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## 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

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### 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

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

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### 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.

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

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### 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.

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## 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

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### 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.

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## Supplementary

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

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#### 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.

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## 4.5 Availability of national community-based rehabilitation programmes

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### 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.

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## 4.6 Availability of health insurance for persons with disabilities

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### 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.

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

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### 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.