



**GUIDANCE NOTE ON INTEGRATING THE
MODULE ON CHILD FUNCTIONING
IN DEMOGRAPHIC AND HEALTH SURVEYS**



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Section 1

INTRODUCTION

The Child Functioning Module (CFM), developed by UNICEF and the Washington Group on Disability Statistics (WG), is intended to identify children with functional difficulties in a cross-nationally comparable way. It provides an estimate of the size of this population and can be used to measure disparities in well-being outcomes between children with functional difficulties and children without such difficulties. The module covers children aged 2 to 17 years and assesses difficulties in various domains of functioning. It conforms to the biopsychosocial model of disability, focusing on the presence and extent of functional difficulties rather than on body structure or conditions.

UNICEF and the WG, in consultation with an international group of experts, have put the CFM through a rigorous development and evaluation process, including drafting, revising and validating the questions. The extensive testing done on the module revealed that minor variations in question wording or in the administration of the questions can lead to significant response variation – that is, responses that do not meet the intent of the questions. To retain the properties of the module and maximize international comparability, the CFM should be used exactly as presented in the different language versions available on the [official website](#) and when translating the questionnaire into other languages. The module is intended to be integrated into household surveys based on probabilistic representative samples and is accompanied by a set of [standard tools and guidance](#) to support its implementation.

The CFM is well-suited for inclusion in Demographic and Health Surveys (DHS). However, a few principles need to be followed to ensure that the module retains its properties and produces accurate data, as explained on the following pages.

Section 2

QUESTIONNAIRE DESIGN

The tool

The CFM is comprised of two questionnaires, one with 16 questions for children aged 2 to 4 years and another with 24 questions for children aged 5 to 17 years. The questions are meant to be addressed to the child's mother or primary caregiver in cases where the mother is not alive or is not living in the household. A substitute respondent who is not the mother or primary caregiver should not be interviewed in place of the mother/primary caregiver.

The mother (or primary caregiver) is asked whether her child has difficulties performing certain activities, such as seeing, hearing, walking, learning, remembering or concentrating. The sensory questions allow for an introductory question on the use of glasses or hearing aids. To better reflect the degree of functional difficulty, each area is assessed against a rating scale. In addition to collecting data on domains related to physical, sensory and cognitive functioning, the CFM includes questions on difficulties in psychosocial functioning. The CFM module was designed to address the unique situation of children and collect data on a comprehensive range of functional domains. Using a shortened version of the CFM or using other instruments that collect data based on a restricted number of functional domains is not recommended. Such choices will not identify all children with all types of difficulties in basic activities and would result in an underestimation of the proportion of children with disabilities.

UNICEF/Washington Group Module on Child Functioning

Children aged 2 to 4 years

<p>SEEING Difficulty seeing</p> 	<p>HEARING Difficulty hearing sounds like people's voices or music</p> 	<p>MOBILITY Difficulty walking</p> 
<p>FINE MOTOR Difficulty picking up small objects</p> 	<p>COMMUNICATION/COMPREHENSION Difficulty understanding or being understood</p> 	<p>CONTROLLING BEHAVIOUR Kicking, biting or hitting other children or adults</p> 
<p>LEARNING Difficulty learning things</p> 	<p>PLAYING Difficulty playing</p> 	

Children aged 5 to 17 years

<p>SEEING Difficulty seeing</p> 	<p>HEARING Difficulty hearing sounds like people's voices or music</p> 	<p>MOBILITY Difficulty walking on level ground</p> 		
<p>SELF-CARE Difficulty feeding or dressing themselves</p> 	<p>COMMUNICATION/COMPREHENSION Difficulty being understood by people</p> 	<p>LEARNING Difficulty learning things</p> 		
<p>REMEMBERING Difficulty remembering things</p> 	<p>ATTENTION AND CONCENTRATING Difficulty concentrating on an activity they enjoy doing</p> 	<p>RELATIONSHIPS Difficulty making friends</p> 		
<p>COPING WITH CHANGE Difficulty accepting change in their routine</p> 	<p>AFFECT</p> <table border="0" style="width: 100%;"> <tr> <td data-bbox="625 1693 1066 1816"> <p>ANXIETY Seeming very anxious, nervous or worried on a daily basis</p>  </td> <td data-bbox="1069 1693 1503 1816"> <p>DEPRESSION Seeming very sad or depressed on a daily basis</p>  </td> </tr> </table>		<p>ANXIETY Seeming very anxious, nervous or worried on a daily basis</p> 	<p>DEPRESSION Seeming very sad or depressed on a daily basis</p> 
<p>ANXIETY Seeming very anxious, nervous or worried on a daily basis</p> 	<p>DEPRESSION Seeming very sad or depressed on a daily basis</p> 			
<p>CONTROLLING BEHAVIOUR Difficulty controlling their behaviour</p> 				

The standard DHS questionnaire includes, as an optional module, a modified version of the Washington Group Short Set on Functioning (WG-SS) to collect data on functional difficulties for all household members (and visitors who spent the night before the survey) aged 5 and older. The module is meant to be integrated into the Household Questionnaire and is administered to an adult member of the household (aged 15 or older). It is used to collect information on characteristics of the household's dwelling unit and characteristics of usual residents and visitors.

The WG-SS was developed in response to the stated need for a short module that can be added to censuses, which, in many countries, can be the sole or most reliable means of collecting population-based data.¹ Because of the restrictions inherent in the census format, the module had to be short and require minimal resources to administer. Given the need to keep the module short, a single question per functional domain is included. The final set of questions covers difficulties seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care, and communication (expressive and receptive). Other functional domains were considered, but not included, since some of them would require more than one question per domain and others, such as affect or pain, are not appropriate for a census. It is acknowledged, therefore, that the WG-SS will not identify all persons with all types of difficulties in basic activities. To identify those remaining, a more extensive set of questions is needed.

The WG-SS should not be used to collect data on children below the age of 5. When the WG-SS is used for children aged 5 and older, it is important to emphasize that estimates of prevalence are likely to be severely underestimated since information will be missed on key aspects of child development, including learning, interacting with peers, coping with change, and focusing attention. In addition, the wording of some of the WG-SS questions, such as the one on self-care, are not optimized for children. The questions in the CFM were intentionally modified in terms of the domains covered by both question sets to address these limitations. As a result, the WG-SS is not the recommended instrument for reporting on disability in children.

Furthermore, the mother (or primary caregiver) is the best informant when obtaining information on children. For many surveys that will include the WG-SS, including the standard DHS, the mother is unlikely to be the respondent to the questionnaire. Results from several countries and areas that used both the CFM and the WG-SS show that the number of children aged 5 to 17 years who are identified as having functional difficulties by the six domains covered by the WG-SS is substantially lower than the number identified by the domains included in the CFM.² While this underestimation is mostly due to the larger number of domains in the CFM, other sources of underestimation are due to the choice of respondents (mothers/caregivers versus any adult household member) and the different wording of questions that cover similar domains.

A more accurate measure of disability among children requires the full range of functional domains included in the CFM and administration to a child's mother (or primary caregiver). It is therefore recommended to replace the WG-SS with the CFM in DHS surveys as well as in all other surveys

¹ Most of the content included in this and the following paragraphs is derived from: Washington Group on Disability Statistics, 'The Data Collection Tools Developed by the Washington Group on Disability Statistics and their Recommended Use', WG, Washington, DC, 2020.

² United Nations Children's Fund, *Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities*, UNICEF, New York, 2021.

where children are a major focus or where key findings will be reported separately for children.

Placement of the module in DHS questionnaires

Because the DHS survey architecture does not include child-level questionnaires, it is recommended to include the CFM module as part of the Women's Questionnaire. In this case, the biological mother of the child will be the respondent. The implications of this are that the data collected will not be representative of all children aged 2 to 17 years, but only those living with their biological mother. DHS surveys that include the CFM in the Women's Questionnaire can opt to restrict the use of the WG-SS in the Household Questionnaire to respondents aged 18 and older.

Selection of subject child

A check will need to be added at the start of the module to verify if the woman has any children aged 2 to 17 years living with her. If she does, then there are two possible options: 1) ask the questions about all of the woman's children within this age range, or 2) ask the questions about one randomly selected child within this age range; or, if the woman has children in the two age groups covered by the CFM (i.e., children aged 2 to 4 years and children aged 5 to 17 years), ask the questions about one randomly selected child from each age group. It is important to note that the second option will reduce respondent burden but will also result in a smaller number of observations, which could affect the ability to disaggregate results.

Section 3

CUSTOMIZATION AND TRANSLATION

No questions should be added or removed from the CFM module, nor should any changes be introduced to question phrasing, question order or response options since this could affect the integrity and quality of the data collected. That said, some questions in the CFM can be customized to the context in which they will be used; standard customization guidance is available on the [CFM resource page](#). Customization of the CFM should be completed prior to conducting any pre-test/pilot, and careful attention should be given to any changes resulting from the customization process.

Standard translations of the CFM are available in Arabic, Chinese, French, Khmer, Portuguese (standard and Brazilian), Russian, Slovak, Spanish, Swahili, Ukrainian and Vietnamese on the [CFM resource page](#). Should there be a need to translate the tool into other languages, best practices for translation should be observed. Guidance and considerations for translation are available on the [CFM resource page](#).

Section 4

TRAINING CONSIDERATIONS AND INSTRUCTIONS FOR FIELD TEAMS

Training fieldwork teams on administration of the CFM as part of a DHS can be completed in around two to three hours; this includes time for question review and practice or mock interviews. The training does not necessarily need to be facilitated by a subject matter expert, although having such an informed expert deliver the training, when possible, is always advantageous. As part of its framework of technical assistance for implementation, UNICEF offers the possibility of facilitating and delivering a remote training on administration of the CFM (at no cost) as part of the larger fieldwork training for the survey.³

Training can be based on the CFM module and the accompanying instructions for interviewers available on the [CFM resource page](#). As part of its package of implementation tools, UNICEF has developed a standard training slide deck that is available upon request.

A sample training agenda and recommended content are as follows:

Duration	Contents	Resources
15 minutes	Introduction Development of the CFM	Video on CFM
30 minutes	Eligible respondents Type of questions General administration rules Interviewing techniques Ethical considerations	Instructions for interviewers CFM module
60 minutes	Question-by-question review	Instructions for interviewers CFM module
60 minutes	Practice Mock interviews	Instructions for interviewers CFM module

Some of the contents/topics suggested above could be removed if they will be covered elsewhere as part of the larger fieldwork training for the survey (such as training on interviewing techniques and ethical considerations).

A detailed manual with instructions for interviewers is available on the [CFM resource page](#) in multiple languages. If the questionnaire has been customized in any way, there will be a need to also customize the manual for interviewers for consistency.

³ To request UNICEF training on the administration of the CFM or to obtain access to the standard training slide deck, please contact Claudia Cappa (ccappa@unicef.org).

Section 5

DATA PROCESSING, ANALYSIS AND REPORTING

If the survey is being implemented using computer-assisted personal interviews (CAPI), then the CFM will need to be programmed as part of the survey's data collection application and should be tested as part of the dedicated CAPI test.

Sample weights reflecting selection probabilities and non-response are required to generate the CFM indicator. The tabulation syntax file (in Stata and SPSS) as well as the associated standard tabulation plan is available on the [CFM resource page](#).

The CFM generates data that are used to calculate a single indicator expressed as the percentage of children aged 2 to 17 years with any functional difficulty, as well as two age-specific indicators for children aged 2 to 4 years and children aged 5 to 17 years, calculated as follows:

Children aged 2 to 4 years who reportedly kick, bite or hit other children or adults a lot more than other children of the same age and/or who have 'a lot of difficulty' or 'cannot do at all' certain functions. These include:

- Seeing, even if using glasses
- Hearing, even if using a hearing aid
- Walking, even if using equipment or assistance
- Understanding
- Being understood when speaking
- Picking up small objects with their hands
- Learning things
- Playing.

Children aged 5 to 17 years who reportedly seem very anxious, nervous or worried and/or very sad or depressed on a daily basis and/or who have 'a lot of difficulty' or 'cannot do at all' certain functions. These include:

- Seeing, even if using glasses or contact lenses
- Hearing, even if using a hearing aid
- Walking on level ground, even if using equipment or assistance
- Performing self-care activities, such as feeding or dressing themselves
- Being understood when speaking to people inside or outside their household
- Learning things
- Remembering things
- Concentrating on an activity they enjoy
- Accepting changes in their routine
- Controlling their behaviour
- Making friends.



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