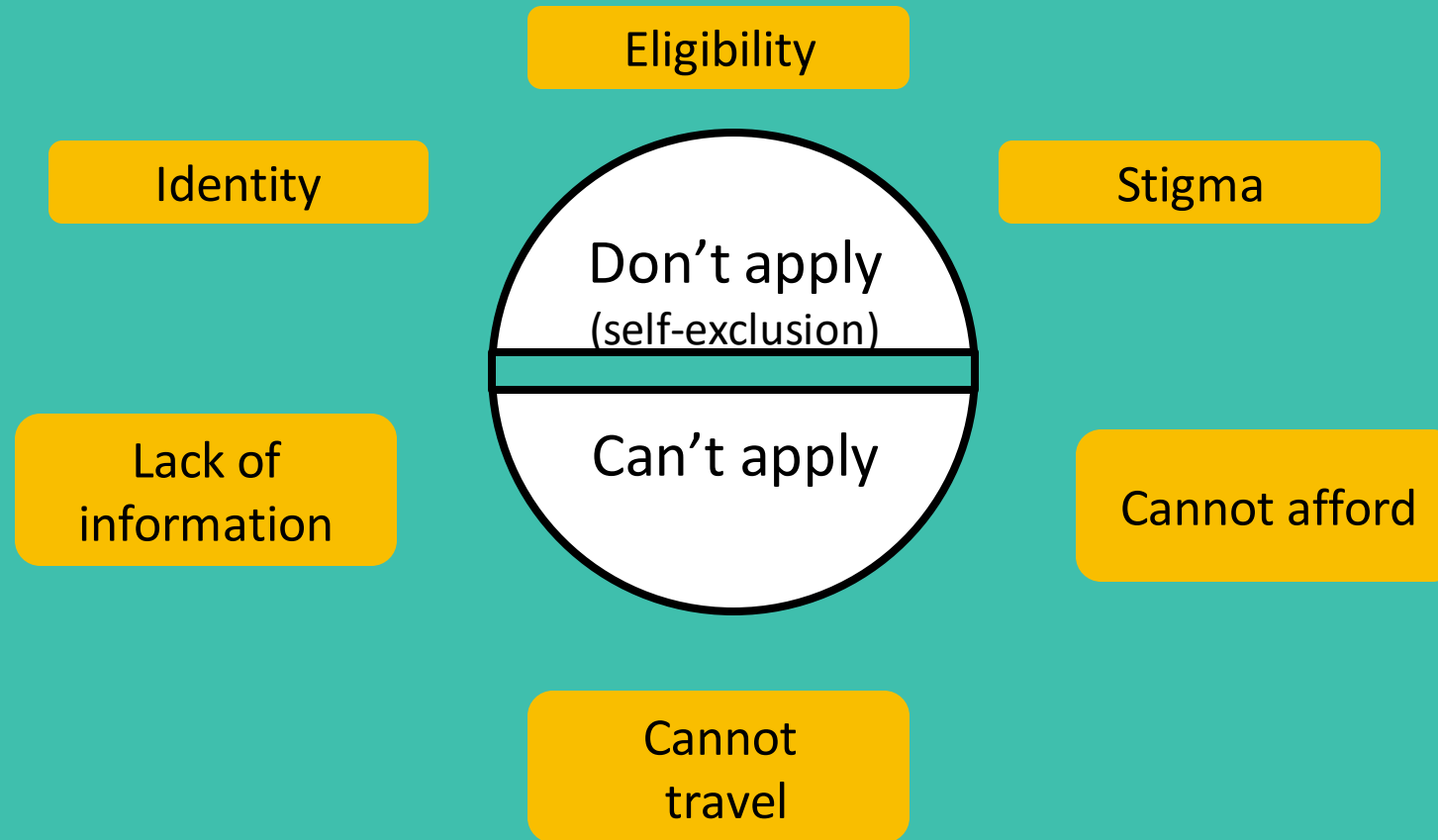


# Access

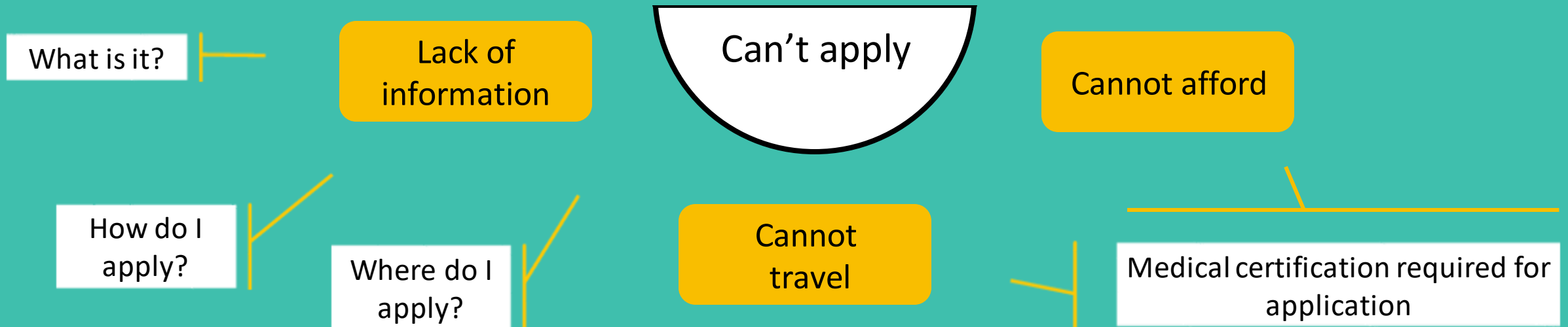
# Disability Allowance coverage

- Prevalence of disability **6.7%** (6.1-7.4%)
- Overall, **25.5%** of people with disabilities were receiving the Disability Allowance
- Male' had the lowest coverage, compared to other regions (**17%** vs over **27%**)
- Women less likely to receive the Disability Allowance (**19%** vs **34%** for men)
- Children and young adults were most likely to receive the Disability Allowance

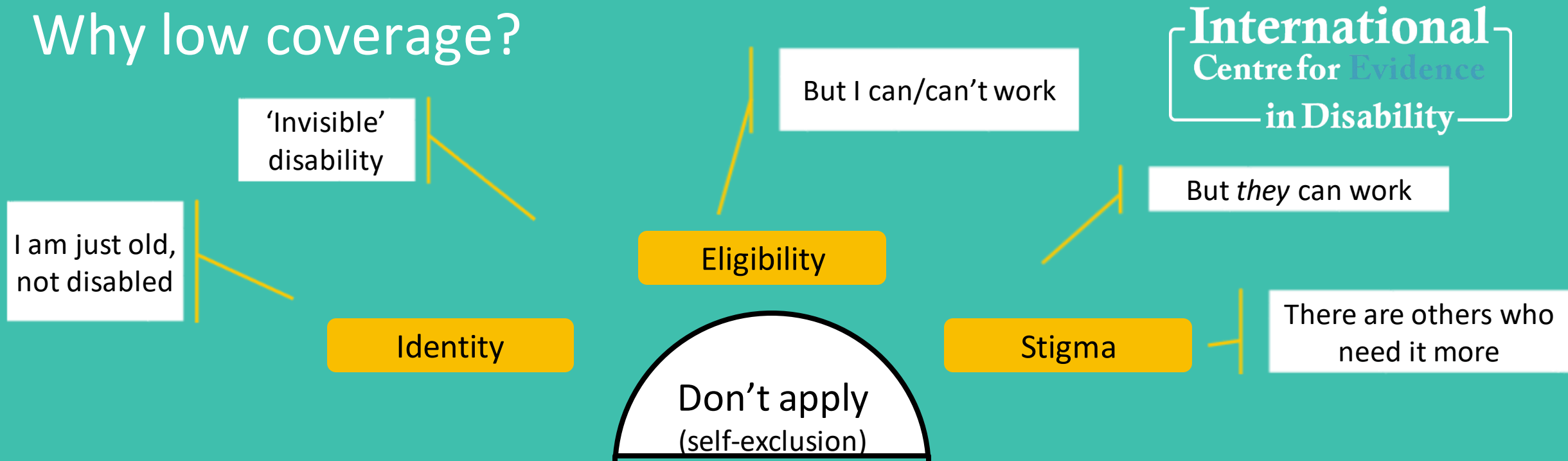
# Why low coverage?



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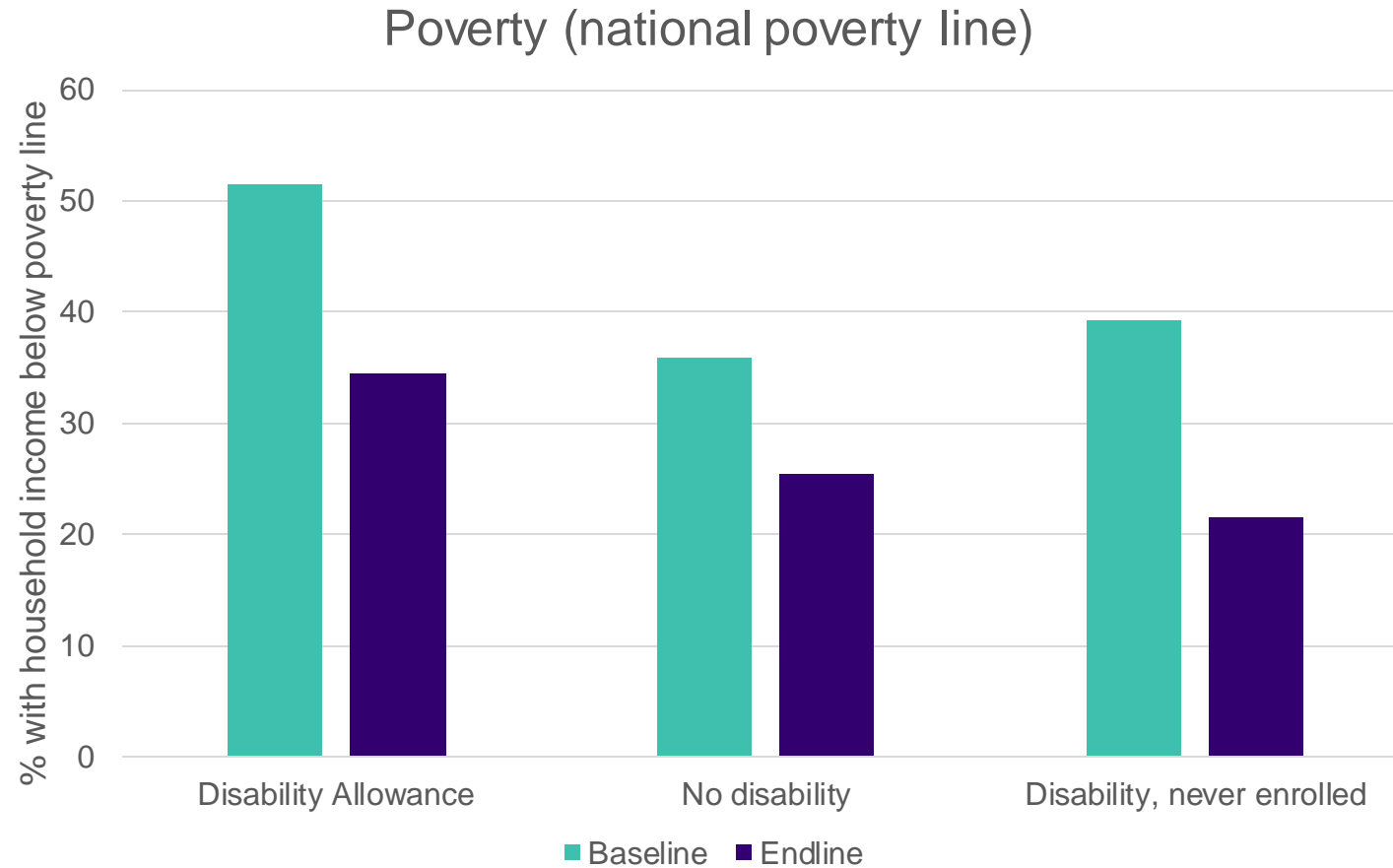
# Why low coverage?





# Impact

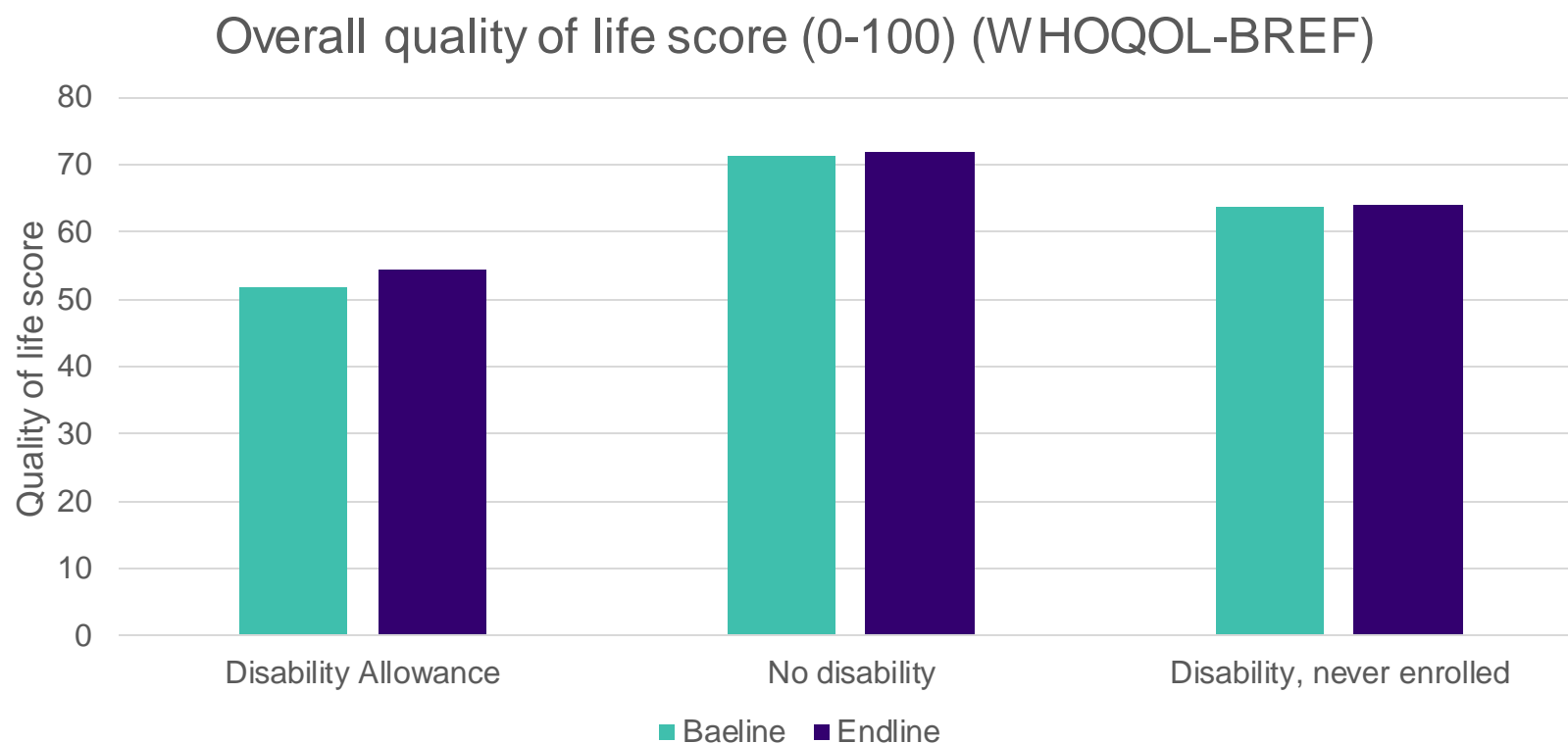
# Impact on poverty and spending



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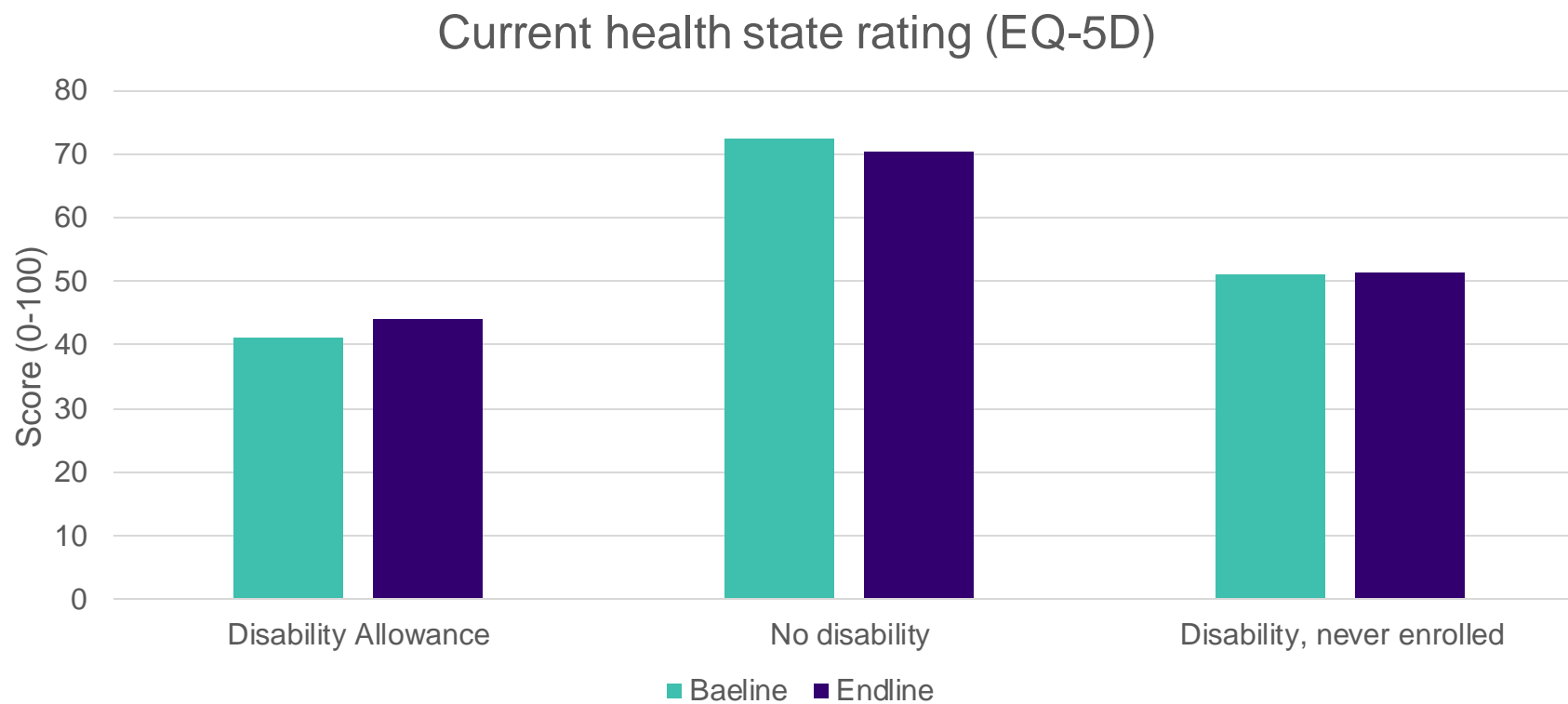
- No impact of Disability Allowance on poverty
- No impact of Disability Allowance on overall household spending
- However, the Disability Allowance did decrease household spending on healthcare (US\$45 per month)

# Impact on quality of life



No impact of the Disability Allowance on overall quality of life

# Impact on health



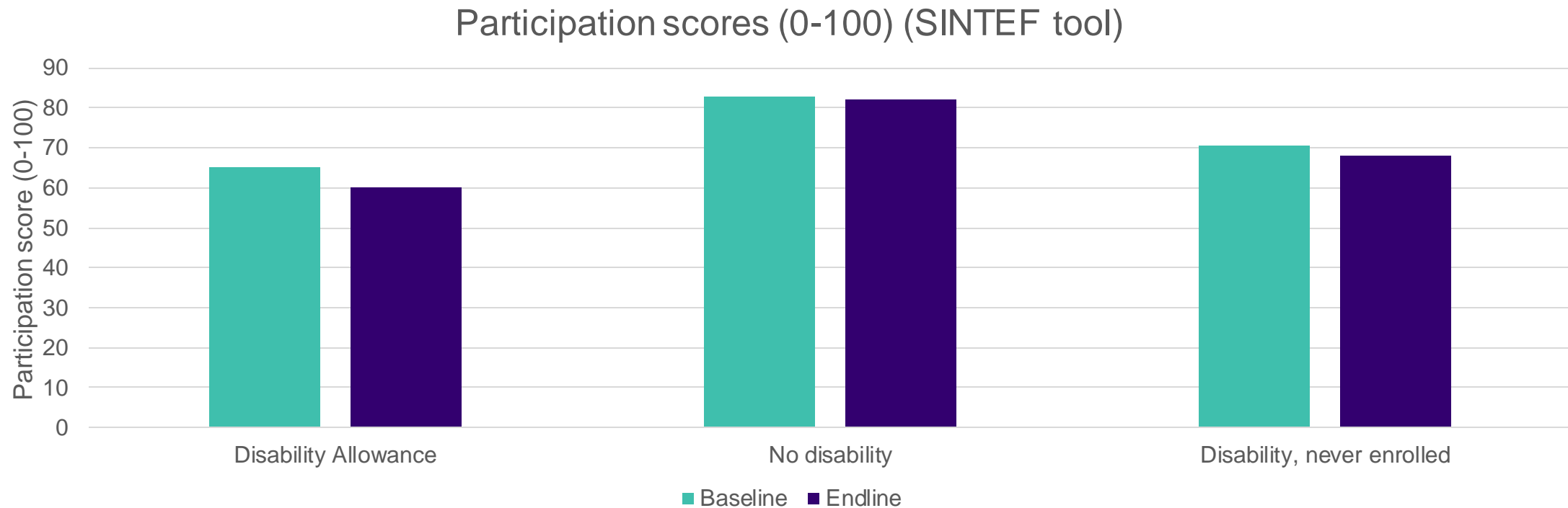
No impact of the Disability Allowance on current health rating



# Impact on health

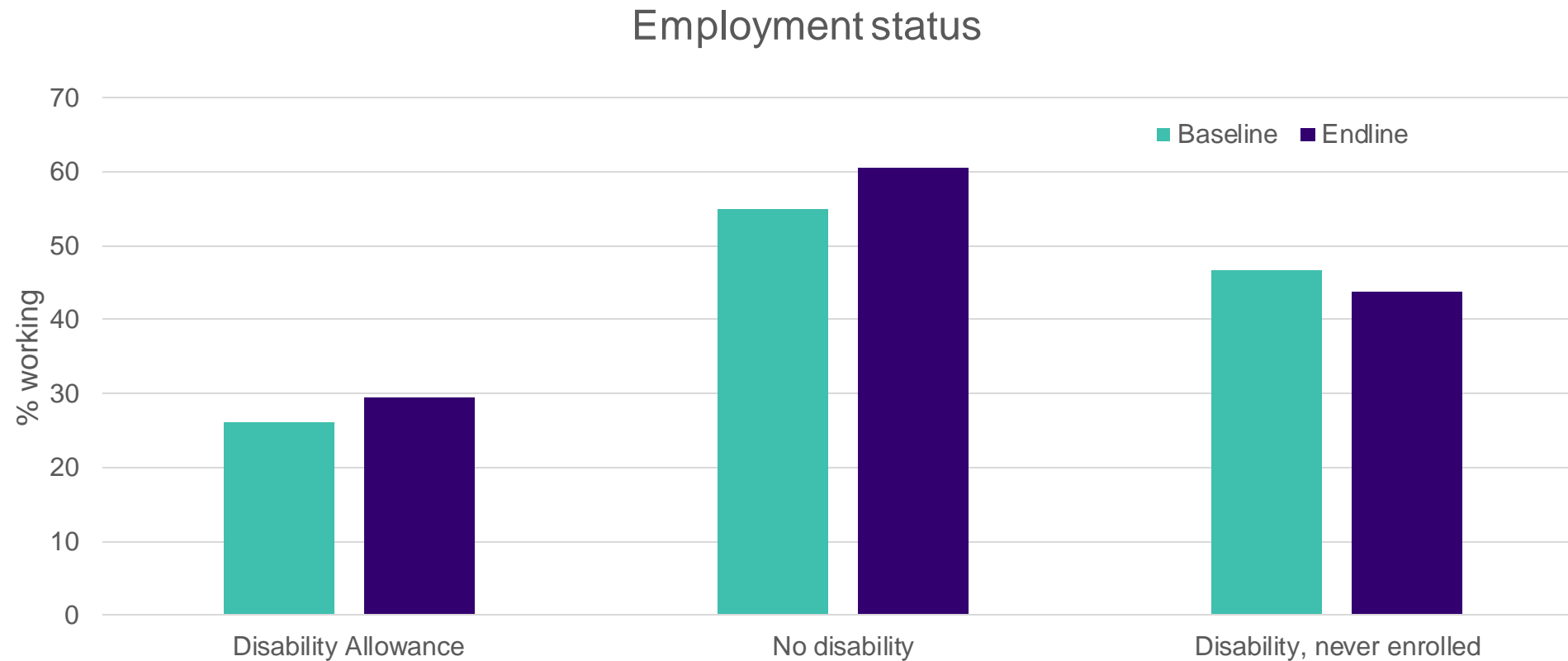
- Disability Allowance decreased the likelihood of experiencing a negative health event in the last 12 months in adult 50+ only
- Some positive impact on overall health-related quality of life

# Impact on participation



No impact of the Disability Allowance on participation scores

# Impact on participation –work



No impact of the Disability Allowance on work status

# Why low impact?

## Low monetary value



Not enough to cover poverty gap and high disability-related extra costs

Limited impact on participation

*That's money too, isn't it ((True, it is money)).  
How can I [enrol him]? There's  
no money. Even now I'm not able to make ends  
meet. Rent is 8000 Rufiyaa (\$500). Electricity  
comes up to 3000 Rufiyaa (\$200). To be honest,  
my salary actually comes up to five or 6000  
Rufiyaa (\$400). We cannot manage on that. At  
all. We can't do the things we want.*


*(Caregiver of teenage male, mental health  
condition, lives in Male')*

# Why low impact?

## Often not controlled by beneficiary



Limited individual benefit



Limited impact on Quality of Life

*R: So, I have been getting 2000 Rufiyaa (\$130) since I was in Grade 5. So think about it, by [calculating] it. Every year I would have got 24,000 Rufiyaa (\$1500). And that 24,000 Rufiyaa, how many years has it been?*

*I: [...] so what is that money being spent on?*

*R: It is not being spent yet, but that money, it was in my father's account before, and he has taken some of that money and bought a motorcycle the other day. That's because his money and my money were kept together. Since then, I don't know if they've spent more from my [money].*

*I: I see. So when is it being changed so that you can withdraw from that money?*

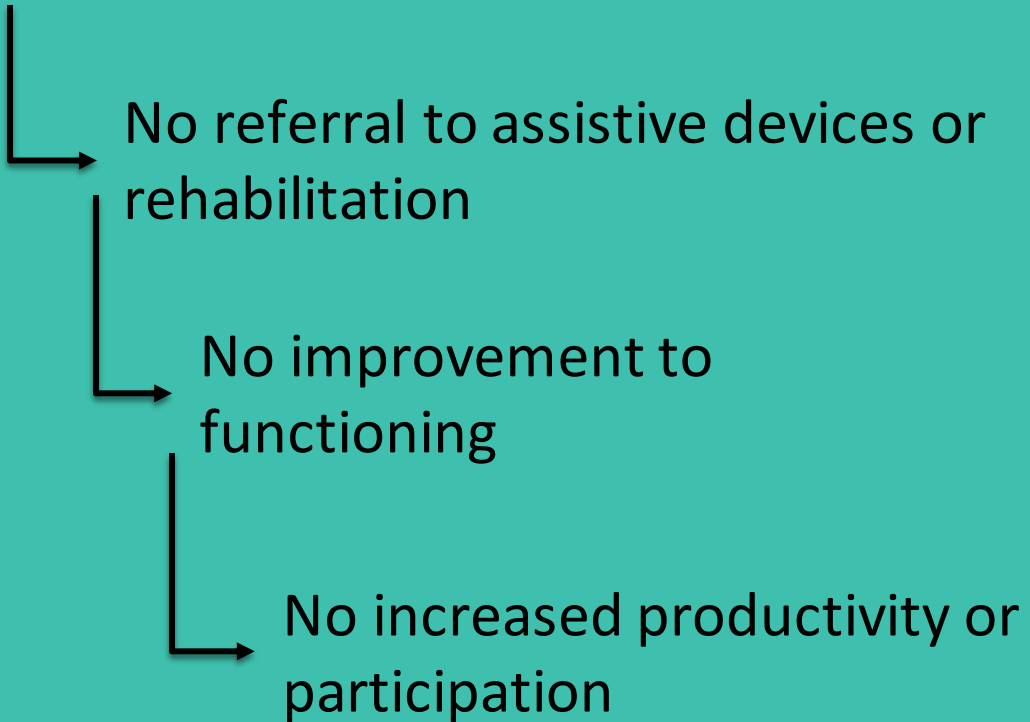
*R: I want it done now but my mother has not done it [...]. I've asked her, over so many days but she still hasn't done it.*

*(Female, almost 20, visual impairment)*



# Why low impact?

## Linked benefits poorly realised



*I: And the cane?*

*R: The cane, see that was information I received much later, and they said that is also something you should have got. And I applied for it there, and when I did, they said I had to submit a doctor's certificate, and I told them, it was after I submitted the doctor's certificate that I started getting the cash allowance.*

*(Male, 30s, visual impairment)*

# Why low impact?

## Lack of broader disability-inclusive planning

└→ Poor accessibility of mainstream services

└→ Poor availability, quality, awareness of disability-specific services

Need for complementary interventions beyond the cash transfer

*I: How much do you spend? For example, when you go to Male', you said you stay for about a week?*

*R: Yes, it's usually for that long, it does cost us a lot [...] It's difficult to say how much exactly, but it usually empties everything we have. Because that includes tickets for us both, return [ticket], our stay in Male', food. So yes, it is a lot for us*

*I: Hmm. And by the time you return? Do you have savings when you return?*

*R: We come when we are nearly out of money. We come when there is no other way, when we have reached a point when we can't stay in Male'*

*(Caregiver of child with cognitive impairment, lives on island)*

# Take home

- Access to Disability Allowance is below need, with gaps in coverage highest for women, older adults and Male' residents
- Impact of the Disability Allowance is limited, with some positive benefits for health
- Impact of the Disability Allowance may be strengthened through improving benefit package and delivery, strengthening referrals and investing in broader disability-inclusive planning

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