

HOUSEHOLD SURVEY DATA ON DISABILITY AND EDUCATION IN GPE PARTNER COUNTRIES

A Review of Data Collected During 2010–2020 and
Recommendations for Making More and Better Data Available

August 2022

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CONTENTS

Acknowledgments	iv
Summary	v
Section 1. Introduction: Why We Need Household Survey Data on Disability	1
Section 2. Methods and Modules for Disability Data Collection	2
2.1. Medical and Social Models of Disability	2
2.2. Ten Question Screening Instrument	4
2.3. Washington Group on Disability Statistics and its Short Set	4
2.4. WG-UNICEF Child Functioning Module.....	5
2.5. Disability and Education Statistics	5
2.6. Respondent Differences: It Matters Who You Ask.....	6
2.7. Comparability Issues Across Modules.....	6
Section 3. Global Actors in Education and Disability Data Collection	7
3.1. UNESCO Institute for Statistics	7
3.2. USAID and the Demographic and Health Surveys Program	7
3.3. UNICEF and Multiple Indicator Cluster Surveys	8
3.4. World Bank and the Living Standards Measurement Survey	8
3.5. National Censuses	8
3.6. Citizen-Led Learning Assessments.....	8
Section 4. Mapping of Disability Data Collection in GPE Partner Countries	9
4.1. Sources of Information and Methodology	9
4.2. Surveys with Disability Modules in GPE Partner Countries Since 2010	11
4.3. Types of Disability Module.....	12
4.4. Most Common Survey Types Used for Disability Data Collection.....	13
4.5. Age Ranges and Respondents.....	13
Section 5. Summary of Key Findings and Recommendations	14
5.1. Key Findings	14
5.2. Monitor Disability Data Availability	14
5.3. Advocate for Household Surveys and Censuses with a Standard Disability Module.....	14
5.4. Support Work to Produce Globally Comparable Statistics.....	15
5.5. Support Citizen-Led Assessment Organizations.....	15
References	16
Appendix 1. Full List of Surveys Reviewed	18

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SUMMARY

Better data is needed on disability in GPE partner countries to understand the extent to which children with disabilities are excluded from education, so that countries can make evidence-based and inclusive education policy and plans, and progress can be monitored globally. As part of its work helping to build robust education management information systems (EMIS), GPE has supported work on collecting better data on disability through school censuses. However, there are limitations on the extent to which EMIS can gather accurate data on individual children's disabilities or on children who are out of school. Nationally representative household surveys and censuses that collect data on both education and disability using reliable and comparable methods are essential sources of information on the extent to which children with disabilities are in school and completing school.

This working paper assesses the availability of household surveys and censuses with disability data across GPE partner countries. The Washington Group on Disability Statistics (the Washington Group), developed two major standards for collecting disability data: the Washington Group Short Set on Functioning (WG-SS) and, together with UNICEF, the Child Functioning Module (CFM). Both are increasingly used across GPE partner countries.

During 2010–2020, at least 98 nationally representative surveys or censuses in GPE partner countries collected data on disability in some form. However, there remain 28 partner countries (out of 76) that do not have nationally representative, reliable and comparable survey or census data on disability that could be used for disaggregating education statistics.

Furthermore, a mixture of WG-SS (26 countries) and CFM surveys (28 countries) have been conducted across GPE partner countries, and only a few countries have both, making it difficult to track progress across the partnership as a whole because of the differences in methods between these two approaches.

The report concludes with four key recommendations for GPE partners:

1. **Monitor disability data availability** to raise awareness around the need for more and better data. This report and the underlying assessment of data availability represents a first step towards achieving this recommendation.
2. **Advocate for household surveys and censuses with a standard disability module** such as the WG-SS or CFM, especially in those countries that do not have any nationally representative and comparable sources.
3. **Support work to produce globally comparable disability-disaggregated statistics** including the analytical and conceptual work for making comparisons across the different modules that are currently in common use in GPE partner countries. This is needed for development partners to hold each other to account at the global level for progress on disability inclusion.
4. **Support citizen-led assessment organizations** that are already collecting disability data in some countries and could provide an important complementary and nationally representative source of information – as well as play a role in holding governments and partners to account in making progress in including all children in education.

SECTION 1. INTRODUCTION: WHY WE NEED HOUSEHOLD SURVEY DATA ON DISABILITY

1. Background

GPE's mission of leaving no one behind and its goal of making education systems more equitable and inclusive mean that disability inclusion is a priority. Children with disabilities in developing countries are less likely to access education and less likely to achieve basic learning outcomes, than children without disabilities (UIS 2018; UNESCO 2020). But up-to-date and reliable data on access and learning among children with disabilities is lacking in many GPE partner countries. This data is needed for countries to make evidence-based and inclusive policy and plans, as well as for GPE to monitor global progress on inclusive education.

In a paper supported by GPE (UIS 2019), the UNESCO Institute for Statistics (UIS) examined the ways in which education management information systems (EMIS) can be improved to provide data on disability. EMIS in many countries already collects data on disability, but often uses a catch-all category and sometimes uses medical terms or derogatory language. Instead, the paper argues that they could collect information about disability status and degree of disability on the basis of functional difficulties in different domains (see section 2). However, there are a number of inherent limitations in what EMIS can provide. Firstly, it is currently unclear how reliable school questionnaires administered to a head teacher can be in ascertaining the dis-

ability status of students in the school.¹ To gather reliable data on student disability, it may be necessary to create individual student record systems. This is beyond the current capacity of EMIS in many GPE partner countries, notwithstanding the support that GPE provides to help countries move towards learner-centered EMIS as a good practice. Even with an individual student record system in place, teachers may not be well-placed to provide information on students' impairments that is as accurate as parents' and children's own responses, and assessing the accuracy of teachers responses is an area of ongoing research. Secondly, EMIS can provide data only on children who are in school. Household surveys and censuses, however, can provide information on children who are out of school, as well as disability-disaggregated estimates of attendance and completion rates. Censuses can also provide the numbers of children with disabilities in the population, which are needed as the denominator when disaggregating enrollment rates based on EMIS data; and where recent censuses are not available, household surveys can provide inputs to population models allowing estimates to be made.

Household surveys and censuses are therefore an important tool for monitoring education outcomes by disability status, and are needed as a complement to EMIS. Unfortunately, there are currently too many countries that lack such data to compare household survey

1. At the time of writing, ongoing studies supported by UNICEF were examining the reliability of administering modules such as the Child Functioning Module (see section 2.4) to head teachers and teachers.

statistics on disability across all GPE partner countries. Others use outdated and unreliable methods of asking about disability, meaning that comparability issues highlighted in a 2015 review (Cappa, Petrowski and Njelesani 2015) remain significant today.

This report provides information on disability data across GPE partner countries. Section 2 explains the

major methodological issues and survey modules that are used to collect disability data. Section 3 describes the role of the major global actors in household survey data collection and how they have approached disability data. Section 4 maps the availability of data across GPE partner countries. Section 5 concludes with some recommendations for consideration within the GPE Secretariat and across the partnership.

SECTION 2. METHODS AND MODULES FOR DISABILITY DATA COLLECTION

2.1. Medical and Social Models of Disability

Collection of data on disabilities has evolved in line with a broader change in understanding the nature of disability. In the past, disability was often understood as impairment directly caused by disease or injury, requiring prevention interventions, or medical treatment or rehabilitation of the affected individual, a view known as the “medical model” (Tiberti and Costa 2020). Increasingly, disability is instead understood as “a relationship between the individual and their environment in terms of limitations or barriers in performing daily activities and restrictions or supports to social participation” (Cappa, Petrowski and Njelesani 2015).

Household surveys in the past often focused on medical disorders such as Down’s syndrome, albinism, or absence of a particular limb, and sometimes used demeaning or stigmatizing labels. Such approaches, as well as the use of

these labels, are out of step with how disability is increasingly understood, and also do not result in reliable data. Parents are not necessarily well placed to assess a child’s medical condition, and parent knowledge of medical conditions depends on their access to healthcare, which varies between as well as within countries. Terms such as *disability*, *handicap* and *long-term* tend to prompt respondents to think only about the most severe forms of disability and under-report moderate disability (Cappa, Petrowski and Njelesani 2015). More recent questionnaire design focuses instead on the “functionings” that individuals can achieve within their social and physical context, with and without the forms of assistance (hearing aids, glasses, someone who can help them get to school) that may be available to them. Table 1 offers an overview of the most common modules used to gather such information. Table 1 offers an overview of the particular frameworks and tools reviewed. A more detailed overview of these tools, with their respective purpose, scope and contents, methodology and country applications, is provided in annex A.

TABLE 1. OVERVIEW OF THREE COMMONLY USED MODULES FOR MEASURING DISABILITY IN SURVEYS

MODULE	AGE RANGE	SCOPE	RESPONSE TYPE	RESPONDENT
Ten Question Screening Instrument (TQSI) (Belmont 1984; Zaman et al. 1990; Loeb et al. 2018, 14)	2-9	<ol style="list-style-type: none"> 1. Delayed sitting/standing/walking 2. Seeing 3. Hearing 4. Understanding 5. Walking/moving limbs or weakness/stiffness in limbs 6. Fits/fainting 7. Learning 8. Speaking 9. Speaking (expanded – age appropriate) 10. Delayed cognitive development 	Yes/no	Primary caregiver
Washington Group Short Set on Functioning (WG-SS) https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/	5+	<ol style="list-style-type: none"> 1. Seeing 2. Hearing 3. Walking 4. Remembering/concentrating 5. Self-care 6. Communicating 	4 categories (from “no difficulty” to “cannot do at all”)	Primary caregiver if possible (but often household head or other adult respondent)
WG-UNICEF Child Functioning Module (CFM) https://data.unicef.org/resources/module-child-functioning/	2-4/ 5-17	<p>2-4 years</p> <ol style="list-style-type: none"> 1. Seeing 2. Hearing 3. Walking 4. Communicating 5. Dexterity 6. Learning 7. Play 8. Controlling behavior <p>5-17 years</p> <ol style="list-style-type: none"> 1. Seeing 2. Hearing 3. Walking 4. Remembering 5. Concentrating 6. Self-care 7. Communicating 8. Learning 9. Accepting change 10. Controlling behavior 11. Making friends 12. Anxiety 13. Depression 	As WG-SS but with more probing about assistive devices and more detail (for example, walk 100 meters vs. 500 meters)	Primary caregiver

2.2. Ten Question Screening Instrument

The Ten Question Screening Instrument (TQSI) (Belmont 1984; Zaman et al. 1990; Loeb et al., 2018) is used for disability measurement for children aged 2–9 and was included in a number of surveys from the 2000s onwards. It asks caregivers about impairments experienced by children. The module has some recognized limitations, including that it has only “yes/no” response options, its validity was only demonstrated among younger children and it has low sensitivity for specific impairments such as vision and hearing disabilities (Mactaggart et al. 2016; Durkin et al. 2015). The TQSI was designed to cast a relatively large net and to be followed up by a more extensive clinical screening assessment in a second stage. Carried out as part of a survey without the second stage, it tends to identify significant levels of false positives (Loeb et al. 2018). Cognitive tests – studies that ask participants what they are thinking when answering questions to ensure that questions capture the intended concepts – were never carried out for the TQSI, so there are possible issues with capturing the same concepts across cultures and languages (Loeb et al. 2018). Given these issues and wide variation in measured disability prevalence across countries where the TQSI was used, it has been superseded by the Washington Group question sets and the Child Functioning Module (both described below).

2.3. Washington Group on Disability Statistics and its Short Set

The Washington Group on Disability Statistics (the Washington Group), established in 2001 under the United Nations Statistical Commission, enables UN agencies, bilateral aid agencies, NGOs and disabled people’s organizations to work with representatives of national statistics offices. In line with its objective of developing general disability measures suitable for use in censuses and surveys, the Washington Group developed a number of question sets and tested them widely. The Washington Group Short Set on Functioning (WG-SS), consisting of just six questions which ask about difficulties in six basic functioning domains, is the most used of these (see box 1). It is intended for use in censuses and other data collection efforts where space is limited.

The WG-SS is commonly used for the population aged five years and over, although the Washington Group acknowledges that the questions are “not ideally suited for application among the child population because some domains are not developmentally appropriate for very young children (e.g., independent washing, dressing)” (Cappa, Petrowski and Njelesani 2015). Moreover, they do not address some important functional domains that are specific to child development, such as in behavior, learning, coping with change and psychological functioning, which could result in an underestimation of disability prevalence in childhood (Loeb et al. 2018, 8). These domains are addressed in extended and enhanced versions of the question set;¹ nonetheless, the WG-SS remains the most widely used.

1. The Washington Group developed other modules that expand the WG-SS. The WG Short Set on Functioning – Enhanced (WG-SS Enhanced) adds two additional functioning domains: *upper body functioning* and *affect (anxiety and depression)*. For larger data collections, such as population-based standalone surveys, health surveys or disability-specific surveys, where additional detail can be gathered, the WG Extended Set on Functioning (WG-ES) was developed. This module builds on the WG-SS Enhanced by adding two further domains (*pain and fatigue*) as well as questions about the use of equipment and functioning with and without equipment. These expanded sets were not used in the surveys or censuses reviewed here; note, however, that the Child Functioning Module (see section 2.4) collects information similar to that included in the WG-ES.

BOX 1. THE SIX QUESTIONS OF THE WASHINGTON GROUP SHORT SET ON FUNCTIONING

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

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 language, do you have difficulty communicating (for example, understanding or being understood by others)?

Each question has four response categories, which are read after each question.

1. No, no difficulty
2. Yes, some difficulty
3. Yes, a lot of difficulty
4. Cannot do it at all

Note: The introductory statement that relates functional impairments to a “health problem” is optional and can be dropped or amended appropriate to the survey context. See “What is the purpose of the introductory question? Can it be changed?”, as well as other frequently asked questions, at <https://www.washingtongroup-disability.com/resources/frequently-asked-questions>.

Source: Washington Group on Disability Statistics (2020)

2.4. WG-UNICEF Child Functioning Module

The WG-UNICEF Child Functioning Module (CFM) (Washington Group and UNICEF 2020) aims to identify children with functional difficulties that may place them at a greater risk of experiencing limited participation than children without such difficulties. The CFM attempted to address challenges with the TQSI (see section 2.2), and goes beyond the WG-SS in addressing a greater number of domains. It adds domains on *learning, dexterity, playing and controlling behavior* for children aged 2–4 years, and domains on *learning, accepting change, controlling behavior, making friends, anxiety and depression* for those aged 5–17 years (see table 1). The CFM also collects more detail in some of these domains (for example, it separates *remembering* and *concentrating* and enquires about the ability to walk 100

or 500 meters, as well as about use of equipment). The module is addressed to the child’s primary caregiver, and has been validated extensively in several contexts (Loeb et al. 2018; Sprunt, McPake and Marella 2019; Cappa et al. 2018; UNICEF and the Washington Group 2017; Mactaggart et al. 2016). In general, some caution may be needed in asking about feelings of depression or anxiety in household surveys (Tiberti and Costa, 2020), but the CFM has now been widely cognitively tested, including in low-income countries (e.g. Zia et al. 2020).

2.5. Disability and Education Statistics

In order to disaggregate education statistics by disability status, surveys need to contain both a disability module and information on education attendance

and grade attainment. For GPE's global monitoring, the relevant statistics are the (adjusted) net attendance rate at primary, lower-secondary and upper-secondary levels; attendance in pre-primary and early childhood care and education; the completion rate at primary, lower-secondary and upper-secondary levels;² and measures of learning outcomes, especially the rates of children who achieve minimum proficiency in reading and mathematics.

Different disability modules focus on different age ranges, in ways that limit the options for using them to disaggregate education statistics. Household survey based completion rate indicators examine the cohort of children three to five years above the intended age for each level of education: typically, this means around 14–16 years old for primary education, 17–19 years old for lower-secondary and 20–22 years old for upper-secondary. Consequently, it is not possible to obtain secondary completion rates using modules such as the Child Functioning Module that are administered only to children of up to 17 years old.³ Attendance rates for upper secondary education can also not be disaggregated by disability in countries where children complete upper secondary at age 18. Conversely, the WG-SS is not useful for children under the age of 4, which limits its use for some early childhood measures. However, as it can be used for adults as well as children aged 5 or over, disaggregated completion rates can be calculated from surveys that use the WG-SS.

2.6. Respondent Differences: It Matters Who You Ask

Several studies have investigated the validity of asking different respondents about children's health and disability, frequently finding differences between children's own reports, those of the primary caregiver, and those of the head of the household. Typically children's and parents' responses are in close agreement in domains

related to physical activity and functioning or symptoms, while responses in social and emotional domains can differ (Loeb et al. 2018, 6). Household survey and census questionnaires are often addressed to an adult member of the household, with more or less specific instructions about whether this should be the head of the household, the individual to whom each question relates, or the parent or guardian of a child in cases where the question relates to a child. This is likely to introduce significant variation in disability prevalence (and, therefore, in disability-disaggregated education statistics).

2.7. Comparability Issues Across Modules

Prevalence rates for childhood disability range from below one percent to nearly 50 percent depending on the methodology used (Loeb et al. 2018). This variation has stemmed both from conceptual difficulties in defining disabilities in children and methodological challenges in making survey modules to measure any definition.

Comparability can be compromised by survey designers' attempts to adapt survey modules for the local context or convenience. For example, designers may want to add filter questions before starting the module (such as "Do you have a disability?"), to reduce interview times. But respondents tend to answer negatively to such questions even when the individual does have some form of impairment, particularly if it is mild. Consequently, such filter questions lead to under-reporting of disability, seriously reducing quality and comparability of data, and should be avoided.

Adaptation to local context can also cause comparability issues. For example, some countries may wish to add questions on albinism in countries where children with albinism are marginalized. When using standard modules such as the WG-SS and CFM, it is important

2. The GPE 2025 Results Framework uses the gross intake rate to the last grade of each level of schooling as a proxy for completion, but if using survey data the closest indicator would be the completion rate based on the proportion of children of a relevant age who have completed each level. <https://www.globalpartnership.org/content/gpe-2025-results-framework>

3. In addition, disability is generally measured at the time of the survey, rather than during the time that the individual would have attended school. Longitudinal surveys would be needed to provide accurate data on disability status when the child was of school-going age.

that such additional questions should come *at the end*, so that they cannot affect responses to the standard module questions. The WG-SS and CFM are based on the same conceptual understandings of disability, and can be made somewhat comparable in principle (for children aged 5 and over) by reducing the 13 domains of the CFM to the six domains of the WG-SS. However, discarding the six domains would likely result in an under-estimation of the prevalence of childhood

disability.⁴ It would also mean disregarding the fact that the WG-SS and CFM are typically addressed to different respondents (the head of the household and the primary caregiver, respectively), which is known to change the prevalence estimates resulting from each.⁵ In short, there remain some severe comparability issues even with the current best practice' modules for asking about childhood disability.

4. *Remembering and concentrating* appear as two domains in the CFM but could be combined, as in the WG-SS – thereby discarding only six (not seven) domains.

5. The guidance for the WG-SS is to address the questions directly to each sampled person, and to the head of the household only if that is the way overall data collection is done and if it is not possible to ask each person directly. In practice, survey guidance often allows the questionnaire to be administered to another household member in cases where the household head is not available, which may create further variability.

SECTION 3. GLOBAL ACTORS IN EDUCATION AND DISABILITY DATA COLLECTION

3.1. UNESCO Institute for Statistics

As well as its work on administrative data (UIS 2019), the UNESCO Institute for Statistics (UIS) hosts the Technical Cooperation Group on the Indicators for SDG 4, which includes a working group focusing on household surveys. UIS has produced a database¹ and analysis (UIS 2018) using existing household survey data to examine educational disadvantage among children with disabilities. UIS has recently started reporting household survey based disaggregation of education statistics by disability

in its main data portal,² although data is available only for a few countries.

3.2. USAID and the Demographic and Health Surveys Program

Funded by USAID, the Demographic and Health Surveys (DHS) Program collects representative data on population and health in a large number of countries. Past rounds of DHS have used several different question sets

1. The Excel sheet can be downloaded at: <http://uis.unesco.org/sites/default/files/uis-disability-education-database.xlsx>.

2. See data.uis.unesco.org.

on disability, varying between countries, and including the TQSI in some cases. For DHS-7 (2013–2018) and subsequent surveys, a new standard instrument similar to the WG-SS has been developed by the DHS Program together with USAID and the Washington Group. In several countries, censuses are also based on DHS templates.

3.3. UNICEF and Multiple Indicator Cluster Surveys

UNICEF's Multiple Indicator Cluster Surveys (MICS) have been carried out in over 100 countries since the program's inception in 1995, with the aim of generating data on key indicators on the wellbeing of children and women. The most recent round, MICS6, contains the CFM, and notably also contains an assessment of foundational literacy and numeracy skills, making this the only large-scale cross-country survey at present that can be used to analyze differences in both school attendance and learning outcomes by disability status. In MICS2 (2000–2001), MICS3 (2005–2010) and MICS4 (2009–2013), countries had the option of including a module on disability for children aged 2–9 based on the TQSI, with some adapting the module. In MICS5 (2012–2017), only one country (Mexico) included disability questions.

In 2018, UNICEF launched the MICS Education Analysis for Global Learning and Equity (MICS-EAGLE), which aims to build capacity for education sector analysis based on disaggregated data from MICS6, and to provide additional analysis of this data. MICS-EAGLE is being rolled out to a wider range of GPE partner countries using a GPE Knowledge and Innovation Exchange (KIX) grant awarded in 2019.³

3.4. World Bank and the Living Standards Measurement Survey

The Living Standards Measurement Survey (LSMS) is a World Bank program focused on strengthening household survey systems and improving the quality of micro-

data for development policy. However, the LSMS and similar names are sometimes used for surveys with less World Bank involvement and the World Bank has also provided technical and financial support to other types of household surveys, such as household income and expenditure surveys. A recent LSMS guidebook on disability measurement in household surveys (Tiberti and Costa 2020) advocates for the use of the WG-SS, while acknowledging that this may underestimate disability prevalence among children. At the time of writing, only a few GPE partner countries had data from LSMS that included WG-SS questions, but the publication of the guidebook holds some promise that this situation could improve. The World Bank's Inclusive Education Initiative and Disability-Inclusive Education in Africa Program also aim to support better data collection in several countries.

3.5. National Censuses

Most countries undertake national censuses – surveys that are administered to the whole population rather than a sample – every 5–10 years. Censuses are particularly important because they typically provide the sampling frames used in household sample surveys as well as accurate population numbers of children in each age group. The WG-SS is often considered most suited to censuses, because a longer question set tends to be impractical within a census questionnaire. Many censuses can be accessed in a standardized format from IPUMS International, a collaboration of the University of Minnesota, National Statistical Offices, international data archives, and other international organizations, which aims to inventory and harmonize census data from around the world.

3.6. Citizen-Led Learning Assessments

In a number of countries, nationally representative citizen-led learning assessments have been carried

3. See <https://www.globalpartnership.org/content/kix-global-grants-portfolio-summary>, p. 11.

out by organizations belonging to the People’s Action for Learning (PAL) Network. These are household surveys that include foundational literacy and numeracy assessments, and can be used to hold governments to account for their progress. In Uganda, Uwezo includes the WG-SS and reports on literacy and numeracy by types of disability (Uwezo 2019). In Pakistan, the Annual Status of Education Report (ASER) organization⁴ has included disability questions in some districts based on

the WG-SS and CFM as part of its annual survey of education (Singal et al. 2020), and also adapted its learning assessments for visually impaired and hearing impaired learners. Citizen-led assessments have the potential to provide disability-disaggregated data in Bangladesh, Kenya, Mali, Mozambique, Nepal, Nicaragua, Nigeria, Pakistan, Senegal, Tanzania and Uganda, as well as in other countries as the PAL Network grows.

4. See <http://aserpakistan.org/index.php>; <http://itacec.org/inclusion>.

SECTION 4. MAPPING OF DISABILITY DATA COLLECTION IN GPE PARTNER COUNTRIES

4.1. Sources of Information and Methodology

The information in sections 4.2–4.5 below was gathered during a review in 2020 of household surveys and censuses in GPE partner countries¹ for which questionnaires could be found online² and data was collected between 2010 and 2020. The review started with DHS, MICS and IPUMS webpages listing surveys and censuses. Colleagues at the World Bank and UNICEF were consulted, which elicited several more surveys that had disability modules of some kind.³ These additional surveys

were reviewed to gather more detail on the modules used, age ranges and respondents, using the following resources to obtain the full questionnaires:

- The World Bank microdata catalog, particularly to find LSMS
- The International Household Survey Network catalog
- The Pacific Data Hub and Pacific Community Statistics for Development Division

1. Countries that were GPE partners as of end 2020 were included in the exercise.

2. All of the surveys found had a version of the questionnaire available in English, French or Portuguese.

3. Surveys listed in an unpublished review of adult disability data commissioned by the World Bank (Mitra et al. 2020) were also included in the search.

For countries that did not appear to have any data, GPE country teams reached out to contacts in local education groups in GPE partner countries to confirm whether data sources existed.

This exercise was limited to nationally representative household surveys and censuses in GPE partner coun-

tries. Surveys that sample only a limited age range (for example, School-To-Work Transition Surveys, which focus on those aged 15–24 or 15–29) were excluded as they cannot be used to generate comparable education statistics. The 98 surveys that were found to contain some disability questions are listed in appendix 1 and summarized in table 2.

TABLE 2. GPE PARTNER COUNTRIES WITH DISABILITY SURVEYS DURING 2010–2020

COUNTRY	YEARS IN WHICH DISABILITY MODULE(S) WERE USED			SURVEY TYPE(S)
	WG-SS	CFM	OTHER	
Afghanistan	2016, 2019			Other
Albania			2012, 2017–18	DHS, LSMS
Bangladesh	2010, 2016	2019		MICS
Benin		2020	2013	MICS, Census
Bhutan			2010	MICS
Burkina Faso			2014	LSMS
Cambodia	2014		2010–14	DHS, Other
Cameroon			2011	DHS, MICS
Central African Republic		2018–19		MICS
Chad		2019	2014–15	DHS, MICS
Congo, Dem. Rep.		2017–18	2013	DHS, MICS
Djibouti	2017			Other
Ethiopia	2011, 2013, 2015, 2018–19			LSMS, Other
Eritrea	2015–16		2010	Other
Gambia, The	2018	2018	2013	DHS, MICS, Other
Georgia		2018		MICS
Ghana		2017–18		MICS
Guinea-Bissau		2018–19		MICS
Guyana		2019–20		MICS
Haiti	2016–17			DHS
Honduras		2019		MICS
Kenya	2019		2011	MICS, Census
Kiribati	2015		2019	Census
Lao PDR	2015			Census
Lesotho		2018		MICS
Liberia	2010, 2014, 2016			Other
Madagascar		2018		MICS
Malawi	2010, 2019–20	2019–20	2015–16	DHS, MICS, LSMS, Other
Mali	2018			DHS

COUNTRY	YEARS IN WHICH DISABILITY MODULE(S) WERE USED			SURVEY TYPE(S)
	WG-SS	CFM	OTHER	
Marshall Islands	2011, 2019			Census
Micronesia, Fed. Sts.	2010			Census
Mongolia		2018	2010, 2012	MICS
Nepal		2019		MICS
Nigeria	2010, 2012, 2018, 2018–19	2020		DHS, MICS, LSMS, Other
Pakistan	2017–18	2018, 2017–20		DHS, MICS
Rwanda	2018, 2019–20		2012	DHS, Census, Other
Samoa	2017			Other
São Tomé and Príncipe		2019		MICS
Senegal			2014	DHS
Sierra Leone		2017		MICS
St. Lucia		2021		MICS
Sudan		2020	2010	MICS
Tajikistan	2016			Other
Tanzania	2010, 11, 12, 2014–15, 2019–20			Census, LSMS, Other
Timor-Leste	2016			DHS
Togo		2017		MICS
Tonga	2011, 2016, 2018			Census, Other
Tuvalu	2017			Census
Uganda	2010, 2011, 2016			DHS, Other
Uzbekistan		2020		MICS
Vanuatu			2013	DHS
Vietnam		2020		MICS
Yemen		2020	2013	DHS, MICS
Zimbabwe		2019		MICS

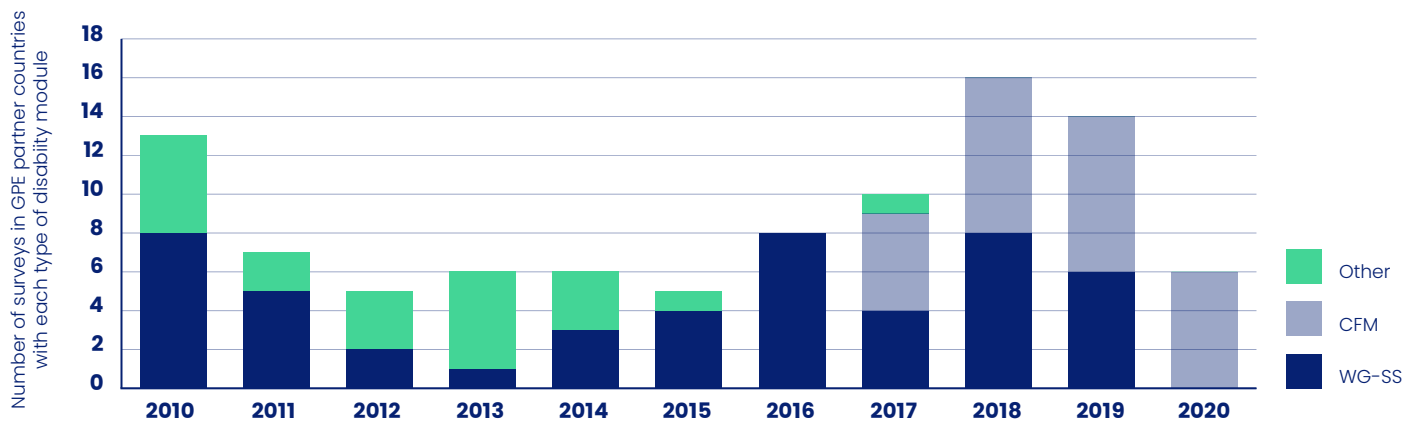
4.2. Surveys with Disability Modules in GPE Partner Countries Since 2010

Since 2010, the number of new surveys with disability modules have declined and then risen (see figure 1), peaking in 2018 with several MICS6 and DHS-7⁴. (Although six MICS surveys are reported to have taken place in 2020, it is not yet clear how badly they were

affected by COVID-19.) Surveys with non-standard modules or the TQSI ('Other' in figure 1) have declined, while many more surveys have been done using the CFM. The surveys with CFM are all MICS, with the exception of a household income and expenditure survey in Kiribati. Monitoring progress in SDG targets in relation to disability is made more difficult by the fact that there were very few surveys with standard disability modules conducted around the time of the SDG baseline (2015).

4. See module at <https://userforum.dhsprogram.com/index.php?t=msg&goto=16495>. See the interviewer's manual at <https://dhsprogram.com/publications/publication-dhsm1-dhs-questionnaires-and-manuals.cfm> for details of how the module is to be administered.

Figure 1. Surveys conducted in GPE partner countries by year and type of disability module

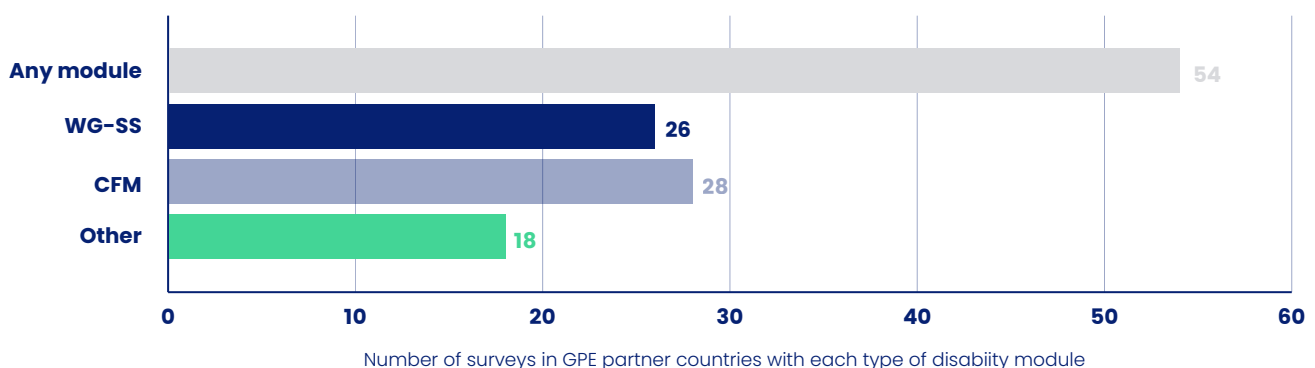


4.3. Types of Disability Module

Out of GPE’s 76 partner countries,⁵ 54 have a survey from 2010–2020 with a disability module of some kind. There are 26 partner countries that had at least one survey during 2010–2020 using the WG-SS or close variants such as the one used in DHS-7, and 28 used CFM (figure 2). Six countries have only the TQSI or non-standard modules: Albania, Bhutan, Burkina Faso, Cameroon, Senegal and Vanuatu.

This leaves 22 GPE partner countries that appear to have no nationally representative survey collecting both disability and education data among children: Burundi, Cabo Verde, Comoros, Côte d'Ivoire, Dominica, Grenada, Guinea, Kyrgyz Republic, Maldives, Mauritania, Moldova, Mozambique, Myanmar, Nicaragua, Niger, Papua New Guinea, Republic of Congo, Solomon Islands, Somalia, South Sudan, St. Vincent and the Grenadines, and Zambia. In several of these countries, non-representative or geographically limited surveys have been carried out, which can be of great use in informing policy and programs but do not permit nationally representative statistics to be calculated.

Figure 2. Type of disability module by number of countries



5. Including the Pacific island states of Federated States of Micronesia, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

4.4. Most Common Survey Types Used for Disability Data Collection

MICS was the most common type of survey to include a disability data module, with 30 partner countries applying it during 2010–2020 (figure 3). Most of these were part of MICS6 and used CFM, but a few used the earlier TQSI.

DHS were carried out in 17 countries, increasingly using the DHS-7 disability module based on the WG-SS, while some used non-standard modules.

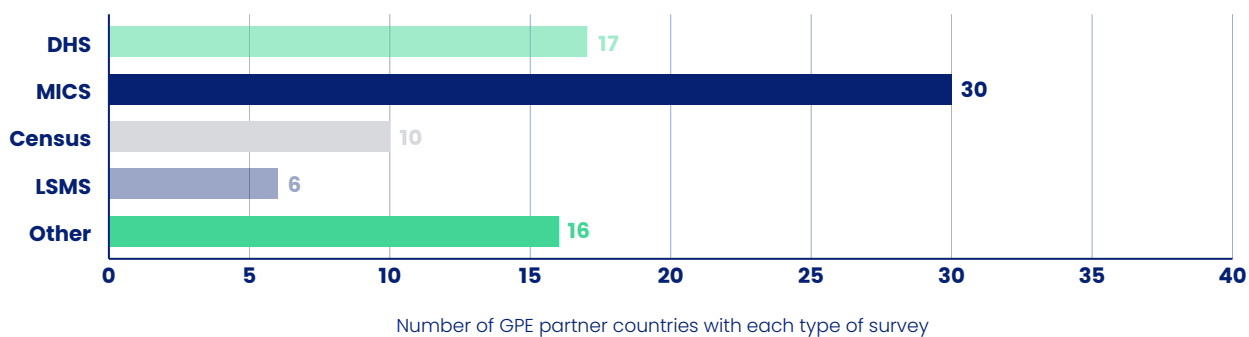
Ten countries – mostly Pacific island states – had national censuses during this period, with funding sources including the Asian Development Bank, Australian

Aid, the United Nations Population Fund and the Pacific Community. Most of these included the WG-SS.

LSMS was carried out in six countries, each using the WG-SS.

Other surveys were done in 15 countries, including household income and expenditure surveys in Bangladesh, Kiribati, Liberia and the Marshall Islands, sometimes with technical support from the World Bank; the European Union funded Living Conditions Survey in Afghanistan; and Labor Force Surveys, based on ILO guidelines, in Eritrea and The Gambia (both with United Nations Development Programme support), Rwanda (with GIZ support) and Tonga (with technical support from the Pacific Community).

Figure 3. Type of household survey or census by number of countries



4.5. Age Ranges and Respondents

The CFM and TQSI are addressed to the child’s primary caregiver and concern children aged 2–17 (CFM) or 2–9 (TQSI). Of surveys using the CFM, only one (a household income and expenditure survey in Kiribati) also measures disability among adults.

The respondent for the DHS is usually described as “any adult member of the household age 15 or older who is capable of providing information needed to fill in the Household Questionnaire,” (ICF 2022, p. 26) implying that one household member would respond on behalf of all the others, although the interviewer may also consult other members of the household for specific information. In those DHS that use the WG-SS, the dis-

ability questions are about household members aged 5 or above; in some older surveys using non-standard instruments, however, younger children are also included.

Other household surveys vary in their instructions about who should respond. Some surveys do not give clear instructions, or we were not able to find their enumerator manuals. Some specify that household members above a given age (sometimes 10, 12 or 14) should respond for themselves, while the head of the household or the child’s parent or guardian should answer on behalf of younger children. These instructions are likely to introduce some variation in answers, which should be kept in mind when comparing disability prevalence estimates across countries.

SECTION 5. SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

5.1. Key Findings

There is now widespread agreement on using one of two modules for collecting data on disability in children: the WG-SS (preferred by the World Bank and the DHS Program) and the CFM (preferred by UNICEF for MICS). Availability of data using these modules in GPE partner countries has been growing since 2015, with at least 98 surveys or censuses collecting data on disability in some form. However, there remain 28 countries (out of 76) for which there appears to be no nationally representative, reliable and comparable survey or census data on disability that could be used for disaggregating education statistics for the period 2010–2020. A mixture of WG-SS (26 countries) and CFM surveys (28 countries) have been conducted across GPE partner countries, and only a few countries have both.

The following recommendations are proposed for consideration among GPE partners, including partner countries, multilateral organizations civil society, and bilateral donors.

5.2. Monitor Disability Data Availability

To bring greater attention to the issues highlighted in this report, GPE plans to monitor the availability of survey data on disability and education across partner countries as an indicator in its own right. This report and the background work compiling data sources is a first attempt to track disability data across GPE partner countries and will be updated annually, in order to keep

prominent the need for GPE partners to work together to increase data availability. It is hoped that this information will be useful for a range of organizations, which may also wish to complement it by adding data for countries that are not GPE partners.

5.3. Advocate for Household Surveys and Censuses with a Standard Disability Module

GPE partner countries need better data on disability and education to be able to make and implement inclusive education policies and support equitable allocation of resources. This is especially so in countries for which no nationally representative, comparable and reliable disability survey or census data was found from 2010–2020 that would allow for disaggregation of key education statistics (table 3). Multilateral and bilateral donors as well as civil society need to advocate for more and better data for the most vulnerable groups in particular, and for governments to use that data in making policy. They also need to provide technical and financial support to countries to carry out additional surveys.

Where surveys are planned, it will be important to ensure that they contain relevant modules such as the WG-SS or CFM. It is also important to establish a sound understanding of how survey modules such as the WG-SS and CFM work in order for partners to engage in technical discussions on this issue. For example, it is useful for all partners to understand that adding filter questions at the beginning of a disability module should

TABLE 3. COUNTRIES FOR WHICH THERE IS NO NATIONALLY REPRESENTATIVE DISABILITY DATA SOURCE, OR NO RELIABLE AND COMPARABLE DATA, 2010–2020

NO NATIONALLY REPRESENTATIVE DISABILITY AND EDUCATION DATA SOURCE FOUND	ONE OR MORE DATA SOURCE FOUND BUT NOT USING RELIABLE AND COMPARABLE METHODS (WG-SS/CFM)
Burundi Cabo Verde Comoros Congo, Rep. Côte d'Ivoire Dominica Grenada Guinea Kyrgyz Republic Maldives Mauritania Moldova Mozambique Myanmar Nicaragua Niger Papua New Guinea Somalia South Sudan Solomon Islands St. Vincent and the Grenadines Zambia	Albania Bhutan Burkina Faso Cameroon Senegal Vanuatu

be avoided, while adding other questions to adapt the module to local contexts (such as on albinism, in countries where children with albinism are marginalized), should be done with care (see section 2.7).

5.4. Support Work to Produce Globally Comparable Statistics

Despite the important work of the Washington Group to create standard and comparable modules with extensive field testing, there are still differences between surveys in terms of coverage, respondent and design that can make it challenging to compare disability-disaggregated education statistics across countries. This makes it difficult to build a statistical picture of global progress in disability inclusion, which is needed to ensure that GPE is leaving no one behind in the support it provides to countries and that the partnership remains accountable, and to identify where greater efforts are required. Further discussion is needed at the global and

country level to improve understanding of the challenges around comparability, as well as analytical work on the potential for generating valid cross-country statistics. UIS has started reporting disability-disaggregated estimates for a few countries in its online statistics database, and it will be important for other partners to support this work.

5.5. Support Citizen-Led Assessment Organizations

Citizen-led assessments have significant potential to gather information on learning and disability, although they have not yet done so at a national representative level. Governments and donors should consider supporting citizen-led assessments to advance this work in order to provide a complementary source of nationally representative disability-disaggregated education statistics, while taking into account technical issues around comparability and data quality.

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APPENDIX 1. FULL LIST OF SURVEYS REVIEWED

COUNTRY	YEAR	SURVEY TYPE	SURVEY NAME (IF DIFFERENT FROM SURVEY TYPE)	DISABILITY MODULE	AGE RANGE	RESPONDENT (IF KNOWN)	NOTES
Afghanistan	2016	Other household survey (HHS)	Living Conditions Survey (LCS)	WG-SS	All		Asks "cause" of each problem
Afghanistan	2019	Other HHS	Afghanistan Living Conditions Survey (LCS)	WG-SS	All	Unclear	WG-SS with added questions on cause of each problem
Albania	2012	Living Standards Measurement Study (LSMS)		Non-standard	All	Household head (HHH) if available; otherwise a household member able to give information on the other members	Classified by Mitra et al. as similar to WG-SS. But (i) questions are preceded by asking if the member has any disability lasting more than 3 months; (ii) asks about body deformation and difficulties using limbs, and doesn't ask about walking or self-care; (iii) is part of the health module. Mix of medical and WG-SS.
Albania	2017–18	Demographic and Health Survey (DHS)		Non-standard	15–59	Selected men and women 15–59	Single question about chronic disability
Bangladesh	2010	Household Income and Expenditure Survey (HIES)		WG-SS	All		
Bangladesh	2016	HIES		WG-SS	All		
Bangladesh	2019	MICS		CFM	2–17		
Benin	2013	Census	Population and Housing Census	Non-standard	All		
Benin	2020	MICS		CFM	2–17		
Bhutan	2010	MICS4		TQSI	2–9		
Burkina Faso	2014	LSMS	Enquête Multisectorielle Continue	Non-standard	All	Responsible adult household member age 15+	Question in the health section briefly asks about 7 types of "major/principal disability" only allowing 1 per member
Cambodia	2014	DHS		WG-SS	5+	Any adult member of the household age 15+ capable of providing household questionnaire information	WG-SS but with "Because of a physical, mental or emotional health condition, does [NAME] have difficulty communicating, (for example understanding others or others understanding him/her)?" as the final question.
Cambodia	2010–14	Other HHS	Socio-Economic Survey (SES)	Non-standard	All	HHH, spouse of HHH, or another adult household member	Difficulty seeing, hearing, speaking, moving, feeling/sensing, psychological/behavioral difficulties, learning difficulties, fits; mild/moderate/severe categories. Could possibly be made WG-SS-compatible.
Cameroon	2011	DHS/MICS	Enquête Démographique et de Santé, et a Indicateurs Multiples (EDS-MICS)	Non-standard	All	Any adult member of the household age 15+ capable of providing household questionnaire information	
Central African Republic	2018–19	MICS		CFM	2–17		
Chad	2019	MICS		CFM	2–17		
Chad	2014–15	DHS		Non-standard	All	Any adult member of the household age 15+ capable of providing household questionnaire information	Asks about anyone who lacks a body part; has a deformity; blind or almost blind; deaf or almost deaf; serious difficulty speaking; lacks bodily extremities; behavioral difficulty; and various follow-up questions.

COUNTRY	YEAR	SURVEY TYPE	SURVEY NAME (IF DIFFERENT FROM SURVEY TYPE)	DISABILITY MODULE	AGE RANGE	RESPONDENT (IF KNOWN)	NOTES
Congo, Dem. Rep.	2013	DHS	Enquête Démographique et de Santé	TQSI	2–9	Any adult member of the household age 15+ capable of providing household questionnaire information	
Congo, Dem. Rep.	2017–18	MICS		CFM	2–17		
Djibouti	2017	Other HHS	Enquête Djiboutienne Auprès des Ménages (EDAM)	WG-SS	5+		WG-SS but without the self-care question
Eritrea	2010	Other HHS	Population and Health Survey	Non-standard	All		Mostly medical categories, for example, blindness, deformity, amputee, insanity, elephantiasis, “mental retardation,” epilepsy, leprosy
Eritrea	2015–16	Other HHS	Labor Force Survey (LFS)	WG-SS	All		
Ethiopia	2011	LSMS	Economic and Social Survey (ESS)	WG-SS	5+		
Ethiopia	2013	LSMS	Economic and Social Survey (ESS)	WG-SS	5+		
Ethiopia	2015	LSMS	Economic and Social Survey (ESS)	WG-SS	5+		
Ethiopia	2018–19	LSMS	Ethiopia Socioeconomic Survey (ESS)	WG-SS	5+	Questions should be asked directly to those age 10+. If you need to collect information on younger children, interview mother or guardian on child's behalf	
Gambia, The	2013	DHS		Non-standard	7–69	Any adult member of the household age 15+ capable of providing household questionnaire information	Short set of questions focusing on seeing, hearing and walking.
Gambia, The	2018	MICS		CFM	2–17		
Gambia, The	2018	Other HHS	Labor Force Survey (LFS)	WG-SS	7+	Knowledgeable member of the household age 18+; or child age 15–17 if no adult is available	
Gambia, The	2018–19	DHS		WG-SS	5+		
Georgia	2018	MICS		CFM	2–17		
Ghana	2017–18	MICS		CFM	2–17		
Guinea-Bissau	2018–19	MICS		CFM	2–17		
Guyana	2019–20	MICS		CFM	2–17		
Haiti	2016–17	DHS		WG-SS	5+	Any adult member of the household age 15+ capable of providing household questionnaire information	
Honduras	2019	MICS		CFM	2–17		
Kenya	2011	MICS4		TQSI	2–9		

COUNTRY	YEAR	SURVEY TYPE	SURVEY NAME (IF DIFFERENT FROM SURVEY TYPE)	DISABILITY MODULE	AGE RANGE	RESPONDENT (IF KNOWN)	NOTES
Kenya	2019	Census	Kenya Population and Housing Census	WG-SS	5+	Unclear	
Kiribati	2015	Census	Population and Housing Census	WG-SS	All	Unclear	Questions written in abbreviated form; close to WG-SS (in different order) but not clear if full text is the same
Kiribati	2019	HIES	Household Income and Expenditure Survey (HIES)	CFM/ WG-ES	2–17	Household members should respond to individual modules for themselves (unclear for children)	Separate modules for ages 2–4 (CFM), 5–17 (CFM) and 18+ (WG-ES)
Kyrgyz Republic	2018	MICS		CFM	2–17		
Lao PDR	2015	Census	Population and Housing Census	WG-SS	All		
Lesotho	2018	MICS		CFM	2–17		
Liberia	2010	Other HHS	Core Welfare Indicators Questionnaire Survey (CWIQ)	WG-SS	All	Unclear	Preface “Because of a physical, mental or emotional condition...”
Liberia	2014	HIES	Household Income and Expenditure Survey (HIES)	WG-SS	5+	HHH or spouse of HHH	Preface “Because of a physical, mental or emotional condition...”
Liberia	2016	HIES	Household Income and Expenditure Survey (HIES)	WG-SS	5+	HHH or spouse of HHH	Preface “Because of a physical, mental or emotional condition...”
Madagascar	2018	MICS		CFM	2–17		
Malawi	2010	Other HHS	Third Integrated Household Survey (IHS)	WG-SS	5+	HHH or spouse of HHH	
Malawi	2015–16	DHS		TQSI	2–9	Any adult member of the household age 15+ capable of providing household questionnaire information	
Malawi	2019–20	MICS		CFM	2–17		
Malawi	2019–20	LSMS	Fifth Integrated Household Survey (IHS)	WG-SS	3+	Questions should be asked directly to those age 10 years and older. If you need to collect information on younger children, interview the mother or guardian on the child's behalf.	For age 3+ with 2 additional questions on how disability affects work for adults
Mali	2018	DHS	Sixième Enquête Démographique et de Santé du Mali (EDSM-VI)	WG-SS	5+	Any adult member of the household age 15+ capable of providing household questionnaire information	
Marshall Islands	2011	Census	Population and Housing Census	WG-SS	All	Unclear	Subset of WG-SS: seeing, hearing, walking/use of arms, remembering/concentrating
Marshall Islands	2019	HIES		WG-SS	5+	Unclear	
Micronesia, Fed. Sts.	2010	Census	Population and Housing Census	WG-SS	All	Unclear	Subset of WG-SS: seeing, hearing, walking/use of arms, remembering/concentrating

COUNTRY	YEAR	SURVEY TYPE	SURVEY NAME (IF DIFFERENT FROM SURVEY TYPE)	DISABILITY MODULE	AGE RANGE	RESPONDENT (IF KNOWN)	NOTES
Mongolia	2010	MICS4		TQSI	2–9		
Mongolia	2012	MICS4		TQSI	2–9		
Mongolia	2018	MICS		CFM	2–17		
Nepal	2019	MICS		CFM	2–17		
Nigeria	2010	LSMS	General Household Survey Panel (GHSP)	WG-SS	All	This part should be administered to each member of the household, but parents or guardians can answer for young children	
Nigeria	2012–13	LSMS	General Household Survey Panel (GHSP)	WG-SS	All	This part should be administered to each member of the household, but parents or guardians can answer for young children	
Nigeria	2018	DHS	Nigeria Demographic and Health Survey	WG-SS	5+	Any adult member of the household age 15+ capable of providing household questionnaire information	
Nigeria	2020	MICS		CFM	2–17		
Nigeria	2018–19	LSMS	General Household Survey Panel (GHSP)	WG-SS	All	This part should be administered to each member of the household, but parents or guardians can answer for young children	
Nigeria	2018–19	LSMS	Living Standards Survey	WG-SS	All	This part should be administered to each member of the household, but parents or guardians can answer for young children	
Pakistan	2010	LSMS	Social and Living Standards Measurement Survey (PSLM)	WG-SS	5+	Unclear	Adds questions on age at which difficulty began
Pakistan	2017–18	DHS		WG-SS	5+	Any adult member of the household age 15+ capable of providing household questionnaire information	
Pakistan	2017–20	MICS		CFM	2–17		
Rwanda	2012	Census	Population Census	Non-standard	All	Unclear	As WG-SS but (i) no self-care question, (ii) adds a question on causes, (iii) binary with no degree of difficulty
Rwanda	2018	Other HHS	Labor Force Survey (LFS)	WG-SS	5+	"Preferably every member aged 14 year and above should respond on his/her behalf. If unavailable the head of household should respond. In the case of the absence of head of household: the wife, or any other knowledgeable adult member of the household can provide information on other members"	

COUNTRY	YEAR	SURVEY TYPE	SURVEY NAME (IF DIFFERENT FROM SURVEY TYPE)	DISABILITY MODULE	AGE RANGE	RESPONDENT (IF KNOWN)	NOTES
Rwanda	2019–20	DHS		WG-SS	5+	Any adult member of the household age 15+ capable of providing household questionnaire information	
Samoa	2017	Other HHS	Labor Force and School-to-Work Transition Survey	WG-SS	5+	Unclear	
São Tomé and Príncipe	2019	MICS		CFM	2–17		
Senegal	2014	DHS	Enquête Démographique et de Santé Continue (EDS-Continue)	Non-standard	All		
Sierra Leone	2017	MICS		CFM	2–17		
St. Lucia	2021	MICS		CFM	2–17		
Sudan	2010	MICS4		Non-standard	2–9		
Sudan	2020	MICS		CFM	2–17		
Tajikistan	2016	Other HHS	Survey of Water, Sanitation and Hygiene (WASH) for Households and Schools	WG-SS	All	Unclear	
Tanzania	2010	LSMS	National Panel Survey 2014–2015, Wave 4, and earlier waves	WG-SS	5+	Should be asked to all household members 12 years and older, and the household member should respond for him/herself. [Not clear but presumably HHH or other adult respondent should answer on behalf of children age 5–11.]	WG-SS, but with each question prefaced with "Because of a physical, mental or emotional health condition..."; added questions on age at which disability began and effects on work for adults
Tanzania	2011	Other HHS	Household Budget Survey (HBS)	WG-SS	5+	Unclear	Prefaced with "Because of a physical, mental or emotional condition..."; added option for "No difficulty with assistive device"
Tanzania	2012	Census	Population and Housing Census	WG-SS	All	Unclear	As WG-SS, but no question on communicating/understanding; questions added on albinism and "any other difficulty"
Tanzania	2014–15	LSMS	National Panel Survey 2014–2015, Wave 4, and earlier waves	WG-SS	5+	Should be asked to all household members 12 years and older, and the household member should respond for him or herself. [Not clear but presumably household head or other adult respondent should answer on behalf of children age 5–11.]	WG-SS but with each question prefaced "Because of a physical, mental or emotional health condition"; added questions on age at which disability began and effects on work
Tanzania	2019–20	LSMS	National Panel Survey 2019–20	WG-SS	5+		
Timor-Leste	2016	DHS		WG-SS	5+	Any adult member of the household age 15+ capable of providing household questionnaire information	Like DHS-7 but no mention of hearing aids; question on understanding is phrased differently.
Togo	2017	MICS		CFM	2–17		

COUNTRY	YEAR	SURVEY TYPE	SURVEY NAME (IF DIFFERENT FROM SURVEY TYPE)	DISABILITY MODULE	AGE RANGE	RESPONDENT (IF KNOWN)	NOTES
Tonga	2011	Census	Population and Housing Census	WG-SS	All	Unclear	WG-SS with a filter ("does the person have a disability?") and only seeing, hearing, walking/ use of arms and remembering/concentrating
Tonga	2016	Census	Population Census	WG-SS	2+	HHH and adult members of the household if possible	
Tonga	2018	Other HHS	Labor Force Survey (LFS)	WG-SS	2+	Unclear	
Tuvalu	2017	Census	Population Census	WG-SS	5+	Unclear	
Uganda	2010	Other HHS	National Panel Survey (NPS)	WG-SS	5+		Prefaced with "Because of a physical, mental or emotional health condition..." and 2 additional questions at the end
Uganda	2011	DHS		WG-SS	5+		WG-SS but with each question prefaced with "Because of a physical, mental or emotional health condition..."; "using your usual language" is excluded from the communication question
Uganda	2016	DHS		WG-SS	5+	Any adult member of the household age 15+ capable of providing household questionnaire information	
Uzbekistan	2020	MICS		CFM	2-17		
Vietnam	2020	MICS		CFM	2-17		
Yemen	2013	DHS	National Health and Demographic Survey	Non-standard	All	Any adult member of the household age 15+ capable of providing household questionnaire information	
Yemen	2020	MICS		CFM	2-17		
Zimbabwe	2019	MICS		CFM	2-17		

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