

Disability in Crisis: Uncovering the Data, Addressing the Gap

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KEY FINDINGS

In partnership with UNICEF and funded by the Government of Norway, IMPACT conducted a cross-crisis, comparable assessment of disability prevalence and severity, examining its relationship to humanitarian needs. This analysis utilised Multi-Sectoral Needs Assessment (MSNA) data and the WG-SS across 27 datasets collected from 2022 to 2024 in 17 countries.

- **Households with members with disabilities face significantly more severe and complex humanitarian needs across nearly all contexts.** For example, in Lebanon (2023), roughly half (44%) of households with members with disabilities experienced multisectoral gaps, compared to just 17% of households without. Similarly, significant disparities were observed in Ukraine, Gaza, Mali, and Myanmar. Even after controlling for displacement status, age, year, and country, **households with members with disabilities remain significantly more likely to face critical gaps in essential services**, underscoring the need for targeted, cross-sectoral support.
- **Across all sectors analysed, the most significant disparities were observed in health, food security, and livelihoods.** Households with members with disabilities reported markedly lower access to healthcare, greater levels of food insecurity, and worse livelihood outcomes, further compounding their overall vulnerability.
- Reported disability prevalence, as measured through the Washington Group Short Set (WG-SS), remains below the WHO's global estimate of 16%, but aligns with findings from other large-scale surveys using the same tool, thus highlighting methodological challenges in using this tool in humanitarian contexts. **Prevalence rates are influenced by factors such as age, gender, and the respondent's profile, with higher rates reported among older individuals and in female-headed or female-respondent households.**

Inclusion begins with understanding the needs of people with disabilities

People with disabilities are among the most affected—yet some of the least visible—in humanitarian crises. In areas impacted by multidimensional emergencies, people with disabilities face heightened risks of death, injury, abuse, and deprivation due to both pre-existing and crisis-related barriers, discrimination, and stigmatisation. Until recently, the systematic collection and analysis of disability data in the humanitarian sector had been largely neglected, placing people with disabilities in a critical blind spot. However, recent years have seen notable progress in integrating disability considerations into humanitarian programming, signalling a shift in the operational landscape. Still, substantial challenges remain in ensuring the full inclusion of people with disabilities.

While progress has been made in understanding the needs and challenges faced by persons with disabilities in humanitarian settings, it is crucial to build on these advancements. One strategic priority is to expand the use of inclusive data within existing humanitarian decision-making processes. The Washington Group on Disability Statistics has, since 2001, developed a standardised set of six questions designed to identify disability status through censuses and large-scale surveys, [the Washington Group Short Set on Functioning \(WG-SS\)](#), which provides an important tool to help address this gap.

As humanitarian contexts continue to deteriorate, the needs of people with disabilities must be systematically captured and addressed within response efforts. Without this focus, there is a risk that some of the most vulnerable individuals will remain invisible in planning and underserved in programming. Integrating disability-disaggregated data at every stage of the humanitarian program cycle is essential for ensuring inclusive, equitable, and effective responses. Doing so not only enhances the relevance and reach of multisectoral programming but also strengthens accountability to affected populations and supports more sustainable, cost-effective outcomes.

In the current context, where significant funding cuts are forcing difficult prioritization decisions, these findings are relevant. [The Interagency Standing Committee \(IASC\) Deputies recommendations](#) on reimagining the humanitarian system include to “prioritize saving lives based on greatest needs and highest vulnerabilities (including factors such as age, sex, ethnicity, gender orientation, disabilities and others).”

The findings in this study highlight that, on this basis, households with persons with disabilities must be prioritized in humanitarian planning and deliberate actions taken to ensure they are not further marginalized as a result of reforms made through the Humanitarian Reset.

WHAT IS THE WASHINGTON GROUP SHORT SET OF QUESTIONS?

The WG Short Set of Questions comprises six questions on functioning, designed for use in national censuses and surveys, and was developed, tested, and adopted by the Washington Group on Disability Statistics (WG). The WG questions were designed to provide comparable data cross-nationally for populations living in various cultures with differing economic resources. It focused on measuring difficulty functioning in six basic, universal actions (capabilities) that, in an unaccommodating environment, would place an individual at risk of restricted social participation. The questions reflect advances in the conceptualisation of disability and use the World Health Organisation's International Classification of Functioning, Disability, and Health (ICF) as a conceptual framework.

More prevalent, severe and complex gaps

Across crises, households with members with disabilities face more prevalent, severe and complex deprivation, with significant gaps spanning multiple sectors. In Lebanon (2023), 17% of households without disabilities faced multisectoral gaps (MSNI ≥ 3)¹, compared to nearly half (44%) of those with at least one member with a disability, highlighting significant disparities. In Ukraine, Gaza, Mali, and Myanmar, households with at least one member with a disability faced multi-sectoral gaps at rates at least 10 percentage points higher than other households.

In almost all considered MSNAs, surveyed households are more likely to experience acute needs (MSNI ≥ 4), highlighting the disproportionate challenges they face in humanitarian settings. The prevalence of humanitarian gaps (MSNI ≥ 4) is more than 10 percentage points higher for households with a member with disability than for other type of households, in Gaza, Lebanon, Kenya and Niger in 2022-2023.

In 2023, Lebanon, Ukraine, Myanmar, and Gaza (2022) were among the countries with the lowest overall levels of multisectoral gaps. However, even in these contexts, households with members with disabilities still faced much higher levels of need compared to other households. **This highlights the importance of distinguishing between households with and without members with disabilities—even in situations where needs may seem less severe overall, compared to other crises.** Making this distinction is essential to ensure the specific needs of people with disabilities and their households are adequately identified and addressed.

Moreover, households with at least one member with a disability consistently face more complex situations, experiencing simultaneous gaps across more sectors on average than other households. Beyond the magnitude and severity of these gaps, this highlights the need to examine how different sectoral deprivations intersect and reinforce one another.

Higher disparities in health, food security and livelihood

Among all sectors considered in the analysis³, the most pronounced disparities in prevalence emerge in health, food security, and livelihoods. The prevalence of health needs is more than 15 percentage points higher for households with a member with a disability compared to other households in Lebanon, the Central African Republic, and the Democratic Republic of Congo for the years 2022-2023.

These challenges are not confined to specific crises but represent a persistent trend across diverse humanitarian contexts. Across all countries and years analysed, the link between disability and sectoral gaps in health, food security and livelihood remains one of the most consistent patterns observed. Households with members who have disabilities are consistently more likely to experience sectoral gaps, indicating that the presence of a member with disability in the household is strongly associated with reduced access to life-saving services for the whole household. The data show that households with members with disabilities are significantly more likely to experience acute and severe deprivations, especially in contexts where overall needs are lower, underscoring their disproportionate vulnerability. Prioritising these households in humanitarian response efforts is essential for mitigating life-threatening needs and fostering a more equitable and practical approach that recognises and addresses the compounding challenges they face across crises.

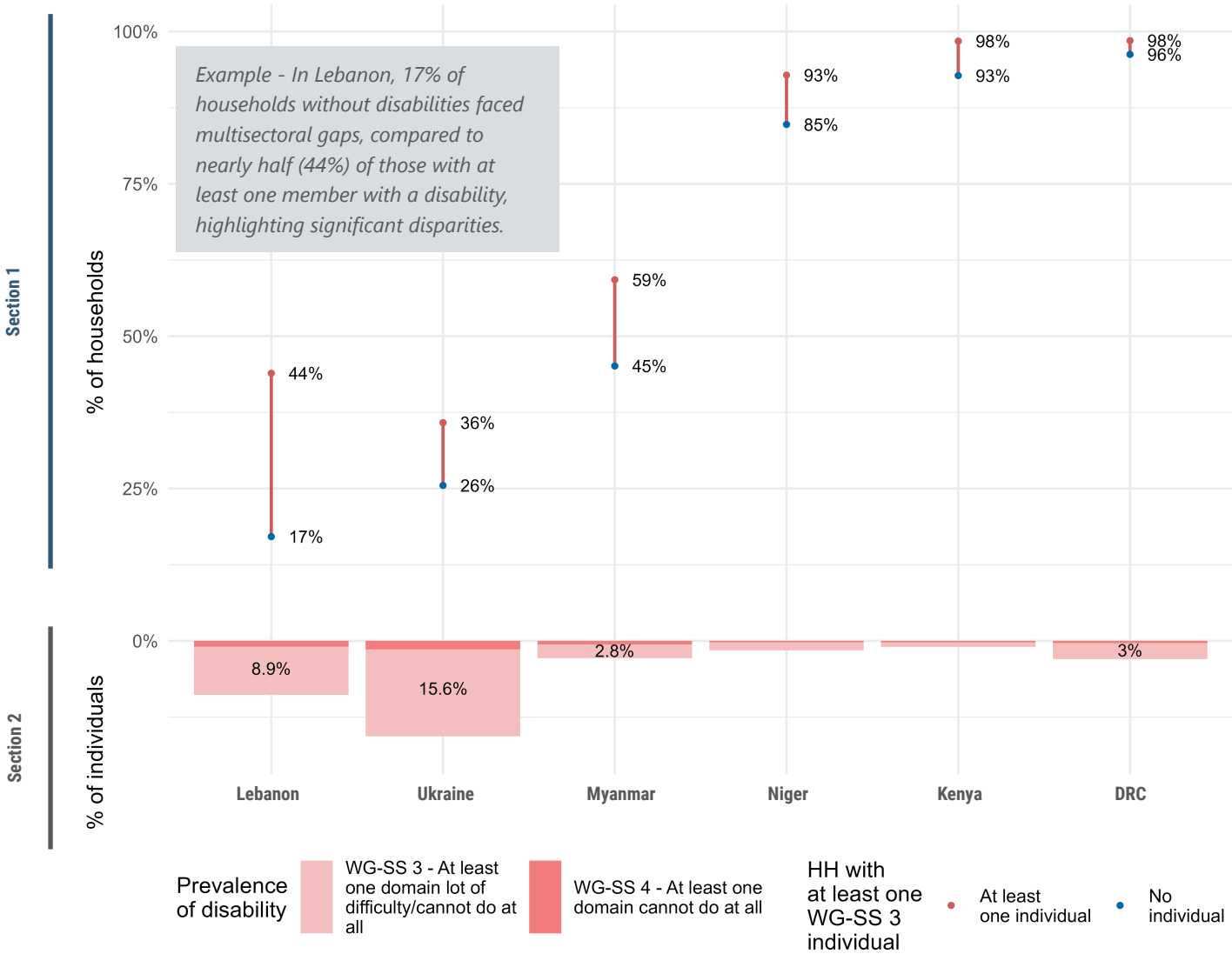
¹ The added value of this MSNA cross-crisis analysis lies in its ability to compare household-level disability data with various indicators to explore correlations with humanitarian needs. The analysis utilises REACH's MSNI and Living Standard Gap (LSG) framework, a multi-sectoral index that measures the maximum gap across six sectors: Education, Food Security, Health, WASH, Shelter and Non-Food Items (NFIs), and Livelihood. Each Living Standard Gap ranges from 1 to 4+, with a threshold of 3 or higher indicating sectoral humanitarian need. The MSNI, likewise ranging from 1 to 4+, serves as a proxy for multi-sectoral humanitarian need. A score of 4 or above means that a household is facing acute needs.

² This pattern has held across all countries and both years analyzed, with a statistically significant difference at the 5% level—except in Mali.

³ Six sectors were included for the cross-crisis analysis (Education, Food Security, Health, WASH, Shelter/NFIs and Livelihood (only in 2022)).

Prevalence of multi-sectoral gaps (MSNI) and disability

Prevalence of MSNI 3 or + by household with at least one individual with disability (in red) vs. household without at least one individual with disability (in blue) in 2023 - source: MSNA 2023



HOW TO READ THE GRAPH:

Section 1 - The segment with red and blue dots represent the difference in prevalence of households with multisectoral gap (MSNI 3 or +) with or without at least one individual with disability. For all displayed countries, the difference in prevalence is significant at a level of 5% (non-overlapping 95% confidence intervals).

Section 2 - The bar plot below displays the prevalence rate of disability at the individual level, categorized by severity threshold. Percentages are shown only for values above 2%.

While the prevalence rate is lower than the 15% reported by WHO, there is a global consensus that the WGSS tends to yield lower prevalence estimates compared to other assessment tools. This is primarily because the WGSS focuses narrowly on six domains of functional limitation, whereas more generalist tools do not specify the types of health conditions assessed, their impact, or the time frame of their influence. Therefore, the reported disability rates should be interpreted with these known limitations of the WGSS in mind. The graph above includes the prevalence rate of disability for each country to better understand the extent of multisectoral gaps between households with and without at least one person living with a disability.

Limitations and Considerations

Findings may not fully represent the entire crisis-affected population due to limited geographical and population group coverage, the use of non-probability sampling, or varying levels of precision. Transparency on coverage and representativeness is essential, and results should be interpreted alongside other data sources for a more comprehensive understanding of humanitarian gaps.

Several factors are not accounted for in the analysis. The level of humanitarian assistance provided at the time of data collection may influence the severity of measured gaps, making cross-context comparisons challenging. Additionally, seasonal variations between contexts can impact indicators that fluctuate over time. To enhance future analyses, integrating information on humanitarian assistance—such as through related AAP and income source questions—could help provide a more accurate picture of crisis-affected populations' needs. Moreover, the Washington group's short set of questions might underestimate the prevalence of disability compared to other frameworks, including more dimensions.

Significant challenges in accessing essential services and participating in humanitarian programming

The study examined whether households faced barriers to accessing aid, comparing those with and without members with disabilities, using data from the 2023 MSNA, where this information was available. Varying results highlighting differences among host and migrant communities in Lebanon, out-of-camp areas in the West Bank of Ukraine, and Niger, where the proportion of households reporting any barrier was significantly higher among households with at least one member with disability compared to others. The types of barriers that were more frequently cited by households with members with disabilities in these countries mainly were a lack of information on how to access humanitarian assistance and physical barriers.

For example, in Bangladesh (2023), it was observed that among the individuals with at least one type of disability, 31.8% reported either always or often experiencing challenges accessing basic services due to their impairment, with only 25.7% reporting never experiencing any challenge. Meanwhile, in Mozambique (2024), only 28.6% reported no challenges in accessing services, with most respondents reporting experiencing challenges accessing medical care (53.2%), followed by rehabilitation/physical therapy services (8.6%), assistive devices and specialised medical equipment (8.1%) and non-food items (6.9%).

What are the lessons learned from two years of MSNA data?

Understanding Barriers to Access for Persons with Disabilities

Data on barriers to access underscore the importance of examining the unique challenges faced by individuals with disabilities. To enhance response planning, assessments should systematically include targeted questions about the types of barriers experienced—whether financial, physical, communication-related, or attitudinal. Doing so can clarify how access can be improved and support a more comprehensive understanding of needs and obstacles. This, in turn, contributes to more inclusive and effective programme responses.

Addressing Complex Needs Through Inclusive Multisectoral Modalities

Households with members with disabilities often face complex, overlapping needs across sectors such as health, protection, livelihoods, and WASH. Addressing these interconnected challenges calls for an intersectional approach and integrated response strategies. Multisectoral modalities, such as Cash and Voucher Assistance represent a promising solution, especially when they are person-centred and designed to accommodate the diverse needs of affected households. Collaboration with Organisations of Persons with Disabilities (OPDs) in the design and implementation of these approaches can help ensure that delivery mechanisms are inclusive, accessible, and responsive to various types of impairments and barriers.

Integrating Disability-Disaggregated Data into Strategic Humanitarian Planning

Reducing disparities in access and outcomes requires the systematic integration of a disability, age, and gender lens into humanitarian planning and resource allocation. This includes embedding disaggregated data and analysis into key strategic documents within the Humanitarian Programme Cycle (HPC), such as the Humanitarian Needs Response Plan (HNRP). Given the strong correlation between disability and heightened sectoral needs, particularly in health, food security, and livelihoods, such inclusive approaches are essential for informing targeted, equitable interventions across crises.

Enhancing Data Systems to Drive Inclusive Humanitarian Policies and Programs

The findings make a compelling case for prioritising disability inclusion in humanitarian assessments and programming. They also underscore the value of large-scale, comparable data collection in uncovering hidden patterns of exclusion and shaping more inclusive responses. Strengthening data systems to capture a broader spectrum of disabilities—including psychosocial disabilities and chronic illnesses—can improve both programme design and advocacy. A deeper understanding of how current assessment practices engage with persons with disabilities is needed to identify gaps and refine methods for meaningful inclusion.

For further information on our cross-crisis analysis, please consult our report, available at the following [link](#)