TRAINING MODULES

CAPACITY BUILDING ON DISABILITY INCLUSION IN UNITED NATIONS M&E ACTIVITIES

UNITED NATIONS INDONESIA

CAPACITY BUILDING ON DISABILITY INCLUSION IN UNITED NATIONS M&E ACTIVITIES:
Training Modules on Disability Inclusion in Monitoring and Evaluation for United Nations Monitoring and Evaluation (M&E) Staffs/ Focal Point in Indonesia

UNRCO, UNESCAP, WASHINGTON GROUP, AND MONEV STUDIO

Author:
Max N. Sibanda
Jennifer H. Madans

Facilitators:
Umi Hanik
Erlangga Agustino Landiyanto
Tolhas Damanik
Damairia Pakpahan
Iriana S. Pasaribu

Editors:
Erlangga Agustino Landiyanto
Kathakali Das Bhaumik

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Structure of the Training Modules

Jakarta, 12 – 13 December 2022

Duration	Module	Session Type	PIC
	Day One		
15 Min	Opening and introduction to the modules and structure	Presentation	MS, EL
2 hours	I. Introduction to UN Disability Inclusion Strategy (UNDIS) and CRPD convention	Theory, interactive discussion, games, and group exercise	TD, EL
2 hours	II. Progress and Status of UN Country Team (UNCT) Accountability Scorecard III. Understanding UNDIS Framework to translate disability inclusion at the policy level, programmatic, and operational levels to program ToC	Theory, interactive discussion, games, and group exercise	DP, EL IP, EL
2 hours	IV. Mainstreaming M&E system with UNSDCF 2021-2025 implementation	Theory, interactive discussion (quiz, games), and group exercise	DP, UH
	Day Two		
2 hours	VA. Managing for Results and Data Collection Strategy: Qualitative Method	Theory, interactive discussion (quiz, games), and group exercise	IP, UH
2 hours	VB.Collection and Analysis of Quantitative Disability Data	Theory, interactive discussion (quiz, games), and group exercise	JM, UH
2 hours	VI. Developing annual reports on UNSDCF implementation	Theory, interactive discussion (quiz, games), and group exercise	TD, DP

MS: Max Sibanda; EL: Erlangga Landiyanto; TD: Tolhas Damanik; DP: Damairia Pakpahan; IP: Iriana Pasaribu; JM: Jennifer Madans; UH: Umi Hanik

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Module 1: Various approaches to disability and the need for disability inclusion in UN activity

LEARNING OUTCOMES:

- Discuss the evolution of the concept of disability through differentiating various approaches (charity/medical and human right) to disability
- A brief introduction to the Convention on the Rights of Persons with Disabilities (CRPD)
- Define and discuss the concept of disability inclusion as contained in the United Nations Disability Inclusion Strategy (2019)

TIME: 45 MINUTES

HANDOUTS, REFERENCE AND USEFUL READINGS FOR THE MODULE

1. United Nations Disability Inclusion Strategy (2019)
2. Convention on the Rights of Persons with Disabilities (CRPD, 2006)

The Commitment to "Leaving No One Behind & Reaching to the Furthest Behind"

The evaluation of the Millennium Development Goals (MDGs) and the consequent ushering in of the 2030 Agenda brought to light the inequalities associated with our world and contemporary development initiatives. For example, while the world made progress towards the MDGs, in 2015, it was still recognized that the richest 1% of the population still controlled 40% of the wealth and over 60% of the global income distribution, while the poorest 50% had only 1% of the wealth. In fact the 3 richest people have more money than the aggregate GDP of 40 poorest countries. Just as Amartya Sen observed over two decades ago, ours is still a world of great contrasts: "a world of unprecedented opulence, and a world of remarkable deprivation, destitution and oppression" (*Preface, Development as Freedom).*

It was not surprising then that after concerted development efforts under the MDGs, in 2015 the 193 Member States still felt the need to commit to the ideal of an equitable, inclusive development and sustainable development, to "Leaving No One Behind" (LNOB) and "Reaching the Furthest Behind (RFB) first". In 2016, the UN General Assembly launched the "Shared Framework in Leaving No One Behind: Equity and Non-Discrimination at the Heart of Sustainable Development". This has been an overarching theme of the 2030 Agenda, with the Sustainable Development Goals primarily concerned with closing the gaps between the "best-offs" and the "worst-offs". In this regard, all countries are developing countries!

The UN framework on LNOB, and the work of other UN agencies (UNDP, UNFPA, UNICEF) have over the years conceptualized and operationalized this commitment into the "who", "what" and "why" and "so what then".

- Who are the left behind?
- What does it mean they are left behind?
- Why are they left behind?
- What can be done about it?

While gender inequality was a major theme guiding the MDGs, the 2030 Agenda focuses on gender+ issues – all the other factors that can cause people to not receive their equitable share in the developmental process. It can be generally argued that "all persons in extreme poverty and those who endure disadvantages or deprivations that limit their choices and opportunities relative to others in society" are the left behind (UNFPA). The UNDP has gone further and identified five key drivers to leaving people behind:

Figure 1. Five Determinants of the Left Behind
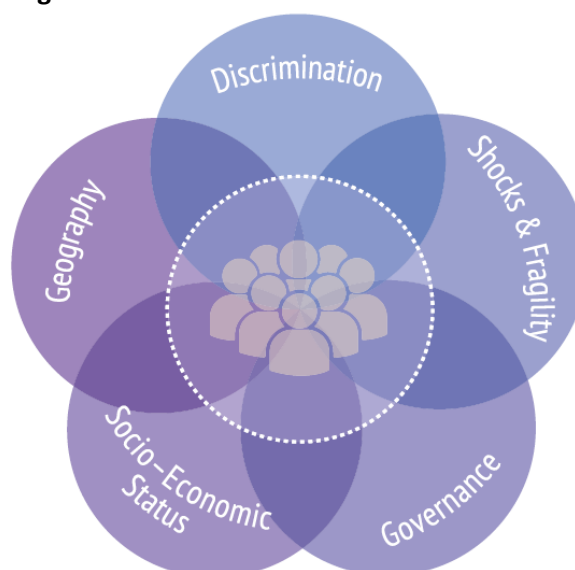
Source: UNDP (2018: 3). What does it mean to "Leave No One Behind"? A UNDP discussion paper and framework for implementation

Table 1. Factors to Determine who is the "Left Behind"

Driver	Explanation
Discrimination	Due to ascribed or assumed aspects of their identity, many people find themselves treated unequally. This involves bias and exclusion due to gender, sex, race, ethnicity, disability, sexual orientation, religion, nationality etc.
Geography	Due to regional distribution of places of residence, some people experience physical and socio-economic isolation, vulnerabilities, deprivation, lack of access, and general inequity. A lot of evidence shows the constraint of developmental prospects caused by geographical locations, either due to bad health (Jeffrey Sachs), bad weather (Jared Diamond), or "landlocked with bad neighbors" (Paul Collier). Either way, people living in certain parts of the world seem more vulnerable to inequitable distribution of developmental outcomes.
Governance	Milanovic (2016) claims that the citizenship premium is a rent that determines 4/5th of people's advantage. Many people live under ineffective, unjust, corrupt, patrimonial, and uncountable government regimes – making any of their efforts ineffectual in granting them access to developmental dividends. Distributive (or lack of) policies can make a difference, especially to the plights of the furthest left behind.
Socio-economic status	According to Brunori (2013), an individual's (economic or other) advantage can be related to either "circumstances" (not under control by individuals) or "effort" (i.e. their own responsibility). SES largely determines both, an individual's resources, and realistic opportunities. These include income, wealth, life expectancy, access to quality education, health and WASH services, energy, internet, social protection and social capital.
Shocks and fragility	While the four preceding drivers are sufficient to leave many millions, if not billions behind, there are many incidences of nature and human agency that may exacerbate that. These include natural disasters, conflict and displacement, and health emergencies. This has an effect of disruptive redistribution of people's opportunities due to suddenly re-adjusted circumstances.

Source: UNDP (2018: 3-4). What does it mean to "Leave No One Behind"? A UNDP discussion paper and framework for implementation

While this makes for a neat LNOB assessments, experience has taught that reality is more complex and intersecting. As such, vulnerability and exclusion (even within these categories) is intersected by various ascribed and acquired identities, such as sex, gender, race, ethnicity, religion, and disability. While the importance of most of these cross-cutting variables have been acknowledged and realized, even in many conventions, it was disability that had been receiving a 'glossing-over' acknowledgement.

However, with over 15% of the world's population living with one or the other form of disability, the UN has since acknowledged its rightful place as an important intersecting variable of development.

What is disability: Extant approaches to understanding disability

Disability has been understood as an inherent quality (medical and/physical) of a person calling for an external intervention, be it medical or humanitarian. Through this approach the 'disabled people' are seen as objects of pity and charity – they are deemed incapable of taking care of themselves and contributing positively to society. As such, society has to provide for the 'disabled', even if it suspends their rights and denies them opportunities. For example, some 'disabled persons' have been deprived of rights to have children, plan their families and live in environments and arrangements of their choice, under the pretext of being 'assisted'. 'Disabled' children have been uprooted from their families and sent to 'special' institutions to receive specialized care and education[1]. Most have simply been denied normal socialization and childhood opportunities accessible to their 'normal' counterparts. This approach is also imbued with suspicion and myths against the 'disabled' – treating them as dangerous, superhuman, and spiritual. As a result, under this paradigm persons living with disabilities have endured various forms of abuse and discrimination – from even the people/institutions with the best of intentions. Some of the challenges they face include:

- Denied access to public facilities, institutions and programmes;
- Discriminated against in institutions of education, health and employment;
- Subjected to a variety of abuse and discrimination in different contexts, especially women and girls who seem to face the brunt of the abuse;
- Denied voice and autonomy in matters affecting their personal and communal lives.

As a result, the United Nations sought to transform this understanding of disability, through a different approach. In 2006, the UN instituted the Convention on the Rights of Persons with Disabilities (CRPD), after a concerted consultation process with State Parties, non-state stakeholders and organized groups consisting of people living with various disabilities. The CRPD instituted a human-rights based approach to disability, thereby positioning disability as first and foremost a human rights issue. According to the CRPD, disability is an emergent condition resulting from personal qualities interacting with environmental factors. It is the resulting barriers that ensure disability – denying people living with disability the right to enjoy full human rights, opportunities and fundamental freedoms. Through constraining physical, social, economic, cultural and psychosocial (negative attitudes) environments, people living with disabilities are 'disabled' to effectively and fully contribute to society. As such, they have their inherent human dignity denied.

CRPD also emphasizes on the diverse and evolving concept of disability (CRPD Preamble). The concept of disability is evolving, in most cases in response to various environmental factors. As such, it will be counterproductive to conceive people living with disabilities in a reductive manner. Needless to say people live with various disabilities and experience environmental barriers differently. As such, the Convention moves beyond the question of access to the physical environment, to broader issues of equality and elimination of legal and social barriers to

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[1] UNDESA, 2014. https://www.un.org/development/desa/disabilities/backgrounder-disability-treaty-closes-a-gap-in-protecting-human-rights.html

participation, social opportunities, health, education, employment and personal development[2]. CRPD espouses several fundamental principles in understanding disability:

Table 2. Principles of the Rights-based approach to disability

	General Principle (Art. 3)	Explanation and expansion	Source of Information
a)	Respect for the inherent dignity and individual autonomy, including the freedom to make one's own choices, and the independence of persons	Every human being has worth that comes from just being – Persons with disabilities do not (have to) lose that because of this dignity, every person is allowed space to take charge of one's own life; to have the freedom to make one's own choices, and; is subject to minimum interference (Also see CRPD Art. 17 (Protecting the integrity of the person); Art. 22 (Respect of privacy); Art. 23 (Respect for home and the family); Art. 28 (Adequate standard of living and social protection), and Art. 31 (confidentiality in data collection & processing)	CRPD Article 3 UNHCHR (2014) CRPD Training Guide
b)	Non-discrimination	Fundamental to all human rights treaties[3] including CRPD Discrimination prevents people enjoying full benefits and opportunities of their human rights and fundamental freedoms, and contradicts other universal principles of human rights (CRPD Art. 5 (Equality and Non-discrimination); Art. 12 – 14 (equitable access to law, justice, and security); Art. (Freedom from torture and inhumane treatment)	
c)	Full and effective participation and inclusion in society	States and society must enable all people to take part fully. Removal of any institutional (legal, administrative, socio-economic, physical) barriers (Art.4, General Obligations of States); UNDIS Policy Statement (address exclusions to accelerate inclusion) Participation goes beyond consultation (UNDIS Preamble, Persons with disabilities must be both agents and beneficiaries of change) (cf CRPD Art. 2, on the definition of communication, reasonable accommodation[34] and universal design[4] within the context of disability; Art. 19 (Living independently and being included in the community); Art. 29 on Participation in political and public life)	
d)	Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity	● Accepting and celebrating diversity; mutual regard ● Look through the disability into the human being ● Respect capacities and abilities of Persons with disabilities, including evolving capacities of children with disabilities ● Enable and empower through institutional reform and assistive technologies (Art. 26; 30)	

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[2] International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Convention on the Rights of the Child, and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families,

[3] "Reasonable accommodation" means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms (CRPD, Art.2)

[4] "Universal design" means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. "Universal design" shall not exclude assistive devices for particular groups of persons with disabilities where this is needed (CRPD, Art.2).

e)	Equality of opportunity	• Closely linked with non-discrimination (Art. 5) • Equitable access, respecting diversity of ability, interest and need
f)	Accessibility	• Dismantling (institutional and physical) barriers • Enables Persons with disabilities to live independently and to participate fully in all aspects of life (Art.19; 29; 30) • Includes infrastructure, language, information, skills – use of assistive technologies • Public infrastructure and services; enabling policy environment to ensure compliance by non-state actors (Art.9; 26)
g)	Equality between men and women	• Same rights should be expressly recognized for men and women on an equal basis (non-discrimination) • Recognizing intersectional sources of discrimination (Art. 6; Art. 16 (Freedom from exploitation, violence and abuse)
h)	Respect for the evolving capacities of children with disabilities and for their right to preserve their identities	• Also set out in the Convention on the Rights of the Child – given disability inclusion dimension. • Protect children from abuse

Source: UNHCHR (2018). A Human Rights-Based Approach to Data: Leaving No One Behind in the 2030 Agenda for Sustainable Development

Operational Definitions

Disability – a physical, economic, cultural and psychosocial barrier created by the interaction between an individual's personal condition (such as having a visual impairment) and environmental factors (such as negative attitudes or inaccessible educational/health facility) (*Stipulative from the spirit of CRPD, Art 1 – 4).*

Persons with disabilities – 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 (UNDIS, 2019).

Discrimination on the basis of disability - any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation (UNDIS, 2019).

Need for Disability Inclusion within the UN

According to the United Nations Population Fund (UNFPA, 2022), there are currently over 1 billion (or 15%) persons living with disabilities in the world. The need for mainstreaming conceptualization and operationalization of disability inclusion within the United Nations was first flagged by the Executive Committee in the Secretary General's Office in April 2018. The Exco then commissioned a Review of

DI within the UN and its organs between July – December 2018. The results were presented to the Senior Management Group of the Secretary General's Office on the 6th December 2018, indicating:

- There was good but haphazard and discretionary practice of DI within UN
- There was no M&E on DI within the UN

The Senior Management Group then recommended:
- Closing the existing gap in coherence, through a system-wide approach (policy, action, accountability)
- Mainstream DI within UN'

In 2019, the UN Disability Inclusion Strategy was adopted to **strengthen the system-wide** DI through **providing a foundation for sustainability and transformative change** through all pillars of UN's work, in order to **make UN fit for purpose**.

The UNDIS consists of:
- **Policy:** enforce and mainstream DI within all UN organs and external partners
  - *Commitment* - systematic restructuring of organizational culture, strong leadership in inclusiveness, creating enabling environment and DI partnerships
  - *Strategy* – intersectionality, mainstreaming, system-wide accountability
- **Accountability Framework:** encourage organizational adherence
  - *Entity Accountability Framework* – 15 indicators within 4 KPA (leadership, strategic planning & management; inclusiveness; programming; organizational culture)
  - *Country Team Accountability Scorecard* -

UN Concept of Disability Inclusion

In June 2019, with the adoption of the United Nations Disability Inclusion Strategy (UNDIS), the UN brought the above principles of human rights-based approach to disability to practical implementation.

They argued that:

> "The full and complete realization of the human rights of all persons with disabilities is an **inalienable, integral and indivisible** part of all human rights and fundamental freedom… and the human rights, peace and security, and sustainable development for all can be enjoyed **only if persons with disabilities are included in society on equal basis, as both agents and beneficiaries of change**" (UNDIS Preamble, 2019)

UNDIS Policy

While a lot has been done, within UN practice, to incorporate Persons with disabilities – mostly under the human rights approach to development – the current efforts at disability inclusion are a deliberate effort to ensure that such incorporation is done systematically and coherently, and not in a discretionary manner. As such, the policy statement of UNDIS states that ALL organizations of the UN system will:

- Commit to continuing to pursue the goals of inclusion of Persons with disabilities and embed their rights in the work of the UN (*Art. 17*)
- Commit to providing strong leadership to ensure mainstreaming of the human rights-based disability inclusion in all UN interventions (*Art. 18*)
- Create an enabling environment to empower Persons with disabilities, and address exclusions through coordinated effort (*Art. 19*)
- Increase representation of PwD among UN employees, especially in decision-making levels (*Art. 20*)

- Create inter-agency partnerships to leverage strategic advantages and expedite disability inclusion (Art.21)

UNDIS Implementation Strategy

"The What of the Strategy"

Strategic Planning & Management

Strategic planning regarding the inclusion and empowerment of PwDs and their human rights coherence, coordination and knowledge and information management

Inclusiveness

Participation
Quality, disaggregated data

Organizational Culture

Capacity development - intra-agency/ inter-agency
Awareness-raising and trust building
Human and financial resources

"The How of the Strategy"

Intersectionality approach

Persons with disabilities may experience intersectional discrimination and may be more vulnerable to various forms of rights violations due to one or more intersecting factors, including gender, age, economic status, ethnicity, sexual orientation, religion, indigeneity, migration status, race and nationality. For instance, the intersection between young age, disability and gender results in both aggravated forms of discrimination and specific human rights violations against girls and young women with disabilities. While in all parts of the world persons with disabilities are faced with violations of their rights and barriers to their participation as equal members of society, girls with disabilities are significantly worse off than boys with disabilities, regardless of the type and severity of impairment.

Girls with disabilities are more likely to be excluded from family interactions and activities, and are less likely to have access to education, vocational training and employment, or to benefit from full inclusion. In this perspective, disability should not be seen as an individual and specific event that involves a determined number of persons, but as a matter of concern for all individuals, considering we are all likely to experience, at one point or another, a temporary or permanent functional limitation, particularly from a life course approach. (UNFPA, *We Matter, We Belong, We Decide: Disability Inclusion Strategy* 2022-2025).

The organizations will take an intersectional approach to addressing the structural and dynamic consequences of the interaction between multiple and intersecting forms of discrimination, including by taking into consideration all conditions that can create a substantially distinct life experience for persons with disabilities, based on factors such as sex, age, gender identity, religion, race, ethnicity, class and other grounds. (UNDIS, Art.23)

Mainstreaming

Mainstreaming, in combination with targeted measures, is the key strategy for achieving the inclusion and empowerment of persons with disabilities and their human rights. Mainstreaming a human rights-based approach to disability is the process of ensuring that the rights of persons with disabilities are embedded into the Organization's work, ensuring their meaningful participation and assessing the implications for persons with disabilities of any policies or programmes. It is also a way to make the concerns and experiences of persons with disabilities an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that persons with disabilities benefit equally and inequality is not perpetuated. The goal is to achieve equality of outcomes and foster an inclusive culture within the United Nations system (UNDIS, Art. 22).

Twin Track Approach

Figure 2. Twin-Track Approach to Disability Intervention
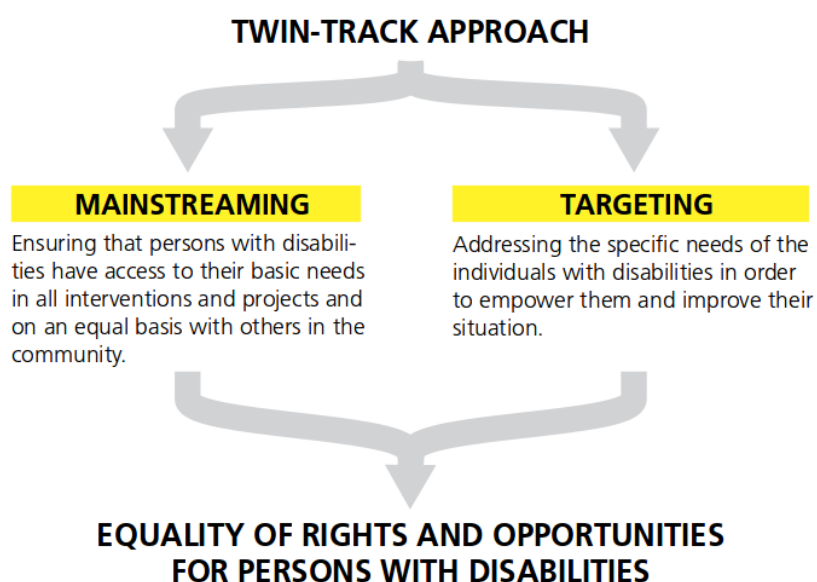
Source: DFID (2020). Disability, Poverty and Development. Department for International Development.

The United Nations promotes the "twin-track approach" for equalizing opportunities for persons with disabilities, which consists of:
>(a) integrating disability-sensitive measures into the design, implementation, monitoring and evaluation of all policies and programmes and
>(b) providing disability-specific initiatives to support the empowerment of persons with disabilities (United Nations Economic and Social Council).

CONCLUSION

Disability is a complex and evolving concept. 1 billion people with disabilities face various exclusions and discrimination, which make it harder for them to function and enjoy their rights and full freedom as other persons. The UN has made an overt effort to include persons with disabilities and their concerns in its work, within the context of 2030 Agenda. The ultimate goal is to lead by example

through mainstreaming disability inclusion within the UN, while assisting nations states to develop their own inclusion strategies. In this case, the Country Team becomes instrumental.

METHODOLOGY
Theory, interactive, participatory

Q/A: 15 MINUTES

EXERCISES: 60 MINUTES

Module 2: Implementation of The UN Country Team (UNCT), Accountability Scorecard on Disability Inclusion (ASDI)

OBJECTIVES:

At the end of this module, participants will be able to:
- Describe the Accountability Scorecard on Disability Inclusion (ASDI) in terms of the four core areas
- Identify gaps within the ASDI in the light of the operational definitions and general principles on disability from CRPD
- Review the experience (lessons and challenges) of implementing the ASDI

TIME: 45 MINUTES

Introduction

Due to the discretionary and haphazard implementation of disability inclusion within the UN system, the office of the Secretary General adopted the UNDIS in 2019 to "strengthen a system-wide accessibility for Persons with disabilities and the mainstreaming of their rights". Most importantly, the Strategy is meant to provide standardization in the understanding and implementation of disability inclusion, within the UN's own work. It is essentially an accountability mechanism; making sure that the UN is fit for purpose, and its management structures, institutional frameworks, organizational culture and the programming are all enabled to be sensitive towards the rights of Persons with disabilities.

As such, although consisting of the same four focus areas (leadership, strategic planning & management; inclusiveness; programming; organizational culture) UNDIS consists of two accountability frameworks:

- *Entity Accountability* - the entity accountability framework covers the main organizational functions at the corporate level, including strategic planning; programming; capacity development; hiring practices and human resource management; accessibility; and reasonable accommodation (UNDIS, Art. 28). This framework consists of 15 performance indicators, to assist entities assess their own DI.
- *UNCT Accountability Scorecard* – with a focus on delivery at the country level and on joint programmes and processes. The UNCT Accountability Scorecard, developed later than the UNDIS itself, consists of the 4 core areas and 14 performance indicators.

As stated in Art. 33, both Accountability Frameworks use the gradated aspirational five-point rating system:

- Exceeds requirements
- Meets requirements
- Approaches requirements
- Missing
- Not applicable

Below is the UNCT Accountability Scorecard in its entirety, starting with the summary for the 14 Indicators

Tabel 3. UN Country Team Accountability Scorecard on Disability Inclusion – Core Areas

LEADERSHIP, STRATEGIC PLANNING AND MANAGEMENT	INCLUSIVENESS	PROGRAMMING	ORGANIZATIONAL CULTURE
1. Leadership	5. Consultation with Organizations of Persons with Disabilities	8. Joint Programmes	12. Employment
2. Strategic Planning	6. Accessibility of UN Premises and Accommodation	9. Data	13. Capacity Development for UN Staff
3. Cooperation Framework	7. Inclusive Procurement of Goods and Services	10. Monitoring and Evaluation	14. Communication
4. UNCT Setup and Coordination		11. Humanitarian	

Source: UNSDG (2019). UN Country Team Accountability Scorecard on Disability Inclusion.

Table 4. UN Accountability Scorecard Core Area 1: Leadership, Strategic Planning & Management

Core Area	Indicator	UNCT Performance			Indonesia UNSDCF
		Approaching Requirements	Meets Requirement	Exceed Requirement	
Leadership, Strategic Planning and Management	1. UNCT leadership champions disability inclusion	1.a.i. The UNCT leadership champions DI internally and publicly	1.a.i 1.b. ii. DI is a recurring or standing item in the regular UNCT Heads of Agency Meetings	1.a.i & 1.b.ii 1.c.iii. DI in both programming and operations is reflected in the RC/UNCT work plan and performance appraisal system	
	2. The Common Country Analysis (CCAJ is Disability inclusive	2.a.i. The CCA Includes. analysis of the situation of PwDs.	2.a.i. 2.b.ii. The CCA includes analysis of the situation of PwDs in at least one of its thematic areas:	2.a.i.; 2.b.ii. 2.c.iii. Any periodic update of the CCA includes data and analysis of the situation of PwDs.	
	.3. Disability Inclusion is mainstreamed in Cooperation Framework outcomes/results areas	3.a.i. The UNCT explicitly commits: to the rights of PwDs in the Cooperation Framework	3.a.i. 3.b. ii. DI is visibly mainstreamed in at least one of the Cooperation Framework. outcome areas and its joint workplans 3.b.iii. Cooperation Framework: outcome indicators are disaggregated by disability, sex, and age to the extent possible	3.a.i. 3.b. ii. & 3.b.iii. 3.c iv. At least one Cooperation Framework Outcome specifically targets PwDs.	
	4.	4.a.i. A DI mechanism is	4.a.i.	4.a.i.	

Core Area	Indicator	UNCT Performance			Indonesia UNSDCF
		Approaching Requirements	Meets Requirement	Exceed Requirement	
	Disability Inclusion is promoted through the UNCT coordination mechanisms	established within the wider UNCT coordination mechanism	4.b. ii. The DI mechanism has made substantive input into the CCA, Cooperation Framework and joint work-plans or evaluations according to the Cooperation Framework cycle, in consultation with OPDs	4.b.ii. 4.c.iii Organizations of person with disabilities (OPDs) are part of an existing UN coordination mechanism (such as Joint National/UN Steering Committee)	
Inclusiveness	5. UNCT consults OPDs	5.a.i. The UNCT convenes at least an annual consultation with OPDs on UNDIS implementation	5.a.i. 5.b.ii. OPDs participate in key consultations throughout the Cooperation Framework cycle, including on the CCA, Cooperation Framework and evaluations 5.b.iii. OPDs are consulted in the emergency risk and needs assessments, preparedness and response planning processes	5.a.i. 5.b.ii & 5.b.iii. 5.c.iv. UNCT has a partnership with OPDs	
	6. UN Premises and services are	6.a.i. The UNCT conducts a baseline assessment of the accessibility of its common premises and services (ICT,	6.a.i. & 6.a.ii. 6.b.iii. An accessibility plan for common premises	6.a.i & 6.a.ii. 6.b.iii.	

Core Area	Indicator	UNCT Performance			Indonesia UNSDCF
		Approaching Requirements	Meets Requirement	Exceed Requirement	
	accessible to all UN staff and Constituents with disabilities	communication, transportation, emergency procedures) 6.a.ii. The UNCT keeps record of reasonable accommodation requests	and services is adopted within the Cooperation Framework cycle	6.c.iv. The accessibility plan for common premises and services is implemented and monitored	
	7 Inclusive Procurement of Good and Services	7.a.i. UNCT procurement guidelines and practices consider accessibility in the procurement of external venues, goods and services	7.a.i. 7.b.ii. Accessibility is included as a criteria in the periodic review of UN authorized external venues, including accommodations	7.a.i 7.b.ii 7.c.iii. The UNCT Operations Management Team establishes and meets a target for accessibility as a mandatory criteria in the procurement of venues, goods and services	
Programming	8 Joint Programmes	8.a.i. Disability inclusion is mainstreamed in a majority of new joint programmes/projects	8.a.i 8.b.ii. Practical measures on disability inclusion are integrated into some existing joint programmes/ projects and	8.a.i 8.b.ii & 8.b.iii 8.c.iv. Monitoring and reporting of disability-inclusive joint programmes/projects include results and/or	

| Core Area	Indicator	UNCT Performance			Indonesia UNSDCF
		Approaching Requirements	Meets Requirement	Exceed Requirement	
			8.b.iii. The UNCT implements a joint programme on disability inclusion within the current Cooperation Framework cycle	impact for persons with disabilities	
	9 Strengthening Data on PwDs	9.a.i. The UNCT maps available data and data gaps on persons with disabilities in national statistical sources	9.a.i. 9.b.ii. The UNCT works with at least one Government partner on data on persons with disabilities	9.a.i 9.b.ii 9.c.iii. A majority of capacity building initiatives for national statistical offices take into account disability	
	10 Monitoring and Evaluation	10.a.i. The Cooperation Framework annual report assesses progress against specific disability-inclusion results	10.a.i 10.b.ii. The M&E group or equivalent receives technical training on data/indicators to measure disability inclusion at least once in the Cooperation Framework cycle	10.a.i 10.b.ii 10.c.iii. The Cooperation Framework evaluation and management response address progress related to disability inclusion	
	11. Humanitarian; Disability Inclusion Is Mainstreamed In Planning For	11.a.i. The Humanitarian Country Team (HCT)/UNCT assess how persons with disabilities have been included in	11.a.i 11.b.ii. The emergency preparedness and response plan or Humanitarian	11.a.i 11.b.ii	

Core Area	Indicator	UNCT Performance			Indonesia UNSDCF
		Approaching Requirements	Meets Requirement	Exceed Requirement	
	Humanitarian Emergencies	humanitarian needs assessments, preparedness and response plans	Response Plan (HRP) spells out how the response will address the specific risks faced by persons with disabilities and disaggregate data by disability to the extent possible	11.c.iii. Persons with disabilities and their representative organizations participate in humanitarian coordination mechanisms	
Organisation Culture	12. Employment	12.a.i. The UNCT adopts a non-discrimination employment statement which explicitly refers to persons with disabilities	12.a.i 12.b.ii. The UNCT stipulates that UN vacancy announcements explicitly encourage persons with disabilities to apply 12.b.iii. The UNCT undertakes targeted measures to ensure vacancy announcements reach persons with disabilities	12.a.i 12.b.ii 12.c.iii. The UNCT undertakes targeted measures to ensure vacancy announcements reach persons with disabilities 12.c.iv. The UNCT carries out a review of the disability status of UN employees and consultants at least once in the Cooperation Framework cycle	

Core Area	Indicator	UNCT Performance			Indonesia UNSDCF
		Approaching Requirements	Meets Requirement	Exceed Requirement	
	13 Capacity Development for UN Staff	13.a.i. Training and learning resources on disability inclusion are available to UNCT staff (self-learning online, or workshop)	13.a.i 13.b.ii. One inter-agency training on disability inclusion is conducted annually in collaboration with OPDs	13.a.i 13.b.ii 13.c.iii. A majority of UNCT staff, including a majority of senior staff, participates in training on disability inclusion within the Cooperation Framework cycle	
	14. Communication	14.a.i Mainstream UN communications reflect persons with disabilities	14.a.i 14.b.ii. The inter-agency Communication Group's annual workplan or equivalent integrates human rights of persons with disabilities into UNCT advocacy and communications	14.a.i 14.b.ii 14.c.iii. communications campaign on disability inclusion is undertaken at least once in the Cooperation Framework cycle	

Source: UNSDG (2019). UN Country Team Accountability Scorecard on Disability Inclusion

Progress in ASDI Implementation

- The ASDI has been implemented since 2020 with the following results (Figure)
- In 2020, 4 out of 14 indicators showed the UNCT either meeting or exceeding requirement
- In 2021, 7 of the 14 indicated positive results (meeting/exceeded requirements)

Figure 3. Progress in Disability Scorecard

The Disability Scorecard
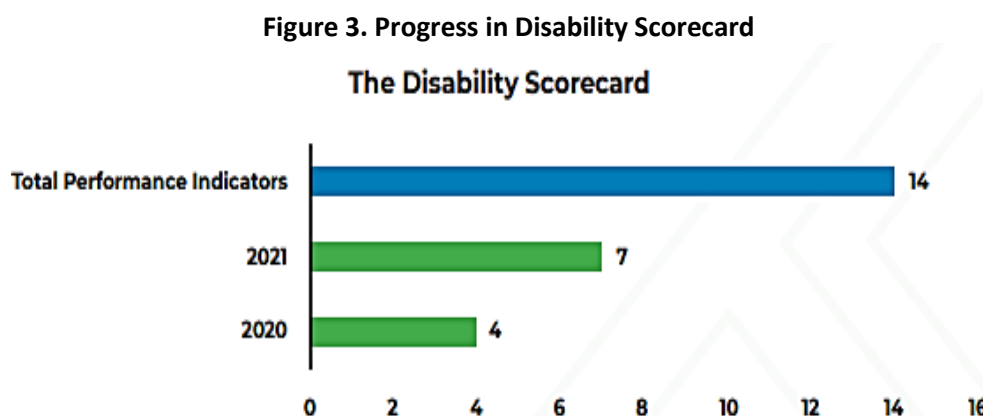
Source: UNCT Indonesia (2022). Country Results Report 2021

- The UNCT exceeded the disability inclusion requirements on communications
    - UN Communications Group (UNCG) advanced DI through:
        - Dissemination of the global UN Disability Inclusive Communications Guidelines among all UNCT communication officers.
        - Engaged in joint outreach activities such as UN media briefing on recovering better, which incorporated disability inclusion guidelines
        - UNCG foregrounded people with disabilities in communication campaigns, (Show Your Sign in December 2021)

METHODOLOGY: INTERACTIVE, PARTICIPATORY

RESOURCES/ OTHER SOURCES OF INFORMATION:

I. UNSDG (2019). UNCT Accountability Scorecard on Disability Inclusion
II. UN Indonesia (2021). United Nations Sustainable Development Cooperation Framework: 2021 -2025
III. UNCT Indonesia (2022). Country Results Report 2021.

NOTE TO FACILITATOR:

- Use the column on Indonesia (UNSDCF) for interactive purposes

Module 3: Understanding UNDIS Framework to translate disability inclusion at the policy level, programmatic, and operational levels to program ToC

OBJECTIVES:

- Apply the UNDIS Framework, particularly the UNCT Accountability Scorecard on Disability Inclusion to determine appropriate policy, programming and various operations within your respective agencies
- Engage with local contextual dynamics as demonstrated in the United Nations Sustainable Development Cooperation Framework (UNSDCF): Indonesia (2021 -2025)

TIME: 45 MINUTES

CONTENT:
**An 'assessment of risks and possibilities' within UNDIS (*Discussion)*

- The concept of disability posited within UNDIS and the system-wide policy commitment for disability inclusion has been described as a paradigm shift. In which way does this apply to your own specific organization/portfolio?
- Is the UNCT Accountability Scorecard on Disability Inclusion sufficient in meeting the ambitions of CRPD and UNDIS?
    - o Reflections on the performance indicators and the rating system, especially as it applies to your specific M&E system

United Nations Sustainable Development Cooperation Framework Indonesia 2021-2025

The UNSDCF is a contract between a country and the UNCT. In Indonesia, the current cycle runs between 2021 and 2025, and is jointly managed by the Ministry of Development Planning (BAPPENAS) and the United Nations Resident Coordinator for the Republic of Indonesia (UNRCO). The UNSDCF is structured in a implementation-ready format, starting with conceptualizing the country's strategic advantages, achievements and compelling challenges, and then suggesting possible interventions to achieve specific outcomes – aligned to both the national development priorities and the 2030 Agenda.

Essentially the UNSDCF consists of a substantive theory of change (ToC)

Country Context: *Opportunities, Progress and Challenges*
The UNSDCF starts off with an appraisal of Indonesia's opportunities, challenges and progress to date.

With a youthful population of over 266 million, Indonesia is the 4th most populous country. While its geographical location (17000 islands) has exposed many of its citizens to natural catastrophes, the government has been prioritizing risk management and early warning systems. Some of the challenges noted include:

- High levels of inequality
- High greenhouse gas emissions due to rapid uncontrolled urban sprawl
- Poor land use
- Gender inequality
- Natural disasters and climate change
- Trends towards identity politics, religious extremism/terrorism

- Disproportionate effects of COVID-19

However, for 15 years now, various government interventions have made progress and addressed some of these challenges. For example:

- Extreme Poverty (USD$1.90/day) has been reduced from 27.5% to 4.6%
- Child health has improved
- 83.6% of the population participate in the national healthcare insurance (JKN)
- Primary health care and education have both improved
- Marine protection, disaster reduction strategies have significantly improved.

Most of the changes are accredited to the unprecedented commitment of the national government's commitment to the 2030 Agenda. Of particular significance in this regard has been the National Ideology (Pancasila) and vision (unity in diversity) of President Joko Widodo. The National Development and Medium-Term Plans (RPJMN) have all been aligned to SDGs and what Widodo calls "Pancasila" – "the five principles": equality; human development; inclusive economic development; quality job creation, and; public sector reform.

These challenges and efforts have been consolidated into various priority areas aimed at extended protection of women and the girl child, access to safe WASH services, Health, education and skills development, leverage progress towards economic transformation and Industry 4.0, and reduction of discrimination, intolerance and violence, preferential option for the poor and marginalized (LNOB).

The joint BAPPENAS/ UNR workgroups endeavor to accomplish these objectives through:

- Internal commitment, across all levels of government
- Leveraging on demographic dividends
- Strategic partnerships (local, regional and international)
- Taking full advantage of the Fourth Industrial Revolution (Industry 4.0)

The vision encased in the UNSDCF was summarized in the Four Outcome Areas:
Human Development; Economic Transformation; Natural Resources Management, and; SDG Integration.

These are captured in the framework below:

Table 5. UNSDCF Strategic Priority Outcomes

SDG Pillars	UNSDCF Strategic Priority	UNSDCF Outcome	Implementation Strategy	UNDIS Alignment
People	Inclusive Human Development	"People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfill their human development potential as members of a pluralistic, tolerant, inclusive and just society, free of gender and all other forms of discrimination".	• Deliberate prioritization of the vulnerable and the young • Inclusiveness & participation • Partnerships (government, CSOs, Academic, Private, UN, international, regional (South-South, Triangular; CEDAW etc	
Prosperity	Economic Transformation	"Institutions and people contribute more effectively to advance a higher value-added and inclusive economic transformation"	• Enabling institutional framework for inclusive growth • Harness technology and captive skills • SME's and • Partnerships	

Planet	Green Development, Climate Change & Natural Disasters	"Institutions, communities and people actively apply and implement low carbon development, sustainable natural resources management, and disaster resilience approaches that are all gender sensitive".	• Population left further behind able to engage on local plans
			• Involve women, old people, youth, and persons with disability from project areas
			• 3-pronged approach:
			  o Full engagement of beneficiaries and local stakeholders
			  o Empower and capacitate beneficiaries
			  o Provide space for accountability
			• Partnerships[5] – national, regional, global	

All Pillars	Innovation to accelerate progress towards the SDGs	"Stakeholders adopt innovative and integrated development solutions to accelerate advancement towards the SDGs"	• Leverage on current capacities • Knowledge sharing • Partnerships – UN agencies, government (all spheres), private, academia • E-commerce, social media, national statistics agency	

Source: UN Indonesia (2021). United Nations Sustainable Development Cooperation Framework (UNSDCF)

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[5] Paris Agreement of Climate Change; Sendai Framework on Disaster Risk Reduction; ASEAN Agreement on Disaster Management and Emergency Response (AADMER); UN Convention on Biodiversity (CBD)

Module 4: Mainstreaming M&E system with UNSDCF 2021-2025 implementation)

OBJECTIVES:

- How to incorporate disability inclusion within the M&E processes
- How is this disability inclusive M&E reflected in the UNSDCF 2021-2025

TIME: 45 MINUTES

CONTENT:

Introduction

Monitoring and Evaluation is the 10th Indicator in the UNCT Accountability Scorecard on Disability Inclusion (UNDIS), under Programming. The importance of monitoring and evaluation, as extant routes to data collection, analysis, dissemination, use, organizational learning and accountability, can never be overemphasised. The following figure captures the 10th Indicator of the UNCT Accountability Scorecard. To be exceedingly disability-inclusive, country teams are required to ensure that:

- The Cooperation Framework annual report assess progress against specific disability-inclusion results
- That the M&E group/equivalent receives DI training at least once during the Cooperation Framework Cycle (5 years)
- The Cooperation Framework results address progress related to DI.

Table 6. UN Accountability Scorecard Indicator 10: Monitoring and Evaluation

APPROACHES REQUIREMENTS	MEETS REQUIREMENTS	EXCEEDS REQUIREMENTS
10.a.i. The Cooperation Framework annual report assesses progress against specific disability-inclusion results	**10.b.i.** The Cooperation Framework annual report assesses progress against specific disability-inclusion results and **10.b.ii** The M&E group or equivalent receives technical training on data/indicators to measure disability inclusion at least once in the Cooperation Framework cycle	**10.c.i.** The Cooperation Framework annual report assesses progress against specific disability-inclusion results and **10.c.ii.** The M&E group or equivalent receives technical training on data/indicators to measure disability inclusion at least once in the Cooperation Framework cycle and **10.c.iii.** The Cooperation Framework evaluation and management response address progress related to disability inclusion

Source: UNSDG (2019: 15).   UN Country Team Accountability Scorecard on Disability Inclusion

Disability Inclusion in Monitoring and Evaluation

The appropriateness of M&E to development work has been emphasised almost immediately after the institution of the concept of developmentalism and development cooperation. As such, various organs, institutions, and international development cooperation bodies (UN, OECD) have expended time and effort designing guidelines on the concept and operations of M&E systems for various purposes.

For the purposes of this Module, our reference point is the work of the United Nations Population Fund (UNFPA) - without necessarily discarding other invaluable work from other UN agencies and expert bodies. The UNFPA has been proffering various Evaluation Guidelines and Handbooks, for various evaluative purposes, since 2012. Their generic *How to design and conduct country programme evaluations* (2019)*, together with the specific *Guidance on disability inclusion in UNFPA evaluation* (2020), will be of instructional importance.

Among other conceptualisation frameworks, the UNFPA conceptualizes Monitoring and Evaluations into Five Phases:

Table 7. Five Phases of Monitoring & Evaluation from Evaluation Handbook UNFPA

Phase	Description
Preparatory	Covers definitions of the terms of reference (ToR) for the evaluation, the selection of the evaluation team, the establishment of the CPE reference group, the preparation of all pertinent documentation, the list of UNFPA interventions, and the stakeholders map. It walks the reader through all of the initial steps and instances required to lay the groundwork for the evaluation design.
Design	Contextual analysis; understanding of programmatic and financial frameworks; the selection of evaluation criteria, questions and relevant stakeholders; and the identification of tools for data collection and processing; a deeper look at the different sources of information that can be used – interviews, desk reviews, focus groups and others; and necessary human and financial resources (including the division of labour)
Field Phase	Actual context or programmatic interventions to be assessed; includes the deployment of the evaluation team, data collection (via interviews and other mechanisms), site visits and preliminary analyses.
Reporting	Involves the analysis of all data and observations gathered throughout the evaluative exercise, transforming key insights into findings, conclusions and actionable recommendations. This body of knowledge is then consolidated into briefings and reports to be shared with key internal and external stakeholders.
Facilitation of use and dissemination	Focuses on the release of evaluation reports, but also encourages a more strategic approach to communicating evaluation knowledge for learning, Pre Decision-making and accountability.

Source: https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_Evaluation_Handbook_FINAl_spread.pdf

Table 8. M&E Phases in Disability Inclusion Assessment

Phase of Evaluation	Elements to address	Explanation	Other considerations
Pre-Evaluation phase	The terms of reference (ToR) of evaluations pay adequate attention to disability inclusion Evaluation teams have knowledge and/or experience of disability inclusion, where relevant	Disability inclusion should be considered in the ToR of each evaluation. This enables the requirements to flow from the ToR, to design, to the field and analysis to the reporting	The evaluation scoping exercise is an opportunity to assess how an evaluation can best cover disability inclusion
		Consider carefully all of the expertise that may be required to conduct the evaluation based on the nature and focus of the programme a) For programmes with or without targeted interventions on disability inclusion, the evaluation team should collectively demonstrate knowledge and experience on disability inclusion. It is also advisable to include at least one organization(s) representing persons with disability as part of the evaluation reference group b) For programmes with a specific focus on disability inclusion, such as the UNFPA We Decide: Empowering persons with disabilities, it is required to have at least one evaluation team member and one or more reference group member(s) with experience and expertise in disability inclusion	Such knowledge will assist the evaluation team to frame appropriate questions on disability inclusion and prepare sound analysis and findings
Design Phase	Evaluation questions cover different aspects of disability inclusion	Aspects of disability inclusion should be considered as cross cutting across the relevant evaluation criteria and valuation questions, as appropriate. This helps to highlight both the extent and the quality of disability inclusion	Evaluators should check whether, inter alia, human rights, equity and gender equality, and disability analyses (Considering their heterogeneity an intersectionality) were conducted to inform the design and implementation of UNFPA support:

			I. Were persons with disabilities consulted and meaningfully involved in programme planning and implementation?
			II. To what extent UNFPA supported programme/s were appropriate and contributed to positive changes in the lives of vulnerable and marginalized populations (e.g., women, adolescents and youth, those with disabilities, indigenous communities, sexual diversities), particularly those within groups that are furthest behind?
			III. What barriers did persons with disabilities face in accessing SRHR, and GBV information and services?
			IV. Was a twin-track approach adopted?
	Evaluation stakeholder mapping and data collection methods involve persons with disabilities and their representative organizations	Persons with disabilities and organizations of persons with disabilities (OPDs) can enrich an evaluation by providing first-hand information on their situation and experience	I. Structures and processes are created to foster meaningful stakeholder involvement particularly the most marginalized persons, including persons with disabilities
			II. Stakeholder involvement explicitly refer to the representatives of organizations of persons with disabilities and principles for their effective participation

	The methodology involves using participatory techniques that are clearly described	Specify that the evaluation will integrate disability inclusion as a cross-cutting concern throughout its methodology	A mixed approach to include the perspectives and voices of marginalized/vulnerable groups

| **Field phase** | Data collection and subsequent analysis explicitly address disability | Evaluations should collect information and evidence on inclusion of persons with disabilities; disaggregate data by disability whenever possible; and identify the impact of programmes on persons with disabilities | Intersectionality: Examine how disability interacts with other social identity markers such as age, socio economic status, ethnic, caste, sexual orientation, rural/urban location, marital status, etc |

| **Reporting phase** | Evaluation findings should provide an adequate analysis of disability inclusion issues, based on substantiating evidence | The subject being evaluated paid attention to effects on groups subject to discriminations and hard-to-reach groups, (e.g., women, adolescents and youth, those with disabilities, indigenous communities, sexual diversities), particularly those within groups that are furthest behind.

Findings should also include analysis of evidence that explicitly and transparently triangulates the voices of different social role groups, and/or disaggregates quantitative data | Assess whether the concerns and experience of persons with disabilities are treated as an integral dimension of the design, implementation and monitoring of UNFPA initiatives:

I. Whether sexual and reproductive health and SGBV services are accessible to and reaching those at risk of being left out, including adolescents, youth, girls and women with disabilities
II. Whether UNFPA-supported programmes bring about the desired changes in the lives of adolescents, youth, women and girls with disabilities and their rights and agency are fully realized
III. Whether programmes are driving sustainable and transformative change among vulnerable population (e.g., women, adolescents and youth, those with disabilities, indigenous |

			communities, sexual diversities), particularly those within groups that are furthest behind
	Issues of disability inclusion should be reflected in conclusions and recommendations, as appropriate	The extent to which disability inclusion should be reflected in the conclusions and/or recommendations of an evaluation should be based on the importance given to this issue in the findings section	Determination of whether to include disability inclusion in the conclusions and/or recommendations should logically stem from the analysis in the finding section

Facilitation of use and Dissemination	Accessibility of reports	Reports with a particular and specific relevance to persons with disability need to be produced in accessible language and formats (digital format, large print or Braille)	The management response should address all recommendations, including those on disability inclusion

Source: UNFPA (2020). Guidance on Disability Inclusion in UNFPA Evaluations

Monitoring and Evaluation of Disability Inclusion

- The previous section focused on M&E for Disability Inclusion – M&E activities within the context of DI
- However, in order to successfully achieve sustainable inclusion of persons with disabilities in various aspects of development, all activities (programmes and policies) aimed at DI must be consistently assessed
- For example, the extent to which UNDIS (Policy and Accountability) has been implemented in Indonesia needs to be assessed – Is it being assessed?
- In 2015, the UN CRPD Secretariat discussed ways of improving M&E on Disability Inclusion, and identified several challenges and opportunities

Table 9. Challenges and Opportunities for M&E of Disability Inclusion

|	Challenge	More considerations	Opportunity
1.	Insufficient international guidelines for disability data collection and insufficient internationally comparable disability data	Guidelines on disability surveys now available from: ● Washington Group on Disability Statistics (WG-6) ● UNICEF (child disability survey), and; ● WHO Model Disability Survey	Use existing international recommendations/guidelines in data collection Involve persons with disabilities in all stages of data collection, analysis, dissemination and use
2.	Lack of Intra-national data comparability	Different national stakeholders collect uncoordinated data on disability, leading to incomparable datasets	Coordinate data collection and management of disability aspects Produce a map of existing disability data collection systems within the country
3.	Lack of accessibility standards, measures and assessments	Internationally comparable statistical measures for accessibility for physical and virtual environments yet to be developed Accessibility assessments seldom conducted	Conduct accessibility assessments regularly
4.	Data does not reach policy makers	"not-enough-data" usually sited as excuse for non-inclusive programming	Support government end-users and organizations of persons with disabilities to work in data collection, interpretation, decision making and programming Develop user-friendly tool for non-specialists on M&E for disability policy
5.	Lack of indicator framework to monitor disability inclusion	The adoption of the UNDIS has obviously closed this gap through its accountability frameworks (Entity/Scorecard)	Develop disability inclusion indicator framework to address national policy needs and in consultation with persons with disabilities and their organizations
6.	Perception that disability data collection is too costly	Over 125 countries have been using the Washing Group's 6-question survey, successfully. This has increased possibility for cross-country and regional comparison	Consider using the Washington Group's 4-Question/ 6-Questions survey
7.	Lack of international repository of disability data for M&E		Follow UN recommendations as much as possible (e.g. WG-6) Use consistent data collection methods

8.	Lack of impact evaluation studies	Only a few impact studies on disability inclusion exist (on education & labour market accessibility)	Conduct methodologically sound impact evaluation studies on disability inclusion interventions (eg UNDIS)
9.	Persons with disabilities not sufficiently involved in M&E of Disability Inclusion	Embrace the twin-track approach	Involve persons with disabilities in M&E activities, including selection of indicators, data collection, dissemination and analysis Establish participatory mechanisms for Disability Inclusion in all M&E phases

Source: CRPD (2015). "Ways forward to improve monitoring and evaluation of disability inclusion": Technical note by the Secretariat

A Possible M&E Model of Disability Inclusion

- Multilevel coordination (local, national, international) is required
- All M&E activities must be guided by national priorities (UNSDCF), and needs on disability inclusion (UNDIS, CRPD), and 2030 Agenda
- Use these frameworks to develop UNCT level indicators on Disability Inclusion
- Proper monitoring of Disability Inclusion will require mainstreaming disability in existing data collection practices

Figure 4. A possible Model for M&E of Disability Inclusion
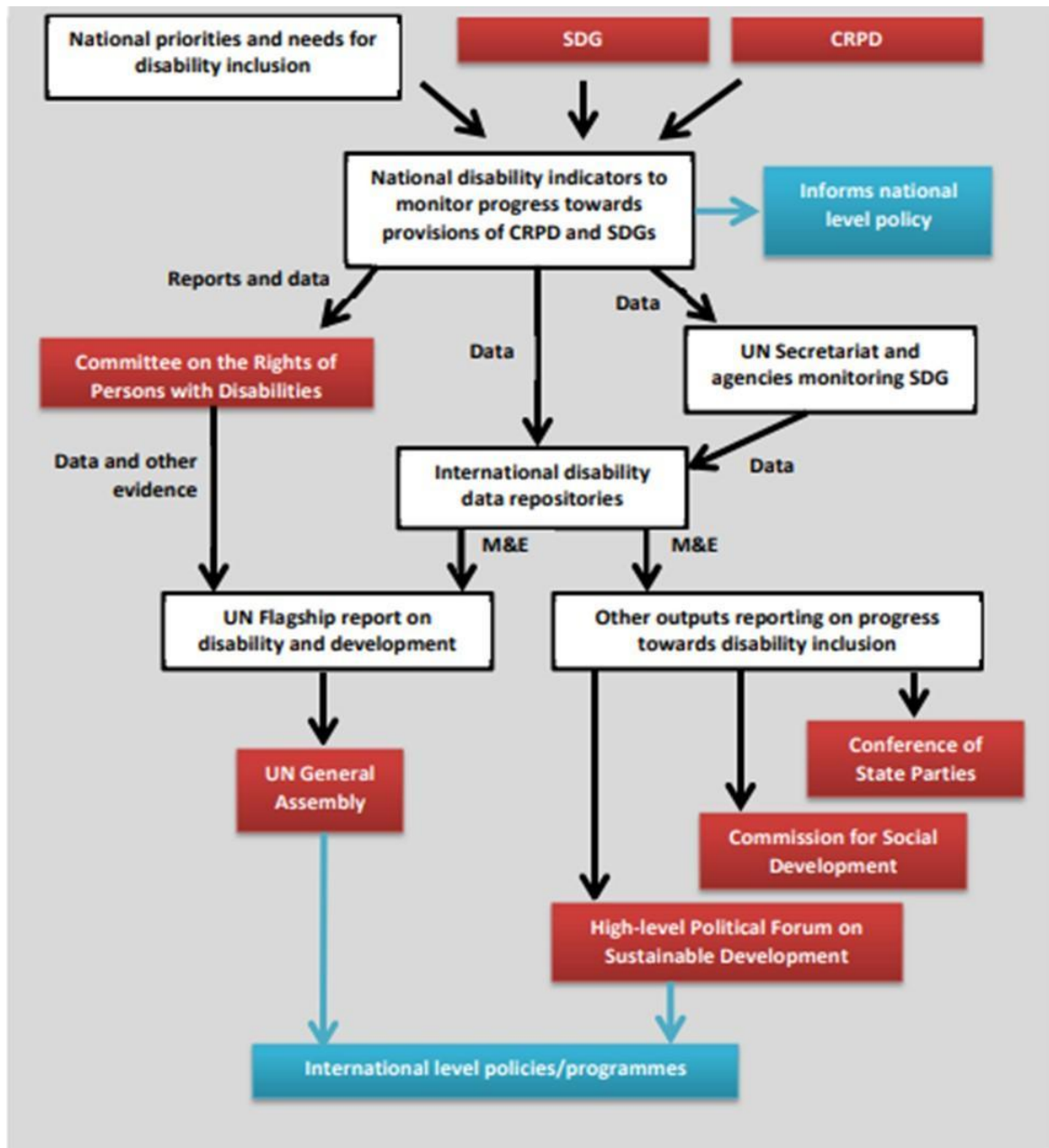
Source: CRPD (2015). "Ways forward to improve monitoring and evaluation of disability inclusion": Technical note by the Secretariat

Figure 5. Mainstreaming Disability Inclusion in the UN Sustainable Development Cooperation Framework 2021-2025 Results Framework

- How far is Disability Inclusion mainstreamed into the UNSDCF 2021-2025 Results Framework on the following Strategic Priority Areas?

Inclusive Human Development
OUTCOME
People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralisvtic, tolerant, inclusive and just society, free of gender and all other forms of discrimination

National Priorities (RPJMN)
Priority 1 : Economic Resilience
Priority 2 : Human Resources Development
Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation

01.

Economic Transformation
OUTCOME
Institutions and people contribute more effectively to advance a higher value-added and inclusive economic transformation

National Priorities (RPJMN)
Priority 1 : Economic Resilience

02.

Green Development, Climate Change & Natural Disasters
OUTCOME
Institutions, communities and people actively apply and implement low carbon development, sustainable natural resources management, and disaster resilience approaches that are all gender sensitive

National Priorities (RPJMN)
Priority 7 Climate and Disaster Resilience

03.

Innovation to Accelerate Progress Towards the SDGs
OUTCOME
Stakeholders adopt innovative and integrated development solutions to accelerate advancement towards the SDGs

National Priorities (RPJMN)
Priority 1: Economic Resilience
Priority 2: Human Resources Development
Priority 6: Climate and Disaster Resilience
Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation

04.

Source: UNCT Indonesia (2022). Country Results Report, 2021

Module 5: Managing for results and data collection strategy

OBJECTIVES:

By the end of this module, participants will:
- Have discussed the importance of Data in the contemporary work of the UN
- Appreciated the important principles of a Human Rights-based Approach to Data (HRBAD) to Disability Inclusive field work and M&E
- Discussed the Application of HRBAD within quantitative and qualitative data collection processes
- Mainstreaming disability inclusion in quantitative and qualitative research methods

TIME: 90 MINUTES (Introduction to RBM, qualitative, and quantitative sub-modules)

Introduction

The importance of access and management of relevant data in contemporary contexts can never be over-emphazised. In fact, the 2030 Agenda is predicated upon the accurate capture of results data on all sustainable development goals and indicators, to ensure that no one is left behind, and the furthest behind and reach first. As such, States have made commitments to proffer the UN system with accurate data on their progress in reaching the coveted SDGs. Again, in the geopolitical space the value and potency of data and data analytics for economic transformation and innovation is undoubtedly the major driver for the Fourth Industrial Revolution (Industry 4.0). How much then is data, and its management cycle, vital to the implementation of human rights issues such as disability?

Indicator 9 of the UNCT Accountability Scorecard (UNDIS), under Programming, emphasise the strengthening of data on Persons with disabilities, through intra-country collaborations, and training of data collection and management stakeholders.

Table 10. UN Accountability Scorecard Indicator 9: Monitoring and Evaluation

APPROACHES REQUIREMENTS	MEETS REQUIREMENTS	EXCEEDS REQUIREMENTS
10.a.i. The Cooperation Framework annual report assesses progress against specific disability-inclusion results	**10.b.i.** The Cooperation Framework annual report assesses progress against specific disability-inclusion results and **10.b.ii** The M&E group or equivalent receives technical training on data/indicators to measure disability inclusion at least once in the Cooperation Framework cycle	**10.c.i.** The Cooperation Framework annual report assesses progress against specific disability-inclusion results and **10.c.ii.** The M&E group or equivalent receives technical training on data/indicators to measure disability inclusion at least once in the Cooperation Framework cycle and **10.c.iii.** The Cooperation Framework evaluation and management response address progress related to disability inclusion

Source: UNSDG (2019: 15). UN Country Team Accountability Scorecard on Disability Inclusion

This module details the human rights-based approach to data (HRBAD), foregrounding the context of disability inclusion.

Results Based Management

One of the major activity areas of the UN now is to measure the transformative results of the 2030 Agenda, and as the deadline approaches, that imperative has not been more urgent. According to the UNFPA (2019), this can effectively be achieved through a results-based management (RBM), which

> *is a management strategy by which all actors, contributing directly or indirectly to achieving a set of results, ensure that their processes, products and services contribute to the achievement of desired results (outputs, outcomes and higher-level goals or impact). The actors, in turn, use information and evidence regarding actual results to inform decision-making on the design, resourcing and delivery of programmes and activities. This information and evidence is also used for accountability and reporting.*

The results in question consist of the outputs of activities, outcomes and impact. In order to ensure that a transformative change has been achieved, it is essential to measure each result at different intervals. In fact, most UN activities have an in-built results-based monitoring and evaluation (RBME) system, in which they engage in a "continuous process of collecting and analyzing information to compare how well each result is being attained and why".

The Jellyfish Model of RBM

The UNFPA (2019) has developed the jellyfish model of RBM, also known as a 3+5 Framework for Self-Assessment. Accordingly, RBM uses results information to manage effectively. Effective management includes, planning, reporting, learning and adapting, as well as decision-making – all essential tasks to the work of UNCT.

As shown in the figure below, RBM consists of 3 core principles and 5 supporting principles.

Core Principle 1: Ensure that adequate and reliable results information is available when needed

- To use information for effective management, information must be available and accessible timeously
- As such this principle is guided by the following standards:
  - Have a strategy for measuring key results
  - Reliable results data must be collected regularly and stored securely
  - There are standardized procedures to analyse and store information
  - The stored results information is readily accessible when needed

Core Principle 2: Use Results Information to Inform planning and reporting

- To facilitate key components of management, planning and reporting, the following standards must be adhered to;
  - Results information is regularly used to influence strategic and operational plans (project design, implementation plan, work plan)
  - Results information is used periodically to report credibly on, and communicate information on, performance internally and externally, in particular on the contribution and progress

Core Principle 3: Practice learning and adaptive management, using results information

- Be deliberate of learning (scheduling learning events, meetings, workshops, sessions)
- Identify good practices for improving performance and RBM, and show how they are incorporated in programming
- Use results information on the current state of interventions to manage adaptively for continuous learning
- Use results information to inform resource allocation and programming

Figure 6. Jellyfish Model of Results-Based Management Principles
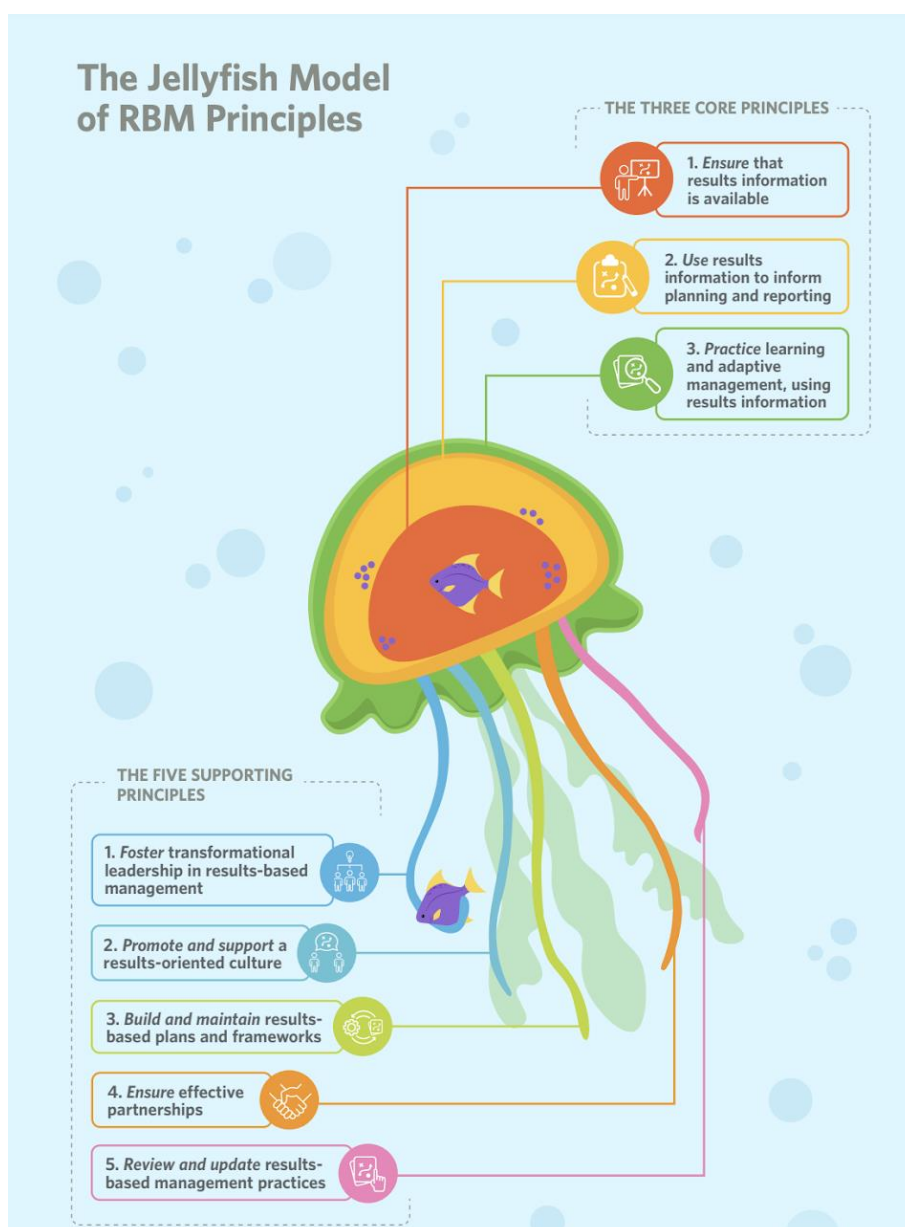
Source: *United Nations Population Fund (2019). Results-based Management Principles and Standards: The 3+5 Framework for Self-Assessment.*

Five supporting Principles

1. Foster transformational leadership in RBM (change in the presence of new evidence)
2. Promote and support a results-oriented culture
3. Build and maintain result-based strategic and operational plans and frameworks
4. Ensure Effective partnerships for impact
5. Review and update organizational RBM practices

The relevance of RBM within Disability Inclusion (DI) is captured in the principle of reasonable accommodation, in which the organizational culture, leadership, programming and accountability structure must be adaptive to the realities of DI. However, the fundamental principle of RBM is the availability of credible results data. For how credible data is collected and managed, we will use the OHCHR (2019) Human Rights-Based Approach to Data (HRBAD) – which aims to ensure appropriate and effective data collection and management within the context of 2030 Agenda.

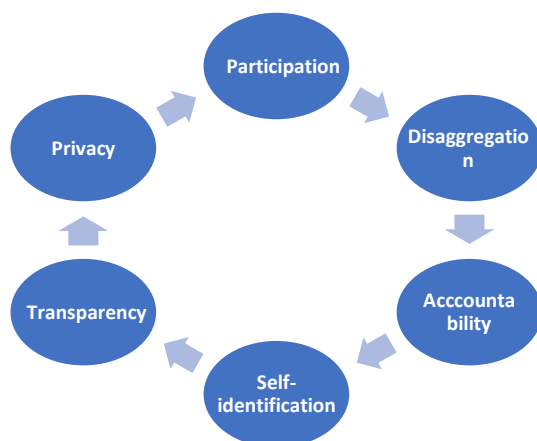**A Human Rights-Based Approach to Data**

According to current estimates by UNFPA, people with disabilities (Persons with disabilities) constitute 15% of the global population. It is inevitable then that all data collection and management will interfere with their normal routines of life. It is also certain that any decision made based on official data and statistics will certainly affect them. When reflecting disability inclusion, especially within the context of UN activities, it is imperative then to consider how data collection and management affect Persons with disabilities, and how DI can be realized within the data dynamics of UN work.

According to Article 31 of the Coon the Rights of Persons with Disabilities (CRPD, 2006):
Data collection must ensure the collection of appropriate and accurate data to inform policy and programming. It has to (a) ensure confidentiality and respect, (b) observance of ethical principles regarding research on humans, and; (c) ensure accessibility of data and information to Persons with disabilities.

The OHCHR (2019) contends that, despite claims to the contrary, the generation and dissemination of data is not a value-neutral exercise. In fact, a lot has been written about the politics of data and numbers – as various stakeholders manipulate data processes to suit their own narratives, in most cases at the expense of the marginalized and vulnerable. As such, handling of data must be done within the norms and principles of human rights.

Principles of HRBAD

The six (6) distinct but intersecting principles cross-cut the whole process of data management, from planning, through collection, analysis, and dissemination.

Source: Adapted from UNOHCHR (2018). *A Human Rights-Based Approach to Data*

1. *Participation*

- A participatory approach is inherent to any human rights-based system, in which the effective inclusion of various population groups, with their voice, is essential to a credible and inclusive process
- Participation must be substantive and consistent throughout the data management cycle) planning, data collection, analysis, and dissemination)
- It is therefore important to consider a range of processes that facilitates and encourage participation by various population groups – adopt the principles of reasonable accommodation, inclusiveness and accessibility (CRPD, Art.9) to encourage participation Persons with disabilities
- This should be done through clear communication through various means, modes and formats
- The views of the marginalized must be encouraged, captured and incorporated in planning and programming – to avoid the trap of "hollow" participatory process.
- An intersectionality and twin track approaches must be used in the participatory activities, in order to identify inclusive participatory stakeholders, and ensure that data collection and management processes accurately identifies and addresses their concerns.
- As such, decisions and means of participation must be transparent and accessible, respectively.

2. *Data Disaggregation*

- Disaggregation is key to inclusive processes – it first allows that various stakeholders and their data needs are identified and incorporated within the participatory platforms, secondly it ensures that data is more than just national averages, but capture various aspects of various stakeholders in a way that accentuates underlying differences and inequalities
- Disaggregation bears witness to the reality of intersectionality, in which individuals and population groups have various intersecting identities, and suffer multiple discriminations
  – as such, capturing data along various categories and variables (sex, gender, ethnicity, sexually orientation, disability, place of residence, SES), may shed more light to the circumstance of each individual or group
- Disaggregation therefore requires more intensive data collection strategy – in which collaborations with local experts and CSOs become pertinent

- Lastly, disaggregation rests on the availability and accessibility of an effective data management system, in which data on various variables and categories of people will be stored, analyzed and reproduced.

3. Self-Identification

- The population of interest should be self-identifying. While using established, deductive, categories is essential for generalization and comparison, a HRBAD promotes the right for population groups and participants to identify themselves, and those forms of identifications be recorded and acknowledged. It is in line with the principle of non- discrimination that cross-cut every human rights approach, including the CRPD.
- This is also in line with intersectionality, in which participants are allowed free responses to embrace their multiple identities.

4. Transparency

- Data collection should provide clear, open, and accessible information about data collection processes and methodologies – In line with the ethical principles of self- determination, all participants for research and data collection must offer their informed consent, after a thorough information session with researchers
- Transparency also means that the metadata (description of the data) and paradata (methods of data collection) must be available and accessible
- Data must be disseminated early after collection in accessible formats
- The transparency of data management must be coupled with accessibility principles from Art. 9 CRPD, that looks at the appropriateness of the environments, facilities, information format, skills and enabling technologies.

5. Privacy

- Another vital principle of the ethics of research on humans, in which as much as every participant willingly gives consent for participation, but does not forfeit their rights to privacy.
- This means that private lives, aspects and other details of participants must be kept out of publications and accessible versions of data, as much as it is reasonably possible. Should there be a need for any form of disclosures of personal details, prior consent has to be obtained from the owners of the data.
- Most countries have adopted various statutes for protection of information, given the emergency of various media platforms in which personal information can be compromised. CRPD emphasizes this in Art. 22, in which it militates against arbitrary interference in Persons with disabilities' persons and reputations.

6. Accountability

- According to OHCHR (2019), accountability in data management is two-pronged: data collection for accountability, and accountability as data collection.
- The first sense entails the collection and dissemination of information that uncovers human rights issues and their violations. Once accessible to relevant stakeholders, it becomes a great accountability tool, in which aggrieved parties can show evidence and demand redress. At the same time, accurate data can show progress (or lack of) in achieving pre-agreed/promised results, in which case responsible parties are held to account for their (non)action.
- The second sense is an ethical principle of beneficence and non-maleficence – which ensures that data collectors are countable to any action related to their data collection and publication. By publishing various information, data collectors enhance its visibility and accessibility – (same applies with analyzing national statistics). As such, the effects of that visibility lies on the research, hence accountability is necessary.

Within the context of DI, data management must be within this HRBAD, in which principles of disaggregation (an intersectionality) enables data collectors and managers to identify various population groups, and various intersecting factors that may facilitate or impede the inclusion of Persons with disabilities within the development processes. The twin track approach to data management will also ensure that the planning, design, implementation and use of various data aspects incorporate Persons with disabilities (and their genuine concerns), as well as address their concerns.

Collection and Analysis of Quantitative Disability Data

Monitoring the extent to which UN programs are inclusive of persons with disabilities takes many forms that fall into both process and outcome. In terms of process indicators it is important to monitor whether UN agencies are employing persons with disabilities and consulting with organizations of persons with disabilities when developing and implementing programs. Outcome indicators track whether UN programs themselves are reaching persons with disabilities and delivering services that benefit this population.

Measuring the extent to which persons with disabilities are included in UN programs is done within the context through which agencies are required to report on indicators that measure their program accomplishments. These outcome indicators are used to document accomplishments addressing the extent to which UN programs are serving targeted populations, some examples of which are found in Box 1, drawn from the UN Output Indicator Framework for Measuring Contribution Towards the Sustainable Development Goals.

Box 1: Examples of Indicators for Monitoring Inclusion of UN Programs

2.4. Number of nutritionally vulnerable people receiving UN support: food/cash-based transfers/commodity vouchers/capacity strengthening transfers through malnutrition treatment and prevention programmes

3.3. Number of people benefitting from UN supported health services: a) Communicable diseases; b) Non-communicable diseases (NCD); c) Sexual and reproductive health (SRH); d) Integrated management of childhood illnesses services; e) Other

4.4. Number of people directly benefiting from improved access to skills and lifelong learning programmes, including comprehensive sexuality education (CSE), developed and implemented with UN support

5.6. Number of girls and women who have received services related to harmful practices (HP), including early child and forced marriage and female genital mutilation (FGM), with UN support

6.3. Number of people reached with at least basic drinking water services that are safe and available when needed with UN support

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To address whether UN programs are inclusive of the population with disabilities it is necessary to disaggregate outcome indicators by disability status. For example, indicator 3.3 monitors the number of people benefitting from UN supported health services: a) Communicable diseases. Disaggregation requires reporting on the number of people with disabilities benefitting from UN supported health services for communicable diseases and the number of people without disabilities benefiting from UN supported health services for communicable diseases. To do so requires that data be collected that will identify persons with disabilities. This is often done through a set of questions posed to or about those receiving services. The validity of the data used to monitor the indicators is dependent on the quality of the questions used to identify disability status.

However, disability is a complex and multifaceted concept as illustrated by the model underlying WHO's International Classification of Functioning, Disability and Health which is consistent with the social model of disability. Disability incorporates a variety of different components such as body functions & structure, limitations in activities (capacity) and restrictions in participation (performance), and includes characteristics of both the person and their environment. As a result, the language of disability is not specific. In addition, in some cultures, stigma is associated with disability which creates additional measurement challenges. It is not possible to write one question or a short set of survey questions that can adequately and accurately capture the complexity of

disability in its entirety. And yet, questions must be short, clear, and precise to produce valid information. As a result, many problematic questions have been used in the past.

The Washington Group on Disability Statistics Short Set

To address this challenge, the Washington Group on Disability Statistics (WG) was established in 2001 following the International Seminar on the Measurement of Disability. The WG, a United Nations Statistical Commission City Group, was tasked with the promotion and coordination of international cooperation in generating statistics on disability suitable for censuses and national surveys and providing basic information on disability that is comparable worldwide. As its first task the WG created a set of questions that capture a part of the complexity of the social model of disability and produce valid, reliable and internationally comparable data using a limited number of questions. To achieve this goal, the WG developed an approach to measuring disability based on identifying those who:

- Experience **difficulties** doing certain **universal, basic actions**,
- Are at greater **risk** than the general population
- Face Limitations in participation

In the context of the The International Classification of Functioning, Disability and Health (ICF), the WG approach addresses the 'activities' component of the model.
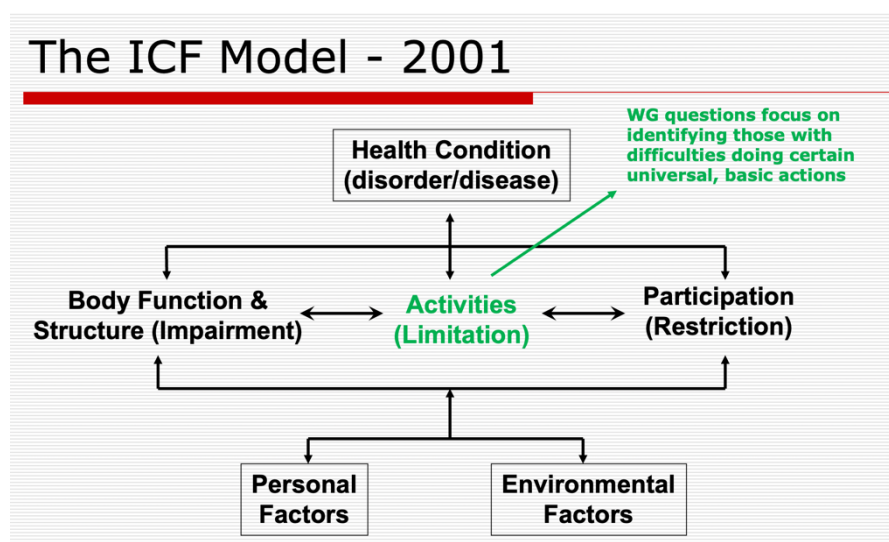
Source: World Health Organization, 2001

The Washington Group Short Set on Functioning (WG-SS) is comprised of six questions that obtain information on functioning in core domains.

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 language, do you have difficulty communicating (for example understanding or being understood by others)?

Each question has four response categories:
No difficulty; Some difficulty; A lot of difficulty; Cannot do at al

The questions identify persons: with similar types and degrees of limitations in basic actions regardless of nationality or culture; represent the majority (*but not all*) persons with limitations in basic actions; and include commonly occurring limitations in domains that can be captured in the census context. The WG-SS captures a *part of the social model of disability* but when used in conjunction with other data collected to monitor UN programs the resulting analyses address whether programs and services are inclusive. The data obtained can be used to monitor prevalence trends for persons with limitations in specific basic action domains, compare levels of participation in employment, education, or family life for those *with* disability versus those *without* disability to see if persons with disability have achieved social inclusion and monitor effectiveness of programs and policies to promote full participation.

A major advantage of the questions is that they take a functional approach to obtaining information on disability which does not rely on respondents' own understanding of the complex concept. They have been tested successfully in many countries (low, middle, and high income) and found to be internationally comparable. They Identify most people with disabilities and can easily be added to existing censuses and surveys or to project-based data taking approximately 1.25 minutes to administer. The questions have been adopted widely and support a consistent approach to data collection. They have been used in censuses or surveys in over 100 countries and are promoted by international aid programs, (DFID/UK and DFAT/Australia) as the means to collect disability data in their programs and projects. The questions are included in the guidance developed by the UN Statistical Division and UN Economic Commissions for the 2020 round of censuses. They have been adopted as the way to disaggregate data for the Incheon Strategy on Making the Right Real in Asia and recommended by UN DESA's Disability Data Experts Group as the way of disaggregating the SDGs by disability status.

In addition to their use in censuses to obtain prevalences and disaggregate outcomes measures included in the census, the questions have been added to Household Income and Expenditure and Living Standards Measurement Surveys to disaggregate poverty, social protection and a wide variety of social indicators, to the Multiple Indicator Cluster Surveys and Demographic and Health Surveys to disaggregate child and health indicators, to Labor Force Surveys to disaggregate employment indicators, to National Disability Surveys for disaggregation and for relating disability status to environment characteristics, participation, assistive devices, access and utilization of services, and more general indicators and to administrative data systems to disaggregate programmatic indicators.

The question set is not appropriate for children under age 5 and will not identify some children with developmental difficulties between the ages of 5 and 18. They also do not identify those with psychosocial issues that do not affect communication, cognition or self-care. Information is not obtained on age of onset and environmental barriers are not identified directly. Information is also not obtained on functioning with and without assistive devices.

To address the limitations of the Short Set, the Washington Group developed an Extended Set on Functioning (WG-ES) which includes 37 questions in 11 domains and includes additional question on domains covered in the Short Set, questions on domains not covered by the Short Set on psychosocial difficulties, upper body functioning, pain and fatigue, and questions on the use of assistive devices. The WG-SS Enhanced Set is a reduced version of the WG-ES and includes the 6 WG-SS domains plus 2 questions on upper body functioning and 4 questions on affect (2 on anxiety and 2 on depression). The WG and UNICEF developed the Child Functioning Module (CFM) for use with children. It contains a questionnaire for children aged 2-4 and one for children 5-17 years of age that address difficulties in domains specific to child functioning and development. A version of the CFM that can be administered in schools by teachers is being tested. A WG/UNICEF Inclusive Education Module is also being tested which addresses environmental facilitators and barriers to education for all children. The ILO and the WG developed a Labor Force Survey Disability Module (LFS-DM) that includes the WG-SS plus (optionally) 2 affect questions along

with questions that address environmental facilitators and barriers to employment. Work is also continuing on the development of an expanded module on psychosocial functioning.

Analyzing the data produced by the WG-SS

A range of estimates describing the functional status of the population can be obtained using the graded responses on each of the 6 domains. As shown in the table below, 17.1% of the population has some difficulty seeing and 5.7% of the population has a lot of difficulty walking. A set of *disability status indicators* (based on different cut-offs) can be obtained for each domain to be used for disaggregating outcomes.

Prevalence (weighted %) of Degree of Difficulty by Domain

Core Domain	At least: Some difficulty	A lot of difficulty	Unable to do it
Vision	17.1	2.0	0.2
Hearing	17.2	1.8	0.1
Mobility	17.0	5.7	1.8
Cognition	16.8	2.1	0.1
Self-care	3.8	0.9	0.3
Communicating	4.8	0.7	0.3

In addition to providing information on single domains, it is possible to provide information on two or more domains such as combining responses from the seeing and hearing domains to identify those in the the deaf and blind population. The six questions can be combined to obtain an overall disability status indicator. To do so requires using information on the continuum of functioning from no difficulty to unable to do at all in each domain and the selection of a cut-off (or a set of cut-offs) in order to disaggregate other information (e.g. access to education, employment) by disability status.

Functioning and disability are not inherently dichotomies but exist on continuums. To identify the population with disabilities it is necessary to select a cut-off (or cut-offs). However, there are many populations of persons with disabilities which are identified through the use of different cut-offs. The selection of the cut-off should be based on the intended use of the data.

Data from the United States shown in the table below illustrates how different cut-offs identify different populations. Defining the population as having *at least one domain* reported as having *'at least some difficulty'* identifies almost 42% of the population 18 and over whereas using a cut-off of *at least one domain* reported as being '*unable to do at all*' identifies 2% of the population 18 and over. For purposes of reporting and generating internationally comparable data, the WG has recommended the population of persons with disabilities be defined as including those with *at least one domain* that is coded as '*a lot of difficulty'* or '*cannot do it at all*' which identifies 9.5% of the population 18 and over. Syntax for defining the WG cut-offs for the WG-SS, WG-SS Enhanced and WG-ES are available in SPSS, SAS, Stata, and CSPro on the WG website.[6]

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[6] Syntax for the CFM is available for SPSS and Stata on the Unicef website: https://data.unicef.org/resources/module-child-functioning-tabulation-plan-narrative/. Implimentation Guidelines: https://www.washingtongroup-disability.com/implementation/implementation-guidelines/. WG Syntaxes : https://www.washingtongroup-disability.com/analysis/wg-short-set-on-functioning-wg-ss-syntax/

Disability Prevalence in USA using Different Definitions of Disability

Person with disability has:	n	%
at least 1 Domain is 'some difficulty'	7511	41.9
at least 2 Domains are 'some difficulty'	3672	19.6
at least 1 Domain is 'a lot of difficulty'	1872	9.5
at least 1 Domain is 'unable to do it'	465	2.2

Different cut-offs for identifying the population with disabilities will affect the magnitude of differences between the populations with and without disabilities. The larger the population identified by a cut-off the more heterogeneous that population will be in terms of functioning and the more similar it will be to the population without disabilities.

Where the Cut -off is Set, Matters when Evaluating Full Inclusion!

		Employment Status Las Week; % Working	
Domains	Prevalence	Without Disability	With Disability
1. Domain 'Some difficulty'	35.4	76.6	60.2
2 Domains 'some difficulty'	14.9	74.6	48.5
1 Domain 'a lot of difficulty'	6.6	73.5	30.8
1 domain 'unable to do it	1.2	71.4	14.6

The data from the United States shown in the above table illustrates differences in employment status using different definitions of the population with disabilities for those 18-64 years of age. The definition based on *at least one domain* with *at least 'some difficulty'* (prevalence of 35.4%) shows that 76.6% of those without disability are employed as compared with 60.2% of those with disability. The disparity increases when the population with disabilities is defined as those with *at least one domain* with *'at least a lot difficulty'* – 73.5% vs. 30.8%. The largest differential exists when the population with disability is defined as having *at least one domain* recorded as *'unable'* – 71.4% vs. 14.6%.

In addition to creating overall disability indicators it is possible to define discrete measures of severity such as none, mild, moderate and severe difficulty as well as to create indicators by counting the number of domains of difficulty per person or identifying the level of functioning in the domain or domains with the highest level of severity.

Data Collection Best Practices

Question specifications are available for each of the six WG-SS questions. Specifications are also provided for the answer categories. These specifications should be used for question administration and for translation. An example of the specifications for the question on walking or climbing steps is given below.

When translation is required, it is important to ensure that the question constructs are adequately captured and that the translation is culture appropriate. Proper translation into the primary language(s) of the country reduces variability in question interpretation and increases the reliability and validity of data collected. The recommended method is the TRAPD method which is a non-literal, concept-based approach that relies on team translation and consensus. TRAPD stands for Translation, Review, Adjudication, Pretesting and Documentation. The completed translation should be cognitively tested to ensure comparability to the source language, and to fix any problems with translated versions of the questions. The goal of cognitive testing of new translations is to assess whether the translated version of the survey questions accurately captures the intent of the question and the answer categories as in the original source language version.

> **Box 2: DO YOU HAVE DIFFICULTY WALKING OR CLIMBING STEPS?**
> Purpose: identify persons who have some *limitation or problems of any kind getting around on foot.*
> Walking refers to:
>> the use of lower limbs (legs) in such a way as to propel oneself over the ground to get from point A to point B
>> *without assistance of any device* (wheelchair, crutches, walker etc.) or human. If such assistance is needed, the person has difficulty walking.
>
> Included are problems:
>> walking short (about 100 yards/meters) or long distances (about 500 yards/meters),
>> walking any distance without stopping to rest is included, and
>> walking up or down steps.
>
> Difficulties walking can include those resulting from:
>> Musculoskeletal system problems or loss of limbs
>> Impairments in balance
>> Endurance
>> Other non-musculoskeletal systems, for example blind people having difficulty walking in an unfamiliar place or deaf people having difficulty climbing stairs when there is no lighting.
>
> Any difficulty with walking (whether it is on flat land or up or down steps) that is considered a problem should be captured.
> No difficulty - Some difficulty - A lot of difficulty - Cannot do at all
>   The 4 response options describe a <u>continuum of difficulty</u>.
> The endpoints *no difficulty* and *cannot do at all* anchor the continuum and are probably easier to translate.
> The spread of the continuum is further defined through categories *some difficulty* and *a lot of difficulty*.
> The response categories that divide the continuum <u>into approximately 3 equal pieces</u> so as to capture the maximum amount of variation in functioning.

If there is no approval, official translation enumerators should avoid translating 'on the fly'. If it is not possible to create an official translation an alternative is for the enumerators in areas where the same languages are spoken to come together to form a small team to discuss and agree upon a common translation that all could use. The best practices described for translation should be used. The translation should be tested to the extent possible to reduce variability and improve overall data quality. If this is not possible, enumerators should follow best translation practices in developing their own translations and test the translations to the extent possible.

Enumerators should be trained to ask the questions as they are written and to ask all questions as minor variations in question wording can lead to a significant response variation. Enumerators should not use their own understanding of disability when administering the questions. They should not in any way tell the respondent that the questions are about disability or use the term disability. The order of the questions should not be changed. Enumerators should not assume they know the answer to the question based on observation. They should be comfortable with the material and not treat the questions as sensitive. Guidance on meeting people with disability including tips on interviewing people with certain kinds of disabilities is available on the WG website[7].

Disaggregation in the M&E Context

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[7]   Interview   Guide: https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/WG_Implementation_Document_8_-_Interviewer_Guidelines_2.pdf
Data Collection Guidance from UNICEF: website at: https://data.unicef.org/resources/including-everyone-strengthening-the-collection-and-use-of-data-about-persons-with-disabilities-in-humanitarian-situations/

Population SDG indicators refer to the percentage of the population having a characteristic such as the percentage that have achieved the SDG goal. These indicators are easily disaggregated by disability status, by comparing the percentage of the population with disabilities attaining the SDG goal to the percentage of the population without disabilities attaining the SDG goal. Our employment example illustrated this. The data used usually come from population-based censuses and surveys which provide denominators (populations with and without disability) as well as numerators (populations achieving outcome indicator).

An example of such an SDG indicator is: SDG 3.8.1: Coverage of essential health services which is defined as the percent covered (receiving intervention) which is calculated as 'number of people receiving the intervention'/'number of people who need the intervention'. The calculation can be done for those with and those without disabilities and the two percentages compared to see if those with disabilities among those who need the intervention are receiving the intervention at the same rate as those without disabilities who need the intervention.

The related program monitoring Indicator for this SDG is Indicator 3.3: 'Number of people benefitting from UN supported health services: a) Communicable diseases; b) Non-communicable diseases (NCD); c) Sexual and reproductive health (SRH); d) Integrated management of childhood illnesses services; e) Other'. This program indicator can also be disaggregated if the disability status of the population served is determined by adding questions, such as the WG-SS, to the data collection system used for program monitoring. This will provide the number of those served with disabilities and the number served without disabilities. These numbers can also be compared but the interpretation is not straightforward. For SDG monitoring, equal inclusion is attained when the percentages served are the same among those with and without disability.

The numbers served would not be the same since the differences will reflect the relative sizes of the populations which are not captured in program data. That is, the number of people with disabilities in the area served by the program is likely smaller than the population without disabilities so the number served would also be smaller. Data not collected by the program, such as the census, could be used to adjust for the differences in size of the base populations of those with disabilities and those without. The assumption that equal numbers served when adjusted for size still might not indicate inclusion of those with disabilities in the program. If those with disability n have greater need for services they should be receiving services at a higher rate than those without disabilities and the numbers receiving services should be higher after adjusting for population size.

METHODOLOGY: INTERACTIVE, PARTICIPATORY

Q/A: 30 MINUTES
(Introduction to RBM, qualitative, and quantitative sub-modules)

EXERCISES: 90 MINUTES
(Introduction to RBM, qualitative, and quantitative sub-modules)

OBJECTIVES:

At the end of this module the following will have been discussed:
- Value of UN Reports in perceptual, academic and policy realities
- The integration of Disability Inclusion Principles (UNDIS/CRPD) into the new UN Country Results Report Guidelines

TIME: 45 MINUTES

CONTENT:

Introduction

The traditional format in which most information is available and accessible to the general public is through the use of reports. In addition, there is increasing use of snap formats, such as infographics, 1-pager country profiles, and accessible pamphlets. However, by and large, it is through different types of reports (annual reports, country reports, evaluation reports, etc) that the UN communicates most of its fundamental work. This module, therefore, discusses various ways in which disability inclusion can be achieved through the compilation and dissemination of UNCT reports. The Module will be specifically referencing the Indonesia/UN context as conceptualised in the UNSDCF.

UN Country Reports Guidelines

In December 2021, the United Nations Sustainable Development Group (UNSDG), adopted the 'United Nations Country Results Report Guidelines for UN Country Teams" , replacing the 2015 UNDG One UN Country Results Report template. The rationale for the new template is to align all country reports with the adopted 2019 UN Sustainable Development Cooperation Framework. The new template is supposed to provide the following advantage:

- assist in producing higher quality and timelier Reports
- Reduce transactional costs in the production of Reports
- Strengthen relationships and collaborations built within the context of Cooperation Framework.

Table 11. UN Country Results Report (UNCRR) Principles

Principle	Explanation
UNCRR must report on the status of system-wide implementation of the Cooperation Framework as well as other planning documents between the UN and the Government	Other plans and priorities must be featured to the overall CF context
The Primary audience of the UNCRR rests as the country level	This means the primary stakeholder has to be the national government (with all its components). The Report must also be shared widely within the national context to enhance UN visibility and accountability
UNCRR uses existing country-specific data points in UN INFO, the Information Management System (IMS), and other platforms as relevant	Disaggregation of data per specific CF outcomes and relevant variables (sex, gender, disability, regional spread, etc) must be encouraged

Only one report is expected, and the results of the UNCT work plan should be factored into the UNCRR	To reduce transnational costs
UNCRR should also inform other mandated reports at regional and global levels	This dissemination of results must keep relevant stakeholders informed, i.e Annual Chair to the UNSDG to the Economic and Social Council on the UN Development Coordination Office

Source: UNSDG (2021). United Nations Country Results Report Guidelines for UN Country Teams

Table 12. Report Content (mainstreaming DI)

Source: UNSDG (2021). United Nations Country Results Report Guidelines for UN Country *Teams*

Principle	Disability Inclusion Component (CRPD, UNDIS)
1. Speak primarily to the target audience (country level)	Consider accessibility (CRPD, Art. 9), and reasonable accommodation to ensure that all Persons with disabilities in their various challenges have access
2. Focus on UN System-wide results, not processes, in advancing the 2030 Agenda (Output ⇔ Outcome)	The results must be so disaggregated to unveil the underlying participatory and DI processes Consider the Twin Track approach - results for inclusion and empowerment
3. Share Transparently	Principles of accessibility (CRPD) must
4. Be data and evidence-based	Data must adhere to the HRBAD principles. Qualitative expressions of Persons with disabilities must not be sacrificed for national statistical averages
5. Embody the spirit of partnerships	Partnerships must adhere to CRPD and UNDIS principles and must show contributions of organised Persons with disabilities (OPDs). Content of the Reports must substantively reflect this partnership - not only procedurally
6. Showcase better ways of working for the SDGs	The major priority underlining 2030 Agenda is LNOB and RFB - Disability Inclusion, as conceptualised in UNDIS is a major component of that
7. Link Results to Resources	Investments must be seen to be shifting towards the most vulnerable and marginalised sections of the country

Report Format

The UNCRR must be fit for purpose - primarily targeting the country-level audience. As such, the use of clear, and concise language, and effective use of imagery and design, will always go a long way in meeting this objective - being accessible to intended targets

The format should also enhance the following:

Table 13. Report Content (mainstreaming DI)

Report Format Principle	Disability Inclusion Component
Focus on people and tell their stories	"The people" are not an objective and unitary reality, they are a socially constituted, intersectionality convoluted reality. As such, disaggregation is vital - ensure sufficient inclusivity and representation in the narrative
Use great design, more images, fewer words and more data	Also use formats accessible to Persons with disabilities with various forms of disabilities (Braille, audio, etc) - principle of universal design (CRPD, Art. 2)
Limit your report to 25 pages maximum	Make it accessible by precision - it is easy to consume, understand and use even for persons with various disabilities and barriers (SES, education, intellectual)
Communicate your results broadly and use your content for various target audiences through different channels	Include Persons with disabilities, through reasonable accommodation (intersectionality)
Consider going eco-friendly and not printing everything	Balance the ecological priorities and accessibility priorities especially for those left behind
Cater to the people we serve using local languages	Translation of the UNCRR should comply with the principles of accessibility for Persons with disabilities (Braille, auditory aid, etc)

Source: UNSDG (2021). United Nations Country Results Report Guidelines for UN Country Teams

The planning, designing, compilation and distribution of the UNCRR must be disability- inclusive. In addition, the compliance of the UNCT to UNDIS in terms of leadership, strategic planning & management; programming; inclusiveness and accountability (UNCT Accountability Score Card), must be instrumental to realising DI in the Reporting and Information Dissemination Phase.

METHODOLOGY: INTERACTIVE, PARTICIPATORY

Q/A: 15 MINUTES

EXERCISES: 60 MINUTES

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United Nations Sustainable Development Group (n.d). *UN Country Team Accountability Scorecard on Disability Inclusion.*

United Nations System (2017). *Leave No One Behind: Equality and Non-Discrimination at the Heart of Sustainable Development.*

Annex 2 Important Websites

https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind

https://unsdg.un.org/resources/united-nations-disability-inclusion-strategy

https://www.youtube.com/watch?v=dG7l5yilo2g

https://www.ohchr.org/en/instruments-and-mechanisms/human-rights-indicators/documents-and-publications

https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

https://www.un.org/development/desa/disabilities/resources/monitoring-and-evaluation-of-inclusive-development.html

https://www.washingtongroup-disability.com/resources/disability-measurement-and-monitoring-using-the-washington-group-disability-questions-270/

https://www.washingtongroup-disability.com/resources/frequently-asked-questions/where-can-the-wg-short-set-questions-be-applied-15/

https://www.washingtongroup-disability.com/resources/resources-for-data-users/

Annex 3 Indonesia's Representative to the Committee on the Rights of Persons with Disabilities

Family name and first name: UTAMI Risnawati
Date and place of birth: 21th March 1973, Gunungkidul, Yogyakarta, Indonesia
Place of residence: Yogyakarta, Indonesia
Nationality: Indonesian
Email address: risnautami@gmail.com
United Nations working languages: English Current position/function:
Executive Director of OHANA, a disability rights and advocacy based organization in Yogyakarta, Indonesia promoting and advocating the Agenda 2030 and New Urban Agenda to be in line with the CRPD principles in the context of local and national disability inclusive development. Independent Consultant on Disability Rights, Policy and Development.

Other main activities on the rights of persons with disabilities:
Coordinator of the National Consortium for Disability Rights "Konas Difabel" Indonesia; Former Coordinator of DisCo (Disability Convention) Team to draft the Indonesia DPOs Parallel Report to the Committee on the Rights of Persons with Disabilities; Coordinator Disability Rights Working Group on Joint NGO Report Indonesian Universal Periodic Review Parallel Report September 2016; Guest lecturer to teach special topic on disability, public health, universal design and policy at Faculty of Architecture and Nursing, the University of Gadjah Mada, Yogyakarta, Indonesia.

Educational background, in particular on the rights of persons with disabilities
Bachelor of Law, University of Sebelas Maret, Surakarta, Central Java, Indonesia
Master of Science in International Health Policy and Management, Brandeis University, Massachusetts, United States of America.

Please indicate whether you identify yourself as a person with disability or elaborate on your lived experience related to persons with disabilities.
Yes, I am a woman with a mobility impairment resulting from Polio when I was 4 years old. As a result I am a wheelchair user.

Relevant expertise on the rights of persons with disabilities
Please elaborate on your areas of expertise under the Convention on the Rights of Persons with Disabilities and related experience.
Trainer specialist of the CRPD and Agenda 2030/SDGs advocacy and its implementation (good practices) at all levels of development in Indonesia. Consultant Specialist for the Indonesian Government in applying the CRPD article 9 (Accessibility) and 20 (Personal Mobility) specifically on how to articulate mobility rights, appropriate wheelchairs/assistive devices, empowering people with disabilities and community.

List of most recent publications in the field of the rights of persons with disabilities:

Utami, Risnawati (2018) *A Good Practice of Article 20 of the CRPD: Creating a Local System on Appropriate Wheelchair Provision in Indonesia*, International Journal on Disability and International Development, Germany

Utami, Risnawati (2017) *Disability Rights Perspective on Sustainable Development Goals – Inequality, Poverty and Sustainable Community and Cities, Policy paper*

Utami, Risnawati (2016) *Freedom of Religion in the Perspective of the Rights of Persons with Disabilities"*, Center for Religious and Cross-Cultural Studies, University of Gadjah Mada, Yogyakarta, Indonesia

Utami, Risnawati (2015), *Promoting Disability Inclusive Development in the Agenda 2030/Sustainable Development Goals,* International Workshop CBM Germany

Utami, Risnawati (2014) *Protecting Reproductive Rights of Women and Girls with Disabilities in Indonesia*, Seminar on Challenges to Women's Reproductive Health and Rights in Asia, University of Gadjah Mada, Yogyakarta, Indonesia

Annex 4 Disability Inclusion Checklist for UN Joint Cooperation Programme

This checklist could serve as a guidance on disability inclusive measurements in UN Joint Cooperation Programme

	Yes	Partly	No	N/A
1. Preparation of UN Joint Programme				
1.1. Is the topic of the programme about persons with disabilities?				
1.2. Are persons with disabilities or Organizations of Persons with Disabilities (OPDs) part of the target beneficiaries of the joint programme?				
1.3. Are women with disabilities part of the target beneficiaries of the joint programme?				
1.4. Are children and/or youth with disabilities part of the target beneficiaries of the joint programme?				
1.5. Have OPDs been consulted on the joint programme idea/concept and in the development of the plan? (refer to: System-wide Guidelines on Consulting with Persons with Disabilities.				
1.6. Is the UN Joint Programme responding to SDG indicators related to persons with disabilities? (in particular indicator: 1.3.1, 4.a.1, 8.5.1, 8.5.2, 11.7.1, 11.7.2)				
1.7. Are the UN officers involved in the preparation of the UN Joint Programme familiar with the human rights approach to disability as reflected in the UN Convention on the Rights of People with Disabilities (UNCRPD)?				
2. Formulation of UN Joint Programme[8]				
Language				
2.1 Has the language used in the joint programme been checked to make sure that it is disability inclusive and it emphasizes on a person's individuality over their impairment?[9]				
2.2 Is the terminology used to refer to persons with disabilities consistent with the UN Convention on the Rights of Persons with Disabilities?				
Programme Identification				

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[8] adapted from ILO Partnership and Development Guideline, How to #18 Inclusion of People with Disabilities

[9] Inappropriate language may lead to negative or stigmatizing perceptions that reinforce false stereotypes. As language changes over time, it is important to be open to input and individual preferences. If unsure of what words to use, it is better to ask the representative Disabled People's Organisations (DPOs) for guidance, i.e. organisations where persons with disabilities constitute a majority of the overall staff and board

2.3 Is the joint programme in line with the national strategies and policies relevant to disability inclusion? (note: In Indonesia, it is Law no.8/2016 on people with disabilities, and its implementing regulations)?				
2.4 Are persons with disabilities and their representative organizations represented in the joint programme stakeholder consortium?				
2.5 Are persons with disabilities explicitly mentioned in the target group, ensuring equal presence of women and men with disabilities?				
2.6 Have wide consultations taken place to adequately reflect the needs of persons with disabilities?				
Joint Programme Formulation				
2.7 Are persons with disabilities reflected in the joint programme outcomes?				
2.8 Are persons with disabilities reflected in the joint programme outputs?				
2.9 Are persons with disabilities reflected in the joint programme indicators?				
2.10 Has a budget been allocated for reasonable accommodation, e.g. for sign interpretation or adjustment of equipments?				
3. Implementation of UN Joint Programme				
3.1 Has the recruitment process for joint programme staff been inclusive? (e.g. announcement of job vacancies include non-discrimination statement and encourage persons with disabilities to apply)				
3.2 Has joint programme staff sufficient capacity to include persons with disabilities in the joint programme activities?				
3.3 Are meeting locations, joint programme sites, training centers, transportation, emergency procedures and information accessible and inclusive to persons with disabilities?				
3.4 Have targeted measures been formulated to reach out to persons with disabilities to include them as beneficiaries?				
3.5 Have data in monitoring and evaluation been disaggregated for persons with disabilities?				
3.6 Have capacity building activities included persons with disabilities or organization for persons with disabilities?				
3.7 Has the joint programme communication strategy taken into account the accessibility for persons with disabilities? (refer to: System-wide Disability-inclusive Communications Guidelines.				