**Article 28 – Illustrative indicators on adequate standard of living and social protection**

**Right to an adequate standard of living and the continuous improvement of living conditions**

**Attributes**

* Adequate standard of living
* Social protection and poverty reduction

**Structure Indicators**

* 1. Legislation enacted and national policy/plan[[1]](#endnote-1) 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 programs, housing, nutrition, water, sanitation, hygiene and health (WASH).

28.2 National accessibility standards established and applicable for 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 programs, including both social assistance and social insurance.[[2]](#endnote-2)

28.4 Mainstream[[3]](#endnote-3) and disability-targeted contributory and non-contributory social protection systems and programmes meet the legislative criteria (indicator 28.4) and ensure programmes and services are inclusive of persons with disabilities.[[4]](#endnote-4)

28.5 No legal provision or policy measure which requires: renouncing of legal capacity;[[5]](#endnote-5) conditionalities which cannot be fulfilled or which lead to adverse effects for beneficiaries, in order to access benefits and social protection programmes.[[6]](#endnote-6)

**Process Indicator**

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 age, sex and disability.

28.8 Number and proportion of households with access to drinking water, hygiene and sanitation facilities, disaggregated by household with persons with disabilities.

28.9 Fully accessible system in place to determine who qualifies for social protection benefits that does not discriminate on the ground of disability, determines disability-related extra costs and the support services tailored to the individual, with particular attention to women, children, older persons 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 age, sex, disability, 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, migrant status, and kind of programme (mainstream or disability specific).

28.12 Consultation processes undertaken to ensure active involvement of persons with disabilities, including through their organizations, in the design, implementation and monitoring of laws, regulations, policies and programs related to nutrition, housing, access to water, sanitation, social protection and poverty reduction.[[7]](#endnote-7)

28.13 Proportion of all staff involved in the delivery of programs and services related to nutrition, housing, access to water, sanitation, social protection and poverty reduction schemes who have been trained on disability awareness and inclusion[[8]](#endnote-8), in particular disability-related expenses and provision of devices and other assistance for disability-related needs.

28.14 Awareness raising campaigns and activities concerning programmes and services[[9]](#endnote-9) for persons with disabilities, designed and carried out with the organisations of persons with disabilities, concerning nutrition, housing, water, sanitation, social protection schemes, in particular women, children, older persons and migrants with disabilities.

28.15 Number 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, investigated and adjudicated in favour of the complainant, disaggregated by kind of mechanism, and the proportion of these complied with by the government or duty bearer.

**Outcome Indicators**

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.

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 age, sex and disability.

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

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

28.22 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural) (SDGs indicator 1.1.1) and by 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 age and sex.[[10]](#endnote-10)

28.24 Proportion of population living below the national poverty line by sex and age (SDGs 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 (SDGs indicator 1.2.2) disaggregated by disability, before & after social transfers.

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

28.27 Proportion of population living in households with access to basic services (SDGs 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) (SDGs indicator 2.1.2) by age, sex and disability.

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

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

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

**ANNEX**

1. Which can be mainstream or disability specific, is designed with the meaningful consultation with organizations of persons with disabilities and contains:

   * Clear lines of responsibility, targets and timetable for implementation;
   * Allocated budget;
   * Mechanisms for cross-ministerial cooperation;
   * Monitoring and enforceability mechanism;
   * Criteria requiring physical and informational accessibility.

   [↑](#endnote-ref-1)
2. Social protection legislation must include:

   * Non- discrimination on the ground of disability in all aspects of programs, including through the provision 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, including 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 reception of benefits and employment;
   * Phasing out residential insitutions by replacement with adequate social protection programs 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-2)
3. E.g. targeted at children, older persons. [↑](#endnote-ref-3)
4. 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 person with disabilities;
   * Within contributory programmes, government-financed contributions for persons with disabilities who have limited contributory capacity;
   * 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 ensure the provision of 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-4)
5. Legislation which restricts persons with disabilities in the exercise of their full legal capacity 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 by the individual concerned of their benefits and support. [↑](#endnote-ref-5)
6. 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 or 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-6)
7. 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, 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
   * 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 (e.g. transport and other expenses to attend meetings and technical briefings).

   [↑](#endnote-ref-7)
8. The training should also include accessibility measures, reasonable accommodation, non-discrimination, and combating negative stereotypes. [↑](#endnote-ref-8)
9. Including training and counselling for persons with disabilities and their families. [↑](#endnote-ref-9)
10. 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 and holistic view to policymakers. [↑](#endnote-ref-10)