ESCWA Statistics Programme for Arab Countries

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1. ESCWA Disability Statistics Programme
2. Progress of countries in applying WG-SS+
3. Stand-alone surveys
Objectives

- Facilitate easy access to quality national datasets harmonized and comparable at global level and relevant to policy makers
- Produce frameworks, recommendations and guidelines towards the 2022 census round, and SDGs monitoring
- Strengthen capacities and increase number of countries that produce harmonized, comparable and accurate Disability Statistics
Disability Statistics Database

https://data.unescwa.org/

48 Indicators

With and without disability

Table of data:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Country</th>
<th>Disability status</th>
<th>Age</th>
<th>Sec</th>
<th>Location</th>
<th>Marital status</th>
<th>Living arrangements</th>
<th>Living place</th>
<th>House ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-sex distribution of population, by location and disability (%)</td>
<td>Egypt</td>
<td>With disability</td>
<td>15-24 years</td>
<td>Female</td>
<td>All area</td>
<td>Married status NA</td>
<td>Living arrangements NA</td>
<td>Living place NA</td>
<td>House ownership NA</td>
</tr>
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<td>Age-sex distribution of population, by location and disability (%)</td>
<td>Egypt</td>
<td>With disability</td>
<td>15-24 years</td>
<td>Female</td>
<td>Rural</td>
<td>Married status NA</td>
<td>Living arrangements NA</td>
<td>Living place NA</td>
<td>House ownership NA</td>
</tr>
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<td>Egypt</td>
<td>With disability</td>
<td>15-24 years</td>
<td>Female</td>
<td>Urban</td>
<td>Married status NA</td>
<td>Living arrangements NA</td>
<td>Living place NA</td>
<td>House ownership NA</td>
</tr>
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<td>Age-sex distribution of population, by location and disability (%)</td>
<td>Egypt</td>
<td>With disability</td>
<td>15-24 years</td>
<td>Male</td>
<td>All area</td>
<td>Married status NA</td>
<td>Living arrangements NA</td>
<td>Living place NA</td>
<td>House ownership NA</td>
</tr>
<tr>
<td>Year</td>
<td>Event Description</td>
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</tbody>
</table>
| 2017 | **March**: Expert Meeting on Disability Measurement in Support of SDGs, Oman  
|      | **April**: Workshop on Improving Disability Statistics in the Arab Countries, Casablanca |
| 2018 | **August**: National Workshop on Enhancing the Production of Disability Stat in Libya, Beirut  
|      | **Sept**: IAEG Meeting on Improving Disability Stat in the SDGs, Cairo |
| 2019 | **Jan**: Statistical Committee, 13th session, Beirut  
|      | **Oct**: Disability Statistics in the Arab Region: Expanding the coverage to leave no one behind, Amman |
| 2020 | **Sep**: ESCWA virtual meeting on Disability Statistics |
| 2021 | **Feb**: National Meeting on Disability Statistics in Iraq, VIRTUAL  
|      | **Oct**: Egypt Disability Stand-alone Survey Questionnaire 2021, VIRTUAL |
Guidelines & Publications


Casablanca Group

Group's overall objective:

Development and improvement of statistics on persons with disabilities in the Arab region

1. To keep pace with the international development of disability statistics and implement the methods of data collection from various sources in the Arab countries.

2. To strengthen the statistical capacities of disability statistics employees in the Arab countries.

3. To assist and advise the Arab countries in the measurement, collection, and dissemination of data on persons with disabilities.

4. To urge and assist offices and statistical bodies in the Arab countries to use methods to measure disability according to the recommendations of the Washington Group on Disability.

5. To work on the preparation and development of tools for data collection on persons with disabilities in the Arab countries, allowing for international comparisons.
Arab Region
2\textsuperscript{nd} Round of data collection

12 countries – 2\textsuperscript{nd} round new surveys

- Updated questionnaire fully automated to generate indicators directly
- Includes content verification
- Expanded areas from 3 to 6 --- increase by 50%
  - Population
  - Education
  - Work
  - Access
  - Benefits
  - Health
- Increase production of indicators from 48 to 95 --- increase by 50%
- Further age disaggregation
- Briefing countries to answer any queries & receive feedback

<table>
<thead>
<tr>
<th>Country</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahrain</td>
<td>Health Survey 2018</td>
</tr>
<tr>
<td>Egypt</td>
<td>Census 2017</td>
</tr>
<tr>
<td>Lebanon</td>
<td>LFHLCS 2018</td>
</tr>
<tr>
<td>Mauritania</td>
<td>DHS 2019</td>
</tr>
<tr>
<td>Morocco</td>
<td>Disability Survey 2014</td>
</tr>
<tr>
<td>Qatar</td>
<td>Census 2020</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>Demographic Survey 2017</td>
</tr>
<tr>
<td>Somalia</td>
<td>LFS 2019</td>
</tr>
<tr>
<td>State of Palestine</td>
<td>Census 2017</td>
</tr>
<tr>
<td>Syrian Arab Republic</td>
<td>Health Survey 2017</td>
</tr>
<tr>
<td>Tunisia</td>
<td>Census 2014</td>
</tr>
<tr>
<td>UAE</td>
<td>HIES 2019</td>
</tr>
</tbody>
</table>
Why Stand-alone Surveys?

- Responds effectively to the UN’s 2030 Agenda for Sustainable Development to **leave no one behind**.

- Identify needs of persons with diverse types and severity of disability.

- Identify barriers and daily challenges faced by persons with disabilities.

- Point out needs of persons with disabilities not common to all citizens

- Produce precise data collection for evaluating programs and policies and developing new ones that respond more effectively to day-to-day life requirements, changes of environments and context
State of Palestine 2011

Egypt 2014

Morocco 2014

Iraq 2016

Saudi Arabia 2017

National Disability Stand-Alone/Expanded Surveys
ADULT QUESTIONNAIRE

**Socio-demographic characteristics**
- Name
- Mother tongue
- Sex
- Age
- Nationality
- Marital status
- Education
- Background or ethnic group
- Living arrangements

**Work history and benefits**
- Age for (start and stop working)
- # of years for (start and stop working)
- Current working status
- Type of employer
- Main occupation
- Duration of work (Yearly, Seasonally and occasionally)
- Source of benefit
- Source of income
- Type of benefit

**Environmental factors**
- Hindering or facilitating environment (Is it easy or hard to; use health facilities needed regularly? socialize and engage in community activities? Use transportation? etc.)
- Support and relationships
- Attitudes of others to you
- Accessibility to information (access to information, mobile phone and internet)

**Personal assistance, assistive products and facilitators**
- Personal Assistance
- Assistive products and modifications
- Facilitators in work, school, home and in the community
- Assistance, assistive products and medicines
<table>
<thead>
<tr>
<th>Health conditions</th>
<th>Health care utilization</th>
<th>Well-being</th>
<th>Empowerment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• WG-SS questions</td>
<td>• Inpatient care</td>
<td>• In the past 30 days, how would you rate your quality of life?</td>
<td>• To what extent are you confident you can find the means and ways to get what you want if someone opposes you?</td>
</tr>
<tr>
<td>• Scale from 1 (no difficulty) to 4 (extreme difficulty or unable) with list of activities</td>
<td>• Outpatient care and care at home</td>
<td>• How satisfied are you with your health?</td>
<td>• Do you feel that you will be able to achieve your dreams, hopes, and wishes?</td>
</tr>
<tr>
<td>• Diseases or health conditions (Presence, Diagnosis, Medication and Treatment)</td>
<td>• Responsiveness of health care system</td>
<td>• How satisfied are you with yourself?</td>
<td>• Do you feel in control of your life? For example, do you feel in charge of your life?</td>
</tr>
</tbody>
</table>

- Etc.
Reasons for not going to school

- Difficulty reaching school
- Unwillingness of the individual
- Unwillingness of the family
- Financial difficulties
- Security reasons
- Death of a parent
- Parental separation
- No school available
- Failed in education / expelled
- Inaccessible transportation
- Disability and health reasons
- Marriage
- Work
- Negative attitude from others
Reasons for not seeking a job

- Found a job and waiting to start
- Own illness, disability or injury
- Education or training
- Family responsibilities, household chores
- Family objection
- Couldn’t find a suitable job
- Lack of job matching qualifications or skills
- Lack of experience
- Negative attitude from others
- Inaccessible transportation
- Don’t need to work, has other source of income
- Lack of infrastructure in the area
- Too young or too old by prospective employers
- Believe that no work is available in the area
- Lack of experience
- Inaccessible transportation
Reasons for not using health services

- Affordability of health services
- Affordability of transportation
- Lack of appropriate services
- Inaccessible to buildings (hospitals, health centers)
- Inaccessible parking areas
- Inadequate bathroom facilities
- Inaccessible medical equipment
- Negative attitudes
- Inadequate skills and knowledge of health workers
## Data gaps by areas

<table>
<thead>
<tr>
<th>Population</th>
<th>Education</th>
<th>Work</th>
<th>Access</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Relationship of the father and mother</td>
<td>• inclusion &amp; participation in education</td>
<td>• Reasons for not seeking a job</td>
<td>• Water</td>
<td>• Reason for not using health care</td>
</tr>
<tr>
<td>• # deaths of disability+ Cause</td>
<td>• Reasons for not going to school</td>
<td>• Time use</td>
<td>• Sanitation</td>
<td>• Violence</td>
</tr>
<tr>
<td>• Mother tongue</td>
<td>• Expenditure on education</td>
<td>• Source of benefit</td>
<td>• Electricity</td>
<td>• Sexual harassment</td>
</tr>
<tr>
<td>• Background or ethnic group</td>
<td>•</td>
<td>• Source of income</td>
<td>• Fuel</td>
<td>• Expenditure on health</td>
</tr>
<tr>
<td>• inclusion &amp; participation in education</td>
<td>•</td>
<td>• Duration of income</td>
<td>• Transport</td>
<td>• Family planning</td>
</tr>
<tr>
<td>• Reasons for not going to school</td>
<td>•</td>
<td>• inclusion &amp; participation in employment</td>
<td>• Assets</td>
<td>• Empowerment</td>
</tr>
<tr>
<td>• Expenditure on education</td>
<td>•</td>
<td>• Social protection and benefits</td>
<td>• Mobile telephone</td>
<td>• Well-being</td>
</tr>
<tr>
<td>• Time use</td>
<td>•</td>
<td>• Internet and information</td>
<td>• Internet and information</td>
<td>• Access to health care</td>
</tr>
<tr>
<td>• Social and Sports activities</td>
<td>•</td>
<td>• Social protection and benefits</td>
<td>• Social protection and benefits</td>
<td>• Tobacco</td>
</tr>
<tr>
<td>• Recreation activities</td>
<td>•</td>
<td>• Social protection and benefits</td>
<td>• Social protection and benefits</td>
<td>• Assistive devices</td>
</tr>
<tr>
<td>participation in voting</td>
<td>•</td>
<td>• Social protection and benefits</td>
<td>• Social protection and benefits</td>
<td>• Disability card</td>
</tr>
</tbody>
</table>
Way Forward

- Draft master stand-alone questionnaire with policy relevance

- Establish working group

- Hold Expert group meeting

- Develop guidelines and recommendations for implementing stand-alone surveys
Key Messages

• It is vital to integrate disability statistics in the regular work programme of any statistical organization to increase production and dissemination of harmonized comparable indicators to leave no one behind.

• The COVID-19 pandemic has affected all especially persons with disabilities reflected in the health risks posed by the virus and in weak social protection systems. Persons with disabilities are twice as likely to find health-care services and facilities inadequate, which makes it more difficult for them to recover from COVID-19. Detailed data, therefore, are now more than before vital to be compile on regular basis.

• Demand for more data and information have been growing, increasing number of countries are collecting data through standalone surveys to respond to policy makers and public demands for more effective and inclusive interventions.
Thank you