

## GUIDE: MONITORING AND EVALUATION STRATEGIES FOR DISABILITY INCLUSION IN INTERNATIONAL DEVELOPMENT



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Photo credit: USAID/Uganda Youth Leadership for Agriculture Program implemented by Chemonics

Students of St. Anthony's School for the Deaf learning how to harvest maize in the school's demonstration garden. The program partnered with the school to engage youth with disabilities through activities that harnessed business development opportunities.



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## Acronyms

ADA	Americans with Disabilities Act
CRPD	United Nations Convention on the Rights of Persons with Disabilities
DHS	Demographic and Health Surveys
EDDI	Excellence in Development and Disability Inclusion
F/GBV	Family and gender-based violence
FCDO	United Kingdom Foreign, Commonwealth & Development Office
GESI	Gender equality and social inclusion
ICF	International Classification of Functioning, Disability and Health
IFES	International Foundation for Electoral Systems
ILO	International Labour Organization
MDS	Model Disability Survey
MEL	Monitoring, evaluation, and learning
MICS	Multiple Indicator Cluster Survey
OPD	Organizations of persons with disabilities
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WCAG	Web Content Accessibility Guidelines
WG	Washington Group
WHO	World Health Organization



## I. Purpose of Document

In pursuit of impactful and inclusive international development programming in the countries where we work, Chemonics is committed to leaving no one behind and reaching the most underrepresented populations. This includes supporting persons with disabilities, who often face multiple, compounding barriers to their full participation in society. Donors such as the Australian Department of Foreign Affairs and Trade<sup>1</sup> and New Zealand Ministry of Foreign Affairs and Trade have worked for years to prioritize disability inclusive development. Increasingly, donors like the United Kingdom Foreign, Commonwealth & Development Office (FCDO) and the United States Agency for International Development (USAID) are challenging implementing partners to ensure their work and practices are inclusive of persons with disabilities. Importantly, donors are holding development programs to account, requiring concrete measurements of and reporting on how inclusion is being achieved.

The purpose of this document is to provide an overview of disability inclusion monitoring, evaluation, and learning (MEL) tools for the generalist development-sector implementers who seeks to integrate disability inclusion throughout their work. It outlines these tools and recommends those that you should consider to 1) measure the inclusiveness of donor-funded spaces, activities, and convenings; and 2) generate participant data disaggregated by disability status and intersecting factors.

We focus on the most widely used and accepted tools and methodologies, rather than presenting an exhaustive review of the many disability inclusion measurement tools that exist. The guide offers concrete, sector-specific recommendations for tools. For example, it presents tools to measure a health intervention in Africa and an education program in the Middle East. Overall the tools described in the guide are primarily to be used for technical activities. The guide will steer you through the objectives of defining, identifying, and measuring disability, as well as ethical data collection and how to develop baselines and indicators.

## II. Intended Audience

This guide is intended to support proposal teams in meeting bid-stage requirements for disability disaggregated participant data (or other disability inclusion measures) and in integrating concrete approaches in their MEL sections. It is also intended to aid startup teams, MEL specialists, gender equality and social inclusion (GESI) specialists, and program management teams that are supporting projects to integrate disability inclusion measures into their MEL plans. Further, this guide may prove useful for MEL and GESI focal points on existing programs that are evaluating some element of disability inclusion or are contemplating incorporating it into their work. As a [USAID Acquisition and Assistance Policy Directive](#) instructs contracts to include a clause requiring inclusion of persons with disabilities in project implementation and [FCDO's 2018-2023 disability inclusion strategy paper](#) encourages disability inclusion, this guide will aid projects in meeting the contractual requirement. Specifically, the guide will assist in creating disability-focused indicators to ensure inclusion of persons with disabilities in project implementation. Even when donors do not address disability inclusion, proposals and programs will increase their efficacy and impact across sectors by ensuring inclusion of persons with disabilities in their programs; this document focuses on the MEL portion of that inclusion work.

## III. Background

### a. Why Disability Inclusion Data is Important

An estimated 15% of the world's population are persons with disabilities, approximately 1 billion people.<sup>2</sup> Of this total, an estimated 80% live in developing countries, and this proportion is likely to rise in the future as populations age and chronic conditions further disabilities. Persons with disabilities face barriers across sectors (e.g., access to education, healthcare, employment, income, justice, social support,

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<sup>1</sup> "Disability Inclusion in the DFAT Development Program" Good Practice Note: <https://www.dfat.gov.au/sites/default/files/disability-inclusive-development-guidance-note.pdf>

<sup>2</sup> World Bank, "Disability Inclusion": <https://www.worldbank.org/en/topic/disability/>

appropriate assistive technologies, and opportunities for civic involvement). This applies across all levels of society and includes having to deal with negative attitudes, stigma, and discrimination within communities and even households. Further, persons with disabilities face intersecting and compounding forms of discrimination based on gender, sexuality, disability type, age, race, ethnicity, religion or belief, and location. For example, girls and young women with disabilities face up to 10 times more gender-based violence than those without disabilities, making inclusion of persons with disabilities in Safeguarding work critical.<sup>3</sup> The quantity and quality of disability-related data globally is severely lacking, and the development sector has an important role to play in contributing to the evidence base needed to inform ongoing advocacy, awareness raising, and resource mobilization. Data on disability inclusion is also vital for understanding what types of interventions work to reach and improve the inclusion of persons with disabilities across geographies and sectors.

## **b. Definition of Disability and Other Key Terms**

We have detailed definitions of terms related to the inclusion of persons with disabilities to provide a common understanding to readers. This is not a comprehensive list of definitions, but rather those that will be useful in reading this document.

**Persons with Disabilities.** The United Nations Convention on the Rights of Persons with Disabilities (CRPD) defines persons with disabilities to “include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”<sup>4</sup>

Within the population of persons with disabilities, everyone with a disability has their own unique needs and experiences. Three individuals can share the same type of disability but have vastly different experiences. For example, one person who is deaf<sup>5</sup> may communicate in a sign language and not use any hearing technologies, another person who is deaf may hear with cochlear implants and use listening and spoken language, and a third person who is profoundly deaf may use hearing aids and both signed and spoken languages. These communication preferences depend on many factors, including language environment, education, and access to resources.

Many disabilities are not apparent. Examples include dyslexia, autism spectrum, attention deficit hyperactivity, depression, dementia, bipolar disorder, and generalized anxiety. Disability can be caused by various reasons including malnutrition, recurring illness, genetics, or injury. It can appear at any point in life, at birth, during childhood and teenage years, and during young adult, middle-age, and senior years.

**Accessibility.** Persons with disabilities accessing, on an equal basis with others, the physical environment, transportation, information, and communications, including information and communications technologies and systems, as well as other facilities and services open or provided to the public.<sup>6</sup>

**Accommodations for persons with disabilities.** According to the CRPD, reasonable accommodations are “necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or

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<sup>3</sup> United Nations Population Fund, “Young Persons with Disabilities”, 2018: <https://www.unfpa.org/publications/young-persons-disabilities>

<sup>4</sup> United Nations, Convention on the Rights of Persons with Disabilities [https://www.un.org/disabilities/documents/convention/convention\\_accessible\\_pdf.pdf](https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf)

<sup>5</sup> According to Carol Padden and Tom Humphries, in *Deaf in America: Voices from a Culture* (1988): “We use the lowercase deaf when referring to the audiological condition of not hearing, and the uppercase Deaf when referring to a particular group of deaf people who share a language – American Sign Language (ASL) – and a culture”; note that some individuals prefer to use the capitalized version of Deaf to denote this distinction. <https://www.nad.org/resources/american-sign-language/community-and-culture-frequently-asked-questions/>

<sup>6</sup> United Nations, CRPD Article 9, <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-9-accessibility.html>

exercise on an equal basis with others of all human rights and fundamental freedoms.”<sup>7</sup> Accommodations are wide ranging and vary for persons with different disabilities based on individual needs and preferences. Accommodations can be no-tech, such as additional time provided for students with learning disabilities in school; low-tech, such as providing a magnifier for individuals who have low vision; or high-tech, such as software with text-to-synthesized speech technology.

**Disability-disaggregated data.** Dividing data into a subcategory focusing on the number of participants with disabilities. Disaggregating data by disability helps project implementers determine the inclusivity and accessibility of technical activities for persons with disabilities and how well project implementers are reaching out to participants with disabilities to invite them to activities. Lowest common denominator type data may suit donor agencies that seek to add up numbers across many projects or countries for example but may not be meaningful and useful in individual contexts. Excessive focus on data about *individual disabilities*, without essential information about social barriers and research about how best to support cultural or behavioral change, could undermine efforts to bring about more inclusive societies.

Where possible and when appropriate, and to more fully understand inclusion and accessibility of program activities, disability-disaggregated data should incorporate intersectionality and allow further disaggregation by other identity markers such as gender identity, race, and ethnicity. This can support understanding of whether a constraint or opportunity for inclusion is more prevalent among groups with intersecting identities, such as women with disabilities or children with disabilities.

**Inclusion.** A process that aims to ensure that all people are equitably recognized and empowered to participate in and benefit from program activities, particularly those who have historically been excluded. An inclusive community sustains a sense of belonging for their members, valuing and respecting their skills, views, and beliefs.

**Indicator of disability inclusion.** Markers that measure the inclusivity and accessibility of program activities to persons with disabilities and the progress of the activity to benefit persons with disabilities. The indicators provide implementing partners with information on the causes of the gaps that persons with disabilities are facing in the environment.

**Universal Design.** The design of products, environments, programs, and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.<sup>8</sup>

### ***c. Emerging Donor Requirements Around Measuring Disability Inclusion***

Increasingly, donors such as USAID and FCDO are placing more attention on the inclusion of persons with disabilities in development programs and are holding implementers to account to demonstrate that they are engaging and reaching persons with disabilities in their programming and that their activities/spaces are inclusive.

#### **U.K. Government**

In January 2017, FCDO launched the Data Disaggregation Action Plan,<sup>9</sup> which advanced their commitment to “leave no one behind” by committing to disaggregate data by sex, geography, disability, and age within the organization and to advocate for the adoption of this data disaggregation approach among partners they work with on a global scale.

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<sup>7</sup> Ibid

<sup>8</sup> United Nations, CRPD Article 2, <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-2-definitions.html>

<sup>9</sup> “DFID Data Disaggregation Action Plan”: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/582315/Data-disaggregation-action-plan-Jan-2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582315/Data-disaggregation-action-plan-Jan-2017.pdf)

In December 2018, FCDO also released their first disability strategy, acknowledging that globally far too little progress has been made to tackle the root causes of stigma, discrimination, and abuse of persons with disabilities. FCDO's [Strategy for Disability Inclusive Development 2018-2023](#) builds upon the 2014 Disability Framework and sets forth FCDO's vision to make their work more inclusive of persons with disabilities in the world's poorest countries. By calling for and committing to greater participation of persons with disabilities, the strategy aims to address the historic underrepresentation of persons with disabilities in the development process and in making the decisions that affect their lives. FCDO's strategy emphasizes achievement of four essential outcomes:

1. All human rights of all persons with disabilities are fully recognized, respected, and fulfilled
2. Full and active participation, representation, and leadership of all persons with disabilities
3. Equal access to opportunities and outcomes for all persons with disabilities
4. **Improved evidence base and data on disability-related exclusion to inform better program design**

## FCDO'S DISABILITY INCLUSIVE DEVELOPMENT PROGRAM (2017-2023)

FCDO's Disability Inclusive Development Program (£37 million) works globally to deliver tangible outcomes for persons with disabilities, such as access to education, jobs, and healthcare, as well as reduced stigma and discrimination. The program encourages global actors to prioritize disability inclusion. Specifically, it tests innovative approaches to disability inclusion and generates high-quality research to fill gaps and discover what works.

FCDO is also an anchor member of the Global Partnership for Sustainable Data Collection's Inclusive Data Charter<sup>10</sup> and has their own Inclusive Data Charter Action Plan,<sup>11</sup> with "all populations must be included in the data" as the first principle. FCDO also has pledged to go beyond disaggregation to collect further relevant data for disability inclusion, such as enablers and barriers to inclusion.

As one of their four essential pillars (see above) for overall disability inclusion in program design and implementation, FCDO considers evidence-based understanding of the scale and nature of disability-related exclusion essential to their theory of change for disability inclusion.<sup>12</sup> They view this understanding as critical to finding what works to improve outcomes for persons with disabilities.

## USAID

In 1997, USAID issued a [policy paper](#) noting that it is the agency's policy to avoid discrimination against persons with disabilities in USAID-funded projects. As of November 2021, USAID's policy is currently under review and going through a consultative process for update.

The policy outlined the following objectives:

- Educate cooperating country nationals, governments, implementing partners, and other donors on the importance of promoting equal opportunities and inclusion of persons with disabilities
- Increase awareness of disability issues within USAID projects and in host countries and support international advocacy for disability rights

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<sup>10</sup> Global Partnership for Sustainable Development Data, "Inclusive Data Charter":

<http://www.data4sdgs.org/initiatives/inclusive-data-charter>

<sup>11</sup> UKaid, "Inclusive Data Charter Action Plan":

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/783756/Inclusive-Data-Charter-Action-Plan-March.2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/783756/Inclusive-Data-Charter-Action-Plan-March.2019.pdf)

<sup>12</sup> "DFID's Strategy for Disability Inclusive Development 2018-23":

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/760997/Disability-Inclusion-Strategy.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/760997/Disability-Inclusion-Strategy.pdf)

USAID notes that while the United States' Americans with Disabilities Act (ADA) does not apply to non-U.S. citizens overseas, USAID's disability policy encourages application of the principles of the ADA to USAID projects overseas, across all sectors from education to economic growth. Moreover, USAID notes that each USAID bureau and mission needs to consult with and advocate for persons with disabilities to ensure their perspectives are considered, as well as implement projects in a way that best fosters inclusion of persons with disabilities. The agency also stipulates that operating units and missions should have dialogues with host governments to address disability inclusion.

All USAID acquisition contracts and assistance awards have a [clause mandating disability inclusion in project implementation](#). The clause states:

“(a)The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of persons with disabilities both within USAID programs and in host countries; (3) to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of non-discrimination against people with disabilities; and (4) to support international advocacy for persons with disabilities. The full text of the policy paper can be found at the following website: [https://pdf.usaid.gov/pdf\\_docs/PDABQ631.pdf](https://pdf.usaid.gov/pdf_docs/PDABQ631.pdf).

(b) USAID therefore requires that the recipient not discriminate against persons with disabilities in the implementation of USAID programs and that it make every effort to comply with the objectives of the USAID Disability Policy in performing the program under this grant or cooperative agreement. To that end and to the extent it can accomplish this goal within the scope of the program objectives, the recipient should demonstrate a comprehensive and consistent approach for including men, women and children with disabilities.”

Policies and guidance documents within specific sectors at USAID provide further guidance on requirements and priorities for disability inclusion. For example, the USAID Education Policy is underpinned by the principle of equity and inclusion for all children and youth populations and, relatedly, USAID's Education programming requires data on learners with disabilities. Additional resources on implementation of these USAID policies in areas such as education programming or training on disability inclusion can be found in Section IX of this guide.

## IV. Objectives of Disability-Inclusive MEL

When identifying individuals with disabilities participating in project activities, there are many factors and challenges to consider regarding privacy concerns, stigma, and discrimination. Peer-reviewed and industry-accepted tools for measuring the prevalence of disability in a population are rooted in the International Classification of Functioning, Disability and Health (ICF) model, though the tools differ based on country context and setting. The ICF model defines disability as the interaction between health conditions and/or impairments in body function and structure (e.g., acute muscular weakness, limb paralysis, and hearing/seeing difficulty); activity limitations (e.g., inability to walk and to be understood when speaking; and participation restrictions (e.g., local health facility is inaccessible due to distance from home and lack of transportation options).

The relationship between these factors is mediated by environmental, personal, and contextual factors.<sup>13</sup> Therefore, the presence of a disability is not limited to a clinical diagnosis, but rather a social assessment of an individual's ability to fully access and participate in society. Identification systems and their implementation are not universal; for example, there is not a universally available or applied system for vision and hearing screenings. In places such as classrooms where effective identification systems exist, there may be a lack of expertise to identify learning disabilities.

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<sup>13</sup> International Centre for Evidence in Disability, “Measuring Disability in Surveys and Programs: A Summary,” London School of Hygiene and Tropical Medicine, 2014: <http://disabilitycentre.lshtm.ac.uk>

## OBJECTIVES OF DISABILITY-INCLUSIVE MEL

- Utilize self-reported tools to measure inclusion of persons with disabilities at the individual level to measure most accurately
- Partner with OPDs and hire people with disabilities to develop an inclusive and contextually appropriate approach to data collection
- Measure inclusivity of environments as another way of understanding how persons with disabilities are engaging with the project

Tools including the Washington Group (WG) Questions have been adopted by actors, such as the United Nations, for household surveys and used across many types of programs. However, there is still variety in the methods used to collect data, and implementing partners are often left on their own to determine the methodology to identify persons with disabilities. For example, in censuses or surveys collecting data on persons with disabilities, there is inconsistent methodology for collecting data within a country and multiple agencies such as ministries of health, ministries of labor, and/or national statistics offices are involved but not coordinated, resulting in incomparable data (UN 2020).<sup>14</sup> Consequently, momentum is building to align data collection approaches around disability and inclusion to ensure consistency. This will aid policymakers and donors in making more informed decisions on how to improve accessibility for persons with disabilities.

A study conducted by researchers at the London School of Hygiene and Tropical Medicine in 2014 assessed the effectiveness of utilizing various methods for measuring disability prevalence, including direct questioning (e.g., “Do you have a disability?”), self-reported activity limitation (e.g., “Do you have difficulty in seeing?”), self-reported participation restriction (e.g., “Do you have difficulty taking care of personal objects?”), and clinical screenings for impairments in body function and structure (e.g., visual acuity measurement).<sup>15</sup> This study had two important findings that have continued to shape and influence the direction of disability measurement approaches in recent years:

1. **In many parts of the world, using a single question on disability (e.g., “Do you have a disability: Yes or No”?) leads to significant underreporting and is often not recommended.** It is critical for those engaging in data collection and evaluation work to understand the context they are working in, how to create safe spaces for ethical data collection, and how to frame their questions most appropriately for the context. Asking directly about having a disability can be stigmatizing, and many individuals may not be aware of their disabilities. In places where there is stigma, it is crucial to give people the opportunity to self-identify, without forcing or requiring disclosure. In contrast, in places where persons with disabilities feel more open or more empowered to speak about their disabilities, such as organizations of persons with disabilities (OPDs), asking a single question may be received as appropriate.
2. **Self-reported tools that measure activity limitation are the most appropriate and resource-efficient way to measure disability in a population or within a program or project.**<sup>16</sup> As the term “disability” may be stigmatizing for some persons with disabilities due to biases or negative perception in their communities, this could lead to underreporting. An alternative to address this is asking questions about their body functioning, which can lead to more accurate reporting. An example of a question would be, “Do you have difficulty seeing, even if wearing glasses?”

Additionally, **partnering OPDs** and hiring persons with disabilities in MEL specialist and enumerator roles themselves are a critical part of developing an inclusive approach to data collection. Projects should seek

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<sup>14</sup> Ibid.

<sup>15</sup> International Centre for Evidence in Disability, “Measuring Disability in Surveys and Programmes”: [https://www.cbmun.org.uk/wp-content/uploads/2016/04/BEiD\\_Disability\\_Measurement\\_Summary\\_ICED\\_CBM\\_2014.pdf](https://www.cbmun.org.uk/wp-content/uploads/2016/04/BEiD_Disability_Measurement_Summary_ICED_CBM_2014.pdf)

<sup>16</sup> Ibid.

partnership with OPDs from the inception phase, whether formal or consultative, to fully understand the context for data collection on disability inclusion and to make decisions around activity focus.

Further, a project aiming to include persons with disabilities needs to not only identify whether or not participants have a disability but also measure the accessibility and inclusiveness of the environments in which they live, learn, seek care, and get information (e.g., health facilities, public transportation, and the internet). In some cases, identifying persons with disabilities may not be the most effective way to measure disability inclusion; programmatic focus on the process to secure accommodations, accessible information, and environments are critical factors as well for ensuring disability inclusion. There is also a lack of standards and measurements to determine the accessibility of the environment, both physical and virtual. Table 1 (see below) lists several tools that exist for measuring inclusiveness. Some countries have created their own accessibility standards and measurements.

In the next sections, we examine an illustrative cross section of the disability inclusion MEL tools and methodologies that exist.

## V. Tools and Methodologies for Measuring Inclusiveness of Donor-Funded Activities and Spaces

Determining the inclusivity of a technical activity through knowledge of how many persons with disabilities are participating is one way to improve and understand inclusion of persons with disabilities in project implementation. However, another important component is measuring the accessibility of donor-funded spaces and activities. For example, a project focused on improving access to safe drinking water, enhancing delivery of local government services, strengthening health facilities, or increasing access to justice services must also include goals focused on improving accessibility of the environment (e.g., “Do court rooms have interpreters available for citizens who use sign language?”).

Table 1 highlights tools and methodologies for measuring the inclusiveness of various donor-funded activities, spaces, and convenings. In the table, as well as in Annex 2, we have referenced a handful of Chemonics-developed checklists that can be used as cursory tools for factoring inclusive design approaches. Measuring the accessibility of space can also involve creating a universal design checklist geared toward the specific environment.

**Table 1. Tools for Measuring Inclusiveness of Donor-Funded Activities and Spaces**

Space/Activity	Tool/Methodology (with description and links)	Author/Developer	Available Languages
Classroom	<a href="#">Index for Inclusion</a> – A detailed set of indicators for characterizing the inclusiveness of an education center. It provides a comprehensive assessment of the extent of inclusiveness by examining three dimensions: 1) creating inclusive cultures; 2) producing inclusive policies; and 3) evolving inclusive practices.	<a href="#">Centre for Studies on Inclusive Education</a>	Albanian, Arabic, Basque, Bosnian, Bulgarian, Castilian, Catalan, Chinese, Croatian, Czech, Danish, Dutch, English, Finnish, French, German, Hebrew, Hungarian, Italian, Japanese, Latvian, Maltese, Norwegian, Polish, Portuguese, Romanian, Russian, Serbian, Spanish, Swedish,

Space/Activity	Tool/Methodology (with description and links)	Author/Developer	Available Languages
			Vietnamese, and Welsh
<b>Classroom</b>	<a href="#">WG/UNICEF Inclusive Education Module (IEM)</a> . Survey module to be used in conjunction with the Child Functioning Module to identify both facilitators and barriers to school participation in order to inform policies to improve full inclusion in education for children with disabilities.	Washington Group and UNICEF ( <a href="mailto:WG_Secretariat@cdc.gov">WG_Secretariat@cdc.gov</a> )	<i>Final draft pending</i>
<b>Healthcare Facility</b>	<a href="#">Accessibility Standards for Health Facilities in Low- and Middle-Income Settings</a> – The accessibility standards and audit pack can be used to help develop national accessibility standards, assess existing health infrastructure, and guide the development of new health facilities.  The pack provides step-by-step guidance on how to plan, train a team, undertake an audit, and then report on and implement improvements. It offers best-practice guidance to ensure a facility is accessible, alongside simple diagrams and photographic examples.	<a href="#">Sightsavers</a> (Andrea Pregel, social inclusion program advisor)	English
<b>Election Participation</b>	<a href="#">ADA Checklist for Polling Places</a> – This tool includes a comprehensive checklist on pages 16 to 25 to determine the accessibility of polling places.	U.S. Department of Justice	English
	<a href="#">Election Access Observation Toolkit</a> – This toolkit includes indicators to identify gaps in the inclusion of persons with disabilities and accessibility in the election process.	International Foundation for Electoral Systems	English
<b>Workplace</b>	<a href="#">ADA Checklist for Existing Facilities</a> – This tool includes a comprehensive checklist to determine the accessibility of workplaces and other public places.	U.S. Department of Justice ( <a href="https://www.ada.gov/index.html">https://www.ada.gov/index.html</a> )	English

Space/Activity	Tool/Methodology (with description and links)	Author/Developer	Available Languages
Website	<a href="#">Section 508</a> – This website provides tools to measure the accessibility of websites and check to ensure websites are in compliance with U.S. law, Section 508.	U.S. General Services Administration	English
	<a href="#">How to Meet WCAG</a> (Web Content Accessibility Guidelines) – This is a checklist guide to assist developers in ensuring the website meets all accessibility standards in accordance with W3C ISO.	<a href="#">Web Accessible Initiative</a>	English
Universal Design Checklists	Please see <i>Annex 1. Universal Design Checklists</i> for ideas on minimum requirements for creating inclusive environments in public buildings; water, sanitation, and hygiene facilities; workplaces; training and conference; and courtrooms and justice services.  Check out <a href="#">Inclusive Design Principles</a> .	Chemonics International, UNICEF	English
Universal Design Crowdsourcing	This includes apps that allow persons with disabilities to rate and review the accessibility of restaurants, stores, hotels, and other places. Such apps are AXS Map, Access Earth, AccessNow, and WheelMap.	Various	English

## VI. Tools and Methodologies for Generating Disability-Disaggregated Participant Data

In this section, we outline three types of data relevant to disability inclusion in international development programming, as well as identify tools for generating disability-disaggregated data.

### a. Types and Uses of Data

Different types of data are relevant to disability inclusion and the work of development agencies. Here, we present three main types:

1. **Prevalence data about persons with disabilities.** This is the most frequent type of data our projects and activities are tasked to collect, process, and analyze. Prevalence data about the numbers or proportion of persons with disabilities in a population may be expected to assist governments (and development programs) in determining resource allocations for disability-specific services. This kind of data may also be useful as a part of broader demographic data about access to various types of services. The extent to which data is collected on specific disabilities could result in significant challenges, particularly in countries where services for people with diagnosed disabilities,

including social protection services and medical and other support, are not widely available or accessible. Collecting the data itself can also be challenging where qualified medical professionals are not available or being engaged to undertake this analysis. Simply asking someone if they have a disability and about the nature of the disability can cause offense and segregation. In addition, if sharing such information does not lead to improvement in service or changes in social attitudes, then the risk of doing harm to individuals by collecting this data can outweigh the benefit. Notably, tools to determine prevalence are different from those used for identification; identification implies accommodation, referral, or the provision of services.

Disaggregating the number of participants by disability is critical for determining how many persons with disabilities are participating in a technical activity and part of determining how inclusive the technical activity is. Table 2 (see next page) provides an overview of international, peer-reviewed, and tested tools and methodologies for generating disability-disaggregated participant data. These tools can be integrated into population-based censuses, sample participant surveys (e.g., a disability module in an existing program survey), and/or administrative collections and registers (e.g., patient in-take or exit interview forms). We briefly identify the key features of each.

2. **Data and information about existing situations and changes in the extent of inclusion of persons with disabilities as a result of government policies and services or advocacy efforts over time.** This is more likely to be the focus of centralized governmental MEL mechanisms (e.g., for the purpose of Sustainable Development Goals reporting by national governments). Information about changes resulting from advocacy efforts may also be the focus of civil society organizations. These could include various data types, including perceptions of changes by persons with disabilities and their communities or representative organizations, society-wide attitude changes, reviews of government service protocols and accessibility guidelines, assessment of changes in accessibility, and many other elements of change. Analysis of changes might synthesize data about both changes in the inclusiveness of policies and services, in addition to changes in the numbers and proportions of people being included in various processes. An example of this kind of information, is a [recent survey](#) from the International Disability Alliance on the experiences of persons with disabilities adapting to COVID-19.
3. **Data and information about the effectiveness of strategies used by aid agencies.** This may focus on the quality of inclusion processes (e.g., planning, implementation, and monitoring) and the extent to which externally supported efforts have achieved outcomes related to inclusion. Although prevalence data may not be highly relevant to this kind of analysis, some of it (e.g., data on the extent to which persons with disabilities access various services or project processes, or on comparisons with groups of people without disabilities) may be useful for activity planning, depending on the design of the project.
4. **Qualitative data to measure transformative change.** In addition to the primarily quantitative data types provided above, qualitative data can provide key information to measure transformative change in the lives of persons with disabilities. The tools detailed below primarily focus on quantitative data, but tools such as the “Gender Continuum Tool”<sup>17</sup> could be adapted to understand how activities are transforming norms for persons with disabilities. Further, approaches such as focus groups and interviews can yield deeper understanding of the needs of persons with disabilities, or the barriers in their environments impacting access.

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<sup>17</sup> Gender Integration Continuum, Training Guide, 2017: [https://www.igwg.org/wp-content/uploads/2017/12/17-418-GenderContTraining-2017-12-12-1633\\_FINAL.pdf](https://www.igwg.org/wp-content/uploads/2017/12/17-418-GenderContTraining-2017-12-12-1633_FINAL.pdf)

## b. Overview of Tools and Methodologies

**Table 2. Tools for Generating Disability-Disaggregated Participant Data**

<b>Washington Group Question Sets (Extended and Short Sets)</b>	
<p>The WG question sets are the most widely used and recognized survey tools globally for determining the presence of a disability. Many other tools/surveys incorporate these questions directly or have adapted them to address different or additional functional domains. The Child Functioning Model was also developed by the WG, and more details on this model are explained in the next section in this table.</p>	
<p><b>Short Set</b></p> <p>A set of six questions designed to identify, in a census or survey format, persons with disability. The questions serve to identify people at greater risk than the general population for participation restrictions due to the presence of difficulties in six core functional domains — seeing, hearing, walking, cognition, self-care, and communication — if appropriate accommodations are not made. The short set will identify most, but not all, persons with disabilities. Although the short set will identify many children with disabilities, it can miss a significant number of children with developmental or psychosocial issues.</p>	
<p><b>Extended Set</b></p> <p>Developed in 2008 by the WG, Budapest Initiative, and the UN Economic and Social Commission for Asia and the Pacific to assess a full range of functional domains: the six covered by the short set plus additional domains including mobility, affect (anxiety and depression), pain, fatigue, and upper body functioning. The extended set also includes questions that address the use of assistive devices/aids, functioning with and without the use of devices/aids where applicable, age at onset of functional difficulty, the impact of the difficulty on certain life activities, and the impact of various aspects of the environment that may influence functioning and participation.</p>	
<b>Key Features</b>	<b>Available Languages</b>
<p><i>Benefits</i></p> <ul style="list-style-type: none"> <li>• Available in short and extended versions</li> <li>• Most widely used and accepted tools for measuring the presence of a disability through functional difficulty<sup>18</sup></li> <li>• Most researched and tested tool with supporting literature on how to integrate into programmatic MEL efforts in multiple sectors</li> <li>• Translated and tested in many languages, dialects, settings, and cultures</li> </ul> <p><i>Challenges</i></p> <ul style="list-style-type: none"> <li>• Provides a binary data point (does or does not have a disability) that is not particularly actionable if the goal is to design programming that addresses needs of those with disabilities; the extended set can take longer than unpaid respondents may typically respond to and thus could yield lower rates.</li> <li>• Designed for census and household surveys rather than MEL purposes</li> <li>• Not designed to serve as a classroom screening tool or as a way to identify students with disabilities in the classroom and to determine eligibility for inclusive or supported education services. Identification in the classroom should be associated with provision of services rather than merely to label a child.</li> </ul>	<p>Arabic, Chinese, English, French, Portuguese, Russian, Spanish, and Vietnamese</p> <p><b>Author/Developer</b></p> <p>WG on Disability Statistics</p> <p><b>Relevant Links</b></p> <p><a href="#">WG Website – Short Set</a>  <a href="#">WG Short Set of Questions (PDF)</a>  <a href="#">WG Website – Extended Set</a>  <a href="#">WG Extended Set of Questions (PDF)</a></p>

<sup>18</sup> Measure of a functional difficulty does not identify which disability a person has, or if they have a disability.

### Child Functioning Model

Short set of questions (16) to reflect current thinking on child functioning for inclusion in censuses and surveys. The model covers ages 2 to 17 and assesses functional difficulties in domains including hearing, vision, communication/comprehension, learning, mobility, and emotions. To better reflect the degree of functional difficulty, each area is assessed against a rating scale. The aim is to identify the subpopulation of children who are at greater risk than other children of the same age or who are experiencing limited participation in an unaccommodating environment. The set of questions is intended for use in national household surveys and censuses. It has been incorporated into the most recent round of the Multiple Indicator Cluster Survey (MICS) and is being implemented in some countries as part of MICS6.

Key Features	Available Languages
<ul style="list-style-type: none"><li>• Has historically been used for census data with parents at the national level</li><li>• Reviewed extensively by experts for measuring prevalence of disability in children</li><li>• Tested in several countries to review the quality of the tool</li></ul>	Arabic, Chinese, English, French, Khmer, Portuguese, Russian, Spanish, and Vietnamese
	Author(s)/Developer(s)
	Published in 2017 by UNICEF and the WG on Disability Statistics
	Relevant Links
	<a href="#">WG – Child Disability Question Sets</a> <a href="#">UNICEF – Child Functioning Model</a>

### World Health Organization’s (WHO) Model Disability Survey (MDS)

The MDS is a general population survey that provides detailed and nuanced information about how people with and without disabilities conduct their lives and the difficulties they encounter, regardless of any underlying health condition or impairment. It allows direct comparison between groups with differing levels and profiles of disability, including comparison to people without disability.

Grounded in the ICF, the MDS represents an evolution in the concept of disability measurement. It explores disability as an outcome of interactions between a person with a health condition and various environmental and personal factors, rather than focusing only on a person’s health or impairments. This gives a more complete understanding of the lived experience of persons with disabilities and provides a better approximation of the true size of the population with disability.

The MDS has a modular format that can be used as a standalone or incorporated into other surveys. It views disability as an outcome of the interaction between a person with a health condition and contextual factors and not merely an attribute of the person.

Key Features	Available Languages
<ul style="list-style-type: none"><li>• Available in long and brief versions</li><li>• Modular, enabling integration of survey subsections into existing project data collection</li><li>• Captures information on presence/type of impairment, as well as lived experience of persons with disabilities when interacting in society</li><li>• Has potential to produce more actionable data on how to support persons with disabilities to improve their daily interactions/engagement in society</li></ul>	English
	Author/Developer
	WHO and the World Bank
	Relevant Links
	<a href="#">Model Disability Survey</a> <a href="#">Brief Model Disability Survey</a> <a href="#">More Information</a> <a href="#">MDS Manual</a>

### Demographic and Health Surveys (DHS) Disability Module

The DHS Program’s new optional Disability Module is based on the WG disability questions and is the result of ongoing collaboration between the DHS Program, WG, and USAID. The Disability Module’s questions are part of the family of WG tools for collecting information on disability in censuses and surveys. They have been developed, tested internationally, and endorsed by the United Nations for use in population-based data collection activities. The tools are based upon the basic framework of the WHO’s ICF.

The Disability Module, when selected for inclusion in the survey by the host country, is inserted in the household questionnaire so that disability data are collected for all persons in the household age 5 and

older across six core functional domains: seeing, hearing, communication, cognition, walking, and self-care. The DHS Program surveys that include the Disability Module have the basic necessary information on disability, which is comparable to that being collected worldwide via the WG disability tools.

<b>Key Features</b>	<b>Available Languages</b>
<ul style="list-style-type: none"> <li>• Adaptation of the WG short set of questions</li> <li>• Indicates USAID’s commitment to disaggregating DHS and SDG data by disability status</li> </ul>	English and French
	<b>Author(s)/Developer(s)</b>
	USAID, Demographic and Health Surveys Program, and WG on Disability Statistics
	<b>Relevant Links</b>
	<a href="#">DHS Questionnaire Modules</a> <a href="#">DHS Disability Module – EN</a> <a href="#">DHS Disability Module Instructions – EN</a>

### International Labour Organization (ILO) Disability Module

The ILO is promoting the inclusion of the WG on Disability Statistics methodology in the application of labor force surveys to disaggregate labor market statistics and other data by people’s disability status. The dedicated module on persons with disabilities to be used in labor force surveys is currently available in draft form. The survey utilizes the WG short set of questions to first establish if the respondent has a disability. If so, there are subsequent categories of survey questions on barriers to employment, accommodations for those that are employed, attitudes of employers toward them, and access to social protection mechanisms.

<b>Key Features</b>	<b>Available Languages</b>
<ul style="list-style-type: none"> <li>• Adaptation of the WG short set of questions</li> <li>• Streamlined and clear survey</li> <li>• In addition to giving a data point on disability status, it gives practical/actionable data on how best to serve those with disabilities in relation to economic empowerment and access to success in the labor market.</li> </ul>	English
	<b>Author(s)/Developer(s)</b>
	ILO
	<b>Relevant Links</b>
	<a href="#">ILO Website – Labour Market Statistics on Persons with Disabilities</a> <a href="#">Draft Labour Force Survey Module</a>

### WHO Disability Assessment Schedule 2.0

A tool to produce standardized disability levels and profiles across six domains of functioning: 1) cognition (understanding and communication); 2) mobility (moving and getting around); 3) self-care (hygiene, dressing, eating, and staying alone); 4) getting along (interacting with other people); 5) life activities (domestic responsibilities, leisure, work, and school); and 6) participation (joining in community activities). The survey is designed to be applicable across cultures (using evidence from cross-cultural application testing in 19 countries) in all adult populations and administered either in clinical or population survey settings. Available in 12- or 36-item versions.

<b>Key Features</b>	<b>Available Languages</b>
<ul style="list-style-type: none"> <li>• Straightforward surveying tool that gives a much clearer picture of functioning across various domains</li> <li>• Has some similarities with WG questions, but also has clear departures, particularly around hearing and seeing</li> </ul>	English (possibly available in other UN languages: Arabic, Chinese, French, Russian, and Spanish)
	<b>Author(s)/Developer(s)</b>
	WHO
	<b>Relevant Links</b>
	<a href="#">WHO Website – WHODAS2.0 12-item Instrument and Scoring Sheet</a> <a href="#">36-item Instrument and Scoring Sheet</a>

### c. Determining Benchmarks

When measuring the number of participants with disabilities, projects need to set a target percentage for including people with disabilities in activities. To determine the appropriate percentage, implementers should examine the percentage of the population with disabilities in the area where the project is taking place, as well as other contextual factors such as prevalence of conflict or malnutrition, which may increase the prevalence of disability. Further, implementers need to be mindful that that in many countries the percentage of the population with disability is underreported. If statistics on number of persons with disabilities in the area cannot be found, use the global percentage of persons with disabilities, which is 15%; further, this 15% estimate may be even more accurate than statistics due to the challenge of underreporting with data available.

It may also be useful to consult statistics of the government of the country in which a program is working if there are official statistics on disability. Some countries have a statistics ministry or bureau. For example, South Africa has the [Statistics Department](#); Philippines has the [Statistics Authority](#); Tanzania has the [National Bureau of Statistics](#); Costa Rica has the [National Institute of Statistics and Census](#). A simple Google search using the keywords “[country name] disability statistics” will often yield, on the first page, links to the respective country’s government statistics office. Again, it is key to remember that numbers may be underreported due to the data collection method (e.g., using a tool asking, “Do you have a disability?”) or stigma associated with having a disability. Again, a 15% estimate may be even more accurate than statistics due to the challenge of underreporting with data available.

If finding statistics from the country’s government is not possible, the United Nations has a [website dedicated to statistics on disability](#) that is disaggregated by sex, disability type, and urban and rural area. Like statistics from government offices, the figure may be underreported in many countries.

## VII. Considerations for Selecting Indicators

When selecting indicators to measure inclusion of persons with disabilities, the project must consider whether the data from selected indicators is adequate for translating results into meaningful action that would improve the accessibility of activities and inclusion of persons with disabilities. Specialists developing indicators should think critically about the purpose and “ask the why.” ***Will the selected indicator help the project make meaningful progress toward its objective of including persons with disabilities?*** The indicators should assist in determining if the project’s technical activities are making progress in improving the inclusion and rights of persons with disabilities. The indicators should also detail if technical activities are accessible to persons with disabilities. The project developing indicators should consult with OPDs in creation of these indicators, to better understand how effective they will be and to contextualize them. Finally, projects should seek to “do no harm”<sup>19</sup> in their selection of indicators. The data being collected can be sensitive in nature when stigma exists against persons with disabilities. Identification of persons with disabilities may not be the most appropriate or useful measure of inclusivity; instead, “proxy indicators” that look at inclusivity of the environment itself can be more effective for some project activities.

MEL practices used to collect information from participants, in general, and persons with disabilities, in particular, must follow good ethical standards. These include compliance with applicable donor regulations and seeking an institutional review board’s approval of design of human subject research.

We provide the indicators in the next section as illustrative examples of measuring inclusion of persons with disabilities and measuring accessibility of environments of program activities. Importantly, the indicator references for selected indicators must define terms like “access,” “accessibility standards,” “accommodations,” and “persons with disabilities” to ensure that enumerators and others collecting and

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<sup>19</sup> “Do No Harm” is a tool first developed by Mary Anderson and published by the organization CDA Practical Learning for International Action. This approach refers to an organization’s capacity to find ways to address human needs in developing contexts without making local dynamics worse. <https://www.cdacollaborative.org/cdaproject/the-do-no-harm-project/>

synthesizing the data understand the intended target of the indicator. Although the indicators below reference persons with disabilities specifically, it is important to note that the number of persons with disabilities reached can also be measured with indicators that measure progress or participation overall by disaggregating by disability as well as sex and age. Disaggregating the indicators by sex and other factors like age and location helps provide a clearer picture of the intersectional challenges and opportunities for engaging persons with disabilities.

## VIII. Illustrative Indicators by Technical Sector

Note that these examples are illustrative and not comprehensive; indicators should be tailored to the needs of the specific project activities and context.

### a. Health

<b>Healthcare and Medical Commodity Access</b>	
Number of healthcare providers that have updated equipment or facilities to be accessible to persons with disabilities	<i>Description.</i> These indicators will provide information on whether or not persons with disabilities are able to obtain health services. They can also give clues to the accessibility of health services.
Number of healthcare providers who receive training on accessibility for patients with disabilities	
Percentage of healthcare providers who feel confident they know how to/can provide reasonable accommodations to patients with disabilities following training, as compared with percentage prior to training	
Number of OPDs partnering with healthcare providers to improve accessibility of services	
Number of persons with disabilities receiving long-lasting insecticidal nets	
Number of persons with disabilities accessing HIV testing	
Number of accommodations provided to patients with disabilities	
Number of persons with disabilities who are satisfied with facility-level reasonable accommodations/ adjustments	
<b>Health Information Access</b>	
Percentage of persons with disabilities who report discussing family planning with a health or family planning worker in the last year	<i>Description.</i> These indicators will give details of how inclusive health information is.
Number of persons with disabilities and persons without disabilities who have been exposed to health messages from peer educators	
Number of persons with disabilities and persons without disabilities who know benefits of infant feeding practices	
Number of brochures provided in braille (or alternate form of communication aimed at accessible information)	
Number of public service announcements produced with captions and sign language interpretation	
Number of persons with disabilities who have used messages from peer educators and changed their behavior	

<b>Family Planning Access</b>	
Percentage of persons with disabilities able to access service delivery points that provide family planning services	<i>Description.</i> These indicators help determine the inclusivity and accessibility of family planning services for persons with disabilities.
Percentage of women with disabilities who obtained their current modern family planning method from a community-based worker	
Number of persons with disabilities using modern contraception for the first time	

NOTE: Indicators formulated using examples from [A Practical Guide for Conducting and Managing Gender Assessments in the Health Sector](#) and [Measure Evaluation](#).

## **b. Education**

<b>Accommodations (Includes Primary School, Secondary School, and Higher Education)</b>	
Number of learning environments that have improved accessibility standards*	<i>Description.</i> These indicators provide a picture of whether or not schools are meeting the accommodation standards.  *Be sure to define accessibility standards in performance indicator sheet.
Number of accommodations provided to students during X activity	

<b>Capacity Building for Teachers<sup>20</sup></b>	
Number of teachers who have access to resources on inclusive education	<i>Description.</i> These indicators aim to measure whether teachers are equipped with resources and training on inclusion of students with disabilities, to provide reasonable accommodations to students with disabilities.
Number of teachers who received training on inclusive education pedagogy or Universal Design for Learning	

<b>Budgeting</b>	
Percentage of budget allocated to inclusive education resources	<i>Description.</i> This indicator aims to measure the resources allocated to ensure that students with disabilities are equipped with reasonable accommodations.

<b>Attendance</b>	
Number of days children with disabilities are absent from school	<i>Description.</i> This indicator helps determine if students with disabilities are missing many days of school. If they are missing many days of school, the root cause will need to be determined, such as lack of accessible transportation, parents' belief that children with disabilities should not attend school, specialist/interpreter/other is absent, student frustration with inaccessible learning environments, and durable medical equipment malfunction (e.g., wheelchair, crutches, and hearing aids).

<sup>20</sup> Administering functional surveys/screenings to teachers themselves also provides information on teachers who may have a disability or functional difficulty.

<b>Grants</b>	
Number of individuals with disabilities attending higher education with scholarship or financial assistance	<i>Description.</i> This indicator helps determine the inclusiveness of scholarship and financial assistance.

<b>Learning Outcome</b>	
Percentage of children with disabilities who maintain a minimum grade-level proficiency in reading at the end of their current grade level	<p><i>Description.</i> These indicators aim to measure the learning outcomes of children with disabilities. If students with disabilities are not making the expected learning outcomes, the project will need to assess if students with disabilities are receiving reasonable accommodations and resources, such as support teachers.</p> <p>Note that measuring learning outcomes should be tailored to the unique needs of the individual. For example, both deaf and hard of hearing children and children with dyslexia may face challenges in learning to read, but the challenge of how they are learning to read is different. Deaf and hard of hearing children may face challenges in learning to read because of limited opportunities to learn in a language they can directly use and understand. Children with dyslexia face challenges in learning to read because of difficulty interpreting the words. Also, MEL specialists should consider measuring progress of children without disabilities to understand the context of the full class and ensure that children with disabilities will achieve mastery of reading and math skills at an equitable level as children without disabilities when they complete education.</p>
Percentage of children with disabilities with an increase of at least one proficiency level in reading at the end of primary school	
Percentage of children with disabilities with improved reading skills	
Percentage of pre-primary learners with disabilities achieving school readiness	
Percentage of children with disabilities with an increased proficiency in math of at least one level at the end of their current grade level	
Number of learners who had continually been reported in the lowest percentage of learning outcomes who show an increase in learning.	

NOTE: Indicators formulated using examples from [UNICEF's Planning, Monitoring and Evaluation](#) and [USAID's Education Reporting Guidance](#).

### **c. Economic Growth**

<b>Capacity Building</b>	
Number of OPDs engaged in review or creation of capacity building materials on workforce readiness	<i>Description.</i> These indicators determine the inclusivity of technical activities focused on capacity building.
Number of accommodations provided during training activity for workforce readiness	

<b>Employment and Business Opportunities</b>	
Number of new wage employment opportunities, disaggregated by disability	<i>Description.</i> As employment rates for persons with disabilities tend to be far lower than persons without disabilities, these indicators help determine if the project or activity is aiding in improving access to employment for persons with disabilities.
Number of persons with disability who become engaged in new economic activities	
Number of new extension agents hired, disaggregated by disability	

Number of persons with disabilities who gained/retained position within the sector	
Number of persons with disabilities to become recruiters and trainers	
Number of applicants for tourism jobs, disaggregated by disability	
Number of IT-related businesses that have applied for and/or received licenses, disaggregated by disability	
Number of businesses whose recruitment resources are accessible to persons with disabilities	
Number of businesses trained on inclusive practices	

<b>Access to Income-Generating Activity</b>	
Number of people with disabilities with access to assets needed to start a business	<i>Description.</i> The goal of these indicators is to determine the inclusivity of income-generating activities for persons with disabilities.
Number and percentage of participants cultivating cash crops, disaggregated by disability	
Changes in income for producers of new crops, disaggregated by disability	
Changes in persons with disabilities income and consumption	
Average sales of disabled person-owned and non-disabled person-owned export businesses by sector and size of business	

NOTE: Indicators formulated using examples from USAID's [Gender-Sensitive Indicators for Economic/Growth/Trade-Related Activities](#).

#### **d. Governance and Political Participation**

<b>Training and Capacity Building</b>	
Number of accommodations requested for X activity	<i>Description.</i> These indicators provide details of the inclusivity and accessibility of technical activities focused on capacity building for persons with disabilities.
Number of OPDs worked with on X activity	
Percentage of human rights awareness activities that are specifically targeted at persons with disabilities	
Number of government officials or citizens who have received rights-based training on the importance of engaging persons with disabilities	

<b>Legal Access and Government Services</b>	
Number of service delivery systems that serve persons with disabilities strengthened	<i>Description.</i> As many persons with disabilities are often denied their rights to access to government services and legal aid, these indicators help provide an understanding in the level of rights and access to justice that persons with disabilities receive.  In particular, women and girls with disabilities are at higher risk of gender-based violence, exploitation, and abuse; ensuring programs can monitor and track access of women and girls with disabilities to judicial and legal services can increase protection and reduce impunity.
Percentage of persons with disabilities who say they received adequate information from the government on policies and laws that affect them	
Percentage of persons with disabilities who report being able to give inputs and feedback to government officials on policy (and/or services)	
Number of prisoners with disabilities receiving accessible legal advice	
Government spending per capita of population with disabilities on programs to reduce discrimination against persons with disabilities	
Ratio of persons with disabilities to persons without disabilities accessing civil courts	

Number of police and/or justice sector personnel who receive training in providing disability-inclusive services and accommodations.	
Number of digital platforms strengthened for accessibility or created to increase gender-based violence prevention and response for persons with disabilities	
Number of service providers/first responders adequately trained to serve gender-based violence victims and persons with disabilities	
Number of shelters or locations providing victims assistance services that are accessible to person with disabilities established	

### Parliamentary and Election Process

Percentage of voter turnout among the disabled electorate compared to that of the electorate without disability	<p><i>Descriptions.</i> These indicators aid in increasing the representation of persons with disabilities in the parliamentary and voting process.</p> <p>Also included are indicators aimed at measuring persons with disabilities running for local office, and increasing the number of persons with disabilities' access to information about the candidates.</p> <p>Per the International Foundation for Electoral Systems' (IFES') election observation toolkit, including people with disabilities in election processes, including as observers, provides an opportunity for people with disabilities to be seen as leaders in their community, and can change perceptions of the beliefs about capacity of persons with disabilities.<sup>21</sup></p>
Number of voting locations made accessible to persons with disabilities (could include sign language interpreters, subtitles to provide equal access to conversing with poll workers, and braille and enlarged text for ballot).	
Number of persons with disabilities working at polling stations	
Number of persons with disabilities serving as election observers	
Number of persons with disabilities reporting barriers to registering to vote	
Number of persons with disabilities nominated to positions at local level	
Number of campaign events and debates accessible to persons with disabilities (such as sign language interpreters, subtitles, and enlarged text)	
Number of candidates providing paper campaign materials in accessible formats (this could include braille and enlarged, easy-to-read text)	

NOTE: Indicators formulated using examples from [UNDP's Measuring Democratic Governance](#) and [IFES' Inclusion of Persons with Disabilities](#).

## IX. Additional Resources

This section lists additional publicly available resources from other organizations that have conducted research or developed tools on disability inclusion and MEL. This is an ongoing list of resources. To make an addition, please email [GESITeam@chemonics.com](mailto:GESITeam@chemonics.com).

### Chemonics International

- [Workshop: Understanding Tools for Collecting Disability Inclusion Data](#): This recorded workshop shares principles for monitoring, evaluation, and disability inclusion in international development programming, while also discussing the intersection between gender and disability inclusion. The

<sup>21</sup> IFES Election Observation Toolkit, 2018: [https://www.ifes.org/sites/default/files/election\\_access\\_observation\\_toolkit\\_accessible.pdf](https://www.ifes.org/sites/default/files/election_access_observation_toolkit_accessible.pdf)

workshop shares tools that generate participant data disaggregated by disability status and tools that measure the inclusiveness of various donor-funded spaces, activities, and convenings.

### **Humanity & Inclusion**

- [The SCOPEO Tool](#): A data collection tool to help measure outcomes of development initiatives on the quality of life of program participants who have accessed Humanity & Inclusion projects and partner projects.
- [Disability Data in Humanitarian Action](#): Resources from the Humanity & Inclusion project on data collection on persons with disabilities in humanitarian crisis.

### **International Development and Disability Consortium**

- [Member Search Tool](#): The International Development and Disability Consortium is a group of civil society organizations focused on inclusion of persons with disabilities. You can use this tool to look up members in the country in which you are working.
- [Library](#): Includes a variety of resources on disability inclusion in international development.

### **International Labour Organization**

- [ILO Global Business and Disability Network](#): The network aims to create a global workforce culture that is respectful and welcoming of persons with disabilities. It provides resources on employment policies and practices to support companies of all types to be inclusive of persons with disabilities.

### **Inclusive Development Partners**

- [Resources for Inclusive Development](#): Inclusive Development Partners has specialists in inclusion of persons with disabilities and has contributed to the development of several key reports that support the inclusion of marginalized groups in international development and humanitarian aid.

### **International Foundation for Electoral Systems**

- [Election Access Observation Toolkit](#): This toolkit provides guidance that includes step-by-step instructions on how to ensure the election process is inclusive and accessible to persons with disabilities as voters, observers, candidates, and election officials.

### **Inclusive Futures**

- [International online resource center on disability and inclusion](#): An online repository of resources on disability inclusion operated by Inclusive Futures.

### **Mobility International USA**

- [Manual for Building an Inclusive Development Community](#): Toolkit for development agencies and others concerned with the inclusion of persons with disabilities. The manual includes expert opinion, techniques and guidelines, resource lists, and examples of best practices from around the world.
- [EDDI – Excellence in Development and Disability Inclusion](#): Organizations that are members of EDDI receive tools to help them build an inclusive and accessible environment including accessibility checklists.

### **USAID**

- [Disability Communications Tips](#). Tips on communicating about and with persons with disabilities. Can be used in report writing and design of activity communications.

- [Disability Inclusive Education Online Learning Module](#): Online training to understand the importance of disability inclusive education, key elements, and how to apply evidence and research on disability inclusive education to program design and implementation.
- Disability Inclusive Development 101: Provides a snapshot of disability and its critical implications for international development with:
  - [Sign language interpretation and captions \(fast connections\)](#)
  - [Captions only \(slower connections\)](#)
- [Disability Inclusive Development 102: Mainstreaming Disability Access Across the Program Cycle and Beyond](#)
- [How-To Note: Collecting Data on Disability Prevalence in Education Programs](#)
  - [Disability Identification Tool Selection Guide](#)
  - [Best Practices in Generating Data on Learners with Disabilities](#)
- [USAID Disability Policy Paper](#)
- [Gender Equality and Women's Empowerment: Women and Girls with Disabilities](#): Resource page with information on program design for women and girls with disabilities.

## Annex 1. Checklists for Inclusion and Accessibility

Note these are sample checklists rather than exhaustive lists; please see Section IX (above) for additional resources from other organizations as well.

**Public buildings** (includes government buildings, schools, universities, hospitals, hotels, and stores):

- Ramp or elevator available if there are steps or multiple levels
- Walkway is paved, free of protrusions and potholes and at least 44 inches or 112 centimeters wide
- Doors are at least 32 inches or 81 centimeters wide
- Automatic doors or buttons to automatically open doors
- Accessible parking spaces
- Good-quality lighting
- Emergency flashing lights
- Visual representation of audio announcements
- Qualified local sign language interpreter
- Signs in good contrast colors
- Signs include braille and text font size in 100 points

### WASH Facilities

#### *Toilets/Latrines*

- Bars installed near the toilet
- Five foot or 1.5 meter turning radius
- Sink at a reachable height for wheelchair users
- Automatic water faucet
- Strong lighting

#### *Drinking Water*

- Water pump or well placed at the ground level
- Well is at a height that people in wheelchairs and people with short stature can reach
- Ramps at least 44 inches or 112 centimeters wide if walking uphill with uneven terrain is required
- Seating by well or water pump
- Strong lighting

### Workplaces

- Qualified local sign language interpreter
- Computers and teleconference tools with accessibility features (i.e., text to speech conversion, zoom/magnifier, voice control, subtitles/captioning, and Smart Invert)
- Adjustable desks
- Ramp or elevator if there are steps or multiple levels
- Walkway is paved, free of protrusions and potholes, and at least 44 inches or 112 centimeters wide
- Doors are at least 32 inches or 81 centimeters wide
- Automatic doors or buttons to automatically open doors
- Video relay service
- Phone with subtitles/captioning

### **Training/Conferences**

- Free of background noise
- Microphones
- Qualified local sign language interpreter
- Subtitles/real-time captioning
- Materials available in alternative format – large text (18 points), braille, and easy to read
- Reimburse option for taxi rides if public transportation is not accessible
- Located on ground level or elevator/ramp access
- High-quality lighting
- 15-minute breaks included

### **Courtrooms/Justice Services**

- Qualified local sign language interpreter
- Subtitles/real-time captioning
- Free of background noise
- Space for wheelchair seating
- Materials available in alternative format – large text (18 points), braille, and easy to read
- Located on ground level or elevator/ramp access