

## KEY POINTS

- The conditional cash transfer for carers (CCTC) program provides full-time caretakers for persons in need of permanent care, including children and adults with disabilities. The vouchers for prosthetic and orthopedic equipment program (vouchers program) provides free or discounted prosthetic or orthopedic equipment for children and older persons with disabilities.
- In 2012, the Asian Development Bank (ADB) conducted a qualitative assessment of the impact, operations, and monitoring and evaluation of the CCTC and vouchers programs, and found that both have largely achieved their objectives and have been positive and life-changing for the recipients.
- The CCTC program significantly reduced the caretakers' financial burden while the vouchers program had a substantial positive impact on the lives of persons with disabilities as the equipment they received allowed them to participate more fully in society.

## SOCIAL PROTECTION BRIEF

## Mongolia's Programs for Conditional Cash Transfer for Carers and Vouchers for Prosthetic and Orthopedic Equipment

## BACKGROUND

The CCTC and vouchers programs are social welfare programs provided by the Government of Mongolia's Ministry of Social Welfare and Labor to improve the quality of care delivered to persons with disabilities. The CCTC program provides full-time caretakers for people who are in need of permanent care, including children and adults with disabilities (those who have lost 50% of their labor capacity), and older people (ages 55 and above for women, and 60 for men). The nominated caretaker paid under the program is usually a close relative of the person with disability. In 2012, about 20,000 recipients nationwide availed of the CCTC program.

The vouchers program provides free or discounted prosthetic and orthopedic equipment to children and older persons with disabilities, as well as anyone with disability who does not receive concessions from the industrial accident and occupational disease fund.

## QUALITATIVE ASSESSMENT

In 2012, ADB conducted a qualitative assessment of the impact, operations, and monitoring and evaluation of the CCTC and vouchers programs. For each program, the research team interviewed six randomly selected program recipients and six persons with disabilities who had not received support under the programs. The team also interviewed 54 officials (such as social welfare specialists, social workers, doctors, governors, etc.). For the CCTC program, the team also interviewed six randomly selected caretakers.<sup>1</sup>

The team solicited the respondents' perceptions on (i) program impact, (ii) efficiency of program operations, (iii) effectiveness of program implementation, and (iv) monitoring and evaluation arrangements.

The CCTC program was assessed as having significantly reduced the caretakers' financial burden. The caretakers receive payment from the program that allows them to cover daily living expenses of persons under their care, as well as afford more or better quality medicine. Overall, while recipients generally said they receive adequate care, they were grateful for any care offered them. On the other hand, caretakers said they could provide better care if they had complementary training such as basic disease prevention and management, and basic physical therapy.

<sup>1</sup> This policy brief is based on ADB. 2012. *Social Welfare Programs Assessment Report: Food and Nutrition Social Welfare Program and Project Monitoring and Evaluation Report*. Consultant's report. Manila (Grant 0137 and 0138: MON). The report was prepared by Ian MacAuslan, Lucrezia Tincani, and Ramlatu Attah of Oxford Policy Management; and Enkhtsetseg Byambaa of the Population Teaching and Research Center.

Recipients of the vouchers program said the program has had a substantial positive impact on their lives as the equipment they received allowed them to participate more fully in their communities' social and economic activities. Many of the recipients would not have been able to afford the equipment, particularly the larger and more complex equipment (e.g., wheelchairs, replacement joints, and dentistry aids). However, some recipients said the equipment they received was of low quality or did not fit properly. Other responses were that the program did not cover repair or replacement, hence, some recipients received equipment they could not use fully, or at all. In summary, while the program achieved most of its objectives, some procedures (e.g., application, distribution, equipment warranty and support) can be made more effective to maximize program benefits.

## CONCLUSIONS AND RECOMMENDATIONS

Both the CCTC and the vouchers programs have largely achieved their objectives, and have been positive and life-changing for the recipients. However, program delivery can be improved, and complementary training and support should be provided. The programs could be improved further by simplifying the application process, making communication more transparent, and by seeking more feedback from participants.

A more comprehensive needs assessment would improve program effectiveness. For example, persons with disabilities should, where they have the capacity, be able to decide on the type of care they require, whether live-in care, equipment, or temporary residential care. The programs could also be complemented by broader support, including psychological and social support, which would bring Mongolia's system of care in line with international best practice.

Another area that could be improved is the quality of service provided by the social workers. The feedback is that the social workers are unable to meet the highly specialized demands of the programs in providing care. Attention should be given to ensure adequate staff capacity on which the success of the programs rely heavily.

To summarize, the programs have been found to be highly relevant, largely effective, and sustainable. However, based on the assessment's findings, the study recommends the following:

- **Improve the application process.** (i) Amend the eligibility criteria for recipients and caretakers, (ii) reduce the time-cost of the application process, and (iii) simplify it for certain severely disabled users.
- **Simplify and harmonize operations and payment method.** (i) Equipment should come from the health facility that prescribed it, rather than through the social welfare agency; (ii) develop minimum quality standards, and offer warranty for all equipment provided; (iii) provide different payment options, including the option of personalized budgets based on the care recipients' needs; and (iv) adjust payment values for inflation.
- **Offer more individualized and non-individualized services.** (i) Provide persons with mild disabilities the option to learn potential income-generating activities to further improve their well-being and (ii) provide counseling, therapy, and training, particularly to those who have experienced physical trauma, to complement the provision of equipment.
- **Improve support system.** (i) Offer a comprehensive training package for caretakers following a needs assessment and prioritization exercise to better align with international best practice; (ii) provide access to additional services, including day care and respite services; and (iii) provide training to equipment users on how to use, maintain, and repair their equipment, as well as provide information on where to seek assistance for their equipment.
- **Improve monitoring and evaluation.** (i) Carry out a comprehensive needs assessment to better align the program design to the recipients' and caretakers' needs and (ii) social workers should only refer recipients and caretakers to appropriate experts for training or medical advice and not directly provide these services to recipients. This would give social workers more time for monitoring, including administering regular satisfaction surveys, the results of which could inform the program design and improve service delivery.

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