

8th IAEG-SDGs meeting in Stockholm Agenda Item 8: SDG implementation and monitoring- data disaggregation case studies and best practices November 7, 2018 (3:30-4:30pm)

Presentation (7-10 minutes) on:

ESCWA workshop on disability-inclusive SDG indicators and its outcomes
Highlight specific case studies and/or best practices

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The UN Convention on the Rights of Persons with Disabilities (CRPD) and the 2030 Agenda for Sustainable Development require that statistics and data be disaggregated by disability whenever applicable, yet persons with disabilities remain left behind after three years into the implementation of the SDGs. Despite having indicators that can be disaggregated by disability in the global indicator framework and the availability of disability data, disability data overall is *not* being collected by National Statistical Offices (NSOs) for SDG monitoring. Consequently, there is lack of information on persons with disabilities, which is a major barrier for inclusion.

To address this, data disaggregated by disability must be collected using the short set of questions developed by the Washington Group on Disability Statistics (WG) while also consulting persons with disabilities and their representative organizations on the design, implementation, and monitoring of SDG plans in line with CRPD Article 33.

Best Practice – Washington Group on Disability Statistics

The Washington Group has made considerable progress in improving disability measurement and statistics. Important methodological work has been conducted over the last decade to develop standardized data collection tools that are in line with the CRPD and produce comparable estimates. More importantly, the Washington Group short set has been proven and widely tested as sustainable and suitable for SDG data disaggregation by disability.

As an example of a best practice, in light of the importance of disability data collection and the disaggregation of SDG outcome indicators by disability status, the WG reviewed, among WG member countries, the extent to which **data on SDG indicators currently available can be disaggregated by disability status**.

- Requests for disaggregated SDG data for 13 selected indicators (see Table 1 below) were sent to 146 member countries and 48 responded and 39 provided data.
- SDG indicators were selected and defined (for the most part) according to the global indicator framework.
- The findings illustrate that countries can, with available data, disaggregate a number of SDG indicators by disability status. Comparability among countries reporting will ultimately be dependent on cross-country consistency in both the means of disability determination for disaggregation and the operationalization of the SDG indicator in question.

A regional example - ESCWA workshop

In the Arab region, it was shown that disability statistics existed in most Arab countries, but disseminated data were not harmonized or comparable. As a result, in 2016 the Social Development and the Statistics Divisions of the UN Economic and Social Commission for Western Asia (ESCWA) embarked on a project with Arab countries to compile, verify, and harmonize national data to the extent possible to allow for better comparability and improve national reporting.

The outcome of this work was presented at the first joint meeting between statisticians, policymakers, and organizations of persons with disabilities (DPOs) from Arab countries to discuss refining the collection of data on persons with disabilities in Cairo from 18-20 September this year. **It was the very first time a meeting such as this has ever been held globally.**

The overall objective of the meeting was to present the first draft of a Framework of Disability Indicators for the Arab Region which includes around 100 indicators and linked to SDGs and CRPD, along with a related Handbook for future methodological reference.

The meeting was attended by 56 representatives including government officials from 13 countries from the Arab region, as well as international experts, representatives of UN agencies, members of civil society and DPOs.

Participants reviewed best practices for collecting data in accordance with standardized UN methodologies and tools developed by the Washington Group on Disability Statistics, to identify official sources of each indicator (survey and census data or administrative records). It was a positive step to bring statisticians and policymakers together to discuss ways to collaborate and identify accurate data and relevant sources about persons with disabilities

In addition, the meeting discussed their needs and gaps for using statistics for policy making. A challenge discussed is that in many Arab countries, when developing policies and programs, policymakers more often rely on administrative registers, which are service oriented and may not provide a full picture on persons with disabilities. In addition, administrative data are compiled differently in each country according to national legal and administrative procedures, and therefore they may not be comparable.

It was also noted that data collected by the NSOs through nation-wide surveys and censuses are representative of a country, captures majority of people with disabilities and are comparable as per UN standards and the Washington Group tools. In the Arab countries there are 12 countries implemented the WG out of 18. ESCWA collected data for 11 countries applying the WG and disseminated harmonized and comparable data on demography, education and work disaggregated by age, sex and geographic location. Those detailed population-based data are effective for evidence-based policy making when used. There is however scarcity in data collected and/or not comparable for indicators relating to poverty, access to water and sanitation and mobile phone, internet, public transport, family planning, and benefits.

Overall it was clear that "Arab national statistical offices have taken big strides and are among the first countries in the world to produce disaggregated standardized data on persons with disabilities in the areas of demography, education and work" (ESCWA), and this can be used as a model and replicated in other regions.

Yet to do this, it important that the users and producers of disability data talk more about use of these data in relation to the advantages and limitations of different data sources and see how to use them in complementarity for monitoring the SDGs, the CRPD and the progress countries are making to improve the inclusion of persons with disabilities in society. ESCWA will assist by continuing to work with users and producers of disability data to develop statistics for implementing and monitoring the CRPD and SDGs.

The ESCWA meeting is an excellent example that we, as DPOs, strongly recommend is replicated in different regions around the world. We call on UN regional commissions to take leadership to organize such events bringing together statisticians, policymakers, and DPOs.

Outcomes:

- ESCWA will act as an intermediary and provide advice on intensifying efforts to lay the foundations for cooperation between statisticians and policy makers to develop strategies based on statistical evidence and benefit from civil society institutions.
- ESCWA will continue to assess availability of data and will develop a regional plan to monitor the availability of indicators to strengthen statistical capacity in collaboration with UN agencies and the Arab Institute for Training and Research in Statistics to enable countries to produce SDG indicators that are not available or have not been calculated or published.
- Countries are requested to localize the Arab SDG framework on disability indicators by mapping it to national issues of importance and the articles of the CRPD in cooperation with the statistical agencies in assigning the relevant indicators.
- The main priorities for identifying indicators on accessibility include accessibility of transportation, infrastructure/public buildings/pavements, and services;
- The main priorities for identifying indicators on health include the availability and accessibility of health services and whether the health services are affordable;
- Statistics do not provide information about the *quality* of services, which is critical for policymakers to know how to improve policies and services.

Recommendations:

- Adopt the Regional Guidebook on Improving Disability Data Collection and Analysis in the Arab Countries, for example, <u>E/ESCWA/SD/2018/MANUAL.1</u>;
- States should produce sustainable development indicators disaggregated by disability, through implementation of surveys and standardized metadata, as well as those produced from administrative records that monitor the SDGs and CRPD;
- Produce a checklist to identify a standardized method of assessing and rating each building to measure accessibility;
- Include another possible indicator on the percentage of the population of persons with disabilities receiving free health services;
- Statistical offices should raise statistical awareness on statistical work and methodologies employed and encourage communication with NGOs and DPOs;
- Persons with disabilities and their representative organizations should be involved in design and monitoring efforts;
- DPOs should participate in training of enumerators for censuses and surveys to facilitate correct understanding and identification of persons with disabilities.

Annex 1: Table of countries providing disaggregated SDG data (WG)

TABLE 1: Overview of table requests and number of countries providing data		
		Number of countries providing data
Disability Prevalence	Disability status by Domain of difficulty, age and sex for population 5 years and over	31
SDG 1.2.1	Poverty status disaggregated by Disability status and Sex for population 15 years and older	11
SDG 2.2.1	Prevalence of Stunting disaggregated by Disability status and Sex for population 2-4 years of age	1
SDG 2.2.2	Malnutrition/wasting disaggregated by Disability status and Sex for population 2-4 years of age	1
SDG 3.1.2	Births attended by skilled health personnel disaggregated by Disability status of mother and Age for Female population 15-49 years	3
SDG 3.7.1	Family Planning Coverage disaggregated by Disability status & Age for Female population 15-49 years	1
SDG 3.a.1	Tobacco Use disaggregated by Disability status and Sex for population 15 years and older	8
SDG 3.8.1	Health Insurance Coverage disaggregated by Disability status & sex for population years and older	10
SDG 4.1.x	School completion rates disaggregated by Disability status and sex for relevantly aged population	20
SDG 4.5.x	University completion rates disaggregated by Disability status & sex for relevantly aged population	12
SDG 5.b.1	Access to ICT disaggregated by Disability status and Sex for population 15 years and older	6
SDG 6.1.1	Access to safe drinking water disaggregated by Disability status & Sex for population 15 years & older	9
SDG 7.1.1	Access to electricity disaggregated by Disability status and Sex for population 15 years and older	10
SDG 8.5.2	Employment status disaggregated by Disability status and Sex for population 15-64 years	23

TABLE 1: Overview of table requests and number of countries providing data

Annex 2: Global Disability Summit Data Commitments

- 10 national governments committed to using the Washington Group questions on disability status in upcoming national censuses or surveys (Kenya, Kyrgyz Republic, Malawi, Mozambique, Nigeria, Rwanda, Sierra Leone, Tanzania, Uganda, Zambia), of which 7 will include the questions in their national population census in the next five years (Kenya, Kyrgyz Republic, Nigeria, Malawi, Rwanda, Tanzania, Zambia).
- At least 3 bilateral and 12 multilateral organizations or bodies have committed to promote use of the Washington Group questions (including Australia, Finland, UK Department for International Development (DfID), World Bank Group (WBG), International Labour Organisation (ILO), UNICEF, UNFPA, UN High Commissioner for Refugees (UNHCR), UN Development Programme (UNDP), UN Food and Agriculture Organisation (FAO), International Fund for Agricultural Development (IFAD), OHCHR, IOM, IRC, the Washington Group).

- 4 national governments have committed to undertake a **national disability survey or similar study** on the situation of people with disabilities (*Bangladesh, Burma, Mozambique and Andorra*).
- 7 members of the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) committed to **using the new DAC disability inclusion marker** (*Australia, Belgium, Canada, Finland, Italy, Sweden* and *the UK*).
- The *WBG, the Government of Kenya,* and *DfID* signed up to the **Inclusive Data Charter**, adding to the 10 that signed up at its launch.

Annex 3: Eighth IAEG-SDGs agenda

Agenda:

https://unstats.un.org/sdgs/files/meetings/iaeg-sdgs-meeting-08/8th%20IAEG-SDGs%20Detailed%20Provisional%20Agenda%20Plenary_11.10.2018.pdf