| **Article 28 – Illustrative indicators on adequate standard of living and social protection** | | |
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| **Right to an adequate standard of living and social protection\*** | | |
| **Attributes/**  **Indicator** | **Adequate standard of living** | **Social protection & poverty reduction** |
| **Structure** | * 1. Legislation enacted and national policy/plan adopted inclusive of persons with disabilities to ensure access to all mainstream and disability-specific programmes and services on an equal basis with others, including all social programmes, housing, nutrition, water, sanitation, hygiene and health (WASH).   28.2 National accessibility standards adopted and applied to public and private housing, access to water and sanitation. | 28.3 Legislation on social protection and poverty reduction which explicitly refers to persons with disabilities and ensures their equal access to all social protection programmes, including both social assistance and social insurance.[[1]](#endnote-1)  28.4 Mainstream[[2]](#endnote-2) and disability-targeted contributory and non-contributory social protection systems and programmes meet legislative criteria set out in indicator 28.3, and ensure programmes and services are inclusive of persons with disabilities.[[3]](#endnote-3)  28.5 No legal, regulatory provision or policy measure which requires:  - renouncing of legal capacity by persons with disabilities;[[4]](#endnote-4)  - conditionalities which cannot be fulfilled or which lead to adverse effects for beneficiaries, in order to access benefits and social protection programmes.[[5]](#endnote-5) |
| **Process** | 28.6 Number and proportion of dwellings, including public housing, which comply with accessibility standards.  28.7 Number and proportion of beneficiaries of public housing programmes, disaggregated by sex, age, disability and geographical location.  28.8 Number and proportion of households with access to drinking water, hygiene and sanitation facilities, disaggregated by household with persons with disabilities and geographical location. | 28.9 Fully accessible system to determine who qualifies for social protection benefits that does not discriminate on the ground of disability, and determines disability-related extra costs and the support services tailored to the individual, with particular attention to women, children, older persons, indigenous persons, persons belonging to a minority, and migrants with disabilities.  28.10 Number and proportion of persons with disabilities who apply for social protection benefits and those who receive them, disaggregated by sex, age, disability, indigenous/minority background, migrant status and kind of benefit (mainstream or disability specific).  28.11 Budget allocated and spent on social protection programmes, both mainstream and disability specific, whose beneficiaries are persons with disabilities, disaggregated by age, sex, disability, indigenous/minority background, migrant status, and kind of programme (mainstream or disability specific). |
| 28.12 Consultation processes undertaken to ensure the active involvement of persons with disabilities, including through their representative organizations, in the design, implementation and monitoring of laws, regulations, policies and programmes related to nutrition, housing, access to water, sanitation, social protection and poverty reduction.[[6]](#endnote-6)  28.13 Proportion of all public sector staff involved in the delivery of programmes and services related to nutrition, housing, access to water, sanitation, social protection and poverty reduction schemes who received training on the rights of persons with disabilities, in particular disability-related expenses and the provision of assistive devices and other forms of support for persons with disabilities.[[7]](#endnote-7) | |
| 28.14 Awareness raising campaigns and activities concerning programmes and services[[8]](#endnote-8) for persons with disabilities, designed and carried out in consultation with the organizations of persons with disabilities, concerning nutrition, housing, water, sanitation, social protection schemes, in particular targeting women, children, older persons, indigenous persons, persons belonging to a minority and migrants with disabilities.  28.15 Proportion of received complaints on access to and involvement in programmes and services concerning nutrition, food, housing, water, sanitation, social protection schemes, alleging discrimination on the basis of disability and/or involving persons with disabilities that have been investigated and adjudicated; proportion of those found in favour of the complainant; and proportion of the latter that have been complied with by the government and/or duty bearer; each disaggregated by kind of mechanism. | |
| **Outcome** | 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).  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.  28.18 Number of homeless persons per 100,000 population by sex, age and disability.  28.19 Proportion of urban population living in slums, informal settlements, or inadequate housing (SDG indicator 11.1.1) by sex, age and disability.  28.20 Proportion of population using safely managed drinking water services (SDG indicator 6.1.1) by sex, age and disability.  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.  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.  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.[[9]](#endnote-9)  28.24 Proportion of population living below the national poverty line by sex and age (SDG indicator 1.2.1) and disability.  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.  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).  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.  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.  28.29 Prevalence of undernourishment (SDG indicator 2.1.1) by sex, age and disability.  28.30 Prevalence of malnutrition among children under 5 years of age, by type (wasting and overweight), disaggregated by sex, age and disability.  28.31 Percentage of population with access to electricity (SDG indicator 7.1.1) by sex, age and disability. | |

## ANNEX

\* See Special Rapporteur on the rights of persons with disabilities, report on the right of persons with disabilities to social protection, [A/70/297](https://undocs.org/en/A/70/297). See also the Special Rapporteur’s factsheets on: [ensuring inclusion in social protection](http://www.embracingdiversity.net/files/report/1494325154_enabling-inclusion-onepager.pdf); [enabling choice and control for social protection that supports independence and participation](http://www.embracingdiversity.net/files/report/1494325101_choice-and-control-onepager.pdf); and [fighting poverty with inclusive social protection](http://www.embracingdiversity.net/files/report/1494325196_fighting-poverty-onepager.pdf).

1. Social protection legislation must include:

   * Prohibition of discrimination on the ground of disability in all aspects of programmes, including through the denial of reasonable accommodation;
   * effective access to mainstream schemes and to disability-specific schemes;
   * ensure that disability-related costs and support in cash and in kind (e.g. assistive devices, mobility aids) are reflected in national social protection systems both in the establishment of the level of the benefit as well as in the establishment of income thresholds (e.g. by including disability as a factor in proxy means tests for minimum income thresholds);
   * provision of financial support necessary to ensure inclusion in the community of persons with disabilities of all ages, encompassing specific age groups (children, youth, working-age adults and older persons), including support to leave an institution or avoid institutionalization, to adapt housing, to obtain disability-related supports and services in a manner inclusive of persons with disabilities;
   * compatibility between eligibility for, and reception of benefits and employment;
   * proactive measures to phase out residential institutions by replacement with adequate and appropriate social protection programmes that meet the needs of persons with disabilities in the community;
   * eligibility for benefits can be met without medical diagnosis, based instead on interactive assessment of needs.

   For further guidance, see [2019 joint statement “Towards inclusive social protection systems supporting the full and effective participation of persons with disabilities"](https://www.usp2030.org/gimi/ShowRessource.action;jsessionid=cwYZJekmzlwoPDmZNu7EULSTArg-jN2OPS6Fvsviywjo1Jksz2_O!1883341381?id=55473) [↑](#endnote-ref-1)
2. Mainstream contributory and non-contributory social protection systems and programmes include those pertaining to all workers, to all children, to all older persons, etc. [↑](#endnote-ref-2)
3. These systems and programmes should ensure:

   * social protection floors (see [ILO guidance](https://www.ilo.org/secsoc/areas-of-work/policy-development-and-applied-research/social-protection-floor/lang--en/index.htm))
   * in the case of adults with disabilities, that the payments are provided directly to the concerned person with disabilities;
   * within contributory programmes, government-financed contributions for persons with disabilities who have limited contributory capacity;
   * the continuity of benefits and services when moving from a contributory scheme to a non-contributory one;
   * Conditional Cash Transfer programmes, or similar programmes which condition the receipt of assistance, must make available accommodations and supports for persons with disabilities to ensure that persons with disabilities and their families are in a position to meet those conditions to facilitate effective access to programmes.

   [↑](#endnote-ref-3)
4. Legislation which restricts persons with disabilities in the exercise of their full legal capacity (contrary to Article 12 of the CRPD) commonly prevents signing of contracts and managing bank accounts, which may prevent persons with disabilities from receiving benefits and support or from exercising full control of the given benefit and support. Social protection programmes must not require any restriction of legal capacity as a pre-condition to accessing benefits and must be designed to provide adequate accommodations to foster choice, control and autonomy over their benefits and support by the individual concerned. [↑](#endnote-ref-4)
5. Conditionalities associated with benefits should not be required where there are barriers that prevent persons with disabilities from fulfilling them. For example, cash transfer schemes that are conditional upon school attendance where schools are not accessible to persons with disabilities, or where the absence of accessible transport prevents access to health clinics. Conditionalities should also not lead to adverse effects nor infringe the rights of persons with disabilities under the CRPD; e.g. requirement to comply with rehabilitation or treatment (including mental health treatment) against one´s will, or living in a segregated setting as a condition to receiving benefits. [↑](#endnote-ref-5)
6. This indicator requires verifying concrete activities undertaken by public authorities to involve persons with disabilities in decision-making processes related to issues that directly or indirectly affect them in line with article 4(3) of the CRPD and [General Comment no. 7](https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/7&Lang=en) of the CRPD Committee, including consultation meetings, technical briefings, online consultation surveys, calls for comments on draft legislation and policies, among other methods and mechanisms of participation. In this regard, States must

   ensure that consultation processes are transparent and accessible;

   ensure provision of appropriate and accessible information;

   not withhold information, condition or prevent organizations of persons with disabilities from freely expressing their opinions;

   include both registered and unregistered organizations;

   ensure early and continuous involvement;

   cover related expenses of participants. [↑](#endnote-ref-6)
7. Training should also include: the human rights based approach to disability, non-discrimination and the provision of reasonable accommodation, universal design, accessibility (including accessible information and communications). [↑](#endnote-ref-7)
8. Including training and counselling for persons with disabilities and their families, and combating stigma of persons with disabilities in accessing social protection schemes and benefits. [↑](#endnote-ref-8)
9. The PPP figure should be used as updated by the World Bank. The PPP can be used in conjunction with the [multi-dimensional poverty index (MPI)](http://hdr.undp.org/en/faq-page/multidimensional-poverty-index-mpi#t295n2956) which identifies multiple deprivations at the household and individual level in health, education and standard of living, and thus offers a valuable complement to income-based poverty measures. If possible to ascertain both, using the MPI and PPP can provide a more comprehensive for policymakers. [↑](#endnote-ref-9)