

Disability Data Hub

Methods Paper

November 2023

1. Background

Achieving disability-inclusive development and realizing the rights of persons with disabilities requires quality, policy-relevant data, and disability-disaggregated development indicators. Article 31 of the Convention on the Rights of Persons with Disabilities (CRPD) on Statistics and Data Collection requires States Parties to collect and apply disaggregated data across sectors. SDG 17.18 commits all actors to increase the availability of high-quality, timely, and reliable data disaggregated by disability.

Ensuring that disability disaggregated is accessible and available to policymakers, development practitioners, academics, civil society, and all other interested stakeholders is crucial to advance advancing evidence-based programming and expanding the knowledge base on the full participation of persons with disabilities. Conversely, the lack of data often impedes Organizations of Persons with Disabilities (ODPs) from engaging with and holding duty bearers accountable.

In 2018, the World Bank Group made a commitment to strengthen disability disaggregated data through technical assistance and analytical support to client countries in their efforts to scale up the collection, and the effective use, of disability data from future national surveys and population censuses, guided by global standards and best practices, such as the Washington Group's short-set disability questions. For the IDA20 replenishment, the Bank made a further commitment to supporting countries to strengthen institutions and build capacity to reduce gaps in the availability of core data for evidence-based policy making, including disaggregation by disability. The Bank is also a signatory to the [Inclusive Data Charter](#). To fulfil these commitments, the World Bank is investing in ensuring that countries have access to quality disability-disaggregated data while also providing technical support in using the Washington Group modules to inform and improve policy and program design.

The Hub's theory of change posits that open, free, and easy access to disability data with the ability to analyze it across different economic and social dimensions will lead to better-informed project and policy design and monitoring of progress on disability inclusion. This in turn, will support the realization of the rights articulated in the CRPD. The Hub will also inform better disability-inclusive development lending through the World Bank and other donors.

The World Bank, in partnership with the Disability Data Initiative at Fordham University and Microsoft, Inc. is establishing the **Disability Data Hub (DDH)**, an open data portal to access and use disability data across human development indicators and sectors. The portal will produce global disability statistics that are comparable across countries that can be disaggregated by gender and age, and will collate and compile disability narratives, and World Bank disability-inclusive projects by sector. The DDH will serve to promote actionable knowledge on disability-disaggregated data, improve its use for operationalizing disability rights, and enhance the quality

and level of disability data informing Bank operations. The portal will build on the work funded by the World Bank's Trust Fund for Statistical Capacity Building (TFSCB).

2. DDH Features and Components

The DDH Databank will focus on providing national and global statistics and will give users the opportunity to compare results across countries by providing age/sex standardized statistics. When appropriate, it will also provide global or regional estimates.

The DDH will consist of the following components:

- i. **The DDH Databank**
The DDH Databank will be developed in collaboration with the Disability Data Initiative (DDI). It will include two types of statistics.
 - a. **Prevalence rates of disability for adults with disaggregation by sex, rural/urban status, age groups and by type of functional disability.** Users will be able to select countries and compare the prevalence rates across them. They will also be able to perform comparisons by gender, age or type of functional disability. Visualizations will include maps and charts.
 - b. **Human development indicators disaggregated by disability status:** Users can access a wide menu of indicators for several dimensions. Dimensions include education, personal activities, health, standard of living, security and multidimensional poverty. Indicators will be disaggregated by disability status for all adults and for subgroups (women, men, rural/urban residents and by age group).
- ii. **Country Data Briefs and Blogs:** Data briefs will highlight country-specific prevalence rates, or gaps between groups. They will link the prevalence statistics with Bank operations and projects in the country. World Bank and featured guest blogs on disability data disaggregation can also be added here.
- iii. **Knowledge Repository:** The Hub will house a knowledge repository to disseminate analytical reports and publications from DDI, as well as other flagship reports and publications on disability data collection and use. The repository will also house self-paced trainings, technical assistance, and presentations on different aspects of disability data collection, analysis, and use.
- iv. **Disability Data Gateway:** The Hub will have a page that has links to relevant data websites on policy (WORLD institute at UCLA), on disability questions in national survey and census questionnaires (DDI), on health and disability (e.g. the missing billion website), on other disability statistics for adults (DDI's country results in its Disability Statistics Database) on disability statistics for children (UNICEF statistics website when available), on advocacy (e.g. the work of CBM Global on disability data advocacy toolkits).

To fulfill this commitment, the World Bank is partnering with the Disability Data Initiative (DDI)¹ that has extensive data expertise in the production of global disability statistics (c.f. Mitra *et al* 2022a, 2022b, Hanass-Hancock et al 2023a). DDI has developed novel methods and approaches to document the availability of disability questions in national surveys and censuses, to measure disability prevalence rates and disaggregate indicators by disability status. For instance, to identify national data sets (micro datasets) with disability/functional disability questions, it uses an AI-based tool to identify functional difficulty questions in questionnaires². Further, it has estimated indicators aligned with the Convention on the Rights of Persons with Disabilities (CRPD) and the sustainable development goals (SDGs) based on national survey and census data and provides country profiles with key results on disability prevalence and multidimensional poverty.

Partnering with DDI and building upon its work for the construction of the DDH Databank helps to avoid duplication of effort.

3. Purpose of the methods paper

This paper presents the main method to be used by the DDH in calculating the rates to be displayed for public use. The method builds upon DDI's methods of production of disability statistics in its recent reports (Mitra and Yap 2021, 2022; Hanass-Hancock et al 2023a) adjustments to be made for the DDH Databank.

DDI has developed a list of key datasets, indicators, and disaggregation methods. It should be noted that these methods are largely similar to when they were reviewed by the Development Data group for a study conducted in 2020/2021 and summed up in a World Bank Policy Working paper (Mitra et al (2022b).

4. DDH Data Eligibility and Analysis

i. Eligibility based on use of Washington Group questions

A key starting decision made by the DDH is to use datasets with questions from or similar to the questions sets developed by the Washington Group on Disability Statistics³. The Washington Group Short Set of questions (WG-SS) have been endorsed by the World Bank, the UN, and the Inter-Agency Expert Group on the SDGs as the best practice currently available to collect and analyze comparable prevalence data on persons with disabilities.⁴ The WG-SS uses individual functioning at the activity level across six domains: vision, hearing, mobility, cognition, self-care, and communication. These domains collectively serve to capture the majority of persons with disabilities at risk of restricted social participation.

¹ DDI was founded in 2021 with support from the Wellspring Philanthropic Foundation and is embedded within Fordham University's Research Consortium on Disability. See more at: <https://disabilitydata.ace.fordham.edu/>

² This tool is available at: <http://heg-rl001.hesge.ch:8900/ddi/>

³ Washington Group on Disability Statistics. (2023). <https://www.washingtongroup-disability.com/>

⁴ World Bank. 2020. Disability measurement in household surveys. <https://www.worldbank.org/en/programs/lsm/publication/Disability-measurement-in-household-survey-a-guidebook-for-designing-household-survey-questionnaires>

The WG-SS is intended for use with individuals over 5 years of age, but best practice is to use the Child Functioning Module (CFM) developed by UNICEF and the Washington Group on Disability Statistics to capture disability prevalence data for children between 0 - 17 years in censuses and surveys (UNICEF, 2021). The CFM is considered more appropriate for the child population than the commonly used six-question Washington Group Short Set (WG-SS) better suited for the adult population (Washington Group, 2022). For children between the ages of 5-17 years, the CFM assesses difficulties in 11 domains of functioning: seeing, hearing, mobility, selfcare, communication/comprehension, learning, remembering, attention and concentrating, relationships (making friends), coping with change, and controlling behavior, and 2 domains of psychosocial affect through signs of anxiety and signs of depression.

ii. Key datasets and criteria for dataset selection

The DDH databank will use population-based datasets, since 2009,⁵ that 1) provide nationally representative data for their adult population; 2) are representative of women, men, urban and rural residents separately; 3) have for all adults ages 15 and older the WG-SS (Washington Group-Short Set of questions) or similar questions; and 4) if possible, are representative at administrative 1 level (regional level). Similar questions refer to questions that cover at least the four domains recommended in the UN guidelines for censuses⁶ (seeing, hearing, mobility, cognition), have a graded answer scale but may have differences in wording in the questions or answers. For instance, for the mobility domain, instead of asking about difficulty walking or climbing stairs, it may ask about difficulty walking 1 km.

The key datasets are census datasets and selected nationally representative surveys as follows: Demographic and Health Surveys (DHS), Household Income and Expenditure surveys (HIES), Household Budget Surveys (HBS), Living Standard Measurement Studies (LSMS), Labor Force Surveys (LFS) and miscellaneous national surveys. The questionnaires of these surveys and censuses are retrieved from online survey databases such as the International Household Survey Network (IHSN) Catalog, or the websites of individual National Statistical Offices. Based on this review, and subject to availability, some datasets are selected for analysis.

It should be noted that although the DDI report had an analysis of Multiple Indicator Cluster Survey (MICS) data in 2022 for 35 countries, MICS is not included as part of the key datasets as it only has WG-SS in the questionnaire for women ages 18 to 49. It is not suitable to produce prevalence estimates and to disaggregate statistics among men and women ages 15 and above as the WG-SS is not included in the core household MICS questionnaire.

While the WG-SS was initially developed for use for individuals aged 5 years and older, the six domains may not be adequate to capture disability among children (Loeb et al., 2018). The focus

⁵ The year 2009 was selected as the starting point as Washington Group questions have not been commonly used prior to this period.

⁶ United Nations (2017). Principles and Recommendations for Population and Housing Censuses. United Nations Department of Social and Economic Affairs. ST/ESA/STAT/SER.M/67/Rev.3. Accessed on Dec. 22nd 2020: https://unstats.un.org/unsd/demographic-social/Standards-and-Methods/files/Principles_and_Recommendations/Population-and-Housing-Censuses/Series_M67rev3-E.pdf

is therefore on adults who are 15 years old or older. The World Bank will develop a data sharing partnership with UNICEF which has produced statistics on children with disability using the child functioning module in the MICS (2021). This again ensures limited duplication of effort among development partners working on disability data.

The list of datasets and countries proposed for the initial version of the DDH Databank are included in Table 1.

Data Limitations

Censuses typically include all people in a country, irrespective of their disability status. In contrast, household surveys are constructed out of sampling from censuses often with complex sampling design. It should be noted that none of the household surveys under study is sampled to be representative of persons with disabilities. Censuses are thus better able to represent the situation of persons with disabilities than household surveys, which may not be representative of all persons with disabilities due to their sampling. In general, when available in a given country, we will prioritize using census data but may also use survey data to produce additional indicators. For instance, the DHS could be used to produce indicators on domestic violence and family planning, which are generally not covered in censuses.

iii. Indicators

The list of indicators to be estimated for all adults is included in the Table 2. These have been used by the DDI and are explained in methods briefs in the Disability Data Reports (see for instance the Indicator Method brief for this 2023 Disability Report at [this link](#))⁷. Indicators are in the following areas: prevalence, education, personal activities, health, standard of living, security and multidimensional poverty.

Indicators capture the human rights and human development situation of persons with disabilities in comparison to persons without disabilities. The list of indicators was developed by reviewing the questionnaires of datasets in light of the provisions of the CRPD (Convention on the Rights of Persons with Disabilities) and the SDGs (Sustainable Development Goals) that they could capture (IWGHS 2018; OHCHR 2021). Indicators known to be particularly suited to assess the situation of persons with disabilities were included (United Nations 2019) such as employment population ratio, economic insecurity (using proxy variables food insecurity, exposure to shocks) and indicators that may reflect the extra costs of living with disabilities for households (health expenditures as a share of total consumption expenditures), as well as material wellbeing indicators (asset ownership, living conditions) that might be affected due to the extra costs of living with disabilities.

In Table 2, relevant SDG indicators are listed. The SDG indicators may be different from the indicators measured here. For instance, SDG indicator 8.3.1 measures the Proportion of informal employment in total employment while we measure the proportion of workers doing informal work.

⁷ We did not include indicators that were estimated by DDI before but only for few datasets (e.g. S8 Household health expenditures out of total consumption expenditures, PA1 exposure to mass media in most datasets).

All but one indicator (prevalence of functional difficulty P3) are estimated at the individual level, including when information is collected at the household level. For instance, we estimate the share of adults who live in households with safely managed water disaggregated by adult disability status and not the share of households with safely managed water disaggregated by household disability status (e.g. water, sanitation, electricity, adequate housing). Our initial work (Mitra et al 2022b) had shown little difference whether for such household indicators disaggregations across disability status were made at the household level or at the individual level. Because most of such indicators feed into the multidimensional poverty measure calculated at the individual level (M1), we opted to present them at the individual level.

Although our exploratory work (Mitra et al 2022b) estimated poverty headcounts using international poverty lines of \$1.90, \$3.20, \$5.50, such indicators are not included in our ongoing analysis. Such measures may not be suitable to reflect the situation of persons with disabilities who may incur additional expenses associated with healthcare or transportation among items (United Nations 2019; page 36) and cannot be estimated with most of the key datasets above due to a lack of detailed information on consumption expenditures.

iv. Disaggregations based on disability status for adults and by sex, rurality and age

Disability is measured through functional difficulty questions (the WG-SS or similar other questions). To identify functional difficulty status groups, at least one cutoff has to be set on the answer scale of functional difficulties (no difficulty, some difficulty, a lot of difficulty, unable to do). Where the threshold is set can lead to varying results and may answer different data needs (Hanass-Hancock et al 2023b).

Disability statistics will be available in the DDH Databank using three disaggregation methods.

In disaggregation a, individuals are in two categories:

- No difficulty includes people who report ‘No difficulty’ in all domains.
- Any difficulty includes people who report ‘Some difficulty’, ‘A lot of difficulty’ or ‘Unable to do’ for at least one domain.

In disaggregation b, individuals are in three categories:

- No difficulty includes people who report ‘No difficulty’ in all domains.
- Some difficulty includes persons who report ‘Some difficulty’ in at least one domain but no ‘A lot of difficulty’ or ‘Unable to do’ in other domains.
- At least a lot of difficulty includes people who answer ‘A lot of difficulty’ or ‘Unable to do’ in at least one domain.

In disaggregation c, individuals are in two categories as follows:

- No difficulty or some difficulty includes persons who report no or some difficulty for all domains.
- At least a lot of difficulty includes people who answer ‘A lot of difficulty’ or ‘Unable to do’ in at least one domain.

Users of the platform will be able to select their disaggregation method and information will be available on the advantages and disadvantages of each.

In narratives and reports, the three-way disaggregation (disaggregation b above) comparing persons with (i) no difficulty, (ii) some difficulty and (iii) a lot of difficulty or unable to do will be prioritized to identify potential disadvantages that may vary with the degree of functional difficulty. When sample sizes of persons with *some difficulty* and *at least a lot of difficulty* taken separately may be too small for further disaggregation or analysis by functional domain, gender, geography and other circumstances, disaggregating based on a binary variable of i) persons with *no difficulty* and ii) persons with *any difficulty* proves useful to make further disaggregations and intersectional analyses possible.

DDI has recommended the two disaggregation methods above as a comprehensive and inclusive starting point as they may reflect the diversity of persons with disabilities and their circumstances, which needs to inform the design, implementation, and evaluation of inclusive policies and accessible environments (Hanass-Hancock, Kamalakannan, et al 2023).

Three factors that may contribute to intersectional disadvantages with disability will be considered (sex, rurality, age), while others are not covered (e.g. immigration status, ethnicity, indigeneity). In other words, disaggregated estimates will be available for all adults ages 15 and older as well as for adult subgroups (men and women, rural and urban residents, adults ages 15 to 29, 30 to 44, 45 to 64 and finally 65 and above). For age groups, there are various ways to partition adults by age. Youth statistics are usually reported for ages 15 to 24, which is different from the above age group of 15 to 29. For older adults, commonly used cutoffs are 60 and above or 65 and above.

For datasets with the entire population (e.g. census of Tonga, Guatemala), we set at 20 the smallest cell size that is required to present results for population subgroups. For datasets with a sample of the adult population (census extracts and household surveys), we set at 50 the minimum number of observations required to produce estimates. Given this constraint, for a given country, disaggregation may be possible for some groups, but not others. For instance, in a primarily agrarian country, there may be more than 50 observations for adults with functional difficulties for the subgroup of rural residents, but not for the subgroup of urban residents.

Despite this sample size constraint, DDI results so far suggest that it is possible to produce indicators disaggregated by functional status combined with age, sex and age groups.

All estimates will be weighted using relevant survey weights.

v. Age/sex standardization

As countries may have very different population structures, comparing prevalence rates across countries can be challenging as they may reflect demographic differences across countries combined with other determinants such as poverty, access to healthcare services and assistive devices.

The DDH Databank will give users the opportunity to visualize or query cross-country data based on a standardized population structure. To calculate such age/sex adjusted prevalence rates, for each country, first, we calculate a prevalence rate for each sex-age group. We plan to use 15-29, 30-44, 45-64, 65+ as the four age groups for further disaggregated indicators (in addition to

disability). One indicator, the youth idle rate (NEET) rate will be for youths 15 to 24 as is common practice. Second, for each country, we apply population weights to the estimated prevalence rates for the different sex-age groups. Population weights come from the United Nations [population structure](#) for the world or for subregions. The weighted prevalence rate for each country is then age/sex adjusted. If enough countries are included above⁸, DDI and the World Bank will work towards producing age/sex adjusted global estimates of prevalence rates.

Having different population structures will also impact the estimates of disaggregated human development indicators. This seems particularly relevant for individual level indicators related to education and employment. For such indicators, we will produce estimates for ten year age groups noted above and separately for men and women. This will be feasible with census data but may not be with survey data due to small sample sizes.

⁸ How should we determine if we have enough countries? So far we have been thinking that there should be countries that account for at least 50% of the world.

Table 1: Datasets

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Type of dataset/Region	Country	Year	Disability questions
CENSUS DATA			
East Asia & Pacific			
	Cambodia	2019	WG-SS
	Kiribati	2015	Other functional (2) (3)
	Kiribati	2020	WG-SS
	Mongolia	2020	WG-SS
	Myanmar	2014	Other functional (4) (5)
	Philippines	2020	WG-SS
	Tonga	2016	WG-SS
	Tonga	2021	WG-SS
	Vanuatu	2009	Other functional (2) (4) (5)
	Vietnam	2009	Other functional (2) (3) (4) (5)
	Vietnam	2019	WG-SS
Latin America and Caribbean			
	Guatemala	2018	WG-SS
	Uruguay	2010	Other functional (4) (5)
Middle East and North Africa			
	Morocco	2014	Other functional (2) (3)
Sub-Saharan Africa			
	Ghana	2021	WG-SS
	Kenya	2019	WG-SS
	Mauritius	2011	WG-SS
	Senegal	2013	WG-SS
	South Africa	2011	WG-SS
	Tanzania	2012	Other functional (5)
	Uganda	2014	Other functional (4) (5)
North America			
	Mexico	2020	WG-SS

DEMOGRAPHIC AND HEALTH SURVEY (DHS) DATA			
East Asia & Pacific			
	Cambodia	2014	WG-SS
	Cambodia	2021	WG-SS
	Samoa	2019	WG-SS
	Timor-Leste	2016	WG-SS
Latin America & Carribbean			
	Haiti	2016	WG-SS
South Asia			
	Maldives	2009	WG-SS
	Pakistan	2017	WG-SS
Sub-Saharan Africa			
	Kenya	2022	WG-SS
	Mali	2018	WG-SS
	Mauritania	2019	WG-SS
	Nigeria	2018	WG-SS
	Rwanda	2019	WG-SS
	Senegal	2018	WG-SS
	South Africa	2016	WG-SS
	Uganda	2016	WG-SS
LSMS DATA			
Sub-Saharan Africa	Ethiopia	2015	WG-SS
	Malawi	2010	WG-SS
	Nigeria	2018	WG-SS
	Tanzania	2014	WG-SS
	Uganda	2010	WG-SS
LFS			
East Asia & Pacific			
	Cambodia	2019	WG-SS
	Cook island	2019	WG-SS
	Mongolia	2019	WG-SS
	Myanmar	2015	WG-SS
	Samoa	2017	WG-SS

	Tonga	2018	WG-SS
Middle East and North Africa			
	Egypt	2018	WG-SS
	Iraq	2021	WG-SS
	Lebanon	2019	WG-SS
South Asia			
	Afghanistan	2021	WG-SS
	Bhutan	2019	WG-SS
Sub-Saharan Africa			
	Gambia	2018	WG-SS
	Lesotho	2019	WG-SS
	Liberia	2017	WG-SS
	Rwanda	2018	WG-SS
	Seychelles	2018 & 2020	WG-SS
	Somalia	2019	WG-SS
	Tanzania	2014	WG-SS
	Tanzania	2020	WG-SS
	Uganda	2017	WG-SS
	Zambia	2012 and yearly 2017 to 2020	WG-SS
HIES			
East Asia & Pacific			
	Marshall islands	2019	WG-SS
Latin America & Carribbean			
	Guyana	2018	WG-SS
Middle East and North Africa			
	Yemen	2014	WG-SS
	West Bank/Gaza	2009	Other functional (4)
South Asia			
	Bangladesh	2016	WG-SS
		2010	WG-SS
Sub-Saharan Africa			
	Liberia	2016	WG-SS

	Namibia	2015	WG-SS
MISCELLANEOUS SURVEYS			
Europe/Central Asia:			
	Tajikistan	(Survey of Water, Sanitation and Hygiene 2016)	WG-SS
South Asia			
	Afghanistan	(Living Conditions Survey 2016)	WG-SS
Sub-Saharan Africa			
	Djibouti	Enquete Djiboutienne aupres des Menages (EDAM) (4)	Other functional (4)
	South Africa	(General Household Survey 2018, yearly since 2011)	WG-SS
	Zimbabwe	PICS 2017	WG-SS
Note: Some countries will be analyzed through several types of datasets. Censuses will be the preferred source if available. If censuses do not have results for all indicators, then they can be complemented through other datasets.			
Disability questions legend: WG-SS Washington Group Short Set Other functional difficulties, difference from WG-SS: (2) Answer scale is different from that in the WGSS (3) Wording of questions is different from the WGSS (4) Does not have the selfcare domain (5) Does not have the communication domain Datasets with (1) (yes/no) answers and # (communication and cognition together in a single question) are not included below			

Table 2: List of Indicators

Indicators	Definitions	CRPD article	SDG indicator
Prevalence			
Adults with functional difficulty	Functional difficulty refer to difficulty experienced with any of six domains (e.g. seeing) (any level of difficulty, some difficulty, at least a lot of difficulty)		
Adults with functional difficulty by type of functional difficulty	Functional difficulty refer to difficulty experienced in each domain (e.g. seeing, hearing) and by level of difficulty (any, some, at least a lot)		
Households with functional difficulty	Share of Households who have an adult with a functional difficulty		
Education			
Adults who have ever attended school	This indicator reports the share of adults who have ever been to school.	24	
Adults who have less than primary school completion	This is the share of adults who have not completed primary school. Some may have attended preschool. Some may have attended primary school but did not complete it. Adults who never attended school also belong in this category.	24	
Adults who have completed primary school	This is the share of adults who have completed primary school. Adults who completed primary school, attended secondary school but did not complete secondary school belong in this category.	24	
Adults who have completed secondary school or higher	This is the share of adults who have completed secondary school. Adults who completed secondary school belong in this category, whether or not they also attended tertiary school.	24	
Literacy rate/ Able to Read and Write	This indicator is the literacy rate defined as the share of individuals who can read and write in any language.	24	4.6.1
Personal activities			

Adults who used a computer recently	This is the share of adults who recently used a computer. 'Recently' typically refers to a period of time within the past three months.	9	
Adults who used the internet during recently	This is the share of adults who recently used the internet. 'Recently' typically refers to a period of time within the past three months.	9	
Adults who own a mobile phone	Ownership of mobile phone is the share of adults who have their own mobile phone.	9	5.b.1
Employment population ratio	The employment population ratio, also called the employment rate, measures the share of the adult population who work for pay, profit (self-employed) or for a family business/farm (whether paid or unpaid).	27	
Youth idle rate	The youth idle rate, also called NEET (youth Not in Education, Employment or Training) captures the share of youths aged 15-24 who are not enrolled in school and not employed. As information on training was not consistently available, it does not reflect whether youth might be in training.	27	8.6.1
Working individuals in manufacturing	Working individuals in manufacturing is the share of workers in the manufacturing sector.	27	9.2.2
Women in managerial positions	Women in managerial positions is the proportion of women who hold managerial positions.	27	5.5.2
Adults in informal work	Adults in informal work measures the share of the adult working population who do informal work.	27	8.3.1
Health			
Adults in households using safely managed drinking water	This is the share of adults who live in households who have safely managed drinking water.	25	6.1.1
Adults in households using safely managed sanitation services	This is the share of adults who live in households who have safely managed sanitation services.	25	6.2.1

Women with family planning needs met	This is the share of women who self-report that they have their family planning needs met, i.e. who want and have access to modern contraceptive methods.	6, 25	5.6.1
Women subjected to violence in the previous 12 months	This is the share of women who report being subject to domestic violence by their intimate partner in the past 12 months. Domestic violence may be physical, psychological or sexual.	16, 25	16.1.3
Standard of living			
Adults in households with electricity	This is the share of adults who live in households with electricity.	28	7.1.1
Adults in households with clean cooking fuel	Clean fuel includes electricity, gaseous fuels (e.g. natural gas, biogas). Unclean fuels include kerosene and solid fuels (biomass (wood, crop waste, dung), charcoal, coal).	28	7.1.2
Adults in households with adequate housing	This is the share of adults who live in households with adequate housing. Adequate housing refers to a household living in a place with quality floor, roof and wall materials.	28	
Mean share of assets owned by households/ owned assets	The percentage of assets owned by an individual's household is the percentage of the following assets that the adult's household owns: a radio, TV, telephone, mobile phone, bike, motorbike, refrigerator, car (or truck) and computer.	28	
Adults in households with a mobile phone	Adults in households with a mobile phone is the share of adults who live in households with a mobile phone.	28	5.b.1
Household health expenditures out of total consumption expenditures	this indicator is the share of the household total consumption expenditures that are dedicated to health (inpatient care and outpatient care out of pocket expenditures, medicines).		
Insecurity			

Adults in food insecure households	Food insecurity reflects whether recently (in the past week, month or 12 months) the household respondent worried about the household not having enough food or was faced with a situation when they did not have enough food to feed the household.	28	2.1.2
Adults in households that experienced a shock recently	This indicator reflects to what extent adults live in households that recently was exposed to at least one negative shock. The time frame is usually the past 12 months.	28	
Adults covered by health insurance		28	3.8.1
Adults in households receiving social protection	The share of adults living in households receiving social protection is the share of adults in households who have received social protection benefits in the past year or currently receive them (e.g. cash benefits, in kind transfers).	28	1.3.1
Multidimensional Poverty			
Adults who experience multidimensional poverty, i.e. deprivations in more than one dimension of wellbeing (education, health, personal activities, standard of living)	This is the share of adults who experience more than one deprivation or multidimensional poverty headcount	24, 25, 27, 28	

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