Data sources for outcome indicators on Article 26:

Habilitation and rehabilitation





ADVANCE VERSION

© 2020 United Nations

The *Data Sources Guidance* is a component of the <u>SDG-CRPD Resource Package</u> developed by the Office of the United Nations High Commissioner for Human Rights (OHCHR). This is an advance version of the SDG-CRPD Resource Package. A final version will be issued upon completion of OHCHR review processes.

The designations employed and the presentation of the material in this guidance do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Symbols of United Nations documents are composed of capital letters combined with figures. Mention of such a figure indicates a reference to a United Nations document.

The *Data Sources Guidance* was produced with the financial support of the European Union. Its contents are the sole responsibility of OHCHR and do not necessarily reflect the views of the European Union.



26.11 Number and proportion of persons with disabilities who have access to rehabilitation services (based on WHO and IDDC indicator), disaggregated by sex, age, disability, type and sector of service, and geographical location

Level 2: Indicator that can be produced with existing data but has not been reported on

The <u>WHO Model Disability Survey</u> has a series of questions on the use of rehabilitation services. This survey also asks many questions about the need for support, but not specifically about the need for rehabilitation services.

The Peru "Disability National Survey", conducted between July 2012 and March 2013, also collected information on the use of rehabilitation services in rural and urban settings - in and around several Peruvian cities. Access to rehabilitation-specific care was defined as the self-reported access to disability-specific rehabilitation therapy, such as physical therapy, psychological or psychiatric therapy, language therapy, emotional support or occupational therapy. Table 1 presents the percentage of all persons with disabilities who received services, so the denominator includes all persons with disabilities, even those who did not need services. It is not an indicator of the percentage of people needing services who received them.

Table 1: Factors associated with access to rehabilitation care

	Access to rehabilitation care
Sex	
Female	12.2%
Male	12.8%
Age	
<12 years	29.4%
12–19 years	19.2%
20–35 years	13.4%
36–64 years	13.9%
65+ years	8.7%
Education Level	
No education	9.2%
Primary	9.9%
Secondary	16.6%
Superior	19.7%

	Access to rehabilitation care
Socioeconomic Position	
Lowest	3.8%
Middle	12.5%
Highest	19.2%
Study Area	
Rural	2.9%
Urban	15.4%
History of Chronic Disease	
No	11.2%
Yes	14.4%
Health Insurance	
No	9.1%
Seguro Integral de Salud	8.0%
Social Security	20.6%
Other (private, etc.)	26.9%
Dependency	
No	9.2%
Yes	16.8%

Source: Antonio Bernabe-Ortiz and others, "Disability, caregiver's dependency and patterns of access to rehabilitation care: results from a national representative study in Peru", Disability and Rehabilitation, Vol. 38, No. 6 (28 May 2015), pp. 582-588

26.12 Number and proportion of persons with disabilities who needed rehabilitation services in the last 12 months and did not get the services they needed (based on WHO and IDDC indicator), disaggregated by sex, age, disability, kind and sector of service, and geographical location.

Level 1: Indicator for which data are already being produced and reported on in at least some countries

This indicator could be collected by a national disability survey. The WHO Model Disability Survey, as mentioned in indicator 26.11, collects information on the use of rehabilitation services, but not the need, although it does collect extensive information on supports needed.

The independent research organization SINTEF, in cooperation with the South African Federation of the Disabled, collected data on awareness, need and use of rehabilitation in many African countries. One example is found in the "Living Conditions Among People with Activity Limitation in Zambia", conducted in September 2006.

Table 2 shows an example of this Zambian report. For a summary of results from a number of SINTEF/SAFOD surveys, consult the 2018 <u>United Nations flagship report "Disability and Development Report: Realizing the Sustainable Development Goals by, for and with persons with disabilities"</u>, a portion of which is reproduced in table 3.

Table 2: Which of the services, if any, are you aware of and have ever needed/received? Zambia, 2006, SINTEF

	Aware of service		Need Service		Received service	
	N	%	N	%	N	%
Health Services	2,287	79.8	2,198	76.7	1,738	79.3
Traditional Healer	2,106	73.5	926	32.3	582	62.9
Medical rehabilitation	1,762	61.5	1,812	63.2	679	37.5
Counselling for parent/family	1,179	41.2	1,354	47.3	295	21.9
Assistive device services	1,717	59.9	1,642	57.3	301	18.4
Educational services	1,557	54.3	1,347	47	239	17.8
Counselling for disabled	1,277	44.6	1,468	51.2	209	14.3
Welfare service	1,500	52.4	1,794	62.6	151	8.4
Vocational training	1,292	45.1	1,006	35.1	84	8.4

Source: Arne H. Eide and M.E. Loeb, eds., Living Conditions among People with Activity Limitations in Zambia. A National Representative Study (Oslo, SINTEF, 2006), p.124

Table 3: Percentage of persons with disabilities who needed but could not receive rehabilitation services in 9 countries around 2011

Country	Needed but could not receive rehabilitation services
Nepal	82%
Zambia	80%
Malawi	76%
Lesotho	74%
Eswatini	70%
Mozambique	66%
Zimbabwe	57%
Botswana	46%
South Africa	28%

Source: United Nations, Disability and Development Report. Realizing the Sustainable Development Goals by, for and with persons with disabilities 2018 (New York, 2019), p. 54

26.13 Level of satisfaction of persons with disabilities with habilitation and rehabilitation services received, disaggregated by sex, age, disability, kind and sector of service, and geographical location.

Level 1: Indicator for which data are already being produced and reported on in at least some countries

This indicator can be collected via national disability surveys or from specific client satisfaction surveys from authorities providing rehabilitation services, such as the one carried out annually by the Department of Rehabilitation of California. The consumer satisfaction survey results of 2019 are available at: https://dor.ca.gov/Content/DorIncludes/documents/PublicInformation/2019%20CSS%20Executive%20Summary%20-%20PDF.pdf

26.14 Number and proportion of persons with disabilities who have access to assistive devices and technologies appropriate to their needs, disaggregated by sex, age, disability, type of product, and geographical location (based on WHO and IDDC indicator).

The data sources related to indicator 20.21 are useful for this indicator, in addition to the information below.

Level 1: Indicator for which data are already being produced and reported on in at least some countries

The independent research organization SINTEF, in cooperation with the South African Federation of the Disabled, collected extensive data on this in many countries, mostly in Africa. The SINTEF studies can be found at https://www.sintef.no/en/projects/studies-on-living-conditions/.

Results from these studies, summarized in table 5, were reported in the 2018 <u>United Nations</u> flagship report "Disability and Development Report: Realizing the Sustainable Development Goals by, for and with persons with disabilities".

Table 4: Percentage of persons with disabilities who need but do not have assistive products (e.g. sign language interpreter, wheelchair, hearing/visual aids, braille), in 12 countries, around 2013

Country	Needs but does not have	Needs and has received
Malawi	89%	11%
Zambia	84%	16%
Mozambique	84%	16%
Lesotho	82%	18%
Cameroon	78%	22%
Nepal	77%	23%
Eswatini	68%	32%
Sri Lanka	64%	36%
Zimbabwe	63%	37%
Botswana	44%	56%
South Africa	38%	62%
Chile	33%	67%

Source: United Nations, Disability and Development Report. Realizing the Sustainable Development Goals by, for and with persons with disabilities 2018 (New York, 2019), p. 55

Data on assistive devices are also collected by the <u>WHO Model Disability Survey</u>. The <u>Philippines MDS 2016</u>, is an example of the use of this survey, a table from which is reproduced below.

Table 5: Assistive products and modification: Percent distribution of individuals age 15 and over who used and still need assistive product and modifications, by disability level, Philippines 2016

	Level of Disability			No. of
	Mild	Moderate	Severe	respondents
Mobility and self-care				
use	7.8	39.7	52.5	439
use but need more	1.4	26.6	72.0	134
Seeing				
use	19.3	57.5	23.2	2,221
use but need more	16.8	51.6	31.2	448
Hearing and communication				
use	11.2	53.6	35.2	23
use but need more	0	38.8	61.2	8
Work				
use	27.3	57.5	15.2	197
use but need more	23.3	51.4	14.4	81
Education		·		
use	22.8	69.9	7.3	73
use but need more	17.0	45.9	7.8	61
Modifications at home				
use	7.4	58	34.5	137
use but need more	4.2	38.1	32.5	69
Modifications in the community				
use	18.5	64.4	17.1	1,213
use but need more	17.5	51.9	16.6	663

Source: Philippine Statistics Authority and Department of Health, National Disability Prevalence Survey (Model Functioning Survey) 2016 (Quezon City, 2019), p. 62

26.15 Number of persons with disabilities benefiting from specific measures, such as tax and customs exemptions or financial support or subsidies, to access assistive devices and technologies specifically for habilitation and rehabilitation purposes, disaggregated by sex, age, disability, geographical location, and kind of measure. (See also 20.20)

Level 3: Indicator for which acquiring data is more complex or requires the development of data collection mechanisms which are currently not in place

Theoretically, this could be obtained from the administrative data for any programmes that provide specific measures. However, as different measures may be provided through different systems, it would require a fair amount of coordination – and a unique personal identifier – to not double count people who are receiving multiple measures.

26.16 Number and proportion of persons with disabilities using assistive devices and technologies disaggregated by sex, age, disability, kind of product, and geographical location (based on WHO and IDDC indicator).

Level 1: Indicator for which data are already being produced and reported on in at least some countries

This could be obtained through a national disability survey, such as the <u>WHO Model</u> <u>Disability Survey</u>. The <u>Model Disability Survey of Afghanistan</u>, in 2019, collected this information, some of which is presented in table 7.

Table 6: Use of assistive products and modifications

Type of Product	Percentage using assistive devices
Spectacles	4.1
Case or Walking Sticks	3.2
Chair for the Shower, Bath or Toilet	1.0
Pressure Relief Cushions	0.7
Orthosis, Lower Limb, Upper Limb or Spinal	0.5
Crutches, Axillary or Elbow	0.5
Incontinence Products	0.5
Tricycle	0.5
Hearing Aids	0.5
Therapeutic Footwear, Diabetic, Neuropathic, Orthopaedic	0.3
Manual Wheelchair	0.3
Prosthesis lower limb	0.3
Products for memory support	0.3
Walking Frame	0.2
Electric Wheelchair	0.1
White Cane	0.1
Magnifier	0.1
Communication Board, Books, or Cards	0.1

Source: The Asia Foundation, Model Disability Survey of Afghanistan 2019 (2020), p. 69