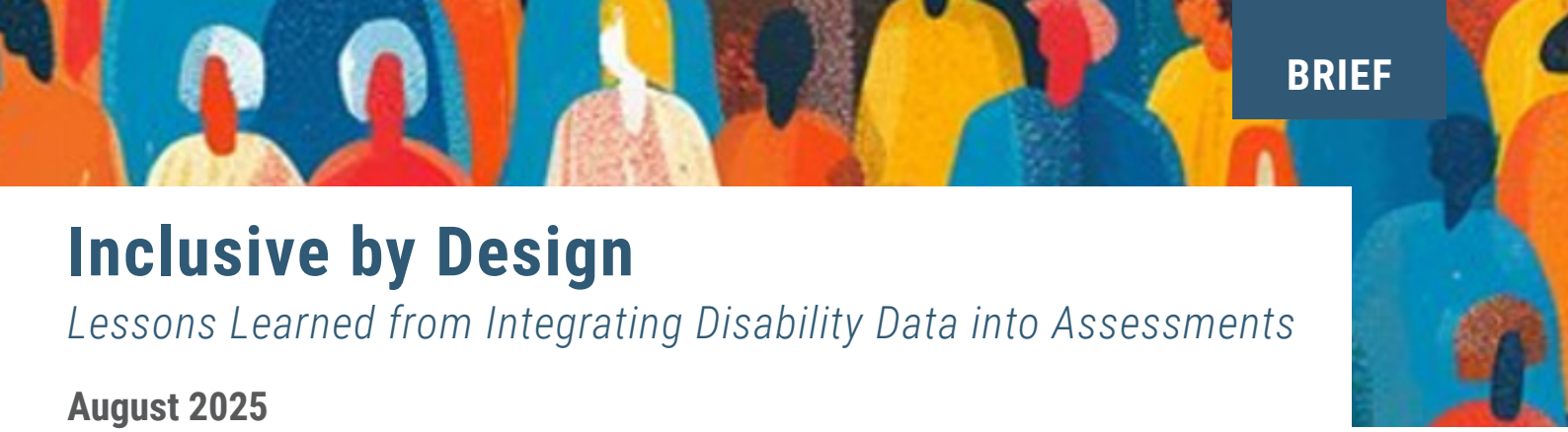

BRIEF

Inclusive by Design

Lessons Learned from Integrating Disability Data into Assessments

August 2025

Introduction

People with disabilities are among the most affected—yet often the least visible—in humanitarian crises. In contexts marked by complex, overlapping emergencies, they face increased risks of death, injury, abuse, and deprivation, driven by both pre-existing and crisis-related barriers, as well as persistent discrimination and stigma. For years, the systematic collection and analysis of disability-related data in humanitarian settings was overlooked, resulting in persons with disabilities lacking visibility in planning and monitoring processes. In recent years, however, there has been encouraging progress toward integrating disability inclusion into humanitarian programming and coordination, signaling a shift in operational priorities. Still, significant challenges remain in ensuring the full and meaningful inclusion of people with disabilities across all phases of humanitarian response.

While there is growing awareness of the specific risks and needs faced by persons with disabilities, it is vital to build on this momentum. A key priority moving forward is to embed inclusive data into the core of humanitarian decision-making processes. Since 2001, the Washington Group on Disability Statistics has developed standardized tools to identify functional limitations, notably the Washington Group Short Set on Functioning (WG-SS), a six-question module designed for censuses and large-scale surveys. The WG-SS offers a practical entry point for addressing long-standing data gaps.

With support from UNICEF and funding from the Government of Norway, IMPACT conducted a cross-crisis comparative study on disability prevalence and severity, examining how these intersect with humanitarian needs. This analysis utilised Multi-Sectoral Need Assessment (MSNA) data and the WG-SS across 27 datasets collected from 2022 to 2024 in 17 countries, where the questions were consistently applied at the individual level within crisis-representative household surveys. In parallel, consultations with IMPACT country teams helped compile key lessons learned from the implementation of the WG-SS throughout multiple rounds of MSNA cycles, including design, data collection, and analysis stages.

The findings underscore a critical reality: **collecting accurate and meaningful disability data requires far more than including a set of questions in existing tools.** It calls for planning, inclusive design, and close collaboration with disability experts and local teams throughout the assessment process. Without this investment, disability-related data risk remaining unreliable, misinterpreted, or underutilized, further marginalizing persons with disabilities in humanitarian decision-making processes.

Amid global funding cuts, it is crucial to ensure that the voices and needs of the most vulnerable, including persons with disabilities, are not left out. **By leveraging existing tools such as the WG-SS, humanitarian actors have an opportunity to go beyond tokenistic inclusion and meaningfully reflect the experiences and priorities of people with disabilities.** This contributes to a deeper understanding of the barriers they face and the support they require.

Integrating disability-disaggregated data throughout the humanitarian program cycle (HPC)—from HPC documents and donor prioritization processes to crisis-level strategic planning—is essential to delivering inclusive, equitable, and effective responses. **Doing so strengthens accountability to affected populations, enhances the relevance of multisectoral programming, and supports more sustainable and cost-efficient outcomes in crisis response.**

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.

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Disability Data Collection: Using the WG-SS in Practice

IMPACT conducted consultations with country teams and headquarters-based assessment specialists to gather lessons learned from previous MSNA rounds. While the insights below primarily relate to the implementation of the WG-SS within the MSNA, many are also relevant to other multisectoral assessments carried out by humanitarian partners. These consultations highlighted key lessons for improving disability data collection and analysis in humanitarian contexts.

Enumerator Training and Research Design

- **Standardized training materials are a critical starting point, but collaborative training with technical disability partners** enhances enumerator understanding and engagement, even among experienced teams, at the crisis level.
- **While the Washington Group Short Set of Questions (WG-SS) is widely used to collect data on persons with disabilities, it may not always be the most suitable tool, particularly depending on the purpose of data collection[1].** For example, as highlighted in the study, using the WG-SS with children under 18 can lead to inaccurate prevalence estimates. This is especially true for very young children (under 5 years old), where certain limitations—such as difficulties with self-care—may reflect normal developmental stages rather than a disability. To improve accuracy, assessment teams are encouraged to use tools specifically designed for the age groups or needs they are addressing. In the case of children, the Child Functioning Module or its humanitarian version, developed by UNICEF and the Washington Group, are recommended.
- **To ensure consistency and reliability, assessment teams should avoid using screening or "shortcut" questions that pre-determine whether the full WG-SS will be asked.** Even small deviations from the standard practice of asking the full set of questions to each household member can lead to significant underreporting, particularly for individuals with more severe functional difficulties. Instead, the full six-question WG-SS should be asked directly for each individual in the household. **This not only improves data quality but also limits the potential for enumerator bias or time-saving behaviors that can compromise the results.**

Translation

- **Live translation of the WG-SS by enumerators remains a common but imperfect practice, often impacting data reliability.** Assessment teams should allocate time and resources during the design phase to translate tools into relevant local languages, such as in a workshop, and test them thoroughly. When available, existing tested translation toolkits should be used.
- **National staff and local language experts should be actively involved in the translation process** to ensure that tools remain both culturally and linguistically appropriate without diverging from core standards. However, as the phrasing of the questions has been thoroughly reviewed and tested, it should not be changed without significant justification, especially if data collection teams are using an already tested translation toolkit.

Data Collection

- **Where proxy respondents[2] must be used, data collection teams should be aware of the risks of underreporting and explore strategies to mitigate bias,** such as incorporating direct self-reporting where feasible or complementing quantitative data with qualitative insights. As analysed through its study, asking the WG-SS to proxy respondents might lead to some under-reporting compared to when asked directly to people with disabilities.

Data Analysis

- The Washington Group chose to develop questions that would address the issue of whether persons with disability participate to the same extent as persons without disabilities in essential activities. **Disaggregating key indicators by disability status can provide a better understanding of service barriers and sectoral gaps faced by people with disability.** Any detailed analysis of sub-populations should consider how well those groups represent the overall population, based on how the initial sample was selected.

Dissemination and advocacy

- When presenting these findings, particularly if prevalence figures differ from anticipated outcomes, teams should be prepared to discuss potential methodological limitations. Emphasizing that WG-SS data primarily serves as a tool for disaggregation and understanding needs, rather than solely for prevalence reporting, can foster a collaborative and constructive dialogue.

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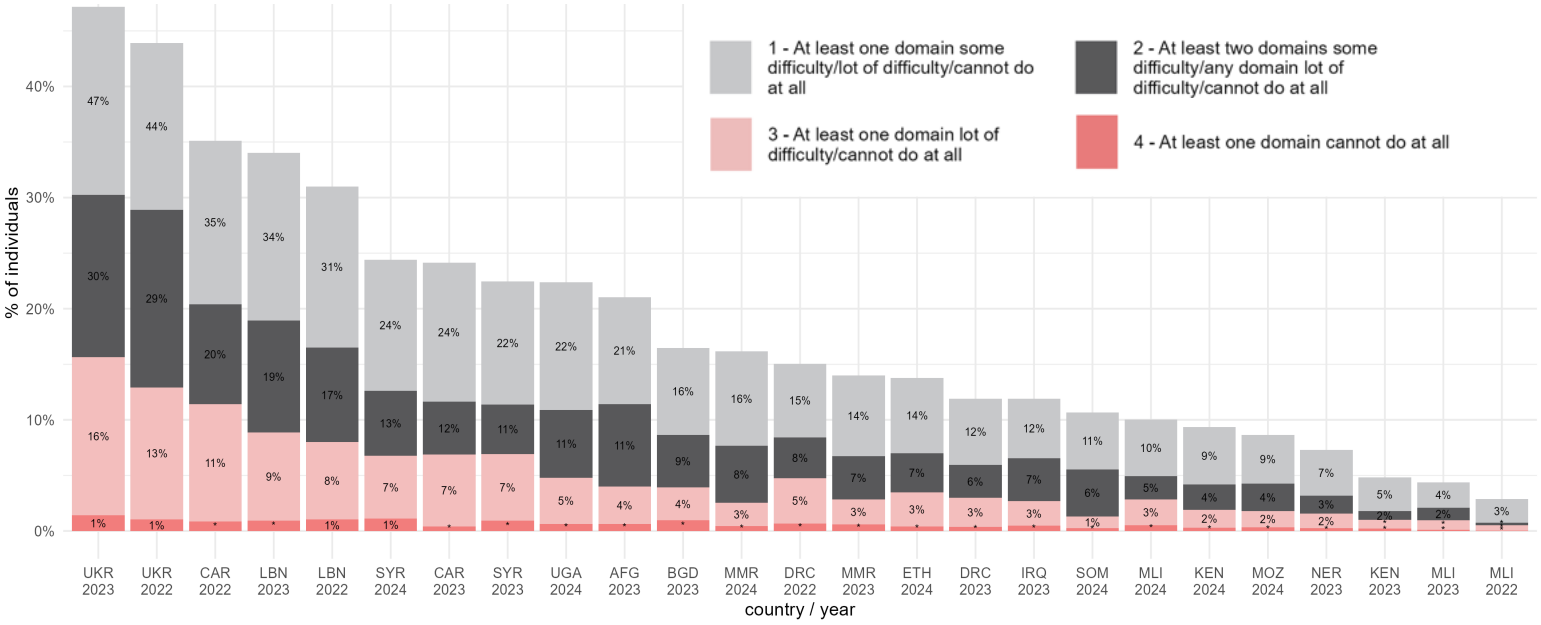
[1] For more information on available tools developed by the Washington Group, please refer to the following link.

[2] Proxy respondents are respondents who provide information on behalf of someone else, typically in surveys or research studies. They act as a substitute for the targeted respondent, often when the individual is unavailable, unable to respond, or when the survey design necessitates it. While proxy respondents can increase response rates, their responses may be less accurate than self-reported data, introducing potential measurement error.

Interpreting Disability Demographic: Using the WG-SS in MSNA

Graphic 1: Disability prevalence by WG-SS severity level - all countries & year



Prevalence shown in graph correspond to the % individual experiencing the corresponding WG-SS severity level
(i.e. for UKR in 2022, 29% of individuals experiencing a severity WG-SS 2 includes the 13% of individuals experiencing WG-SS 3)
* corresponds to prevalence below 1%

Why Disability Prevalence Varies: Methodological and Contextual Factors in WG-SS Data

As measured by the WG-SS, the prevalence of severe functional difficulties[3] has shown varying prevalence trends across different countries, reflecting complex interactions between context, demographic composition, and data collection methodologies. As part of the cross-crisis study, the analysis yields lower reported prevalences compared to the WHO global estimates of 16% at the country level. Through the MSNAs, differences were also observed across countries, with reported prevalence ranging from 15.6% for Ukraine in 2023 to 0.5% for Mali in 2022.

As described by the Washington Group, the Short Set of Questions tends to report lower disability prevalence compared to other assessment tools, such as the World Health Organisation's Model Disability Survey, as it is not its main purpose to assess the prevalence of disability.[4] This is primarily because WG-SS focuses on six specific domains of functional limitations. In contrast, other methodologies adopt a broader approach that does not specify types of health conditions, the nature of their impact, or the timeframe over which they affect individuals. Notably, the WG-SS does not include psychosocial domains, which may contribute to lower reported prevalence rates. Additional methodological factors, such as the use of proxy respondents and shortcuts like screening or skip questions that bypass the complete WG-SS module, contribute to underreporting the prevalence rate.

While the Washington Group Short Set (WG-SS) framework enables comparability across contexts, observed differences in the prevalence of functional difficulties between countries may also reflect factors beyond the measurement tool itself. Variations in sampling methodology, such as representative household surveys versus facility-based data collection, can significantly influence reported prevalence rates. Additionally, patterns of under-reporting can be linked to social stigma or differing cultural understandings of what constitutes a functional difficulty. In some settings, individuals may be less willing or able to self-identify as experiencing a difficulty due to perceived social repercussions or lack of awareness.

Additionally, the way functional limitations are perceived and represented may differ across contexts, leading to inconsistencies in how respondents interpret and answer the questions. Despite these challenges, consistent patterns in the types of difficulties most frequently reported — namely, walking, seeing, self-care, hearing, remembering, concentrating, and communicating—suggest a degree of reliability in the cross-crisis analysis.

[3] Considered at severity level 3 according to the WG classification for the Short Set of Question: "At least one domain of disability where the individual has a lot of difficulty or cannot do it at all." The disability severity classification method, integrated into the MSNA, was developed and reviewed in collaboration with WG and other key partners involved in disability efforts within the humanitarian sector.

[4] A review of third-party studies that utilise the WG-SS indicates that the reported prevalence rates in the MSNA are generally consistent with those found in other studies, despite being significantly lower than the often-cited global estimate of 16% prevalence of disability reported by WHO.

Understanding What Drives Reported Disability: What the Data Tells Us

To better understand the factors that influence reported disability levels, IMPACT employed a statistical model to examine how different factors—such as age, gender, displacement status, and the respondent's household role—might be linked to the likelihood of a person reporting a disability. This type of analysis enables us to examine the role of each factor while holding the others constant. It also allows us to go beyond descriptive comparisons (such as just exploring the percentage of people with disabilities by age or gender) and instead understand how different characteristics interact with each other.

The analysis showed that, on average, men were slightly less likely than women to report mild to moderate difficulties. However, at the most severe level, men were somewhat more likely to report a disability. As described above, older people were more likely to experience functional difficulties, and the effect of age was not linear—it increased more rapidly after a certain point – not defined as part of the analysis.

Interestingly, households headed by women were more likely to report functional difficulties at all levels, and surveys answered by female respondents also showed higher reported functional difficulties. This may indicate genuine gender differences in experience or perception of disability, or it may reflect how data is collected.

Another important finding is that the model performed significantly better in predicting who would report mild difficulties than in predicting who would report the most severe ones. For example, it explained over 20% of the differences in reporting mild disabilities, but just 1% for the most severe ones. This suggests that while key factors like age, gender, or displacement status help explain some of the more common or moderate functional difficulties, they don't capture the whole picture, especially for people with the most severe impairments. T**hese cases are likely shaped by deeper, more complex factors that we didn't capture in our survey, such as chronic health conditions, long-term care needs, or environmental accessibility barriers.**

Increasing Functional Difficulties Among Older Populations in Crisis-Affected Households

While the WG-SS module within the MSNAs does not aim to provide an exact overview of the prevalence of disabilities across specific population groups, it can provide some insights into demographic dynamics within households affected by crisis.

Across all countries analyzed, the prevalence of functional difficulties increases consistently with age, regardless of the severity threshold or dimension considered. **This trend holds across all core functional domains measured—walking, seeing, self-care, hearing, remembering or concentrating, and communicating—suggesting that these dimensions are both reliably measured and impacted by aging.** The highest reported prevalence of disability is observed among individuals aged 60 and older across all countries, followed by those in the 35-60 age category.

Countries with elevated reported prevalence rates tend to have a relatively older population, such as Lebanon and Ukraine. For the 60 plus age group, the reported prevalence of WG-SS 3 is notably high in Syria at 35%, followed by Ukraine with rates of 29% and 36%, Central African Republic at 32% and 31%, Lebanon at 25% and 28%, and finally Uganda at 27%.

For further information on our cross-criss analysis, please consult our report, available at the following link