

Charting of Results

Reference	Countries	Aim/Purpose	Study Population	Methodology	Programme Type	Programme Name	A) Target group & B). Additional measures	Study Perspective	Key Findings
Abu, Hamad, B., Pavanello, S., 2012. Transforming cash transfers: Beneficiary and community perspectives on the Palestinian national cash transfer programme. Part 1: The case of the Gaza strip. ODI, London, pp.1-55.	West Bank & Gaza	Assessment to improve policy and assert what recommendations can be made to promote greater coordination of cash transfer policies	6 observations; 12 focus groups; 41 interviews; 4 life histories; 4 case studies.	Grey literature	Non contributory UCT	Palestinian National Cash Transfer Programme (PNCTP)	A. Living in Poverty; B. People with Disabilities (PWDs)	UCTs and poverty	Disabled and chronically ill are able to have cash transfers. Policy needs to recognise the particular rights and needs of certain groups - especially those with disabilities or mental ill-health. Need to target depending on individual needs and recognise that different disabilities / health conditions have a range of implications and economic costs associated with it.
Adams, F., de Witt, P., Franzsen, D., Maseko, P., Lorenzo, T., 2014. Livelihoods of youth with and without disabilities in peri-urban South Africa. S. Afr. J. Occup. Ther. 44 (3), 509-519	South Africa	To investigate the human and financial assets of youth with disabilities living in disadvantaged communities compared to non-disabled counterparts	100 participants	Cross sectional study	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and dependency	Disability grant paid to people above 16 who are unable to work due to ill health. 91% of youths with disabilities accessed the DG - which appears high. Work and having a job is considered preferable and youths did want to find employment. Policy seems to increase uptake in health and support services. Youths with disability grants were more stable than unemployed youth without the disability. Need more capacity building and employment for young PWDs.
Adams, F., de Witt, P., Franzsen, D., Maseko, P., Lorenzo, T., 2014. Livelihoods of youth with and without disabilities in peri-urban South Africa. S. Afr. J. Occup. Ther. 44 (3), 509-519	South Africa	To investigate the human and financial assets of youth with disabilities living in disadvantaged communities compared to non-disabled counterparts	100 participants	Cross sectional study	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and dependency	Disability grant paid to people above 16 who are unable to work due to ill health. 91% of youths with disabilities accessed the DG - which appears high. Work and having a job is considered preferable and youths did want to find employment. Policy seems to increase uptake in health and support services. Youths with disability grants were more stable than unemployed youth without the disability. Need more capacity building and employment for young PWDs.
Aguilar, C. D., 2017. Social protection and persons with disabilities. Int Soc Sec. Rev. 70, 45-65	Non-specific	Aims to discuss why and how States and other stakeholders should ensure the establishment of disability-inclusive social protection systems	Unspecified	Literature review	UCTs, microcredit	Unspecified	Unspecified	Social protection and disabilities	Extra cost of living with disability can lower standard of living when these costs are unaffordable. Also face barriers accessing services and insurance. Social protection programmes should cover the cost of disability related expenditures but few countries manage this and people's situations and needs are not addressed in a flexible way. Policy should also support labour market inclusion and use money to be invested in an individual's future.
Ahmed N., Aggarwal, K., 2017. Health shock, catastrophic expenditure and its consequences on welfare of the household engaged in informal sector. J. Public Health. 25 (6), 611-624	India	To examine the economic burden of health shocks and its associated consequences on households whose members are involved in the informal sector	Unspecified	General household survey (quantitative analysis)	Contributory and non contributory UCT	Unspecified	Unspecified	social protection and general health/wellbeing	Informal workers have fewer sick days because they do not receive sick leave. They are forced to work even when they are ill/ if someone falls sick, other family members simply have to work more. Lack of social security and safety nets.
Andronică, A., 2017. Improving citizens' satisfaction with the social welfare services at urban level. Theoretical Emira. 12 (4), 67-82	Romania	The aim of this research is to identify the key actions for improving social welfare services; to find out degree of satisfaction of services and identify main problems with current social services	Unspecified	Policy review	Unconditional cash transfers UCT	Allowance for Disabled Persons	A) PWDs; B) Severity of disability	UCTs and administrative weaknesses	Social welfare system offers money or goods independently of social protection system but complementary to it. Main provider key facilitators are: administrative institutions; associations and foundations; social assistants; IGOs; international specialised organisation. Aid given to people with disabilities - monthly allowance for severe and accentuated handicap. Problems - limited capacity; lack of monitoring; bureaucratisation; incoherent policies and growing policies; 46% respondents unsatisfied due to insufficient resources and long wait times - inequality for Roma people.
Angelle, et al. 2019. Government of Malawi's conditional cash transfer improves youth mental health. Soc. Sci. Med. 225, 108-119	Malawi	To explore the impact of Malawi's UCT programme and how it affects youth mental health.	2,099 participants	Randomised control trial (RCT)	Non-contributory (UCTs)	Social Cash Transfer Program (SCTP)	A) Living in Poverty; B) PWDs	UCTs and mental health	The Malawi SCTP (social cash transfer program) eligibility being ultra poor, labour constrained - UCTs for those with no household members who are ill to work below 19 or above 64 or having a chronic illness or disability. It did improve mental health but did not have a significant effect on physical health.
Asia, I. N., Mukumbang, F. C., Wyk, B., 2016. Barriers to adherence to antiretroviral treatment in a regional hospital in Vredenburg, Western Cape, South Africa. South. Afr. J. HIV Med. 17 (1) 476, 1-8.	South Africa	To describe the challenges faced by patients on ART and adherence to ART	18 participants	Qualitative interviews	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and general health/wellbeing	Speculates that HIV patients make themselves sick (lower their CD4 counts) to receive a grant - however this is just the testimony of one participant whose expertise is not outlined in this report. Stigma, disclosure, unemployment, lack of transport and financial strains effected adherence to ART.
Bagash, T., Perenziato, P., Dubai, K., 2012. Transforming Cash Transfers: Beneficiary and community perspectives on the Social Welfare Fund in Yemen. ODI, London, pp.1-65.	Yemen	Explore the beneficiaries, non-beneficiaries and programme implementers perceptions of UCTs.	49 participants	Grey literature	Non contributory UCT	Social Welfare Fund	A) Living in Poverty; B) PWDs	UCTs and poverty	Beneficiaries include people who are fully or partially disabled (permanently and temporary). Process of applying is lengthy and bureaucratic, which takes time and resources and particularly difficult for illiterate people. Difficult to obtain correct documents and inclusion criteria is unclear
Banks, L. M., Mearkle, R., Macgartan, I., Walsham, M., Kuper, H., 2017. Disability and social protection programmes in low- and middle-income countries: a systematic review	1. Namibia. 2. South Africa.	To identify whether persons with disabilities in LMICs are adequately included in social protection programmes.	32 participants	Mixed methods	Contributory and non contributory UCT	1. Disability Grant; 2. Disability Grant	1 & 2. A) PWDs; B) Insecure income (not always below poverty line)	Contributory and non-contributory disability policy	Little known about programmes for PWD. Globally 27.8% of PWD (severe) receive some form of disability benefit. There is no general income support for informal workers who represent 70% of the workforce. Vietnam has social assistance to those close to poverty and UCT for disabled people - must undergo assessment at community level. If decision cannot be made they go for a medical examination/ Social insurance also available but low for PWD - sometimes geographical inaccessibility for UCT assessment
Banks, L. M., Walsham, M., Mhin, H. V., Doang, T. T. D., Ngai, T. T., Mai, V. Q., Blanchet, K., Kuper, H., 2019. Access to social protection among people with disabilities: Evidence from Viet Nam. Int. Soc. Secur. Rev. 72 (1), 59-82.	Viet Nam	To explore participation in disability targeted and non-targeted social protection programmes in Viet Nam	15 papers	Systematic review	Non-contributory UCT	Disability Targeted Social Assistance/ Disability Benefit	A) PWDs; B) Severity of disability	Policy - Disability and social protection as a whole.	Frameworks need to recognise needs and rights of PWDs when constructing policies. Means testing makes additional expenses for PWD. Evidence of exclusion and targeted programmes are inaccessible.
Barrientos, A., Hinojosa-Valencia, L., Mazzeo, G., & Scuderi, J., 2012. Analysis of the Viet Nam National Social Protection Strategy (2011-2020) in the context of social protection floors objectives: A rapid assessment (Working Paper). ILO, Geneva, pp.1-43.	1. Brazil; 2. Costa Rica; 3. Ecuador.	A summary of social assistance programmes in Latin America, considering their main objectives and impact.	Unspecified	Literature review	Contributory and non contributory UCT	1. Continuous Cash Benefit (CCB) 2. Non-Contributory Basic Pension Regime; 3. Bonus for Human Development	1, 2. A) PWDs; B) Living in Poverty; 3. A) Living in poverty; 2. PWDs	A history of social protection policy as a whole	Costa Rica UCT for disabled people; Ecuador Bonus for Human Development provide for those not covered by social insurance; Brazil BCP UCT for disabled people. Shown to decrease poverty, more in Brazil (67%) Costa Rica between 21-24%. Challenges: targeting, need for evaluation and need to be sustainable.
Bernabe-Ortiz, A., Diez-Canecco, F., Vasquez, A., Kuper, H., Walsham, M., Blanchet, K., 2016. Inclusion of persons with disabilities in systems of social protection: A population-based survey and case-control study in Peru. BMJ Open. 6, 1-8	Peru	Aims to assess the needs of people with disabilities and their level of inclusion in social protection programmes.	3684 participants	Population based-survey with a nested case-control study	Non-contributory (UCT)	Unspecified	Unspecified	Disability and UCTs	People with disabilities have higher need for social protection but do not show higher levels of enrolment. They are poorer and less likely to be working - heightened vulnerability. Also face restrictions in social participation and reduced access to services and human rights.
Bonnet, F., Cichon, M., Gallan, C., Mazzeo, G., & Scuderi, J., 2012. Analysis of the Viet Nam National Social Protection Strategy (2011-2020) in the context of social protection floors objectives: A rapid assessment (Working Paper). ILO, Geneva, pp.1-43.	Viet Nam	To support the implementation planning of the social protection strategy in Viet Nam by using SPF approach and tools	Unspecified	Grey literature	Contributory and non contributory UCT	Disability Targeted Social Assistance/ Disability Benefit	A) PWDs; B) Severity of disability	Policy - Social protection as a whole.	Social assistance is available for disabled people however many are in vulnerable jobs so cannot join workforce. Therefore short term sickness is unprotected. No protection for migrant workers. Low level of coverage partly due to tight eligibility requirements in receiving benefits - categorical so hard to diagnose by taking into account ICF model.
Bošnjak, N., 2016. Problems of the pension and disability insurance system in Bosnia and Herzegovina and possible directions of its reform. Europ. J. Multidiscip. Stud. 1 (2), 186-194	Bosnia & Herzegovina	To state the main problems of the pension system with a special accent on the political system interference in reform strategies	Unspecified	Policy review	Contributory systems	Social Insurance	Those who contribute	Contributory schemes and labour informality	Have to pay into disability pension scheme/ disability insurance/ 17% from employee and 6% from employer. Mandatory participation for all people in work/ The insured covers death, disability but amount paid depends on age of worker and years of contribution to the fund
Buitrago-Echeverri, M. T., & Abadía-Barrero, J. C., 2017. Work-related illness, work-related accidents, and lack of social security in Colombia. Soc. Sci. Med. 187, 118-125	Colombia	This study aims to understand how the employment insurance system operates in Colombia and to assess how the experience of workers seeking social security entitlements relates to the system's structure.	52 participants	Qualitative interviews	Contributory systems	Social Insurance	Those who contribute	Social security and injuries	Rural populations who are informally employed are not protected by social security. People with injuries were exposed to lengthy judicial processes and were challenged by for-profit sectors. Disabled workers are left unprotected and unable to work. Low rate of coverage 32/5% of the workforce. Many do not know if they are affiliated. One must be severely disabled in order to receive any benefits. People believed that they received unfair assessments and were frustrated by bureaucracy. Led to a lengthy process in accessing work-related benefits. Health system is fragmented from social security and employment related health and disability do not work cohesively together. Companies are the winner whereas injured or disabled workers struggle to get social security
Burr, L., Salimo, P., 2018 The political economy of social protection in Mozambique: ESID Working Paper No. 103. University of Manchester, Manchester UK, pp. 1-34.	Mozambique	Examines the motivations behind introducing poverty reducing cash transfers in Mozambique, including people with disabilities.	Unspecified	Review	Non contributory UCT	Basic Social Subsidy Programme (PSSB)	A) Living in Poverty; B) PWDs	UCTs and politics	Social protection in Mozambique is used to obtain resources from international agencies and maintain popularity of the current government. Used to improve stability and maintain regimes. PSSB was conceived as a long term programme targeting poor households with no adults who can work or with members who have a disability. Poverty reduction was seen to be uneven and rarely reached the poorest sectors of the population. UCTs are inherently political and serve government interests.
Camacho, A., Conover, E., Hoyos, A., 2013. Effects of Colombia's Social Protection System on Workers' Choice between Formal and Informal Employment (Working Paper 6564). World Bank, New York, pp. 1-32	Colombia	Examination of whether the Colombian government's expansion of social security programmes discouraged formal employment.	Unspecified	Cross sectional study	Contributory schemes	Social Insurance	Social Insurance	Contributory schemes and labour informality	Contributory social protection has been expanded to the informal sector. UHC has improved through contributive regime (CR) and subsidised regime (SR). Only people who use SR are able to get sick leave, and are otherwise only entitled to UHC
Carpenter, S., Slater, R., Mallet, R., 2012. Social protection and basic services in fragile and conflict-affected situations (Working paper 8). ODI Secure Livelihoods Research Consortium, London, pp.1-99	1. Kyrgyz Republic, 2. Pakistan, 3. Sri Lanka.	Analyse the availability of social protection programmes in fragile and conflict affected areas.	3 systematic reviews, snowball interviews	Grey literature	Unconditional cash transfers UCT	1. Unspecified; 2. Bait ul Mal; 3. Divinegama	1. Unspecified; 2. A) PWDs; B) Insecure income (not always below poverty line); 3. Living in poverty; B. PWDs	UCTs and administrative weaknesses	Sri Lanka only covers disabled soldiers - has safety nets as a last resort but they are poorly targeted with low level benefits. In Pakistan and Nepal there is no efficient harmonised framework. Uzbekistan has unemployment and poverty benefits - no more elaboration
Cecchini, S., Filgueira, F., Robles, C., 2014. Social protection systems in Latin America and the Caribbean: A comparative review. United Nations, Santiago, pp.7-41	Argentina, Colombia, Costa Rica.	Analyse the historical evolution of social protection systems, recent trends in economic and social indicators, the functioning of social protection systems, health policies and education policies	20 papers	Literature review	Contributory and non-contributory UCT	Unspecified	Unspecified	Contributory and non-contributory policies	Costa Rica has universal policies (social security) and targeted policies. They disaggregate into contributory and non-contributory components together. Sickness insurance available in Colombia and contributory schemes are subsidies by governments. Illness and accident insurance have recently expanded to cover rural areas in Brazil.
Ceritoglu, E., 2013. The impact of labour income risk on household saving decisions in Turkey. Rev. Econ. Househ. 3 (1), 109-129	Turkey	Analyse household budget surveys to reveal importance of precautionary savings in Turkey	47,884 household heads	General household survey (quantitative analysis)	Contributory schemes	Social Insurance	Those who contribute	Contributory schemes and labour informality	Half labour force are in informal economy and cannot benefit from social security: even those who are covered only receive half of minimum wage. Usage of policies is not widespread. Difficult to qualify for insurance and the insurance will only provide half of the minimum wage. Only formal workers can apply for insurance - Turkey does not yet have a fully functioning social insurance system.
Cheng, Z., Nielsen, I., Smyth, R., 2014. Access to social insurance in urban China: A comparative study of rural-urban and urban-urban migrants in Beijing. Habitat Int. 41, 243-252	China	Examines the issue of urban and rural disparities in the context of social inclusion of migrants in China's urban labour market.	983 respondents (secondary data)	General household survey (quantitative analysis)	Contributory schemes	Social Insurance	Those who contribute	Contributory schemes and labour informality	Urban migrants more likely to sign labour contract than rural migrants; urban migrants are more likely to participate in social insurance; labour contract is more important than migrant status in explaining migrants access to social insurance
Chichaya, T. F., 2018. Voices on disability in Namibia: Evidence for entrenching occupational justice in disability policy formation. Scand. J. Occup. Ther. 19, 1-14	Namibia	To develop an alternative disability policy option and present outcomes and trade offs using policy analysis approach.	Unspecified	Policy review	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	Human rights policy perspective	Disability grant provided through government revenue from tax. Namibian government doubled the budget for it. Universal coverage is the ideal outcome but its full implementation has not received support from the government.
Chichaya, T. F., Joubert, R. W. E., McColl, M. A., 2018. Analysing disability policy in Namibia: An occupational justice perspective. Afr. J. Disabil. 7, a1401.	Namibia	To gather evidence from persons with disabilities; disability policy decision makers and occupational therapists for contributing toward disability formation using occupational justice perspective	40 participants	Qualitative interviews	Legal entitlements and worker protection	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	Rights based perspective	Found that PWD are marginalised and do not receive equal rights. Decision makers did not consult disabled people and occupational therapists and policy makers are not aware of the needs of people with disabilities Protection policies need to adapt to include the specific needs of disabled people when they are unable to work.
Chinyoka, I., 2017. Poverty, changing political regimes, and social cash transfers in Zimbabwe, 1980-2016. Working Paper 2017/88. United Nations University	Zimbabwe	Reviews how cash transfers are shaped by power and political agendas in Zimbabwe	Unspecified	Review	Non contributory UCT	Public Assistance (PA)	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and politics	Zimbabwe is put under pressure to accept aid for cash transfer programmes but has been ambivalent in committing to programmes. They introduced public assistance PA as a means-tested UCT for sick/ disabled people and destitute citizens. It has low coverage and small benefits because of poor funding and often irregular and unpredictable payments. The programmes are shaped by the ideology of the administration

Reference	Countries	Aim/Purpose	Study Population	Methodology	Programme Type	Programme Name	A) Target group & B). Additional measures	Study Perspective	Key Findings
Cirillo, C., Tebaldi, R., 2016. Social protection in Africa: Inventory of non-contributory programmes.	1. Algeria, 2. Angola, 3. Botswana, 4. Cabo Verde, 5. Djibouti, 6. Egypt, 7. Eswatini, 8. Ethiopia, 9. Ghana, 10. Kenya, 11. Lesotho, 12. Liberia, 13. Madagascar, 14. Malawi, 15. Mauritania, 16. Mauritius, 17. Mozambique, 18. Namibia, 19. Rwanda, 20. South Africa, 21. Tunisia, 22. Uganda, 23. Zambia, 24. Zimbabwe.	Provides an overview of all cash transfer programmes in North and Sub-Saharan Africa	Unspecified	Grey literature	Non-contributory UCT	1. Solidarity Allowance; 2. Kikua Card Cash Transfer Programme; 3. Destitute Person's Allowance; 4. Social Pension; 5. National Programme of Family Solidarity; 6. Social Solidarity Pension; 7. Public Assistance Grant; 8. Tigray Social Cash Transfer Pilot (SCTPP); 9. LEAP; 10. Persons with Severe Disability Cash Transfer (PWSD-CT); 11. Public Assistance; 12. Social Cash Transfer Programme; 13. Cash For Work; 14. Social Cash Transfer; 15. Indigent Health Coverage; 16. Basic Invalidity Pension; 17. Basic Social Subsidy Programme; 18. Vision 2020 Umerenge Programme (VUP); 20. Disability Grant; 21. Programme National d'Aide aux Familles Necessiteuses (PNAFN); 22. Vulnerable Family Grants (VFG); 23.1. Public Welfare Assistance Scheme; 23.2. Social Cash Transfer Programme; 24.1. Harmonized Social Cash Transfer (HSCT); 24.2. Public Assistance	1, 3, 4, 5, 9, 10, 11 and 15 - A) PWDs; B) Living in Poverty; 6, 7, 13, 18, 20, 24.2 - A) PWDs; B) Insecure income (not always below poverty line); 16 - A) PWDs; B) Severity of disability (16); 2, 8, 12, 14, 17; 19, 21, 22, 23.1, 23.2 and 24.1 - A) Living in Poverty; B) PWDs	UCTs	Outlines information on 25 countries which UCT programmes that target poor, sick and/or disabled individuals. Shows a huge variation in income (from \$20USD a year to \$94 a month). Eligibility ranges, with some only offering support for severely disabled people. Payment frequency varies, from monthly to every 6 months to a yearly. Assessors vary - sometimes use health care professionals and other times use community welfare assessors.
Cooper, R., 2018. Social safety nets in fragile and conflict-affected states. University of Birmingham	Afghanistan	To identify evidence of social safety nets in fragile and conflict areas and how they have been supported by national governments and the international community	Unspecified	Grey literature/ review	Non-contributory UCT	Marthys & Disabled Pension Programme	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and conflict	Outlines Afghanistan's disability pension scheme - has 90,000 people with disabilities register. World bank helps to create bank accounts and information systems. However, the uptake of online systems has been slow. Syria also had cash transfer programmes but these have largely been dismantled by war.
Costa, N. D., 2017. Street-level Bureaucracy and Social Policy in Brazil. <i>Ciênc. Saúde Coletiva</i> , 22 (11), 3505-3514.	Brazil	Analyses the social protection policy for PWD in Brazil, including patterns of demand and eligibility	Unspecified	Quantitative methods	Non-contributory (UCTs)	Continuous Cash Benefit (BCP)	A) PWDs; B) Living in Poverty	UCTs and administrative weaknesses	Result of the evaluation process was strict and favoured applicants in conditions of extreme biomedical vulnerability - despite ICF model. This is because of bureaucracy and over-reliance on medical diagnosis and excludes rights of people who are eligible and in need
Costa, N. R., Marcelino, A. M., Duarte, C. M. R., Uhr, D., 2016. Social protection for people with disabilities in Brazil. <i>Ciênc. Saúde Colet</i> , 21 (10), 3037-3047.	Brazil	Describe patterns of demand and eligibility for Continued Benefit of Social Assistance (BCP)	Unspecified	Cross sectional study	Non-contributory (UCTs)	Continuous Cash Benefit (BCP)	A) PWDs; B) Living in Poverty	UCTs and general health/wellbeing	Outlines biopsychosocial model in legislation. Disabled person eligibility depends on means test, and social and medical evaluation by government agencies. Systematic barriers identified - refusal could be associated to a means testing application and bureaucracy. Argues that there needs to be positive discrimination. Vulnerable groups with low autonomy are disadvantaged in the process.
Cramme, J. M., Paauwe, M., Finkenglugel, F., 2012. Facilitators and hindrances in the experience of Ugandans with and without disabilities when seeking access to microcredit schemes. <i>Disabil. Rehabil.</i> 34 (25), 2166-2176	Uganda	Aims to identify facilitators and hindrances in the experience of Ugandans with and without disabilities when seeking access to microcredit schemes	80 participants	Q-methodology	Microfinance (microcredit)	Social Insurance	Those who contribute	Microcredit and disabilities	People with disabilities experience limited access to schemes compared to non-disabled individuals. PWD prefer loans and believe they can more successfully run a business on their own instead of relying on family or having a group loan. They would benefit from disability-specific loans. Barriers include: self exclusion and a lack of confidence; exclusion by others especially in group lending; exclusion by staff who think people are not capable; exclusion by design as disabled people may be less educated and poor so reduced capacity to use it productively; exclusion by physical, resource or informational barriers.
De Paoli, M., Mills, A. E., Groningsater, A. B., 2012. The ART roll out and the disability grant: a South African dilemma. <i>J. Int. AIDS. Soc.</i> 15, 1-10.	South Africa	To explore whether people with HIV experience improved health after receiving the disability grant	31 participants interviewed; 3 focus groups and a panel survey of 216 people with HIV.	Mixed methods	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and administrative weaknesses	DG was viewed as a temporary way out of poverty and unemployment. People would rather get better than stay on the grant. Doctors feel pressured into recommending the grant. Doctors make inconsistent and subjective decisions. Alternatives could be chronic illness grant or BI but overall poverty needs to be reduced in order to make this financially viable.
Devereux, S., 2010. European report on development: building social protection systems in southern Africa. Institute of Development Studies, Brighton, pp.1-17.	1. Botswana; 2. Namibia; 3. South Africa; 4. Zambia; 5. Zimbabwe.	Provides an overview of social protection policies and programmes in south africa, identifying components that fall under categories of social assistance, social insurance and so on to see what other countries could learn from South Africa	Unspecified	Literature review	Non-contributory UCT	1. Unspecified; 2. Disability Grant; 3. Disability Grant; 4. Social Cash Transfer Pilot; 5. Unspecified	2 & 3. A) PWDs; B) Insecure income (not always below poverty line); 4. A) Living in Poverty; B) PWDs	Political perspective on contributory programmes UCTs	South Africa is a good model but is the exception owing to it being a higher income country. Southern African countries closely modelled to south African approach by implementing government support programmes. Other countries have just NGO funding and in some places government needs to be more committed and work with NGOs and IGOs.
Dias, E. C., de Oliveira, R. P., Machado, J. H., Perez, A. M. G., Hoefel, M. G. L., Santana, V. S., 2011. Employment conditions and health inequalities: a case study of Brazil. <i>Cad. saúde pública</i> , 27 (12), 2452-2460	Brazil	To explore the benefits available to informal sector workers, along with an assessment of work conditions and health for workers in formal enterprises	Unspecified	Literature review	Non-contributory (UCTs)	Continuous Cash Benefit (BCP)	A) PWDs; B) Living in Poverty	Rights based perspective	Labour legislation guarantees protection for paid sick leave. However, mostly its only middle classes that are protected and excludes low income and poor social groups - regressive distribution. Unemployed or under employed not protected by workers compensation scheme.
Druza, K., 2015. Social Protection Policymaking in Nepal. <i>Soc. Res.</i> 6 (2), 33-35	Nepal	Provide insight into policy processes surrounding the assessment of Nepal's social protection framework	66 participants	Mixed methods	Contributory and non-contributory UCT	Disability Allowance/Disability Grant	A) PWDs; B) Living in Poverty	UCTs and poverty	National social protection framework initiated in 2009. Provides social insurance and cash transfer for those who cannot go about daily life without help from others. Wide coverage but transfer amount is low - half the minimum needed to survive.
Duarte, C. M. R., Marcelino, M. A., Bocolini, C. S., Bocolini, P. M. M., 2017. Social protection and public policy for vulnerable populations: an assessment of the Continuous Cash Benefit Program of Welfare in Brazil. <i>Ciênc. saúde coletiva</i> , 22 (11), 3512-3526	Brazil	A descriptive analysis of the behaviour of grant recipients and how it changed following the introduction of ICF	Unspecified	Observational study	Non-contributory (UCTs)	Continuous Cash Benefit (BCP)	A) PWDs; B) Living in Poverty	UCTs and administrative weaknesses	Only applicants with moderate or severe long term limitations and restrictions are eligible for benefits - despite the use of the social ICF model, the results of the medical expert evaluation has the greatest weight during the assessment process. Socially vulnerable people do not have their vulnerability recognised as a mitigating factor. Implementation of biopsychosocial model did not cause increase rate of grants and results evidence suggests need for flexibility in the eligibility criteria.
Engelbrecht, M., Lorenzo, T., 2010. Exploring the tensions of sustaining economic empowerment of persons with disabilities through open labour market employment in the Cape Metropole. <i>S. Afr. J. Occup. Ther.</i> 40 (1), 1-5	South Africa	To explore the factors which cause PWDs to remain or leave employment in the open labour market	5 participants	Qualitative interviews	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCTs, disability and poverty	Found that PWD dare worse in finding employment, they are therefore trapped in a situation of unemployment, underemployment and poverty. So once you become ill it is difficult to re-enter the labour market and receive adequate pay. Could increase grant dependency
Ferreira, F. H. G., Robalino, D., 2010. Social protection in Latin America: Achievements and limitations (Working Paper 5305). World Bank, New York, pp. 2-30	Bolivia, Brazil, Colombia, Mexico, Peru.	Focuses on social assistance programmes designed to reduce poverty and deprivation, including welfare programmes, non-contributory social insurance schemes and conditional cash transfers.	Unspecified	Literature review	Contributory social insurance	Social Insurance	Those who contribute	Social protection and disability	Cash transfers can be divided into those that seek to mimic benefits of social insurance and those that promote positive behaviours (CCTs). Security or insurance against disability and sickness is not guaranteed - subsidised insurance programmes are available but enrolment is low amongst informal workers.
Figueredo, R., Damas, F. B., 2015. Psychiatric legal investigation for sickness benefits due to disability at the Brazilian Federal Security Special Court in Florianópolis, capital city of the State of Santa Catarina, southern Brazil. <i>Trends Psychiatry Psychother.</i> 32 (2), 82-86	Brazil	To describe the profile of insured individuals that filed claims for sickness benefits and compare the results of the administrative and legal investigations.	114 participants	Case series	Non-contributory (UCTs)	Continuous Cash Benefit (BCP)	A) PWDs; B) Living in Poverty	UCTs and general health/wellbeing	Medical examiners can reject an application but decisions can be appealed. Main reason for claiming sickness benefits is psychiatric disorders. Most benefits were granted for more than 6 months and significant number had benefits for longer than 2 years. This is reflected in other international studies. Claimants more likely to have low-skilled jobs.
Gao, Q., Garfinkel, I., Zhai F., 2009. Anti-poverty effectiveness of the Minimum Living Standard Guarantee (Dibao) in urban China. <i>Rev. Income Wealth</i> , 55, 630-655	China	To provide updated evidence on participation rate, receipt amount and anti-poverty effectiveness of MLSA	Unspecified	Literature review	Unconditional cash transfers UCT	Minimum Living Standard Guarantee (Dibao)	A) Living in Poverty; B) PWDs	UCTs and poverty	Dibao is a last resort for China's urban poor - needs to pay more attention to specific disadvantaged groups. Shift toward responsibility on employees rather than employees to keep people out of poverty. Eligible applicants make up 2.3% of the urban population but only half are actual beneficiaries (high exclusion error). The income often does not fulfil basic needs and if you have luxury goods such as electronics, you make become ineligible. Problematic because sick and disabled people may need things like cars to help manage their disability yet become ineligible because of it.
Gao, Q., Yang, S., Li, S., 2012. Labor contracts and social insurance participation among migrant workers in China. <i>China Econ. Rev.</i> 23, 1195-1205.	China	To highlight the importance of long term labour contracts in improving the ability to obtain social insurance coverage and protect their basic rights	Unspecified	General household survey	Contributory schemes	Social Insurance	Those who contribute	Contributory schemes and labour informality	Having a long term labour contract improved migrant workers social insurance coverage. Also long term contracts increased odds of having insurance. Enterprises required to register to social insurance and both employers and employees must financially contribute. Migrants more unstable and less likely to have formal employment.
Golan, J., Sicular, T., Umapathi, N., 2017. Unconditional Cash Transfers in China: Who Benefits from the Rural Minimum Living Standard Guarantee (Dibao) Program? <i>World Dev.</i> 93, 316-336	China	Analyses China's MLSA and examine possible changes to the programme design	Unspecified	General household survey	Unconditional cash transfers UCT	Minimum Living Standard Guarantee (Dibao)	A) Living in Poverty; B) PWDs	UCTs and poverty	Dibao supplements households with income below poverty line. 50 million recipients. County variation in dibao eligibility - correlated with local fiscal capacity and poor counties have lower dibao thresholds. Trade off between programme coverage and generosity of transfers per recipient. Local officials assess by asking about poverty indicators, including illness/disability
Goldblatt, B., 2009. Gender, rights and the disability grant in South Africa. <i>Dev. South. Afr.</i> 26 (3), 369-382.	South Africa	Aims to study the disability grant system in two South African provinces, looking specifically at administrative and financial problems within the system.	93 participants	Qualitative interviews	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	Gendered perspective on UCTs	Barriers for women - more likely to need it because higher STIs HIV, GBV/ IPV stops women accessing it. Also lack of identification documents, inability to pay transport and administrative fees, illiteracy and ignorance on what they are entitled to. Women more danger when traveling along and have child care responsibility. Panels are also badly organised
Gooding, K., Marriot, A., 2009. Including persons with disability in social cash transfer programmes in developing countries. <i>J. Int. Dev.</i> 21, 685-698	1. Bangladesh; 2. Brazil; 3. India, 4. Lesotho; 5. Mozambique; 6. Namibia; 7. Nepal; 8. South Africa.	Inclusion of persons with disabilities in social cash transfer programmes	50 interviews, unspecified papers	Interviews and literature review	Non-contributory (UCTs)	1. Disability Allowance; 2. Continuous Cash Benefit (BCP); 3. Disability Allowance; 4. Public assistance/Disability Grant; 5. Unspecified; 6. Disability Grant; 7. Disability Allowance/Grant 8. Disability Grant	1, 2, 3, 4, 7: A) PWDs; B) Living in poverty; 6, 8: A) PWDs; B) Insecure income (not always below poverty line); 5. Unspecified	Persons with disabilities and UCTs specifically	Programmes in a number of countries but there are exclusions i.e. people with autism in India are ineligible. Barriers include low funding levels, complex administrative systems, physically inaccessible, long journeys; limited awareness; conditions attached to transfers; ideological and technical administrative hurdles. Design of programmes can act as barriers. Advocates for embedding transfers within wider framework against discrimination against PWD to aid empowerment.
Goudge, J., Ngoma, B., 2011. Exploring antiretroviral treatment adherence in an urban setting in South Africa. <i>J. Public Health Policy</i> , 32 (1), 52-64	South Africa	To explore the reasons for poor adherence among 22 poor urban HIV positive participants in South Africa	22 participants	Qualitative interviews	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and general health/wellbeing	People get sick naturally after losing their grant because they fall back into poverty and become malnourished. Social capital greatly influences outcomes. Grant can improve household nutrition but trade off between healthcare costs and household costs
Goudge, J., Russell, S., Gilson, L., 2009. Illness-related impoverishment in Rural South Africa: Why does Social Protection Work for Some Households but not Others? <i>J. Int. Dev.</i> 21 (2), 231-51	South Africa	To investigate inequalities in access of disability grants and implications of disability grant access for ongoing health care	280 households (data set) 30 households interviewed	Mixed methods	Unconditional cash transfers UCT	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	Social protection and disability	Cash transfers combined with UHC helped build resilience among some household. However, those without access to at least both of these things were more likely to be impoverished owing to the direct and indirect costs of having a long term illness. Recommends improving uptake and coverage of social protection
Governder, V., Fried, K., Birch, S., Chimbindi, N., Cleary, S., 2015. Disability Grant: a precarious lifeline for HIV/AIDS patients in South Africa. <i>BMC Health Serv. Res.</i> 15 (227), 1-10	South Africa	To investigate inequalities in access of disability grants and implications of disability grant access for ongoing health care	1,200 participants	Qualitative interviews	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and poverty	Shortage of HCPs for assessments - and inconsistency in assessment process. Poor provider knowledge led to mistrust. Complex process led to delays in grant access. Calls for chronic illness grant so people can stay on it after AIDS recovery but is seen as unaffordable
Government of Malawi., 2016. Review of the Malawi National Social Support Programme: A stakeholder driven review of the design and implementation of the Malawi National Social Support Programme (2012-2016). Lilongwe, Malawi, pp. 9-27	Malawi	A review of the design and implementation of Malawi's National support programme, including the protection of people with disabilities	Unspecified	Grey literature	Non-contributory UCT	Social Cash Transfer Programme	A) Living in Poverty; B) PWDs	Policy perspective - Social protection as a whole.	Limited coverage for very poor; implementation frameworks is unclear; high exclusion for PWD owing to restrictive targeting criteria. Suggests designing specific policy for disabled people. Issues include: unclear graduation expectations (what happens when you 'graduate' out of poverty/illness); programme fragmented on a national level; capacity of institutions i.e. inadequate resources and staff; heavy reliance on community volunteers raising concerns about reliability and effectiveness; delays in payments; difficulties in financing.
Government of Malawi., 2018. Malawi National Social Support Programme II (MNSSP II). Lilongwe, Malawi, pp. 1-27.	Malawi	A review of Malawi's social protection policies, with the aim of promoting linkages, strengthening systems and improving monitoring activities.	Unspecified	Grey literature	Unconditional cash transfers UCT	Social Cash Transfer Programme	A) Living in Poverty; B) PWDs	Policy perspective - policy improvements	Improve coordination between public work interventions and districts; need to improve resilience and income so less need for these programmes. Improve microfinance access to the poor; includes shock-sensitivity in the design to target acute and sudden events.
Government of Nepal., 2012. Assessment of Social Security Allowance in Nepal. Kathmandu, Nepal, pp. 1-65	Nepal	Review of Nepal's social security programme.	5181	Household survey	Unconditional cash transfers UCT	Disability Allowance/Disability Grant	A) PWDs; B) Living in Poverty	UCTs	There are fully disabled and partially disabled allowances but not nationally - only in certain parts of the country. Lack of clarity policies regarding social security programmes - especially in determining state accountability and there is limited manpower. Local bodies are not enthusiastic in implementing programmes due to administrative expenses. Some of the assessment protocols were unclear or confusing, especially the classification of disabilities. Disabled people are found to be less aware of their access to help. 80% respondents said allowance was insufficient in meeting personal household expenditure. Physically disabled destitute persons above the age of 45 can get a disability pension. Allowance depends on level of disability.
Government of Rwanda., 2011. Vision 2020 Umerenge Programme: Annual Report 2009/10. Kigali, Rwanda, pp.12-22.	Rwanda	Aim to provide social protection to vulnerable populations including better access to financial capital.	Unspecified	Grey literature	Non-contributory UCT and microcredit	Vision 2020 Umerenge Programme	A) Living in Poverty; B) PWDs* (labour incapacity)	Policy perspective on UCTs and health / health inequalities	Integrated large scale development programme which targets poorest households with UCTs and financial services/ For people who are chronically sick and PWDs. Ensure that vulnerable groups are taken out of poverty. Did not reduce prevalence of disability overall.

Reference	Countries	Aim/Purpose	Study Population	Methodology	Programme Type	Programme Name	A) Target group & B). Additional measures	Study Perspective	Key Findings
Graham, L., Moodley, J., Ismail, Z., Munsaka, E., Ross, E., Marguerite, S., 2014. Poverty and disability in South Africa, research report 2014. University of Johannesburg & Centre for Social Development in Africa, Johannesburg, pp. 10-60	South Africa	To understand how poverty and disability intersect to shape key capability outcomes for both non-disabled and disabled people	Unspecified	Grey literature / literature review	Non contributory UCT	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	Disability and poverty perspective	People with disabilities did have strong household support but faced financial difficulties in living with a disability. Disabled people more likely to be involved in precarious employment. Only 10% of PWD said they received a disability grant. Policy-makers need to understand potential disabling effects of illness, particularly chronic conditions.
Graham, L., Moodley, J., Selipsky, L., 2012. The disability-poverty nexus and the case for a capabilities approach: evidence from Johannesburg, South Africa. <i>Disabil. Soc.</i> 28, 324-337	South Africa	Report on evidence from a study conducted in 8 poorest wards in Johannesburg to demonstrate how poverty and disability compound each other	1,407 household respondents	Mixed methods	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and poverty	Disability grant is means tested for sick and disabled individuals - uptake is low - 71% of disabled individuals are not aware. Difficulty getting correct documentation, traveling not knowing how to apply, lack of clarity from HCPs. Money spent on food items however not enough for assistive devices. Advocates for a shift to investment packages for long term income generation.
Grugel, J., Riggirozzi, P., 2018. New directions in welfare: rights-based social policies in post-neoliberal Latin America. <i>Third World Q.</i> 39 (3), 527-543	Ecuador	To highlight the exclusion that social welfare models create under neoliberal political structures	Unspecified	Literature review	Mixed - contributory (microfinance) and UCT	Joaquín Gallegos Lara programme	A) PWDs; B) Severity of disability	Human rights perspective	Policy Discapacidades aims to address poverty, exclusion and stigma - disability is thus mainstreamed into policy areas. Created jobs for disabled people, loans for small businesses for people with disabilities - microfinance. Combination of strategies to change mindsets, end stigma and challenge discrimination with provision of cash transfer programmes
Guan, M., 2017. Should the poor have no medicines to cure? A study on the association between social class and social security among the rural migrant workers in urban China. <i>Int J Equity Health</i> 16, 193, 2-14	China	To explore the association between the socioeconomic factors and social security among the rural migrant workers in urban China. Also to explore association between socioeconomic inequality and social security inequality.	848 respondents	Quantitative methods: logistic regressions	Contributory	Social Insurance		Social protection and labour informality	Rural migrant workers are socioeconomically deprived. Migrant workers experience social security inequity, medical inequity and reimbursement inequity. Half of the sample were uninsured and faced high risk of experiencing health shocks. Insurance participation rates are significantly lower. Also employers might offer superficial social security to rural migrant workers in order to adhere to government legislation - they receive limited benefits compared with other workers.
Hanass-Hancock, J., 2017. People with disabilities and income-related social protection measures in South Africa: Where is the gap? <i>Afr. J. Disabil.</i> 6 (0), a300:1-11	South Africa	Discuss if disability is associated with opportunity cost and loss of income both on the individual and household level	Unspecified	General household survey	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and general health/wellbeing	PWD have barriers to health, education and employment and have high OOP. Need to understand a more nuanced definition of disability. Gendered - women more likely to report disability than men. DG does not compensate for economic vulnerability.
Hanass-Hancock, J., Nene, S., Deghays, N., Pillay, S., "These are not luxuries, it is essential for access to life": Disability related out-of-pocket costs as a driver of economic vulnerability in South Africa. <i>Afr. J. Disabil.</i> 6 (0), a280:1-11	South Africa	To present data related to elements of vulnerability in South Africa. Disability related out-of-pocket costs as a driver of economic vulnerability in South Africa. <i>Afr. J. Disabil.</i> 6 (0), a280:1-11	73 participants	Qualitative interviews and group discussions	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and general health/wellbeing	Costs of assistive devices and health costs difficult to pay even with DG. Grant cannot contribute to rehabilitative measures. Costs also vary depending on type and severity of disability. PWDs are a diverse group with different associated costs. DG excludes people with less visible disability, often used to cover household expenses instead, one size fits all does not respond to diversity of needs and costs.
Handa, S., Natali, L., Seidenfeld, D., Tembo, G., 2018. Can unconditional cash transfers raise long-term living standards? Evidence from Zambia. <i>J. Dev. Econ.</i> 133, 42-65.	Zambia	To investigate if social protection programmes raise living standards by using experimental data from two UCT programmes in Zambia	Unspecified	General household survey	Unconditional cash transfers UCT	Social Cash Transfer Programme/ Multiple Category Targeted Program (MCP)	A) Living in Poverty; B) PWDs	UCTs and poverty	MCP targeted to households with various types of disability. Programme is in 5 rural districts and 90% fall below the national extreme poverty line. Eligibility is a household with a disabled member or a case of being critically vulnerable. Nothing about disability specifically
Haseeb, M., Vyborny, K., 2016. Imposing institutions: Evidence from cash transfer programs in Pakistan. <i>CSAE Working Paper 2016-36. Centre for the Study of African Economies, Oxford</i> pp. 1-37.	Pakistan	To quantify the impact of an outside agency imposing on a developing country a policy to secure social protection for vulnerable groups	Unspecified	Grey literature	Unconditional cash transfers UCT	Benazir Income Support Programme (BISP)/National Cash Transfer Programme (NCTP)	A) Living in Poverty; B) PWDs	Geographical perspective and policy variations	BISP is a cash transfer programme that offers income to people who are poor and with disabilities. Chances of getting a grant heavily relied on politics over a persons need. For instance households in winning politicians villages were 200-400% more likely to receive cash transfers than in rivals villages - people more connected to politicians were more likely to receive transfers. Need equity and fairness to improve targeting.
Hjelm, L., Honda, S., de Hoop, J., Palmero, T., 2017. Poverty and perceived stress: evidence from two unconditional cash transfer programmes in Zambia. <i>Soc. Sci. Med.</i> 177, 11-117	Zambia	To examine whether two similar UCT programmes reduce levels of perceived stress and poverty among poor households	14,565 participants	Cluster RCT	Unconditional cash transfers UCT	Social Cash Transfer Programme/ Multiple Category Targeted Program (MCP)	A) Living in Poverty; B) PWDs	UCTs and mental health	MCP targets following categories: female headed households, adopting orphans and having disabled member. Found that cash transfers can reduce perceived stress owing to a reduction in financial strain.
Holmes, R., Ughadaya, S., 2009. The role of cash transfers in post-conflict Nepal. <i>ODI, London</i> , pp. 1-29	Nepal	To compare cash with other forms of transfers, identifying where cash transfers may be preferable, the preconditions for cash transfers to work well and how they may best be targeted with other initiatives	Unspecified	Grey literature	Non contributory UCT	Disability Allowance/Disability Grant	A) PWDs; B) Living in Poverty	Policy perspective - policy improvements	Design of its and implementation problems have reduced efficacy - low coverage of poor beneficiaries and low level of benefits mean that the effects are low. Implementation constraints such as low institutional capacity, funding bottlenecks and unpredictable delivery of CTs, exclusion errors and lower benefit levels
Huang, Y., Guo, F., 2017. Welfare programme participation and the wellbeing of non-local rural migrants in Metropolitan China: A social exclusion perspective. <i>Soc. Indic. Res.</i> 132, 63-85	China	To examine critical issues in welfare reform in relation to the wellbeing of rural to urban migrants and their workers rights	149 participants	Qualitative interviews	Non-contributory (UCT)	Minimum Living Standard Guarantee (Dibao)	A) Living in Poverty; B) PWDs	UCTs and poverty	Wellbeing of rural to urban migrants closely associated with welfare programmes. Participation remains low for co-contribution programmes - again related to honour status (less likely to enroll). MSLA can't always be assessed. Individuals who unemployed must seek informal networks. Plot systems show differences between uptake in different cities - in some cities there is equal contribution to the insurance pool, some cities allow rural migrants to make lower contribution rates, and others have implemented separate insurance schemes for rural migrant workers.
*Hujul, I., Hujul, C. M., 2017. Temporary work incapacity and its financial impact on public funds. <i>Rom. J. Leg. Med.</i> 25, 239-241	Romania	To assess the cost of temporary work incapacity that is paid for by the Romanian state.	Unspecified	Review	Social Insurance	Social Insurance	Those who contribute	Social security financing	Allowances for work incapacity are paid out of monthly contribution of the employees to the wage fund - 0.85% monthly. This is paid to the national insurance fund who are tasked with financing sick leave payments to employees. For the first month the employee is covered by social insurance. Once this runs out, the employer pays sick leave from their own resources. If the employer ceases its activity, sick leave rights of the employer are paid by the national health insurance fund.
Hussey, M., MacLachlan, M., Miji, G., 2017. Barriers to the Implementation of the Health and Rehabilitation Policies of the United Nations Convention on the Rights of Persons with Disabilities in South Africa. <i>Int. J. Health Policy</i> 6 (4), 117-119	South Africa	Seeks to fill the gap in the literature by exploring what the barriers are to the implementation of health and rehabilitation policies in South Africa	10 participants	Qualitative interviews	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	Human rights perspective on PWDs	Political barriers - responsibility of different departments unknown. PWD are not political priorities so finance is reduced. Grant cannot cover full needs of PWD and certainly does not expand to household need. Suggests repackaging the grant so it targets different facets of disability i.e. assistive devices grants.
International Committee of the Red Cross (ICRC), 2013. Cash transfer programming in armed conflict: the ICRC's experience	Afghanistan, Cambodia, Ethiopia, Lebanon, Ukraine	Analysis of the effectiveness of cash transfers in armed conflict.	Unspecified	Grey literature	Non-contributory (UCT)	Unspecified	Unspecified	UCTs and general health/wellbeing	Programmes to support people with physical impairments through cash or in kind. Acknowledges that people with disabilities have their own needs and tailored programmes to avoid exclusion. Benefits - increase dignity, power and autonomy for survival and recovery, maintain peoples financial inclusion during conflict. But must take into account the nature of conflict and be flexible
ILO, 2010a. Effects of non-contributory social transfers in developing countries: A compendium. ILO, Geneva, pp. 1-35	Malawi, South Africa, Zambia.	Unspecified	Unspecified	Grey literature / review	Non contributory UCT	1. Mchinji Social Cash Transfer Pilot Scheme; 2. Disability Grant; 3. Pilot Cash Transfer Scheme Kalamo District	1, 3: A) Living in Poverty; B) PWDs; 2: A) PWDs; B) Insecure income (not always below poverty line)	UCTs and general health/wellbeing	All programmes aim to reduce poverty and vulnerability. There are important differences between social transfer programmes in middle income countries and those in low income countries. On the whole, middle income countries have greater financial, administrative and research capacity to implement social transfer programmes to scale. In low income countries, on the other hand, the extension of social protection has been slower, programmes institutionalisation has been more precarious, and sustainability issues are important. In low-income countries in sub-Saharan Africa and lower middle income countries in Central America, programmes tend to be of fixed term, small scale and at the pilot stage
ILO, 2010b. Domestic workers in Thailand: their situation, challenges and the way forwards. ILO Office for East Asia, Bangkok, pp. 3-30	Thailand	Review and analyse situation of Thai domestic workers and to provide recommendations for future improvements	Unspecified	Grey literature	Legal entitlements and contributory payments	Unspecified	Unspecified	Legal perspectives on labour protection laws	Domestic workers were not well recognised or protected by Thai labour law. The majority of migrant domestic workers are more vulnerable to exploitation and have little access to labour protection provided by the government - they cannot access social insurance because they may not have the necessary documents i.e. a work contract.
ILO, 2013. Social protection assessment based national dialogue: towards a nationally defined social protection floor in Thailand. ILO, Bangkok, pp. 1-75	Thailand	Describe existing social security and social protection in Thailand and to identify policy gaps, implementation issues and recommendations for improving the social protection floor.	Unspecified	Grey literature	Contributory and non contributory UCT	Disability Allowance	A) PWDs; B) Severity of disability	Policy perspective - Social protection as a whole.	Legally people who are unable to have an income are covered by Thai social protection law. Civil servants are entitled to sick leave with pay and work injury / disability benefits. Does not explain coverage or exclusion
ILO, 2017. World social protection report 2017-2019: Universal social protection to achieve the Sustainable Development Goals.	All	Evidence based resource for policy makers to strengthen social protection and promote social justice Goals.	Unspecified	Grey literature	Contributory and non-contributory UCT	Unspecified	Unspecified	Policy - Social protection as a whole.	Outlines different types of social protection needed, including disability and short term sickness i.e. sick leave, labour rights. Explains that coverage is still low and there are major barriers in place.
ILO & IFC, 2015. Better Work Vietnam: Garment industry 8th compliance synthesis report. ILO, Geneva, pp. 7-27	Vietnam	Illustrates the findings of assessments by Better Work Vietnam in 193 factories.	193 factories	Grey literature	Legal entitlements and worker protection	Unspecified	Unspecified	Human rights based perspective - legal labour entitlements	80% of factories fail to meet legal requirements on main leave and inaccurate salary formation during periods of ill health. Majority of factories failed to settle sick leave claims within 3 working days.
ILO & IFC, 2018a. Better Factories Cambodia. Annual report 2018 an industry compliance review. ILO, Geneva, pp. 7-64	Cambodia	Illustrates the findings of assessments by Better Work Cambodia in 464 factories.	464 factories	Grey literature	Legal entitlements and worker protection	Unspecified	Unspecified	Human rights based perspective - legal labour entitlements	High rates of non compliance in giving paid sick leave. Sick leave often is miscalculated so paid on a basic wage only instead of usual pay.
ILO & IFC, 2018b. Better Work Haiti: 17th Synthesis Report under HOPE II Legislation. ILO, Geneva, pp. 3-47	Haiti	Illustrates the findings of assessments by Better Work Haiti in 28 factories.	28 factories	Cluster RCT	Legal entitlements and worker protection	Unspecified	Unspecified	Human rights based perspective - legal labour entitlements	There are high non-compliance rate in legally mandated social security benefits (75%) as well as compliance on paid sick leave (39%); 21% factories do not pay workers correctly during sick leave and is sometimes illegally pinned to minimum wage rather than the individual's standard salary
Isoto, R. E., Sam, A. G., Kraybill, D. S., 2016. Uninsured Health Shocks and Agricultural Productivity among Rural Households: The Mitigating Role of Micro-credit. <i>J. Dev. Stud.</i> 53 (12), 2050-2066	Uganda	This article investigates how health shocks affect farm productivity in the presence of microcredit.	Unspecified	Quantitative methods (regression model)	Microcredit	Social Insurance	Those who contribute	Health promoting benefits perspective	Credit has neutralising effect on health shocks to the household. It is useful when people are sick and unable to work. Results reveal microcredit has significant mitigating effect on farm productivity losses. Thus microcredit generates positive outcomes - serving as insurance against health shock and improving productivity.
Jaccoud, L. B., Mesquita, A. C. S., de Paiva, A. B., 2017. BPC: from security advances to the risk of social security reform. <i>Ciênc. saúde coletiva</i> . 22 (11), 3499-3504	Brazil	Analyses the prosed changes to BCP with regard to increased minimum age of access and the amount that individuals are eligible for	Unspecified	Opinion piece	Non-contributory (UCTs)	Continuous Cash Benefit (BCP)	A) PWDs; B) Living in Poverty	UCTs and administrative weaknesses	Discusses reform - reforms are being planned to reduce dependency from claimants but risk reducing coverage and increase income vulnerability for disabled people. Ultimately, people don't have a choice but to depend on BCP when they do not make an income great enough to contribute towards social insurance. BCP therefore was not found to be a disincentive for social insurance enrolment but a necessity - the option to choose was not available.
Jansen, O. C., Lucero-Prisco, D. E., Haarlov, E., Sucre, R., Flores, A., Canals, M. L., 2013. Social security for seafarers globally. <i>Int Marit Health</i> . 64 (1), 33-35	Philippines	To describe the social security coverage among seafarers.	27 respondent	Literature review	Contributory and non-contributory	Unspecified	Unspecified	Rights based perspective	Huge difference between countries. Many workers are not aware of their rights. Migrant workers have little entitlement to workers rights owing to bureaucratic barriers. However, evidence from the Philippines shows that coverage was relatively high, but there was no evidence to suggest that coverage was executed correctly, in practice.
Jiang, J., Qian, J., Wen, Z., 2018. Social Protection for the Informal Sector in Urban China: Institutional Constraints and Self-selection Behaviour. <i>J Soc Policy</i> 47 (2), 335-357	China	This study examines reasons for under enrolment on social insurance programmes in China	3,160 respondents	General household survey (qualitative analysis)	Contributory schemes	Social Insurance	Those who contribute	Contributory schemes and labour informality	Social protection does not cover informal workers adequately - could be due to institutional constraints - especially those with honour status, and self selection behaviour also plays a role. Informal sector employers likely to opt out of social insurance. Difficult to prove eligibility so many do not enroll
Jones, N., & Shaheen, M., 2012. Transforming cash transfers: Beneficiary and community perspectives on the Palestinian national cash transfer programme. Part 2: The case of the West Bank. <i>ODI, London</i> , pp.1-90	West Bank & Gaza	Assessment to improve policy and assert what recommendations can be made to promote greater coordination of cash transfer policies	Papers unspecified, 32 interviews	Grey literature	Non contributory UCTs	Palestinian National Cash Transfer Programme (PNCTP)	A) Living in Poverty; B) PWDs	UCTs and poverty	A mix of programmes makes it confusing because policies are overlapping and not cost effective. Palestinian UCT is for people with disabilities with a low income, found no problems with access/ queues, most spent money on repaying debts and household amenities. Spending on children was a priority.
Kabir, H., Maple, M., Usher, K., Islam, S., 2019. Health vulnerabilities of readymade garment (RMG) workers: a systematic review. <i>BMC Public Health</i> . 29, 70	Bangladesh, Cambodia.	Aim is to identify the distinctive types of health vulnerabilities along with causes and consequences of these vulnerabilities of RMG workers in South and Southeast Asian regions.	19 studies	Systematic review	Legal entitlements and worker protection	Unspecified	Unspecified	Legal perspectives on labour protection laws	Workers do not get full payment when on sick leave, concerns about falling health may lead to mental health issues in addition to the financial burden. People will have to take risks and work when they are sick otherwise they will not be paid as much.
Kelly, G., 2017. Patient agency and contested notions of disability in social assistance applications in South Africa. <i>Soc. Sci. & Med.</i> 175, 109-116	South Africa	To examine how doctor patient interactions and patient agency shaped welfare allocation	24 participants (doctors) and 216 consultations	Qualitative interviews	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and administrative weaknesses	Subjective interpretation by doctors, difficult to create and communicate consistent framework, highly medicalised assessment - can overlook mental health. People with chronic illness not eligible unless they have a substantial impairment. Social exchange shaped by power. Language barrier, educational barriers and violence toward doctors.
Khan, F., Amatyha, B., Avirmed, B., Kyoung, Y., Shirmen, B., Abbot, G., Galea, M. P., 2018. WHO global disability action plan: the Mongolian Perspective. <i>J. Rehabil. Med.</i> 50, 358-366	Mongolia	Provide an update on disability and rehabilitation in Mongolia and barriers and facilitators for WHO's global disability action plan	77 participants	Case report	Non contributory UCT	Unspecified	Unspecified	Legal perspectives on non-contributory / social protection	Legally Mongolia has to give social assistance and benefits to people with disabilities. Uncertain of the extent to which people are covered in reality. There is a need to consider the finances and determine if there is adequate investment in social assistance for people with disabilities or who cannot work due to ill-health.
Khanal, D., 2013. Social Security/ Social Protection in Nepal Situation Analysis. ILO Country Office for Nepal, Kathmandu, pp. 9-50	Nepal	Outline of Nepal's social security provision.	Unspecified	Grey literature	Contributory and non-contributory	Disability Allowance/Disability Grant	A) PWDs; B) Living in Poverty	UCTs and poverty	Programme are fragmented and driven by populist or political concerns. Formal social security schemes are limited to civil servants, security personnel and small section of private sector. Private sector do not want to pay social security so would rather employ informal workers. There are no unemployment benefits in Nepal, just micro insurance provided by NGOs and trade unions. There is a disability support from the government.
Kiregu, J., Murindahabi, N. K., Tumusiime, D., Thomson, D. R., Hedt-Gauthier, B. L., Ahye, A., 2016. Socioeconomics and Major Disabilities: Characteristics of Working-Age Adults in Rwanda. <i>PLoS One</i> . 11 (4):e0153741.	Rwanda	Investigates the relationship between poverty and government compensation on disability among working-age adults in Rwanda	35,144 respondents	Household survey	Contributory and non contributory UCT	Vision 2020 Umerenge Programme	A) Living in Poverty; B) PWDs* (labour incapacity)	Social protection and disabilities	Rwanda's VUP programme is large scale development program targets the poorest households with UCT, public work jobs and financial services (microcredit). Aims to include PWD in social protection programmes to reduce vulnerability and increase participation. Recommends that governments should deliberately target PWD with disability appropriate UCTs and employment. Supplemental micro saving programmes for this group should also be considered by government and private sector to help protect households against shocks.

Reference	Countries	Aim/Purpose	Study Population	Methodology	Programme Type	Programme Name	A) Target group & B). Additional measures	Study Perspective	Key Findings
Kongshoj, K., 2015. The Chinese Dream of a More Progressive Welfare State: Progress and Challenges. <i>Fudan J. Humanit. Soc. Sci.</i> 8, 571–583	China	To review reform efforts within Chinese social protection policies and discusses the progress and challenges with the concept of universalism	Unspecified	Opinion piece	Contributory schemes	Social Insurance	Those who contribute	Contributory schemes and labour informality	Coverage of insurance around 40-50% of register unemployed but would be much lower if non-registered unemployed were taken into account. Exclusion is because of stigmatising eligibility criteria - i.e. recipients are named publicly. Can become exempt if you have 'luxury items' such as electronics.
Kongtip, P., Nankongnab, N., Chaikittipom, C., Laohaudomchok, W., Woskie, S., Siatin, C., 2015. Informal Workers in Thailand: Occupational Health and Social Security Disparities. <i>New. Solut.</i> 25 (2), 189–211	Thailand	Summarise the differences in protections available for formal and informal sector workers and measures needed to decrease these disparities in coverage	Unspecified	Literature review	Contributory and non contributory UCT	Disability Allowance	A) PWDs; B) Severity of disability	Contributory and non-contributory policies and poverty	Only 62.6 are protected by Labour Protection act which ensures that employers must participate in contributory schemes - owing to informality. Informal workers not aware of their legal rights. Voluntary schemes for informal workers. Informal workers who suffer permanent disability receive payments for 15 years.
Kwok, S. M., Tam, D., Hanes, R., 2018. An Exploratory Study into Social Welfare Policies and Social Service Delivery Models for People with Disabilities in China. <i>Glob. Soc. Welf.</i> 5, 155–165	China	To represent the findings of a study pertaining to the social service income support needs of people with disabilities in China	53 interview participants	Qualitative interviews	Non-contributory UCT	Minimum Living Standard Guarantee (Dibao)	A) Living in Poverty; B) PWDs	UCTs and poverty	Underreporting of disability and difficulty in accessing income support. Respondents said that the government minimised the degree of impairment as a means of controlling access to services and financial benefits. Income support barely meets basic living needs and most disabled people in china live in poverty - makes it even harder to cover health / medical costs
Lui, J., Lui, K., Huang, Y., 2016. Transferring from the poor to the rich: Examining regressive redistribution in Chinese social insurance programmes. <i>Int. J. Soc. Welf.</i> 25 (2), 199–210	China	To discuss the possible cause of redistribution to richer quintiles while the poor are left behind in social protection policies in China	Unspecified	General household survey	Contributory schemes	Social Insurance	Those who contribute	UCTs and poverty	Benefits protecting privileged whereas high risk groups are inadequately protected. Marginal groups aren't covered by insurance because if they are low income they are unable to pay into systems. Informal workers at greater risk and migrant workers cannot participate easily.
Lund, F., 2012. Work-related social protection for informal workers. <i>Int. Soc. Secur. Rev.</i> 65 (4), 9–30.	Non-specific	Argues for programmes based on citizenship which offers universal rights to everyone (not just poor and disabled) and encourages better occupational health and safety as a preventative measure to avoid injuries and workplace illnesses - rather than waiting for people to get sick and financially vulnerable	Unspecified	Review	Contributory and non contributory UCT	Unspecified	Unspecified	Social protection and labour informality	Informal workers do not have access to work-related social security and face higher work related risks. Poorer informal workers are ill-placed to make use of possible preventative interventions that may lead to income loss in the short term. Needs to be a more inclusive approach that improves occupational health and safety and expand social protection to all workers and not just to those in poverty. Ultimately all citizens should have the same entitlements. Discusses alliances in health with networks from civil society groups including people with disabilities, farmers, indigenous people and other vulnerable groups - Whilst people may have access to insurance to cover for contingency such as injury or disease, preventative, promotive and curative steps are unaddressed (need to add protective and preventive functions to social security)
Mathende, L. T., 2018. The nexus of globalisation and global south social policy crafting: some Zimbabwean perspectives. <i>J. Pan. Afr. Stud.</i> 12 (1), 499–513	Zimbabwe	To explore the impact of globalisation as a key social policy driver in Zimbabwe	Unspecified	Opinion piece	Contributory and non-contributory UCT	Harmonised Social Cash Transfers (HSCT)	A) Living in Poverty; B) PWDs	UCTs and administrative weaknesses	Social protection policy framework approved in 2016. 5 pillars - social safety net (cash transfer); social insurance (including disability pension); labour market programmes and labour regulation improvement; livelihood support; social support. However only 20% of labour force covered by social security. 40% programmes supported by NGOs. Criticism - fragmented without proper structure, exclusionary systems, lack of consistency and transparency, lack of coordination between government agencies and disjointed approaches with multiple streams.
Melnik, O. G., 2016. State support of people with disabilities in Ukraine. <i>Sci. Bull. Polissia.</i> 4 (8), 2–7	Ukraine	Describe approaches to the choice of support options for people with disabilities from the perspective of European practice	Unspecified	Literature review	Non-contributory (UCT)	Unspecified	Unspecified	UCTs, disability and poverty	Disability payments have increased by 13% since 2015 which accompanies increased provision of assistive devices and rehabilitative services. Article argues that funding priorities should shift from direct social welfare to policies on employment of PWD - vocational and social rehabilitation instead of dependency.
Mersland, R., Bwire, F. N., Mukasa, G., 2009. Access to mainstream microfinance services for persons with disabilities—lessons learned from Uganda. <i>Disabil. Stud. Q.</i> 29 (1), 1–22.	Uganda	Lay out basic knowledge about disability and microfinance and define mechanism that exclude PWDs from microfinance services.	Unspecified	Survey	Contributory microfinance	Social Insurance	Those who contribute	Policy perspective - microcredit, disability and exclusion	Scheme is to encourage people with disabilities into the labour market. However people are excluded because of low self esteem - discrimination by other microcredit receivers and staff which grant credit; inaccessibility (either physical; or not adapted for disability needs); informational barriers and lack of knowledge on the scheme
Miller, C., Tsoka, M., Reichert, K., 2010. Targeting cash to Malawi's ultra poor: a mixed methods evaluation. <i>Dev. Policy Rev.</i> 28, 481–502	Malawi	To analyse underlying assumptions, operationalisation of key concepts and errors of inclusion and exclusion.	National data: 11,510 households; interviews unspecified	Mixed methods	Unconditional cash transfers UCT	Social Cash Transfer Program (SCTP)	A) Living in Poverty; B) PWDs	UCTs and poverty	The error rates are significant but also within range of global averages. Has shown to reduce shocks, smooth consumption and reduce intergenerational poverty. Food security also important and improves.
Miller, C., Tsoka, M. G., 2012. ARVs and cash: to caring and supporting people living with HIV/AIDS with the Malawi Social Cash Transfer. <i>Top. Med. Int. Health.</i> 17 (2), 204–210	Malawi	To synthesise evidence on its impact on health inequities and to identify barriers and facilitates of effective CTs.	24 participants	Qualitative interviews	Non-contributory (UCTs)	Social Cash Transfer Program (SCTP)	A) Living in Poverty; B) PWDs	UCTs and general health/wellbeing	Majority of respondents reported improved nutrition which translated to family health as they were able to provide children with adequate food and allow them to access education. Some said that there was no improvement because they did not receive enough from the UCT. Debates on dependency because people still on UCT after 2 years
Mishra, A. K., Kar, A., 2015. Are Targeted Unconditional Cash Transfers Effective? Evidence from a Poor Region in India. <i>Soc. Indic. Res.</i> 130, 819–843.	India	To provide a critique of institutional arrangements for delivery of social security in terms of outreach and effectiveness	200 households	General household survey (qualitative analysis)	Unconditional cash transfers UCT	Odisha Disability Pension	A) PWDs; B) Living in Poverty	Policy perspective on UCTs and financial capacities of recipients	Strong evidence of inclusion and exclusion errors and weak targeting efficiency. Politically influential people do better because they have better connections to community assessors. People found it difficult accessing benefits and most beneficiaries belong to richest quartiles of population. 54% do not think they are given enough to meet sufficient needs.
Mitra, S., 2010. Disability Cash Transfers in the Context of Poverty and Unemployment: The Case of South Africa. <i>World Dev.</i> 38 (12), 1692–1709	South Africa	Assess the programmes targeting effectiveness and its effects on labour supply	Unspecified	Household survey questionnaire	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	Political perspective UCTs, poverty and dependency	Criticised for poor administration and dependency that it promotes. Inclusion errors are limited but many are excluded. DG is the largest share of social expenditure 25% of social protection. Exclusion error of 42%
Mitra, S., Palmer, M., Mont, D., Groce, N., 2016. Can households cope with health shocks in Vietnam? <i>Health Econ.</i> 25 (7), 889–907	Vietnam	Assess the programmes targeting effectiveness and its effects on labour supply	1,552 households	General household survey (quantitative analysis)	Contributory and non contributory UCT	Unspecified	Unspecified	Microcredit and disabilities	Microcredit shown to improve household consumption/ Vietnam safety net programmes include UCT and health insurance for poor and social beneficiary groups (PWDs)/ A large number of informal workers are still uninsured/ The near poor are not eligible for UCT unless they are PWD (social category). Recommends expanding protection to near poor.
Moller, V., 2010. Strengthening Intergenerational Solidarity in South Africa: Closing the Gaps in the Social Security System for Unemployed Youth—A Case Study of the "Perverse Incentive". <i>J. Intergener. Relatsh.</i> 8 (2), 143–160	South Africa	To investigate the perverse incentive discourse that motivates youth to fraudulently access social assistance in order to contribute to family welfare.	1,020 respondents	Household survey questionnaire	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	Political perspective UCTs, poverty and dependency	Refutes perverse incentive to stopping ARVs for the grant. Grant benefits - allows recipients to become decision makers for their own interest - empowers the poor. Worries over financial feasibility - and funding sustainability is questioned.
Naagarajan, R., 2010. Social security of informal sector workers in Coimbatore District, Tamil Nadu, India. <i>J. Labour Econ.</i> 53 (2), 360–380	India	To analyse social protection insurance available to informal sector workers in Tamil Nadu	1,022 participants	General household survey	Contributory and non contributory UCT	Unspecified	Unspecified	Social protection and labour informality	Social security must be expanded as coverage is insufficient. Informal workers do not have steady employment or sustained income and are not covered by social security protections. There are small UCTs but not widespread and vary across the country
Neelsen, S., Limwattananon, S., O'Donnell, O., van Doorslaer, E., 2019. Universal health coverage: A (social insurance) job half done? <i>World Dev.</i> 113, 248–258	Thailand	To establish whether households remain economically vulnerable to illness after the introduction of UHC	Unspecified	Literature review and household survey	Unconditional cash transfers UCT	Unspecified	Unspecified	UCTs and general health/wellbeing	Households are able to protect spending power by drawing on informal insurance and on average combination of UHC and informal insurance covers risk and protects living standards. However formal insurance restricted to formal sector
Neves-Silva, P., Prais, F. G., Silveira, A. M., 2015. Inclusion of disabled persons in the labor market in Belo Horizonte, Brazil: scenario and perspective. <i>Ciênc. Saúde Coletiva.</i> 20 (8), 2549–2558	Brazil	Qualitative research to understand the main barriers that hamper the process of getting BCP	30 participants	Qualitative interviews	Non-contributory (UCTs)	Continuous Cash Benefit (BCP)	A) PWDs; B) Living in Poverty	UCTs and dependency	Those on BCP may be discouraged from seeking employment as they are more likely to have low qualifications - only be eligible for low paid job. BCP seen as more dependable. As such needs to improve work place for disabled people.
Nguyen, M., Chen, M., 2017. The Caring State? On Rural Welfare Governance in Post-reform Vietnam and China. <i>Ethics Soc. Welf.</i> 11 (3), 230–247	1. Vietnam, 2. China	To compare the social protection systems in Vietnam and China, and assessing their efficacy	Unspecified	Opinion piece	Non contributory UCT	1. Social Guarantee Fund for Regular Relief (Disability Allowance/Disability Grant); 2. Minimum Living Standard Guarantee (Dibao)	1. A) PWDs; B) Insecure income (not always below poverty line); 2. A) Living in Poverty; B) PWDs	UCTs and poverty	Dibao - safety net for poor households - urban recipients 23 million; 50 million rural recipients Vietnam social guarantee fund for regular relief UCT for disabled people without income. Covers more than 1 million people. Near poor households can apply for microcredit.
Niño-Zarazúa, M., Barrientos, A., Hickey, S., Hulme, D., 2012. Social Protection in Sub-Saharan Africa: Getting the Politics Right. <i>World Dev.</i> 40 (1), 163–177	1. Cabo Verde; 2. Mauritius; 3. Mozambique; 4. Namibia; 5. South Africa; 6. Zambia; 7. Malawi	Provide an overview of the extension of social protection schemes in sub-Saharan Africa	Unspecified	Literature review	Non contributory UCT	1. Social Pension; 2. Disability Grant/Pension; 3. Food Subsidy Program; 4. Disability Grant; 5. Disability Grant; 6. Kalomo District Social Transfer; 7. Mchinji Social Cash Transfer Pilot	1: A PWDs; B) Living in Poverty; 2 - A) PWDs; B) Severity of disability; 4, 5; A) PWDs; B) Insecure income (not always below poverty line); 3, 6, 7; A) Living in Poverty; B) PWDs	UCTs and poverty	History of UCTs differ geographically across Africa especially regarding funding - whether government led or not. However, still questions about the role of donors, governments etc to provide social protection as well as financial capacity and constraints. Finance was hindered by 2008 crisis/
Ocampo, J. A., Gómez-Arteaga, N., 2016. Social protection systems in Latin America: an assessment (Working Paper No.52). ILO, Geneva, pp. 1–35	Argentina, Bolivia, Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Peru, Venezuela.	Assesses the present state of social protection systems in Latin America and their future challenges.	Unspecified	Grey literature	Contributory and non contributory UCT	Unspecified	Unspecified	Legal perspectives on the coverage of social protection	Protection for persons with disabilities or work related risks cannot be measured with the data that is currently available. The article lists the number of policy areas covered by social protection in Central and South American countries (including sickness, invalidity and employment programmes). Data from 2014. Majority have semi or comprehensive scope of legal coverage. Challenges are high and persistent labour informality - self employed people cost more to protect as there is no contribution from an employer; lower expected economic growth; social insurance is still low even among the middle class leaving a segment of the population unprotected. Makes protection more expensive for the state and is costly.
Opoku, M., Nketsia, W., Agyei-Okyere, E., Kwadwo Mprah, W., 2018. Extending social protection to persons with disabilities: Exploring the accessibility and the impact of the Disability Fund on the lives of persons with disabilities in Ghana. <i>Glob. Soc. Pol.</i>	Ghana	Explore the beneficial impact of the fund on the lives of people with disabilities in Ghana.	48 participants	Qualitative interviews	Non contributory UCT	Disability Fund	A) PWDs; B) Living in Poverty	UCTs and administrative weaknesses	Provides one off financial support through decentralised political units. Evidence shows that many PWDs are still in poverty because only few could access the fund owing to barriers such as lack of information, delays in disbursement and insufficient funds. Need for reevaluation of administration of disability fund and disbursement process
Ortiz, I., Schmitt, V. De, L., 2016. Social Protection Floors: Volume 1: Universal Schemes. ILO, Geneva, pp. 107–161	1 Cabo Verde; 2. Mongolia; 3. South Africa; 4. Timor-Leste	Outlines the range of universal schemes that protect sick or disabled individuals	Unspecified	Grey literature	Contributory and non contributory UCT	1. Disability Pension; 2. Social Welfare Allowance; 3. Disability Grant; 4. Disability Grant	1. A) PWDs; B) Living in Poverty; 2, 3, 4. A) PWDs; B) Insecure income (not always below poverty line)	UCT and health	People relieve disability allowances in South Africa and Timor Leste. The Mongolian system has tax funded social welfare system which provides support to people with disabilities. It also has an integrated system which involves compulsory and voluntary social insurance which cover sickness, injury and disability. PWDs above 18 years old are entitled to \$30 a month. Been in place since 2008 and expanded in a short space of time, has aided social stability in post-conflict situations, improves household welfare and intergenerational wellbeing. Reaches 18% of PWDs. Financial limitations and people find it difficult obtaining documents and welfare services and the payments, particularly those living in rural areas. In Cabo Verde pPWD are entitled to \$65 a month.
Ozkan U R., 2015. Welfare regime change - or lack of change - in unemployment compensation. <i>Int. J. Soc. Welf.</i> 25 (2), 129–135	Turkey	Explore the politics of welfare regime transformation in regard to Turkey's unemployment compensation system	Unspecified	Opinion piece	Contributory schemes	Social Insurance	Those who contribute	Legal perspectives on labour protection laws	Workers are entitled to receive benefits if they have to stop working due to disability - benefits amount to 50% daily net wage for 6-10 months. No discussion on what happens after this.
Palmer, M., Groce, N., Mont, D., Nguyen, O. H., Mitra, S., 2019. The Economic Lives of People with Disabilities in Vietnam. <i>PLoS One.</i> 2015, 10 (7), 1–16	Vietnam	To give voice to the lived experience of families with disabilities and how they manage the economic challenges associated with disability	72 participants	Qualitative methods (focus group)	Non contributory UCT	Monthly Income Support/ disability allowance	A) PWDs; B) Insecure income (not always below poverty line)	Contributory and non-contributory policies and disability	Current social protection reported as not accessible to all and did not meet current needs nor accommodate wire barriers to benefit claims. Profound disabilities entitled to UCT and travel exemptions/ UCT translates to 13-26% of minimum wage. Complex application procedures. Assessment/eligibility only covers severe disabilities.
Palmer, M., 2015. Social protection and disability: a call for action. <i>Oxf. Dev. Stud.</i> 41, 139–54	Bangladesh, Brazil, India, South Africa, Vietnam.	Reviews the relationship between social protection and disability in theory and practice	Unspecified	Literature review	Non-contributory UCT	Unspecified	Unspecified	Non-contributory UCT - poverty and disability	Coverage of social protection remains low. Its are targeted and often have vulnerabilities in their criteria i.e. disability, poverty etc. In Bangladesh funding is low per capita. South Africa transport costs. Vietnam depict government protection as a last resort with encourages dependency. South Africa - DG did not reduce labour supply, equalised income, improved wellbeing and food. India pension was insufficient to pay 1 week medicine for people with severe impairments
Phaswana-Mafuya, N., Pelzer, K., Petros, S. G., 2009. Disability grant for people living with HIV/AIDS in the Eastern Cape of South Africa. <i>Soc Work Health Care.</i> 48 (5), 539–550	South Africa	To explore conditions and characteristics of disability grant in south Africa	38 participants	Cross sectional study	Disability Grant	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCT and exclusion errors	Benefits smooth consumption, improve health status, access to investment opportunities, increase self worth, and encourage community participation. Zambia targets critically poor households and community monitor. Uganda SAGE target households with limited labour capacity. Inclusion needs to be more explicit and a measurement tool is needed in South Africa.
Plagerson, S., Patel, L., Hochfeld, T., Urlikson, S. M., 2019. Social policy in South Africa: Navigating the route to social development. <i>World Dev.</i> 113, 1–9.	South Africa	Reflect the trajectory of social policy in south Africa and the opportunities for policy transfer to other countries	Unspecified	Opinion piece	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	Political perspective UCTs, poverty and dependency	Conservatism influences policy - people are worried about dependency and social discourse is highly politicised. Delivery hindered by lack of professionalism - does not tackle core problem of reproductive dimensions i.e. women having care role, more likely to have HIV etc. Private sector do not take any responsibility for social protection.
Qui, M., Jassani, N., Barnett, S., 2018. Identifying health policy and systems research priorities for the sustainable development goals: social protection for health. <i>Int. J. Equity in Health</i>	Non-specific	Identify knowledge gaps that currently exist for social protection and health, as perceived by both the research community and policy-makers, and to reconcile and prioritize these perspectives so as to develop a prioritized list of research questions within this domain.	54 policy makers, 34 papers	Literature review and interviews	Multiple (UCTs, UHC)	Social Insurance	Those who contribute	Social protection and health	5 categories of social protection: Cash transfers; financial incentives; food aid; parental leave and social welfare intervention. CCT change behaviours. Measures to protect income and health care is crucial for PWDs. Need alignment of UHC and income security. Worries over fraud and dependency. Need to know how works in contexts and integrated into UHC.
RNSF, 2017. Extending coverage: social protection and the informal economy. Experiences and ideas from researchers and practitioners. Research, Network and Support Facility, ARS Progetti, Rome; Lattanzio Advisory, Milan; and AGRER Brussels, pp. 5–162	India, Kenya, Zambia, Non-Specific	Addresses the question of how to extend the benefits of social protection to workers in the informal economy.	Unspecified	Grey literature	Contributory and non contributory UCT	Social Insurance	Those who contribute	Social protection and labour informality	People with disabilities are more likely to be in informal work or have periods of no work/ inability to continue doing the same work or make them permanently unemployed. People in the informal economy face greater risk than those in the formal economy - they are more likely to be poor, work in unhealthy environments and more likely to lose their income because of illness and more likely to suffer from a disability. They may have turned to informal work because they became unemployed. They need more social protection than the formal sector but they have less of it.

Reference	Countries	Aim/Purpose	Study Population	Methodology	Programme Type	Programme Name	A) Target group & B). Additional measures	Study Perspective	Key Findings
Rispel, L. C., de Sousa, C. A., Molomo, B. G., 2009. Can social inclusion policies reduce health inequalities in sub-Saharan Africa? - A rapid policy appraisal. <i>Journal of Health and Population Nutrition</i> . 27 (4), 492-504	Ethiopia, Mozambique, South Africa.	Highlights the development landscape in sub-Saharan Africa and presents available indicators on scale of inequity in six countries.	Unspecified	Literature review	Unconditional cash transfers UCT	1. Productive Safety Net Programme; 2. INAS Cash Transfer Programme; 3. Disability Grant	1, 2: Living below poverty line; 2. PWDs. 3. PWDs. 2. Low income (not below poverty line); Living below poverty line; 2. PWDs.		INAS cash transfer aims to reduce absolute poverty and covers disabled urban poor - however the effectiveness has not yet been measured. Ethiopia PSNP shown to improve nutrition and allow people to invest in household livelihood activities and led to an enhancement in asset-building in targeted communities
Rodrigues, C. U., Bialoborska, M., 2017. Organization and Representation of Informal Workers in São Tomé and Príncipe: State Agency and Sectoral Informal Alternatives. <i>Afr. Stud. Q.</i> 17 (2), 1-22	São Tomé and Príncipe	Discuss areas of social protection policy which need developing and improving	40 participants	Qualitative interviews	Contributory schemes	Social Insurance	Those who contribute	Social protection and labour informality	Employees without a contract do not pay social security contributions and thus do not receive social protection. Therefore only 19% are covered by social protection through work insurance. Therefore most rely on informal networks
Roth, M., Toma, S., 2014. The plight of Romanian social protection: addressing the vulnerabilities and well-being in Romanian Roma families. <i>Int. J. Hum. Rights</i> . 18 (6), 714-734	Romania	To discuss the main barriers to effectively addressing the rights of the Roma in Romania	Unspecified	Policy review	Non-contributory UCT	Allowance for Disabled Persons	A) PWDs; B) Severity of disability	UCT and exclusion errors	Benefits depend on registration of identity - must have stable residence which Roma people do not have. They are invisible for authorities and do not appear in official data. Poor, nomadic communities cannot provide documents on legal residency - they have the lowest level of uptake but a great need for income security.
Samuels, F., Stavropoulos, M., 2016. 'Being Able to Breathe Again': The Effects of Cash Transfer Programmes on Psychosocial Wellbeing. <i>J. Dev. Stud.</i> 52 (8), 1099-1114	Mozambique	Explore the experiences of beneficiaries of UCTs in the middle east and sub-Saharan Africa and how it improves psychosocial wellbeing	Unspecified	Mixed methods	Non-contributory (UCTs)	Basic Social Subsidy Programme (PSSB)	A) Living in Poverty; B) PWDs	UCTs and mental health	Mozambique PSSB for older people living with disability - households that are labour constrained and head by older people who are able to work. Gives cash to disabled people - report levels of stress and loss of dignity is relieved when they have UCT and feel less of a burden on the family. Outline similar results in Yemen and Palestine
Sarwar, M. B., 2018. The political economy of cash transfer programmes in Brazil, Pakistan and the Philippines: When do governments 'leave no one behind'? (Working Paper 543) ODI, London, pp. 7-36	Pakistan	To investigate the effectiveness of pro-poor UCTs and the political returns of such policies.	Unspecified	Grey literature	Unconditional cash transfers UCT	Benzir Income Support Programme (BISP)/National Cash Transfer Programme (NCTP)	A) Living in Poverty; B) PWDs	UCTs and administrative weaknesses	BISP is a UCT that gives \$10 a month to low income families - to woman for female empowerment/ A lot of corruption because local politicians can influence it meaning many become ineligible. Categorical reasons i.e. disability must also meet general criterion of limited income.
Scheil-Adlung, X., 2013. Revisiting policies to achieve progress towards universal health coverage in low-income countries: realising the pay-offs of national social protection floors. <i>Int. Soc. Secur. Rev.</i> 66 (3-4), 145-170	Non-specific	To provide evidence that universal health coverage extends beyond the health sector and highlights the need for protection against poverty and vulnerability through income security programs.	Unspecified	Literature review	Contributory and non-contributory	Social Insurance	Those who contribute	Disability and financial protection as a whole	Income security support policies must be improved to help facilitate UHC. Promote inclusion of vulnerable people must be encouraged (i.e. disabled/sick). This will improve health outcomes in tandem with UHC leading to better health outcomes generally.
Scheil-Adlung, X., Sandner, L., 2010. Paid sick leave: Incidence, patterns and expenditure in times of crisis. <i>ILO ESS</i> 27, pp. 1-25	Egypt, Equatorial Guinea, Morocco, Philippines, Russia, Tunisia.	Focuses on national and international evidence providing insights into concepts, patterns and expenditure of paid sick leave.	Unspecified	Grey literature / working paper	Legal entitlements and contributory payments	Social Insurance	Those who contribute	Legal perspectives on labour protection laws	ILO - social health protection with a view to UHC and financial protection in case of sickness - reduce productivity and reduction in earnings. Paid sick leave can improve medical care access, recuperate quicker, prevent serious illness developing, reduce spreading disease. All countries have varying policies on eligibility for universal workers rights
Schneider, M., Waliya, W., Munsanje, J., Swartz, L., 2011. Reflections on including disability in social protection programmes. <i>IDS Bull.</i> 42 (6), 38-44	1. South Africa; 2. Uganda; 3. Zambia.	Consider factors associated with disability that create vulnerability and their household, the nature of disability within social protection programmes and measurement of disability.	Unspecified	Literature review	Non-contributory UCT	1. Disability Grant; 2. SAGE; 3. Social Cash Transfer (SCT)	1A) PWDs; B) Insecure income (not always below poverty line); 2 & 3. A) Living in Poverty; B) PWDs	Disability and social protection	Outlines Zambia's SCT scheme, Uganda's SAGE programme, and South Africa's disability grant (see policy table). Need more recognition of disability as a vulnerability factor - better targeting can improve inclusion of people with disability in social assistance programmes.
Selvester, K., Fidalgo, L., Taimo, N., 2012. Transforming cash transfers: beneficiary and community perspectives on base social subsidy programme in Mozambique. London ODI	Mozambique	Understand beneficiary and community perceptions of PSSB - the main government cash transfer programme.	134 participants	Grey literature	Non-contributory UCT	Basic Social Subsidy Programme (PSSB)	A) Living in Poverty; B) PWDs	UCTs and poverty	Eligibility for people with disabilities, chronic degenerative illnesses in households where there is no capacity to generate income. PWD have specific vulnerabilities which are not always addressed. Without support people experience. Loss of dignity and increased vulnerability and discrimination.
Shumba, T. W., Moodley, I., 2018a. Implementation of disability policy framework in Namibia: A qualitative study. <i>S. Afr. J. Physiother.</i> 74 (1), e400.	Namibia	To conduct a retrospective analysis of policy and legal framework which addresses the needs and rights of persons with disabilities in Namibia	Unspecified	Policy review	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	Human rights perspective	Paper focuses on formal employment. Problems - inconsistent assessment of disability - doctors can be inconsistent. Positives - there is political will to provide disability grants and value has increased (doubled).
Shumba, T. W., Moodley, I., 2018b. Review of policy and legislative framework for disability services in Namibia. <i>S. Afr. J. Physiother.</i> 74 (1), a339	Namibia	To explore the experiences of UCT recipients who have disabilities and their experiences with disability policies and legal frameworks in Namibia	21 participants	Policy review	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	Human rights policy perspective	Disability grant adopts both medical and social model on disability - but there is a need to review and standardise the policy and legal framework in order to embrace social and human rights model. Lack of a countrywide model on disability - create challenge with eligibility for social protection and excludes people.
Siano, A. K., Ribeiro, L. C., Ribeiro, M. S., 2011. Concession of sickness benefit to social security beneficiaries due to mental disorders. <i>J. Bras. Psiquiatr.</i> 33, 325-331	Brazil	Assess the odds of having an initial claim for statutory sickness benefit awarded, in relation to institutional, clinical, sociodemographic and welfare factors	Unspecified	Quantitative methods - logistic regression	Non-contributory (UCTs)	Continuous Cash Benefit (BCP)	A) PWDs; B) Living in Poverty	UCTs and mental health	Psychiatrists less likely to award benefits than regular doctors. Suggest that examinations taken by specialists are stricter than those performed by non-specialists. Article suggest that health and safety should be better in order to reduce the need for benefits; create fairer outcomes for those who have experienced injuries and work towards reducing eligible individuals who are excluded from the BCP programme (take mental health more seriously).
Simões, T., Passalini, P., Fuller, R., 2018. Public social security burden of the musculoskeletal system and connective tissue (DSOTC) in Brazil in 2014, and evolution of these social security expenditures between 2009 and 2014	Brazil	To present data on the social security burden of diseases of the musculoskeletal system and connective tissue (DSOTC) in Brazil in 2014, and evolution of these social security expenditures between 2009 and 2014	Unspecified	Descriptive study	Non-contributory (UCTs)	Continuous Cash Benefit (BCP)	A) PWDs; B) Living in Poverty	UCTs and general health/wellbeing	Between 2009 and 2014, for example, there was a 203% increase in the number of sickness benefits and 27.8% in the number of disability pensions granted - ed. Considering all types of INSS benefits, there was an increase of 76.7% in those five years. 2.3 million sickness benefits were granted which accounts for 46% of total benefits given by the national institute of social security. Disability pensions make up 13.5% of benefits provided by the state.
Solinger, D. J., Yiyang, H., Welfare, wealth and poverty in urban China: The Dibao and its differential disbursement. <i>The China Quarterly</i> , 211, 741-764	China	Aims to consider social assistance in authoritarian China at the urban level	Unspecified	Mixed methods	Contributory and non-contributory UCT	Minimum Living Standard Guarantee (Dibao)	1. Poor households; 2. PWDs	Contributory and non-contributory policies and poverty	Wealthier cities push off the streets those viewed as unsuited to a modern city, therefore allocating a substantial proportion of social assistance funds to them, in order to entice them to stay at home. Poorer places permit people to work outside, thereby saving the city money.
Steinert, J. I., Culver, L., Melendez-Torres, G. J., Romero, R. H., 2017. Relationships between poverty and AIDS illness in South Africa: an investigation of urban and rural households in KwaZulu-Natal. <i>Glob. Public Health</i> . 12 (9), 1183-1199	South Africa	Interrogate the relationship between poverty, disease and health care for those receiving a disability grant	2,477 households	Cross sectional study	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and poverty	Level of poverty correlated with access to disability grant - did contribute to securing basic needs. However needs to expand care giver amount so more of the DG can be spent on the individual whilst also meeting the needs of other household members.
*Tangcharoensathien, V., Pitayangsarit, S., Patcharanarumol, W., Prakongsai, P., Sumai, H., Tosangjai, J., Mills, A., 2013. Promoting universal financial protection: how the Thai universal coverage scheme was designed to ensure equity. <i>Health Res. Policy Syst.</i> 11 (25): 1-9.	Thailand	To assess policy processes related to making decisions on financial protection policies	25 participants	Qualitative methods (interviews)	Unconditional cash transfers UCT	Disability Allowance	A) PWDs; B) Severity of disability	Contributory schemes and general health/wellbeing	Social security scheme includes cash benefit for sickness and invalidity grants/. Financed through flat rate monthly contributions. Microcredit access has increased and shown to smooth consumption/ Social protection varies by employment sector. Separate schemes for public and private workforce. Majority of payments come from social transfers and not government because many cannot contribute. Need to extend welfare and social protection against risk of illnesses that permanently reduce earnings and raise medical expenses.
Tebaldi, R., Cama, T., Gwavuya, S., Magalhaes, O., Fernanda-Villari, M., Vasconcelos, S., Oliveira, T. S., 2019. Social protection in Asia and the Pacific: Inventory of non-contributory programmes. pp.18-255.	1. Afghanistan; 2. Bangladesh; 3. Cambodia; 4. China; 5. India; 6. Indonesia; 7. Mongolia; 8. Nepal; 9. Pakistan; 10. Sri Lanka; 11. Thailand; 12. Timor-Leste; 13. Tonga; 14. Vietnam.	An inventory of social protection programmes in Asia outlining the key features of UCTs	Unspecified	Grey literature / review	Unconditional cash transfers UCT	1. Martyrs & Disabled Pension Programme; 2. Allowance for Financially Insolvent People with Disabilities; 4. Disability Allowance; 4. Minimum Living Standard Guarantee (Dibao); 5.1. Indra Gandhi National Disability Pension Scheme (IGNDPS); 5.2. Targeted Public Distribution System (TPDS); 6. Bantuan Langsung Sementara Masyarakat; 7. Social Welfare Pension; 8. Disability Allowance; 9. Benzir Income Support Programme (BISP); 10.1. Diveneguma Programme; 10.2. National Secretariat for Persons with Disabilities Programme; 11. Disability Allowance; 12. Disability Grant; 13. Aki ai Cash Assistance 14.1. Allowance for HIV and AIDs; 14.2. Disability Benefits	11. A) PWDs; B) Severity of disability; 1, 7, 8, 12 + 13, 14.2: A) PWDs; B) Insecure income (not always below poverty line); 2, 3, 5, 1, 10, 2, 14.1: A) PWDs; B) Living in Poverty; 5, 2, 6, 9, 10.1: A) Living in Poverty; B) PWDs	UCTs	Identified 14 UCT programmes for people with disabilities/degree of incapacity in Asia and the Pacific. It outlines income level, coverage, eligibility criteria and assessment processes.
Tesliuc, E., Pop, L., Grosh, M., Yemtsov, R. G., 2014. Income support for the poorest: A review of experience in Eastern Europe and Central Asia. <i>The World Bank</i> , Washington DC, pp. 11-195	1. Albania; 2. Armenia; 3. Azerbaijan; 4. Belarus; 5. Bosnia & Herzegovina; 6. Kyrgyz Republic; 7. Moldova; 8. Mongolia; 9. Romania; 10. Serbia; 11. Ukraine; 12. Uzbekistan; 13. Bulgaria.	Reviews the role of last resort income support - programmes which target the poorest, mostly with means testing which can provide a minimum income guarantee.	Unspecified	Grey literature / review	Contributory and non-contributory UCT	1. Disability Allowance; 2.1 Family Benefit Programme; 2.2. Disability Pension; 6. Unified Monthly Benefit; 9. Allowance for Disabled Persons; 13. Guaranteed Minimum Income	1, 2, 2, 9: A) PWDs; B) Severity of disability; 2, 1, 13, 6: A) Living in Poverty; B) PWDs	social protection and general health/wellbeing	Article contains. Table on country programmes and whether they include disabled people in their criteria. Armenia uses a vulnerability formula to calculate the eligibility of social welfare claimants - using disability in the equation. Different countries require different documents. In Romania for instance, it takes 5 days to obtain documents costing about 10% of monthly salary. In Bulgaria this can be done free of charge. In Uzbekistan 25% of poorest mentions the number and complexity of documents to be filled out, however, in Albania, only 2 documents are needed. Document also outlines social assistance spending for disability benefits.
Tilin, L., Duckett, J., 2017. The politics of social policy: welfare expansion in Brazil, China, India and South Africa in comparative perspective. <i>Commonw. Comp. Politics</i> . 55 (3), 253-277	Brazil, China, India, South Africa	Explores the expansion of welfare commitments in the 21st century in low and middle income countries.	Unspecified	Literature review	Non-contributory (UCTs)	Unspecified	Unspecified		These countries have gone beyond establishing a safety net and is building capacity for the poorer through social protection - this is serving protective and productive function. However there are limitations - in China rural migrant workers are unprotected and marginalised. Also there are many small pilot programmes emerging indicating a greater move towards income protection.
Torres-Tovar, M., Luna-García, J. E., 2019. Struggles for the right to health at work in Colombia: The case of associations of workers with work-related illnesses. <i>Glob Public Health</i> . 14 (6-7), 996-1007	Colombia	Describes and analyses the dynamics of the struggle for the right to health at work undertaken by these associations in Colombia	548 survey respondents	Literature review, semi structured interviews, focus groups and surveys.	Legal entitlements and worker protection	Social Insurance	Those who contribute	Legal perspectives on labour protection laws	Under-recognition of work related illnesses - certain diseases are not seen as work related meaning people are not obtaining their full rights. Many sick-workers have been fired and lost labour and social protection rights.
Toseva, E., Stoyanova, R., Turnovska, T., 2018. Economic costs due to workers sick leave at wastewater treatment plants in Bulgaria. <i>Med Pr.</i> 69 (2), 129-141.	Bulgaria	To determine the economic cost due to sick leave among workers in waste water treatment plants compared to national average	111 participants	Cohort study	Contributory schemes	Social Insurance	Those who contribute	Legal perspectives on labour protection laws	State has always tried to control paid leave expenditure and sick leave is authorised by appropriate health authorities/ Social insurance contributor must provide compensation for first 3 days of work and then at a rate of 70% of average daily wage. Sick notes are given to employer who then notifies social security agency of the sick leave. The compensation is then paid by social security agency.
Trifkovic, N., 2017. Spillover Effects of International Standards: Working Conditions in the Vietnamese SMEs. <i>World Dev.</i> 97, 79-101	Vietnam	To find out the effect of working standards on employees, focusing on rights, formal contracts and benefit entitlements	Unspecified	Survey (quantitative analysis)	Contributory schemes	Social Insurance	Those who contribute	Contributory schemes and labour informality	Paid social insurance accessed by 40% of workers. formal contracts are three times more likely to claim social insurance/ 7-9% of workers in certified firms receive UI and 80% for work related accidents and paid sick leave - these rates are 2 - 3x lower in non-certified firms.
Vaitsman, J., Lobato, L. V. C., 2017. Continuous Cash Benefit (BCP) for disabled individuals: access barriers and intersectoral gaps. <i>Ciência & Saúde Coletiva</i> . 22 (11), 3527-3536.	Brazil	Identify barriers for people with disabilities in claiming disability benefits	Unspecified	Mixed methods	Non-contributory (UCTs)	Continuous Cash Benefit (BCP)	A) PWDs; B) Living in Poverty	UCTs and general health/wellbeing	4 million people received BCP in 2015 - it is directed to elders and disabled persons with household per capita income of 25% of the minimum wage. Uses medical assessments and social assessments by social workers. Can be then influenced by values, perceptions and professional bias of those involved.
Woolgar, H. L., Mayers, P. M., 2014. The Perceived benefit of the disability grant for persons living with HIV in an informal settlement community in the Western Cape, South Africa. <i>J. Assoc. Nurses AIDS Care</i> . 25 (6), 589-602	South Africa	Explore perceptions and experiences of people with HIV on ART concerning the social grant and its contribution to health	15 participants	Focus groups (3)	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and general health/wellbeing	Social support - hypothesises that may impact adherence to ART - people may stay sick to receive income. It aims just to meet basic needs. Women more vulnerable and less likely to spend as much on themselves and spend more on children. Allowed for better nutrition and improved health and recovery. They propose a BI scheme because poverty and illness are so linked.
Wright, S. C. D., 2015. Persons living on a disability grant in Mpumalanga province: An insider perspective. <i>Curatiosis</i> . 38 (1), 1-7	South Africa	To gain an understanding of the impact of disability grants on the lives of the recipients	90 participants	Qualitative interviews	Non-contributory (UCTs)	Disability Grant	A) PWDs; B) Insecure income (not always below poverty line)	UCTs and poverty	DG did not provide enough to cover household cost and medical expenses - food often did not last a month. Was considered to be used for the individual but usually was used to provide for the entire household. Many had to go to loan sharks.