

CARIBBEAN DEVELOPMENT BANK



**TECHNICAL ASSISTANCE -
DISABILITY ASSESSMENT IN BORROWING MEMBER COUNTRIES**

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Considered at the Two Hundred and Eightieth Meeting of
the Board of Directors on March 22, 2018

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CARIBBEAN DEVELOPMENT BANK

TWO HUNDRED AND EIGHTIETH MEETING OF THE BOARD OF DIRECTORS

TO BE HELD IN BARBADOS

MARCH 22, 2018

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TECHNICAL ASSISTANCE:
DISABILITY ASSESSMENT IN BORROWING MEMBER COUNTRIES

1. BACKGROUND

1.01 Persons with disabilities (PWDs) 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” (Article 1, United Nations Convention on the Rights of Persons with Disabilities). The prevalence of disability in Borrowing Member Countries (BMCs) of the Caribbean Development Bank (CDB) ranged from 4% in Barbados to 6.4% in Guyana during the 2000 round of Population and Housing Census (Appendix 1). Comparatively, provisional prevalence data from the 2010 round of censuses ranged from 2.5% in Antigua and Barbuda to 5.7% in Montserrat. The United Nations Economic Commission for Latin America and the Caribbean (ECLAC 2011) further estimates that the prevalence of disability will be 9.4% by 2050 due to demographic changes.¹ The global prevalence however already exceeds ECLAC’s projected growth for the Region. Some 15.3% of the global population have “moderate or severe disability” while 2.9% have “severe disability” (World Report on Disability 2011).² Surveys of childhood disability suggest that prevalence may be even higher than census and global estimates such as 14% (2014) and 18.9% (2006) in Guyana; 23.7% (2006) in Suriname; 15% (2005) and 24% (2007) in Jamaica; 16.1% (1984) in Trinidad and Tobago; and 8% (2010) in Barbados.³

1.02 Eleven BMCs are signatories and two have accession to the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The CRPD is a universally binding treaty and developmental tool that recognises and seeks to protect the equal and inalienable rights of persons with disabilities (PWDs).⁴ The CRPD signatories include Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, Suriname, and Trinidad and Tobago. Additionally, countries with CRPD accession are Saint Vincent and the Grenadines, and Haiti.⁵ The named BMCs are among the 15 Caribbean Community (CARICOM) member states. CARICOM’s Charter of Civil Society (1997)⁶ also recognises disability, and its Declaration of Pétion Ville, Haiti (2013) identifies the need for legal frameworks that promote and protect the rights of PWDs in the Caribbean. Five BMCs have disability legislation: Guyana (2010), Bahamas (2014), Jamaica (2014), the Cayman Islands (2016) and Antigua and (2017). The Republic of Trinidad and Tobago established an Equal Opportunities Commission and legislated an Equal Opportunities Act in 2008. The Commission is guided by the legal framework and addresses various types of discrimination (sex, race and disability among others). Further, four BMCs have disability policies; these include Guyana (1997), Jamaica (2000), Trinidad and Tobago (2006), and the Cayman Islands (2014). The availability of data to effectively support evidence-based programming in keeping with the treaty, legislative and policy commitments remains challenging.

1.03 Data paucity is particularly chronic for PWDs who represent 20% of the world’s poorest, and 80% of whom reside in developing countries.⁷ Reliable data is important to inform inclusive legislation, policies and programmes that are responsive to the needs of PWDs. This inclusive strategy of disability mainstreaming⁸ is fundamental to all sustainable development processes. The cross-cutting intersectionality⁹ of disability along with other vulnerabilities associated with demographic characteristics

(gender, indigenous identity, religion, age) and socioeconomic characteristics underscore this mainstreaming imperative. The intersecting multi-dimensional characteristics determine their poverty status and ability to access essential services. Targeted inclusivity is a critical linchpin of the ‘no one left behind agenda’ of the Sustainable Development Goals (SDGs), given that PWDs face overlapping sociocultural, economic and political barriers. The barriers include, *inter alia*, inaccessible infrastructure, inaccessible communication, limited reasonable accommodation and assistive/adaptive aides,¹⁰ negative attitudes, stereotypes and weak enforcement of treaty, legislative and policy commitments. Such factors contributed to the generally weak regional programming framework to address the participation of PWDs in the sustainable development agenda.

1.04 Sociocultural conceptions of disability nest within private and public domains and are undergirded by families, communities and institutional arrangements. Available studies show that PWDs possess a peripheral minority identity in BMCs. Stigmatised isolation, shame, mendicancy and low expectations dominate the literature.¹¹ The strengthening of advocacy and resilience of PWDs who surmount structural barriers have challenged traditional negative attitudes and stereotypes. Notwithstanding the progress made, the prevailing sociocultural hegemony jeopardises sustainable livelihoods of PWDs and their families. This is evident in higher levels of poverty, and quantifiably poorer educational and labour market outcomes of PWDs compared with persons without disabilities (non-PWDs).

1.05 ECLAC (2011) examined disability in eight countries of the Region: Antigua and Barbuda, Bahamas, Barbados, Grenada, Netherlands Antilles, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago. Eighteen percent (18%) of disabled children (5-14 years) were not pursuing any education versus 4% of non-disabled children (ECLAC 2011). The access to education varies by country such that disabled children in Grenada, and Trinidad and Tobago were 16 and 7 times more likely to be without access to education compared to non-PWDs (ECLAC 2011). For the working age (15-64 years) in particular, PWDs were five and ten times more likely to be without any certification compared with counterparts without disabilities in Jamaica, and Trinidad and Tobago (Gayle-Geddes 2016).¹² Comparatively, 42% of PWDs under 16 years never attended school in Guyana (National Commission on Disability 2005).¹³ Although the quality of educational outcomes is less studied, data from Jamaica and Trinidad and Tobago indicate the underperformance of PWDs in certification.

1.06 Lack of access to education and poor quality of available education and training, deny PWDs meaningful labour force participation. A survey shows that Haitian PWDs did not participate equally in education or employment (Danquah *et al.* 2014).¹⁴ Only 17% of PWDs (above 18 years) were employed in Guyana, and 40% faced job loss post-disability onset (National Commission on Disability 2005). ECLAC’s (2011) aggregated analysis found that 34% of working-age PWDs were employed compared to 59% of non-PWDs in the eight countries. Comparatively, 49% and 28% of working age PWDs were employed in Jamaica and Trinidad and Tobago versus non-PWDs at 75% and 62% respectively (Gayle-Geddes 2016). Even when employed, the disabled may experience lower occupational levels, income, employment benefits and job security. Intergenerational poverty for PWDs and their family is thus fostered by the discussed sociocultural marginality, and weaker educational and labour market outcomes. Indeed, 82% of PWDs live in poverty in Latin America and the Caribbean (World Bank 2004).

1.07 CDB’s regional study on poverty assesses that the main drivers of poverty across the Caribbean include, “large number of young children; FHHs [female headed households]; unemployment; poor educational outcomes; lack of decent job; disability; poor living conditions/housing quality; non-receipt of remittances; and lack of adequate pensions” (CDB 2016, p.106).¹⁵ Several CDB-financed Country Poverty Assessments (CPAs) identify disability as a significant contributor to poverty.¹⁶ However, only CPAs from Dominica and the British Virgin Islands (BVI) disaggregate poverty by disability. In Dominica, some 23% of the poor households had members with disabilities when compared with 15% of non-poor households (Dominica CPA 2002 Vol. 1, p.62). Poor households in BVI were more likely to have someone who had identified with a disability or sickness, 8% for poor and 3% for non-poor households (BVI CPA 2002 Vol.

1, p.47).¹⁷ For Jamaica, a quarter of PWDs were poor compared to one-fifth of persons without disabilities in 2012 (Gayle-Geddes 2015).¹⁸ Further, having a disabled household member increases the probability of being poor in Jamaica: that is, by 13.4%, 9.7% and 6.3% for households that are multi-dimensionally poor; consumption poor; and are both multi-dimensionally and consumption poor, respectively (CDB 2016). Poverty status also affects access to diagnostic/assessment and treatment services and health services for PWDs. In Barbados, some 6.1% of children in the lowest quintile versus 14.1% in the highest reported access to such services (Barbados CPA 2010 Vol. 3, p.55). While not an explicit measure of poverty, the majority (79%) of families of PWDs face financial difficulties in Guyana (National Commission on Disability 2005). Further, financial constraints (50%) and transportation difficulties (40%) were the main barriers to rehabilitation access in Haiti (Danquah *et al.* 2014).

1.08 The idiosyncrasies of disability differ, *inter alia*, by age of disability onset (childhood, adulthood, and elderly), disability severity (mild, moderate and severe), and disability types such as intellectual, visual, physical, deafness, and multiple (Appendix 2). Disability is therefore heterogeneous. Moreover, it may intersect with other vulnerabilities like urban/rural location, age cohort, indigenous identity, race and gender. For example, access to education for males with disabilities (5-24 years) is generally better than females in the eight aforementioned Caribbean countries (ECLAC 2011). Although, the reverse is true for females with disabilities in Jamaica, male counterparts achieve better labour market outcomes (Gayle-Geddes 2015). Overall, evidence from the eight countries show that disabled males were almost twice more likely to be employed than females, except in Antigua and Barbuda (ECLAC 2011, 20). Other factors such as the type of education accessed by PWDs (special versus mainstream school attended) have implications for educational and labour market outcomes. Despite barriers faced, some evidence of gains in human capital, employment, occupation, income, and poverty reduction (consumption) are emerging for PWDs in BMCs such as Guyana, Trinidad and Tobago, Barbados and Jamaica. Such data support the need for removal of structural political and socioeconomic barriers that deny fulsome participation given the inextricable link between disability, poverty and inequality. In short, “there is need for greater levels of inclusion of PWDs in all spheres of life and the recognition that these individuals can make a positive and meaningful contribution to society” (CDB 2016, p.88). The removal of the structural barriers requires focus on multidimensional measures of progress, augmented by more timely data, and targeted, evidence-based programme interventions, in support of treaty, legislative and policy commitments in the Region.

2. PROPOSAL

2.01 It is proposed that CDB approves Use of Funds in an amount not exceeding the equivalent of three hundred and eighty-two thousand, eight hundred and twenty United States dollars (USD382,820) from its Special Funds Resources (SFR) to support disability assessments in four BMCs according to the schedule presented at Appendix 3. The BMCs include Grenada, St. Lucia, Jamaica and the Republic of Trinidad and Tobago. Criteria for selection include data collection cycle in relation to census and CPA schedules, legislative/policy commitments, and institutional resources available for national coordination.

2.02 Consultants will be recruited to execute the assessments in accordance with the draft Terms of Reference at Appendix 4. The technical assistance (TA) will use primary and secondary qualitative and quantitative data from sources such as CDB’s Enhanced CPAs. A national assessment report will be prepared and published for each BMC as well as a synthesis report for the Region. A national workshop will be convened in each BMC as well as a regional workshop. The workshops will provide capacity-building training in the conduct of disability assessments, disseminate assessment findings; obtain feedback on findings; discuss strategies for improving the effectiveness of development initiatives to address disability; and identify opportunities for development cooperation between CDB, BMCs, and other development partners.

2.03 The disability assessments conducted will therefore serve as tools for asserting regional and country-specific solutions for a common development challenge of effectively mainstreaming PWDs in

socioeconomic developmental processes and systems, and improving sustainable livelihoods. The overarching imperative of the TA proposal therefore concerns evidence-based identification of country-specific and regional Strategic Priority Areas for Intervention through targeted projects. The Results Framework is presented at Appendix 5.

3. OUTCOME

3.01 The overall outcome of the TA is enhanced capacity of BMCs to design, implement, monitor and evaluate evidence-based programmes that mainstream disability, through the availability of quantitative and qualitative data on disability. Strategic Priority Areas for Programme Support will be defined, based on findings from the TA. CDB will have the opportunity to directly support implementation of the Strategic Priority Areas in BMCs and thereby strengthen the sustainability of developmental impacts in the medium to long-term.

4. JUSTIFICATION

4.01 PWDs continue to face stigma, discrimination, exclusion, and are vulnerable to poverty despite their ability to function in enabling environments. The Caribbean Human Development Report (CHDR 2016, 10) thus calls for the development of “inclusion policies capable of combating the types of exclusion that go beyond the poverty line, including discrimination more than the closure of material gaps.”¹⁹ The mainstreaming of inclusionary policies in practice demands investment to create enabling environments for PWDs, in order to reduce human vulnerability and advance multidimensional progress in the Caribbean.²⁰ This developmental focus forms an important part of fulfilling regional and national commitments, as well as the expected outcomes of SDGs. International development partners (IDPs) such as ECLAC, the Pan American Health Organization, United Nations Children’s Fund, and the Inter-American Development Bank have in different ways, also contributed to addressing disability concerns. Data paucity however derails targeted interventions and the capacity for robust monitoring and evaluation.

4.02 CDB will serve as a catalytic development partner for disability mainstreaming through addressing disability data deficits in the Region. Reliable data is necessary to strengthen national and regional programme responses to enable the fulsome participation of PWDs in the society and economy. This will be done by:

- (a) providing robust disability data in social, economic and political domains;
- (b) examining the differential impact of disability and its intersection with other vulnerabilities associated with sex, age cohort (children, youth, elderly and working age), ethnicity, and race (as relevant);
- (c) identifying constraints and enablers to equal participation of PWDs compared with persons without disabilities in growth sectors of the formal and informal economy; and
- (d) examining vulnerabilities to natural disasters, economic shocks and climate change.

4.03 The results of this intervention will inform investments of BMCs, CDB and other IDPs. The primary beneficiaries will include PWDs, advocates of PWDs and Human Rights, as well as planners and policy-makers at both national and regional levels. CDB’s work programme will directly benefit from knowledge gleaned. CDB’s Board of Directors approved several projects addressing disability and development imperatives over the past two years in education, agriculture, infrastructure rehabilitation and other areas of technical assistance.²¹ The continued mainstreaming of disability into the Bank’s work is imperative to strengthen relevance and enhance development effectiveness, in keeping with the SDGs. This project will provide CDB with an opportunity to develop more targeted evidence-based projects and

knowledge products and services to support disability mainstreaming in the Region. CDB will also establish visibility as the preferred partner of development assistance to this emerging social development sector in BMCs.

4.04 The proposed TA is consistent with the Bank’s mission to support the systematic reduction of poverty in BMCs through social and economic development, and supports CDB’s:

- (a) Strategic objectives of promoting good governance, supporting inclusive and sustainable growth and development; and cross-cutting themes of gender equality and regional cooperation and integration;
- (b) Corporate priorities to strengthen evidence-based policymaking, and improve quality of access to education, training and citizen security;
- (c) SDF (9) objectives of Supporting the Achievement of SDG Targets Relevant to the Caribbean, Promoting Regional Cooperation and Support for RPG, Cross-Cutting Areas of Gender Equality, and Good Governance, Building Capacity and Improving Institutional Effectiveness;
- (d) Poverty Reduction Strategy as articulated in the Operational Policies and Procedures Manual;
- (e) Gender Equality Policy and Operational Strategy; and
- (f) Technical Assistance Policy and Operational Strategy.

4.05 The project is Gender Mainstreamed (GM) having a score of 4.0 out of 4.0 points on CDB’s Gender Marker (summarised in Table 1). The project therefore has the potential to contribute significantly to gender equality. Appendix 6 provides the Gender Marker Analysis.

4.06 The project’s Performance Assessment Score is 3.25 or Highly Satisfactory. The Performance Assessment Summary is presented at Appendix 7.

TABLE 1: GENDER MARKER

Gender Marker	Analysis	Design	Score	Code
	2.0	2.0	4.0	GM

5. EXECUTION

5.01 CDB will be the executing agency and will recruit consultants to conduct the disability assessments. It is estimated that the project will be completed over a period of 30 months, for the Draft Implementation Schedule shown at Appendix 3. A team of CDB officers will review outputs of the TA.

5.02 A team of CDB officers will review outputs of the TA. The team includes statistician, social analysts, economists, financial analysts, and gender specialists assigned to the respective BMCs.

5.03 CDB will work closely with national disability agencies/authorities. The agencies will convene a national committee to steer implementation of the Project, in partnership with Government ministries, and other stakeholders from the private sector and NGOs. The national committee chaired by the disability agencies/authorities will:

- (a) provide overall operational guidance for Project implementation to ensure that the Project meets its objectives, in keeping with BMCs’ legislative, policy and programming commitments;
- (b) review and establish consensus on methodological tools and adequacy of the Consultant’s deliverables, in partnership with CDB (responsible for report approval); and
- (c) facilitate the planning of a national workshop, and identification of participants for the regional workshop.

5.04 CDB will work closely with the CARICOM Secretariat to support implementation and maximise the utility of the regional component of the project. A Regional Panel of Experts will be invited to provide advice on the methodological tools for the regional assessment, and review the regional synthesis report. The experts will consist of partners from CARICOM, academia, multilaterals and national/regional DPOs.

6. RISK ASSESSMENT AND MITIGATION

6.01 Some risks have been identified which could have an effect on the implementation of the project. The risks and mitigation measures are presented in Table 2.

TABLE 2: RISK ASSESSMENT AND MITIGATION

	Risk	Mitigation
Implementation Risks	Limited institutional capacity of BMCs to support the conduct of assessment in BMCs.	<p>The project provides resources to engage consultants to undertake the assessment in BMCs. Consultants will work with the departments or ministry with responsibility for disability affairs to coordinate the assessment.</p> <p>National disability focal points will be established to perform the tasks of national committees to review the deliverables of the assessment and facilitate planning of the national workshop.</p> <p>The above approach was similarly deployed for the CPAs and Country Gender Assessments. Further, a small sum is also provided for transportation honoraria to committee members that represent disabled people’s organisations (DPOs).</p>
	Lack of support and buy-in from communities in the data collection process.	The national committee will oversee the execution of the assessment and identification of Strategic Priority Areas for Programme Support in collaboration with DPOs to build trust, buy-in and facilitate active participation from relevant stakeholders.
	Difficulties in compiling the comparable data required from BMCs for the assessment.	The project will use available secondary data from censuses, household budget surveys, surveys of living conditions, country poverty and gender assessments and other studies. The secondary data will be augmented by primary data collected.

	Risk	Mitigation
Developmental Risks	Limited dissemination of national findings from the assessment by stakeholders to enhance disability mainstreaming.	Publication of national assessment reports, regional synthesis reports, and policy briefs for both national and regional reports. The production and dissemination of audio-visual policy briefs will further augment. The participation of key Government and non-government stakeholders in the national steering committee as well as nationally and regionally convened workshops.
	Lack of use of assessment findings and financial resources to support disability mainstreaming in BMCs and regionally.	A wide cross-section of partners from Government, non-government, private sector and IDPs will participate in the national workshops in support of development assistance for priority areas identified. A regional workshop will further cement development assistance for BMCs and the Region to include CARICOM and the Organisation of Eastern Caribbean States (OECS).

7. COST AND FINANCING

7.01 The total cost of the project is estimated at five hundred and ninety-one thousand, seven hundred and seventy United States dollars (USD591,770). The financing plan is summarised in Table 3 below.

TABLE 3: FINANCING PLAN

Item	BUDGET (USD)			
	CDB		BMCs	Total
	SFR	Staff Resources		
Consultancy and Workshops	364,590	-	-	364,590
Project Coordination and Contingencies	18,230	86,100	122,850	227,180
Grand-Total	382,820	86,100	122,850	591,770
Percentage	65	14	21	100

8. FUNDING SOURCE

8.01 CDB’s contribution of the equivalent of three hundred and eighty-two thousand, eight hundred and twenty United States dollars (USD382,820) is eligible for financing from CDB’s SFR. Funds are available within existing resources.

TABLE 4: FUNDING SOURCE (USD)

Funding Source	Amount	%
CDB’s SFR	382,820	65
CDB's Staff Resources	86,100	14
BMCs	122,850	21
Total	591,770	100

9. PROCUREMENT

9.01 Procurement shall be in accordance with CDB's Procedures for Use of Funds.

10. REPORTING REQUIREMENTS

10.01 The consultants shall be required to submit reports to CDB, as outlined in the TOR in Appendix 4.

11. RECOMMENDATION

11.01 It is recommended that the Board of Directors approve Use of Funds from CDB's SFR of an amount not exceeding the equivalent of three hundred and eighty-two thousand, eight hundred and twenty United States dollars (USD382,820) to finance the preparation of four National Disability Assessments in BMCs and one Regional Disability Assessment.

SUPPORTING DOCUMENTATION

- Appendix 1 - Prevalence of Disability by Sex (2000 and 2010 Census Rounds)
- Appendix 2 - Disability Types by Country (2000 Census Round)
- Appendix 3 - Indicative Disability Assessment Schedule for BMCs
- Appendix 4 - Draft Terms of Reference - Consultancy Services to Conduct Disability Assessments in BMCs
- Appendix 5 - Design and Monitoring Framework
- Appendix 6 - Gender Marker Analysis
- Appendix 7 - Performance Assessment Summary

PREVALENCE OF DISABILITY BY SEX (2000 AND 2010 CENSUS ROUNDS)

Country	2000 ¹			2010 ²		
	Male (%)	Female (%)	Total (%)	Male (%)	Female (%)	Total (%)
Antigua & Barbuda	4.4	5.7	5.1	2.1	2.9	2.5
Aruba ^a	5.8	5.4	5.6	6.6	8.0	7.3
Bahamas	4.0	4.5	4.3	3.1	2.7	2.9
Barbados	3.8	4.2	4.0	4.8	5.8	5.3
Belize	6.0	5.9	5.9	3.2	3.4	3.3
Bermuda ^a	4.2	4.9	4.6	4.7	5.2	5.0
British Virgin Islands	4.8	4.8	4.8	na	na	na
Cayman Islands	3.8	4.7	4.3	4.3	4.7	4.5
Dominica ³	4.2	4.7	4.4	na	na	na
Grenada	4.0	4.7	4.4	3.3	5.1	4.2
Guyana	6.3	6.6	6.4	2.9	3.0	3.0
Jamaica	6.2	6.3	6.3	2.6	3.4	3.0
Montserrat	5.0	4.4	4.7	6.0	5.4	5.7
Netherlands Antilles ^a	8.2	8.6	8.5	na	na	na
St. Lucia	4.7	5.1	4.9	na	na	na
St. Vincent and the Grenadines	4.3	4.6	4.4	na	na	na
Trinidad and Tobago	4.0	4.2	4.1	4.2	4.3	4.3
Turks and Caicos Islands (2012) ³	na	Na	1.2	na	na	na

Sources: ¹ECLAC 2011; ²Provisional ECLAC 2017; ³TCI CPA 2012 Vol. 1.

Notes: ^a Non-BMCs; ^b na – unavailable; ^c National disability prevalence data are unavailable for St. Kitts and Nevis, Suriname and Haiti for both censuses. Childhood disability prevalence was 23.7% in Suriname (MICS 2006). Danquah L *et al.*'s (2014) sub-national survey estimated prevalence at 4.1% in Haiti in 2012 and almost one in six households included a PWD. Some 18% of households had PWDs in Dominica in 2002 (Dominica CPA 2002 Vol. 1, p.62).

DISABILITY TYPES BY COUNTRY (2000 CENSUS ROUND)

Country	Sight	Hearing	Speech	Upper Limb	Grip ping	Lower Limb	Mobility/ Moving	Body Move-ments	Neck/S pine	Phys ical	Learn ing	Intellec tual	Behavi oural	Ment al	Personal Care	Organ Handica p	Mult iple	Oth er
Antigua & Barbuda	x	x	x		x		x	x			x		x					x
Aruba*	x	x					x					x		x		x		x
Bahamas																		
Barbados	x	x	x	x		x			x			x		x				x
Belize	x	x	x		x		x	x			x		x		x			x
Grenada	x	x	x	x		x			x		x		x					x
Guyana																		
Jamaica	x	x	x							x	x	x		x			x	x
Netherland Antilles*	x	x	x	x		x						x		x				x
St. Lucia	x	x	x	x		x			x		x		x					x
St. Vincent & Grenadines	x	x	x	x		x			x		x		x					x
Trinidad & Tobago	x	x	x	x		x					x		x					x

Sources: ECLAC 2009; ECLAC 2011; Gayle-Geddes 2015. Note: * Non-BMCs.

INDICATIVE DISABILITY ASSESSMENT SCHEDULE FOR BMCS

Period	Year	Countries
Phase I*	2018 - 2019	1. St. Lucia 2. Jamaica
	2019-2020	3. Trinidad and Tobago 4. Grenada
Phase II	Post-2020	5. Anguilla 6. Antigua and Barbuda 7. Bahamas 8. Barbados 9. Belize 10. British Virgin Islands 11. Cayman Islands 12. Dominica 13. Guyana 14. Montserrat 15. St. Kitts and Nevis 16. St. Vincent and the Grenadines 17. Suriname 18. Turks and Caicos Islands 19. Haiti

Note: * Criteria for selection are stated in Section 2.01.

DRAFT TERMS OF REFERENCE

**CONSULTANCY SERVICES TO CONDUCT DISABILITY ASSESSMENTS IN
BORROWINGS MEMBER COUNTRIES**

1. BACKGROUND

1.01 The prevalence of disability in Borrowing Member Countries (BMCs) of the Caribbean Development Bank (CDB) ranged from 4% in Barbados to 6.4% in Guyana, during the 2000 round of Population and Housing Census. Provisional data from the 2010 round of census range from 2.5% in Antigua and Barbuda to 5.7% in Montserrat. The United Nations Economic Commission for Latin America (ECLAC 2011) estimates that the prevalence of disability will be 9.4% by 2050.¹ The global prevalence however already exceeds ECLAC's projected growth for the Region. Some 15.3% of the global population have "moderate or severe disability" while 2.9% have "severe disability" (World Report on Disability 2011). Further, surveys of childhood disability suggest that prevalence may be even higher than census and global estimates such as 14% (2014) and 18.9% (2006) in Guyana; 23.7% (2006) in Suriname; 15% (2005) and 24% (2007) in Jamaica; 16.1% (1984) in Trinidad and Tobago; and 8% (2010) in Barbados.²

1.02 Eleven BMCs are signatories and two have accession to the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which is a universally binding treaty and developmental tool that recognises and seeks to protect equal inalienable rights of persons with disabilities (PWDs). The CRPD signatories include Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, Suriname, and Trinidad and Tobago. Countries with CRPD accession are Saint Vincent and the Grenadines, and Haiti. The named BMCs are among the 15 Caribbean Community (CARICOM) member states. CARICOM's Charter of Civil Society (1997) also recognises disability, and its Declaration of Pétion Ville, Haiti (2013) identifies the need for legal frameworks that promote and protect the rights of PWDs in the Caribbean. Five BMCs have disability legislation: Guyana (2010), Bahamas (2014), Jamaica (2014), the Cayman Islands (2016) and Antigua and (2017). The establishment of an Equal Opportunities Commission and an Equal Opportunities Act in 2008 addresses various types of discrimination (sex, race and disability among others) for the Republic of Trinidad and Tobago.³ Further, four BMCs have disability policies including Guyana (1997), Jamaica (2000), Trinidad and Tobago (2006), and the Cayman Islands (2014-2033). The availability of data to effectively support evidence-based programming in keeping with treaty, legislative and policy commitments remain challenging.

1.03 Data paucity is particularly chronic for PWDs in the Caribbean. Reliable data is important to inform inclusive legislation, policies and programmes that respond to the needs of PWDs. This inclusive strategy of disability mainstreaming is fundamental to all sustainable development processes. The cross-cutting intersectionality of disability along with other vulnerabilities associated with gender, indigenous identity, and youth, underscores this mainstreaming imperative. Such targeted inclusivity is a critical linchpin of the *no one left behind agenda* of the Sustainable Development Goals (SDGs), given that PWDs face overlapping sociocultural, economic and political barriers. The barriers include, *inter alia*, inaccessible infrastructure, inaccessible communication, limited reasonable accommodation and adaptive aides, negative attitudes, stereotypes; and weak enforcement of legislative and policy commitments.

1.04 Sociocultural conceptions of disability nest within private and public domains, and are undergirded by families, communities and institutional arrangements. PWDs possess a peripheral minority identity in BMCs. Stigmatised isolation, shame, mendicancy and low expectations dominate the literature.⁴ The strengthening of advocacy and resilience of PWDs who surmount structural barriers have challenged negative attitudes and stereotypes. Notwithstanding the progress made, the prevailing sociocultural hegemony jeopardises sustainable livelihoods of PWDs and their families. Evidence of this may be seen

in quantifiably poorer educational and labour market outcomes of PWDs compared with persons without disabilities (non-PWDs). Eighteen percent (18%) of disabled children (5-14 years) were not pursuing any education versus 4% of non-disabled children in eight countries of the Region (ECLAC 2011).⁵ The access to education vary by country such that disabled children in Grenada, and Trinidad and Tobago were 16 and 7 times more likely to be without access to education compared to non-PWDs (ECLAC 2011). For the working age (15-64 years) in particular, PWDs were five and ten times more likely to be without access to education compared with counterparts without disabilities in Jamaica, and Trinidad and Tobago (Gayle-Geddes 2016). Comparatively, 42% of PWDs under 16 years never attended school in Guyana (National Commission on Disability 2005). Although the quality of educational outcomes is less studied, data from Jamaica and Trinidad and Tobago indicate the underperformance of PWDs in certification.

1.05 The level of access and quality of education received by PWDs stymie labour market activity. Haitian PWDs did not participate equally in education or employment (Danquah *et al.* 2014). Only 17% of PWDs (above 18 years) were employed in Guyana, and 40% faced job loss post-disability onset (National Commission on Disability 2005). ECLAC's (2011) aggregated analysis found that 34% of working-age PWDs were employed compared to 59% of non-PWDs in the eight countries. Comparatively, 49% and 28% of working age PWDs were employed in Jamaica, and Trinidad and Tobago versus non-PWDs at 75% and 62% respectively (Gayle-Geddes 2016).⁶ Even when employed, the disabled may experience lower occupational levels, income, employment benefits and job security. Poverty traps for PWDs are thus fostered by the discussed sociocultural, educational and labour market antecedents. CDB's regional study on poverty assesses that the main drivers of poverty across the Caribbean include "large number of young children; FHHs [female headed households]; unemployment; poor educational outcomes; lack of decent job; disability; poor living conditions/housing quality; non-receipt of remittances; and lack of adequate pensions" (CDB 2016, p.106). Several CDB-financed Country Poverty Assessments (CPAs) also identify disability as a contributor to poverty and consider PWDs among the most vulnerable in society.⁷ However, only CPAs from Dominica and the British Virgin Islands (BVI) disaggregate poverty by disability.

1.06 A greater proportion of poor households had members with disabilities in Dominica, that is, 23% of poor households, 15% of non-poor households and 18% of all households (Dominica CPA 2002 Vol. 1, p.62). Poor households in BVI were more likely to have someone considered disabled or sick, 8% for poor and 3% for non-poor households (BVI CPA 2002 Vol. 1, p.47).⁸ For Jamaica, a quarter of PWDs were poor compared to one-fifth of non-PWDs in 2012 (Gayle-Geddes 2015). Further, having a disabled household member increases the probability of being poor in Jamaica: that is, by 13.4%, 9.7% and 6.3% for households that are multidimensional; consumption; and poor on both fronts, respectively (CDB 2016). Poverty status impacts the likelihood of disability assessment and diagnosis in Barbados, 6.1% of children in the lowest quintile versus 14.1% in the highest (Barbados CPA 2010 Vol. 3, p.55). While not an explicit measure of poverty, the majority (79%) of families of PWDs face financial difficulties in Guyana (National Commission on Disability 2005). Further, less than half of Haitian PWDs needing medical rehabilitation received it (Danquah *et al.* 2014). Financial constraints (50%) and transportation difficulties (40%) were the main barriers to rehabilitation access in Haiti.

1.07 The idiosyncrasies of disability differ, *inter alia*, by age of disability onset (childhood, adulthood, and elderly); disability severity (mild, moderate and severe); and disability types such as intellectual, visual, physical, deafness, and multiple (Appendix 2). Disability is therefore heterogeneous and may intersect with other vulnerabilities like urban/rural location, age cohort, indigenous group, and gender. Access to education for males with disabilities (5-24 years) is generally better than females in the eight aforementioned Caribbean countries (ECLAC 2011). While the reverse is true for females with disabilities in Jamaica, male counterparts achieve better labour market outcomes (Gayle-Geddes 2015). Overall, evidence from the eight countries, shows that disabled males were almost twice as likely be employed as females, except for Antigua and Barbuda (ECLAC 2011, 20).⁹ Other factors such as the type of education accessed by PWDs (special versus mainstream school attended) have implications for educational and

labour market outcomes. Despite barriers faced, gains in human capital, employment, occupation, income, and poverty reduction (consumption) returns are evident for PWDs (Gayle-Geddes 2015, 2016; Lamichhane 2015). Such data support the need for removal of structural barriers that deny fulsome participation given the inextricable link between disability, poverty and inequality.

1.08 The removal of the structural barriers requires focus on multidimensional measures of progress, which can only be augmented by data, and targeted programme interventions. In short, “there is need for greater levels of inclusion of persons with disabilities in all spheres of life and the recognition that these individuals can make a positive and meaningful contribution to society” (CDB 2016, p.88). CDB therefore supports a consultancy to undertake disability assessments in four (4) BMCs. A national assessment report will be prepared for each BMC as well as a synthesis report for the Region. A national workshop will be convened in each BMC as well as one regional workshop in Barbados. The workshops will disseminate findings; discuss strategies for improving the effectiveness of development initiatives to address disability; and identify opportunities for development cooperation between CDB, BMCs and other development partners. The data will support the capacity of BMCs, CDB and other development partners to design, implement, monitor and evaluate evidence-based programmes that mainstream disability nationally and regionally.

2. OBJECTIVES

2.01 The objectives of the consultancy are to:

- (a) develop a methodological toolkit for the conduct of gender-responsive and socially-inclusive disability assessments in BMCs, using participatory processes;
- (b) provide capacity-building training for BMCs in the use of the methodological toolkit; and
- (c) conduct disability assessments in four BMCs.

2.02 The disability assessments will:

- (a) provide robust sex disaggregated disability data in a relevant social and economic development indicators;
- (b) examine the differential impact of disability and its intersection with other vulnerabilities such as those associated with gender, type and severity of disability, age cohort (children, youth, elderly and working age); ethnicity and race (as relevant), climate change vulnerability;
- (c) identify barriers and enablers to equal participation of PWDs compared with persons without disabilities in social services and in the economy in the growth sectors of the formal and informal economy;
- (d) review good practice for creating an enabling environment for equal access to PWDs to social services and participation in the wider economy;
- (e) examine vulnerabilities to natural disasters, economic shocks and climate change; and
- (f) recommend areas for programme/project attention to address gaps and deficiencies identified.

2.03 The overarching imperative of the assessments therefore concerns evidence-based identification of country-specific and regional Strategic Priority Areas for Intervention through targeted projects. Accordingly, the assessments will strengthen national and regional programme responses to enable the fulsome participation of PWDs into the society and economy through disability mainstreaming and concerted capacity building.

3. METHODOLOGY

3.01 The consultancy shall triangulate quantitative and qualitative research methodologies through secondary research including, *inter alia*:

- (a) analysis of data from sources including *inter alia*; censuses, living conditions surveys, household budget and labour force surveys, core welfare indicators surveys; and
- (b) review of reports, studies, strategic sector plans, policies and legislation. Examples of reports include *Caribbean Human Development Report - Multidimensional Progress: Human Resilience Beyond Income* (2016.); *The Changing Nature of Poverty and Inequality in the Caribbean: New Issues, New Solutions* (2016); *Country Poverty Assessments*; *Country Gender Assessments* of BMCs; and any other relevant studies data or surveys.

3.02 Primary research including, *inter alia*, conducting (a) surveys and (b) participatory consultations with Government and non-state stakeholders. Elite interviews, focus groups, site visits, transect walks, and other appropriate participatory methodologies must be employed. Stakeholder analysis to inform focus groups discussions and investigations will be conducted on different groups of males, females with different types and severity of disability, disabled people's organisations (DPOs), caregivers and other key stakeholders. Examples of stakeholders are as follows:

- (a) public agencies such as department for coordinating disability affairs, gender bureau, ministries of labour, social security, education, youth, indigenous affairs; national training agency, health care, disaster management coordinating bodies;
- (b) private sector entities such as employers' federation, and chambers of commerce;
- (c) non-Governmental Organisations (NGOs) such as DPOs, youth representatives/leaders; women's groups, trade unions, religious organisations, and other civil society organisations;
- (d) academic institutions such as the Disability Studies Units of the University of the West Indies (Cave Hill, Mona, and St. Augustine), University of Guyana, Anton de Kom Universiteit van Suriname, and the University of Technology; and
- (e) international development partners (IDPs) such as CDB, ECLAC, United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), Inter-American Development Bank (IDB), World Bank, PAHO, CARICOM and Organisation of Eastern Caribbean States (OECS).

4. SCOPE OF SERVICES

4.01 The scope of services include all field work and analyses required to prepare national assessment reports and policy briefs for four BMCs, formulate one synthesis report for the region, and convene national workshops in four BMCs and one regional workshop.

4.02 The format of the reports shall include:

- (a) Executive Summary;
- (b) Research Methodology (including definition of terms);
- (c) Policy and Legislative commitments (including international agreements);
- (d) Institutional and Programme Framework;
- (e) Situational Assessment of PWDs (social, economic and political) including the use of case studies of PWDs;
- (f) Data Monitoring and Evaluation Systems;
- (g) Strategic Priority Areas for Programme/Project Support; and
- (h) Bibliography in accordance with CDB's reference style.

4.03 The format of the policy briefs shall include:

- (a) Summary of Purpose;
- (b) Quick Facts from the Situational Assessment of PWDs;
- (c) Key Recommendations - Strategic Priority Areas for Programme/Project Support in Short/Medium and Long-term;
- (d) Key Monitoring and Evaluation Indicators; and
- (e) Contact Agencies for Further Information.

4.04 Specifically, the consultancy will:

- (a) Assess systems for the routine collection and reporting of quantitative and qualitative disability data from administrative sources and commissioned censuses, surveys, studies and other relevant sources. The methodologies used to measure disability and constraints to the collection and analysis of relevant data as well as the level of disaggregation possible must be identified;
- (b) Develop a methodological toolkit for the conduct of gender-responsive and socially-inclusive disability assessments in BMCs, using participatory processes. Guidelines for the use of the toolkit must be clearly defined;
- (c) Examine the variables of disability in relevant social and economic development indicators. These will include the:

- (i) profile of PWDs to include *inter alia*, population, demographic, sociocultural context of disability, poverty, education¹⁰, health and rehabilitation, sexual and gender-based violence, political representation, school to work transition, and economic activities such as labour force participation, employment, unemployment, occupation, income and access to credit including traditional and non-traditional forms of credit;
 - (ii) characteristics of disability type and severity,¹¹ and intersection with vulnerabilities such as gender, ethnicity, race, geography (urban/rural location), age of disability onset, and age cohort (children under 18 years, youth 15-24 years, working age 15-64 years and elderly over 64 years);
 - (iii) structural barriers and enablers to empowerment and equal participation of PWDs, including, attitudes/stigma, accessibility to the physical/built environment; building code provisions; assistive aids, devices, technologies and services including reasonable accommodation, diagnosis, rehabilitation and other support services;
 - (iv) available systems of care, not limited to homes, communities, institutional care and independent living facilities;
 - (v) social protection systems, levels of access and adequacy of support; and
 - (vi) vulnerabilities to natural disasters, economic shocks and climate change, and adequacy of related early warning systems within the disaster management framework.
- (d) Examine the policy environment to ascertain existing international agreements, legislations, policies, and processes/systems for periodic reporting on international agreements and instruments;
- (e) Assess the programme framework (being implemented and planned) and institutional arrangements for the coordination of disability services nationally and sub-nationally. The assessment shall determine;
- (i) types, scope, budget and monitoring and evaluation systems for programmes available for PWDs;
 - (ii) relationships/systems for disability mainstreaming into sector programmes, corporate strategies, and mechanisms for partnership of the national disability coordinating agency with DPOs, private sector entities, CSOs, government agencies, and IDPs;
 - (iii) representation of qualified men and women with disabilities at all levels of staffing and decision-making; and
 - (iv) current good practice, effectiveness and gaps in programming and institutional coordination.
- (f) Assess degree of coordination and potential role in support national/regional disability programming among Development Partners, including CDB, in the planning and execution

of disability mainstreaming initiatives in BMCs and identify opportunities to enhance the synergies from these interventions;

- (g) Determine priority areas for gender-responsive and socially-inclusive programme/project interventions and strategic entry points for CDB necessary to promote, and mainstream integrate disability mainstreaming in BMCs' existing social, economic and governance processes;
- (h) Identify the human, financial and other requirements for priority programme/project areas recommended (in [f] above);
- (i) Convene a National Workshop in each BMC as well as a Regional Workshop with key stakeholders from the public, private, NGOs and IDPs. The workshops will provide capacity-building training in the conduct of disability assessments, disseminate assessment findings; obtain feedback on findings; discuss strategies for improving the effectiveness of development initiatives to address disability; and identify opportunities for development cooperation between CDB, BMCs, NGOs and other development partners; and
- (j) Prepare Workshop Evaluation Reports for each BMC and for the regional session. Reports must provide the participants' profiles, recommendations provided, and areas of satisfaction and dissatisfaction regarding the workshop.

5. TIMING AND QUALIFICATIONS

5.01 The assignment will be completed over a maximum period of 24 months. The assignment will require a maximum of 54 days for the preparation of each national report (over a six-month period), and 20 days for the regional (over a four month period). A multi-disciplinary team with strong research and analytical skills is required for the assignment. The team of experts shall include:

- (a) A Lead Social Development Specialist having:
 - (i) Post-graduate Degree in development studies, social policy, disability studies or other related field;
 - (ii) Ten years' experience in conducting quantitative and qualitative research including participatory methodologies, programme development, monitoring and evaluation, as well as project management; and
 - (iii) Knowledge of the development issues affecting persons with disabilities, including vulnerabilities associated with gender inequality, age (children, youth, elderly and working age), race and ethnicity, and socioeconomic status;
- (b) A Gender Specialist having:
 - (i) Post-graduate Degree in gender and development studies, or other related field;
 - (ii) Eight years' experience in conducting gender analysis, and qualitative and quantitative research including participatory methodologies; and

- (iii) Knowledge of the development issues affecting persons with disabilities among vulnerabilities associated with gender inequality, age cohort (children, youth, elderly and working age), race and ethnicity in developing countries.
- (c) A Statistician having:
 - (i) Post-graduate Degree in statistics, economics, development studies, or related field; and
 - (ii) Eight years' experience in analysing quantitative data from surveys, censuses and other data sets.

5.02 The following are distinct assets required for the assignment:

- (a) Knowledge of the Caribbean social development context;
- (b) Experience working with/for multilateral agencies, Governments and NGOs; and
- (c) Demonstrated experience in research on development issues affecting PWDs.

6. REPORTING REQUIREMENTS

6.01 The Consultants will report to the Division Chief, Social Sector Division or her designate. The Technical Proposal of the selected Consultants shall outline the proposed approach to the scope of services, methodology, and work plan with tasks, responsibilities, and schedule for completion of the assignment. The following reports, one hard copy each, along with an electronic copy in editable Microsoft Word either by email, on CD ROM or flash drive, shall be submitted to CDB at the times indicated below. The reports must incorporate feedback provided by CDB.

Inception Project Reports

6.02 The Inception Project Reports shall be prepared within eight weeks of commencement of the assignment. The report shall include the proposed approach for the overall multi-country assignment. It should clarify the scope of services, initial findings from desk review, proposed methodological toolkit for the conduct of gender-responsive and socially-inclusive disability assessments in BMCs, work plan with tasks, responsibilities, and timetable.

Biannual Project Reports

6.03 Biannual Project Reports on the progress of the assignment, including problems/constraints/difficulties being experienced, (e.g., meeting objectives, problems with resources, management, or timing), that will affect the above deliverables and reporting requirements, and recommendations with respect to resolution.

National Reports and Policy Briefs

6.04 *Inception Report* within two weeks of commencement of the assignment. The report shall include the proposed approach to the scope of services, methodology, work plan with tasks, responsibilities, and timetable, and initial findings from desk review.

6.05 First Draft Disability Assessment Report and Policy Brief for the selected BMC within ten weeks of commencement of the assignment. The report and policy brief shall include findings from the assessment in keeping with the outline provided for the assignment. The *First Draft* Disability Assessment Report and Policy Brief will be presented at the National Workshop in the selected BMC in collaboration with the National Steering Committee within 12 weeks of commencement of the assignment.

6.06 Second Draft Disability Assessment Report and Policy Brief for the selected BMC within 14 weeks of commencement of the assignment. The report and policy brief shall address the comments from CDB, National Steering Committee and National Workshop in the selected BMC, in keeping with the outline provided for the assignment. The report shall include the *Draft* Workshop Report.

6.07 Final Disability Assessment Report and Policy Brief for the selected BMC within 16 weeks of commencement of the assignment. The report and policy brief shall address the comments from CDB, National Steering Committee and National Workshop in the selected BMC, in keeping with the outline provided for the assignment. The report shall include the *Final* Workshop Report.

Regional Report National Reports and Policy Briefs

6.08 Inception Report within two weeks of commencement of the assignment. The report shall include the proposed approach to the scope of services, methodology, work plan with tasks, responsibilities, and timetable, and initial findings from desk review of national reports prepared.

6.09 First Regional Disability Assessment Report and Policy Brief within six weeks of commencement of the assignment. The report and policy brief shall include findings from the assessment in keeping with the outline provided for the assignment. The *First Draft* Disability Assessment Report and Policy Brief will be presented at the Regional Workshop within nine weeks of commencement of the assignment.

6.10 Second Draft Regional Disability Assessment Report and Policy Brief within 12 weeks of commencement of the assignment. The report and policy brief shall address the comments from CDB, and the Regional Workshop, in keeping with the outline provided for the assignment. The report shall include the *Draft Regional* Workshop Report.

6.11 Final Regional Disability Assessment Report and Policy Brief within 15 weeks of commencement of the assignment. The report and policy brief shall address the comments from CDB, in keeping with the outline provided for the assignment. The report shall include the *Final Regional* Workshop Report.

DESIGN AND MONITORING FRAMEWORK

Narrative Summary	Performance Targets/Indicators	Data Sources/Reporting Mechanisms	Assumptions
<p><u>Project Impact:</u></p> <p>Strengthened development planning capacity of BMCs to effectively design, implement, monitor and evaluate evidence-based programmes that improve the socioeconomic participation of PWDs nationally and regionally.</p>			
<p><u>Project Outcome:</u></p> <p>Improved availability of gender-responsive and socially inclusive quantitative and qualitative disability data in BMCs to support development planning at the national and regional levels.</p>	<p>By 2023:</p> <p><u>Outcome 1.1:</u></p> <p>1. % of national policies, development strategies or plans that reference Disability Assessments conducted in participating BMCs.</p> <p>Baseline 2018: 0: Target 2023: 50%.</p> <p><u>Outcome 1.2:</u></p> <p>2. % of national Strategic Priority Areas for Programme/Project Support financed in BMCs to improve the quality of life of PWDs.</p> <p>Baseline 2018: 0: Target 2023: 50%.</p> <p><u>Outcome 1.3:</u></p> <p>3. % of CDB’s policies/operational strategies and projects that incorporate disability mainstreaming components.</p> <p>Baseline 2018: 0: Target 2023: 60%.</p>	<ul style="list-style-type: none"> - National policies, development strategies or plans - National and Regional Disability Assessment Reports and Policy Briefs. 	<ul style="list-style-type: none"> - Multi-sectoral partnerships are maintained to support project implementation and sustain results. - Funding to support Strategic Priority Areas identified.
<p><u>Project Output:</u></p> <p>Conduct of Disability Assessments</p>	<p>By 2021:</p> <p><u>Output 1.1:</u></p> <p>1. # of National Disability Assessments in BMCs and Regional Disability Assessment completed.</p> <p>Baseline 2018: 0. Target: 5 (4 National and 1 Regional).</p>	<ul style="list-style-type: none"> - National and Regional Disability Assessment Reports and Policy Briefs 	<ul style="list-style-type: none"> - Multi-sectoral partnerships are maintained to support project implementation and sustain results.

Narrative Summary	Performance Targets/Indicators				Data Sources/ Reporting Mechanisms	Assumptions
<p>Project Output:</p> <p>Convening of National and Regional Workshops to review results of Disability Assessments.</p>	<p>By 2021:</p> <p>Output 2.1:</p> <p>1. # of National Workshops in BMCs and one Regional Workshop convened with key stakeholders from the public, NGOs and IDPs.</p> <p>Baseline 2018: 0. Target: 5 (4 National and 1 Regional).</p> <p>Output 2.2:</p> <p>1. # of workshop participants at National Workshops in BMCs disaggregated by sex (at least 40% females), disability (at least 40% PWDs), youth cohort 15-29 years (at least 25%), and agency (Government 20, DPOs 20, and Development Partners 10).</p> <p>Baseline 2018: 0. Target: 200 (4*50).</p> <p>Output 2.3:</p> <p>1. # of workshop participants at Regional Workshop disaggregated by sex (at least 40% females), disability (at least 35% PWDs), youth cohort (at least 25%), and agency (Govt. 19, DPOs 22, CARICOM/OECS 4 & IDPs 15).</p> <p>Baseline 2018: 0. Target: 60</p>				<ul style="list-style-type: none"> - Consultant's Workshop Evaluation Reports - Consultant's Progress Reports. 	<ul style="list-style-type: none"> - Multi-sectoral partnerships are maintained to support project implementation and sustain results.
Narrative Summary	Performance Targets/Indicators				Data Sources/Reporting Mechanisms	Assumptions
Inputs:	(USD)				<ol style="list-style-type: none"> 1. Consultant's contract 2. National and Regional Disability Assessment Reports and Policy Briefs. 3. Consultant's Workshop Evaluation Reports 4. Consultant's Progress Reports. 	<p>Linking Inputs to Outputs:</p> <ol style="list-style-type: none"> 1. Multi-sectoral partnerships are maintained to support project implementation and sustain results.
	CDB		BMCs	Total		
	SFR	Staff Resources				
1. Preparation of National and Regional Disability Assessments	364,590			364,590		
2. National and Regional Workshops						
3. Project Coordination	18,230	86,100	122,850	227,180		
4. Contingency						
Total	382,820	86,100	122,850	591,770		

GENDER MARKER ANALYSIS

Project Cycle Stage	Criteria	Score
Analysis: Background	Sex-disaggregated data included in the background analysis, and/or baselines and indicators, or collection of sex-disaggregated data required in TOR.	1
	Socioeconomic/Sector/Institutional analysis considers gender disparities, or TOR require the identification of socioeconomic, sectoral and institutional gender issues.	1
Design:	TA interventions are designed, or will be identified as part of the project, that address gender disparities or enhance gender capacities.	1
Project Proposal /Definition/ Objective	Project objective/outcome includes the enhancement of gender capacities, gender data collection, gender equality or the design of gender-responsive policies or guidelines.	1
Score:		4

PERFORMANCE ASSESSMENT SUMMARY

Criteria	Score	Justification
Relevance	4	The Project is consistent with CDB's Strategic Objective of Supporting Inclusive and Sustainable Growth and Development, and aspects of its Corporate Priority of Improving Quality of and, Access to Education and Training, and Citizen Security. The Project accords with the SDF 9 Strategic Theme of Supporting the Achievement of SDG Targets Relevant to the Caribbean, and reflects the cross-cutting theme of Gender Equality. It also supports CARICOM 2015-2019 Integrated Strategic Priority of Social Resilience - Equitable Human and Social Development.
Effectiveness	3	The Project will assist in strengthening the integration, coordination and development effectiveness of skills development and support services PWDs and intersectional vulnerabilities associated with sex, age cohort (children, youth, elderly and working age); ethnicity and race (as relevant). The TA builds on the platform of Country Gender Assessments, and Country Poverty Assessments and will enhance national and regional programming in governance, social and economic sectors.
Efficiency	3	The Project will be implemented via the Use of Funds modality. CDB will work closely with national disability agencies/authorities and will support BMCs in convening a national committee to steer implementation of the Project, in partnership with Government ministries, and other stakeholders from the private sector and NGOs. Project benefits are expected to outweigh Project costs, as activities/outputs are cost-effective and are expected to be completed within budget.
Sustainability	3	The Project enhances the capacity of government ministries/agencies working to address provide improved services to PWDs, and other vulnerable and at-risk populations. The Project will develop or augment Strategic Priority Areas for Programme/Project Support based on findings from the assessment. CDB will have the opportunity to support implementation of the Strategic Priority Areas for Programme Support identified by the BMCs and thereby strengthen the sustainability developmental impacts in the medium to long-term.
Overall Score	3.25	Highly Satisfactory

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- ¹ ECLAC. 2011. *Availability, collection and use of data on disability in the Caribbean sub-region*.
- ² WHO and World Bank. 2011. *The World Report on Disability*.
- ³ Sources include Guyana Multiple Indicator Cluster Survey (MICS) 2006 and 2014; Suriname MICS 2006 cited in Republic of Suriname National Review of the Beijing Declaration and Platform for Action +20 2014; Jamaica MICS 2005 and 2007; Trinidad and Tobago Cambridge 2009; and Barbados Country Poverty Assessment (CPA) 2010 Vol. 1. Disability stigma among other factors contribute to under-reporting during a census. Likelihood of reporting disability increases for disability surveys.
- ⁴ The rights enshrined in the CRPD include civil and political, economic, social, and cultural rights. Examples include Right to education (art. 24), Right to work and employment (art. 27), Right to an adequate standard of living and social protection (art. 28), and Rights of women and children with disabilities (art. 6 and 7).
- ⁵ Dominica, Haiti, and Jamaica are also signatories to the Inter-American Convention on the Elimination of All Forms of Discrimination Against Persons with Disabilities.
- ⁶ The Charter states, “Every disabled person has, in particular, the right (a) not to be discriminated against on the basis of his or her disability; (b) to equal opportunities in all fields of endeavour and to be allowed to develop his or her full potential; (c) to respect for his or her human dignity so as to enjoy a life as normal and full as possible” (Article 14, CARICOM Charter of Civil Society 1997).
- ⁷ UN 2017. *Fact sheet on Persons with Disabilities*
<http://www.un.org/disabilities/documents/toolaction/pwdfs.pdf>
- ⁸ Disability mainstreaming is the process of assessing and addressing the impact of policies or programmes on PWDs during design, implementation, monitoring and evaluation stages. It promotes the inclusion of PWDs by addressing barriers that exclude them from equal of human rights in political, economic and social sectors.
- ⁹ Intersectionality is the interconnectedness of social categorisations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.
- ¹⁰ Such items as hearing aids, prostheses, and the instalment of fixtures such as toilet rails
- ¹¹ Gayle-Geddes 2015; 2016, Huggins 2009; CHDR 2016; and CPAs.
- ¹² Gayle-Geddes, Annicia. 2016. “A Situational Analysis of Persons with Disabilities in Jamaica and Trinidad & Tobago: Policy Imperatives for the 21st Century.” Book Chapter in “*Occupying Disability: Critical Approaches to Community, Justice, and Decolonizing Disability*” edited by Pamela Block *et al.* (Springer, Ltd., USA).
- ¹³ National Commission on Disability. 2005. *Raising the Profile of Disability in Guyana: an Agenda for Action*.
<http://www.statisticsguyana.gov.gy/download.php?file=10>
- ¹⁴ Danquah, L, *et al.* 2014. *Disability in post-earthquake Haiti: prevalence and inequality in access to services*
<https://www.ncbi.nlm.nih.gov/pubmed/25178862>
- ¹⁵ CDB. 2016. *The Changing Nature of Poverty and Inequality in the Caribbean: New Issues, New Solutions*.
- ¹⁶ They include Turks and Caicos Islands (TCI) 2000 and 2012; St. Lucia 2005/2006; Antigua and Barbuda 2006, Barbados 2010; Belize 2009; British Virgin Islands 2002, Dominica 2002 and 2009; Grenada 1999 and 2007/2008; St. Vincent and the Grenadines 2007/2008.
- ¹⁷ The data does not disaggregate the sick and disabled in BVI. Poverty disaggregated by economic activity in the TCI shows, 17% for the employed; unemployed 29%; and all other (e.g. home duties, retired, sick/ disabled) 28% (TCI CPA 2012 Vol 1, p.67). The data does not disaggregate the disabled in TCI.
- ¹⁸ Gayle-Geddes, Annicia. 2015. *Disability and Inequality: Socioeconomic Imperatives and Public Policy in Jamaica*. New York: Palgrave Macmillan.
- ¹⁹ UNDP. 2016. *Caribbean Human Development Report. Multidimensional Progress: Human Resilience Beyond Income*. http://hdr.undp.org/sites/default/files/undp_bb_chdr_2016.pdf

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- ²⁰ Vulnerability is “the limited capacity of communities, households or individuals to protect themselves against covariate risks, exogenous shocks or contingencies threatening living standards” (Barrientos 2004 in CHDR 2016).
- ²¹ They include Technical and Vocational Education and Training Development (TVET) Project Revision in Scope And Additional Loan and Grant - St. Vincent and The Grenadines; Saint Lucia Education Quality Improvement Project; Skills Development And Employability Project - Guyana; UKCIF Grant - Road Infrastructure (Antigua and Barbuda); UKCIF Grant - Essex Valley Agriculture Development Project (Jamaica); Natural Disaster Management - Rehabilitation and Reconstruction Loan (Hurricane Irma) Antigua and Barbuda; TA - ASPIRE Grenada Youth Project: Awakening Special Potential By Investing In Restoration And Empowerment (Aspire) Of Youth In Grenada; TA - Combatting Trafficking in Persons - Guyana; TA - Capacity-Building of Civil Society Organisations to Address Childhood Obesity Prevention - Regional; TA - Youth Policy and Operational Strategy - Regional; TA - Linden to Mabura Hill Road Upgrade and River Crossing at Kurupukari - Project Preparation - Guyana; and TA - Coastal and River Infrastructure Rehabilitation - Preparation of a Feasibility Study and Detailed Designs - Guyana. The Basic Needs Trust Fund has supported rehabilitation of Ptolemy Reid Centre (Guyana) and the Jamaica Society for the Blind Centre (Jamaica) for PWDs in recent years.

End Notes for Appendix 4

- ¹ ECLAC. 2011. *Availability, collection and use of data on disability in the Caribbean sub-region*.
- ² Sources include Guyana Multiple Indicator Cluster Survey (MICS) 2006 and 2014; Suriname MICS 2006 cited in Republic of Suriname National Review of the Beijing Declaration and Platform for Action +20 2014; Jamaica MICS 2005 and 2007; Trinidad and Tobago Cambridge 2009; and Barbados Country Poverty Assessment (CPA) 2010 Vol. 1.
- ³ Some other islands have other provisions such as employment law in Bermuda, Grenada and Saint Vincent and the Grenadines; the building code used by the countries and territories of the Organisation of Eastern Caribbean States (OECS); education policies in Saint Lucia and Saint Vincent and the Grenadines, and constitutional provision that no law, or no person acting by virtue of any law or public office or authority, shall discriminate against persons with disabilities in Antigua and Barbuda states.
- ⁴ Gayle-Geddes 2015; 2016, Huggins 2009; CHDR 2016; and CPAs.
- ⁵ ECLAC (2011) examined disability in eight countries of the Region: Antigua and Barbuda, Bahamas, Barbados, Grenada, Netherlands Antilles, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago.
- ⁶ Further, 57% and 31% of working age PWDs were labour force participants in Jamaica, and Trinidad and Tobago versus non-PWDs at 64% and 57% respectively (Gayle-Geddes 2016).
- ⁷ They include TCI 2000 and 2012; St. Lucia 2005/2006; Antigua and Barbuda 2006, Barbados 2010; Belize 2009; British Virgin Islands 2002, Dominica 2002 and 2009; Grenada 1999 and 2007/2008; St. Vincent and the Grenadines 2007/2008.
- ⁸ The BVI data does not disaggregate the sick from disabled. Poverty disaggregated by economic activity in the Turks and Caicos Islands (TCI) shows, 17% for the employed; unemployed 29%; and all other (e.g. home duties, retired, sick/disabled) 28% (TCI CPA 2012 Vol 1, p.67). The data does not disaggregate the disabled in TCI.
- ⁹ Antigua and Barbuda is an exception where with equality of opportunity in employment across gender.
- ¹⁰ Including enrolment, attendance, highest level attended, highest certification attained and school type attended.
- ¹¹ Severity may range from mild, moderate, severe to profound. The types may include, *inter alia*, intellectual, visual, physical, learning, speech, deafness, mental illness, multiple and other.