Collecting data on persons with disabilities in humanitarian action



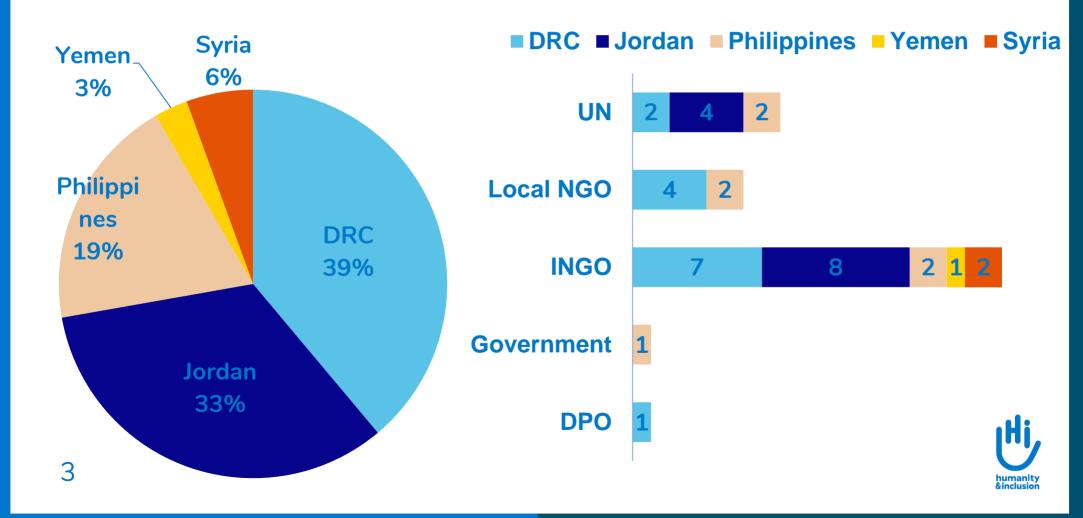


Collecting data on persons with disabilities in humanitarian action

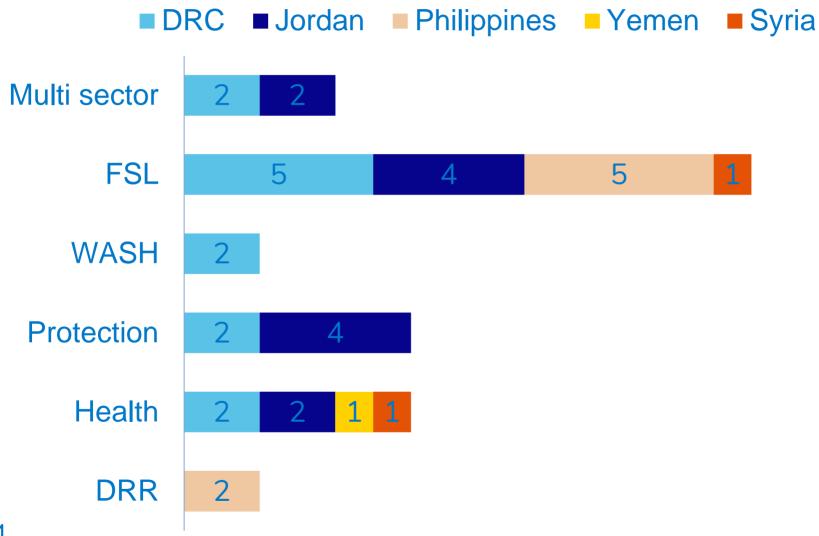


Humanitarian actors involved

27 partners formally engaged in the research



Humanitarian Actors involved





Collecting data on persons with disabilities in humanitarian action

Key concerns of humanitarian actors addressed by the actionresearch:

- (1) Entry points for collecting data on persons with disabilities can differ depending on the type of response.
- (2) Significant increase of prevalence of persons with disabilities (over-identification).
- (3) Under-identification of persons with mental health and psychosocial disability by the WGQ.
- (4) Time constraints and risk of raising expectations in a time and resource scarce environment.

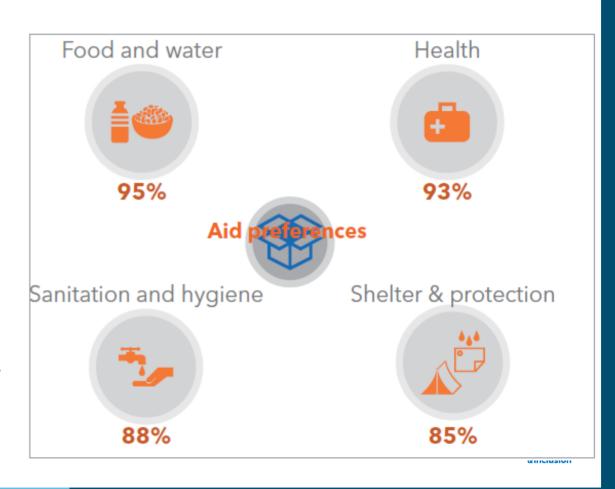


Sudden Onsets emergencies

Hard to collect individual data early in the response. Efforts should be made during emergency preparedness.

Philippines: UNOCHA conducted a pre-crisis information mapping and consultation to gather information on the community as well as understand aid preferences.

Disaggregation by disability showed:

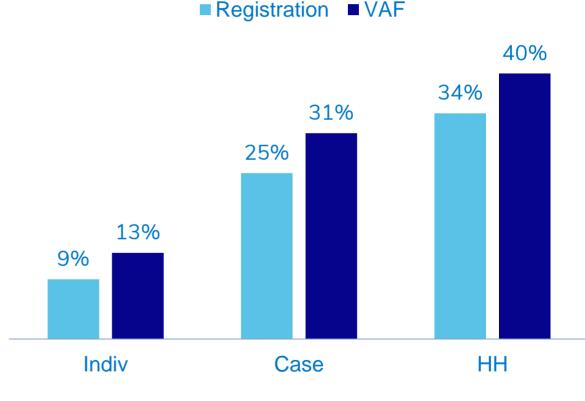


Displacement and refugee emergencies

Data can be collected at the individual level during refugee registration.

Jordan: UNHCR piloted the use of the WGQ during their Vulnerability
Assessment Framework (VAF)

Data showed that cases with persons with disability had increased vulnerability in food security



Indicator	Disability PG		Disability WG	
	No	Yes	No	Yes
Food security rating	2.64	2.84	2.59	2.90

Protracted emergencies

Data can be collected frequently and used to help monitor performance of humanitarian programming.

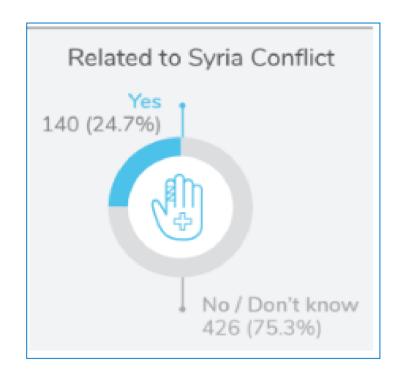
Democratic Republic of Congo: OXFAM added the WGQ to their baseline, midline and end-line surveys.

Data collected was used to monitor the number of persons with disabilities accessing their WASH project at various stages of project cycle.



oto credit: Mercy Corps [

Context & prevalence



Jordan: 24.7 % of Syrian refugees living in urban areas and refugee camps in Jordan reported that their difficulties were related to the Syria conflict.

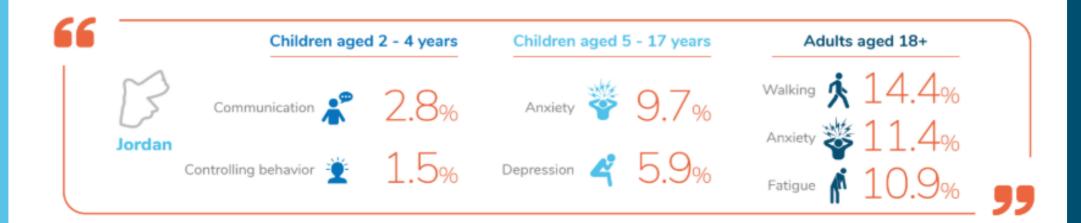
Identification of the cause is irrelevant if the objective for collecting data is to understand whether services are accessible.



Mental health & psychosocial disability

If identifying people with psychosocial disabilities is important, adding the four questions on anxiety and depression that are included in the WG Extended Set can be considered.

Jordan: Around 10% of Syrian refugees living in urban areas and refugee camps (aged over 5) reported anxiety.



Time & resources constraints

- Data shows a difference between perceived time to ask the questions (7 mins) and time it actually took to administer the WG Short Set (3 mins).
- If WGQ are asked to every member of the household, this can be significant.
- Adaptation of the WGQ for household level administration had impact on the prevalence.
- Remaining concerns about raising expectation without capacity/ mandate to meet these expectations

"Enumerators need to be aware of the services provided to people with disabilities and what are the agencies that provide those services "

REACH JORDAN, [HUMANITY & INCLUSION INTERVIEWEE]

Positive impact of using the questions on programming

- Change in the data: from 3% to 25% with the WGQ in a post distribution monitoring survey implemented by the Norwegian Refugee Council in DRC.
 - Change in programme implementation:
 Disaggregation of indicators and discussions on inclusive programming

In Jordan, the World Food Programme (WFP) conducted a Food Security Outcome Monitoring (FSOM) by adding the WGQ, WFP were able to disaggregate these key outcomes indicators by disability to understand whether their services were reaching persons with disabilities.

[SHORT CASE STUDIES FROM HUMANITY & INCLUSION]

Remaining challenges

More data is required: risk, capacity, barriers & enablers to provide complementary information to the WGQ

"As a kind of rapid assessment it could be good but for long term programming it might not be sufficient."

ACTION AGAINST HUNGER, PHILIPPINES [HUMANITY & INCLUSION INTERVIEWEE]

Lack of capacity to implement inclusive programming:
Organisations do not always have the knowledge/capacity

"My concern is that I am being left with data that provides a huge prevalence [...] for example that 60% of the population has a disability and I don't have funding to do anything about it."

INTERNATIONAL MEDICAL CORPS UK [HUMANITY & INCLUSION INTERVIEWEE]

Next steps

- Joint review of findings report with Leonard Cheshire (humanitarian and development)
- Full research report will be available at the end of the year

Disability Data Collection:

A review of the use of the Washington Group Questions by development and humanitarian actors

October 2018







Next steps

E-learning and training pack available in December 2018

