

# Using the Washington Group questions on disability data in development programs:

A learning brief



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# Introduction

Disability data collection and use is an evolving area of practice in international development. However, development organisations often experience challenges in planning and implementing the collection of disability data, or do not feel confident to use data to inform their programs or to evaluate their progress towards inclusion. This is a missed opportunity, as it means that **programs may not be tracking whether their programs are inclusive of persons with disabilities, targeting the right groups, or implementing the most effective solutions.** This applies to all 'mainstream' programs that aim to include persons with disabilities along with other population groups, as well as 'targeted' programs specifically designed to reach persons with disabilities.

**The aim of this learning brief is to consolidate the lessons and experiences of development organisations in collecting and using disability data, with a focus on the question sets developed by the Washington Group on Disability Statistics (WG).** The brief focuses on the collection and use of disability data to inform planning, monitoring and evaluation of development programs. We address common issues and concerns in implementation, as well as suggesting approaches to overcome these issues. We also include case studies from development organisations that have collected and used disability data in their programming and advocacy.

Note that this learning brief is focused on the Washington Group questions, given they are the best known and most widely used disability data collection tool. As

with any other data collection tool, it is important to consider what the Washington Group questions were designed to do and what you are aiming to achieve by using the questions. When considering if you should use the Washington Group questions, or any other data collection tool, the following questions are helpful to consider:

- What is the aim of my data collection?
- What type of data do I need?
- What is best tool, or approach, to get the data I need?

Your choice of data collection tool will also depend on your available resources, time and working context.

This paper provides some guidance on what the Washington Group Questions can and cannot do, as well as how to go about using them, to help inform these choices.

**The target audience for this learning brief is development practitioners and project managers that are interested in collecting and using disability data in their programs.** The information in this brief is also relevant to those working in humanitarian action, with some additional specific guidance listed under the [Resources](#) section.

The learning brief was developed by the [Inclusion Advisory Group](#) of [CBM Global Disability Inclusion](#), with colleagues from the [Nossal Institute for Global Health](#). We welcome any feedback on this resource. Feedback can be sent via email to [Inclusion Advisory Group](#).

# Rationale

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**This learning brief draws on previous work on disability data by CBM Global's Inclusion Advisory Group, CBM Australia and the Nossal Institute, University of Melbourne, supported by the Australian Department of Foreign Affairs and Trade (DFAT) under the CBM Australia/Nossal Institute Partnership.**

This included research into the use of the Washington Groups questions in development programming, as well as a synthesis of evidence from surveys and needs assessments on the impact of COVID-19 on persons with disabilities during the early stages of the pandemic.<sup>1,2</sup>

The research into the use of the Washington Group questions found persisting issues in the use of the question sets, such as a lack of clarity over what the Washington Group questions can contribute to development programming. Similarly, while the COVID-19 review identified 17 surveys focused on disability, there were

a range of quality issues that limited confidence in the findings. Quality issues included highly varied question types and survey themes, limited statistical analysis of results, and this has likely limited uptake of findings. There were also few mainstream population surveys that collected and/or reported disability data or published outcomes disaggregated by disability. This limited the strength of evidence outlining the impacts of COVID-19 on people with disabilities. **These studies are a reminder that work still needs to be done to strengthen the collection of reliable and robust disability data.**



**Identification  
of persons  
with disabilities -  
the Washington  
Group Questions**



# Background on Washington Group Short Set (WG-SS)

The **Washington Group on Disability Statistics** was established in 2001 to develop standardised disability data collection tools for use by government in censuses and surveys.

The Washington Group questions are designed to collect data that is comparable across different locations and avoids issues of underreporting that arise from asking a direct question, such as: 'do you have a disability?'

The Washington Group has developed a number of question sets collectively known as the Washington Group questions.

All the question sets draw on the foundational **Short Set (WG-SS)** of six questions, designed for use with adults and children aged five and above. The Washington Group questions, and particularly the Short Set, have gone on to be promoted as a cost effective and efficient way to collect disability data in development programming.

## Box 1 / The Washington Group Short Set

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty (with self-care such as) washing all over or dressing?
6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

### Response options

Would you say...

- No difficulty.
- Yes, some difficulty.
- Yes, a lot of difficulty.
- Cannot do at all.

The Washington Group questions are probably the best known and widely used disability data collection tool; however, practitioners often face challenges in how best to apply the questions in their work. There can also be a tendency to overestimate what the Washington Group questions can contribute to programming.

# What do the Washington Group questions do?

Disability is a multi-dimensional concept, that is understood under the UN Convention on the Rights of Persons with Disabilities to be an interaction between a person with an impairment and barriers that prevent that person's full participation in society.<sup>3</sup> The Washington Group questions are used to identify persons with disabilities by collecting information on functioning, or more specifically, the activity limitations an individual may have.<sup>4</sup>

The questions ask about the level of difficulty an individual has doing common activities, such as walking, seeing, or self-care. The Washington Group questions are deliberately simplified and do not aim to capture the diversity of disability in its entirety.

By focusing on activity limitations, the Washington Group questions have several advantages. These include:

1. The use of non-technical language to aid comprehension and use by people with limited knowledge of disability, and in varied environments.
2. Identification of most persons with disabilities in a population or community.
3. A focus on activities rather than putting people 'in boxes' according to impairment types or health conditions.
4. Not mentioning the word 'disability' to avoid stigma and underreporting.

**The Washington Group questions are a practical solution to identifying who is a person with disability and who is not, within data collection and analysis.**

When used in surveys and censuses, the Washington Group questions allow data to be disaggregated by disability. In turn, this allows differences in the level of participation in society and equality of opportunities to be identified between persons with and without disabilities. For example, to identify differences in school enrolment, workforce participation, or access to services.



# What do the Washington Group questions not do?

When deciding if the Washington Group questions are the best tool for your data collection purposes, it is important to consider what the questions do **not** do. It is also worth noting that the Washington Group questions were designed to be used alongside other questions in a survey tool. Used alone, the Washington Group questions do not provide information on the following:

1. Health conditions or impairments
2. Disability types, beyond some indication of activity limitations
3. Accessibility needs of individuals with disabilities
4. Barriers to participation or accessing services

The Washington Group questions have been criticised for not identifying some groups of persons with disabilities, for example, persons with psychosocial disabilities. Additional questions in the Enhanced and Extended sets have been developed to capture information on anxiety and depression that may be disabling. For more information see the [Beyond the Short Set](#) section below. At the same time, it is important to remember that the Washington Group questions are not designed to identify any particular disability type, impairment, or group of persons with disabilities.

By using activity limitations as a proxy (or representation) for disability, the Washington Group questions allow us to identify most persons with disabilities in a population. **If the aim is to identify specific impairment types or health conditions, more detailed functional assessments and/or medical diagnoses will be needed. The Washington Group questions are not a diagnostic tool.**

# Identification, disaggregation and participation

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The Washington Group questions, as noted, were designed to identify persons with disabilities within censuses and government surveys and allow data from those surveys to be disaggregated by disability. In development programming, the questions have been used in a variety of ways. These include use in baseline and endline surveys, measuring attendance in project activities, such as workshops and trainings, and identifying persons with disabilities for participation in program activities.

In development programming, the questions have often been used as one way to identify persons with activity limitations and barriers to participation in program activities, rather than for disaggregation and comparative analysis of large data sets.

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**In many cases, identifying people who experience activity limitations is critical to providing people with support and accommodations they may require, as well as to understanding how to go about removing barriers in program activities.**

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It is also often critical to understanding whether program outcomes have equally benefitted persons with disabilities compared to persons without disabilities.

Persons with disabilities, particularly those living in resource poor or low-income settings, may be part of what is known as an invisible or hidden population. This means that individuals may not want to be identified or may take active measures

to avoid being identified as being part of a particular group. The reasons for not wanting to be identified as a person with disability may include stigma associated with disability, prejudice, or fear of abuse. **By deliberately avoiding using the term 'disability', the Washington Group questions can help to identify persons with disabilities who can potentially benefit from project activities or services but who may otherwise be missed.**

Identifying persons with disabilities is often a first step towards improving participation; however, alone it is insufficient. We also need to identify barriers to participation and understand the accessibility requirements of an individual. Consider the question: Do you have difficulty walking? The answer 'a lot of difficulty' may indicate there is an access requirement. But it does not tell us what that requirement is. For example, a person with a lower limb amputation and a person with cerebral palsy may both have difficulty walking. However, they may have very different access requirements and face different barriers to participation. It is important to remember that the Washington Group questions are not designed to provide this level of information.

When using the Washington Group questions to identify persons with disabilities to improve participation in program activities, it is important to consider the need for follow-up to find out more about an individual's specific situation, experiences, and needs.

**Disability data collection that only includes the Washington Group questions will be limited at best. A more holistic approach to disability data collection would include collecting data to:**

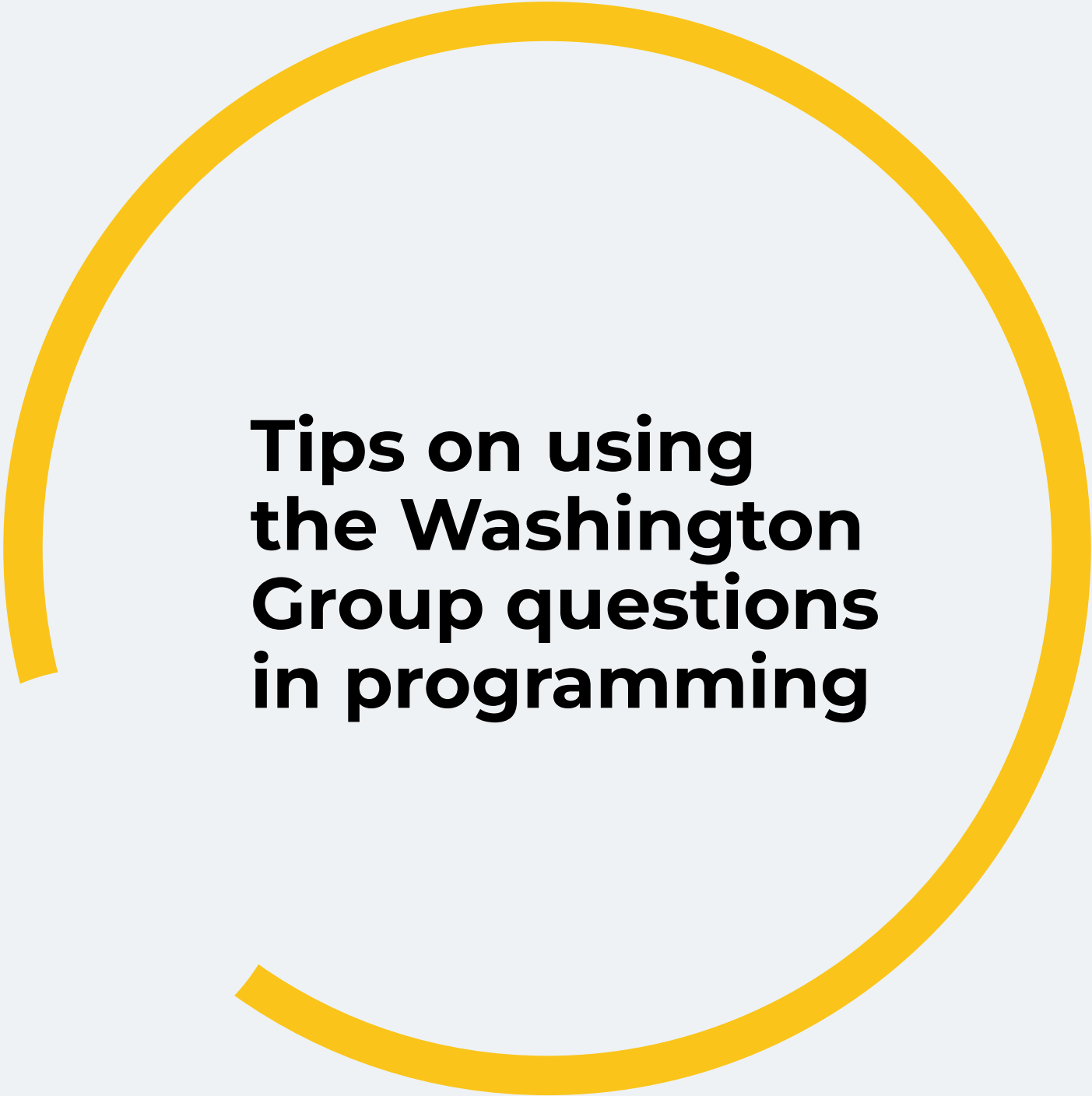
- Identify persons with disabilities, for example by using the Washington Group questions
- Understand the accessibility requirements of individuals with disabilities, including assistive technology and support requirements, to ensure meaningful and full participation.
- Identify barriers to be removed to facilitate the participation of persons with disabilities
- Disaggregate indicators by disability to provide information about who is included in project activities and outcomes.

## **Beyond the short set**

The Washington Group has developed further question sets that provide more detail and information and are longer than the Short Set. The decision to use longer question sets involves an obvious trade-off between the time and resources available and the data required for a particular purpose.

### **Additional question sets include:**

- The Enhanced Short Set consists of 12 questions, including additional questions on upper body functioning<sup>5</sup> and anxiety and depression. The questions on anxiety and depression follow a different response format and cut off points to the standard Short Set questions.
- The Extended Set consists of 24 items, adding supplementary questions to the Short Set questions and also includes additional questions on upper body functioning and anxiety and depression as well as on pain and fatigue. These additional questions on pain and fatigue follow a different response format to the standard Short Set questions, as per the questions on anxiety and depression in the Enhanced Short Set.
- Specific question sets for use with children, and that address work, have also been developed and are described later in this brief. For more information see Disability identification in children below



**Tips on using  
the Washington  
Group questions  
in programming**

The following section provides tips on common issues that often arise when collecting data with the Washington Group questions in development programming. Anticipating and managing potential issues will help improve the overall quality of data collected.

# Translation and cognitive testing

The Washington Group questions are translated and tested in different languages and the translated versions are available from the [Washington Group website](#). However, there could be multiple languages and dialects used in many countries and new or accurate translations may be required depending on the program target area. Even when translated into local languages, cultural differences can mean that the concepts used in the Washington Group questions may be understood differently in different places. For more information, see the guidelines developed by the Washington Group on [translations and cognitive testing](#)<sup>6</sup> of the questionnaire.

## Introducing the questions

How the Washington Group questions are introduced during data collection is important. As noted, the word 'disability' should not be mentioned when introducing or asking the questions. The Washington Group suggests the following phrase may be used to introduce the questions:

*"The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM."*

**The inclusion of this phrase is not a requirement.** Emphasising 'because of a health problem' can add a layer of interpretation by the respondent before they answer. For example, a person may consider they have difficulty seeing, but may question whether this is because of a health problem. The questions may simply be introduced as follows:

*'The next questions ask about difficulties you may have doing certain activities.'*

Or

*'I would now like to ask you about difficulties you may have doing certain activities.'*

If you are using the Washington Group questions in a large survey tool, it can be helpful to include the Washington Group questions within the demographics section of the survey. That is, the section that includes questions about age, gender, location, marital status etc.

# Asking the response options

As indicated, there are four standard response options to each question in the Short Set. Each response option should be read in full after asking each question. **It is important to ensure a logical progression from the question to the responses and to avoid any confusion on the part of the respondent.** It is recommended to say, 'Would you say....?' before reading the response options as in the following example:

## Example 1 – Requesting a response

'[I would now like to ask you about difficulties you may have doing certain activities:]

***The first question is:***

Do you have difficulty seeing, even if wearing glasses?

***Would you say:***

No difficulty; Yes, some difficulty; Yes, a lot of difficulty; or Cannot do at all?

All six questions, including the response options, should be asked in the same way. It is recommended to **provide data collectors with a standard script that includes the complete wording necessary to ask the questions consistently and effectively.** Simply providing the questions as outlined above will lead to inconsistencies in how the questions are asked.

It is important to note that additional questions in the Enhanced Set, on anxiety and depression, and the Extended Set, on pain and fatigue, have different response options. These response options relate to how often a person experiences the condition. The cut off points for these items are also different from the cut off points used for the analysis of Short Set responses.<sup>7</sup> For more information see the [Cut off points](#) section below.



# Use of assistive devices and the WGQ

**Confusion can arise about whether responses to questions in the Short Set should include the use of assistive devices or not.**

Unless specified, the Washington Group questions ask about the difficulties a person may have doing activities without the use of any assistive device or technology.<sup>8</sup> The questions also assume the respondent does not have any support from a carer or other person. For example, if a person usually uses a walking stick, the question about difficulty walking refers to when that person is not using their walking stick and is walking independent of any other assistance. The same applies for all other assistive devices that a respondent may use, but with two important exceptions.

The exceptions are the questions about difficulty seeing and difficulty hearing and the specific use of glasses and hearing aids. Glasses are commonly used across the world and hearing aids are often used in many countries, and for most people using these devices they become an integral part of how they function every day – so they are included. To avoid confusion and possible overreporting, a screening question can be added to the questions on seeing and hearing as in Example 2 below:

## **Example 2 – Adding a screening question for hearing aids or glasses**

`[I would now like to ask you about difficulties you may have doing certain activities:]

***The first question is:***

`Do you wear glasses? Please, answer **YES** or **NO**.

**[If YES]**

when using your glasses, do you have difficulty seeing?

Would you say:

No difficulty; Yes, some difficulty; Yes, a lot of difficulty; or Cannot do at all?'

**[If NO]**

do you have difficulty seeing?

Would you say:

No difficulty; Yes, some difficulty; Yes, a lot of difficulty; or Cannot do at all?'

The same process can be used for the question on hearing. With 'do you use a hearing aid' and 'when using the hearing aid' substituted in the above example. Again, it is important that all data collectors ask the questions in the same way.

# Self-reporting and neutrality of data collectors

The Washington Group questions are designed to collect 'self-reported' data. That is, the respondent chooses and provides the best answer from their perspective. The responses are not based on an external assessment or diagnosis. Responses to the Washington Group questions are subjective and based on that person's experience and understanding. Data collectors need to be aware of this.

It is important that **data collectors remain neutral and detached** when asking the questions and recording responses, particularly if the respondent provides an answer that the data collector is not expecting. **Data collectors should not try to influence or change any response provided.**

## Not mentioning disability

As we have noted, it is important that **disability** is not mentioned when asking the Washington Group questions to avoid stigma and possible underreporting. This can be challenging for inexperienced data collectors.

Often, data collectors' default to mentioning disability when introducing the questions. Providing data collectors with a standardised script can minimise this risk. It is important that this is addressed in preparatory trainings for data collectors.

Providing data collectors with a standardised script (as in Examples 1 and 2 above) can also reduce the possibility of errors. It is also important to consider how the overall survey or interview questions will be introduced to participants and referred to in related documentation, such

as consent forms. For example, referring to the survey as a general household or community survey, or health or economic survey, would be better than referring to the survey as a disability survey.

It is fine to ask direct questions about disability **after** the Washington Group questions have been asked. For example, asking a direct (yes/no) question about whether the respondent identifies as a person with disability can be helpful. Similarly, asking questions about use of assistive devices and technologies can also be helpful. To reiterate, this should only be asked **after** the Washington Group questions have been asked. **A direct question on disability may be asked directly after the Washington Group questions have been asked or later in a larger survey, such as in a section on health.**

# Providing clarifications

Data collectors will often add explanations or clarifications when asking the Washington Group questions. This is often in response to a real or perceived concern that the respondent has not understood the question. **How questions are explained or how additional information is provided will influence the data collected.** Again, it is important to remember that the Washington Group questions are a self-reported tool. For more information see the [Self-reporting section](#) above.

One approach to reduce this risk is for data collectors to **follow a script** prepared in advance, including **clear guidelines for the data collector.** For example, to only repeat the questions if the respondent does not understand the question when first asked. Then to repeat the question a set number of times if needed and before moving on to the next question. This is a

rigid approach that can be helpful in large surveys; however, the rigidity of this approach may not fit with some community-based programs that prioritise participatory approaches.

An alternative approach is to **ensure data collectors are equipped with standard explanations in advance.** The Extended Set includes supplementary questions that can be used for this purpose. For example, if someone asks: 'Difficulty in walking how far?' The Extended Set example of 100 metres on level ground, or about the length of a football pitch, can be used. The Extended Set provides supplementary questions for all questions in the Short Set. Ensuring **standardised explanations are provided, and that data collectors are trained in anticipating issues in advance, can improve the quality of data collected.**

## Collecting data at the household level

The Washington Group questions are designed to be asked to individuals. However, households are often the focus of data collection within development projects. **The Washington Group questions should ideally be asked to each member of the household.** Once again, it is important to remember that the Washington Group questions are a self-reported tool that collect data on how an individual may or not experience difficulties, based on their own self-perception. **Wherever possible, another person (or proxy) should not be asked to answer the questions on someone else's behalf.** The exception to this is the Module on Child Functioning which is designed to be asked to a parent or primary carer of a child.

Large surveys, including censuses, are often asked to one person in a household who answers on behalf of other household members. Usually, this is the head of the household and often this person is male. The Washington Group questions may be used in this way. However, **there is a risk of underreporting due to stigma or shame that may be associated with disability.** Importantly, the level of difficulty reported by the head of household **may not accurately reflect the experience of the individual concerned,** including how the individual's gender or age may affect their experience.

The wording of the Short Set questions (see Box 1 above) indicate they are to be asked directly to an individual. If the questions are to be asked to a proxy, such as a carer or head of household, the use of alternative wording is recommended. The following example is based on the wording used in the Child Functioning Module. For more information on the Child Functioning Module see the [Disability identification in children](#) section below.

### Example 3 – Wording for proxy respondents

'[I would now like to ask you about difficulties other people in your household may have:]

'Does [name] wear glasses? Please, answer **YES** or **NO**.

**[If YES]**

when using their glasses, does [name] have difficulty seeing?

Would you say [name] has:  
No difficulty; Yes, some difficulty; Yes, a lot of difficulty; or Cannot do at all?'

**[If NO]**

does [name] have difficulty seeing

Would you say [name] has:  
No difficulty; Yes, some difficulty; Yes, a lot of difficulty; or Cannot do at all?'

Whether asking the questions directly to every individual or to a proxy, a clear and efficient reporting form needs to be prepared in advance. **Data collected needs to be attributed to the appropriate household member, and not just summarised at the household level.** The increasing availability of user-friendly software to assist digital tablet-based data collection can simplify this process and reduce errors. Whether digital or paper based, all data collection tools need to be tested in advance for usability and clarity. For more information see the [Translation and cognitive testing](#) section above.

As a reminder, if questions are to be asked to a proxy, no introductory or screening question<sup>9</sup> should be asked before the Washington Group questions are asked, and the questions should be asked about every individual within the household. For example, no preliminary question such as: does anyone in this household have a disability (or medical condition)? To avoid issues relating to stigma, no direct or indirect reference to disability should be made before asking the Washington Group questions. For more information see the [Not mentioning disability](#) section above.

# Cut off points

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For government censuses and surveys, the Washington Group's standard recommendation is **any person answering 'a lot of difficulty' or 'cannot do it all' to at least one question can be considered a person with disability. This is known as a 'cut off point'** – that is, the point along the different response options where the data is split (or cut off) into persons with disabilities and persons without disabilities. However, the Washington Group recognises the diversity of disability and that disability is experienced on a continuum and there may be situations where choosing a different cut off point is appropriate. The 'some difficulty' response is also known to include a wide range of difficulties that can limit a person's participation in society or in projects.

The choice of cut off point is a matter for analysis rather than the collection of data itself. For more information see the [Analysis section](#) below. It can be helpful to look at the responses by a range of cut off points. The choice of cut off point should be guided by the goals of data collection. For example, if the aim is to measure disability prevalence in line with guidance for government, the 'a lot of difficulty' cut off point should be used. However, if the aim of data collection is to identify persons with disabilities to increase participation in programme activities and/or ensure access to additional support or accommodations that may be required, then the 'some difficulty' cut off may be more appropriate. **Using the 'some difficulty' cut off point will minimise the risk of persons with disabilities being missed in program activities.**

## Expected prevalence figures

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The 2011 World Report on Disability estimate that 15% of the world's population has a disability is now well known.<sup>10</sup> It is important to note that this estimate was not based on using the Washington Group questions and, as such, is not directly comparable.

The World Report 15% estimate is based on analysis of data from the 2004-2005 WHO World Health Survey of 2002–2004, with data from 59 countries, and the 2004 study update of the Global Burden of Disease. As with any data source, each of these sources have their limitations and each result in different prevalence figures. Drawing on these data sources, the Report estimated a disability prevalence rate, including adults and children, of 15% for 2010 population estimates. This was notably higher than earlier estimates of around 10%.

**In comparison, asking a direct question, such as 'Do you have a disability?', can result in prevalence figures as low as 1% or 2%. Current evidence shows a higher response rate by people with Washington Group questions compared with 'do you have a disability'.<sup>11,12</sup> Current evidence also shows a wide range of prevalence estimates (ranging from around 3% to 14%) from using the Washington Group questions.<sup>13</sup> This could be due to a range of issues, such as differences in sampling or issues within data collection itself.**

### **Case Study 1: Using the Washington Group questions in WASH programs**

The Washington Group questions are increasingly being used in household surveys to inform approaches in water, sanitation, and hygiene (WASH) programs. Different programs have taken different approaches to collecting data at a household level. Some WASH surveys have only collected data about whether there are any household members with disabilities by asking the head of household only. However, it is important to understand how individuals within households may access, use, and benefit from WASH interventions. To do this effectively, it is preferable to ask the Washington Group questions to all individuals in a household.

One example of household data collection that engages all individuals in a household is the **Water, Women and Disability Study** undertaken in Vanuatu with support from the Australian Government's Water for Women Fund.<sup>14</sup> The following process was used for the household survey:

1. Each household member aged 5+ was screened using the Washington Group Short Set. Individuals were asked the questions directly, unless a child (in which case adult caregivers were asked the questions on their behalf).
2. Adult household members were also asked an additional four questions relating to psychosocial functioning.
3. Based on this screening process, a sample of persons with and without disabilities were selected for further in-depth data collection about access to WASH.

By conducting the study using Washington Group questions for identification, together with qualitative methods to find out more about access to WASH, **the situation of persons with disabilities within households compared with those without disabilities was able to be compared.** This information led to the **finding that persons with disabilities were more likely to experience barriers in seven out of the eight indicators used.**<sup>15</sup> This highlights the benefit to programs of identifying individuals with disabilities within households and the advantages of pairing this information with information about access and barriers, to inform programming.



# Training teams in using the WGQ

The Washington Group Short Set remains the most accessible and resource efficient tool for effectively identifying persons with disabilities in data collection within community-based programming. However, there are, as noted, a number of issues that should be anticipated and addressed if the questions are to be used effectively. While the questions are designed to be simple and usable by people without expertise in disability, the amount of training required to effectively use the questions can be underestimated.

If the questions are to be used in a large survey and data collectors are expected to follow a standard script without deviation, the training required may be minimal. If the questions are to be incorporated into community-based programming that emphasises communication and participation, more training will likely be required. There are a range of topics that should be included in trainings that have been outlined in this brief. These include:

- Introducing the questions
- Asking the questions
- Asking for the response options
- Not mentioning disability
- The use of assistive technology or personal support
- Self-reporting and subjective responses
- Providing explanations and clarifications

It can be helpful to provide data collectors with additional context and information on the Washington Group questions. This

is particularly the case for data collectors who are not strictly following a data collection script. An important feature of **the Washington Group questions is they allow us to collect data on disability without directly talking about disability.** This simple premise is not necessarily obvious, particularly for those new to disability. How disability is addressed in the Washington Group questions is likely very different from how most people understand disability. That is, the emphasis on functioning rather than a focus on disability types and labels.

For data collectors who are new to disability, providing context can help clarify the “dos and don’ts” of using the Washington Group questions and improve understanding of disability inclusion in general. The better this understanding is, the better the data that is likely to be collected. When planning trainings, the inclusion of content on the following may be considered:

- Understanding disability and the social model of disability<sup>16</sup>
- Introduction to functioning and disability
- Disability etiquette and interacting with persons with disabilities

In addition to the above, data collectors need sufficient time to practice using the questions and to practice dealing with issues, such as the need to provide explanations in a standardised manner. This all requires time and preparation.

Some organisations of persons with disabilities (OPDs) have developed significant expertise in collection of disability data, including using the Washington Group Short Set. For example, Pacific Disability Forum (PDF) have been involved in training data collectors with disabilities across the Pacific, as well as developing the capacity of statistical agencies and development organisations in using disability data. **Training and utilising persons with disabilities as data collectors can be a powerful way to challenge community attitudes around disability and support further disability inclusion in programming.**<sup>17</sup>

The Washington Group has also made available short trainings that are available from the [Washington Group website](#).

## **Case Study 2: Using the Washington Group Enhanced Set in Malawi**<sup>18</sup>

Since 2014, Sightsavers has been using the Washington Group Short Set, initially in research studies and more recently within project monitoring, to measure the number of persons with disabilities accessing their projects. This has involved the engagement of local OPDs who help test the survey tool and its translation into the local language and assist with the training of other partners and local staff.

In 2020, Sightsavers took the opportunity to pilot the use of the Washington Group Short Set Enhanced Questions in its inclusive eye health projects, to collect additional data on those patients who might be experiencing anxiety and depression. Their experience has been that this question set was simple to administer and did not add any significant burden in terms of training staff or adding significant time onto the data collection process in comparison to using the Short Set.

**Sightsavers has found that using the Enhanced Set returns prevalence rates that are around five to ten percent higher compared to projects using the standard Short Set.** For example, use of the Enhanced Set in an eye health project in Malawi found that 33 percent of participants had a disability. It is important to note that this group was eye health service users, rather than the general population, so likely to have a higher proportion of respondents that would be identified as having a disability than when Washington Group Questions are used in a more general population. Seven percent of all participants reported anxiety, which was the second highest domain after the sight domain, where 21 percent of participants reported a disability. The team are still discussing whether this may be due to difficulties in translating the term 'anxiety', as anxiety and depression are not commonly discussed concepts in the area.

Overall, use of **the Washington Group questions have been helpful in understanding the proportion of persons with disabilities amongst those accessing eye services**, suggesting the program is including many persons with disabilities in the project's target community. These data have also been used to identify where service accessibility needed to be improved, for example, improved inclusion of people who are d/Deaf or hard of hearing.

**Sightsavers continues to explore the value of collecting disability data in its programs by using the different Washington Group question sets and sharing learnings internally and externally when possible.**



**Analysis and  
reporting of  
disability data**

# Analysis of Washington Group Short Set

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The standard analysis of the Washington Group Short Set for censuses and large population surveys is to record someone as having a disability if they answer 'Yes – a lot of difficulty' or 'Cannot do at all' to at least one of the six questions. Again, it is important to note that the Enhanced and Extended sets have different cut-offs for questions on anxiety, depression, pain, and fatigue.

Depending on the purpose of data collection it can be useful to use the 'some difficulty' cut off point. For more information see the [Cut off points section](#) above. This is particularly the case if the objective is to increase participation in program activities and/ or ensure access to additional support or accommodations that may be required. If the program plans to report disability prevalence in a larger population survey, the standard cut-offs may be most relevant. This will most likely be in line with the cut off points used in government censuses and surveys to identify persons with disabilities. When conducting your analysis, it is helpful to consider a range of cut off points. **When reporting any findings, it is important to state which cut-offs were used and why.**

Many staff in development programs will use Microsoft Excel to analyse data collected using the Washington Group questions (noting the Washington group website also includes guidance for analysing this data using [statistical packages](#), including SPSS, Stata or SAS). One straightfor-

ward approach for analysis using Excel is to count the number of respondents who answer 'a lot of difficulty' or 'cannot do it at all' to at least one question by creating a Yes/ No variable. This will allow you to count the number of respondents who are classified as having (and not having) a disability.

This Yes/No variable will allow you to disaggregate other survey results in analysis (in the same way that you would disaggregate data by age and gender). For example, in a baseline assessment looking at participation in education, you could disaggregate data by disability (and then potentially also both gender and disability) to understand whether educational outcomes are different for persons with disabilities relative to persons without disabilities (and how this intersects with gender). Program activities can then be designed or adjusted based on this information.

An example spreadsheet is provided on the [CBM Australia website](#) that demonstrates how to calculate the Yes/ No variable indicating whether someone has a disability, based on their responses to the Washington Group Short Set. This can be linked to other data for further simple analysis.

If you have trouble accessing this spreadsheet, you can contact [CBM Global Inclusion Advisory Group](#).

# Reporting of Washington Group Short Set data

**We have found that organisations are often collecting data, but they may not be effectively including that data in their program reporting to donors or other stakeholders. Some common reporting issues include:**

- Reporting on the prevalence of persons with disabilities completing the survey in the demographics section, but not referring to disability again in the report.
- Not reporting disability disaggregated data against key project variables/indicators.
- Not reporting disaggregated data on or linking to qualitative data on the extent of participation of persons with disabilities, or on barriers to participation.
- Reporting the prevalence of people experiencing different difficulties in each functional area as if these were impairment types.
- **The WG-SS functional difficulty areas don't map exactly onto impairment/disability types, and reporting this way will lead to incorrect estimates. This is because multiple difficulties could be present for people with particular activity limitations– for example, a blind or partially sighted person may also report difficulty walking.**

## Good practice tips for reporting:

- If the report includes a section with demographic information, report the prevalence of persons with disabilities within that section of the report (including information about what cut-offs were used).
- Where possible, present disability data disaggregated by age and gender. This will help with understanding the sample and the age/gender profile of respondents with disabilities. An example is provided below.

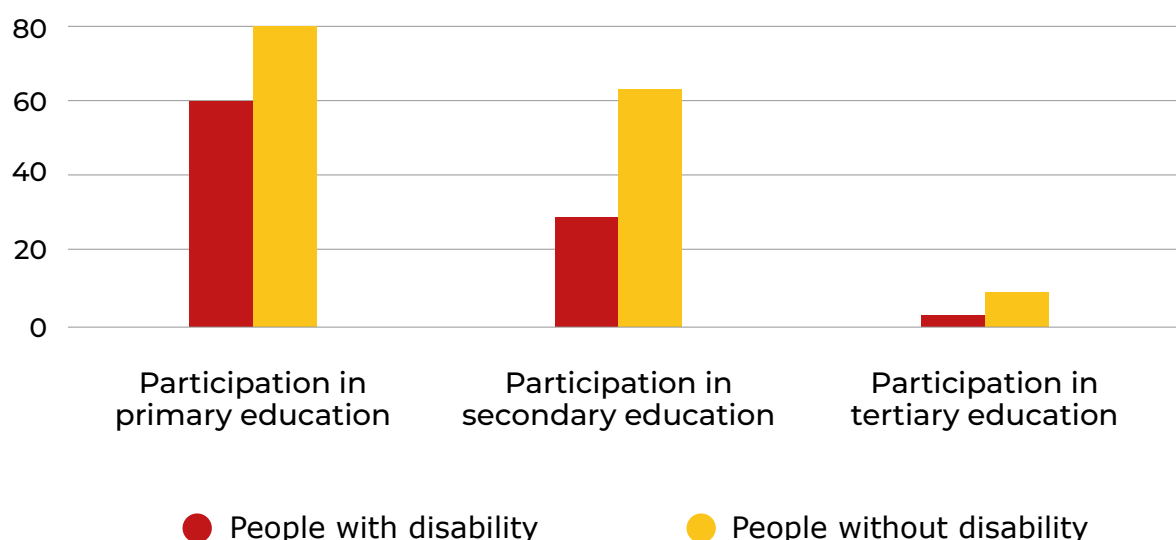
## Example 4: Disability reported by age and gender

Gender	Disability	Ages						
		18-29	30-39	40-49	50-59	60-69	70-79	+80
Female	With disabilities							
Female	Without disabilities							

Gender	Disability	Ages						
		18-29	30-39	40-49	50-59	60-69	70-79	+80
Male	With disabilities							
Male	Without disabilities							
Neither of the above	With disabilities							
Neither of the above	Without disabilities							
Prefer not to say	With disabilities							
Prefer not to say	Without disabilities							

- Report outcomes and other program indicators disaggregated by disability, as you would for gender and age. For example, when reporting on participation in education, you could report:

**Example 5 - Graph reporting participation in education disaggregated by disability**



- Also, disaggregate data by both disability and gender together (and if relevant to your program, age), to understand whether there are differences in the outputs or outcomes according to gender, amongst persons with disabilities (or vice versa). This provides a range of information that can then be reflected on, reported, and used to consider whether changes need to be made to program approaches, as in the example below.



**Example 6 - Reporting project outcomes by gender and disability**

Number of people who reported improved hygiene practice:

<b>Gender</b>	<b>Disability</b>	<b>District A</b>	<b>District B</b>
Female	With disabilities	21	3
Female	Without disabilities	85	89
<b>Female</b>	<b>All</b>	<b>106</b>	<b>92</b>
Male	With disabilities	43	6
Male	Without disabilities	122	86
<b>Male</b>	<b>All</b>	<b>165</b>	<b>94</b>
Other	With disabilities	1	0
Other	Without disabilities	1	1
<b>Other</b>	<b>All</b>	<b>1</b>	<b>1</b>
<b>All</b>	<b>With disabilities</b>	<b>65</b>	<b>10</b>
<b>All</b>	<b>Without disabilities</b>	<b>208</b>	<b>175</b>
<b>All</b>	<b>All</b>	<b>273</b>	<b>185</b>



**Using other  
Washington  
Group tools**

# Disability and employment - the WG ILO Labour Force Survey Disability Module (LFS-DM)

This tool is one of the newer tools in the Washington Group suite of products. It was developed and piloted jointly by the International Labour Organization (ILO) and the Washington Group on Disability Statistics. The tool draws on the ICF's<sup>19</sup> understanding of disability as a conceptual framework, and has been developed for use in population surveys (such as Labour Force Surveys).

## The tool includes 5 modules that capture:

- Disability identification (using the WG-SS, plus two optional questions capturing anxiety and depression); and for those who are identified as persons with disabilities, further questions on
- Barriers to employment
- Accommodations necessary for employment
- Attitudes
- Social protection.

LFS-DM focuses on capturing the barriers to participation in income-generating activities for persons with disabilities.

The ILO has developed further [Labour force survey \(LFS\) resources](#) for guidance on use of the tool. A summary of key questions from the tool is included in Appendix A.

## Disability identification in children

Tools developed for disability identification in adults (such as the Washington Group Short Set) are recognised to not be appropriate for disability identification in younger children (especially those aged under 5 years). This is because children are continually developing in their capacities, and at different rates, so difficulties may be picked up at different points in a child's development.

To address this gap, **UNICEF and the Washington Group worked together**

### **to develop a tool specifically designed for disability identification in children.**

There are two versions available: for ages 2 to 4, and for ages 5 to 17.<sup>20</sup>

The Washington Group UNICEF Child Functioning Module (CFM) is designed to be completed by the child's primary caregiver. While initially designed for population surveys and censuses, it has been used in a diverse range of development settings, such as inclusive education programs in the Pacific.

Like the other Washington Group question sets, the CFM does not provide a diagnosis of disability; rather, it serves as a screening tool that identifies children with disabilities.<sup>21</sup> As for any of the Washington Group question sets, if development programs need to determine eligibility for disability-related services and supports, additional data will need to be collected to increase the accuracy. Examples include data on learning and support requirements (such as research undertaken in the Fijian inclusive education context<sup>22</sup>)

and/or other approaches, such as clinical assessments through referral to health and/or rehabilitation workers.

Further information on implementation of the CFM, including training for data collection teams, can be found in the UNICEF resource: [Manual for Interviewers](#).

UNICEF has recently launched a [report on data on children with disabilities](#), drawing on data collected using the CFM.

# Measuring access requirements and barriers to participation

Inclusive development programs require data to inform program design and measure their effectiveness. In addition to collecting data to identify persons with disabilities, **the programs should also collect data on the level of participation in the community as it relates to the program**, for example, in education or health services; specific barriers related to participation; and identifying the requirements of individual persons with disabilities.

A lot of data that is collected by programs to report on their targets and objectives can be a useful **starting point in terms of understanding barriers to participation**. As described in the section on [Analysis and reporting of disability data](#) above, program level data can be disaggregated by disability status, similar to how indicators are disaggregated by age or gender, to compare the requirements and level of participation between persons with and without disabilities.

For example, for a development project that focuses on education, one of the program level indicators measured over time could be the number of primary school-aged children who are out-of-school in the target area. When this indicator is disaggregated by disability status, it will provide information not only on the number and proportion of children with disabilities who are out-of-school, but also the differences in that proportion between children with and without disabilities. These data can be collected alongside data on the barriers to schooling for children with disabilities, to assist with planning appropriate interventions to address school nonenrolment or drop-out rate.

Note that a range of tools exist to measure participation and barriers, including the tools developed by the World Health Organization<sup>23</sup> covering the domains of the ICF and certain sector specific tools such as the WG ILO Labour Force Survey Disability Module (LFS-DM).<sup>24</sup>

However, a majority of these tools are designed for statistical surveys and have not been used at the program level or validated for programmatic use. **Programs should identify the right tools based on their program objectives and monitoring and evaluation indicators, and on analysis of key issues that need to be understood or addressed to ensure inclusion of persons with disabilities in that program context.** Some examples of the types of key issues that sectoral programs may collect data to understand could include:

- WASH programs measuring access to household toilets and level of support required from family members to use the toilet, to understand and plan for addressing barriers to access to household toilet facilities.
- Education programs measuring training of teachers on inclusive education, or availability of learning support persons, to understand and plan for addressing barriers to students with disabilities attending school or progressing in learning.
- Health programs measuring the experience of discrimination within health service provision and the impact on health seeking behaviour.

Barriers-related data can be quantified and grouped into different categories to monitor progress over time. However, such quantitative data does not provide information on understanding the local context fully. Further data collection using **qualitative methods may still be needed to understand why certain categories of barriers are reported over the others, and the different experiences of different groups of persons with disabilities** which can have implications on developing interventions through the program. For example, it can be important to understand the different experiences of women and men with disabilities, or people with different impairment types. Qualitative information can provide richer information to understand the influences of environmental factors and barriers on individuals with disability and how they can be modified to provide better and equal opportunities for participation for persons with disabilities compared to others in the community.

### Case Study 3: Development and use of the Rapid Assessment of Disability (RAD) survey

One example of a tool developed to address the gap in disability data collection at the program level is the Rapid Assessment of Disability (RAD) survey. **The RAD survey can be used in the design, implementation and evaluation of disability-inclusive development programs.** The survey has a standard approach to collecting data and understanding disability that means the data can be shared and compared between sectors and contexts. The RAD survey tool has four modules that collect information on (1) socio-demographics, (2) functioning based on the Washington Group questions and measures of psychological distress, (3) well-being that measures participation in daily life and agency, and (4) access to community including barriers to participation.

The RAD survey is flexible in its design, and able to be adapted to different sectors and focus on the access needs and barriers relevant to a specific program. It has a number of potential uses for development programs:

- As a stand-alone disability survey
- As a component of a comprehensive population survey tool, with the module used specifically for people who indicate they have a disability, to gain a deeper understanding into their experiences and compare with people without disabilities.
- To monitor individual's experiences over time, making it suitable to be used in evaluations to monitor changes pre and post intervention.
- For the RAD tool, or modules from the tool, to be incorporated into other data collection activities (such as surveys for situation analysis).

The RAD survey has been tested and used across multiple settings and programs within the Asia-Pacific region.

Data collection using the RAD can be rapid and comprehensive enough for a quick situation analysis compared with other comprehensive disability surveys, and uses simple data analysis techniques, meaning that **the tool can be suitable for development program stakeholders.** If program teams wish to undertake more complex analysis, such as combining data from different sections, they may wish to partner with a research institute or consultant.

One example of use of the Rapid Assessment of Disability Tool was for a project on persons with disabilities in North India in Cluster in North India. The RAD methodology was used by researchers from the Nossal Institute for Global Health and the Uttarakhand Cluster. The purpose was to measure the effectiveness of formation of Organisations of Persons with Disabilities (OPDs) as a low-cost intervention to promote persons with disabilities' well-being and access to services such as: work, community consultation, toilet facilities and clean drinking water, social activities, government social welfare services and legal aid.



An initial baseline survey was conducted in 39 district rural villages in Uttarakhand State, North India, in December 2014 with intervention and control groups to assess well-being, community participation, and access and barriers to services amongst persons with disabilities.

The Uttarakhand Cluster (an NGO in India), with technical assistance from the Nossal Institute and funding from CBM Australia, then facilitated the formation of OPDs in the region between February 2015 to February 2017. The RAD tool was then again used to conduct an endline survey in March to April 2017.

The results showed that participants in the intervention group experienced improvement in their met needs across all of the RAD's well-being variables such as confidence, community respect, ability to make friends and help others, and living conditions. There were also more individuals in the intervention group reporting that their access and participation needs were met.

This study used the RAD to clearly **demonstrate the positive impacts of OPDs, providing support for their role in disability inclusive development, and suggesting that NGOs can support the establishment and strengthening of OPDs as a cost-effective intervention.** The study's findings have been promoted in as a means for advocating for increased investment in OPDs and the disability movement. The study findings were presented to local leaders and government officials in a dissemination program. The newly formed OPDs have also approached their local administration for support including clinical and social services for persons with disabilities.

For more information about the RAD, contact the [Nossal Institute for Global Health](#):

or access the [tool and manual here](#).<sup>25</sup>



# **Resources**

# Further information on collecting and using disability data

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- Further information on using disability data to strengthen disability inclusion across the program cycle is available in the following practice note developed by CBM Australia, Plan International Australia and the Nossal Institute for Global Health (University of Melbourne): [Practice note: Collecting and using data on disability to inform inclusive development](#).
- For more information on disability inclusive research processes, see [Research for All: Making development research inclusive of people with disabilities](#) developed by Research for Development Impact Network, Nossal Institute for Global Health (University of Melbourne), CBM and Pacific Disability Forum.
- For information for Organisations of Persons with Disabilities (OPDs) on collecting and using data and data advocacy, see the [Disability Data Advocacy Toolkit](#) (different translations available).
- For information on data collection and use regarding children with disabilities, see UNICEF's [Centre for Excellence on Data for Children with Disabilities](#).
- Additional resources are regularly added and updated on the [DID4All website](#).

# Further information on disability data in humanitarian action

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- Humanity and Inclusion have developed a [Disability data in humanitarian action](#) learning toolkit that includes e-learning, training materials for enumerators and supporting resources.

# Training resources on using the Washington Group questions

- A range of organisations have developed training resources relating to use of the Washington Group questions. These are available on the [Washington Group website](#).
- Humanity and Inclusion have developed some [Disability data collection and analysis](#) training on use of the Washington Group Short Set of questions.
- Centre for Inclusive Policy, the Washington Group on Disability Statistics and Sightsavers have developed an introductory video that includes an introduction to the Washington Group questions: [Why is it important to identify the population with disabilities?](#)

## Inclusive communication

- UNICEF has developed training materials on appropriate and inclusive communication about and with persons with disabilities in their [Inclusive communication module](#).



# **Appendices**

# Appendix A:

## Key questions from the WG-ILO Labour Force Survey Disability Module

For full question set, including instructions for use, see [The Washington Group/ ILO Labor Force Survey Disability Module](#).

### Module 1 - Disability Identification

#### (WG-SS & two optional questions on psychosocial disabilities<sup>1</sup>)

Remaining questions only for those who are determined to have a disability, based on response to Module 1.

### Module 2 - Barriers

#### For those not currently employed

9. Which of the following factors would make it more likely for [you/him/her] to seek or find a job?

1. Getting higher qualifications/training/skills
2. Availability of suitable transportation to and from workplace
3. Help in locating appropriate jobs
4. More positive attitudes towards persons with disabilities
5. Availability of special equipment or assistive devices
6. Availability of more flexible work schedules or work tasks arrangements
7. Availability of a more accommodating workplace
8. Other: Please specify
98. Refused
99. Don't Know

10. How supportive would your family members be if [you/he/she] decide to work?

1. Very supportive
2. Somewhat supportive
3. Not supportive
8. Refused
9. Don't Know

<sup>1</sup> The two optional questions on psychosocial disabilities include: 'How often do you feel very nervous, anxious or worried?' and, 'How often do you feel very sad or depressed?'

## **Module 3 - Accommodations**

### **For those currently employed**

11. Is [your/his/her] work schedule or work tasks arranged to account for difficulties [you/he/she] [have/has] in doing certain activities?

1. Yes, fully
2. Yes, partially
3. Not at all
4. I do not have difficulties that require accommodation
8. Refused
9. Don't Know

12. Has [your/his/her] workplace been modified to account for difficulties [you/he/she] [have/has] in doing certain activities?

1. Yes, fully
2. Yes, partially
3. Not at all
4. I do not have difficulties that require accommodation
8. Refused
9. Don't Know

### **For all participants of working age:**

## **Module 4 - Attitudes**

13. In your view, how willing are employers to hire persons with disabilities?  
[Read response categories and mark one]

1. Very willing
2. Somewhat willing
3. Unwilling
8. Refused
9. Don't Know

14. In your view, how willing are workers to work alongside persons with disabilities?

1. Very willing
2. Somewhat willing
3. Unwilling
8. Refused
9. Don't Know



## Module 5 - Social Protection

15. Have the difficulties [you/he/she] [have/has] been officially recognized (certified) as a disability?

1. Yes (Go to Q16)
2. No
8. Refused
9. Don't Know

16. [Do/Does] [you/he/she] receive any cash benefits from the government linked to [your/his/her] disability?

1. Yes (Go to Q16)
2. No
8. Refused
9. Don't Know

17. [Do/Does] [you/he/she] receive any goods or services from the government linked to [your/his/her] disability?

1. Yes (Go to Q16)
2. No
8. Refused
9. Don't Know

# Endnotes:

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- <sup>1</sup> Robinson, A., Nguyen, L., & Smith, F (2021). Use of the Washington Group Questions in Non-Government Programming. *International Journal of Environmental Research and Public Health*. 18(21):11143. <https://doi.org/10.3390/ijerph182111143>
- <sup>2</sup> Hillgrove, T., Blyth, J., Kiefel-Johnson, F., & Pryor, W. (2021). A Synthesis of Findings from 'Rapid Assessments' of Disability and the COVID-19 Pandemic: Implications for Response and Disability-Inclusive Data Collection. *International Journal of Environmental Research and Public Health*. 18(18):9701. <https://doi.org/10.3390/ijerph18189701>
- <sup>3</sup> UNCRPD Article 1 describes persons with disabilities as including '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.' <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-1-purpose.html>
- <sup>4</sup> Functioning is an umbrella term that includes activity limitations and participation restrictions as described in the International Classification of Functioning, Disability and Health (ICF): <https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>
- <sup>5</sup> Note, the question on self-care in the Short Set will also identify some people who have difficulty with upper body functioning.
- <sup>6</sup> Cognitive testing is a process of checking whether translations of the questions are understood by different groups of people in way that is consistent with the original meaning or intention of the questions.
- <sup>7</sup> See: Washington Group. Analytic Guidelines: Creating Disability Identifiers Using the Washington Group Extended Set (WG-ES) SPSS Syntax. <https://www.washingtongroup-disability.com/resources/analytic-guidelines-creating-disability-identifiers-using-the-washington-group-extended-set-on-functioning-wg-es-spss-syntax-190/>
- <sup>8</sup> Questions on anxiety and depression in the Enhanced and Extended Sets follow a different format. If the respondent usually takes medication, they should answer these questions on the basis they are taking their medication.
- <sup>9</sup> Resource and time constraints sometimes prompt data collectors to use a question like "Does anyone in this household have a disability?", to then select or 'screen' which household members should be asked the Washington Group questions, rather than asking them to every household member. This should not be done, as it undermines the effectiveness of the Washington Group questions.
- <sup>10</sup> WHO and World Bank. (2011). *World Report on Disability*. World Health Organization, Geneva. <https://apps.who.int/iris/handle/10665/44575>

- 11** Palmer, M., & Harley, D. (2012) Models and measurement in disability: an international review, *Health Policy and Planning*, 27(5):357–364. <https://doi.org/10.1093/heapol/czr047>
- 12** Loeb, M.E., Eide, A.H., & Mont, D. (2008). Approaching the measurement of disability prevalence: The case of Zambia. *Alter*. 2(1): 32-43 <https://doi.org/10.1016/j.alter.2007.06.001>
- 13** Mactaggart, I., Bek, H. A., Banks, L. M., Bright, T., Dionicio, C., Hameed, S., Neupane, S., Murthy, G., Orucu, A., Oye, J., Naber, J., Shakespeare, T., Patterson, A., Polack, S., & Kuper, H. (2021). Interrogating and Reflecting on Disability Prevalence Data Collected Using the Washington Group Tools: Results from Population-Based Surveys in Cameroon, Guatemala, India, Maldives, Nepal, Turkey and Vanuatu. *International Journal of Environmental Research and Public Health*. 18(17):9213. <https://doi.org/10.3390/ijerph18179213>
- 14** Mactaggart, I., Baker, S., Bambery, L., Iakavai, J., Kim, M. J., Morrison, C., Poilapa, R., Shem, J., Sheppard, P., Tanguay, J., & Wilbur, J. (2021). Water, women and disability: Using mixed-methods to support inclusive WASH programme design in Vanuatu. *The Lancet regional health. Western Pacific*. 8 (100109). <https://doi.org/10.1016/j.lanwpc.2021.100109>
- 15** Intra household WASH characteristics indicators included: access water at home when need it; collect water themselves (all); feel safe when collecting water; use the same facility as other members of household; materials are available to clean self after using the toilet; need assistance to use toilet; difficult to use toilet without coming into contact with faeces or urine; able to use toilet as frequently as desire.
- 16** Some examples of videos that could be used include: [The Social Model of Disability from People with Disabilities Australia](#); [Social Model of Disability from Shonaquip Social Enterprise](#).
- 17** See case study 1 (page 18) in the [Disability Data Advocacy Toolkit](#) for more information. Case studies 2 and 3 in the Toolkit provide additional examples of how OPDs have collected, analysed and used disability data.
- 18** Based on an interview conducted in 2021 with Sightsavers.
- 19** International Classification of Functioning, Disability and Health (ICF): <https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>
- 20** Note: There are currently no tools available for use in population surveys for children aged younger than 2 years of age, though tools for other development contexts are available (e.g. [the Development Milestones Assessment Tool \(DMAT\)](#), developed for Maternal and Child Health workers to complete for a GIZ Cambodia project.

- <sup>21</sup> Loeb, M., Mont, D., Cappa, C., De Palma, E., Madans, J., & Crialesi, R. The development and testing of a module on child functioning for identifying children with disabilities on surveys. I: Background. *Disabil Health J.* 2018;11(4):495-501. <https://doi.org/10.1016/j.dhjo.2018.06.005>
- <sup>22</sup> Sprunt, B., & Marella, M. (2021). Combining Child Functioning Data with Learning and Support Needs Data to Create Disability-Identification Algorithms in Fiji's Education Management Information System. *International Journal of Environmental Research and Public Health*, 18(17), 9413. <http://dx.doi.org/10.3390/ijerph18179413>
- <sup>23</sup> Other disability data collection tools are available, including the World Health Organization's (WHO) Disability Assessment Schedule 2.0 (WHODAS 2.0) and WHO's Model Disability Survey (MDS). The WHODAS 2.0 was developed to measure activity limitations and participation restrictions across different settings with an intent to measure the impact of health and health related interventions; while the MDS was developed to capture data on all domains of the International Classification of Functioning, Disability and Health (ICF) including health conditions, functioning (impairment, activity limitations and participation restriction) and environmental factors that hinder participation). Comprehensive tools require complex analysis, and high-level technical capacity which is not feasible for most development programs.
- <sup>24</sup> The LFS-DM includes questions for identification of persons with functional difficulties followed by questions on the key experiences and situations of persons with disabilities in relation to employment (including questions about barriers to employment, workplace accommodation requirements, attitudes and social protection).
- <sup>25</sup> <https://mbspgh.unimelb.edu.au/research-groups/nossal-institute-for-global-health/inclusive-health-and-development/the-rapid-assessment-of-disability-rad>