

GUIDANCE ON USING THE WASHINGTON GROUP SHORT SET OF QUESTIONS ON DISABILITY TO COLLECT DISABILITY DATA IN IRAQ

In July 2018, the International Organization for Migration (IOM) made an institutional commitment at the Global Disability Summit, to ensure that “data collected is disaggregated to report on beneficiaries with a disability, wherever possible, using the Washington Group Short Set Questions.” These guidelines aim to enable IOM Iraq and implementing partners to use the Washington Group Short Set of Questions on Disability (WG-SS) to ensure more accurate identification of persons with disabilities, to inform planning and to determine whether IOM programming is reaching and benefiting persons with disabilities on an equal basis with others.

The WG-SS is a set of six questions developed by the United Nations Statistical Commission’s Washington City Group on Disability

Statistics for use in national censuses and large population surveys. The WG-SS is also the internationally recognized method to ask about disability in humanitarian settings. The WG-SS asks about six core domains of function; that is, the questions seek to determine how much difficulty an individual has in performing basic functions (walking, seeing, hearing, cognition, self-care and communication), rather than about disability directly.

The WG-SS are designed to identify the greatest number of persons at risk of experiencing barriers to participation through the fewest possible questions, allowing the questions to be easily integrated in census/surveys. The questions rely on a method of self-reporting rather than clinical assessment and can be administered by data collectors who do not need to have a background in health. The questions are specifically designed to avoid referring to “disability”, which can be understood differently across cultures and communities – and is a term that is often stigmatized.

The WG-SS has some limitations; they are not designed to be used for children (particularly those younger than five years). If this is a consideration, use [The Washington Group/UNICEF Module on Child Functioning](#) instead. In addition, some persons with disabilities, including some individuals with psychosocial disabilities, might be missed during data collection efforts. If this is a consideration, use the [WG Short Set on Functioning-Enhanced](#). If you require more detailed information on persons with disabilities, consider using [The Washington Group Extended Set on Functioning](#).

The UN Convention of the Rights of Persons with Disabilities conceptualises disability as:

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

THIS DOCUMENT IS DIVIDED IN THREE PARTS:

Part A: Key considerations when using the WG-SS

Part B: English, Classic Arabic, Arabic/Iraqi dialect and Kurmanji and Sorani translations of the WG-SS

Part C: Other resources

PART A: KEY CONSIDERATIONS WHEN USING WG-SS

1. UNDERSTANDING THE WG-SS

Where possible, talk to and learn from others who have used the questions. In addition, complete the *Collecting Data for the Inclusion of Persons with Disabilities in Humanitarian Action* online training course (approximately two hours, available in English and Arabic). The e-learning is available on: disasterready.org (you first need to [sign up for an account](#)). Note: IOM Iraq has developed a presentation on understanding and using WG-SS for IOM Iraq MEAL, M&E, Research and DTM teams. Contact iraqmeal@iom.int for more information.

2. PLANNING TO USE THE WG-SS

Before using the WG-SS, it is important to access existing data on disability (if available) and base additional data collections on this data. Existing disability data can be found in national census data, demographic and health survey data, national information systems, and potentially in needs assessments and analyses, and registration and profiling of refugees, internally displaced persons and migrants. See [IASC Guidelines on the inclusion of persons with disabilities in humanitarian action](#) p.192 for more information on potential sources of secondary data.

Several opportunities within the humanitarian programme cycle exist, including design and evaluation to collect data on disability. See [IASC Guidelines on the inclusion of persons with disabilities in humanitarian action](#) p. 25-31 for more information on data on persons with disabilities across the humanitarian programme cycle.

Before using the WG-SS, it is important for IOM Iraq to be clear on the objective of using the questions (for example, the WG-SS cannot be used to diagnose disability; if this is the purpose of your data collection, other tools should be used). Use the following flowchart for more information about disability data collection in the programme cycle, and a planning checklist:

- HI Flow chart – Planning to use the WGQs [in English](#) and [in Arabic](#) as a PDF.
- HI Planning checklist – Using the WGQs [in English](#) and [in Arabic](#) as a PDF.

Additional considerations for planning data collection:

While the WG-SS is useful for identifying persons with disabilities and disaggregating data, **additional data collection methods** – such as qualitative approaches including focus group discussions and key informant interviews – will be needed to **understand the barriers to access or participation that persons with disabilities are experiencing** and to develop strategies for overcoming them. For a summary of different methods and tools for collecting disability data, see [Practice note: Collecting and using disability data to inform inclusive development](#) p.12.

Including persons with disabilities in data collection has benefits for communities and other stakeholders but needs to be resourced appropriately. Benefits include challenging negative community attitudes, building new networks and relationships that can be useful in developing strategies to overcome barriers to participation, and increasing the quality of data collection. Partnering with Organizations of persons with disabilities in data collection planning and implementation is a practical way to achieve this.

3. USING THE WG-SS IN YOUR DATA COLLECTION TOOLS

Data collection tools will need to be adapted to include the WG-SS. Experience has shown that the way the questions are asked can influence the accuracy of the results. Some considerations include:

DOs and DON'Ts regarding the WG-SS

- To avoid raising expectations of services or benefit, it is recommended to include the questions within **the demographic questions section of the data collection tool being used.**
- It is important to **use the questions exactly as written**, including the official introduction that refers to a health problem (avoiding specific reference to the word “disability”).
- Read out each question, one at a time and exactly as written. Do the same also for the response categories, reading out the response categories as written.
- Do not assume you know the answer to a question through observation (for example, because a person is a wheelchair user) or skip any questions. **Do not make assumptions** about an individual’s difficulties. Do, ensure that answers are recorded exactly as provided.
- If respondents are not sure about the meaning of a question, you can briefly explain further.
 - Avoid explanations that may have negative connotations, imply disability or change the meaning of the question. **Standard responses to questions and aids (for example photos) for administering the questions should be developed prior to any interviewing.**
- **Do not use the word disability** in the survey at any point.
- **Do not use a screening question** prior to the WG-SS (for example, do not say “the next question asks about disability” or “are there any persons with disability in this household that I can ask these disability questions to?”).
- **Do not translate ‘on the go.’ Prepare ahead by having translated version of the WG-SS on hand to use if needed.**

Household data collection

The WG-SS was designed to be administered at the individual level; however, humanitarian action data is often collected at household level. While it is possible to use the WG-SS this way, it increases the chances of missing persons with disabilities. To minimize this bias, the preferred approach is:

- a. To ask the questions for all members of the household individually; however, if there is not sufficient time.
- b. To ask the head of household for themselves, and then for the rest of the household separately as a proxy (ensuring that the name/age/sex of each individual who reports “a lot of difficulties” or “cannot do at all”, is noted, to avoid double counting). Ideally, especially if a household survey is being used to assess eligibility, if the head of household identifies a household member as “having a lot of difficulty” or “cannot do it at all” in one of the domains, there would be follow up and the WG-SS would have to be administered to that individual to ensure the answers’ accuracy.

Note: It is important that household heads are never asked a filter question (for example: “Do you have persons with disabilities in your household?”), as this question is known to lead to inaccurate results. For more information on using WG-SS at household level see [HI Factsheet #2: Collecting data in humanitarian action using the WGQ at household level](#) also [in Arabic](#).

Quantitative and qualitative data collection

The Washington Group questions was designed for quantitative data collection (e.g. survey) and can sometimes be used in qualitative (e.g. interview) data collection:

Quantitative data collection: Should be integrated into demographic section of any quantitative data collection tool.

Qualitative data collection: Can be used when collecting information about respondents. For example: At the start of a key informant interview when you are asking the respondent about other demographics including sex and age.

Using WG-SS in telephone and internet surveys

The WG-SS is suitable for use in telephone and internet survey formats; see [Using the Washington Group Tools to Assess the Impact of COVID-19 on Persons with Disability](#) for more information on data collection mode (including telephone and internet surveys) considerations in light of COVID-19.

4. PROVIDE TRAINING TO PERSONS THAT WILL BE ASKING THE WG-SS

One of the main challenges of using the WG-SS is that enumerators do not ask the questions correctly, resulting in inaccurate and unusable data.

Before using WG-SS in surveys, IOM Iraq should ensure that enumerators receive quality training on disability inclusion, the questions and conducting the surveys. Issues with translation or understanding of concepts should be workshopped and agreed upon during the training week, to avoid enumerators making translation decisions in the field. Key concepts to cover in training include:

- An introduction to disability inclusion, including the rights-based approach and understanding of barriers experienced by persons with disabilities
- Asking questions in a respectful way
- Do's and don'ts regarding the WG-SS
- Asking the questions to a proxy
- Tips on how to interview persons with disabilities

More information on these essential concepts can be found at For Enumerators – [how to ask WGQs](#) and [in Arabic](#).

There is a training package for enumerators online that provides guidance, session plans and activities to deliver training to enumerators on using the WG-SSs in humanitarian action. The package has been designed to be adapted to the audience as necessary and can be found on the following webpage: <https://humanity-inclusion.org.uk/en/projects/disability-data-in-humanitarian-action>.

Note: IOM Iraq has developed a presentation in Arabic for IOM Iraq and implementing partner data collectors on asking WG-SS. Contact iraqmeal@iom.int for more information.

5. ANALYSING WG-SS RESPONSES TO DISAGGREGATE DATA BY DISABILITY

The standard analysis of the WG-SS is to record someone as having a disability if they answer “Yes – a lot of difficulty” or “Cannot do at all” to at least one of the six questions. In other situations (for example baseline surveys where you are looking to inform program design), you may choose to record someone as having a disability if they answer “Yes – some difficulty” or “Yes – a lot of difficulty” or “Cannot do at all” to at least one of the six questions.

Tip: During data analysis, it is useful to create a new binary variable column (Yes/No) indicating whether the individual has disability status (lot of difficulty and cannot do at all). This will allow you to count the number of respondents who are classified as having a disability and will also allow for disability disaggregation for all other data. See example below of a new binary variable (Yes/No), for when survey classifies someone as having a disability if they answer “Yes – a lot of difficulty” or “Cannot do at all” to at least one of the six questions:

Respondent	WG-SS Q1	WG-SS Q2	WG-SS Q3	WG-SS Q4	WG-SS Q5	WG-SS Q6	Disability – Yes	Disability – No
0045	No	No	No	No	No	No	0	1
0046	No	Cannot do at all	No	No	No	Yes – a lot	1	0
0047	Yes – some	No	No	No	No	No	0	1
0048	No	No	Yes – a lot	No	No	No	1	0
TOTAL							2	2

When undertaking analysis of your survey data, disability status can be used to disaggregate other survey results (in a similar way to data disaggregation by gender or geographic location). For example, disability status can help you understand whether persons with disabilities are experiencing unemployment at a higher rate than persons without disabilities or accessing health services through your programme at a similar rate to persons without disabilities. Programme activities can then be adjusted accordingly.

In addition, the WG-SS is used to collect proxy data on disability, resulting in the ability to report the percentage of persons with disabilities in your sample. This data can be used to ensure that the general and specific requirements of persons with disabilities in the population are considered, and appropriate resources are available to meet these requirements.

6. USING AND REPORTING DISABILITY DATA

In reports disability prevalence should be included in the demographics section of the report rather than an additional separate section named disability (example additional separate section in avoid column below).

In addition, in many cases it is not recommended to present data from each area of functioning example provided in avoid column below), unless disaggregating the difficulty area is a key part of the survey (example provided in avoid column below. Using the data recorded in the binary variable columns, report numbers of persons with disabilities and persons without disabilities in the demographic section.

AVOID ✕

Example of disability demographic data disaggregated by area of difficulty and presented in a separate section to the rest of the demographic information.

1. Demographics**1.1 Sex**

- Male: 68 • Female: 46 • Other: 4

1.2 Age

- 18-25 yrs: 38
- 25-60 yrs: 61
- 60+ yrs: 19

2. Disability**2.1 Difficulty seeing**

- Yes: 8 • No: 110

2.2. Difficulty hearing

- Yes:4 • No: 114

2.3. Difficulty walking

- Yes: 14 • No: 104

2.4 Difficulty remembering

- Yes: 3 • No: 115

2.5 Difficulty with self care

- Yes: 10 • No: 108

2.6 Difficulty with communication

- Yes: 4 • No: 114

3. Next section**RECOMMEND** ✓

Example of disability prevalence data presented in the demographic section correctly.

1. Demographics**1.1 Sex**

- Male: 68 • Female: 46 • Other: 4

1.2 Age

- 18-25 yrs: 38
- 25-60 yrs: 61
- 60+ yrs: 19

1.3 Disability disaggregated by sex

- Males with a disability: 24
Males without a disability: 44
- Females with a disability: 6
Females without a disability: 40
- Other with a disability: 1
Other without a disability: 3

2. Next section

Tip: If you have a large data set, you can also disaggregate all data by sex, age and disability combined for the demographics and findings.

And ideally other findings should be disaggregated by disability. See below for an example of barriers to livelihoods findings being disaggregated by disability.



Tip: Do not link the question domain (seeing, hearing walking etc.) to an impairment or type of disability (e.g. difficulty seeing = visual impairment/disability). This will not lead to correct or reliable data, as multiple difficulties could be present in all impairments e.g. persons who cannot see also often report difficulties to walk.

PART B: WASHINGTON SHORT SET OF QUESTIONS

In English and Translated Into Classic Arabic, Arabic/Iraqi Dialect, Kurmanji & Sorani

The following translations, provided by Handicap International, Iraq, can be used for individual level surveys/monitoring and evaluations tools.

ENGLISH

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?

- NO – no difficulty YES – some difficulty YES – a lot of difficulty Cannot do at all

2. Do you have difficulty hearing, even if using a hearing aid?

- NO – no difficulty YES – some difficulty YES – a lot of difficulty Cannot do at all

3. Do you have difficulty walking or climbing steps?

- NO – no difficulty YES – some difficulty YES – a lot of difficulty Cannot do at all

4. Do you have difficulty remembering or concentrating?

- NO – no difficulty YES – some difficulty YES – a lot of difficulty Cannot do at all

5. Do you have difficulty (with self-care such as) washing all over or dressing?

- NO – no difficulty YES – some difficulty YES – a lot of difficulty Cannot do at all

6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood by others?

- NO – no difficulty YES – some difficulty YES – a lot of difficulty Cannot do at all

CLASSIC ARABIC – FUSEHA: العربية الفصحى

الأسئلة التالية تسأل عن أية صعوبات يمكن أن تواجهها في القيام ببعض الأنشطة المعنية بسبب مشكلة صحية:

1. هل تجد صعوبة في الرؤية، حتى مع استعمال النظارات؟
 لا - لا توجد صعوبة نعم - بعض الصعوبة نعم - صعوبة كبيرة لا أستطيع مطلقاً
2. هل تجد صعوبة في السمع، حتى مع استعمال سماعات؟
 لا - لا توجد صعوبة نعم - بعض الصعوبة نعم - صعوبة كبيرة لا أستطيع مطلقاً
3. هل تجد صعوبة في المشي أو صعود الدرج؟
 لا - لا توجد صعوبة نعم - بعض الصعوبة نعم - صعوبة كبيرة لا أستطيع مطلقاً
4. هل تجد صعوبة في التذكر أو التركيز؟
 لا - لا توجد صعوبة نعم - بعض الصعوبة نعم - صعوبة كبيرة لا أستطيع مطلقاً
5. هل تجد صعوبة في (رعاية الذات مثل) الاغتسال أو ارتداء الملابس؟
 لا - لا توجد صعوبة نعم - بعض الصعوبة نعم - صعوبة كبيرة لا أستطيع مطلقاً
6. هل تجد صعوبة في التواصل باستخدام لغتك المعتادة (المألوفة)، مثلاً في أن تفهم على الآخرين أو أن يفهمك الآخرون؟
 لا - لا توجد صعوبة نعم - بعض الصعوبة نعم - صعوبة كبيرة لا أستطيع مطلقاً

ARABIC – IRAQI DIALECT: (اللهجة العامية العراقية)

الأسئلة الجاية تسأل عن الصعوبات التي يمكن مواجهتها من تسوي ببعض النشاطات اليومية بسبب مشكلة صحية:

1. عندك صعوبة بالنظر حتى باستخدام النظارات؟
 لا - ما عندي صعوبة نعم - صعوبات قليلة (بعض الصعوبات) نعم - صعوبة كبيرة ابدأً ما اقدر
2. عندك صعوبة بالسمع حتى باستخدام السماعات؟
 لا - ما عندي صعوبة نعم - صعوبات قليلة (بعض الصعوبات) نعم - صعوبة كبيرة ابدأً ما اقدر
3. عندك صعوبة بالمشي او صعود الدرج؟
 لا - ما عندي صعوبة نعم - صعوبات قليلة (بعض الصعوبات) نعم - صعوبة كبيرة ابدأً ما اقدر
4. عندك صعوبة بالذاكرة أو التركيز؟
 لا - ما عندي صعوبة نعم - صعوبات قليلة (بعض الصعوبات) نعم - صعوبة كبيرة ابدأً ما اقدر
5. عندك صعوبة بالاعتناء بنفسك مثل السبح و لبس الهدوم (الملابس)؟
 لا - ما عندي صعوبة نعم - صعوبات قليلة (بعض الصعوبات) نعم - صعوبة كبيرة ابدأً ما اقدر
6. عندك صعوبة بالتواصل وية الآخرين بحيث تكدر تفهم الناس و يفهمون عليك باستخدام لغتك المعتادة؟
 لا - ما عندي صعوبة نعم - صعوبات قليلة (بعض الصعوبات) نعم - صعوبة كبيرة ابدأً ما اقدر

KURMANJI

روونکر: ئەف پرسپارین ل خوارئ له گه ل سهر ئه وان موشکلیت چیدییت ل دهف ته هه بن ژ ئه گه را هنده ک موشکلیت ته ندروستی ده می تو رادی ب ئه نجامدانا هنده ک ژ چالاکییت خوه:

1. ته چ موشکیله ل دیتنئ (بینینئ) هه نه، خو ئه گه ر به رچافکزی (منظره) ل به رته بن؟
 نه خیر - چ موشکیله نینه به لئ - هنده ک موشکیله هه نه به لئ - موشکیله ک مه زن هه یه ئه ز ب ئیکجاری نابینم
2. ته چ موشکیله ل بهیستنی (گوه داریکرنئ) هه نه، خو ئه گه ر ئامپری ئالیکاری بهیستنی ژ بکار بینئ؟
 نه خیر - چ موشکیله نینه به لئ - هنده ک موشکیله هه نه به لئ - موشکیله ک مه زن هه یه ئه ز ب ئیکجاری نابینم
3. ته چ موشکیله ک ل بریقه چوونئ یان ل ب سه رکتنا پئله کان (ده ره جا) هه یه؟
 نه خیر - چ موشکیله نینه به لئ - هنده ک موشکیله هه نه به لئ - موشکیله ک مه زن هه یه ئه ز ب ئیکجاری نابینم
4. ته چ موشکیله ک ل فۆکس کرن (ته رکیز کرن) یان بیره اتنئ هه یه؟
 نه خیر - چ موشکیله نینه به لئ - هنده ک موشکیله هه نه به لئ - موشکیله ک مه زن هه یه ئه ز ب ئیکجاری نابینم
5. ته چ موشکیله ک هه یه کو ریگر بیت ل خزمه تکرنا خوه دده می چوونه سهر ده ستافئ یان دده می به رکرنا جلوه رگا؟
 نه خیر - چ موشکیله نینه به لئ - هنده ک موشکیله هه نه به لئ - موشکیله ک مه زن هه یه ئه ز ب ئیکجاری نابینم
6. ده می تو زمانئ خوه بکار دینی ته چ موشکیله ک هه نه د بواری په یوه ندیکرنئدا کو ریگر بیت ل فامکرنئ یان خه لک ژ ته را فام نه که ن؟
 نه خیر - چ موشکیله نینه به لئ - هنده ک موشکیله هه نه به لئ - موشکیله ک مه زن هه یه ئه ز ب ئیکجاری نابینم

SORANI

روونکر نه وه: ئەو پرسپارانە ی خواره وه ده ربارە ی ئەو به ره ستانە ی له وانە یه له لای تو هه بن له ئە گه ری چه ند کێشه یه کی ته ندروستی له کاتی ئە نجامدانی چالاکیه کانت:

1. هه یه کێشه یه کت هه یه له بینین، ته نانه ت ئه گه ر عه یه کش له چاو بکه ی؟
 نه خیر - هه یه کێشه یه کم نیه به لئ - کێشه یه کی بچووکم هه یه به لئ - کێشه یه کی گه وره م هه یه به یه کجاری توانای بینینم نیه
2. هه یه کێشه یه کت هه یه له بیستن، ته نانه ت ئه گه ر ئامپری یارمه تیده ری بیستنی به کاریتی؟
 نه خیر - هه یه کێشه یه کم نیه به لئ - کێشه یه کی بچووکم هه یه به لئ - کێشه یه کی گه وره م هه یه به یه کجاری توانای بینینم نیه
3. هه یه کێشه یه کت هه یه له رویشتن یان له به سه رکه وتنی قادرمه؟
 نه خیر - هه یه کێشه یه کم نیه به لئ - کێشه یه کی بچووکم هه یه به لئ - کێشه یه کی گه وره م هه یه به یه کجاری توانای بینینم نیه
4. هه یه کێشه یه کت هه یه له فۆکس کردن (ته رکیز کردن) یان له بیره اتن؟
 نه خیر - هه یه کێشه یه کم نیه به لئ - کێشه یه کی بچووکم هه یه به لئ - کێشه یه کی گه وره م هه یه به یه کجاری توانای بینینم نیه
5. هه یه ریگریک هه یه له به رده م خزمه تکردنی خۆت له سه رشۆ یان له کاتی جلوه رگ له به رکردن؟
 نه خیر - هه یه کێشه یه کم نیه به لئ - کێشه یه کی بچووکم هه یه به لئ - کێشه یه کی گه وره م هه یه به یه کجاری توانای بینینم نیه
6. کاتیک به کاره یانانی زمانئ خۆت ئایه هه یه ریگریک هه یه له به رده م په یوه ندیکردن له گه ل خه لک که ببیته هوکاری ئه وه ی له خه لک تیبه گه ی یان توانای تیبه یاندنی خه لکت نه بییت؟
 نه خیر - هه یه کێشه یه کم نیه به لئ - کێشه یه کی بچووکم هه یه به لئ - کێشه یه کی گه وره م هه یه به یه کجاری توانای بینینم نیه

PART C: OTHER RESOURCES

Further general information on the Washington Group Questions

[HI Factsheet #1: Collecting data in humanitarian action using the Washington Group Questions](#) and [in Arabic](#)

[WGQs – Frequently asked questions in English](#) and also [in Arabic](#)

[The Washington Group Short Set on Functioning: Question Specifications](#)

[Washington Group on Disability Statistics website](#)

Other sets of Washington Group Questions

[The Washington Group/UNICEF Module on Child Functioning](#) covers children between 2 and 17 years old. This link has English and Arabic versions for ages 2–4 and 5–17.

[Washington Group Enhanced Set of Disability Questions](#) includes additional questions on upper body functioning, anxiety and depression.

[The Washington Group Extended Set on Functioning](#) is a matrix of additional optional domains that can be added the WG-SS when space is available (domains include vision, hearing, mobility, cognition, affect (anxiety and depression), pain, fatigue, communication, upper body functioning). This extended set is rarely used in humanitarian action due to its length, although it does provide more detailed information on disability.

COVID-19

[Using the Washington Group Tools to Assess the Impact of COVID-19 on Persons with Disabilities](#) sets out how the WG-SS can be used to help assess the impact of COVID-19, as well as considerations for data collection within the context of COVID-19 lockdown, physical distancing and travel restrictions.

Mental Health and Psychosocial Disability

[HI Factsheet #3: Collecting data on persons with mental health and psychosocial disabilities in humanitarian action using the WGQs](#), also [in Arabic](#).

Temporary Injuries and Causality

[HI Factsheet #4: Understanding temporality and causality when collecting data in humanitarian action using the WGQs](#) and [in Arabic](#).

Displacement Tracking Matrix

IOM, UNHCR, HI and UNICEF have developed a pilot methodology to collect information on the barriers that persons with disabilities face when accessing humanitarian services. For more information contact Daunia Pavone at Dpavone@iom.int.

Other Resources on using disability data

[IASC Guidelines on the inclusion of persons with disabilities in humanitarian action](#) and [in Arabic](#) has information on collecting and using disability data on pages 23–31, and 192–198.

[Practice note: Collecting and using disability data to inform inclusive development](#) identifies principles, practices and approaches to guide agencies in effectively collecting and analysing data related to disability, and using this to strengthen disability inclusion within programmes.

[Research for All: Making Research Inclusive of Persons with Disabilities](#) advice and practical steps for practitioners, researchers and policymakers; guidance provides case studies, checklists and tools to ensure inclusive practices in the research cycle.

[Guidance on strengthening disability inclusion in Humanitarian Response Plans](#) includes information on disaggregating data by disability.

Note: This document uses Classic Arabic, Arabic – Iraqi dialect, Kurmanji and Sorani translations provided by Handicap International, Iraq. It utilizes CBM Australia’s Guidance: Using the Washington Group Short Set of Questions on Disability, the Practice note: Collecting and using disability data to inform inclusive development and information, tools/factsheets from Humanity and Inclusion UK’s webpage on Disability Data in Humanitarian Action and Washington Group of Disability Statistics website and IRC’s Guidance on collecting disability data. This document has been quality reviewed by the CBM Inclusion Advisory Group through DFAT’s DID4all helpdesk.