

**Data sources for outcome indicators
on Article 28:**

Adequate standard of living and social protection



**UNITED NATIONS
HUMAN RIGHTS**
OFFICE OF THE HIGH COMMISSIONER



ADVANCE VERSION

© 2020 United Nations

The *Data Sources Guidance* is a component of the [SDG-CRPD Resource Package](#) 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.



28.16 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable (SDG indicator 1.3.1).

Level 2: Indicator that could be produced with straightforward additions or modifications to existing data collection efforts

[Link to the metadata related to this SDG indicator](#)

According to the metadata:

“The main data source is the Social Security Inquiry, ILO’s periodic collection of administrative data from national ministries of labour, social security, welfare, finance, and others.

Since 1950, the ILO’s Social Security Inquiry has been the main global source of administrative data on social protection. Secondary data sources include existing global databases of social protection statistics, including those of the World Bank, UNICEF, UNWOMEN, HELPAGE, OECD and the International Social Security Association.

This forms the World Social Protection Database. It provides a unique source of information and serves as the basis for the ILO flagship World Social Protection Report, which periodically presents development trends of social protection systems, including floors, providing data for a wide range of countries (183 countries).

The Social Security Inquiry/World Social Protection Database includes data on 183 countries. As of March 2017, ILO is processing the 2016 Social Security Inquiry, data for 101 countries have been updated and work is ongoing. An updated version of the questionnaire will be sent to 183 countries in April-May 2018.”

The ILO reports on “Effective social protection coverage by population group” and, where data is available, it disaggregates by disability.

As an example, consult the data in table 1, from [Cabo Verde](#). Please bear in mind that the footnote to this table said coverage was defined as the ratio of persons receiving disability cash benefits to the number of persons with severe disabilities, so it does not include persons with disabilities receiving other types of social protection.

Table 1: Effective social protection coverage by population group, Cabo Verde

Indicator	Coverage(%)
Total Population	36.23
Children	38.17
Unemployed	0.88
Persons with disabilities	30.24
Active contributors	37.34
Older persons	92.07
Vulnerable persons	5.78

Source: International Labour Organization, *World Social Protection Data Dashboards, Cabo Verde*, 2015 or latest available year.

Many examples exist, from a variety of surveys, related to this indicator. Table 2 presents one of those examples, from a Turkey disability survey.

Table 2: Proportion (%) of the population of persons with disabilities, by having social security and the registration status of social security, Turkey, 2010

	<i>Sosyal güvenlik durumu</i>		<i>Kayıtlılık durumu</i>	
	Social security status		Registration status	
	<i>Olan</i>	<i>Olmayan</i>	<i>Kendi adına</i>	<i>Bağımlı</i>
	Having	Not having	Own	Dependent
<i>Ortopedik, görme, işitme, dil ve konuşma ve zihinsel engelli nüfus - Orthopedically, seeing, hearing, speaking and mentally disabled population</i>				
<i>Türkiye - Turkey</i>	47.6	52.5	45.2	54.8
<i>Yerleşim yeri - Place of residence</i>				
<i>Kent - Urban</i>	59.3	40.7	44.9	55.1
<i>Kır - Rural</i>	35.2	64.9	45.8	54.2
<i>Cinsiyet - Sex</i>				
<i>Erkek - Male</i>	44.8	55.2	68.0	32.0
<i>Kadın - Female</i>	51.4	48.6	17.0	83.0
<i>Bölge - Region</i>				
<i>Marmara - Marmara</i>	58.7	41.3	47.5	52.5
<i>Ege - Aegean</i>	46.6	53.4	46.5	53.6
<i>Akdeniz - Mediterranean</i>	39.0	61.0	38.3	61.7
<i>İç Anadolu - Central Anatolia</i>	63.7	36.3	50.5	49.6

	<i>Sosyal güvenlik durumu</i>		<i>Kayıtlılık durumu</i>	
	Social security status		Registration status	
	<i>Olan</i>	<i>Olmayan</i>	<i>Kendi adına</i>	<i>Bağımlı</i>
	Having	Not having	Own	Dependent
<i>Karadeniz - Black Sea</i>	49.3	50.8	41.1	58.9
<i>Doğu Anadolu - East Anatolia</i>	24.4	75.6	38.5	61.5
<i>Güneydoğu Anadolu - Southeast Anatolia</i>	24.7	75.3	38.5	61.5
<i>Süreğen hastalığa sahip olan nüfus - Population having chronic illnesses</i>				
<i>Türkiye - Turkey</i>	63.7	36.3	44.4	55.6
<i>Yerleşim yeri - Place of residence</i>				
<i>Kent - Urban</i>	70.8	29.2	45.2	54.8
<i>Kır - Rural</i>	50.3	49.7	42.1	57.9
<i>Cinsiyet - Sex</i>				
<i>Erkek - Males</i>	62.4	37.6	86.4	13.6
<i>Kadın - Females</i>	64.6	35.4	15.9	84.1
<i>Bölge - Region</i>				
<i>Marmara - Marmara</i>	71.2	28.8	46.1	53.9
<i>Ege - Aegean</i>	62.4	37.7	44.5	55.5
<i>Akdeniz - Mediterranean</i>	56.9	43.2	44.2	55.8
<i>İç Anadolu - Central Anatolia</i>	79.0	21.0	44.9	55.1
<i>Karadeniz - Black Sea</i>	68.1	31.9	42.7	57.3
<i>Doğu Anadolu - East Anatolia</i>	37.5	62.5	39.8	60.2
<i>Güneydoğu Anadolu - Southeast Anatolia</i>	33.0	67.0	37.5	62.5

Source: Turkish Statistical Institute, "Survey on Problems and Expectations of Persons with Disabilities", 2010

Another potential source is administrative data, as in the example given in table 3, from Indonesia.

Table 3: Social protection coverage by disability, for Indonesia

Social Protection Scheme	Description	No. of beneficiaries	Percentage of persons with severe disability benefiting from scheme
Program Keluarga Harapan (PKH)	PKH is Indonesia's flagship conditional cash transfer, reaching 10 million families in 2019. Currently, PKH families who have a person with disability receive an additional top-up of 2 million IDR/yr.	118,382 persons with severe disability are receiving disability top-ups (2018)	2.60%
Asistensi Sosial Penyandang Disabilitas Berat (ASPDB)	ASPDB provides a cash transfer for people with severe disabilities. The transfer value is IDR300,000 per month.	22,500 (in 2017)	0.50%
Social Security for Employment schemes	BPJS Ketenagakerjaan (Social Security Agency for Employment) provides disability and work injury benefits through Jaminan Kecelakaan Kerja (JKK), Jaminan Kematian (JKM) and Jaminan Hari Tua (JHT) schemes	112,490 persons with disability received benefits from BPJS Employment (2017)	2.40%
PT. Taspen and PT Asabri	A small number of people receive disability benefits through the public service pension system for military and police, although the number of beneficiaries is unknown		
No access to social protection coverage	Persons with severe disabilities who have no access to contributory or non-contributory schemes	4,358,766 persons with severe disability are currently uncovered	94.50%

Source: Dyah Larsati and others, *Policy Brief: Inclusive Social Protection for Persons with Disability in Indonesia* (Jakarta Pusat, TNP2K, January 2019), p.4.

Notes: PKH: Program Keluarga Harapan or the Hopeful Family Program, is Indonesia's first household-based conditional cash transfer program; ASPDB: Social Assistance for the Severely Disabled (Asistensi Sosial Penyandang Disabilitas Berat)

A number of Living Standard Measurement Studies from the World Bank ask questions on social protection coverage, as well as questions on disability status. Table 4 presents a list of questions from the survey in Albania, which could be disaggregated by disability had the results from this survey been found.

Table 4: Albania Living Standards Measurement Survey Questions on Social Protection and Disability

SOURCE	Has your household or any member of your household ever applied to receive benefits from the following sources? Yes/No	In the last 12 months, has any member of your household received any payment from the following sources? Yes/No	How many members of the household received benefits from [SOURCE]?
1	“Ndhime Ekonomike”		
2	Old-age pension - Urban		
3	Old-age pension- Rural		
4	Supplementary pension		
5	Disability pension- Urban		
6	Disability pension- Rural		
7	Special merit pension		
8	Survivor pension - Urban		
9	Survivor pension- Rural		
10	Unemployment benefit		
11	Benefits for war veterans		
12	Maternity benefits (include salaries received during maternity leaves)		
13	Social care/services for elderly, disabled		
14	Illness Benefits (1-6 months)		
15	Temporary work incapacity		
16	Disability assistance benefit		
17	Pension from abroad		
18	Other _____(specify)		

Source: Institute of Statistics of Albania, Living Standard Measurement Survey

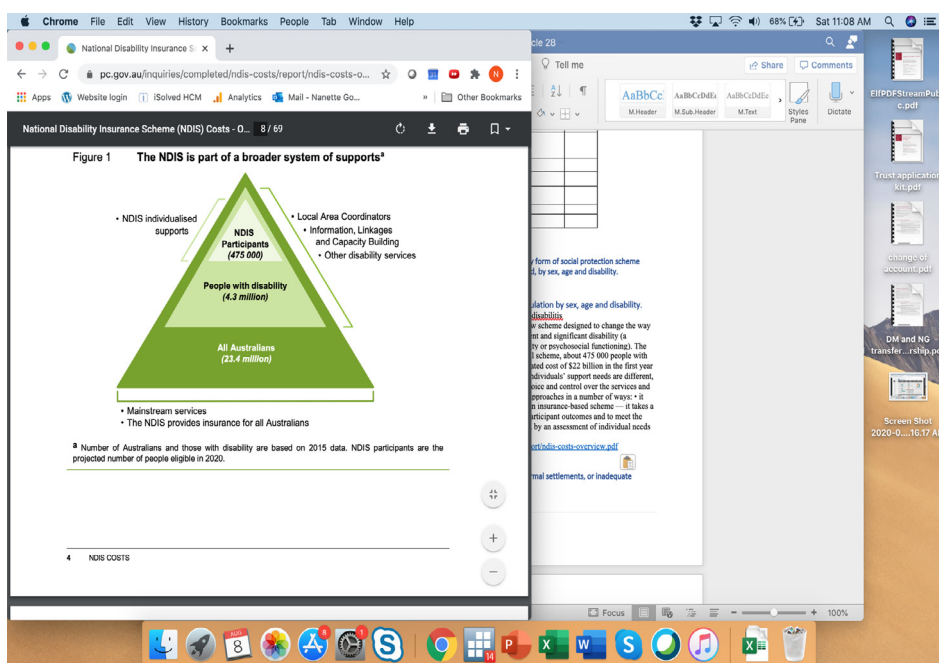
A potential source of data could be the [World Bank Atlas of Social Protection Indicators of Resilience and Equity](#), their premier compilation of indicators to analyse the scope and performance of social protection programs. The Atlas provides indicators for 125 countries on social assistance, social insurance and labour market programs based on both program-level administrative data and national household survey data.

28.17 Proportion of persons with disabilities accessing any form of social protection scheme whose disability-related costs are determined and covered, by sex, age and disability.

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

The National Disability Insurance Scheme in Australia provides benefits determined by an assessment of individual needs. It covers 475,000 of the estimated 4.8 million persons with disabilities in Australia. This number was obtained by dividing the number of recipients by the number of persons with disabilities, as determined by survey data and available in figure I. This enquiry can be consulted at <https://www.pc.gov.au/inquiries/completed/ndis-costs/report/ndis-costs-overview.pdf>.

Figure I: Participants of the National Disability Insurance Scheme of Australia compared to the population of persons with disability and total Australian population, and how NDIS fits into the broader system of supports



Source: Productivity Commission, *National Disability Insurance Scheme (NDIS) Costs, Study Report* (Canberra, 2017), [p. 4](#).

28.18 Number of homeless persons per 100,000 population by sex, age and disability.

Level 2: Indicator that could be produced with straightforward additions or modifications to existing data collection efforts

Many countries have estimates of the number of people who are homeless. For the OECD countries, information can be found at <https://www.oecd.org/els/family/HC3-1-Homeless-population.pdf>.

In the United States of America, the [Department of Housing and Urban Development](#) reports estimates of the number of homeless people to Congress each year, based on a point-in-time count conducted by local governments.

However, these sources do not directly provide data on disability status. Different organizations estimate the percentage of homeless people with a disability. For example, [Canada](#) estimates that 45% of their homeless population has a disability.

The United States of America collect data every other year on Chronically Homeless Individuals, defined as “an individual with a disability who has been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless on those occasions is at least 12 months.”

The United States of America has additional information about homeless individuals and families who are sheltered: “Half of adult individuals experiencing sheltered homelessness had a disability in 2017 (49.2%). This was 2.5 times the rate of disability among individuals in the U.S. population (19.8%), and 1.6 times the rate of disability among individuals in the U.S. population living in poverty (31.6%).” More information is available at <https://www.huduser.gov/portal/sites/default/files/pdf/2017-AHAR-Part-2.pdf>.

28.19 Proportion of urban population living in slums, informal settlements, or inadequate housing (SDG indicator 11.1.1) by sex, age and disability.

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

[Link to the metadata related to this SDG indicator](#)

According to the metadata:

“Data for the slum/informal settlements components of the indicator can be computed from Census and national household surveys, including DHS and MICS. Data for the

inadequate housing component can be computed through income and household surveys that capture housing expenditures.

As per all the agreed Agenda 2030's goals and targets, to measure the achievement of this indicator will require the mobilisation of means required to efficiently monitor them, calling for revitalised partnerships with the participation of all countries, all stakeholders and all communities concerned.

For primary reporting, national data providers (especially the Statistical agencies) will play an important role generating the primary data through census and surveys. Regional and global estimates will be derived from national figures with appropriate disaggregation. Specialized tools will be developed and agreed upon with local and international stakeholders. Quality assurance on the use of the tools, analysis and reporting will be deployed regionally and globally, to ensure that standards are uniform and that definitions are universally applied.

Data on slums is available for all developing countries, as it has been reported yearly by UN-Habitat in the MDGs' reports. Recently, UN-Habitat has disaggregated information on this indicator at city level, increasing its suitability for SDG 11. The people living in slums' indicator is currently measured in more than 320 cities across the world as part of UN-Habitat City Prosperity Initiative. UN-Habitat and World Bank computed this indicator for many years (1996-2006) as part of the Urban Indicators Programme. Data on inadequate housing, measured through housing affordability, is available for all OECD countries as well as in UN Global Sample of Cities covering 200 cities. Data on inadequate housing, measured through housing affordability, is available in many countries. UN-Habitat and World Bank computed this indicator for many years (1996-2006) as part of the Urban Indicators Programme. Recently, the Global Housing Indicators Working Group, a collaborative effort of Cities Alliance, Habitat for Humanity International, the Inter-American Development Bank, UN-Habitat proposed the collection of data on this indicator worldwide.”

As current data are not disaggregated by disability, a survey is needed to produce reliable small area disability estimates. A general household survey may not have a big enough sample, so a sample targeted towards this indicator is probably needed.

28.20 Proportion of population using safely managed drinking water services (SDG indicator 6.1.1) by sex, age and disability.

Level 2: Indicator that could be produced with straightforward additions or modifications to existing data collection efforts

[Link to the metadata related to this SDG indicator](#)

According to the metadata:

“Access to water and sanitation are considered core socio-economic and health indicators, and key determinants of child survival, maternal, and children’s health, family wellbeing, and economic productivity. Drinking water and sanitation facilities are also used in constructing wealth quintiles used by many integrated household surveys to analyse inequalities between rich and poor. Access to drinking water and sanitation is therefore a core indicator for most household surveys. Currently the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) database holds over 1,700 censuses and surveys. In high-income countries where household surveys or censuses do not always collect information on basic access, data are drawn from administrative records.

Data on availability and quality of drinking water, and regulation by appropriate authorities will be collected by the JMP through consultation with the government departments responsible for drinking water supply and regulation. The JMP routinely conducts country consultations with national authorities before publishing country estimates. Data on availability and quality of water supplies are currently available from household surveys or administrative sources including regulators for over 70 high-income countries, and at least 30-40 low- and middle-income countries. Thus, data are currently available from ca. 100 countries, covering the majority of the global population. This number will rise as regulation becomes more widespread in low- and middle-income countries.

The population data used by the JMP, including the proportion of the population living in urban and rural areas, are those routinely updated by the UN Population Division.

WHO is required by World Health Assembly resolution to consult on all WHO statistics, and seek feedback from countries on data about countries and territories. Before publishing, all JMP estimates undergo rigorous country consultations facilitated by WHO and UNICEF country offices. Often these consultations give rise to in-country visits, and meetings about data on drinking water, sanitation and hygiene services and the monitoring systems that collect these data. JMP has been engaged with more than fifty countries over the last 10 years in explaining JMP estimates, and reasons for discrepancies if any.

In the JMP 2017 report estimates for basic drinking water services were available for nearly all countries and estimates for safely managed drinking water services were made for 96 countries at national level. Sufficient data were available to estimate safely managed drinking water services at the regional level for the following four SDG regions: Sub-Saharan Africa, Central Asia and Southern Asia, Latin America and the Caribbean, Northern America and Europe.

Time series data are available for the basic drinking water level of service over the period 2000-2015. These serve as the foundation for the safely managed drinking water service indicator. Some elements of safe management (e.g. water quality) were not collected during the MDG period and trend analysis will only be possible several years into the SDGs. (From 2000 to 2015).”

The [JMP](#) does not provide data by disability status, even though the report says that the SDGs have a strong focus on inequalities, with Goal 10 dedicated to “reducing inequalities between and within countries”. The 2030 Agenda further commits Member States to “leave no one behind” and states that SDG indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographic location.

However, if disability questions are included on data instruments, these data could be disaggregated. This was done in the [World Bank study “Glass Half Full: Poverty Diagnostic of Water Supply, Sanitation, and Hygiene Conditions in Tajikistan”](#). The report states that “... about 24 percent of households report that persons with disabilities in their household cannot access the main water source without assistance from others. This figure is higher in rural areas (29 percent) than in urban areas (12 percent). Another 14 percent report that persons with disabilities in their household have some or a lot of difficulty in accessing the main water source.” The report goes on to list the most common barriers to accessing drinking water, and “illustrate that access to water can be severely constrained for persons with disabilities, especially once disability is recognized as a spectrum instead of a binary status.”

The MICS, which includes data on disability, also asks about water sources. As an example, the data on water from the Ghanaian MICS is presented in table 5. However, although the survey asks about disability status, the report does not show the disaggregated results – even though many MICS table shells do include disability disaggregation, as can be seen at <http://mics.unicef.org/tools#analysis>.

Table 5: Safely managed drinking water services: Percentage of household members with an improved drinking water source located on-premises, free of *E. coli* and available when needed, Ghana, 2017/18

	Percentage of household members with an improved drinking water source located on-premises, free of <i>E. coli</i> and available when needed
Total	18.7
Area	
Urban	32.6
Rural	6.8
Region	
Western	15.4
Central	20.7
Greater Accra	40.0
Volta	5.0
Eastern	22.2
Ashanti	23.4

	Percentage of household members with an improved drinking water source located on-premises, free of <i>E. coli</i> and available when needed
Brong Ahafo	9.3
Northern	9.0
Upper East	7.1
Upper West	7.0
Education of household head	
Pre-primary or none	7.6
Primary	11.1
JSS/JHS/Middle	18.7
SSS/SHS/Secondary	33.4
Higher	51.1
DK/Missing	
Main source of drinking water	
Improved sources	21.7
Piped water	18.6
Tube well/Borehole	3.7
Protected well or spring	5.0
Rainwater collection	4.9
Water kiosk	0.0
Bottled or sachet water	47.9
Tanker-truck/Cart with small tank	0.0
Unimproved sources	0.0
Unprotected well or spring	0.0
Surface water or other	0.0
Wealth index quintile	
Poorest	1.2
Second	4.5
Middle	8.2
Fourth	18.7
Richest	55.2

Source: Ghana Statistical Service, *Multiple Indicator Cluster Survey (MICS2017/18), Survey Findings Report* (Accra, Ghana, 2018), p. 292.

The DHS also asks questions about water but, even when the survey includes disability, this information is not reported by disability status. As an example, the [2018 DHS of Nigeria](#) can be consulted.

The same is true for a [living conditions survey from Afghanistan](#), from where this indicator could easily be produced.

28.21 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water (SDG indicator 6.2.1) by sex, age and disability.

Level 2: Indicator that could be produced with straightforward additions or modifications to existing data collection efforts

The sources for this indicator are identical to those for indicator 28.20.

The [World Bank study, “Glass Half Full: Poverty Diagnostic of Water Supply, Sanitation, and Hygiene Conditions in Tajikistan”](#) reports that:

At the national level, about 20 percent of households report that persons with disabilities in their household cannot access the sanitation facility without assistance. This figure is largely driven by rural areas (24 percent) as opposed to urban areas (12 percent)... An additional 15 percent of households at the national level report that persons with disabilities in their household have some or a lot of difficulty in accessing sanitation facilities. Although barriers to access to sanitation facilities by persons with disabilities is recognized and reported in the survey, over 60 percent of the households that have a household member with a disability have not made any adaptations to their sanitation facility to meet the needs of their household members. Only 40 percent reported making some adaptations.

An example extracted from the [2017/2018 Ghanaian MICS](#) can be seen in Table 6.

Table 6: Percentage distribution of household population by type of sanitation facility used by the household, Ghana, 2017/2018

	Percentage using improved sanitation
Total	65.2
Area	
Urban	80.7
Rural	52.0
Region	
Western	66.3
Central	65.6
Greater Accra	84.6
Volta	47.7
Eastern	82.1
Ashanti	77.0
Brong Ahafo	72.2
Norhter	39.4
Upper East	22.3
Upper West	25.8
Education of household head	
Pre-primary or none	44.3
Primary	60.4
JSS/JHS/Middle	74.0
SSS/SHS/Secondary	79.9
Higher	88.6
DK/Missing	95.9
Location of sanitation facility	
In dwelling	98.6
In plot/yard	85.2
Elsewhere	78.8
No facility/Bush/Field	0.0
Wealth index quintile	
Poorest	32.0
Second	51.8
Middle	65.1
Fourth	83.3
Richest	93.9

Source: Ghana Statistical Service, *Multiple Indicator Cluster Survey (MICS2017/18), Survey Findings Report* (Accra, Ghana, 2018), p. 298.

28.22 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural) (SDG indicator 1.1.1) and disability.

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

[Link to the metadata related to this SDG indicator](#)

According to the metadata:

“The World Bank typically receives data from National Statistical Offices (NSOs) directly. In other cases it uses NSO data received indirectly. For example, it receives data from Eurostat and from LIS (Luxemburg Income Study), who provide the World Bank NSO data they have received/harmonized. The Universidad Nacional de La Plata, Argentina and the World Bank jointly maintain the SEDLAC (Socio-Economic Database for Latin American and Caribbean) database that includes harmonized statistics on poverty and other distributional and social variables from 24 Latin American and Caribbean countries, based on microdata from household surveys conducted by NSOs.

Data is obtained through country specific programs, including technical assistance programs and joint analytical and capacity building activities. The World Bank has relationships with NSOs on work programs involving statistical systems and data analysis. Poverty economists from the World Bank typically engage with NSOs broadly on poverty measurement and analysis as part of technical assistance activities.

Within the World Bank, the Global Poverty Working Group (GPWG) is in charge of the collection, validation and estimation of poverty estimates. GPWG archives the datasets obtained from NSOs and then harmonizes them, applying common methodologies. The objective of the GPWG is to ensure that poverty and inequality data generated, curated, and disseminated by the World Bank are up to date, meet high-quality standards, and are well documented and consistent across dissemination channels. Members of GPWG generate and update the estimates for the proportion of population below the international poverty line using raw data typically provided by country governments. The raw data are obtained by poverty economists through their contacts in the NSOs, and checked for quality before being submitted for further analysis. The raw data can be unit-record survey data, or grouped data, depending on the agreements with the country governments. In most cases, the welfare aggregate, the essential element for poverty estimation, is generated by the country governments. Sometimes, the World Bank has to construct the welfare aggregate or adjust the aggregate provided by the country.”

Many countries have reported this indicator, a number of which can be found in the UNDESA *Disability and Development Report*.

In addition, in the “Disability, Health and Human Development” book Sophie Mitra analyses several large longitudinal household survey datasets in Africa, collected as part of the Living Standard Measure Study. Table 7 was extracted from this [open-source book](#).

Table 7: Household wellbeing outcomes by functional status (means unless otherwise noted)

Functional Status	Share of households below \$1.90 per day		
	Malawi	Tanzania	Uganda
Severe	64%	20%	57%
Moderate	52%	12%	46%
None	53%	12%	45%

Source: Sophie Mitra, *Disability, Health and Human Development* (2018), Table 5.6

28.23 Proportion of persons with disabilities living below the US\$ 1.90 (PPP) per day international poverty line compared to the proportion of the overall population, by sex and age.

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

The data sources for this indicator are the same as in 28.22.

Note that the international poverty line can be used in conjunction with the [multidimensional poverty index](#), which identifies multiple deprivations at the household and individual levels, in health, education and standard of living, and thus offers a valuable complement to income-based poverty measures. If it is possible to ascertain both, using the multi-dimensional poverty index and the PPP poverty line can provide more comprehensive data for policymakers.

For example, using data from the MICS, the DHS and the “Encuesta Nacional de Salud y Nutrición”, Monica Pinillo-Roncancio and Sabina Alkire estimated multidimensional poverty, using a global multidimensional poverty measure, an extract of which can be found in table 8.

Table 8: Incidence of Multidimensional poverty

	People living in households with a disabled member (%)	Households with a disabled member (%)	Households without disabled member (%)
Algeria	7.5	2.8	1.3
Cambodia	17.5	31.1	33.4
Cameroon	26.2	62.2	54.3
Chad	19.7	89.1	86.6
Colombia	17.7	6.1	5.2
Dominican Republic	14.6	5.3	5.5
Ecuador	16.4	4.9	3.2
Gambia	16.1	62.9	59.8
Mexico	25.4	2.8	2.8
Uganda	14.5	76.5	68.7
Yemen	17.9	48.7	45.2

Source: Monica Pinilla-Roncancio and Sabina Alkire, “How poor are people with disabilities? Evidence based on the global Multidimensional Poverty index”, *Journal of Disability Policy Studies* (17 May 2020).

Notes: Categories as used by the source

28.24 Proportion of population living below the national poverty line by sex and age (SDG indicator 1.2.1) and disability.

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

[Link to the metadata related to this SDG indicator](#)

According to the metadata:

“National poverty estimates are typically produced and owned by country governments (e.g., National Statistic Office), and sometimes with technical assistance from the World Bank and UNDP. Upon release of the national poverty estimates by the government, the Global Poverty Working Group of the World Bank assesses the methodology used by the government, validates the estimates with raw data whenever possible, and consults the country economists for publishing. Accepted estimates, along with metadata, will be published in the WDI database as well as the Poverty and Equity Database of the World Bank.

Another source is World Bank’s Poverty Assessments. The World Bank periodically prepares poverty assessments of countries in which it has an active program, in close collaboration with national institutions, other development agencies, and civil society groups, including poor people’s organizations. Poverty assessments report the extent and causes of poverty and propose strategies to reduce it. The poverty assessments are the best available source of information on poverty estimates using national poverty lines. They often include separate assessments of urban and rural poverty.

Source collection is ongoing by the Global Poverty Working Group of the World Bank. The data in World Development Indicators (WDI) are updated quarterly following the WDI database updating schedule.”

The UNDESA Disability and Development Report includes this indicator for several countries (Figure II.2.-Percentage of persons living under the national poverty line, by disability status, in 6 countries, in 2011-2016).

Some of the data in the previously mentioned report come from country reports created for the [United Nations Economic and Social Commission for Asia and the Pacific “Disability at a Glance 2015: Strengthening Employment Prospects for Persons with disabilities in Asia and the Pacific”](#). Table 9 presents an extract from this report.

Table 9: Poverty Rates in Viet Nam by Disability Status, Sex and Age (%)

	Persons without Disabilities	Persons with Disabilities
Sex		
All	15.1	17.2
Male	14.6	17.5
Female	15.6	16.9
Age group		
5-18	19.3	31.1
19-40	15.1	24.7
41-62	9.9	11.9
63+	14.5	17

Source: United Nations Economic and Social Commission for Asia and the Pacific, *Disability at a Glance 2015. Strengthening employment prospects for persons with disabilities in Asia and the Pacific* (Bangkok, United Nations Publication, 2016), p. 10.

28.25 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions (SDG indicator 1.2.2) disaggregated by disability, before and after social transfers.

Level 2: Indicator that could be produced with straightforward additions or modifications to existing data collection efforts

[Link to the metadata related to this SDG indicator](#)

Generally, this indicator refers to multidimensional poverty, which combines deprivations across a wide range of factors – income, assets, education, employment, living conditions, water and sanitation, etc. Studies have used a variety of approaches. This includes the work by [Monica Pinillo-Roncancio and Sabina Alkire](#), cited in indicator 28.23, and the work by [Jean-Francois Trani and others](#), which expands multidimensional poverty to include factors related to social participation.

While the data going into these indices is available from the Household Income and Expenditure Surveys and Living Standards and Measurement Studies in a large number of countries, there is no single universally accepted method for creating the multi-dimensional poverty index.

28.26 Proportion of people living below 50 per cent of median income, by age, sex, and persons with disabilities (SDG indicator 10.2.1).

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

[Link to the metadata related to this SDG indicator](#)

According to the metadata:

“Data of income or consumption comes from nationally representative household surveys or assessments of income or consumption distributions, typically carried out and overseen by National Statistical Offices (NSOs). After some quality control and harmonization the data is available through PovcalNet, the World Bank online tool for global poverty and inequality measurement.

NSOs typically lead survey efforts for data collection at the country level. Within the World Bank, the Global Poverty Working Group (GPWG) oversees the collection, validation of income and consumption survey data used in estimation. GPWG archives the

datasets obtained from NSOs and harmonizes them, applying common methodologies to ensure comparability, before estimation.

As of 2018, data is readily available on 163 countries, and the methodology is building on well-established practice used in international poverty measurement tested over many years. Estimates for the particular indicator have now been tested and validated and data are ready to be reported for all countries for which we report data for 1.1.1.”

This indicator focuses on income, as opposed to expenditures, which is upon what international measures of poverty are based. However, most surveys that collect information on expenditures – referred to for earlier indicators for this article – also collect income information.

For example, Eurostat reports income quintiles for 27 European countries. Table 10 presents some of the [Eurostat data from Spain](#).

Table 10: Population by age, disability status and income quintile in Spain

Income quintile	With Disability			Without Disability		
	18-44	45-65	65+	18-44	45-65	65+
First	30%	30%	39%	16%	14%	30%
Second	32%	33%	34%	27%	27%	34%
Third	15%	20%	14%	20%	20%	18%
Fourth	16%	11%	10%	21%	20%	12%
Fifth	7%	6%	3%	15%	18%	7%

Source: Eurostat, “Population by age, disability status and income quintile”, 24 February 2020

Notes: Based on variable [hlth_dpeh030] – independent calculations

28.27 Proportion of population living in households with access to basic services (SDG indicator 1.4.1) by household with a person with disabilities.

Level 2: Indicator that could be produced with straightforward additions or modifications to existing data collection efforts

[Link to the metadata related to this SDG indicator](#)

According to the metadata:

“The main source of data for this indicator remains household surveys, including Demographic and Health Surveys (DHS), Multiple Indicator Cluster Survey (MICS), the

Living Standards Measurement Study (LSMS) World Bank, UNICEF and UNDP, the censuses and administrative data. These data sources are also described in the various metadata for the constituent SDG indicators. A lot of the pre-processed data is also derived from the SDG indicators that form this indicator. Data sources can be other SDG indicators monitoring results as well as additional data from household survey.

Data for a large set of sub-indicators such as water and sanitation, energy, information are readily available and already included in different international household survey framework. Refinement of definitions of different types of basic services and inclusion of the newly developed survey items in the existing household survey was completed. Data compilation has shown that already more than 100 countries have data at the national level.”

The metadata lists define basic services as Drinking water service, Sanitation service, Hygiene facilities, Electricity, Clean fuels, Mobility, Waste collection, Health care, Education, and Broadband internet.

Indicators for these services can be disaggregated by disability, as long as disability questions are included in the surveys. Such questions are standard in the MICS, optional in the DHS and included in many Living Standard Measurement Surveys and HIES. However, we found no study that had done this computation.

Even the SDG data tracker, available at <https://sdg-tracker.org/no-poverty>, reports on only four of these elements (improved drinking water, sanitation, electricity, and clean cooking fuels) and does it separately rather than reporting on the percentage of the population that has all of them. In addition, the SDG data tracker does not disaggregate by disability.

28.28 Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES) (SDG indicator 2.1.2) by sex, age and disability.

Level 2: Indicator that could be produced with straightforward additions or modifications to existing data collection efforts

[Link to the metadata related to this SDG indicator](#)

According to the metadata:

“Data can be collected using the Food Insecurity Experience Scale survey module (FIES-SM) developed by FAO, or any other experience-based food security scale questionnaires, including:

- *the Household Food Security Survey Module (HFSSM) developed by the Economic Research Service of the US Department of Agriculture, and used in the US and Canada,*
- *the Latin American and Caribbean Food Security Scale (or Escala Latinoamericana y Caribeña de Seguridad Alimentaria – ELCSA), used in Guatemala and tested in several other Spanish speaking countries in Latin America,*
- *the Mexican Food Security Scale (or Escala Mexicana de Seguridad Alimentaria, - EMSA), an adaptation of the ELCSA used in Mexico,*
- *the Brazilian Food Insecurity Scale (Escala Brasileira de medida da Insegurança Alimentar – EBIA) used in Brazil, or*
- *the Household Food Insecurity Access Scale (HFIAS),*
- *or any adaptation of the above that can be calibrated against the global FIES.*

Data for 2014, 2015, 2016, 2017 and 2018 are available from FAO for 137 countries, areas and territories included in the Gallup World Poll. Regional and sub regional aggregates are computed for all regions, with the exceptions of the Caribbean and the Oceania regions (as most small island states in the Caribbean and in the South Pacific are not covered by the GWP) and Middle Africa (as less than 50% of the regional population was covered). Data have been subject to a country consultation process and only results validated by national statistical offices are published at country level.”

The FAO does not report on disability and, although the metadata listed surveys that had the FIES module, none presented data on food security, nor is food security measured in the MICS. A list of sources used for this indicator is presented below. Of the sources listed, only Malawi and Chile (2011 and 2013) have information on disability. Theoretically, all sources could be expanded to include this information.

List of data sources from the metadata:

- In Burkina Faso, the FIES was included in the 2014 round of ENQUETE MULTISECTORIELLE CONTINUE (EMC-BF).
- In Cabo Verde, the FIES was included in the 2018 round of INQUÉRITO NACIONAL DE VULNERABILIDADE ALIMENTAR E NUTRICIONAL DAS FAMÍLIAS.
- In Canada, the Canadian Health Food Security Scale was included by Statistics Canada in the 2015 round of the Canadian Community Health Survey (CCHS).
- In Chile, FIES was included in the 2017 round of Encuesta de Caracterización Socioeconómica Nacional (Casen).
- In Ecuador, FIES was included in the 2016 round of the GESTIÓN DE ESTADÍSTICAS PERMANENTES A HOGARES (GEPH-ENEMDU).
- In Ghana, the FIES was included in the 2016-17 round of the Living Standards Survey.

- In Indonesia, FIES is regularly collected every year since 2017, through National Socio-Economic Survey (SUSENAS).
- In Israel, HFSSM was collected in the 2016 round of the Food Security Survey.
- In Kenya, the FIES was included in the 2015-16 round of the Integrated Household Budget.
- In Malawi, the FIES was included in the 2016-17 round of the FOURTH INTEGRATED HOUSEHOLD SURVEY.
- In Nigeria, the FIES was included in the 2015 round of the GENERAL HOUSEHOLD SURVEY-PANEL.
- In Palestine, FIES was included in the 2018 round of the Socio-economic Monitoring of the Palestinian Households' Survey.
- In the Republic of Korea, the Korean translation of the HFSSM was included in the 2014 and 2015 rounds of the Korea National Health and Nutrition Examination Survey (KNHANES).
- In the Russian Federation, FIES was collected in the 2018 round of the Nutrition sample survey.
- In Saint Lucia, FIES data were collected in the Survey of Living Conditions and Household Budgets 2016.
- In Seychelles, FIES data were collected in the Quarterly Labour Force Survey.
- In the United States of America, the HFSSM is included every year in the Current Population Survey Food Security Supplement (CPS-FSS) by the U.S. Bureau of Census since 1995 (the CPS-FSS reached about 83,000 individuals aged 15 or more in about 42,000 households in 2014).

Eurostat, however, publishes [survey data](#) on the percentage of persons who are unable to afford a meal with meat, chicken, fish (or vegetarian equivalent) every second day, by disability status and sex, in 35 countries.

The United Nations Department of Economic and Social Affairs “Disability and Development Report” cites the Eurostat numbers in Figure II.45. Table 11 is an example of the data from Bulgaria.

Table 11: Percentage of persons who are unable to afford a meal with meat, chicken, fish (or vegetarian equivalent) every second day, by disability status and sex. Bulgaria, 2019

	With Disability		No Disability	
	16-64	65 and over	16-64	65 and over
Male	39.1	37.5	23.9	29.2
Female	34.9	48.9	23.7	37.7
All	37.0	44.8	23.8	34.2

Source: Department of Economic and Social Affairs, *Disability and Development Report: Realizing the Sustainable Development Goals by, for and with persons with disabilities 2018* (New York, 2019), p. 101.

28.29 Prevalence of undernourishment (SDG indicator 2.1.1) by sex, age and disability.

Level 2: Indicator could be produced with straightforward additions or modifications to existing data collection efforts

[Link to the metadata related to this SDG indicator](#)

According to the metadata:

“The ideal source of data to estimate the Prevalence of Undernourishment (PoU) would be a carefully designed and skillfully conducted individual dietary intake survey, in which actual daily food consumption, together with heights and weights for each surveyed individual, are repeatedly measured on a sample that is representative of the target population. Due to their cost, however, such surveys are rare.

In principle, a well-designed household survey that collects information on food acquisitions might be sufficient to inform a reliable estimate of the Prevalence of Undernourishment in a population, at a reasonable cost and with the necessary periodicity to inform the SDG monitoring process, provided that:

- a) *All sources of food consumption for all members of the households are properly accounted for, including, in particular, food that is consumed away from home;*
- b) *Sufficient information is available to convert the data on food consumption or on food expenditures into their contribution to dietary energy intake;*
- c) *The proper methods to compute the PoU are used, to control for excess variability in the estimated levels of habitual food consumption across households, allowing for the presence on normal variability in the distribution of food consumption across individuals, induced by the differences in energy requirements of the members of the population.*

Examples of surveys that could be considered for this purpose include surveys conducted to compute economic statistics and conduct poverty assessments, such as Household Income and Expenditure Surveys, Household Budget Surveys and Living Standard Measurement Surveys. (...)

To inform its estimate of PoU at national, regional and global level, in addition to all household surveys for which it is possible to obtain micro data on food consumption, FAO [Food and Agriculture Organization of the United Nations] relies on:

a) UN Population Division's World Population Prospects (<https://esa.un.org/unpd/wpp/Download/Standard/Population/>), which provide updated estimates of the structures of the national population by sex and age every two years for most countries in the world;

b) FAO Food Balance Sheets ([http://faostat3.fao.org/download/FB//E](http://faostat3.fao.org/download/FB/*/E)), which provides updated estimates of the national availability of food every year for most countries in the world.*

Micro data from household surveys that collect food consumption data are sourced by FAO directly through the National Statistical Agencies' websites, or through specific bilateral agreements.

Collection process:

Official information on food commodity production, trade and utilization used by FAO to compile Food Balance Sheets is provided mainly by Statistical Units of the Ministry of Agriculture. FAO sends out a data collection questionnaire every year to an identified focal point.

Microdata of household surveys are generally owned and provided by National Statistical Agencies. When available, data is sourced by FAO directly through the NSA's website. In several cases, when microdata is not available in the public domain, bilateral agreements have been signed, usually in the contexts of technical assistance and capacity development programs.”

To obtain this information for children with disabilities, the UNICEF/WG Child Functioning Module, that is incorporated in MICS, would have to be used.

28.30 Prevalence of malnutrition among children under 5 years of age, by type (wasting and overweight), disaggregated by sex, age and disability.

Level 2: Indicator could be produced with straightforward additions or modifications to existing data collection

[Link to the metadata related to this SDG indicator](#)

According to the metadata:

“For the majority of countries, nationally representative household surveys constitute the data source. For a limited number of countries data from surveillance systems is used if sufficient population coverage is documented (about 80%). For both data sources, the child’s height and weight measurements have to be collected following recommended standard measuring techniques (WHO 2008).

Collection process:

UNICEF, WHO and the World Bank group jointly review new data sources to update the country level estimates. Each agency uses their existing mechanisms for obtaining data.

For WHO, see published database methodology (de Onis et al. 2004). For UNICEF, the cadre of dedicated data and monitoring specialists working at national, regional and international levels in 190 countries routinely provide technical support for the collection and analysis of data. For the past 20 years UNICEF has undertaken an annual process to update its global databases, called Country Reporting on Indicators for Goals (CRING). This exercise is done in close collaboration with UNICEF country offices with the purpose of ensuring that UNICEF global databases contain updated and internationally comparable data. UNICEF country offices are invited to submit, through an online system, nationally representative data for over 100 key indicators on the well-being of women and children, including stunting. The country office staff work with local counterparts to ensure the most relevant data are shared. Updates sent by the country offices are then reviewed by sector specialists at UNICEF headquarters to check for consistency and overall data quality of the submitted estimates and re-analysis where possible. This review is based on a set of objective criteria to ensure that only the most reliable information is included in the databases. Once reviewed, feedback is made available on whether or not specific data points are accepted, and if not, the reasons why. UNICEF uses these data obtained through CRING to feed into the joint dataset. The World Bank Group provides estimates available through the Living Standard Measurement Surveys (LSMS) which usually requires re-analysis of datasets given that the LSMS reports often do not tabulate the stunting data.”

The MICS includes a battery of questions about malnutrition and the UNICEF/WG Child Functioning Module. For example, consider the data from the [2017/2108 Ghana MICS survey](#) presented in table 12.

Table 12: Percentage of children under age 5 by nutritional status according to three anthropometric indices: weight for age, height for age and weight for height, Ghana

Background Characteristic	Weight for age		Height for age		Weight for height				No. of children under age 5
	Underweight, per cent below		Stunted, per cent below		Wasted, per cent below		Overweight, per cent above		
	-2 SD	-3 SD	-2 SD	-3 SD	-2 SD	-3 SD	+2 SD	+3 SD	
Total	12.6	2.4	17.5	4.8	6.8	1.1	1.4	0.3	8,775
Sex									
Male	14.1	3.2	19.5	5.7	7.8	1.3	1.5	0.2	4,308
Female	11.0	1.6	15.6	3.9	5.9	1.0	1.3	0.3	4,467
Age (in months)									
0-5	11.8	3.4	7.5	2.7	13.4	4.4	3.4	1.1	802
6-11	14.7	4.0	9.6	2.6	14.9	2.7	1.7	0.4	866
12-17	14.0	3.7	14.8	3.3	10.5	2.8	0.7	0.0	819
18-23	18.7	2.6	22.4	6.6	9.9	0.8	0.3	0.0	860
24-5	12.2	2.7	23.1	5.6	4.7	0.3	1.7	0.3	1,729
36-47	12.0	1.4	21.3	6.9	3.1	0.1	1.2	0.2	1,914
48-59	9.0	1.1	15.4	3.3	2.8	0.2	1.0	0.0	1,785

Source: Ghana Statistical Service, *Multiple Indicator Cluster Survey (MICS2017/18) Survey Findings Report* (Accra, Ghana, 2018)

The UNICEF/WG Child Functioning Module identifies children with functional difficulties, beginning at age 2. Thus, the Ghana survey report could have included data on nutrition disaggregated by the child's functional difficulties (age 2-4 years), as presented in table 13.

Table 13: Nutrition disaggregated by the child's functional difficulties (age 2-4 years)

Background Characteristics	Weighted per cent	Number of under 5 children	
		Weighted	Unweighted
Child's functional difficulties (age 2-4 years)			
Has functional difficulty	10.8	593	551
Has no functional difficulty	89.2	4,903	4,862

Source: Ghana Statistical Service, *Multiple Indicator Cluster Survey (MICS2017/18) Survey Findings Report* (Accra, Ghana, 2018)

28.31 Percentage of population with access to electricity (SDG indicator 7.1.1) by sex, age and disability

Level 2: Indicator that could be produced with straightforward additions or modifications to existing data collection efforts

[Link to the metadata related to this SDG indicator](#)

According to the metadata:

“Data for access to electricity is collected from household surveys and censuses, tapping into a wide number of different household survey types including: Multi-tier Framework (MTF), Demographic and Health Surveys (DHS) and Living Standards Measurement Surveys (LSMS), Multi-Indicator Cluster Surveys (MICS), the World Health Survey (WHS), other nationally developed and implemented surveys, including those by various government agencies (for example, ministries of energy and utilities).

The World Bank is the agency that has taken responsibility for compiling a meta-database of statistics on electricity access harvested from the full global body of household surveys. The World Bank Electrification Database covers more than 220 countries for the period 1990-2018 and is updated regularly.

For more information on compiling access to energy data see Global Tracking Framework report (2013) (Chapter 2, Annex 2, page 127-129).

Reports produced by international agencies such as the UN, World Bank, USAID, National Statistics Offices, as well as country censuses are used to collect data. Though some of the reports might not directly focus on energy access, they tend to include questions regarding access to electricity.

If data sources have any information on electricity access, it is collected and analysed in line with the previous trends and future projections of each country. Data validation is conducted by checking that the figures are reflective of the ground level scenario as well as are in line with country populations, income levels and electrification programs.”

Many surveys listed in the metadata have information on disability, which can be used to disaggregate this indicator. The MICS, for example, asks on both electricity and disability. However, the standard report does not disaggregate access to electricity by characteristics of the household members—just by urban/rural (as presented in table 14) and region of the country.

Table 14: Characteristics of housing, disaggregated by area and region, distributed by whether the dwelling has electricity.

Electricity	Total	Urban	Rural
Yes, interconnected grid	37	71.1	5.9
Yes, off-grid	11.4	4.8	17.4
No	51.6	24.1	76.7

Source: Kiribati National Statistics Office, *Kiribati Social Development Indicator Survey 2018-19, Survey Findings Report* (South Tarawa, 2019), p.28.