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 re-productive 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