Operationalizing the 2030 Agenda:

Ways forward to improve monitoring and evaluation of disability inclusion

Technical note by the Secretariat[1]

Background

The 2030 Agenda for Sustainable Development sets a new and encouraging phase in the area of disability and development. The Agenda is built on the principle of leaving no one behind, implicitly promoting the inclusion of persons with disabilities. Unlike its precedent MDGs, the 2030 Agenda in its Sustainable Development Goals include seven targets explicitly referencing to persons with disabilities and their needs.[2]

Given that the 2030 Agenda for Sustainable Development includes a monitoring framework, it is essential that data on disability is improved to monitor and assess progress and the situation of persons with disabilities in the context of each of the relevant goals. Proper impact-evaluation studies will also be needed to assess which policies better promote disability inclusion and the achievement of the SDGs for persons with disabilities.

Shortcomings in the availability of consistent and reliable data have been an ongoing challenge in the area of disability and development. In 2000, when the Millennium Development Goals (MDGs) were established, disability data were scarce and often of poor quality in many developing countries. Internationally comparable measures to identify persons with disabilities had not yet been developed. The MDGs did not include any target on disability and the monitoring of the MDGs did not focus on disability inclusion. None of the MDG indicators was ever disaggregated by disability at the global level.[3]

Now, internationally comparable measures have been developed, including a short set of questions for censuses and surveys developed by the Washington Group on Disability Statistics (WG-6), the child disability questions developed by UNICEF and the Washington Group, the WHO Model Disability Survey as well as several standard surveys which have been, are being or will be conducted in several countries worldwide (see Annex). Disability inclusion will also require improvements in accessibility. This aspect is reflected in the SDGs, with targets focusing on accessible schools, transport, green and public spaces.[4] Monitoring and evaluation of accessibility will therefore be needed to implement the 2030 Agenda. International accessibility standards have been produced for the built environment and the internet; international surveys on accessible governmental websites have already been conducted (see Annex) and some countries have produced their own accessibility standards and accessibility assessments of public buildings.

But challenges remain to make the monitoring, review, follow-up and implementation of the 2030 Agenda disability inclusive. The consistent lack of monitoring and evaluation (M&E) tools[5] that would enable managers, government officials and others to translate inclusion of disability issues from broad statements into concrete

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[1]Secretariat for the Convention on the Rights of Persons with Disabilities, Division for Social Policy and Development, Department of Economic and Social Affairs (DESA), United Nations
[2] SDG Targets 4.5, 4.a, 8.5, 10.2, 11.2, 11.7 and 17.18.
[3] See MDG indicators database at: mdgs.un.org
[4] Respectively, SDG targets 4.a, 11.2 and 11.7
[5] Monitoring and evaluation tools aim at tracking progress and facilitate decision making. They typically include a list of indicators, a data collection and an analysis of impact of policies and programs.

actions needs to be addressed urgently. Such M&E tools are required at the planning stage to provide viable baselines against which real progress can be measured.

Based on contributions of experts participating at the UN Expert Group Meeting on 'Disability and Development: Operationalizing the Post-2015 Development Agenda for Persons with Disabilities' which took place in May 2015,[6] this note identifies nine current challenges to enhance M&E of disability inclusion in the context of the 2030 Agenda and discusses steps which can be taken by countries and the international community to address them. This note will end with a discussion of ways forward for better M&E for disability inclusion in the 2030 Agenda for Sustainable Development.

Challenges and opportunities

1.   Insufficient international guidelines for disability data collection and insufficient internationally comparable disability data

The number of countries using the UN recommendations[7] for collecting disability data in census has been increasing and thus more internationally comparable data are available today. However, many countries are still using different methodologies (see Annex). In addition, for other data sources, like surveys and administrative registers there are no international recommendations/guidelines. The latest international guidelines on collecting disability data in surveys date from 2001,[8] before the International Classification of Functioning, Disability and Health was adopted, and are therefore outdated. No international guidelines or recommendations exist for disability registers. Without international guidelines, countries tend to develop their own methodologies and therefore the data are not internationally comparable. Non comparable data cannot be used for global and regional monitoring of the SDGs. Moreover, many countries still use the "medical" model of disability when collecting data, identifying persons with disabilities through a list of diagnosis. More awareness on the social model[9] is needed. Involving persons with disabilities in all data activities can assist building awareness and bringing a disability perspective to data activities.

Suggested steps for countries: (i) use existing international recommendations/guidelines in data collection; (ii) involve persons with disabilities in all stages of data collection, analysis, dissemination and use.

Suggested steps for international community: (i) develop international guidelines for data collection in surveys and disability registers; (ii) build country capacity in collecting disability data; (iii) strengthen awareness-raising and capacity building on the social model and human-rights based approach to disability.

2.   Lack of intra-national data comparability

In many countries, different agencies collect disability data, typically, the Ministry of Health, the national statistical office and perhaps other ministries or national institutions. But when these data collections are not coordinated, the different agencies may use different methodologies, leading to datasets which are not comparable. This means

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[6] United Nations Expert Group Meeting on Disability and Development: Operationalizing the Post-2015 Development Agenda for Persons with Disabilities, 11-13 May 2015, UN ESCWA, Beirut, Lebanon.

[7] UN (2008). Principles and Recommendations for Population and Housing Censuses - Revision 2. Available at: http://unstats.un.org/unsd/demographic/sources/census/docs/P&R_%20Rev2.pdf

[8] DESA (2001). Guidelines and Principles for the Development of Disability Statistics. Available at: http://unstats.un.org/unsd/publication/seriesy/seriesy_10e.pdf

[9] "Social model" in this context means a model recognising that discrimination and therewith the disabling of access of persons with disabilities is largely due to barriers of various kinds, including external environments and even more so to social and attitudinal ones. The UN Convention on the Rights of Persons with Disabiltiies, for instance, in its preamblar clause (e) which enshrines such a "social model" of understanding disability.

for example that although data on employment for persons with disabilities may be collected in three different years, it is impossible to assess progress because the *group* of persons with disabilities identified in each data collection is different – any variation in employment rates can be a result of the differences in methodologies rather than actual differences in employment. In order to optimize resources in data collection and evaluate the success of policies, disability data sources at the country level should use consistent methodologies among them and over time.

Suggested steps for countries: (i) coordinate among different national agencies collecting disability data to ensure comparability of data; (ii) produce a map of existing disability data collection systems to identify and fill gaps and shortcomings in information and avoid duplicated data collection.

3. *Lack of accessibility standards, measures and assessments*

Making the 2030 Agenda disability-inclusive will require enhancing accessibility, and therefore proper monitoring and evaluation of policies and programs in this area will be needed. ISO accessibility standards exist for buildings[10] and for web content[11] but are yet to be established for many key environments like transportation, educational and health facilities. In addition, internationally comparable statistical measures of accessibility for both physical and virtual environments are yet to be developed. The lack of standards and measures prevents internationally comparable monitoring of accessibility by countries and the review and follow-up of SDG targets related to accessibility such as 4.a (accessible schools), 11.2 (accessible transport) and 11.7 (accessible green and public spaces).

Some countries have produced their own accessibility guidelines,[12] but accessibility assessments are seldom conducted. Exploration of unconventional data sources may be useful. Internet and mobile applications crowdsourcing information on accessibility of places open to the public already exist. [13] The data collected by these applications could be used to inform on accessibility and, as the mapping of accessibility places becomes comprehensive, to produce measures for accessibility for neighbourhoods, cities, countries and the world.

Suggested steps for countries: (i) regularly conduct accessibility assessments; (ii) explore innovative ways including unconventional data sources to monitor accessibility at the national level.

Suggested steps for international community: (i) develop standards and measures of accessibility of schools, transport, green and public spaces; (ii) conduct global accessibility assessments; (iii) explore innovative ways including unconventional data sources on accessibility to monitor accessibility at the global and regional levels.

4. *Data does not reach policy-makers*

Commonly, 'not enough data' is cited as a problem and excuse for non-inclusive programming. Many countries have disability data systems and participatory monitoring mechanisms in place already, but the data produced does not always reach all relevant ministries, decision makers and stakeholders.

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[10] ISO 21542:2011 standards.

[11] The ISO/IEC 40500:2012 standards are also known as the Web Content Accessibility Guidelines 2.0, developed by World Wide Web Consortium. Available at:
http://www.iso.org/iso/iso_catalogue/catalogue_tc/catalogue_detail.htm?csnumber=58625

[12] DESA (2015). Global Status Report on Disability and Development, Prototype 2015 - Unedited version. Available at: https://www.un.org/development/desa/disabilities/issues.html

[13] For accessible places open to the public see e.g. www.axsmap.com, www.wheelmap.org, www.jaccede.com, www.ableroad.com, http://ha.cnt.gr/index.php and www.rollout.gr. For accessible accommodation, see for instance www.accomable.com.

The effectiveness and utility of disability data and statistics relies on the existence of a political linkage: data itself does not drive political agendas. Therefore development of the explanatory framework and use of data to inform decision-making and programming is equally important. Significant support needs to be provided to the end-users of data, to ensure that government officials and organisations of persons with disabilities can work both in data collection and its interpretation and input to decision-making processes and programme development. Good practices already exist in using evidence to drive policy making for disability inclusion (Box 1).

Suggested steps for countries: (i) compile a list of data sources to guide policy-makers on existing data (e.g. in censuses, department of education or social protection initiatives, local universities, etc.); (ii) develop user friendly tool for non-specialists on M&E for disability policy making.

Suggested steps for international community: build capacity among decision-makers to use disability data, and M&E for designing policies for disability inclusion.

Box 1. How data can increase school enrolment for children with disabilities

"When I worked in Bangladesh, the government ensured 96 per cent enrolment in schools to achieve the universal education target of MDGs. They introduced a stipend programme for girls to reduce gender disparities. From field data, we discovered that only 10 percent of children with disabilities were going to school, and disabled girls were not getting the stipend. With this information, we persuaded the Ministries of Education and Finance to change their policy to include disabled children. They introduced a stipend programme for all students with disabilities, the enrolment of children with disabilities in schools increased dramatically."

Mosharraf Hossain, Director of Policy Influencing, Action on Disability and Development International, speech at International Day for Persons with Disabilities, 3 December 2015, UN Headquarters, New York

5.   *Lack of indicator framework to monitor disability inclusion, in line with the SDGs*

To monitor disability inclusion, a proper monitoring framework is needed. At the national level, core disability indicators shall be identified to monitor progress towards disability inclusion and to measure progress in bridging development gaps for persons with disabilities. The indicators should be relevant to national policy needs and, to the extent possible, should be in line with the SDGs. The selection of an adequate framework for disability indicators may start by identifying SDG indicators which are useful for disability-inclusive national policy. While collection of some types of data must be consistent across countries for SDG reporting purposes, there are instances where local issues and local data collection may be warranted to measure the extent to which an SDG is achieved. This distinction is important since countries have different levels of development and different stages of disability inclusion. Also, alternative indicators to the SDGs may at times give a better picture to the status of disability inclusion (Box 2).
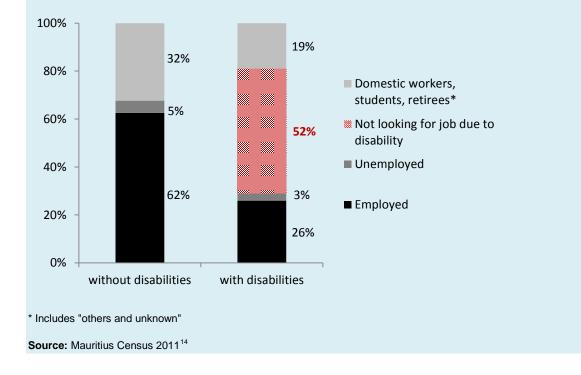
Suggested steps for countries: develop disability indicators frameworks, in line with SDGs, to address national policy needs and in consultation with persons with disabilities.
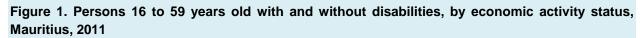
Suggested steps for international community: build capacity among countries to develop disability indicators to address policy needs.

Box 2. Disability data for policy making and intervention

Simply disaggregating existing indicators used for the general population may not always provide useful evidence for designing policies for disability inclusion. A case is point are unemployment rates, which are widely used to evaluate the participation of the general population in the labour market. This is the indicator currently being proposed under SDG target 8.5. However, disaggregating this indicator by disability will only give a partial and insufficient picture of the participation of persons with disabilities in the labour market. Many people with disabilities would like to be employed but do not seek employment due to stigma, lack of family support or lack of accessibility – in workplaces, in transport and in job advertisement sites. Since they are not looking for a job, they are not counted as part of the unemployed.

Figure 1 illustrates how meaningless unemployment rates by disability can be. The percentage of unemployed in Mauritius is actually lower for persons with disabilities, 3%, than for persons without disabilities, 5%. But a more comprehensive analysis of the data collected in the 2011 Mauritius census indicates that only 26% of persons with disabilities are employed compared to 62% for those without disabilities. Moreover, 52% of persons with disabilities are not looking for a job due to disability. For this large proportion of persons with disabilities, the environmental and social conditions are not conducive for them to look for a job. Follow up studies would be needed to precisely identify and address the barriers in the labour market.

Figure 1. Persons 16 to 59 years old with and without disabilities, by economic activity status, Mauritius, 2011

* Includes "others and unknown"

Source: Mauritius Census 2011[14]

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[14]   Available   at: http://statsmauritius.govmu.org/English/CensusandSurveys/Pages/census/Census-2011.aspx (accessed December 2015)
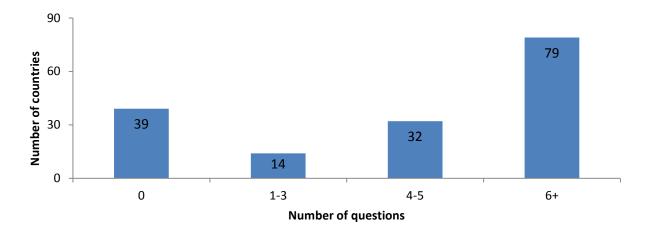
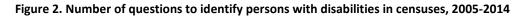*6.*   *Perception that disability data collection is too costly*

The collection of disability data is still seen as a costly by many. In particular, there is a perception that the four core questions (WG-4) or the six questions (WG-6) of the Washington Group on Disability Statistics[15] are too many, too costly and make questionnaires too long. However, field tests indicate that the WG-6 only take one minute to ask in a data collection exercise. These questions can be easily included in existing censuses and surveys at low cost.

In addition, an analysis of census questionnaires used worldwide in 2005-2014 indicates that the vast majority of countries are already using four or more questions to identify persons with disabilities in censuses and most of those use six or more questions (Figure 2). Therefore, using the WG-4 or the WG-6 should not be a problem in terms of number of questions. Still, only 35% countries using 4 or more question use the WG-4; and only 24% of countries using six or more questions use the WG-6.

Suggested steps for countries: consider using the Washington Group questions for data collection.

Suggested steps for international community: build capacity of countries to use international recommendations for disability data collection.

Figure 2. Number of questions to identify persons with disabilities in censuses, 2005-2014

7.   *Lack of an international repository of disability data for M&E*

At the international level, disability data are not currently being compiled in a systematic way by any international body. This makes it difficult to know what data are out there, what can be used for global monitoring and where the gaps are. An international disability database compiling national disability data, DISTAT,[16] was established in 1990 but has been discontinued, with latest updates dating from the late 1990s..

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[15] The Washington Group on Disability Statistics operates under the auspices of the UN Commission on Disability Statistics. The Group developed a set of six questions (WG-6) which can be used in censuses and surveys. These questions focus on difficulties in conducting six activities: (i) seeing, (ii) hearing, (iii) walking or climbing steps, (iv) remembering or concentrating, (v) self-care and (vi) communicating. These six activities are those recommended by the UN for censuses.[7] The WG-4 include only the activities (i) to (iv) – the Washington Group has suggested this four activities if countries cannot use more than four questions due to cost limitations.
[16] UN Statistics Division. Disability Statistics Database (DISTAT). Available at:
http://unstats.un.org/unsd/demographic/sconcerns/disability/disab2.asp

With increasing use of the Washington Group short set of questions and the WHO Model Disability Survey which are providing country data, there is a growing ability for cross-country and regional analysis. These sets of data need to be compiled and mapped systematically. Such systematic mapping will allow better identification of information that is already available and where the gaps persist. It will also make possible the use of data for monitoring progress towards disability inclusion, with a view to review and follow up on the commitments of the 2030 Agenda and the CRPD provisions. An international repository of disability data would also contribute to an enhanced and more efficient assessment of progress towards disability inclusion for the UN flagship report which will be delivered in 2018 to the UN General Assembly.[17] In moving forward, all possible sources of data should be considered, both traditional and non-traditional sources (Figure 4). Information on accessibility especially related to SDGs 4.a (on accessible schools), 11.2 (on accessible transport) and 11.7 (on accessible public and green spaces) will also need to be systematically compiled in order to address SDG commitments.

Suggested steps for countries: (i) follow UN recommendations to the extent possible; (ii) use consistent methodologies in data collection.

Suggested steps for international community: (i) start international repository of disability data.

8.   *Lack of impact evaluation studies*

Data on its own is useless. Its real value comes from the evidence it can provide to decision-makers on which policies do and do not work. Impact-evaluation studies provide this evidence. This evidence can help policy makers in designing new policies and in deciding to scale up, refine or discontinue existing policies.

There are many well established methodologies to evaluate impacts of policy, but their use to assess disability policies is still limited. Worldwide reviews have been carried out to identify methodologically sound impact evaluations studies of: (i) approaches to increase accessibility to education for persons with disabilities;[18] (ii) interventions to improve labour market situation for persons with disabilities;[19] (iii) community-based rehabilitation.[20] In all these three areas, impact evaluation studies are scarce, particularly in developing countries which in each of these areas only have about a dozen studies.[21] In the area of education, there is a lack of studies on the impact of integrated classrooms and of cost-analyses comparing various approaches to educating children with disabilities. Regarding employment, impact evaluation studies mostly focus on just physical disabilities and none exists for persons with hearing impairments; also no studies exist on interventions specifically targeted at women with disabilities. On community-based rehabilitation (CBR) studies, there is a lack of studies on children as beneficiaries of CBR and a lack of economic evaluations. In addition, studies tend to focus on the health

[17] A/RES/69/142

[18] Bakhshi P, Kett M, Oliver K (2013). *What are the impacts of approaches to increase the accessibility to education for people with a disability across developed and developing countries and what is known about the cost-effectiveness of different approaches?* London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London. Available at:
https://eppi.ioe.ac.uk/cms/LinkClick.aspx?fileticket=G4OmSWb9tic%3D&tabid=3419

[19] Tripney J, Roulstone A, Vigurs C, Nina Hogrebe, Schmidt E, Stewart R (2015). *Interventions to Improve the Labour Market Situation of Adults with Physical and/or Sensory Disabilities in Low- and Middle-Income Countries: A Systematic Review*. Campbell Systematic Reviews, nr 2015:20. Available at:
http://www.campbellcollaboration.org/lib/project/263/

[20] Iemmi V, Gibson L, Blanchet K, Suresh Kumar K, Rath S, Hartley S, Murthy GVS, Patel V, Weber J, Kuper H (2015). *Community-Based Rehabilitation for People With Disabilities in Low- and Middle-income Countries: A Systematic Review*. Campbell Systematic Reviews, nr 2015:15. Available at:
http://www.campbellcollaboration.org/lib/project/244/

[21] By comparison, in developed countries, 58 impact evaluation studies exist on education policies only.

component of CBR with a lack of studies on other CBR components (education, livelihood, social aspects and empowerment).[22]

Suggested steps for countries: conduct methodologically sound impact evaluation studies on policies and programs aiming at promote disability inclusion.

Suggested steps for international community: (i) build capacity in conducting impact-evaluation studies; (ii) build capacity for policy-makers to interpret and use evidence of impact evaluation studies.

9.   *Persons with disabilities not sufficiently involved in M&E of disability inclusion*

Multi-stakeholder involvement is necessary in in all stages of M&E and organisations of persons with disabilities should be meaningfully engaged. They should be involved in all stages of disability indicators selection as well as disability data collection, dissemination and analysis. Participation of persons with disabilities is central to any M&E that is to be recognized.

Many questionnaires for national censuses and surveys are still developed with just a preliminary consultation with persons with disabilities and the finalization of questions on disability are left to statistical experts. Persons with disabilities should be involved from the beginning to the finalization of questionnaires for data collection. In addition, data processing and analysis often lacks a disability perspective, with data seldom disaggregated by disability in census/surveys that included disability questions. Typically only disability prevalence data is released, or at most school attendance and employment by disability. But other variables of interest which can be found in census/survey collections are not disaggregated, like access to information and communication technologies, housing characteristics, civil status or access to health care. Persons with disabilities can contribute to identify which variables may be most relevant to disaggregate by disability.

Nowadays, most data and data analyses are disseminated online. Technology exists to make online data and information accessible. While this may represent an opportunity to make this evidence accessible for persons with disabilities, this is often still not the case. Involving persons with disabilities in planning data dissemination can help adding the necessary features – like text describing data charts for those with visual disabilities – that will make the data, the data visualizations and analyses accessible to all.

Some countries have established panels or committees of representatives of disabled persons' organizations, which are responsible to give feedback on M&E related activities. At times, disability focal points are also created in national institutions responsible for M&E activities. Due to their expertise, the focal point can offer a disability perspective and obtain additional feedback from disabled persons' organizations. Different mechanisms will apply to different countries, but a formal mechanism to include a disability perspective in M&E activities should be put in place to ensure this is conducted in a systematic and regular fashion.

Suggested steps for countries and international community: (i) involve persons with disabilities in disability M&E activities, including selection of indicators as well as data collection, dissemination and analysis; (ii) establish formal mechanisms for participation of persons with disabilities in all steps of M&E.

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[22] WHO (2010). Community-Based Rehabilitation: CBR Guidelines. Geneva, Switzerland: World Health Organization. Available at http://www.who.int/disabilities/cbr/guidelines/en/

Ways forward to strengthen M&E for disability inclusion in the 2030 Agenda

Operationalizing the 2030 Agenda from a disability perspective will require coordination of disability M&E activities from the local and national levels to the international level. Coordination can maximize consistency in M&E and also optimize resources.

Figure 4 presents a way forward to achieve this. The two main aims of M&E are to inform national and international level policies and programmes for disability inclusion (blue boxes). And all M&E activities should be guided by national priorities and needs on disability inclusion as well as the CRPD and the 2030 Agenda/SDGs. These three guiding frameworks can serve as the basis for selecting national disability indicators to monitor progress towards disability inclusion. Proper monitoring of disability inclusion will require mainstreaming disability in existing regular data collections, namely by adding disability questions to existing surveys. The evidence obtained through the national indicator framework can in turn be used to review existing and to design new national policies. For that, analysis of evidence highlighting key development aspects must be made available to national policy makers.

The national monitoring of disability inclusion can then be brought up to the international level to inform numerous processes, including the Committee on Rights of Persons with Disabilities through the country submitted reports, the UN General Assembly through the UN flagship report,[23] as well as the Conference of State Parties to CRPD and the Commission on Social Development. Given the prominent role that disability has in the 2030 Agenda, M&E of disability inclusion is also expected to assist the deliberations of the High-level Political Forum on Sustainable Development. Crossing the bridge between national and international M&E would benefit from a systematic compilation of disability country data into a common international repository. These data may include specific disability indicators (e.g. % teachers trained in teaching children with disabilities); disability disaggregated indicators (e.g. school attendance by disability) or indicators on accessibility (e.g. % accessible schools). Given their expertise, international agencies can play a key role in compiling the data and making the country data consistent for global analyses. In particular, international agencies may start including disability as a disaggregation variable in their data requests to countries. Once compiled in a common repository and standardized, these data can inform existing reporting processes at the global level. To this end, data will need to be available by countries, for major regions and globally. All data, analyses, reports and other outputs produced in all stages of the national and international M&E for disability inclusion should be accessible for persons with disabilities so that they can follow up and participate in these processes.
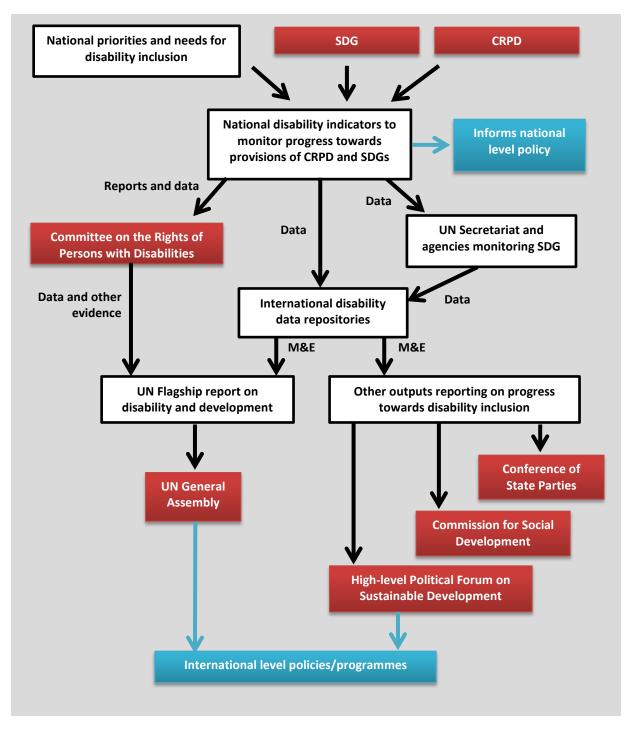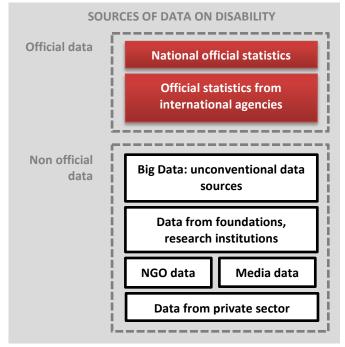
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[23] A/RES/69/142

Figure 3. A possible M&E model for disability inclusion in the 2030 Agenda

Much has been discussed about the data revolution and how it can contribute to monitor and implement the 2030 Agenda. As other fields, disability can also gain from a wider and innovative perspective on monitoring and its role in implementing development outcomes. Various sources of data, traditional and non-traditional should be

explored (Figure 4). Apart from official disability statistics produced by national and international agencies, data from other sources of information can be explored:

- Big data like information collected through mobile applications, social media, cell phone data, etc. For instance, mobile applications are already gathering data on accessible places that could be explored for policy purposes.[13]
- Data collected by foundations and research institutions (e.g. the World Values Survey).
- Data produced by non-governmental organizations. Non-governmental organizations, particularly disabled persons' organizations are increasingly collecting disability data.[24]
- Data reported by the media (e.g. reports of accessibility, or lack of it, in schools).
- Data from the private sector. For instance, data on sales of products for persons with disabilities, disaggregated geographically, may help identifying areas where the population does not have access to those products.

Figure 4. Number of questions to identify persons with disabilities in censuses, 2005-2014

SOURCES OF DATA ON DISABILITY

Official data
- National official statistics
- Official statistics from international agencies

Non official data
- Big Data: unconventional data sources
- Data from foundations, research institutions
- NGO data | Media data
- Data from private sector

At the International Day of Persons with Disabilities on 3 December 2015, representatives from disabled persons' organizations called for a disability data revolution, with more demand and production of data to support a disability-inclusive implementation of the 2030 Agenda. The challenges discussed in this paper can be addressed with current resources and expertise, as long as the political will exists and the international community invests in building capacity in disability M&E.

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[24] For instance, Sightsavers collected data using the Washington group short set of six questions to identify persons with disabilities among clients to health facilities and assess access to health for persons with disabilities.

Annex. Past and current initiatives on M&E of disability inclusion

Agency/entity	Initiative
Countries	125 countries/territories collected disability data in their last census; 39 of them used the Washington Group questions.
	At least 73 countries collected data on participation of persons with disabilities in the labour force in recent labour force or other nationally representative surveys.
Washington Group on Disability Statistics	Endorsed short set of six questions for censuses and surveys (WG-6) for inclusion in censuses and surveys.
ILO	Used WG-6 in the School-to-Work Transition Surveys conducted in 2012-3 in 28 countries.[25]
	Is currently developing a disability module for inclusion in labour force surveys. This module includes the WG questions.
OHCHR	Currently making efforts to initiate work on developing indicators for each of the articles of the CRPD and potentially linking these, nationally and regionally, to the indicators for the SDGs.
UNDESA/DPADM	Conducted an assessment in 2012 of governmental websites of the 193 UN Member States, according to selected accessibility features.[26]
UNDESA/DSPD/SCRPD	Engaging with partners to explore alternative data sources - like social media, cell phone data, data from mobile applications, crowdsourcing indicators, etc. - to monitor international development goals for persons with disabilities.
UNDESA/ Statistics Division	Initiated an Australian-funded project entitled 'Strengthening disability statistics in the era of post-2015 development agenda' which aims at enhancing the capacity of national statistical offices to produce and disseminate good quality and fit-for-purpose statistics on disability for evidence-based policy making and monitoring.
UNFPA	Is initiating work to produce a statistical module on the sexual and reproductive health and rights of persons with disabilities, in the 2030 Agenda for Sustainable Development.
UNHCR	Currently collects some data on disability but with limitations. Will be working on strengthening disability data over the coming period, in order to better identify and record persons with disabilities among refugee populations.
UNICEF	UNICEF and the Washington Group on Disability Statistics have developed a survey module on child functioning and disability for use in surveys and censuses. The module reflects current thinking around disability and can produce internationally comparable data. The module covers children between 2 and 17 years of age, and assesses activity limitations in the domains of speech and language, hearing, vision, learning, mobility and motor skills, and emotions. UNICEF and the WG are also working on the development of a manual to support implementation of the module. The module and manual are expected to be ready for actual data collection and use by countries at the end of 2015.
	Is currently drafting the 'Guidelines on the measurement of child disability', expected to be finalized in 2016. This document provides guidance for those considering collecting data on children with disabilities.
	UNICEF and the Washington Group are developing a new survey module to measure the school environment and children's participation in education. The module will measure the barriers and facilitators to education by children with/without disabilities. This module will complement the module on child functioning and

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[25] ILO website. School-to-work transition survey (SWTS) micro data files – Database. Available at:
http://www.ilo.org/employment/areas/WCMS_234860/lang--en/index.htm
[26] 2012 UN E-Government Survey. Available at:
http://unpan3.un.org/egovkb/Portals/egovkb/Documents/un/2012-Survey/unpan048065.pdf

	disability. Together, they will provide a comprehensive measurement of disability - assessing activity limitations, as well as children's interactions within their environment. The module will cover: attitudes, accessibility, getting to school, and affordability. Once finalized, the module will undergo cognitive testing and field testing. It is expected to be ready for actual data collection and use by countries in late 2016.
	UNICEF and the Washington Group have developed training material and initiated a round of capacity building workshops on the measurement of child disability. The purpose of the workshops is to build/strengthen local capacity for data collection. Training involves National Statistics Offices, other Government staff, and local researchers, on concepts, models and measures of disability, survey design, data processing, data analysis, data dissemination, and data use. The workshops are taking place 2015 and 2016. Two workshops have been completed to date (a national one in Tunisia and a regional one for the CEE/CIS region).
UNISDR	Is developing a system of indicators based on the Sendai Framework for Disaster Risk Reduction 2015-2030, which includes disability.
	In 2013, conducted a UN Survey on Living with Disabilities and Disasters which surveyed more than 5,000 persons with disabilities in 137 countries. This survey looked into factors related to how persons with disabilities cope with disasters – the survey used the Washington Group questions to identify the types of disabilities.
WHO	Developed the Module Disability Survey, already conducted in three countries.
	Collected disability data through the World Health Surveys in 2002-3 in 51 countries. Data on education, employment, access to water and sanitation collected in these surveys can be disaggregated by disability status.
Demographic and Health Surveys (USAID/ICF International)	The DHS Program has recently developed an optional module on disabilities for DHS questionnaires, which is based on (but not identical to) the six Washington Group questions. This disability module was already tested in Ghana and some cognitive testing was also undertaken – it is pending final approval.
University of Sydney	The Washington Group questions have been used by researchers to identify persons with disabilities in refugee camps.
Sightsavers	Has been piloting methods, using the WG questions, for disaggregating, by disability, data on persons seeking treatment in health centres.