

ESCAP Guide on Disability Indicators for the Incheon Strategy

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Preface

In 2012, member States of ESCAP adopted the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific.¹ Through ESCAP resolution 68/7 of 23 May 2012, they also declared the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, as the timeframe for implementation of the Incheon Strategy.

The Incheon Strategy provides the Asian and Pacific region, and the world, with the first set of regionally agreed disability-inclusive development goals, arrived at after more than two years of consultations with governments and civil society stakeholders. The Incheon Strategy goals cover a range of development areas from poverty reduction and employment to political participation, accessibility, social protection, education, gender equality, disaster risk reduction, data collection, CRPD ratification and international cooperation.

To ensure that the 10 goals are successfully met, the Strategy identifies 27 targets as well as 62 related indicators for monitoring and evaluating the implementation of the 10 goals. These targets and indicators are essential for developing practical implementation strategies, ensuring success, and identifying areas where significant challenges remain.

The purpose of this publication is to guide data collection and generation by ESCAP member States through providing them with relevant methodologies and tools to construct and use the 62 indicators of the Incheon Strategy, in order to monitor the achievement of the 10 disability-inclusive development goals.

Goal 8 of the Incheon Strategy accords particular priority to data collection, calling for improvement of the reliability and comparability of disability data across countries in the region. Member States, in target 8B, have specifically committed to establishing a baseline with reliable statistics by the midpoint of the Decade in 2017, as a source of tracking progress towards the achievement of the Incheon Goals.

As such, the present Guide is organized into two parts:

- Part I elaborates on the concept of disability and how it relates to the methodology for classifying and measuring disability. It also discusses the different purposes behind defining persons with disabilities, and provides an overview of measuring barriers in the environment.
- Part II provides guidance on appropriate definitions and methods of computation for each of the 62 indicators, and suggests possible sources for data collection.

1 UNESCO (2012). *Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific*. United Nations, Bangkok.

This Guide builds on previous data collection efforts led by ESCAP, including the *Disability at a Glance* publication series,² a comprehensive biennial review of disability policies and practices, as well as relevant country data and information. Like the Incheon Strategy, the Guide is rooted in the principles enshrined in the Convention on the Rights of Persons with Disabilities (CRPD).³

Ultimately, the goal of this Guide is to support and inspire policymakers, civil society and academia to collaborate in generating reliable and comparable disability data and to design more responsive, effective and evidence-based policies to improve the lives of the 650 million persons with disabilities living in the Asian and Pacific region.

2 UNESCAP (2012). *Disability at a Glance 2012: Strengthening the evidence base in Asia and the Pacific*. United Nations, Bangkok.

3 United Nations (2007). *Convention on the Rights of Persons with Disabilities*. Resolution adopted by the General Assembly on 13 December 2006 (A/RES/61/106).

Abbreviations

CRPD	Convention on the Rights of Persons with Disabilities
DHS	Demographic and Health Survey
DPO	Disabled People's Organization
ESCAP	Economic and Social Commission for Asia and the Pacific
HIES	Household Income and Expenditure Survey
ICF	International Classification of Functioning, Disability and Health
ICT	Information and Communications Technology
ILO	International Labour Organization
ISO	International Organization for Standardization
KAPS	Knowledge, Attitudes, and Practice Survey
LFS	Labour Force Survey
LSMS	Living Standards Measurement Survey
MICS	Multiple Indicator Cluster Survey
NGO	Non-governmental Organization
OECD	Organisation for Economic Co-operation and Development
PPP	Purchasing Power Parity
TQSI	Ten Question Screening Instrument
UN	United Nations
UNICEF	United Nations Children's Fund
WG	Washington Group on Disability Statistics
WHO	World Health Organization

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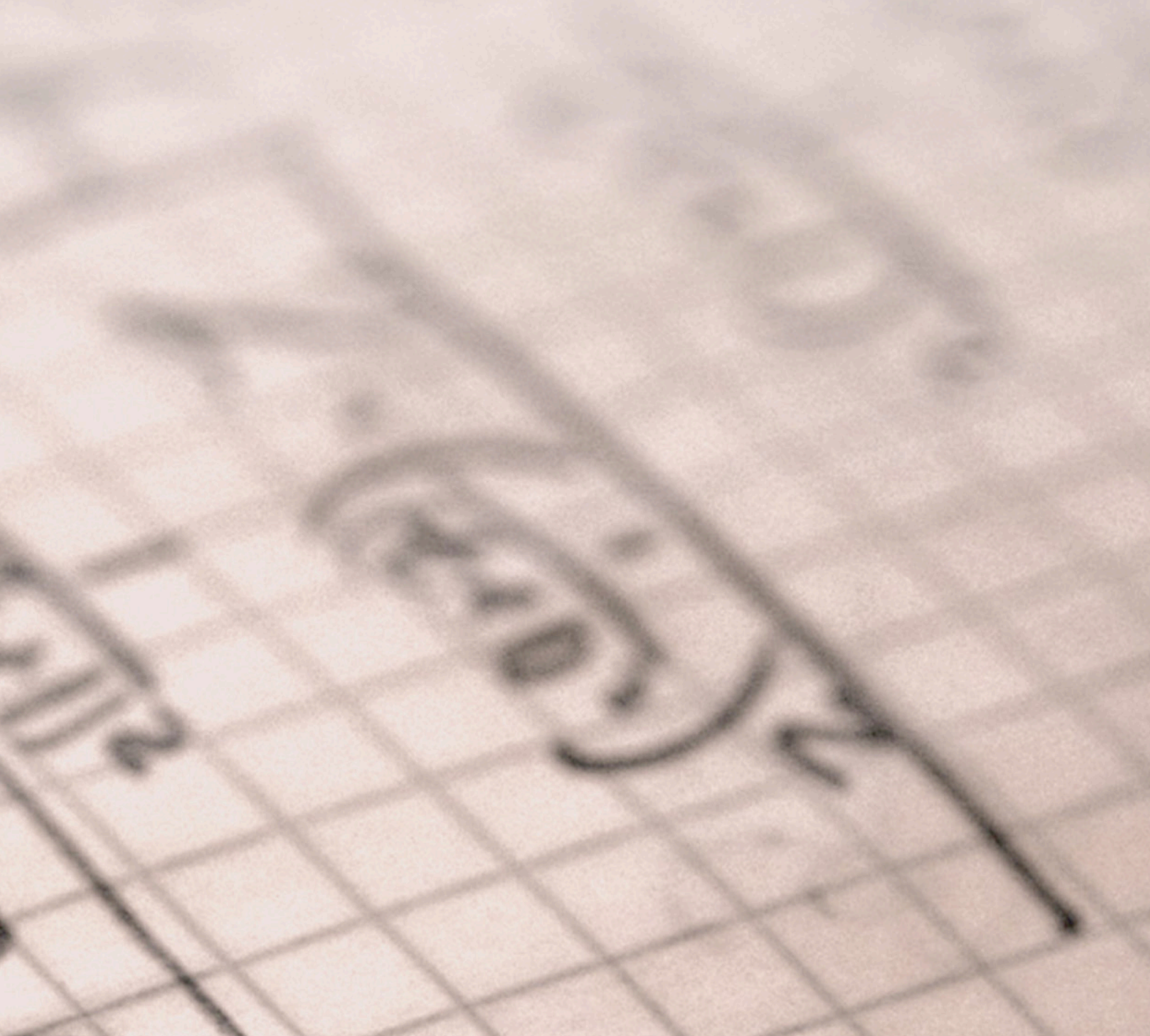
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Part One: **Issues on Disability** **Measurement**



Chapter 1:

Defining, classifying and measuring disability

Disability is a complicated concept. In common usage, it means different things to different people. Disability is also very heterogeneous, varying by type, severity, cause, age of onset, and in the way people's impairments interact with a wide range of environments. In fact, the identification of persons with disabilities and the tools one uses can change depending on the purpose for doing so. Therefore, before discussing specific indicators, it is important to explicitly set out the approach to disability taken by the Incheon Strategy and how it relates to the issue of disability identification.

The CRPD's definition of disability

The Incheon Strategy follows the definition of disability adopted by the CRPD. According to the CRPD, "persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

An impairment is a personal characteristic that can limit an individual's functional capacity separate from their environment. That is, it describes difficulties people have in basic body functions. One example of an impairment would be having paralyzed legs. An impairment such as this might prohibit basic activities such as standing, walking or climbing stairs. However, environmental barriers are what make this person disabled.

In other words, environmental barriers disable people by preventing (or limiting) those with such impairments from exercising their rights to participate fully in society. These barriers go beyond simply physical ones to include social and policy barriers. Inaccessible buildings, roads and transport systems, and the lack of assistive devices, can pose barriers to participating in education and training, employment, and family and community life, but so can negative attitudes, low expectations, and laws and institutions that do not support inclusion.

Thus, disability should not be thought of as a medical condition but rather as something that emerges from the interaction between personal functioning and the environment. The old medical model or charity model approaches tend to focus policy solely on the individual — “fixing” their condition or supplying them with a safety net. The approach in the CRPD broadens the role of policy to creating inclusive environments where people, regardless of their impairments, can fully participate in society, which is seen as their right.

The International Classification of Functioning, Disability and Health

The CRPD’s approach to disability is similar to that taken by WHO’s International Classification of Functioning, Disability and Health (ICF). The ICF defines disability as “...an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors)”.⁴

The ICF model is captured in Figure 1. A health condition can create an impairment at the Body functions and structures level, but it also can impact functioning in regard to Activities and Participation. In the earlier example, not being able to move one’s legs is a limitation in Body functions and structures. Walking would be an associated activity, and participation refers to higher order undertakings like attending school, being employed and participating in civic and family life. The difference between Activities and Participation is sometimes unclear, but for practical purposes not that important. Typically, Participation involves the coordination of many activities. Going to school requires getting to school, communicating, learning, etc.

Using this model, the ICF delineates the full range of body functions, structures, activities, and participation of which a human is potentially capable. It also contains a detailed classification of environmental factors that can be used to classify what a person is capable of in their current environment and in an ideal one that has eliminated structural and attitudinal barriers to participation. The ICF is not a measurement tool, but it is rather a

4 WHO (2001). *International Classification of Functioning, Disability and Health*. Geneva.

Figure 1: The ICF Model



guide to develop statistics and indicators in a way consistent with the CRPD’s approach to disability. How this is done, depends on the purposes for measuring disability.

The purposes for measuring disability

At the first meeting of the United Nations Statistical Commission's Washington Group on Disability Statistics (WG) in 2002, the over 40 countries participating were asked why they wanted to collect information on disability. Their reasons were collected and analysed. They fell into three main categories:

- Providing services
- Monitoring the functioning of the population
- Assessing the equality of opportunities for persons with disabilities and persons without disabilities

This section elaborates on these purposes and explains the data needs associated with them.

Providing Services. One reason for collecting data on disability is to design and implement services for persons with disabilities — either via special programmes for them, or by making general programmes more inclusive. Estimating the need for services requires collecting information that serves for eligibility determination. But, beyond that, the need exists for gathering information on the specific types of services required and the specific barriers limiting the delivery of those services, such as: what types and what quantities of assistive devices, trained personnel and distribution systems are needed.

Monitoring the Functioning of the Population. Monitoring can also take place at various levels of functioning — body function, activity or participation — depending on the goal of the monitoring. A government might want to assess the scope of potential concerns relating to disability. Monitoring body functioning pertains more to programmes designed for the prevention of impairments associated with disability. This requires less detailed information than providing for services.

Equalization of Opportunities. The third main reason for collecting data on disability is to track whether society is becoming more inclusive; that is to determine whether the opportunity gap between persons with disabilities and those without disabilities is closing.

One may want to see if and to what extent participation of persons with disabilities is limited because of an inaccessible and disabling environment.

An approach for assessing this is to focus on people's basic activities — such as walking, seeing, hearing, communicating, concentrating and remembering — and to formulate questions around these activities. This is the approach to disability used in the World

Disability Report,⁵ that generates the widely cited 15.3 per cent global disability prevalence, and the same approach is taken by the WG for writing census questions. This does not mean that 15.3 per cent represents the share of people who need disability benefits. Instead, this represents the share of people experiencing functional difficulties that could potentially limit their participation if they are faced with an unaccommodating environment (built, social or policy). The prevalence for severe disability listed in the World Disability Report is about 3 per cent.

Questions for identifying persons with disabilities

This guidebook will continually come back to this issue as it discusses the various indicators in the Incheon Strategy. Some important principles cut across all attempts to measure disability — that is, to identify persons with disabilities with quantitative data instruments.

The first principle is to avoid using the question “Do you have a disability?”, a very poor way to identify persons with disabilities. Censuses and surveys which have used this question continually come up with very low rates of disability.⁶ Many people think that the word “disability” refers only to the most serious limitations, so persons with mild or moderate disabilities will often respond in the negative. The word is often associated with stigma, which also leads to underreporting. Sometimes older persons view their functional limitations as just a part of ageing and not a disability, even if it limits their participation in several dimensions. For policy purposes, it might be important to separate out people whose disability is caused by age or other reasons, but for identification purposes or for determining prevalence it is important that all persons with disabilities be included.

The second principle is to avoid using a list of diagnoses — for example, epilepsy, leprosy, paralysis, cerebral palsy, etc. — to detect respondents’ disabilities. This also leads to underreporting. Any list of diagnoses is not going to be complete. It also introduces bias, because people who are better educated or who have better access to health care are going to be more likely to have a diagnosis. Moreover, a diagnosis does not tell much about the person’s ability to function, even at a body function and structure or basic activity level.

Instead, the third principle, and the standard approach to identify persons with disabilities in quantitative data instruments, is to focus on people’s level of difficulty undertaking various activities (Box 1). It is best practice for the response categories to avoid the use of Yes/No questions. Depending on the purpose for identifying people, different thresholds of difficulty can be used as cut-offs for considering a person to have a disability; but collecting a full range of difficulties leads to richer and more accurate data.

5 WHO, World Bank (2011). *World Report on Disability*. The World Bank, Washington, DC.

6 Mont, Daniel (2007). *Measuring Disability Prevalence*, SP Discussion Paper No. 0706. The World Bank.

Box 1:
Short set of questions on disability endorsed by the Washington Group

- 1 Do you have difficulty seeing, even if wearing glasses?
- 2 Do you have difficulty hearing, even if using a hearing aid?
- 3 Do you have difficulty walking or climbing steps?
- 4 Do you have difficulty remembering or concentrating?
- 5 Do you have difficulty (with self-care such as) washing all over or dressing?
- 6 Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

Response scales to the questions above:

- a No — no difficulty
- b Yes — some difficulty
- c Yes — a lot of difficulty
- d Cannot do at all

The heterogeneity of the population of persons with disabilities

A single estimate of disability — like the 15.3 per cent prevalence from the World Report on Disability — masks a great deal of heterogeneity. The World Report points this out and notes that the rate of severe disability is closer to 3 per cent. In fact, when examining people's functional capacity, it is clear that functioning (and disability) is far from a discrete

variable. People's functional difficulties lie along a relatively smooth distribution.⁷ Again, the cut-off between a person being disabled or not disabled depends on the reason for identification. For the purpose of providing permanent cash benefits, the cut-off might be quite high. A government might only want to provide such benefits to people for whom there is no possibility of work. However, for designing an inclusive school system it might be important to be aware of the full range of difficulties that children confront in school — from mild to severe. This is why estimates of child disability prevalence in developed countries are so much lower than the percentage of children receiving special services in school.⁸ It is important to keep the concepts of programme eligibility for particular programmes and the disability prevalence for other purposes distinct, even if they are related.

Another axis of heterogeneity is the wide range of impairments. They can be physical, mental, sensory (seeing and hearing), or psychosocial. The latter category is generally the most difficult to measure, especially in quantitative instruments, and therefore often gets overlooked.

Date of onset is another important factor in collecting information on disability. For example, in the context of the impact of disability on education, if a person gets a disability during his or her prime working years, then disability will have no impact on their primary or secondary schooling. Simply looking at school completion rates of adults who have some form of disability versus those without disability will thus underestimate the impact of disability on children. Or, considering people who become blinded in industrial accidents, at first they might barely be able to care for themselves and may also be suffering from debilitating psychological issues. Over time, though, with rehabilitation and support, their ability to participate will improve.

This leads into the last type of heterogeneity, which is the nature of the environment. Even people in the same country — but in different regions or economic groups — might face very different environments which have a big impact on the extent of their disability. Capturing this is the topic of the next chapter.

Childhood disability

It is very important to note that identifying disability in children under the age of 10 is more difficult than identifying disability in adults. A short set of questions, like those proposed by the WG for censuses, may therefore be inappropriate. Childhood functioning is more varied than functioning in adults and identifying functional difficulties is confounded by

⁷ Loeb, Mitchell, and Mont, Daniel (2010). A Functional Approach to Assessing Health Impacts on People with Disabilities, *ALTER: European Journal of Disability Research*, Vol. 4, issue 3, pp. 159-173, July-September 2010.

⁸ OECD (2004). *Students with Disabilities, Learning Difficulties, and Disadvantages: Statistics and Indicators*. Paris.

underlying variation in typical childhood development. For that reason, special procedures are needed for identifying childhood disability.⁹

A first stage screening device is used to identify children who are expected to have a high probability of being disabled. Then, a second stage more detailed assessment by health-care professionals is administered to those screening positive and a small percentage of those screening negative in order to account for false negatives in the initial screen. Until now, the most commonly used first stage screening instrument has been the Ten Question Screening Instrument (TQSI). However, UNICEF and the WG have recently developed an updated set of questions, which have been tested in several countries. UNICEF is also currently working on a set of recommendations for the second stage assessment.

Because of the difficulty of assessing disability in young children, several of the indicators in this guidebook focus on people aged 10 and older. Special studies are needed to monitor the well-being of children with disabilities. UNICEF will recommend the adoption of its new procedure into the sixth round of the Multiple Indicator Cluster Survey (MICS), their tool for monitoring children's well-being.

9 UNICEF (2008). *Monitoring Child Disability in Developing Countries: Results from the Multiple Indicator Cluster Surveys*. UNICEF, New York.

Chapter 2:

Measuring the environment

Given that disability arises from the interaction between personal and environmental characteristics it is important to capture information about both types of factors.

There are two different ways of capturing the environment.¹⁰ The first is at the individual level. This reflects the actual interaction between a person and their immediate environment. It includes their home, their workplace, the market where they shop, their place of worship, the schools they attend, the government offices they visit, the buses they ride on, and any other space or institution with which they interact. It deals with the physical environment — both structures and materials — as well as people's attitudes and the rules/ laws or policies that are in place. The second is at the societal level of environment that encompasses all the various systems providing goods and services for the whole society — education, health care, shelter, police and fire protection, food, entertainment and recreation.

The individual level is only a subset of the societal level, and is prescribed by each person's immediate environment and the activities that they are engaged — or attempting to engage — in.

¹⁰ Altman, Barbara (2011). *Measuring Environmental Factors in an International Context: A Social System Perspective for an Extended Question Set*, Washington Group Working Paper.

Capturing the environment at a societal level requires something akin to an environmental audit. For example, a checklist for evaluating the accessibility of a community health clinic or a school should include accessibility concerns of people with various forms of disabilities, such as the distances between the public transport drop off areas (i.e., bus stops) and the building's accessible route, the condition of parking spaces, elevators, entrance doors or floor surfaces.

To capture attitudinal barriers would require a survey on attitudes, for example a Knowledge, Attitudes, and Practice Survey (KAPS), which is an approach widely used to gather information for project planning and development, though some analysts question the reliability of asking people about their attitudes directly, especially if there is a concern that they feel they will be judged poorly for not having the politically correct viewpoint.¹¹ The KAPS, though, is also good for determining if people are aware of existing laws, policies, and services. Legal or policy barriers would have to be identified either by a desk review of existing documents and/or expert interviews.

The advantage of the societal level approach is that it can capture the full array of environmental barriers. Also, (apart from attitudinal questions) the assessments are more standardized and can be seen as more objective. However, the disadvantage is that a purely societal level approach does not identify which barriers are the main ones actually causing difficulties in people's day to day lives. Therefore, it may not be as useful in determining which environmental barriers should be prioritized when it comes to planning public policy.

The relevance of the various points made in this section are revisited as they pertain to the particular indicators addressed later in this guidebook.

Availability. The term “availability” is included in a number of Incheon Strategy Indicators. Availability can be considered at several levels, for example, the expression “availability of a government programme.” On the most basic level, this could simply refer to whether such a programme exists. However, there may be barriers to accessing that programme. In order to receive benefits, a person must know about the programme, be able to apply, and then once accepted to the programme there must be adequate funding and effective administration to provide goods and services to all eligible recipients. Moreover, the application procedure and eligibility requirements must be properly constructed to reach the desired population.

Clearly the first notion of availability — *does the programme exist?* — is much easier to track, especially on an annual basis. An indicator that gets at the more in-depth notion of

11 Launiala, Annika (2009). How much can a KAP survey tell us about people's knowledge, attitudes and practices? Some observations from medical anthropology research on malaria in pregnancy in Malawi, *Anthropology Matters Journal*, Vol. 11, No. 1.

availability requires extensive data collection in order to assess not just if the programme exists, but how well it is working.

For the purpose of the Incheon Strategy Indicators, availability refers to whether a programme exists. This is a more obtainable indicator. However, it is highly recommended that special studies be conducted every few years in order to assess if available programmes are effectively reaching the intended population.

Chapter 3:

Mainstreaming disability data collection

A major issue in disability data collection is the extent to which data needs can be met by mainstreaming information on disability into existing surveys and censuses, and to what extent special modules or even special disability surveys are required. Mainstreaming disability data collection has several important advantages. First, it allows the disaggregation of existing indicators that are well understood. Second, it effectively reduces the cost of collecting disability data by only adding a disability module into existing tools. And third, it provides a signal that the considerations of persons with disabilities are a core policy issue, rather than being tangential and suitable only for special surveys.

Nevertheless, there are times when a special disability survey may be required. The government may wish to obtain information that goes beyond what is appropriate for existing instruments. Maybe the desired information is too detailed, and thus would require excessive space when using the data tool. Sometimes a different sample is needed to disaggregate results by type of disability or some other sub-population characteristic. Finally, some indicators may be expected to change slowly, and are thus not required to be collected as regularly as some core economic or social indicators. For example, the key barriers to employment may not change much on a yearly basis, so information on those barriers should only be collected every few years. For these reasons, there are times when a special disability survey is required — or a special module on disability that can be included with ongoing survey instruments — but only at certain periodic intervals.

Given space constraints on many surveys, censuses, and administrative forms, it is often necessary to minimize the number of questions. As the WG questions were specifically designed to represent the minimum set for a reliable identification — and have been tested widely in many developed and developing countries — it is recommended that they be considered the core disability questions to be used across data instruments.

When it comes to constructing Incheon Strategy Indicators, people should be considered to have a disability if they answer "a lot of difficulty", or "cannot do at all", to at least one of the WG questions (Box 1). This is the measure of disability used in the World Report on Disability.

However, more in-depth analysis can be done to look at persons with lower levels of difficulty (possibly in more than one functional domain) to understand the impact of more moderate disabilities. In some country contexts, persons with more mild functional difficulty may have significantly poorer outcomes than people without disabilities. For example, having a vision problem correctable by glasses is a minor medical condition that in most places would not be disabling. But if there were no access to glasses, then those people may, for instance, experience higher dropout rates from school and thus have poorer economic outcomes. It would be therefore useful to report a number of the Incheon Strategy Indicators not only for persons with more restrictive levels of disability (“a lot of difficulty”, or “cannot do at all”), but also for the population of persons with any level of difficulty (Box 1).

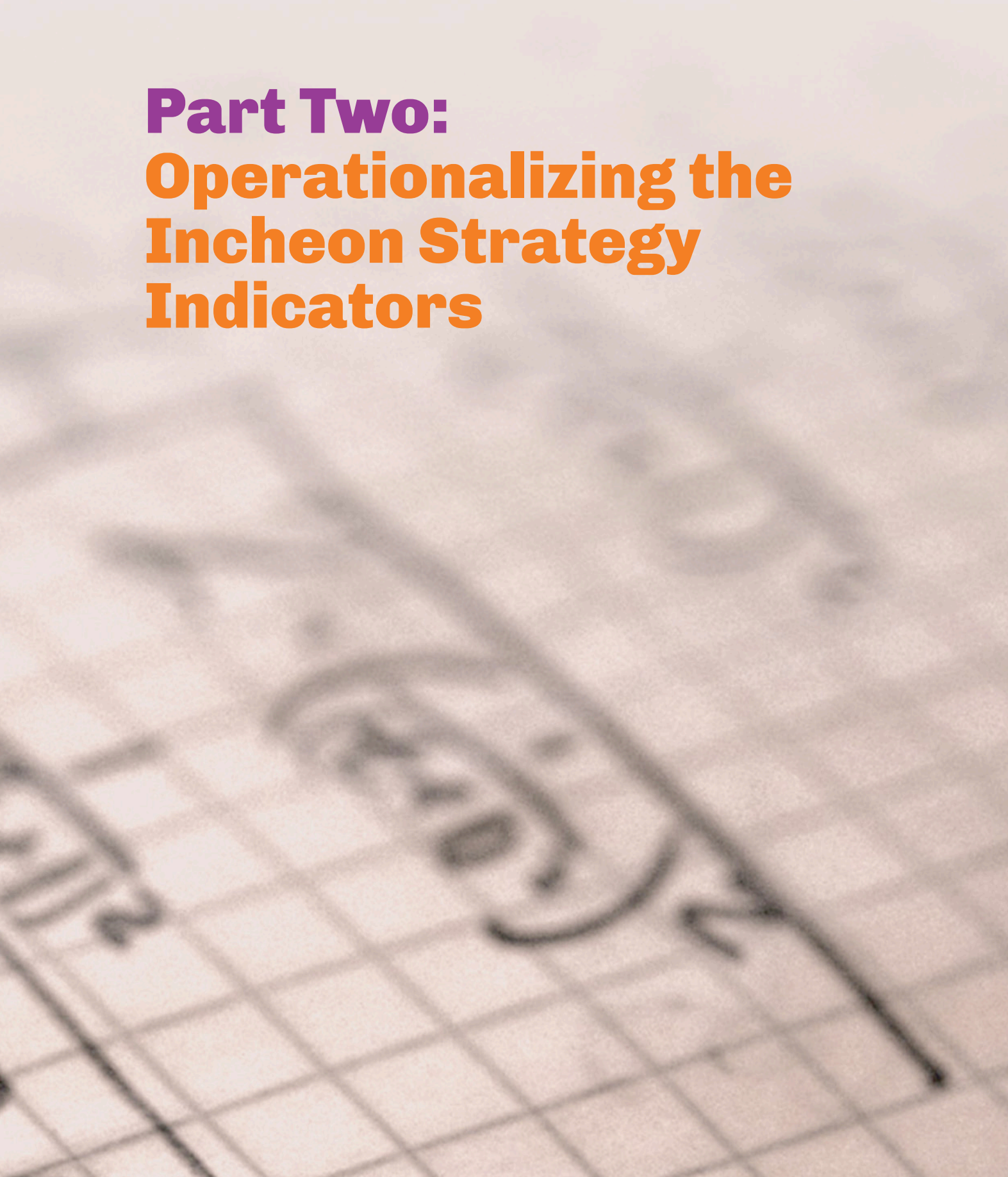
It is very important that a common approach is taken to measuring disability across all of the associated instruments. If, for example, the method for identifying persons with a disability in a health survey is different from that used in an expenditure survey, then one cannot make inferences across surveys. As stated in the previous chapter, however, this does not mean that the eligibility rules for all programmes need to be the same, or that the same severity thresholds are used to define the disabled population of interest for every purpose. It only means that the questions being asked in different data instruments are the same, so that the relationship between different subgroups of interest can be better understood.

When more detailed information on disability is required — or where space permits — additional questions can be added to existing tools. Extended questions on disability have also been developed and tested by the WG, and WHO is currently designing an extended survey on disability. These can serve as examples of disability questions, though they may have to be adjusted somewhat to meet the local context. The core questions provided in Box 1, however, should always be included in order to create a crosswalk to better understand the relationship between indicators derived from different instruments.

Guidance on the appropriate data instrument and frequency of data collection is presented in this guidebook for all of the Incheon Strategy Indicators.

Moving forward on creating better disability data may require a few steps:

- 1 A review of existing data collection on disability to assess its quality, gaps and, where the data are appropriate, to generate baseline information;
- 2 Testing and adapting internationally recognized measures of disability for use in a country's censuses, surveys and administrative data for the purpose of identifying persons with disabilities, so their outcomes can be compared to the outcomes of persons without disabilities;
- 3 Development of questions for a national disability survey (or other survey) that focuses on environmental barriers to participation. This should be done in consultation with disabled people's organizations (DPOs) and other potential users of the data to capture the concerns of the particular country context and policy issues;
- 4 Review donor-driven data tools to suggest modifications to make them consistent with the country's needs for disability indicators;
- 5 Coordinate between line ministries to ensure that a consistent approach is taken that can meet both the needs of users within each ministry, but also with regards to cross-cutting issues.



Part Two: **Operationalizing the Incheon Strategy Indicators**

Goal 1: Reduce poverty and enhance work and employment prospects

Targets

- 1.A Eliminate extreme poverty among persons with disabilities
- 1.B Increase work and employment for persons of working age with disabilities who can and want to work
- 1.C Increase the participation of persons with disabilities in vocational training and other employment-support programmes funded by governments

Indicators for tracking progress

Core indicators

- 1.1 Proportion of persons with disabilities living below the US\$1.25 (PPP) per day international poverty line, as updated by the World Bank and compared to the overall population
- 1.2 Ratio of persons with disabilities in employment to the general population in employment
- 1.3 Proportion of persons with disabilities who participate in government-funded vocational training and other employment-support programmes as a proportion of all people trained

Supplementary indicator

- 1.4 Proportion of persons with disabilities living below the national poverty line

1.1 Proportion of persons with disabilities living below the US\$1.25 (PPP) per day international poverty line, as updated by the World Bank and compared to the overall population

Definition

The proportion of persons with disabilities whose income or consumption is below the international poverty line of US\$1.25 a day at 2005 international prices, adjusted for purchasing power parity (PPP).

The poverty line, a cut-off point separating the poor from the non-poor, is based on the estimated cost of a minimum acceptable diet plus by the estimated cost of the amount of non-food consumption considered essential for a given country. Purchasing power parity (PPP) is a conversion factor that adjusts for the relative value of currencies across countries. It expresses the number of units of a country's currency required to buy the same amount of goods and services in the domestic market as a U.S. dollar would buy in the United States.

Consumption is the preferred poverty measure for international comparability. However, countries might also want to report Indicator 1.1 in terms of income in order to make comparisons with national data.

Method of computation

$$\frac{D_{<PL}}{D} \times 100(\%)$$

$D_{<PL}$ is the number of persons with disabilities living below the US\$1.25 a day poverty line and D is the total number of persons with disabilities.

Data collection methodology

Household surveys designed to collect data on income or consumption, such as Household Income and Expenditure Survey (HIES) or Living Standards Measurement Survey (LSMS), should incorporate the disability module developed by the Washington Group on Disability Statistics (WG).¹² As disability was not embedded in the traditional framework of such surveys, a thorough review of the existing survey instruments should be done. In countries where such surveys do not exist, there is a need to explore other opportunities, including small-scaled studies on income levels of households with persons with disabilities.

12 http://www.cdc.gov/nchs/washington_group/wg_questions.htm

When developing a framework for income and disability surveys, specific attention should be given to the following issues:

- Consumption is likely to be preferred to income for measuring poverty in developing countries where many are involved in home production for their own consumption or are remunerated in kind.
- Benefits, in cash or in kind, received by persons with disabilities should be captured.

The World Bank publishes PPP rates for each country on an annual basis.¹³

1.2 Ratio of persons with disabilities in employment to the general population in employment

Definition

The proportion of a country's working-age population in employment that has any form of disability. Working-age population is defined on the basis of national circumstances, but in most countries, the working-age population is defined as persons aged between 15 and 64 years.

Employment consists of formal and informal employment. Informal employment, as defined by the International Labour Organization (ILO), comprises own-account workers, contributing family workers, employees holding jobs not covered by labour legislation, members of informal producers' cooperatives, and workers engaged in production of goods exclusively for their own household's use.¹⁴

Method of computation

$$\frac{D_{EM}}{P_{EM}} \times 100(\%)$$

D_{EM} is the number of persons with disabilities aged between 15 and 64 in employment and P_{EM} is the total number of persons of working-age in employment, comprising those with disabilities and those without disabilities.

13 PPP rates can be accessed at: <http://data.worldbank.org/indicator/PA.NUS.PRVT.PP>

14 For more details see <http://ilo.org/public/english/bureau/stat/download/papers/def.pdf>.

Data collection methodology

A national labour force survey (LFS) is the best source of employment data for persons with disabilities if a disability module as recommended by the WG is included. In countries where an LFS does not exist, an alternative way is to use an HIES. This requires adding two more modules, on disability and on employment, in the current HIES questionnaire. The employment module in the HIES should be designed to accurately describe the type of employment.

1.3 Proportion of persons with disabilities who participate in government-funded vocational training and other employment-support programmes as a proportion of all people trained

Definition

The proportion of participants with disabilities in government-funded vocational training and other employment-support programmes. This includes both special programmes targeted at persons with disabilities and programmes for the general population .

Method of computation

$$\frac{D_{TP}}{P_{TP}} \times 100(\%)$$

D_{TP} is the number of programme participants with disabilities and P_{TP} is the total number of programme participants comprising those with and without disabilities.

Participants should be summed across all nationally available programmes pertaining to vocational rehabilitation, training and other employment-support programmes. This includes programmes for the general population as well as disability-specific programmes.

Data collection methodology

Data should be collected from administrative records, which will require all programmes to have an administrative data system that includes questions on disability. These data need to be aggregated at a central location, for example the Ministry of Labour.

1.4 Proportion of persons with disabilities living below the national poverty line

This indicator is similar to Indicator 1.1, but there are no PPP adjustments. Rather, it uses the national poverty line, which is usually expressed in terms of local currencies.

See the discussion for Indicator 1.1.

Goal 2: Promote participation in political processes and in decision-making

Targets

- 2.A Ensure that persons with disabilities are represented in government decision-making bodies
- 2.B Provide reasonable accommodation to enhance the participation of persons with disabilities in the political process

Indicators for tracking progress

Core indicators

- 2.1 Proportion of seats held by persons with disabilities in the parliament or equivalent national legislative body
- 2.2 Proportion of members of the national coordination mechanism on disability who represent diverse disability groups
- 2.3 Proportion of those represented in the national machinery for gender equality and women's empowerment who are persons with disabilities
- 2.4 Proportion of polling stations in the national capital that are accessible with processes in place that ensure confidentiality of voters with disabilities

Supplementary indicators

- 2.5 Proportion of cabinet positions held by persons with disabilities at the national level
- 2.6 Proportion of supreme court judges who are persons with disabilities
- 2.7 Availability of legislation that requires the national election authority to conduct the election process in a manner that makes it accessible for persons with diverse disabilities

2.1 Proportion of seats held by persons with disabilities in the parliament or equivalent national legislative body

Definition

The proportion of a country's parliamentarians who have any form of disability. In countries with bicameral legislative bodies (i.e., upper and lower houses), it is important to compile this indicator separately for both houses.

Method of computation

$$\frac{L_D}{L} \times 100(\%)$$

L_D is the number of legislators with disabilities and L is the total number of legislators with and without disabilities.

Data collection and methodology

The key question here is how to identify legislators with disabilities. Unlike indicators under Goal 1, the preferred method here is to use self-identification of legislators who live with a disability, as opposed to the functional definition embodied in the WG questions.

Personnel records on the legislators in the office of the parliament are the basic source of information. If disability status is not part of the standard records on the legislators, this

should be added. When presenting their personal records, the legislators with disabilities should self-identify as persons with disabilities.¹⁵

Another approach is to administer a short disability survey form to all legislators at the beginning of their term. This survey can ask about their disability status, knowledge and attitudes towards disability issues and their connection to persons with disabilities, i.e. in the family, by work experience, etc.

2.2 Proportion of members of the national coordination mechanism on disability who represent diverse disability groups

Definition

The proportion of members of the national coordination mechanism on disability, who are representatives of organizations of and for persons with disabilities.

A national coordination mechanism on disability is a national consultative and coordination body overseeing national disability policy, typically composed of representatives of diverse sectoral governmental ministries/departments and civil society organizations and organizations of or for persons with disabilities, as well as representatives of other entities who attend and provide advice and inputs, as required.

Method of computation

$$\frac{M_D}{M} \times 100(\%)$$

M_D is the number of members who represent organizations of/for persons with disabilities and M is the total number of members of the national coordination mechanism on disability.

Data collection and methodology

Information for this indicator can be taken directly from the membership records of the national coordinating body, which should list organizational affiliation. It should be submitted with regular reports to the United Nations Committee on the Rights of Persons with Disabilities, a body of independent experts to monitor implementation of the CRPD.

¹⁵ A self-identification form is proposed in Annex.

2.3 Proportion of those represented in the national machinery for gender equality and women's empowerment who are persons with disabilities

Definition

The proportion of members of the national machinery on gender, who are persons with disabilities.

The national machinery on gender is a national consultative and coordination body overseeing national gender policy. The body can include membership from diverse stakeholders, such as the legislative, executive and judicial branches, as well as independent, accountability and advisory bodies that are recognized by all stakeholders as part of this machinery.

Method of computation

$$\frac{MG_D}{MG} \times 100(\%)$$

MG_D is the number of members of the national machinery on gender who have some form of disability and MG is the total number of members of the national machinery on gender.

Data collection and methodology

As in Indicator 2.1, disability status can be added to the standard information that is routinely collected as part of members' personnel records.

2.4 Proportion of polling stations in the national capital that are accessible with processes in place that ensure confidentiality of voters with disabilities

Definition

The proportion of polling stations in the national capital city that pose no significant barriers to voting in a confidential manner to persons with diverse types of disabilities.

The accessibility standards for polling stations may draw upon existing guidelines for the universal design of polling stations that already exist in some developed countries. These

guidelines deal with accessibility of facilities, information and services in polling stations, including accessible ballot design for persons with sensory and cognitive disabilities, or persons with fine motor difficulties.

Method of computation

$$\frac{S_A}{S} \times 100(\%)$$

S_A is the number of polling stations that meet agreed upon standards of accessibility and S is the total number of polling stations in the national capital city.

Data collection and methodology

Checklists can be distributed, before the election takes place, to all polling places in the national capital city to record their compliance with agreed upon guidelines. A random sample of polling places can be audited by government teams with representatives of disabled people organizations (DPOs) to assess the accuracy of these checklists. DPO participation is important to add to the reliability of the audit.

Supplementary

-
- 2.5 Proportion of cabinet positions held by persons with disabilities at the national level
 - 2.6 Proportion of supreme court judges who are persons with disabilities
-

As with Indicators 2.1 and 2.3, Indicators 2.5 and 2.6 are simple proportions, and the preferred method of identifying members of the cabinet or the judiciary with disabilities is through self-identification.

2.7 Availability of legislation that requires the national election authority to conduct the election process in a manner that makes it accessible for persons with diverse disabilities

This indicator can be compiled and monitored regularly by conducting reviews of national legislation.

Goal 3:
Enhance access to the physical environment, public transportation, knowledge, information and communication

Targets

- 3.A Increase the accessibility of the physical environment in the national capital that is open to the public
- 3.B Enhance the accessibility and usability of public transportation
- 3.C Enhance the accessibility and usability of information and communications services
- 3.D Halve the proportion of persons with disabilities who need but do not have appropriate assistive devices or products

Indicators for tracking progress

Core indicators

- 3.1 Proportion of accessible government buildings in the national capital
- 3.2 Proportion of accessible international airports
- 3.3 Proportion of daily captioning and sign-language interpretation of public television news programmes
- 3.4 Proportion of accessible and usable public documents and websites that meet internationally recognized accessibility standards

- 3.5 Proportion of persons with disabilities who need assistive devices or products and have them

Supplementary indicators

- 3.6 Availability of a government access audit programme that requires the participation of experts with disabilities
- 3.7 Availability of mandatory technical standards for barrier-free access that govern the approval of all designs for buildings that could be used by members of the public, taking into consideration internationally recognized standards, such as those of the International Organization for Standardization (ISO)
- 3.8 Number of sign language interpreters
- 3.9 Availability of mandatory technical standards for barrier-free access that govern the approval of all ICT-related services, such as websites for the public, taking into consideration internationally recognized standards, such as those of the ISO

3.1 Proportion of accessible government buildings in the national capital

Definition

The proportion of government buildings in the national capital that are accessible to people with a diverse group of disabilities. These buildings include government offices and buildings where government services are provided.

An accessible government building is one where a person with a disability has no barrier in entering it and using all the facilities therein. This covers the built environment –surfaces, steps and ramps, corridors, entry ways, emergency exits, parking - as well as indoor and outdoor facilities including lighting, signage, alarm systems and toilets.

Method of computation

$$\frac{B_A}{B} \times 100(\%)$$

B_A refers to accessible government buildings and B refers to all government buildings in the national capital.

Data collection and methodology

Identifying accessible buildings requires annual accessibility audits that determine if a building meets agreed upon standards. Once a building is deemed fully accessible, an annual audit is not necessary, but should be required for any proposed changes to the structure or systems contained therein. A full audit can then be done on a less frequent basis.

Standards of accessibility should be as consistent as possible with international standards, such as those of the ISO, taking into account the local context. In regards to the built environment, ISO 21542:2011, Building Construction — Accessibility and Usability of the Built Environment, delineates a set of requirements and recommendations concerning construction, assembly, components and fittings.

3.2 Proportion of accessible international airports

Definition

The proportion of international airports that are accessible to persons with diverse disabilities

An airport is accessible if a person with a disability has no barrier in entering it, using all the facilities, and boarding and disembarking from airplanes. This covers the built environment –surfaces, steps and ramps, corridors, entry ways, emergency exits, parking - as well as indoor and outdoor facilities including lighting, signage, alarm systems and toilets.

Method of computation

$$\frac{I_A}{I} \times 100(\%)$$

I_A is the number of nationally available international airports that meet standards of accessibility and I is the total number of international airports.

Data collection and methodology

Determining if an airport is accessible requires annual accessibility audits that ascertain whether a building meets agreed upon standards. Once a building is deemed fully

accessible, an annual audit is not necessary, but should be required for any proposed changes to the structure or systems contained therein. A full audit can then be done on a less frequent basis.

3.3 Proportion of daily captioning and sign-language interpretation of public television news programmes

Definition

The proportion of public television news programmes that meet agreed upon standards of daily captioning and sign-language interpretation. Public television refers to programmes that are produced, funded or subsidized by the government.

Method of computation

$$\frac{TV_A}{TV} \times 100(\%)$$

TV_A refers to television news programmes broadcast with captioning and sign-language interpretation that meet agreed upon standards and TV refers to the total number of public television news programmes available.

Data collection and methodology

National standards on captioning and sign-language interpretation should be adopted in direct consultation with DPOs and national media authorities. International standards can be used as a starting point and adapted based on the local context.¹⁶

The producers of all public television programmes should have to report to the appropriate ministry on an annual basis as to whether they are meeting these standards.

¹⁶ For a discussion of international standards on making television programmes accessible see the website of G3ict co-sponsored by the Global Alliance for ICT and Development and the International Telecommunications Union at http://e-accessibilitytoolkit.org/toolkit/technology_areas/television.

3.4 Proportion of accessible and usable public documents and websites that meet internationally recognized accessibility standards

Definition

The proportion of public documents published as of a specified year and all current websites meeting the relevant International Organization for Standardization (ISO) criteria, that are found in ISO/IEC 40500:2012, Information Technology — W3C Web Content Accessibility Guidelines (WCAG) 2.0.

Public documents refer to all documents issued by the national government as well as all subnational documents. They include all publications such as laws, regulations, reports, forms, and informational brochures.

Method of computation

$$\frac{DOC_A}{DOC} \times 100(\%)$$

$$\frac{WEB_A}{WEB} \times 100(\%)$$

DOC_A and WEB_A refer to public documents and websites that meet the agreed upon accessibility standards respectively, and DOC and WEB refer to the total number of public documents and websites.

Data collection and methodology

An audit of all documents published in a specific year, as well as all currently available websites, should be undertaken to determine if they meet accessibility standards.

Each year every agency can submit a list of all published websites and documents. A random sample of each agency's material can be selected and reviewed by an audit team to verify that they are in compliance with the agreed upon national standards. The audit team should include people with visual and hearing difficulties that rely upon these standards.

3.5 Proportion of persons with disabilities who need assistive devices or products and have them

Definition

The proportion of persons with disabilities who need assistive devices or products and have them, where, an assistive device is anything that is designed or adapted to assist a person perform the core activities of self-care, education and employment.

Method of computation

$$\frac{D_{YD}}{(D_{YD} + D_{ND})} \times 100(\%)$$

D_{YD} refers to persons with disabilities who report needing an assistive device to undertake a core activity and have that device, and D_{ND} indicates those reporting a similar need, but who do not have such a device.

Data collection and methodology

People should be asked if they have an assistive device. If they do not have one, they should be asked if having one would make their lives not easier, a little easier or a lot easier. The number of people needing a device is the sum of those who have one and those reporting that such a device would make their lives a lot easier.

The most appropriate instrument for collecting these data is a national disability survey, or an extended module on another national household survey, such as HIES. If space permits, questions can be asked separately for most major assistive devices available in the country and then a general question for other assistive devices. Note that this indicator is less comparable for countries with very different awareness about the range of assistive devices. Persons with disabilities in more technologically advanced countries will have different expectations of what assistive devices are available and useful.

3.6 Availability of a government access audit programme that requires the participation of experts with disabilities

Definition

The establishment and active implementation of a government access audit programme that requires the participation of experts with disabilities.

An access audit evaluates how well a particular building or environment can be used by the full range of persons with disabilities and recommends access improvements. This is done relative to a set of agreed upon national standards defining an acceptable level of accessibility.

Method of computation

Verification that an audit programme has been established and fully funded.

Data collection and methodology

Standards should be as consistent as possible with international standards, such as those of the ISO, taking into account the local context. In regards to the built environment, ISO 21542:2011, Building Construction — Accessibility and Usability of the Built Environment, delineates a set of requirements and recommendations concerning construction, assembly, components and fittings.

3.7 Availability of mandatory technical standards for barrier-free access that govern the approval of all designs for buildings that could be used by members of the public, taking into consideration internationally recognized standards, such as those of the International Organization for Standardization (ISO)

Definition

The establishment and active implementation of mandatory technical standards for barrier-free access that govern the approval of all designs for buildings that could be used by members of the public, taking into consideration internationally recognized standards, such as those of the ISO.

An access audit evaluates how well a particular building or environment can be used by the full range of persons with disabilities and recommends access improvements. This is done relative to a set of agreed upon national standards defining an acceptable level of accessibility.

Method of computation

Verification that such standards have been adopted and made publicly available.

Data collection and methodology

Standards should be consistent with international standards, such as those of the ISO.

With regards to the built environment, ISO 21542:2011, Building Construction — Accessibility and Usability of the Built Environment, delineates a set of requirements and recommendations concerning construction, assembly, components and fittings.

3.8 Number of sign language interpreters

Definition

The number of certified interpreters that meet professional standards in the official sign language of a country.

Method of computation

The sum of all certified sign language interpreters. This indicator should refer only to certified interpreters that meet professional standards in the official sign language.

Data collection and methodology

Some countries have a well-established national sign language, but many do not. This means that someone who can use a particular sign language (including an official one) may not be understandable to all people with a hearing impairment. Therefore, this indicator may overstate the accessibility of communication in countries without a well-established sign language relative to countries that have one.

3.9 Availability of mandatory technical standards for barrier-free access that govern the approval of all ICT-related services, such as websites for the public, taking into consideration internationally recognized standards, such as those of the ISO

Definition

The existence of published technical standards on barrier-free access that apply to all ICT-related services, such as publicly available websites.

Method of computation

Verification that such standards have been adopted.

Data collection and methodology

National standards should be consistent with international standards, such as those of the ISO.

Goal 4: Strengthen social protection

Targets

- 4.A Increase access to all health services, including rehabilitation, for all persons with disabilities
- 4.B Increase coverage of persons with disabilities within social protection programmes
- 4.C Enhance services and programmes, including for personal assistance and peer counselling, that support persons with disabilities, especially those with multiple, extensive and diverse disabilities, in living independently in the community

Indicators for tracking progress

Core indicators

- 4.1 Proportion of persons with disabilities who use government-supported health-care programmes, as compared to the general population
- 4.2 Coverage of persons with disabilities within social protection programmes, including social insurance and social assistance programmes
- 4.3 Availability of government-funded services and programmes, including for personal assistance and peer counselling, that enable persons with disabilities to live independently in the community

Supplementary indicators

- 4.4 Number of government-supported programmes for care services, including for respite care
- 4.5 Availability of national community-based rehabilitation programmes
- 4.6 Availability of health insurance for persons with disabilities
- 4.7 A decrease in the unmet need for assistance and support services

4.1 Proportion of persons with disabilities who use government-supported health-care programmes, as compared to the general population

Definition

The proportion of persons with disabilities who use government-supported health-care programmes as compared to the general population.

As discussed in the first part of the guidebook, adults with disabilities should be identified by the WG questions. Children need to be identified by the WG/UNICEF child methodology.

Government-supported health-care programmes include all government funded programmes providing health insurance, as well as health and rehabilitative services.

Method of computation

$$\left(\frac{ND_{HP}}{ND} - \frac{D_{HP}}{D}\right) \times 100(\%)$$

ND_{HP} is the number of persons without disabilities using a government health-care programme, and ND is the number of persons without disabilities. D_{HP} is the number of persons with disabilities using a government health-care programme and D is the number of persons with disabilities. This formula is intended to estimate the coverage gap of government health-care programmes between persons with disabilities and persons without disabilities.

Data collection and methodology

The data source should be the same data source currently used to track health-care utilization. This could be the LSMS, the DHS or another national survey. Questions on disability (as defined earlier in this guidebook) need to be included in the survey.

4.2 Coverage of persons with disabilities within social protection programmes, including social insurance and social assistance programmes

Definition

The proportion of persons with disabilities receiving benefits from government-funded social protection programmes targeting them exclusively.

Method of computation

$$\frac{D_B}{D} \times 100(\%)$$

D_B is the number of persons with disabilities receiving disability benefits and D is the number of persons with disabilities.

Data collection and methodology

Data sources should be the LSMS type surveys which are used to generate information on the receipt of disability benefits.

4.3 Availability of government-funded services and programmes, including for personal assistance and peer counselling, that enable persons with disabilities to live independently in the community

Definition

The existence of government-funded services and programmes at various administrative levels, for personal assistance, providing assistive devices, peer counseling, or other support aimed at increasing the independence of persons with disabilities to live in their own communities.

Method of computation

Verification that such programmes have been put in place either at the national or subnational levels.

Data collection and methodology

The national Ministries of Social Welfare and of Health, and their subregional counterparts at the state or province level, should report each year on the presence of such programmes to the committee or commission overseeing the implementation of the Incheon Strategy.

Supplementary

4.4 Number of government-supported programmes for care services, including for respite care

Definition

The total number of care services that provide assistance with Activities of Daily Living (ADL), which include bathing or showering, dressing, eating, getting in or out of bed or chairs, using the toilet, and getting around inside the home. Often family members provide assistance with these services. Respite care refers to services designed to give family care workers a break from providing them, but not to fully substitute for family provided care.

Method of computation

Simple tabulation of the sum of all such programmes.

Data collection and methodology

This information can be obtained through survey agencies within various ministries with the responsibility for providing social protection, counselling and rehabilitation services. The survey should identify programmes at the national and subnational levels. In addition, programmes referred to in supplementary indicators 6.4 and 6.5 could also be included in the survey.

It should be noted that the number of programmes does not provide information on the size, reach, quality or effectiveness of these programmes, so can only be used as a rough gauge of comparison. A large number of programmes does not necessarily mean the programmes are more effective. For example, a lot of small programmes may be uncoordinated or create certain gaps, while a smaller number of more comprehensive, better-run programmes might be more effective.

4.5 Availability of national community-based rehabilitation programmes

Definition

The proportion of districts that have access to community-based rehabilitation (CBR) programmes.

Like in Indicator 4.3, this indicator is primarily for checking if a country has put in place a CBR programme at the national and subnational levels, but the availability of such a programme does not provide information on the effectiveness of the programme. For this purpose, it is recommendable to also use the coverage rate of the existing CBR programme.

CBR programmes provide non-residential, multi-sectoral services aimed at improving the quality of life of persons with disabilities by enhancing their ability for self-care and participation in education and work, and inclusion in community life.

Method of computation

$$\frac{DST_{CBR}}{DST} \times 100(\%)$$

DST_{CBR} is the number of districts that have access to CBR services linked to a national programme and DST is the total number of districts.

Data collection and methodology

The data for this indicator can be obtained using the same survey as in Indicator 4.4. Another approach would be to use a methodology similar to Indicator 4.3.

4.6 Availability of health insurance for persons with disabilities

Definition

The proportion of persons with disabilities with government provided health insurance.

Method of computation

$$\frac{D_{HI}}{D} \times 100(\%)$$

D_{HI} is the number of persons with disabilities with health insurance, and D is the total number of persons with disabilities.

Data collection and methodology

The data source can be the LSMS, the DHS or another national survey currently used to track health insurance coverage. This could be. Questions on disability (as defined earlier in this guidebook) need to be included on the survey.

This indicator is limited because it does not address the issue of whether health insurance covers the rehabilitation services and assistive devices often needed by persons with disabilities.

4.7 A decrease in the unmet need for assistance and support services

Definition

The definition of assistance and support services as found in Indicators 4.1, 4.2 and 4.3.

Method of computation

Simply the change in Indicators 4.1, 4.2 and 4.3. As those indicators rise, the unmet need for assistance and support services falls.

Data collection and methodology

Same as in Indicators 4.1, 4.2 and 4.3. These can be supplemented by changes in supplementary Indicators 4.4, 4.5 and 4.6.

Goal 5: Expand early intervention and education of children with disabilities

Targets

- 5.A Enhance measures for early detection of, and intervention for, children with disabilities from birth to pre-school age
- 5.B Halve the gap between children with disabilities and children without disabilities in enrolment rates for primary and secondary education

Indicators for tracking progress

Core indicators

- 5.1 Number of children with disabilities receiving early childhood intervention
- 5.2 Primary education enrolment rate of children with disabilities
- 5.3 Secondary education enrolment rate of children with disabilities

Supplementary indicators

- 5.4 Proportion of pre- and antenatal care facilities that provide information and services regarding early detection of disability in children and protection of the rights of children with disabilities
- 5.5 Proportion of children who are deaf that receive instruction in sign language
- 5.6 Proportion of students with visual impairments that have educational materials in formats that are readily accessible
- 5.7 Proportion of students with intellectual disabilities, developmental disabilities, deafblindness, autism and other disabilities who have assistive devices, adapted curricula and appropriate learning materials

5.1 Number of children with disabilities receiving early childhood intervention

Definition

The number of children with disabilities receiving early childhood intervention, where early intervention refers to children prior to entering primary school, from newborn to age five.

Early interventions for children with disabilities or developmental delay include a wide range of services that could be supplied to pre-school children and infants by the health, education or social welfare sectors, including health care, therapeutic services, psychological counselling, family training, assistive technology, nutritional services, education and social work services.

Method of computation

The sum of all children, prior to primary school age, being served by early intervention programmes administered by the government and NGOs.

Data collection and methodology

Data should be collected through the following administrative data system:

First, a cross-sector committee should be established to devise a full list of early childhood intervention services available in the country. Second, this list of services should be sent to the appropriate district level government offices and NGOs potentially providing such services, with the instructions that all entities providing services should register with the local government. Then, on a yearly basis, the local government office should distribute a questionnaire to all service providers who will report how many boys and girls aged five and under they have served and the nature of the services provided. District level reports will be sent to the Ministry of Health which will aggregate and report the data. This could be done via an online survey that automatically aggregates the data.

One issue is that children receiving services from more than one agency will be counted multiple times. Controlling for this will be too administratively complex.

5.2 Primary education enrolment rate of children with disabilities

Definition

The proportion of primary school aged children with disabilities enrolled in primary school, encompassing kindergarten through grade 6.

Method of computation

$$\frac{CD_{PE}}{CD_p} \times 100(\%)$$

CD_{PE} is the number of children with disabilities enrolled in primary school and CD_p is the number of children with disabilities of primary school age.

Data collection and methodology

A national survey on childhood disability that uses the new methodology developed for MICS can be implemented.

Note that the indicator as written in the Incheon Strategy refers to enrolment. However, it is standard in MICS to ask about attendance, so asking about enrolment would require a change in the existing infrastructure for monitoring children. If countries prefer to look at enrolment, they will have to add enrolment questions to the MICS or similar household surveys. Attendance does have the advantage of looking at whether children are actually in the classroom getting an education, whereas children who are simply enrolled may be absent from class.

5.3 Secondary education enrolment rate of children with disabilities

Definition

The proportion of children with disabilities enrolled in secondary schools (i.e., lower and upper secondary schools).

Method of computation

$$\frac{CD_{SE}}{CD_S} \times 100(\%)$$

CD_{SE} is the number of children with disabilities enrolled in secondary schools and CD_S is the number of children with disabilities of secondary school age, i.e. between 12 and 18.

Data collection and methodology

A national survey on childhood disability that uses the new methodology developed for MICS can be implemented. See the earlier discussion in Indicator 5.2.

Supplementary

5.4 Proportion of pre- and antenatal care facilities that provide information and services regarding early detection of disability in children and protection of the rights of children with disabilities

Definition

The proportion of pre- and antenatal care facilities that provide information and services regarding early detection of disability in children and protection of the rights of children with disabilities.

Pre-natal and antenatal care facilities provide health-care services to expectant mothers, infants and mothers of infants. Early detection refers to screening for disability in children from birth through age five.

Method of computation

$$\frac{F_D}{F} \times 100(\%)$$

F_D is the number of facilities providing pre- and/or antenatal care with early detection services and F is the total number of facilities providing pre- and/or antenatal care services.

Data collection and methodology

The administrative database as described for Indicator 5.1 should be used. A list of all pre- and antenatal care facilities can be included in that administrative survey and be asked to report on the presence of such programmes and the number of children they serve.

This survey could be administered online for easy entry and monitoring of non-responses. This supplemental indicator could then be included in that report.

5.5 Proportion of children who are deaf that receive instruction in sign language

Definition

Self-explanatory.

Method of computation

$$\frac{CD_{YL}}{CD_L} \times 100(\%)$$

CD_{YL} is the number of children receiving sign language instruction, and CD_L is the number of children needing it.

Data collection and methodology

Data could come from the MICS if along with the newly developed module on disability additional questions were added to address this issue. If the MICS is not expanded to include this information, then a separate national survey on disability would be needed to generate this indicator.

5.6 Proportion of students with visual impairments that have educational materials in formats that are readily accessible

Definition

The proportion of students with difficulties seeing who have educational materials consistent with accessibility standards referred to in Indicator 3.4.

Method of computation

$$\frac{SD_{YM}}{SD_M} \times 100(\%)$$

SD_{YM} is the number of students needing educational materials in accessible formats and who have access to them, and SD_M is the total number of students needing them.

Data collection and methodology

Same as in Indicator 5.5.

5.7 Proportion of students with intellectual disabilities, developmental disabilities, deafblindness, autism and other disabilities who have assistive devices, adapted curricula and appropriate learning materials

Definition

Self-explanatory.

Method of computation

$$\frac{SD_{YD}}{SD_D} \times 100(\%)$$

SD_{YD} is the number of students with disabilities needing assistive devices, adapted curricula and appropriate learning materials and who have access to them, and SD_D is the number of students with disabilities needing them.

Data collection and methodology

Same as in Indicator 5.5.

Goal 6: Ensure gender equality and women's empowerment

Targets

- 6.A Enable girls and women with disabilities to have equitable access to mainstream development opportunities
- 6.B Ensure representation of women with disabilities in government decision-making bodies
- 6.C Ensure that all girls and women with disabilities have access to sexual and reproductive health services on an equitable basis with girls and women without disabilities
- 6.D Increase measures to protect girls and women with disabilities from all forms of violence and abuse

Indicators tracking progress

Core indicators

- 6.1 Number of countries that include the promotion of the participation of women and girls with disabilities in their national action plans on gender equality and empowerment of women
- 6.2 Proportion of seats held by women with disabilities in the parliament or equivalent national legislative body
- 6.3 Proportion of girls and women with disabilities who access sexual and reproductive health services of government and civil society, compared to women and girls without disabilities

- 6.4 Number of programmes initiated by government and relevant agencies aimed at eliminating violence, including sexual abuse and exploitation, perpetrated against girls and women with disabilities
- 6.5 Number of programmes initiated by government and relevant agencies that provide care and support, including rehabilitation, for women and girls with disabilities who are victims of any form of violence and abuse

6.1 Number of countries that include the promotion of the participation of women and girls with disabilities in their national action plans on gender equality and empowerment of women

Definition

The number of countries reporting specific actions and indicators on disability in their national action plans on gender equality and empowerment of women.

National gender action plans are strategic documents that list goals pertaining to gender equality, with associated actions, parties responsible for those actions, timetables and indicators to monitor the achievement of those goals.

Method of computation

The sum of countries reporting inclusion of disability in their national gender action plans.

Data collection and methodology

Desk review of the national action plans on gender, as published by the national ministries that are overseeing them, undertaken by ESCAP.

6.2 Proportion of seats held by women with disabilities in the parliament or equivalent national legislative body

Definition

The proportion of seats held by women with disabilities in the national legislative body.

Method of computation

$$\frac{L_{WD}}{L_W} \times 100(\%)$$

L_{WD} is the number of female legislators with disabilities and L_W is the total number of female legislators with and without disabilities.

This indicator simply represents a disaggregation by sex of Indicator 2.1.

Data collection and methodology

This section follows the same methodology as Indicator 2.1.

6.3 Proportion of girls and women with disabilities who access sexual and reproductive health services of government and civil society, compared to women and girls without disabilities

Definition

The proportion of females aged 15–49 with disabilities who report having accessed any type of sexual or reproductive health services of the government and civil society, including informational services and/or the provision of health services during the past year.

Method of computation

$$\frac{WD_{SRH}}{W} \times 100(\%)$$

WD_{SRH} is the number of females aged 15–49 with disabilities who have received sexual or reproductive health services, and W is the number of females aged 15–49.

Data collection and methodology

The data source could be the LSMS, the DHS or another national survey, currently used by the national ministries to track use of such services. Questions on disability need to be included in the survey.

While the indicator does not specifically compare the rate of service delivery for women and girls with disabilities to women and girls without disabilities, it would be good practice to report the rates for both groups.

6.4 Number of programmes initiated by government and relevant agencies aimed at eliminating violence, including sexual abuse and exploitation, perpetrated against girls and women with disabilities

Definition

The number of programmes initiated by the government aimed at eliminating violence, including sexual abuse and exploitation, perpetrated against girls and women with disabilities including programmes at the national and subnational levels.

Method of computation

A listing and tabulation of such programmes by the ministries in charge of them, collated by the ministry with the main responsibility.

Data collection and methodology

This information can be obtained through the administrative survey mentioned for Indicator 4.4, which should include questions pertaining to the programmes. A government report compiling such programmes may be another source of this information.

6.5 Number of programmes initiated by government and relevant agencies that provide care and support, including rehabilitation, for women and girls with disabilities who are victims of any form of violence and abuse

Definition

The number of programmes initiated by government that provide care and support, including rehabilitation, for women and girls with disabilities who are victims of any form of violence and abuse including those at the national and subnational levels.

Method of computation

A listing and tabulation of such programmes by the ministries in charge of them, collated by the ministry with the main responsibility.

Data collection and methodology

This information can be obtained through the administrative survey mentioned for Indicator 4.4, which should include questions pertaining to the programmes in this indicator. A government report compiling such programmes may be another source of this information.

Goal 7: Ensure disability-inclusive disaster risk reduction and management

Targets

- 7.A Strengthen disability-inclusive disaster risk reduction planning
- 7.B Strengthen implementation of measures on providing timely and appropriate support to persons with disabilities in responding to disasters

Indicators for tracking progress

Core indicators

- 7.1 Availability of disability-inclusive disaster risk reduction plans

7.2 Availability of disability-inclusive training for all relevant service personnel

7.3 Proportion of accessible emergency shelters and disaster relief sites

Supplementary indicators

7.4 Number of persons with disabilities who died or were seriously injured in disasters

7.5 Availability of psychosocial support service personnel that have the capacity to assist persons with disabilities affected by disasters

7.6 Availability of assistive devices and technologies for persons with disabilities in preparing for and responding to disasters

7.1 Availability of disability-inclusive disaster risk reduction plans

Definition

The existence of an inclusive national disaster risk reduction plan.

Such a plan has specific goals for dealing with disaster risks that include meeting the needs of persons with disabilities as a core component of the plan. Attached to each of these goals should be a list of specific actions assigned to responsible parties with timetables, and indicators that address whether the disability related goals are being met.

Method of computation

Verification that an inclusive national disaster risk reduction plan exists.

Data collection and methodology

Desk review of government documents pertaining to disaster risk reduction. Good practice would be for disability risk reduction plans to be vetted by a range of disabled people organizations (DPOs) familiar with accessibility issues for the full range of disabilities — physical, sensory, cognitive and psychosocial — in the national context.

7.2 Availability of disability-inclusive training for all relevant service personnel

Definition

The proportion of service personnel who received disability-inclusive training.

This indicator needs to be reported in two levels. The first level is simple “Yes/No” confirming the establishment and implementation of disability-inclusive training programmes for all relevant service personnel, including military and police, fire and rescue, and healthcare workers. If the answer is yes, the second level is how many service personnel received disability-inclusive training.

A training programme consists of a training curriculum, manuals, and trainers to deliver the material and the number of relevant personnel should be determined by the ministries overseeing such personnel.

Method of computation

$$\frac{SP_T}{SP} \times 100(\%)$$

SP_T is the number of appropriately trained service personnel and SP is the total number of service personnel.

Data collection and methodology

Reports from the training institutions on the number of trainees receiving the disability inclusive training should be sent to the agency responsible for drafting the national disaster management strategy based on their administrative records. Ministries with relevant personnel, such as the Ministry of Defense, the Ministry of Health and the Ministry of the Interior should report the numbers of relevant staff. As many of these staff will be from local governments, as well, a reporting mechanism for those government programmes will also have to be established. These should be readily available from personnel records.

7.3 Proportion of accessible emergency shelters and disaster relief sites

Definition

The proportion of officially designated emergency shelters and relief sites that are accessible.

Method of computation

$$\frac{S_A}{S} \times 100(\%)$$

S_A is the number of accessible shelters and relief sites and S is the total number of emergency shelters and relief sites.

Data collection and methodology

Applying the audit procedures outlined in the discussions on Indicators 3.1 and 3.6.

Supplementary

7.4 Number of persons with disabilities who died or were seriously injured in disasters

Definition

The number of persons with disabilities who died or were seriously injured in disasters, where disasters refer to both natural and manmade events recognized by the government as causing significant property damage and/or injury and loss of life.

Method of computation

The sum of persons with disabilities who died or were injured as a result of a disaster.

Data collection and methodology

Data on the number of deaths or injuries resulting from a disaster are sometimes of poor quality and open to interpretation. An indirect method is to get estimates by extrapolation

from old census information, with assumptions made about which regions and how people in those regions had been affected.¹⁷ Laying on top of this, estimates (often with limited data) of who might have had a disability may create even more uncertainty. Such an indicator should be reserved until better disaster data reporting systems are developed.

7.5 Availability of psychosocial support service personnel that have the capacity to assist persons with disabilities affected by disasters

Definition

Like in Indicator 7.2, this indicator can be defined in terms of the number of support service personnel who have the capacity to provide psychosocial counselling to persons with disabilities affected by disasters for every 1,000 persons of the general population.

Method of computation

$$\frac{SP_{TC}}{P} \times 1000 (\text{‰})$$

SP_{TC} is the number of support service personnel able to provide counseling to people with disabilities, and P is the total population.

Data collection and methodology

Collecting information on government workers could be done through administrative records. First, the Ministries of Health and Social Affairs should draw up a list of job categories that they feel capable of delivering psychosocial support services, for example social workers and community health workers. Second, a record should be kept of how many people in those job categories — at all levels of government — have successfully completed the training programmes developed in response to Indicator 7.1.

This list can be supplemented with the names of NGO workers receiving similar training. In this case, the government should establish an online registry of psychosocial support workers with these skills. Workers at registered NGOs with appropriate training can add their names to the list, after their NGOs receive a notification about the registry. This would not only allow for compilation of the indicator, but create a contact list of people whose help could be solicited when a disaster strikes.

¹⁷ Hoyois, Philippe, Below, Regina and Guha-Sapir, Debarati (2005). *World Disasters Report 2005*, Annex 1: Disaster Data, Center for Research on the Epidemiology of Disasters, Catholic University of Louvain.

Measuring availability of services after a disaster can be done by asking people having lived through that disaster about their ability to access those services and devices, but that will be difficult in the aftermath of a disaster.

7.6 Availability of assistive devices and technologies for persons with disabilities in preparing for and responding to disasters

Definition

Like in Indicator 7.5, this Indicator is defined as the proportion of disaster response agencies that have the assistive devices and technologies required to implement the plan referred to in Indicator 7.1.

Method of computation

$$\frac{AGY_{ADT}}{AGY} \times 100(\%)$$

AGY_{ADT} is the number of disaster response agencies with assistive devices and technologies and AGY is the total number of disaster response agencies.

Data collection and methodology

An audit of a random sample of disaster response agencies.

Goal 8: Improve the reliability and comparability of disability data

Targets

- 8.A Produce and disseminate reliable and internationally comparable disability statistics in formats that are accessible by persons with disabilities
- 8.B Establish reliable disability statistics by the midpoint of the Decade, 2017, as the source for tracking progress towards the achievement of the goals and targets in the Incheon Strategy

Indicators for tracking progress

Core indicators

- 8.1 Disability prevalence based on the International Classification of Functioning, Disability and Health (ICF) by age, sex, race and socioeconomic status
- 8.2 Number of Governments in the Asia-Pacific region that have established, by 2017, baseline data for tracking progress towards achievement of the Incheon goals and targets
- 8.3 Availability of disaggregated data on women and girls with disabilities in mainstream development programmes and government services, including health, and sexual and reproductive health, programmes

8.1 Disability prevalence based on the International Classification of Functioning, Disability and Health (ICF) by age, sex, race and socioeconomic status

Definition

The proportion of a country's population identified as having a disability by the WG recommended questions on disability, which are based on the ICF framework explained earlier in this guidebook.

Method of computation

$$\frac{D}{P} \times 100(\%)$$

D is the number of persons with disabilities and P is the total population in a specified country.

Data collection and methodology

The six WG census questions on disability identify persons with disabilities aged 10 and over and do not count people with psychosocial disabilities or upper body mobility issues unless these difficulties are severe enough to impact the person's ability for self-care. Estimates of children with disabilities aged less than 10 should be made by using the WG/

UNICEF module on child functioning and disability in the MICS or other household surveys.¹⁸ The weighted sum of these measures yields the prevalence which is still an underestimation of the actual number of persons with disabilities. Capturing data on people with psychosocial disabilities is complex and requires a dedicated survey for that purpose — or an extensive module on a national disability survey.

8.2 Number of Governments in the Asia-Pacific region that have established, by 2017, baseline data for tracking progress towards achievement of the Incheon goals and targets

Definition

The number of Governments in the Asia-Pacific region that have produced baseline data sets for all core indicators in the Incheon Strategy by 2017, the midpoint of the Decade.

Method of computation

The sum of ESCAP governments that have produced baseline data sets for all core indicators.

Data collection and methodology

Based on government reports on disability policies and their statistical publications, ESCAP will monitor data availability for all ESCAP members and associate members. A check list of the core indicators in the Incheon Strategy is to be provided by ESCAP. The list will show how many Governments have established a baseline with reliable data on the core indicators.

For the mid-term review of the Decade in 2017, ESCAP will issue a comprehensive report summarizing data collection work by member States to establish reliable and comparable baseline statistics.

¹⁸ The latest information on the WG/UNICEF questions is accessible from: http://www.cdc.gov/nchs/washington_group/wg_meeting13.htm

8.3 Availability of disaggregated data on women and girls with disabilities in mainstream development programmes and government services, including health, and sexual and reproductive health, programmes

Definition

Disaggregation by sex of all indicators pertaining to persons with disabilities.

Method of computation

Disaggregation by sex of Indicators 1.1, 1.2, 1.3, 2.1, 2.2, 3.5, 4.1, 4.2, 4.3, 4.6, 4.7, 5.1, 5.2, 5.3, 5.5, 5.6, 5.7, 7.4

Data collection and methodology

Same as in indicators listed above.

Goal 9: Accelerate the ratification and implementation of the Convention on the Rights of Persons with Disabilities and the harmonization of national legislation with the Convention

Targets

- 9.A By the midpoint of the Decade (2017), 10 more Asia-Pacific Governments will have ratified or acceded to the Convention on the Rights of Persons with Disabilities, and by the end of the Decade (2022) another 10 Asia-Pacific Governments will have ratified or acceded to the Convention
- 9.B Enact national laws which include anti-discrimination provisions, technical standards and other measures to uphold and protect the rights of persons with disabilities and amend or nullify national laws that directly or indirectly discriminate against persons with disabilities, with a view to harmonizing national legislation with the Convention

Indicators for tracking progress

Core indicators

- 9.1 Number of Governments that have ratified or acceded to the Convention
- 9.2 Availability of national anti-discrimination legislation to uphold and protect the rights of persons with disabilities

Supplementary indicators

- 9.3 Number of Asia-Pacific Governments that have ratified the Optional Protocol to the Convention on the Rights of Persons with Disabilities
- 9.4 Number of amended or nullified laws that directly or indirectly discriminate against persons with disabilities

9.1 Number of Governments that have ratified or acceded to the Convention

Definition

The number of Governments of ESCAP member States that have ratified the Convention on the Rights of Persons with Disabilities (CRPD) according to the ratification rules of their country.

Method of computation

The sum of ESCAP Governments that have ratified the CRPD.

Data collection and methodology

This indicator will be generated by ESCAP from the records of the Office of the United Nations Committee on the Rights of Persons with Disabilities.¹⁹

¹⁹ <http://www.un.org/disabilities/>

9.2 Availability of national anti-discrimination legislation to uphold and protect the rights of persons with disabilities

Definition

The enactment of a national anti-discrimination law that explicitly establishes and protects the rights of persons with disabilities.

Method of computation

The sum of ESCAP countries enacting such legislation.

Data collection and methodology

The United Nations Committee on the Rights of Persons with Disabilities has been given the mandate to monitor the implementation of the CRPD. ESCAP can compile this indicator from two sources: (a) the Office of the United Nations Committee on the Rights of Persons with Disabilities that collects State Party reports; and (b) via direct communication with ESCAP Governments.

Supplementary

9.3 Number of Asia-Pacific Governments that have ratified the Optional Protocol to the Convention on the Rights of Persons with Disabilities

Definition

The number of Asia-Pacific countries that have ratified the Optional Protocol to the Convention according to the ratification rules of their country.

The Optional Protocol gives the United Nations Committee on the Rights of Persons with Disabilities competence to examine individual complaints with regard to alleged violations of the Convention by States Parties to the Protocol.

Method of computation

The sum of ESCAP Governments that have ratified the Optional Protocol.

Data collection and methodology

Same as in Indicator 9.1.

9.4 Number of amended or nullified laws that directly or indirectly discriminate against persons with disabilities

Definition

The number of laws that were amended or nullified in order to strike provisions that discriminated against persons with disabilities.

Method of computation

The sum of relevant laws in each country.

Data collection and methodology

This indicator can be generated from the administrative records of national governments, e.g., the Ministry of Justice.

Goal 10: Advance subregional, regional and interregional cooperation

Targets

- 10.A Contribute to the Asia-Pacific Multi-donor Trust Fund managed by ESCAP as well as initiatives and programmes to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy

- 10.B Development cooperation agencies in the Asia-Pacific region strengthen the disability-inclusiveness of their policies and programmes
 - 10.C United Nations regional commissions strengthen interregional exchange of experiences and good practices concerning disability issues and the implementation of the Convention on the Rights of Persons with Disabilities
-

Indicators for tracking progress

Core indicators

- 10.1 Annual voluntary contributions by Governments and other donors to the Asia-Pacific Multi-donor Trust Fund to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy
- 10.2 Number of donors contributing each year to the Asia-Pacific Multi-donor Trust Fund to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy
- 10.3 Annual voluntary contributions by Governments or other donors to initiatives or programmes to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy
- 10.4 Number of United Nations entities that have regional cooperation programmes, including for South-South cooperation, that explicitly support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy
- 10.5 Number of subregional intergovernmental bodies that have programmes, including for South-South cooperation, which support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy
- 10.6 Number of regional and subregional projects, including for South-South cooperation, in which organizations of and for persons with disabilities participate in order to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy

- 10.7 Number of development cooperation agencies operating in Asia and the Pacific that have mandates, policies, action plans and dedicated and appropriately experienced focal points on disability-inclusive development, supportive of ratification and implementation of the Convention and review of follow-up action
- 10.8 Number of joint activities among the five regional commissions of the United Nations to support the implementation of the Convention on the Rights of Persons with Disabilities
- 10.9 Number of statisticians in the Asia-Pacific region trained in disability statistics, in particular on the ICF approach, by ESCAP and other relevant agencies
- 10.10 Number of United Nations country or regional-level development assistance frameworks that explicitly reference disability-inclusive development in line with the United Nations Development Group guidance note on including the rights of persons with disabilities in United Nations programming at the country level

10.1 Annual voluntary contributions by Governments and other donors to the Asia-Pacific Multi-donor Trust Fund to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013– 2022, and the Incheon Strategy

Definition

Monetary donations by governments and other donors to the Asia-Pacific Multi-donor Trust Fund to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, and the Incheon Strategy.

Method of computation

The sum of donations provided by governments and other donors.

Data collection and methodology

Administrative records of Trust Fund account balances to be reported by ESCAP on an annual basis.

10.2 Number of donors contributing each year to the Asia-Pacific Multi-donor Trust Fund to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy

Definition

Number of donors contributing each year to the Asia-Pacific Multi-donor Trust Fund to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy.

Method of computation

The sum of government and non-governmental donors to the Trust Fund.

Data collection and methodology

Administrative records of Trust Fund account balances to be reported by ESCAP on an annual basis.

10.3 Annual voluntary contributions by Governments or other donors to initiatives or programmes to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy

Definition

Monetary contributions by governments and other donors to initiatives or programmes that have been established to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy.

Method of computation

The sum of contributions to initiatives or programmes established to support the implementation of the Decade and the Incheon Strategy.

Data collection and methodology

Same as in Indicator 10.1.

10.4 Number of United Nations entities that have regional cooperation programmes, including for South-South cooperation, that explicitly support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy

Definition

The number of United Nations entities that have regional cooperation programmes, including for South-South cooperation, that explicitly support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy.

Method of computation

The sum of all initiatives by United Nations agencies having such programmes.

Data collection and methodology

To be compiled by ESCAP.

10.5 Number of subregional intergovernmental bodies that have programmes, including for South-South cooperation, which support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy

Definition

The number of subregional intergovernmental entities that have regional cooperation component in their work programmes, including for South-South cooperation, that explicitly support the implementation of the Ministerial Declaration and the Incheon Strategy.

Method of computation

The sum of all initiatives by subregional intergovernmental agencies having such programmes.

Data collection and methodology

Data to be collected from annual reports published by subregional agencies (e.g. ASEAN), submitted to ESCAP or made available online.

10.6 Number of regional and subregional projects, including for South-South cooperation, in which organizations of and for persons with disabilities participate in order to support the implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy

Definition

The number of projects run by UN entities, subregional organizations, intergovernmental bodies or development agencies at regional and subregional levels to support the implementation of the Decade and the Incheon Strategy that include the ongoing participation of disabled people's organizations or organizations such as parent groups that support people with disabilities.

Method of computation

The sum of projects as described in the above definition.

Data collection and methodology

Data to be collected from annual reports published submitted to ESCAP or made available online.

10.7	Number of development cooperation agencies operating in Asia and the Pacific that have mandates, policies, action plans and dedicated and appropriately experienced focal points on disability-inclusive development, supportive of ratification and implementation of the Convention and review of follow-up action
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Definition

Self-explanatory.

Method of computation

The sum of all development cooperation agencies as defined above.

Data collection and methodology

Same as in Indicator 10.5.

10.8	Number of joint activities among the five regional commissions of the United Nations to support the implementation of the Convention on the Rights of Persons with Disabilities
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Definition

The number of joint activities among the five regional commissions of the United Nations – i.e., Economic and Social Commission for Asia and the Pacific (ESCAP), Economic Commission for Africa (ECA), Economic Commission for Europe (ECE), Economic Commission for Latin America and the Caribbean (ECLAC) and Economic and Social Commission for Western Asia (ESCWA) - to support the implementation of the CRPD.

Method of computation

The sum of joint activities described in the above definition.

Data collection and methodology

To be compiled by ESCAP.

10.9 Number of statisticians in the Asia-Pacific region trained in disability statistics, in particular on the ICF approach, by ESCAP and other relevant agencies

Definition

Number of national statisticians in the Asia-Pacific region who participated in training programmes organized by ESCAP or other agencies on disability statistics, in particular on the ICF approach.

Method of computation

The sum of national statisticians taking part in the programmes as defined above.

Data collection and methodology

To be compiled by ESCAP on the basis of participation lists submitted by such training providers or national statistical offices.

10.10 Number of United Nations country or regional-level development assistance frameworks that explicitly reference disability-inclusive development in line with the United Nations Development Group guidance note on including the rights of persons with disabilities in United Nations programming at the country level

Definition

Self-explanatory.

Method of computation

The sum of frameworks meeting the above definition.

Data collection and methodology

To be compiled by ESCAP from the United Nations Country Teams in the Asian and Pacific region.

Annex:
Proposed self-identification form for persons with disabilities in the national parliament

Q1: Do you have a disability?

Yes/No

Q2: If yes, please put an “X” in each row of the table below, that describes the degree of difficulty you have doing that activity.

	No difficulty	Some difficulty	A lot of difficulty	Unable to do
Seeing (wearing your glasses, if you have them)				
Hearing (wearing your hearing aid, if you have one)				
Walking or climbing steps				
Communication (understanding or being understood by others)				
Remembering or concentrating				
Self-care, such as washing all over or dressing				



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