



# **Disability inclusion through the Washington Group Questions**

**VSO's programme experience**

## Overview

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**Disability inclusion in development policy and planning has been a big topic in the last two decades.**

**While significant progress has been made by state and non-state actors to promote disability inclusion, people with disabilities remain a highly excluded and vulnerable group in mainstream development action.**

Experts and organisations have worked hard to develop and apply innovative methods and tools to improve inclusion of people with disabilities in development programmes. The Washington Group Questions have been a significant innovation for disability inclusion in this time period.

The Washington Group Questions<sup>1</sup> were a direct response to the need for disability inclusion in development programmes and were developed through a consultative process led by the UN back in 2001. This paper briefly outlines VSO's experiences using the Washington Group Questions (WGQ) in identifying, including and reporting disability data. VSO is committed to using the Washington Group Questions for augmenting disability inclusion and, to this end, has committed to suitably adopt the Washington Group Set of Questions in all programme design, implementation and research processes.

VSO's agreed approach to improve its disability inclusion across programmes is to adopt questions developed by the Washington Group. The flagship tool that the group developed was the Short Set of questions originally to be added to population surveys, but has since been extended for use in development programmes by civil society organisations. Application of the WGQs was also a key commitment at the Global Disability Summit held in London in July 2018, wherein many governments and CSOs pledged to use the Washington Group Set of questions<sup>2</sup>.

This paper describes case studies from VSO's programmes in four countries: Rwanda, Nepal, Malawi and Uganda – and learnings derived therein. The overall average survey completion time per individual ranged between five minutes in Rwanda, seven and a half minutes in Malawi and 15 minutes in Nepal. Although the case studies use different population groups and different WGQ sets (either Short Set or Child Set), there are some useful lessons to draw from this early experience. Our intention through this paper is to add value to the ongoing work and learnings on disability inclusion and, specifically, the use of the Washington Group Questions.

The report is divided in two parts:

- A. Case studies from specific countries
- B. Learnings, challenges and interpretations

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<sup>1</sup> <http://www.washingtongroup-disability.com/about/history/>

<sup>2</sup> [www.internationaldisabilityalliance.org › commitments](http://www.internationaldisabilityalliance.org/commitments)

## A. Case studies of Washington Group Questions from specific countries

### Case study 1: Rwanda

In Rwanda, the population of people with disability is 4.4% according to the 2012 Census based on the International Classification of Functioning, Disability and Health (ICF) and uses the concept of activity limitations (difficulty seeing, hearing, speaking, walking/climbing and learning/concentrating) to identify persons with disabilities.

VSO administered the WGQ child module for 5 to 17-year-olds in 2018 as part of the Building Learning Foundations (BLF) programme, a national education programme supported by DFID and led by a consortium with VSO as a key implementing partner. The WGQ child module formed the first phase of a two-phase identification and assessment process to provide a snapshot of the prevalence and distribution of difficulties experienced by children in Primary 1 (P1) to Primary 3 (P3) that increase the likelihood of disability and learning challenges. The exercise was carried out in two schools in five of Rwanda's 30 Districts (10 schools in total). In each school, the parents/caregivers of children in one class per level (P1, P2, P3) were interviewed. Interviews were done at the schools with parents/caregivers (very occasionally teachers if no carer) over a period of six weeks. The exercise was undertaken by 24 professional enumerators trained for five days on the WGQs. Ethical approval was secured from the Rwanda National Ethics Committee and school management. A sample of children reported as having "a lot of difficulty" or "cannot do at all" passed through phase two which was individual assessment by a multi-disciplinary team through a partnership with a recognised civil society organisation.

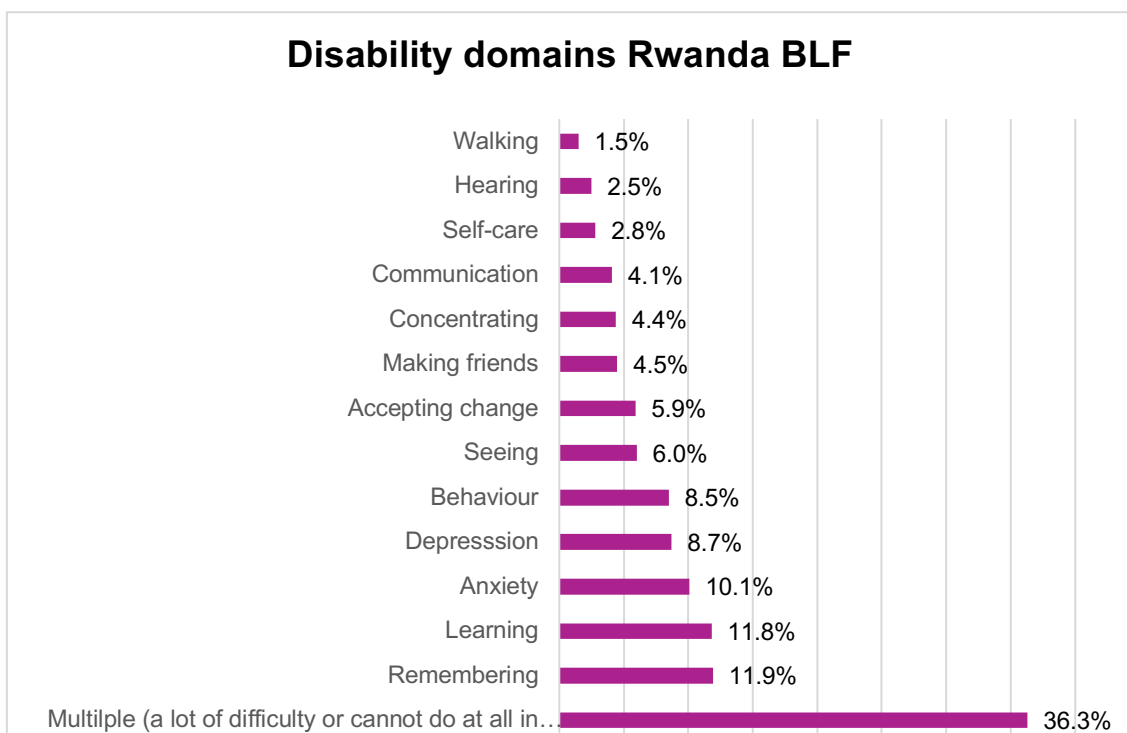
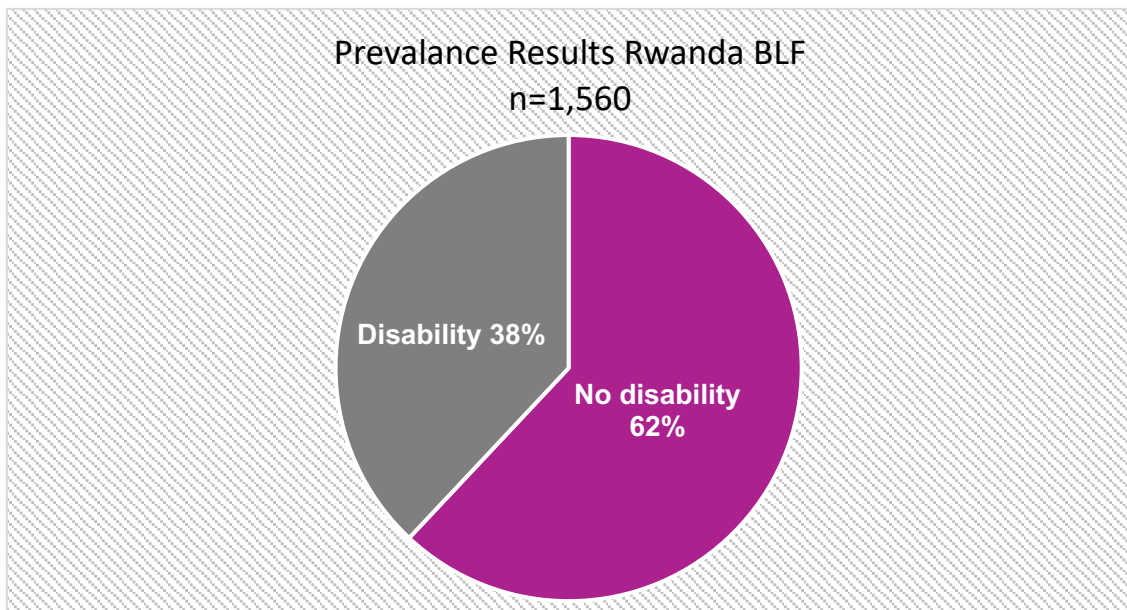
The administration of the WGQ involved 1,560 children (equally boys and girls). The survey did not aim to be representative of the school population. The aim was to provide a snapshot to inform programme interventions and indicate possible areas of focus. This was also one of the first experiences of using the child set of questions in Rwanda. The results yielded a considerably higher prevalence of disability compared to previous studies and official national data. Around one third (38%) of children reported as having "a lot of difficulty" or "cannot do at all" in one domain or more. The proportion with visual, hearing and physical disabilities (9%) was largely in line with UNICEF expectations of child populations. However, non-sensory and non-physical difficulties, such as difficulties in learning or emotional and behavioural difficulties, were high (37%). If the responses to the domains in the Short Set of questions are extracted, 23% of children were reported to have a lot of difficulty or more. Of the sample of 378 children who passed through individual assessment by a multidisciplinary team 77% were found to have some form of disability. This represents 18% of the original total 1,560 children. Half of the remaining 23% (85) of children who were not concluded to have a disability by the multi-disciplinary team had non-physical/non-sensory difficulties in phase 1 using WGQ.

Reflection on the results and possible explanation behind the results are:

- The results are in line with UNICEF's assertion that children's disabilities are most likely linked to learning and behaviour (hence the difference between child set and short set).
- Results for walking and hearing difficulties might appear lower than expected since this was a survey of in-school children and children with these difficulties are less likely to be in school
- Although WGQ are designed to allow for child development (compared to the Short Set of questions), child development could have affected responses to questions about self-care,

learning, communication, remembering, behavioural, or mental health. In addition, parental understanding and expectations of child development may influence response to questions.

- Post-survey feedback from a small number of parents and reflections from enumerators showed that some parents misunderstood some questions especially on learning and remembering and translations in local language meant that some meaning was lost. However, a sample of surveys were also answered by teachers which gave largely the same results for the same children as parents (learning difficulties were often higher when responded by teachers).
- Parents' expectations of assistance for their children may have influenced their responses; the survey was used alone and not part of a wider survey therefore indicating to parents a particular focus on children with disability and potential support.



## Case study 2: Nepal

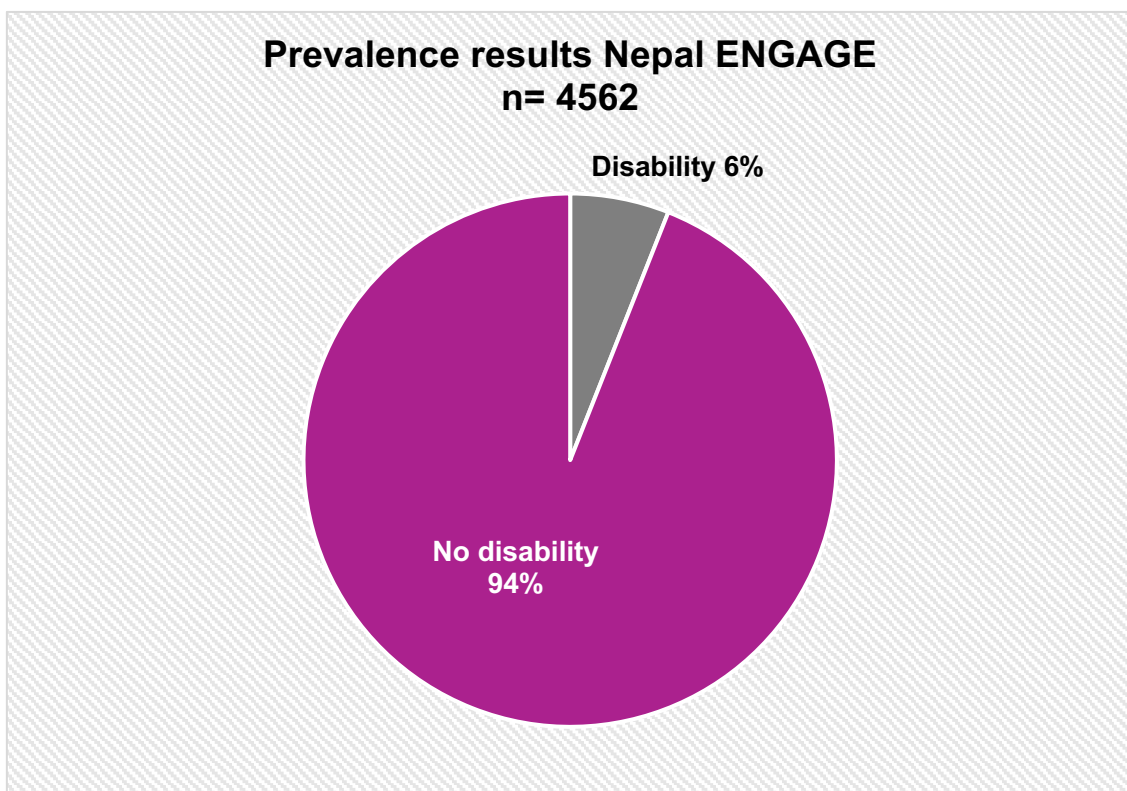
According to the 2011 census of Nepal, the population of persons with disability is reported at 2% of the total population.

The Washington Group child set was used as part of the ENGAGE project in 2019 which aims to empower the out of school marginalised and girls with disabilities through formal/non-formal education or employment by providing an opportunity to select the suitable transition pathways. Improve parental attitude, improve attendance of girls with disabilities.

The tool was administered across three districts (Parsa, Sarlahi and Banke), seven municipalities (Malangawa, Kaudena, Dhobini, Jagarnathpur, Khajura, Koholpur and Baijnath) covering a population sample of 4562. Forty-two enumerators were engaged in the process, two enumerators covered one ward. Local enumerators were selected in consultation with partner NGOs in all the three districts.

One team was allotted at least two wards to cover. The enumerators visited every household and asked about the school-going status of the children. They interviewed either parents or the children (6-19 years) themselves who were out of school and skipped the households who did not have any out-of-school children (6-19 years).

The administration of the Washington Group Set of Questions helped to identify functional limitation and children with disabilities. Of 4562 children, 278 with disabilities were identified in the 6 – 19 age group.



### Case study 3: Malawi

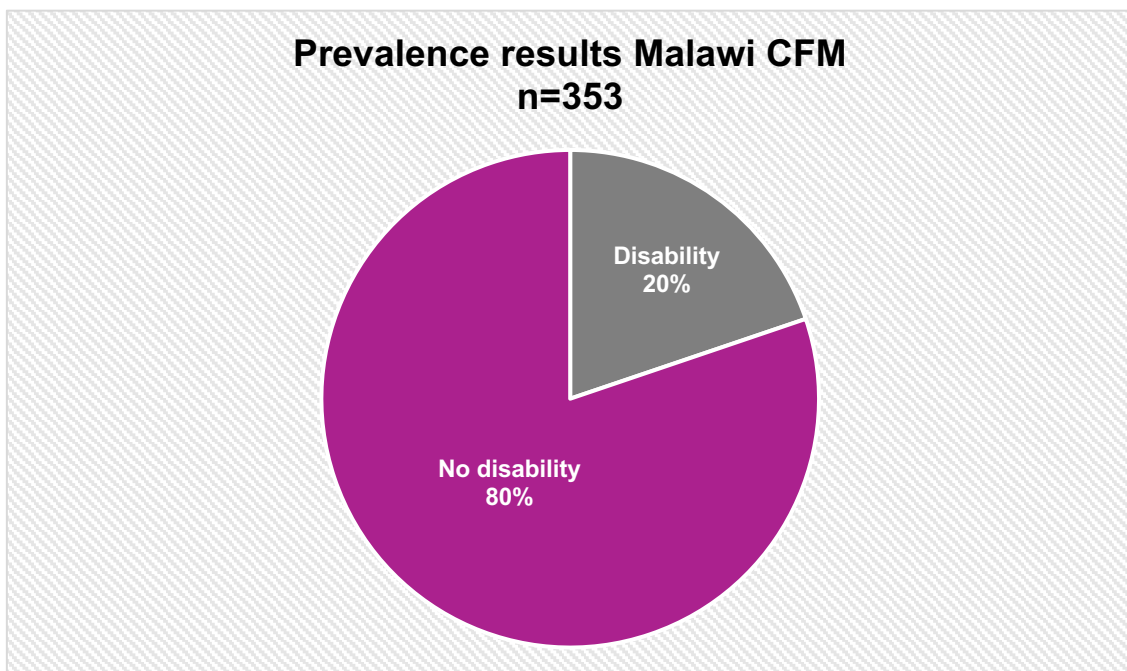
The disability population according to census conducted in 2008 is reported at 4% of the population in Malawi.

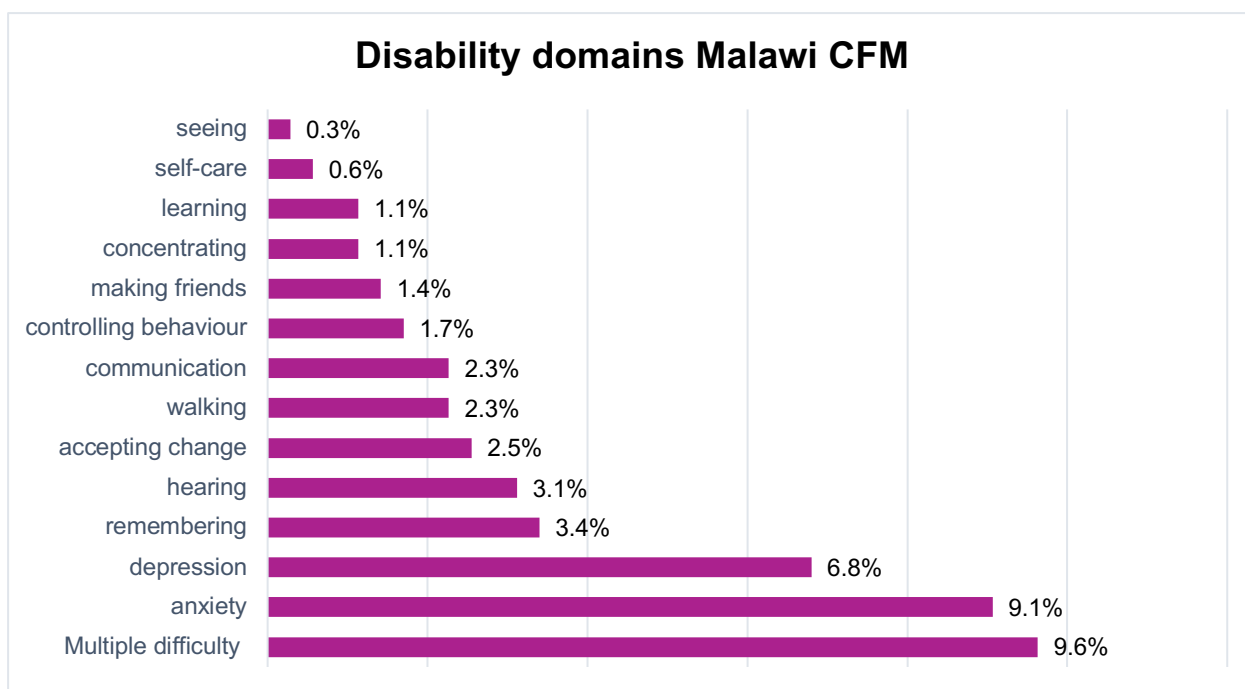
VSO is implementing a programme in Malawi titled Unlocking Talent Through Technology, with an aim to improve literacy and numeracy skills of early learners through provision of Digital Education Technology (DET) in UT learning centres with an inclusive approach. To ensure effectiveness in reaching out to learners with disabilities and diverse needs, clarity was needed for the number of children with disabilities (CWDs), to inform strategies for equitable access to education.

The survey was conducted in early 2020 in Malindi Primary School and Nandembo Primary School in Mangochi district. Three teachers and two staff were trained on the tools for two days of classroom training and three days of field level data collection. A Chichewa language version of the Child Functioning Module (ages 5-17 years) was developed for the purpose.

Medical assessment of the learners identified as having functional difficulty was also conducted. The District Health Office assigned a medical assessment team of seven, comprised of five medical officers from Mental Health, Physiotherapy, Orthopaedics, Eye Nose Throat (ENT) and Eye Department, a Rehabilitation Officer from Malawi Council for the Handicapped (MACOHA), and two special needs/inclusive education coordinators from the District Education Manager's office. Forty-eight learners were assessed, of which 19 received a medical diagnosis and referrals for medical interventions and support.

A total of 353 surveys were completed in two schools in Mangochi district using the Child Set (5-17 years). The findings revealed an overall disability prevalence of **19.8%**.



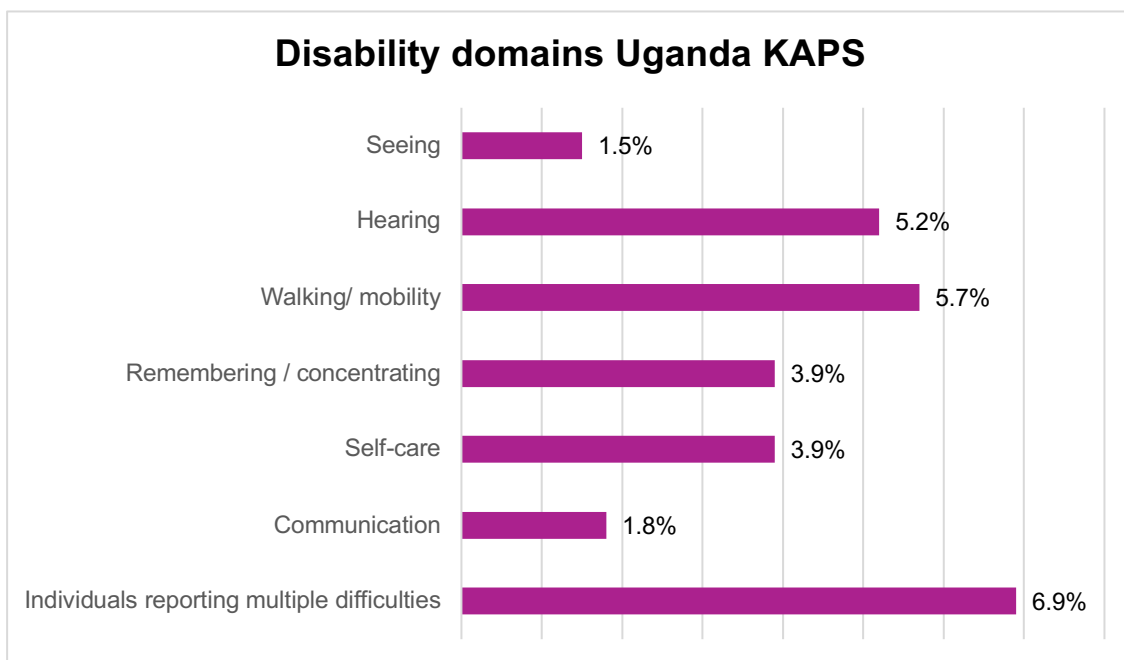
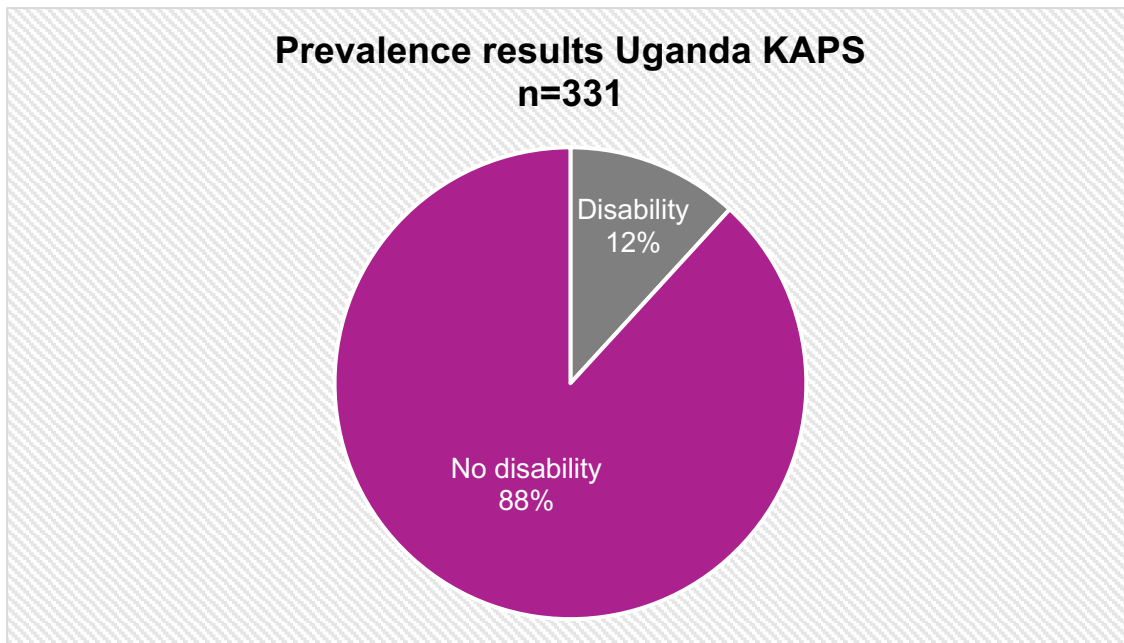


## Case study 4: Uganda

Based on the 2014 census the estimated disabled population in Uganda is 12.4%.

The WGQ Short Set of Questions (WGQ-SS) was incorporated into the Knowledge, Attitudes, and Practices Survey (KAPS) conducted by the health programme in early 2020 as part of the Adolescent Sexual and Reproductive Health pilot project in Ocea and Odoba health centre catchment areas. The goal of the project is to strengthen the capacity of service providers to deliver quality integrated ASRH information and services to youth, inclusive of youth with disabilities. The WG-SS was incorporated into the KAPS community survey of both refugee and host communities over a period of five days. The targeted participants were 15-24 years old. Thirteen enumerators were trained on the WG-SS tools. Surveys were conducted with 370 youths and the findings reveal an 11.8% disability prevalence rate.

Additionally, orientation and training on VSO's approach to social inclusion and using WG-SS during student registration was conducted with partner Vocational Training Institutes (VTIs) as part of VSO Uganda's Livelihoods programme in March 2020. The partner VTIs included St. Joseph's Vocational Training Institute, (Munteme, Kikuube District), Buhimba Technical Institute (Buhimba, Kikuube District), and Nile Vocational Training Institute (Hoima Town, Hoima District).



## B. Learnings, challenges and interpretation:

3. Identification of persons with disabilities: In all interventions, administering the WGQ has enabled us to develop a better picture of difficulties in the target groups related to disability. These are specific to VSO programming, which has enabled the design of appropriate project interventions. This is concurrent with a study conducted by LCD and HI in 2018, which specifies that the tool is helpful in identifying prevalence in the programme area<sup>3</sup>.
4. Monitoring: There is increased awareness of the utility of WGQ to identify and monitor reach.

<sup>3</sup> [https://humanity-inclusion.org.uk/sn\\_uploads/document/2018-10-summary-review-wgq-development-humanitarian-actors.pdf](https://humanity-inclusion.org.uk/sn_uploads/document/2018-10-summary-review-wgq-development-humanitarian-actors.pdf)



5. The uptake of WGQ will continue to require additional time and budget allocation. This remains especially true when new translations are needed in local languages. The tool is relatively new to VSO programming, and will need the capacity and resources to operationalise it across our programmes.
6. There is a need for continued capacity building surrounding data analysis and interpretation of results as well as confidence in using Microsoft Excel. The projects are demonstrating good ability to calculate percentages by domain, yielding useful profiles of the difficulties and needs of the populations surveyed. This is concurrent to the study conducted by Leonard Cheshire and Humanity International on WGQ in 2018, which specifies that all staff engaged in WGQ exercises, including those engaged in data analysis processes<sup>4</sup>, need training and capacity building.
7. There is a need for ongoing training and support of the programme team and partners related to collecting disability data.
8. The data identification in each of the countries where the tool was administered indicates there is a higher proportion of disability in each of the countries than previously reported based on the samples. This correlates with similar studies conducted by Sightsavers in India and Tanzania.
9. There is a greater awareness among VSO programme staff on using WGQ to better understand the profile of people with disabilities and to design responsive, inclusive adaptations. For example, the intervention in Malawi has increased the understanding of the needs of learners in Standard 1 and 2 in Mangochi District. Programmes in Rwanda and Malawi have field tested the use of the Child Functioning Modules and found them to be feasible for use in education programming. This is consistent with other studies conducted by UNICEF.
10. It is important to give more attention and time to the translation and cognitive testing of questions to ensure the questions are interpreted accurately by participants (e.g. parents). Trying as far as possible to reduce bias due to expectations of assistance is also important.
11. The data gathered through WGQ gives more impetus for advocacy as there is data on disability in the surveyed population. There is more scope for enhancing inclusion of the WGQ set of questions in the government census and highlighting the importance of addressing issues for people with disabilities.

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<sup>4</sup> [https://medium.com/@DFID\\_Inclusive/in-september-2015-world-leaders-adopted-the-global-goals-which-frame-development-for-the-next-c7556b87e2e0](https://medium.com/@DFID_Inclusive/in-september-2015-world-leaders-adopted-the-global-goals-which-frame-development-for-the-next-c7556b87e2e0)