



CASE STUDIES COLLECTION 2019

Inclusion of persons with disabilities in humanitarian action

39 examples of field practices, and
learnings from 20 countries, for all phases
of humanitarian response

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Cover image: Arafat (second from the right) playing with his friends outside CBM and CDD's inclusive Child Friendly Space (CFS) in the Rohingya camps in Bangladesh. Arafat (who is 10) has hearing and speech impairments. The design and inclusive facilitation methods used in the CFS help ensure that all children are included in activities. © CBM/Hayduk

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Introduction

More than one billion people, approximately 15% of the global population, are persons with disabilities.¹ In crisis-affected communities, persons with disabilities continue to be among the most marginalized. 80% live in poverty,² and an estimated 10.3 million are forcibly displaced as a result of persecution, conflict and human-rights violations.³ In some cases, morbidity rates of persons with disabilities in disasters have been estimated to be two to four times higher than that of persons without disabilities,⁴ as are rates of sexual violence and abuse against women and girls with disabilities.⁵ The humanitarian response is often not inclusive of persons with disabilities, which results in exclusion from aid.⁶

Since 2008, when the **UN Convention on the Rights of Persons with Disabilities (CRPD)** entered into force, the humanitarian community started shifting their understanding of disability from a charity and medical approach to a rights-based and participatory approach. The willingness to include persons with disabilities in humanitarian policies and frameworks accelerated. Today, the CRPD together with the International Humanitarian Law⁷ and other legal frameworks applicable to humanitarian settings, requires all humanitarian assistance and protection efforts to be inclusive of persons with disabilities both in the occurrence of man-made and natural disasters.

Persons with disabilities include those who have long-term physical, psychosocial, 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.⁸

Organizations of persons with disabilities (OPDs) are organizations that are led, directed and governed by persons with disabilities. A clear majority of their membership is recruited among persons with disabilities themselves. They are rooted, committed to and fully respect the principles and rights recognized in the United Nations Convention on the Rights of Persons with Disabilities (CRPD).⁹

CRPD, Article 11 – Situations of risk and humanitarian emergencies:

“States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.”

Colin Allen, ex Vice Chair of IDA and President of the World Federation of the Deaf, speaks at the 2016 World Humanitarian Summit during the Special Session on Inclusion of Persons with Disabilities in Humanitarian Action, in the presence of UN Secretary General Ban Ki-moon. © Oktay Cilesiz



The 2016 World Humanitarian Summit (WHS) represented a turning point in directing the international community's attention to the fact that persons with disabilities too often fall through the cracks of humanitarian response.¹⁰ **The Charter on Inclusion of Persons with Disabilities in Humanitarian Action**,¹¹ launched on that occasion, gathered the interest of a broad range of humanitarian stakeholders who joined forces "to take all steps to meet the essential needs and promote the protection, safety and respect for the dignity of persons with disabilities in situations of risk." The Charter states that "progress towards principled and effective humanitarian action will only be realized if humanitarian preparedness and response becomes inclusive of persons with disabilities." This inclusive approach is grounded on the humanitarian principles of humanity and impartiality, and the human-rights principles of inherent dignity, equality and non-discrimination.

In line with the commitments taken at the WHS and by endorsing the Charter, the Inter-Agency Standing Committee (IASC) established a Task Team co-chaired by UNICEF, the International Disability Alliance (IDA), and Humanity & Inclusion (HI), to develop **Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action**. The Guidelines, designed for use by national, regional and international humanitarian actors, set out essential actions to take in order to effectively identify and respond to the needs and rights of persons with disabilities who are most at risk of being left behind in humanitarian settings.

Published at the same time as the IASC Guidelines, this report aims to support their uptake and promote learning by example. This report presents **39 short case studies on inclusive practices for persons with disabilities in humanitarian action and disaster risk reduction (DRR)**. It is designed for humanitarian stakeholders with limited experience of working with and for persons with disabilities, as well as for organizations of persons with disabilities (OPDs) planning to engage in humanitarian action and DRR. The report draws lessons from field practices, but does not provide technical guidance. The IASC Guidelines are the reference document to seek in-depth theoretical and technical information¹².



39 examples of field practices, and learnings from 20 countries, for all phases of humanitarian response

Asia-Pacific: Bangladesh, Myanmar, Nepal, New Zealand, Pakistan, Philippines, Tonga, Vanuatu

Europe: Greece, UK

Middle East: Iraq, Jordan, Lebanon, Palestine, plus one undisclosed location

Africa: Democratic Republic of Congo, Kenya, Niger, South Sudan

Latin America: Haiti

The case studies included in the report focus on:

1. **Inclusive disaster risk reduction and preparedness.** Practices described in this chapter show how DRR and preparedness benefit by ensuring access and participation to persons with disabilities and OPDs.
2. **Collecting and using disability disaggregated data for assessments and programming.** This chapter includes examples of participatory research and rapid assessment studies on the situation of persons with disabilities during and after disasters.
3. **Participation of persons with disabilities and their representative organizations in humanitarian response and recovery.** The case studies in this chapter are about humanitarian and recovery projects led by OPDs, or done in collaboration between NGOs and OPDs.
4. **Removing barriers to access humanitarian assistance and protection.** This chapter includes examples of projects in which persons with disabilities and OPDs are at the center of assessing and addressing barriers to persons with disabilities, and examples of humanitarian actors seeking different kind of external technical support to address existing barriers.
5. **Influencing coordination mechanisms and resource mobilization to be inclusive.** The practices described in this chapter touch upon the experience of disability-focused coordination mechanisms, as well as experiences of influencing national Humanitarian Response Plans (HRPs) and pooled funding.

CBM, HI and IDA are confident that this report will provide practical examples which demonstrate the implementation of inclusive and participatory approaches to humanitarian action, while highlighting challenges and suggestions to overcome them. By reading this report, we hope that humanitarian colleagues and OPDs will be inspired to enhance collaboration and partnerships, as well as to design and implement practices that are the true reflection of principled and effective humanitarian action.

Methodology

The evidence presented in this report was identified in 2017-2018 through a desk review of publicly available reports and internal documents on projects implemented by CBM, HI and IDA members, as well as their partners and affiliate members. Field visits to Lebanon, Jordan, Kenya, Nepal, and the Philippines conducted in 2018 also informed the case-study collection and documentation. During the field visits, the lead author of the report, together with HI, CBM and IDA colleagues, interviewed key informants, mainly programmatic or technical leads from the OPDs and humanitarian agencies, held focus-group discussions, and observed practices directly wherever possible. The interviews and focus-group discussions paid significant attention to capturing the perspectives of persons with disabilities and their representative organizations.

The case studies featured in this report have been developed directly with the field actors involved. The practices were analyzed with respect to the general principles of the CRPD¹³ and the Global Protection Cluster's Protection Mainstreaming principles¹⁴; the commitments of the Charter on Inclusion of Persons with Disabilities in Humanitarian Action¹⁵; and the OECD Evaluation Criteria.¹⁶ Most of the practices have also been reviewed and approved by the Evidence Gathering Working Group of the IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action.

1. Inclusive disaster risk reduction and preparedness

For every nine US dollars spent responding to disasters, only one is spent on preventing and preparing for them.¹⁷ This disparity costs lives, especially for persons with disabilities who are at higher risk of death, injury, and destitution as a result of natural and manmade hazards. This risk has been heightened by climate change, which has exposed populations to threats not previously faced.¹⁸

Pre-crisis actions to mitigate, prevent and prepare for crises have a much greater impact on the protection of at-risk populations than actions during response and recovery. However, persons with disabilities are routinely excluded from disaster risk reduction (DRR) and preparedness programs. In case of emergency, governments, humanitarian actors and persons with disabilities themselves end up often being inadequately prepared.¹⁹

As set out in the Sendai Framework for DRR 2015-2030, civil protection, humanitarian and preparedness actors, particularly governments, have a responsibility to ensure that DRR and preparedness programs are inclusive of persons with disabilities.²⁰ The IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action indicate the recommended actions that humanitarian actors need to undertake to ensure humanitarian preparedness is inclusive in a number of areas, including data collection, camp coordination and camp management (CCCM), education, food security and nutrition, livelihoods, health, protection, shelter and settlements, water, sanitation and hygiene (WASH).²¹

Practices from Bangladesh, New Zealand, the Philippines, and the UK described in this chapter show how DRR and preparedness could benefit by ensuring access and participation to persons with disabilities and OPDs.

Disaster risk reduction is aimed at preventing new and reducing existing disaster risk and managing residual risk, all of which contribute to strengthening resilience and therefore to the achievement of sustainable development. DRR strategies and policies define goals and objectives across different timescales and with concrete targets, indicators and time frames. In line with the Sendai Framework for DRR 2015-2030, these should be aimed at preventing the creation of disaster risk, the reduction of existing risk and the strengthening of economic, social, health and environmental resilience.

Preparedness refers to the knowledge and capacities developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent or current disasters. Preparedness is based on a sound analysis of disaster risks and good linkages with early warning systems, and includes such activities as contingency planning, the stockpiling of equipment and supplies, the development of arrangements for coordination, evacuation and public information, and associated training and field exercises. These must be supported by formal institutional, legal and budgetary capacities.²²

LESSONS LEARNED

- » **Persons with disabilities and OPDs can have a critical role to play in DRR and preparedness**, for example in contingency planning; early-warning systems simulations; collection of censuses and household data disaggregated by disability; training; and as local civil society partners. OPDs often have established networks, and the ability to identify and communicate with at-risk populations and understand the barriers faced by persons with disabilities.
- » **Partnerships between humanitarian actors and OPDs on DRR and preparedness are crucial to build OPDs' capacity to act as first responders.** This requires long-term approaches to build trust and collaborative working relationships among OPDs, humanitarian organizations and local governments.
- » **DRR and preparedness practices that apply a person-centered and community approach facilitate the engagement between OPDs, the community and governments, and contribute to the participation of persons with disabilities in decision-making in disaster risk management and in their own communities.** Such practices can lead to positive outcomes for persons with disabilities, such as increased visibility and influence; reduction in exposure to hazards; heightened resilience and reduced stigma and discrimination. The outcome of these practices may be enhanced if they include activities aiming to remove economic barriers and include psychosocial support.
- » **Humanitarian actors need to take deliberate actions to prepare themselves to address the particular challenges faced by persons with disabilities when the crisis strikes.** This could be done by joining forces with persons with disabilities, OPDs and technical experts through training and partnerships.
- » **Accessibility and reasonable accommodation²³** are preconditions to ensure meaningful participation of and access to services by persons with disabilities. This means considering accessibility in all aspects of humanitarian interventions and planning adjustments, including through appropriate budget, to enable equal access of persons with disabilities, such as transportation, sign-language interpretation, or assistive devices.
- » **The different disability groups need to be considered.** Organizations should be mindful of promoting diverse representation within OPDs and also seek to work with OPDs who represent persons with disabilities whose perspectives are less often considered, such as persons with intellectual disabilities. Should this not be possible, a variety of persons with a diverse range of disabilities can be involved.

1.1. Case studies: organizations preparing for an inclusive response

i. OPD work with Red Cross staff on DRR and first aid training, Philippines

PRACTICE. In 2015, the Deaf Disaster Assistance Team-Disaster Risk Reduction (DDAT-DRR), an OPD of deaf persons established in Cebu province in the Philippines, partnered with the Philippine Federation of the Deaf (PFD) and Philippine National Association of Sign Language Interpreters (PNASLI) to conduct a research, led by the University of Sydney, showing that communication challenges were the biggest barrier faced by deaf persons affected by disasters to access a humanitarian response. The research showed that humanitarian actors were not preparing themselves to be able to communicate with the deaf community and that investment was needed in institutional capacity for Filipino sign-language interpretation as part of preparedness efforts.

In response to the research, DDAT-DRR collaborated with the Philippines Red Cross in partnership with the Local Government of Cebu to conduct a regional training on DRR and first aid for leaders of deaf communities and sign-language interpreters from across the country. This was arranged through the network of the PFD and PNASLI. The deaf leaders then engaged their local Red Cross chapters to conduct joint first-aid training for their local deaf community members and Red Cross volunteers. This training provided an important opportunity to build connections between the deaf communities and DRR actors. Members of the deaf communities were sensitized to the need for more sign- language interpreters, and the Red Cross trainers began to understand the experience and needs of deaf people during disasters.

OVERCOMING CHALLENGES. The scarcity of sign-language interpreters is a consistent challenge in the Philippines, as is the lack of signs for disaster-related terms in the national sign language. DDAT-DRR is using their research findings to advocate for the government to fund interpreter training programs and provide more ongoing collaborations and trainings between deaf communities, sign-language interpreters, and DRR actors. This will not only strengthen the relationships between the three parties but also increase the deaf communities' knowledge and resilience to disasters along with an efficient response system in place.

KEY LESSON. Humanitarian actors need to prepare themselves to communicate with at-risk populations, such as deaf persons or persons who are hard of hearing. Collaborations between humanitarian actors, deaf communities, and sign-language interpreters in all humanitarian planning are necessary to achieve this. This goes beyond the initial emergency response.



Training organized by DDAT-DRR and the Philippines Red Cross, 2017.
© DDAT-DRR

ii. International disaster response exercise addresses the inclusion of persons with disabilities, UK

PRACTICE. In 2018, the IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action, represented by HI and CBM, participated in a major emergency simulation exercise in the UK called SIMEX18 organized by The SIMEX Series.²⁴ For the first time, inclusion of persons with disabilities was stipulated as a key learning objective.

During the exercise, the IASC Task Team players assumed the role of inclusion advisers. They worked together to analyze the protection risks and barriers faced by persons with disabilities; tested the application of existing resources in a first phase response; and provided guidance to other national and international NGO responders on practical measures to deliver a more inclusive response.

OVERCOMING CHALLENGES. Many of the participants at SIMEX18 were relatively new humanitarian workers or students. As such, they were being introduced to many new topics at the same time, including inclusion of persons with disabilities. SIMEX19 organizers and participants identified that conducting a series of training on disability inclusion for the participants could be useful to help provide an introduction to disability inclusion in a quitter classroom environment during the simulation. This was conducted during SIMEX19 by CBM.

KEY LESSON. Simulation exercises are an important part of operational preparedness as they provide an opportunity for humanitarian actors to test their response procedures and tools, and train staff. They should provide an effective and inclusive learning experience for humanitarian actors and communities, including persons with disabilities. Simulation exercises should involve persons with disabilities as co-facilitators or role players to share their experience of the barriers they and other groups of persons with disabilities may face, so as to avoid stigma or simplistic portrayal of persons with disabilities. OPD representatives should play a role in disability awareness.

Accessible rescue boat which serves for emergency rescue and evacuation of everyone in the community. © CDD



1.2. Case studies: supporting communities to engage in inclusive DRR and preparedness

i. Partnering with local communities to promote disability-inclusive DRR in flood-prone areas, Bangladesh

PRACTICE. Since 2009, the Centre for Disability in Development (CDD), a Bangladesh NGO, has been working in partnership with CBM and a local NGO, Gana Unnayan Kendra (GUK), to enable persons with disabilities and their communities to cope with the effects of flooding and climate change.^{25, 26}

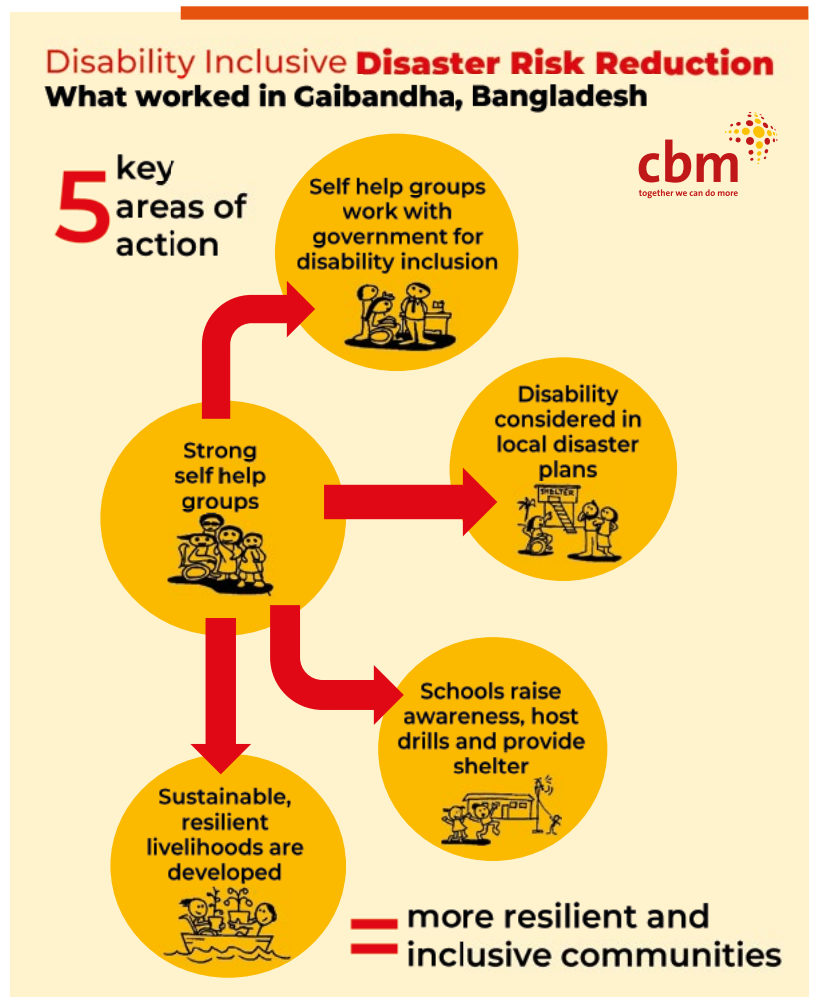
At the household level, the project partners provide targeted support for persons with disabilities to access livelihood opportunities and register for government social protection as well as counseling for household preparedness. The additional income enables persons with disabilities to buy materials to raise the level of their houses and take measures to protect their water supply by installing concrete tube wells.

At the community level the project partners supported the establishment of self-help groups of persons with disabilities, and community-run Disaster Management Committees. These committees engage with the local government-run Disaster Management Committees to implement activities in their communities.

This infographic shows what worked in the DRR program implemented by CBM's partners Centre for Disability in Development (CDD) and Gaya Unnayan Kendra in Gaibandha, Bangladesh.
© CBM

OVERCOMING CHALLENGES. Low levels of education, literacy and self-confidence of persons with disabilities in rural locations make capacity building a challenge. The project partners overcame this by adapting the training and communication materials to simplify the language and use more images. Also they recruited staff from the local community to conduct the training in the local dialect.

KEY LESSON. The community-based Disaster Management Committees provide a critical structure for disaster response tailored to the risks and needs of the local community. They are sustainable frameworks for the representation of people who are traditionally excluded from decision-making in government structures.



ii. Persons with intellectual disabilities lead preparedness program, New Zealand

PRACTICE. In 2011, in response to the earthquake that hit Christchurch, New Zealand, the OPD IHC, co-developed and co-delivered a series of workshops on disaster preparedness with persons with intellectual disabilities from a local self-advocacy group. The workshops were delivered to persons with intellectual disability and their supporters across New Zealand.

IHC supported the self-advocacy group to form an Earthquake Reflection Group to develop survival strategies and compile kits with essential items for future disasters. The group also established relationships with key stakeholders such as Christchurch City Council, New Zealand Red Cross, and Christchurch Earthquake Recovery Association (CERA), which ensured they had a say in the rebuilding of the city.

OVERCOMING CHALLENGES. Discussing preparedness soon after a disaster can trigger the re-experiencing of trauma. IHC made every effort to ensure people accessed professional and personal support to deal with ongoing emotional challenges.

KEY LESSON. Persons with intellectual disabilities can be active agents in disaster preparedness. This requires a genuine co-design approach, providing a safe space and ensuring accessible communication (such as easy-read or illustration) for persons with intellectual disabilities to tell their stories and take a leadership role.

iii. Combining livelihood and health programs with DRR to increase resilience and participation for persons with disabilities, Philippines

PRACTICE. Between 2016 and 2018, HI supported local OPDs in the Philippines to take an active role in community-based disability inclusive DRR (DiDRR) in areas which were badly affected by Super Typhoon Haiyan (locally known as Yolanda).²⁷ The so-called iRESTORE project²⁸ combined inclusive livelihoods, health, inclusive local development and DRR components to increase resilience of persons with disabilities and their communities.

Following a twin-track approach, the project built the capacity of local government DRR committees to be more inclusive. At the same time, it empowered local OPDs to influence and participate in the work of the committees alongside other community-based groups representing older persons, youth, women, farmers and fisher folks. The training and capacity building was based on the results of capacity needs assessments conducted for both the DRR committees and the community groups, combined with HI technical expertise.

OVERCOMING CHALLENGES. In this context, new community groups of persons with disabilities required consistent support to form and establish themselves, and to strengthen their capacities as an empowered group able to participate actively and effectively in DRR local governance. Aside from training on

inclusive DRR, HI worked with the newly established OPDs by providing capacity building on organizational development, advocacy and awareness raising. Community activities were also organized to provide fora for the newly established OPDs to convey their messages and awareness about their rights and capacities. In addition, persons with disabilities received technical support on how to make their wage or livelihood activities resilient to disasters. This further increased the capacity of persons with disabilities and their families to be ready to deal with future disaster risks.

KEY LESSON. To be able to participate actively in local DRR governance it is important that OPDs' capacities are strengthened. Moreover, resilient income generation is critical for both reducing risk and removing barriers to community participation for persons with disabilities. Economic resilience is a critical component of individuals and households to prepare for, respond to and recover from disasters.

iv. Building capacities of persons with disabilities to lead on community-based inclusive DRR, Philippines

PRACTICE. Since 2015, CBM has partnered with national NGOs experienced in community-based programming in the Philippines to support OPDs to engage in DRR. Activities in the first year focused on capacity building of OPDs and building relationships with local DRR officials. In the second year, the project built on this foundation with training for local government units on DiDRR and participation of OPD members in Disaster Risk Management (DRM) planning, risk mapping, mitigation activities and inclusive early warning systems.

OVERCOMING CHALLENGES. Achieving direct representation of deaf persons or persons with intellectual or psychosocial disabilities in DRR committees is a common challenge. Often they are represented indirectly by family members. Designing projects in collaboration with OPDs who represent these constituencies can help to overcome this challenge.

KEY LESSON. DRR can be an effective entry point for persons with disabilities to engage as positive contributors to their local community. Advocating for the local government to take responsibility for inclusive DRR has provided civil society with opportunities to influence local policies and practices. OPDs can capitalize on this opportunity to take the lead on an issue which is important for the entire community.

“This project was a wake-up call for us about DRR. This is our way to serve the community. Flooding happens regularly, and the government provides a general response by distribution of basic food kits. We said that we need to be involved in the discussions.”

OPD leader from the Philippines

v. Meaningful participation of persons with disabilities at all levels of DRR governance, Philippines

PRACTICE. Between 2014 and 2018, a coalition of Filipino national civil society organizations, including the national federation of OPDs and an organization representing older persons, together with international actors, such as HI and CBM, joined forces with government bodies to form a technical working group to include persons with disabilities into the national training manual on community-based DRR.

The revised manual, titled “Lahat Handa,” meaning “Everybody Ready,” was then the basis of a comprehensive five-day training-of-trainers program conducted by the technical working group. This produced a pool of master trainers, most of whom were persons with disabilities, including many women with disabilities. Demand for training on Lahat Handa increased as word spread to provincial, city, municipal and village levels across the Philippines. The dissemination of Lahat Handa through trainings led by persons with disabilities improved the willingness of DRR authorities and practitioners to invest in inclusive community-based DRR.

OVERCOMING CHALLENGES. Challenges related to the dissemination and uptake of the manual were overcome by building a broad coalition of civil-society and government actors that had ownership of the manual, were the primary users, as well as vehicles of its promotion.

KEY LESSON. Prior to the development and dissemination of Lahat Handa, persons with disabilities were deemed by DRR authorities and practitioners as fragile and passive recipients of aid. The involvement of persons with disabilities in developing the manual and providing training to DRR authorities empowered persons with disabilities to see themselves as leaders on DRR in their communities. This helped to change the mind-set and perceptions of DRR authorities and practitioners on persons with disabilities to regard them as experts on inclusive DRR. The translation of the manual and training material in various accessible formats would support further uptake by an even more diverse group of persons with disabilities.

HI physiotherapist shows Dante how to use his new crutches. Dante, 53, is recovering from an injury acquired during Typhoon Haiyan.
© Molly Feltner/Handicap International



2. Collecting and using disability-disaggregated data for assessments and programming

The collection, analysis, and use of disaggregated data on persons with disabilities are essential components of inclusive humanitarian action. As highlighted in the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, programming should be timely informed by data disaggregated by age, gender and disability to ensure it identifies the most at-risk population, is responsive to the risks, barriers and needs faced by different constituencies of persons with disabilities, and considers their capacities.^{29,30} The IASC Guidelines provide a complete overview of existing tools for collecting data on persons with disabilities in a humanitarian context.³¹

The case studies described in this chapter, from Iraq, Jordan, Lebanon, South Sudan, Tonga, and Vanuatu, showcase how one specific tool, the Washington Group Questions (WGQs), can be used in participatory research and rapid assessment studies on the situation of persons with disabilities during and after disasters, in both internal-displacement and refugee contexts.

Washington Group Questions

The Washington Group Questions (WGQs) have been developed by the Washington Group on Disability Statistics³², a group under the UN Statistical Commission, with the purpose of generating reliable and comparable data on persons with disabilities during national-level data-collection exercises. There are various sets of questions for different use, including a Child Functioning module developed by the Washington Group and UNICEF.

The WGQs have been successfully used in humanitarian settings to understand the prevalence of persons with disabilities at population level, identify people who are at risk of not fully participating in programs, inform programming or service delivery, measure access rates, and gather comparable data for donors and coordination systems.

Humanity & Inclusion (HI) piloted the use of the Washington Group Short Set of Questions in humanitarian settings and developed an online training package for humanitarian professionals.^{33,34}

Six Questions on Short Set



Do you have difficulty seeing, even if wearing glasses?



Do you have difficulty walking or climbing steps?



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



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



Do you have difficulty remembering or concentrating?



Using your usual language, do you have difficulty communicating, for example understanding or being understood?

LESSONS LEARNED

- » **Relevant, effective and inclusive preparedness and humanitarian programming is informed by assessments and other data-collection initiatives that include persons with disabilities.** Identifying and mapping persons with disabilities in communities before a disaster occurs helps make high-quality data available immediately to guide the response planning. In situations where persons with disabilities have been displaced, including the WGQs in camp registration systems allows proper identification of persons with disabilities in a streamlined manner.
- » **The Washington Group Questions (WGQs) have proved to be effective in collecting quality and comparable data on persons with disabilities** during humanitarian responses as well as for preparedness purposes.
- » **Participation of persons with disabilities and OPDs in assessments and research increases the accuracy of the data and the impact of the findings.** However, ensuring the participation of persons with disabilities could be challenging in internal-displacement and refugee contexts where persons with disabilities might not be organized in groups or not in a capacity to support these kinds of activities. In these cases, support could be provided to create new community groups, to provide capacity-building and self-empowerment opportunities.
- » **Training camp managers, enumerators, staff working on Monitoring, Evaluation, Accountability, and Learning (MEAL) and program managers, as well as OPDs on collecting, analyzing and using disaggregated data** is key to ensure accurate, relevant and useful data collection.
- » **Specific attention needs to be paid to engage underrepresented groups in data collection for a representative sampling,** such as women and girls, persons with intellectual and psychosocial disabilities, and persons with deaf-blindness. If participants for key informant interviews and focus groups are identified by community leaders, the findings are likely to be biased in favor of those who are better connected with them, rather than the more isolated and marginalized.

2.1. Case studies: including the Washington Group Questions in assessments and analysis on persons with disabilities

i. Survey on the situation of persons with disabilities in cyclone prone area, Vanuatu

PRACTICE. In 2015, Tropical Cyclone Pam hit Vanuatu. A category five cyclone, it was at that time the strongest storm ever to reach Pacific shores. Despite the advocacy of OPDs and the efforts of the Gender and Protection Cluster, the situation and needs of persons with disabilities following the cyclone were generally not captured in formal mainstream assessments led by the National Disaster Management Office. To fill this gap, a multi-stakeholder group

collaborated to conduct a comprehensive survey of the situation of persons with disabilities in Tanna, one of the most affected islands. The survey was planned and delivered over the course of 12 months by the Nossal Institute for Global Health together with CBM Australia, Oxfam in Vanuatu, the OPD Vanuatu Disability Promotion and Advocacy Association (VDPA), and the disability service provider Vanuatu Society for People with Disability (VSPD), as well as government agencies.

The household survey questionnaire used for this assessment was adapted, reviewed for cultural and technical appropriateness, piloted and translated in partnership with local stakeholders, including persons with disabilities and people from Tanna. Persons with disabilities were also included in the teams who administered the survey. The survey used the relevant WGQs sets and a series of questions on well-being, rights, and access to services. The findings of the survey provided evidence to demonstrate the need for meaningful participation of persons with disabilities in disaster preparedness activities, as well as the need to provide accessible evacuation centers, emergency shelter and WASH facilities, and targeted services.^{35,36}

OVERCOMING CHALLENGES. Making time for training and testing can be difficult in disaster-prone contexts. Data-collector training and survey piloting was disrupted by Tropical Cyclone Winston, which meant that interviewers began collecting data with less practical experience than planned. Data quality audits were undertaken throughout the fieldwork phase to identify particular interviewers and clusters where data was of poor quality and replacement interviews were completed. While this ensured the quality and validity of the results, it did delay fieldwork and may have increased recall bias as some respondents were interviewed some 11 months after the earlier respondents were interviewed.

KEY LESSON. Engagement and involvement of Vanuatu persons with disabilities (including people from Tanna) and the OPD in the planning, implementation and interpretation of results ensured that the research was relevant and respectful.

The WGQs allow for the collection of disability data according to a standardized, internationally comparable definition. Collaboration with national statistics offices strengthens the understanding and capacity regarding the use of this international measure for disability identification, which will improve collection of reliable disability data in future national-level surveys.

ii. **Assessment on the situation of internally displaced persons with disabilities in Protection of Civilians site, South Sudan**

PRACTICE. In 2017, HI and the International Organization for Migration (IOM) conducted an assessment in the Protection of Civilians (PoC) site in Bentiu, South Sudan, home to over 100,000 Internally Displaced Persons (IDPs). The aim of the assessment was to increase the understanding by humanitarian actors of the situation of persons with disabilities living at the site, specifically the barriers and enablers determining access to essential assistance and protection. Multi-sector assessment tools and the WGQs were used for this exercise.

The assessment provided strong evidence to demonstrate major gaps in service provision and protection measures for persons with disabilities. The findings were shared with national cluster coordinators and humanitarian actors operational in Bentiu site and presented to camp community members, including persons with disabilities. The assessment provided IOM clear evidence upon which to base an action plan to address the root causes of discrimination in current and future programming.³⁷

OVERCOMING CHALLENGES. In the Bentiu Protection of Civilian site, the community members and organizations of persons with disabilities which HI and IOM consulted had a low level of knowledge about humanitarian action and so it was a challenge to include them meaningfully in designing and implementing the assessment. This also impacted their ability to identify risks and barriers to the humanitarian response. To address these issues, IOM is improving the participation of persons with disabilities through creating better site infrastructure, facilitating access to complaints' desks and ensuring representation of persons with disabilities in the highest community governance structure in the site.

KEY LESSON. This assessment established a replicable research model for humanitarian service providers based on inclusive and participative research using the WGQs. The findings of the assessment were translated in a clear road-map to all actors on how to improve the access, participation and protection of persons with disabilities in a camp setting. Consultations need to be conducted in ways that are accessible to community members and persons with disabilities. In addition, it is important to provide opportunities for the self-empowerment of persons with disabilities and to support their representative organizations to participate in these kinds of data collection exercise.

“The lack of data is one of the main reasons why persons with disabilities face exclusion and discrimination. Without data, humanitarian actors are not aware of the barriers that they face in accessing humanitarian assistance such as shelter, water, health and education.”

HI Regional Inclusion Technical Coordinator, Jordan

iii. Assessment on the situation of Syrian refugees with disabilities, Jordan and Lebanon

PRACTICE. In 2017 and 2018, HI collaborated with iMMAP, an international non-profit organization specializing in information management services, to assess the situation of persons with disabilities within the Syrian refugee population in camps and host communities in Jordan and Lebanon. Questionnaires, including the WGQs sets, were administered to a random sample of around 6,400 refugees in Jordan and 2,500 refugees in Lebanon, and qualitative data was collected through key informant interviews, focus-group discussions with children, and a literature review. The enumerator teams received five days of training. Data validation workshops enabled presentation and discussion of key findings with humanitarian actors to ensure that interpretation reflected the contextual realities of each location.

The study found that the prevalence of disability was over 22% in both Jordan and Lebanon, and over 60% of households had at least one member who is a person with disabilities. This is significantly higher than the existing statistic of 2% to 4%.³⁸

OVERCOMING CHALLENGES. Great care was taken to ensure accurate translation of the questionnaires to Arabic. Various translations of the WGQs from the



Displaced people in Khazer M1 Camp, Iraq. © Martin Črep/HI

national statistics offices of Oman, Egypt and Palestine were examined to check basic consistency of understanding. However, testing is required to ensure that the translated questions are understood as they are intended.

KEY LESSON. Mixing research methodologies (quantitative and qualitative data collection) as well as ensuring proper training of enumerator teams strengthened the reliability and value of the research. Data validation workshops enabled discussion of key findings with humanitarian actors to ensure that interpretation reflected the contextual realities of each location.

iv. Assessment of the situation of internally displaced persons with disabilities in camps, Iraq

PRACTICE. In 2017-2018, following the large-scale displacement of people from Mosul, HI conducted an assessment in IDP camps in Nineveh Governorate, Iraq, to collect data on persons with disabilities. The questionnaire integrated the WGQs.

Results showed a higher rate of persons with disabilities (17%) compared to what was previously estimated (0.9% to 2.7%) by camp management, and significant difficulties to access services. HI used the survey to advocate for inclusive services toward camp management, humanitarian stakeholders and donors.³⁹ Unfortunately the impact of the survey was limited, as camp management staff did not update the data on persons with disabilities, mainly due to the continuous turnover of the population in camps.

CHALLENGES. Although HI had provided training to camp management staff to use the WGQs during IDP registration, the time constraints imposed by the mass influx to the camps and continuous turnover of the camp population did not allow camp management to collect the data with the appropriate tools. Also, the camp management lacked capacity to conduct ongoing data collection to identify people at risk of being excluded from services.

KEY LESSON. Mainstreaming the WGQs into camp registration systems is important to ensure that data are properly disaggregated by sex, age and disability, and that persons with disabilities are identified. Moreover, camp management staff needs to be sufficiently prepared to collect data on persons with disabilities, as well as barriers and enablers to services during high influx of IDPs and on an ongoing basis.

v. OPDs and persons with disabilities conduct rapid needs assessment, Tonga

PRACTICE. In 2018, the Pacific Disability Forum (PDF) conducted an eight-day rapid needs assessment in Tonga in response to Tropical Cyclone Gita using the WGQs. The assessment was part of a response supported by CBM and was included in the response plan of the Protection Cluster.

The assessment survey included demographic data and needs for referrals; the long set of the WGQs; and qualitative questions on participation in community life. The data collection was performed by two Tonga OPDs, Naunau o'e Alamaite Tonga Association (NATA) and Tonga National Visual Impairment Association (TNVIA), together with the Ministry of Internal Affairs Social Protection and Disability Department. Each actor provided two teams of enumerators, who were trained by PDF. The OPDs' teams consisted entirely of persons with disabilities.

Findings from the assessment were used to develop specific recommendations and published to inform the humanitarian response on the challenges faced by persons with disabilities. A group of OPD members were supported under the project to map local humanitarian actors and advocate for the recommendations to be implemented in Tonga. The New Zealand Aid Programme called New Zealand-based humanitarian agencies to consider recommendations during the response and recovery.

CHALLENGES. The OPDs involved expressed the need for longer training to conduct needs assessments, particularly to have greater understanding of the wording and concepts used in the extended set of the WGQs. While the OPDs had some training, it was not sufficient to empower them to define the questions thoroughly during the assessment.

KEY LESSON. Including persons with disabilities and their representative organizations in the planning, implementation and interpretation of needs assessment results ensures that research is relevant and respectful, and strengthens the quality of data and usefulness of the findings. Employing persons with disabilities as enumerators for gathering disability data reduces the risk of persons with disabilities being overlooked through assessments conducted at the household level.

3. Participation of persons with disabilities and their representative organizations in humanitarian response and recovery

Since the 2016 World Humanitarian Summit, participation of affected populations in humanitarian response delivery and recovery has been placed at the center of the humanitarian reform, and some improvements have been documented.⁴⁰ Persons with disabilities are the best placed to know about barriers and discrimination they experience and contribute to solutions that are adapted to them. Participation of persons with disabilities in needs assessment, design, implementation, coordination, monitoring and evaluation of humanitarian response programs is to be considered a critical foundation of inclusive humanitarian action.^{41,42}

The IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action provide examples of actions that humanitarian actors should take to promote meaningful participation of persons with disabilities, including through their representative organizations, such as enabling their participation in all processes and phases of the humanitarian response, recruiting persons with disabilities as staff, seeking advice from and collaborating with OPDs.⁴³ They also include specific recommendations on participatory practices in data collection, CCCM, education, food security and nutrition, livelihoods, health, protection, shelter and settlements, and WASH.⁴⁴

There is little evidence of systematic engagement of OPDs and persons with disabilities in humanitarian response delivery. The OPDs consulted in the course of the research for this report described facing physical, attitudinal, and institutional barriers to inclusion in decision-making processes, despite their desire to be more involved in humanitarian action.

“We are not participating in discussions about disaster management and humanitarian action. Persons with disabilities are assumed only to be recipients of relief and not contributors.” President of Kenya Union of the Blind

“The language is very technical, especially around budgeting; also, meeting venues are physically inaccessible and reasonable accommodation is lacking. Decision-makers hold negative attitudes towards persons with disabilities; and there is very rarely representation of persons with intellectual or psychosocial disabilities.” President of United Disabled Peoples, Kenya

“Some of the meetings were very embarrassing. Some people did not want to hear from persons with disabilities. Unfortunately, there was no opportunity to run sensitization sessions in the cluster meetings, everyone was in such a rush.” Administrative Manager of National Federation Disabled, Nepal

“We were not involved at the national level. None of our members were involved in the disaster management committees at district levels. We have not been able to establish any partnerships; there are just lots of meetings. It takes a long time to build a network and gain recognition. Indigenous persons are not as educated or aware as other people.” General Secretary of Nepal Indigenous Disabled Association (NIDA)

Nonetheless, positive practices can be identified, where humanitarian action was designed and implemented either by OPDs themselves or with OPDs as partners. This chapter includes examples from Greece, Lebanon, and Nepal in which OPDs lead projects as part of the humanitarian response. The case studies from Kenya, Niger, and Tonga illustrate the advantages of collaboration between NGOs and OPDs to deliver inclusive humanitarian programs. Other practices from Nepal and Palestine reflect on ways in which OPDs can become recovery actors, aiming to support their communities to become more inclusive in the long run.

LESSONS LEARNED

- » **Persons with disabilities and OPDs can undertake any role in a humanitarian response.** For example, they can be responders, technical experts, community representatives, advocates or conduits to ensure that their members access the essential information and services during a crisis.
- » **Pre-existing partnerships between humanitarian actors and OPDs make the response more efficient when crisis strikes.** Building partnership should also be linked with empowerment and capacity building.
- » **In contexts of mass displacement, host community OPDs may have the institutional capacities and potential to contribute to the protection and inclusion of displaced persons with disabilities.** In these contexts, **persons with disabilities from affected populations can also be supported to partner and self-organize**, in order to facilitate their participation in decision-making processes.
- » **Humanitarian actors should seek to consider intersectional discriminatory factors.** Partnership and collaboration with a range of persons with disabilities and OPDs who are from different constituencies, such as women, indigenous persons, persons with psychosocial and intellectual disabilities, would be beneficial to better address the multiple and intersecting forms of discrimination they face.
- » **In the recovery phases, investment in the capacity of persons with disabilities and OPDs to participate in the future of their community** results in more inclusive and accessible spaces, but also more inclusive societies in the long run.

3.1. Case studies: organizations of persons with disabilities acting as humanitarian responders

i. OPD from host community builds peer network for refugees with intellectual disabilities, Lebanon

PRACTICE. In 2014, the Lebanese Association for Self-Advocacy (LASA), a national OPD run by and for persons with intellectual disabilities, was introduced to issues relating to refugees with intellectual disabilities in a workshop run by the Women's Refugee Commission (WRC). LASA started to run monthly information and discussion sessions with a small group of refugees with intellectual disabilities living in Beirut and their family members. To extend their reach, LASA applied for funding from UNHCR, which enabled them to develop easy-read materials and conduct a structured program.

The activities and materials used during the information and discussion sessions were developed and implemented by LASA self-advocates, with the support of LASA's support staff. During the sessions, LASA self-advocates supported the refugees in visualizing and expressing their likes and dislikes, future plans and aspirations as well as expressing their views on decision-making, mobility and independence. Self-advocates supported family members to recognize the value of the voices and perspectives of persons with disabilities by engaging parents of children with disabilities.

OVERCOMING CHALLENGES. Refugees with intellectual disabilities and their families most often felt that they weren't listened to by humanitarian actors, which contributed to feelings of anxiety and a lack of trust, when LASA first engaged them. This often led families of women and girls with intellectual disabilities, for example, to restrict their interaction within their communities as well as with Lebanese host communities. This significant challenge was overcome through LASA's participatory approach, where listening and engaging with persons with intellectual disabilities directly is a fundamental part of their work but as well, through the help of a Syrian visual artist LASA recruited to manage the project. As a refugee himself, he was able to build trust, and as an artist he helped self-advocates to communicate their experiences and ideas through art.

KEY LESSON. Although relatively small in scale and scope, LASA's approach to engaging refugees with intellectual disabilities demonstrates the potential for host community OPDs to contribute to the protection and inclusion of refugees with disabilities. The project drew upon their leadership, skills, experience, and capacities to deliver a project which puts self-advocates at the center of decision-making and program design.

ii. Partnerships with OPDs in first phase emergency response due to natural disaster, Nepal

PRACTICE. KOSHISH is a mental health OPD run by persons with psychosocial disabilities. Following the 2015 earthquake in Nepal, KOSHISH, in partnership with CBM, was well positioned to provide emergency psychosocial support services thanks to its pre-established network.



Activities that LASA has organized with refugees with intellectual disabilities.
© LASA

In the aftermath of the same earthquake, the Nepal Disabled Women Association (NDWA) worked with UN Women to collect information from their network of members about the situation of persons with disabilities in the affected communities. NDWA redirected funds from other projects to procure relief items to be distributed to their members and set up a temporary shelter for girls and women with disabilities for one month. They also worked with the national OPD to organize the distribution of relief materials.

In 2017, following severe flooding, NDWA implemented an emergency response project with financial support from CBM. Within two weeks of the flood, NDWA conducted a rapid assessment and organized for relief packages containing food and mosquito nets to be distributed to the worst-affected households, including households with persons with disabilities. With guidance from CBM, they were also able to influence officials to increase the food distribution allowance for households containing persons with disabilities.

OVERCOMING CHALLENGES. Persons with psychosocial disabilities are often underrepresented within OPD rights movements. However, with support from CBM, KOSHISH participated in cluster and coordination meetings relating to health, protection, and psychosocial support organized by the district government and took a leading role in the coordination of bi-weekly meetings of a psychosocial working group at the Division of Women and Children. This provided an opportunity to advocate for measures to include persons with psychosocial disabilities in other relief activities relating to shelter, health, WASH and nutrition.

KEY LESSON. OPD members may be part of the affected population in a crisis, but they should not be characterized as merely recipients of aid. An important factor that enabled NDWA to participate in the coordination of the emergency response was their existing relationship with UN Women. This highlights the importance of humanitarian and development actors engaging with local civil society organizations, including OPDs, as part of inclusive community-based DRR programs and emergency preparedness activities, to develop capacities, collaboration and trust.

2017 Nepal floods response.
Emergency support to persons with disabilities and their communities' flood effected wards in Banke district, Nepal. With partner NDWA, CBM supported 530 most at risk flood affected households through provision of emergency food, mosquito nets and assistive devices as per need.
© CBM



iii. OPD leads humanitarian programming to refugees with disabilities, Greece

PRACTICE. In 2017, the National Confederation of Disabled People (NCDP), an umbrella organization of OPDs, began collaborating with the UN Refugee Agency (UNHCR) and other humanitarian actors to identify the risks and barriers faced by persons with disabilities amongst the growing refugee population in Greece and seek appropriate interventions.

This collaboration led NCDP to become implementing partner for UNHCR on a project titled “Planning together: Empowering refugees with disabilities” (2017-18). The project sought to improve access to essential protection and health services for asylum seekers and refugees with disabilities. NCDP identified a need to build the capacity of state authorities and humanitarian actors, including UNHCR staff and partners, in order to identify and efficiently include persons with disabilities in their work. They sought to strengthen referral pathways and response mechanisms, and enable persons with disabilities to develop coping mechanisms and achieve self-reliance.

The project also involved the establishment of an Advisory Committee consisting of refugees with disabilities and the parents of refugee children with disabilities. Its role was to cooperate closely with NCDP to ensure that the perspectives of refugees with disabilities were considered in analyzing issues such as living conditions, access to specialized support services, family reunification and relocation.

OVERCOMING CHALLENGES. The most significant obstacles to the project were poor information about the rights of persons with disabilities among the government agencies and NGOs, lack of physical accessibility of services and structures, lack of interpretation, and social stereotypes. The NCDP not being located in the refugee sites also created some challenges in the project implementation, as did the implementation of UNHCR technical procedures. However, UNHCR put in place actions to support the cooperation (e.g. guidelines, tools, trainings, meetings).

KEY LESSON. The civil society in host communities plays a significant role in the acceptance and integration of refugees in general, and especially refugees with disabilities. The participation of the refugees and asylum seekers with disabilities themselves in the design and implementation of projects created a favorable and trusting environment and built transmission of knowledge and sense of responsibility that supports the sustainability of the project.

“This was the first time that a humanitarian project had being wholly designed and implemented by an OPD and this ground-breaking partnership between NCDP and UNHCR serves as an example to other OPDs and donors.”

National Confederation of Disabled People, Greece

3.2. Case studies: partnerships between INGOs and organizations of persons with disabilities leading to meaningful participation

i. Supporting local OPDs to engage with Kenya Red Cross Services, Kenya

PRACTICE. Since 2012, CBM has been partnering with the Kenya Red Cross Society (KRCS) to mainstream inclusion of persons with disabilities in their humanitarian action. A critical element of this collaboration has been initiating engagement between KRCS and local OPDs. This revealed to KRCS the basic concerns of persons with disabilities, including a lack of information and inclusion on preparedness and evacuation plans and poor access to both humanitarian and health services following a crisis.

Through this partnership, KRCS scaled up its engagement with OPDs in 2017 with training, needs assessment and response activities. The capacity of OPDs was strengthened to engage with the government structures around inclusive DRR and contingency planning. When flooding hit in 2018, the OPDs and KRCS were well positioned to work together on community-based health outreach activities as well as other critical emergency-response services. Following the flood response, KRCS trained focal points from the OPDs on rights-based advocacy, early warning systems, inclusive evacuation planning, and first aid, and involved them in health referral systems and livelihoods promotion. They also registered the OPD members as volunteers on local response teams and involved them in developing flood response plans alongside local authorities.

OVERCOMING CHALLENGES. During response there is always the urge by humanitarian actors to act fast with the intention to “save lives.” If disability considerations are not part of the preparedness plans, the response will not be inclusive, as the response stage is not conducive to changing plans or raising awareness.

Community-based health outreach following 2018 floods in Kenya, made possible by the existing collaboration between the KRCS and OPDs. © CBM



KEY LESSON. This practice demonstrates that persons with disabilities can undertake a range of roles in emergency preparedness and response, such as volunteers for the Red Cross; community representatives; and advocates in planning and review meetings with government officials. This collaboration empowered OPDs to advocate for their rights to access services at the local and national levels, and led to institutional learnings by KRCS on requirements to enable access for persons with disabilities in humanitarian contexts.

ii. Supporting local OPD to engage in refugee settings, Niger

PRACTICE. CBM and HI have both partnered with the national OPD Federation of Niger (FNPH) to promote a more inclusive humanitarian response to the mass displacement in the district of Diffa.

Beginning in 2016, CBM provided the Diffa chapter of FNPH with a comprehensive series of training on disability concepts, legal frameworks, and disability-inclusive humanitarian action. The training on disability inclusion significantly improved the knowledge of members of the FNPH section of Diffa. Notably, one of the FNPH members became a regional trainer on disability inclusion and resource person for other humanitarian organizations.

In 2018, HI began collaborating with FNPH-Diffa and continued the work to raise knowledge and capacity of humanitarian actors. This project also aimed to promote the establishment of representative structures of displaced persons with disabilities. In one camp, HI and FNPH-Diffa provided financial, technical and administrative support for the creation of the Association for Persons with Disabilities (APH). Following advocacy actions from the APH to the camp manager, two seats on the central committee were allocated to persons with disabilities. The camp management also set a 5% quota for persons with disabilities to be employed in daily camp food distribution activities and committed to employing persons with disabilities in brick-making and construction activities.

Now, three years after CBM started its collaboration with FNPH-Diffa, there has been significant progress: FNPH-Diffa members have developed capacities on disability inclusion and have also started to actively approach local authorities and humanitarian actors to discuss with them about disability inclusion in the humanitarian response in Diffa region. The activities led to a significant increase in capacity and self-confidence of FNPH-Diffa to promote inclusion of persons with disabilities in humanitarian action across the wide range of humanitarian stakeholders working in the region.

OVERCOMING CHALLENGES. Most of the members of APH and FNPH-Diffa cannot read or write or use official sign language; hence, simplified training materials were developed using local words and images wherever possible, as well as basic sign-language interpretation to facilitate learning for deaf trainees. Transportation and mobility was also a challenge for many FNPH members due to the unavailability of appropriate assistive devices and the high cost of accessible means of transport. Budget was allocated to cover transportation costs.

“In the training I learned how to use humanitarian resources for advocacy. Now we have more information; we are not scared; we have the courage to speak our voice. That is what we do as OPDs, raise the voice of all persons with disabilities.”

OPD Resource Team member,
Tonga

A member of the OPD Resource Team and Pacific Disability Forum conduct an accessibility audit at a local church building which is used as a community evacuation centre during tropical cyclones. © CBM



KEY LESSON. Even in contexts of mass displacement, it is possible for persons with disabilities to be supported to self-organize, participate in decision-making processes and advocate for their rights. However, technical and organizational capacity building for OPDs requires intensive support over an extended period.

iii. OPD Resource Team acts as disability focal point in typhoon response, Tonga

PRACTICE. In 2018, during the response to Tropical Cyclone Gita in Tonga, the Pacific Disability Forum (PDF) and CBM New Zealand developed a pilot program to build the capacity of Tongan OPDs and INGOs on inclusive humanitarian action.

PDF recruited and trained 16 local OPD members from two OPDs in Tonga to form an OPD Resource Team that acted as a disability focal point for responders. They advocated for inclusive approaches in the response plans of 11 humanitarian agencies, and conducted accessibility audits of evacuation centers for one agency with PDF and CBM.

The practice increased the capacity of OPDs to promote inclusion of persons with disabilities in humanitarian action, and increased the connections between the OPD Resource Team and the humanitarian responders in Tonga. The humanitarian responding agencies reported that the OPD Resource Team was an important partner, providing them with access to a network of persons with disabilities and information on their difficulties as well as ideas on how to address those difficulties.

OVERCOMING CHALLENGES. The program was designed to build the capacity of Tonga OPDs to advocate, and at the same time for CBM to provide technical support to responding INGOs. Though it would have been more effective to have such technical support available to local responders in Tonga, there were no appropriately trained personnel in-country. This methodology was selected so that the humanitarian responders in Tonga could hear the priorities and requirements of persons with disabilities, but also have access to advisory support to practice inclusion. The OPDs requested a longer training particularly to understand the links between CRPD and the humanitarian response, the technical language used in the humanitarian space and deeper knowledge of humanitarian resources to strengthen their advocacy skills for future humanitarian response.

KEY LESSON. In crisis settings, humanitarian responders may prefer to interact with one focal point that represents OPDs. The OPD Resource Team format enabled coordination among OPDs to speak with one voice on behalf of persons with disabilities, avoiding divergent views. To ensure representation of all constituencies of persons with disabilities, especially underrepresented groups such as persons with deaf-blindness, persons with intellectual disabilities or persons with psychosocial disabilities, the OPD Resource Team can seek representation from people outside of OPD membership.

3.3. Case studies: organizations of persons with disabilities acting as recovery actors

i. Resource Pool on Accessibility Reconstruction to promote universal design⁴⁵ in post-earthquake scenario, Nepal

PRACTICE. In 2016, during the recovery phase of the Nepal earthquake response, CBM supported the National Federation of the Disabled, Nepal (NFDN) to conduct training on disability-inclusive emergency shelter and settlement in emergencies using the All Under One Roof manual⁴⁶. NFDN trained 17 OPD leaders who in turn trained 270 stakeholders from the eight districts most affected by the earthquake, including humanitarian actors, OPD members, district and municipal officials, members of local disaster-management committees, and representatives from the police, army and media.

A direct result of this training was the formation of the Resource Pool as community of practice on accessible reconstruction, which is coordinated by NFDN and brings together OPDs, universities, architects, and engineers to promote accessibility standards following universal-design principles in the reconstruction of public and private buildings in Kathmandu. The Resource Pool has conducted over 150 accessibility audits using a comprehensive checklist and provided recommendations for short-term and medium-term alterations and adjustments.

OVERCOMING CHALLENGES. Lack of adequate and effective dialogues between the disability sector, public and private actors, and the design community is a main challenge to improve accessibility for persons with disabilities. By creating a platform for advocacy, discussion and collaboration on concrete activities, the Resource Pool made this dialogue possible and fruitful.

KEY LESSON. The Resource Pool showed that you need all actors together in order to have fruitful dialogue, identify and implement adequate and innovative solutions, and model good practices. The Resource Pool members got multiple exposures to inclusive concepts and practices and they will contribute to post-disaster recovery.

ii. Persons with disabilities support the development of accessible public spaces in reconstruction phase, Palestine

PRACTICE. In 2016, during a recovery phase in the protracted crisis in Gaza, HI trained persons with disabilities from a local OPD network to become Accessibility Focal Points. The role of the Focal Points was to participate in accessibility audits of public places; make recommendations to improve their accessibility; and co-facilitate training for engineers and architects working on reconstruction projects.

Following the training, persons with disabilities through the Disability Representative Bodies Network (DRBN) took the lead to advocate for their rights to access public places, for example the beach in Gaza that is the only available space for leisure time. In 2018, the municipality allocated a piece of

“This can be a clear, visible model of a fully accessible public place. This step will be followed by a series of activities to ensure the accessibility of public places in Gaza.”

OPD leader from Gaza

beach to be made accessible, including for wheelchair users. The Focal Points led the accessibility audit to inform the design of the accessible beach in cooperation with the municipality. The Focal Points continue being operational in other projects.

OVERCOMING CHALLENGES. Identifying persons with intellectual disability to enroll in the training program was a challenge, as they have limited experience at the community level and they do not have a representative body in Gaza. It is important to make more efforts to ensure that training materials and teaching methods are adapted to reach out to the audience of persons with intellectual disabilities.

KEY LESSON. Combining the development of technical skills on accessibility and advocacy skills proved to be instrumental to create sustainable change and progress achieving the rights of persons with disabilities in Gaza.

Children at Beach Camp. The third largest of the Gaza Strip's eight refugee camps, and one of the most crowded, the camp is on the Mediterranean coast in the Gaza City area.

© Till Mayer / Handicap International



4. Removing barriers to access humanitarian assistance and protection

The IASC Guidelines highlight how humanitarian actors, together with OPDs, “must identify and address factors that make it difficult for persons with disabilities to access assistance and protection.” Those barriers can be attitudinal, environmental or institutional, and preclude persons with disabilities from enjoying their rights and accessing services on an equal basis with others. The IASC Guidelines provide examples of possible existing barriers, as well as “must-do” actions to address them by sector.⁴⁷

Attitudinal barriers are negative attitudes that may be rooted in cultural or religious beliefs, hatred, unequal distribution of power, discrimination, prejudice, ignorance, stigma, and bias, among other reasons. Family members or people in the close network of persons with disabilities may also face ‘discrimination by association’. Attitudinal barriers are at the root of discrimination and exclusion.

Environmental barriers include physical obstacles in the natural or built environment that “prevent access and affect opportunities for participation”, and inaccessible communication systems. The latter do not allow persons with disabilities to access information or knowledge and thereby restrict their opportunities to participate. Lack of services or problems with service delivery are also environmental barriers.

Institutional barriers include laws, policies, strategies or institutionalized practices that discriminate against persons with disabilities or prevent them from participating in society.⁴⁸

There are a number of practices which showcase efforts to address and remove barriers, to improve access to humanitarian assistance for persons with disabilities, to improve their resilience and protection, and to ensure that their views and priorities are included, also through meaningful engagement of their representative organizations. Practices principally concern the implementation phase of the humanitarian response and recovery programs, and use changes to policies, attitudes and behaviors and the provision of reasonable accommodation as enablers to implement change.

This chapter includes case studies showing the role that persons with disabilities and OPDs can take in assessing and addressing barriers to persons with disabilities in Haiti, Kenya, Nepal, and the Philippines. It also includes case studies where humanitarian actors reached out for external technical support to address existing barriers, either by contracting organizations focusing on disability, or by involving those organizations in consortia. These case studies reflect practices from Bangladesh, Democratic Republic of Congo (DRC), Iraq, Jordan, Kenya, Nepal and an undisclosed country in the Middle East. It also includes an example of an online application, the Humanitarian Hands-on Tool⁴⁹, developed practical, easy to access guidance on inclusion to humanitarian workers in the field.

LESSONS LEARNED

- » **Persons with disabilities and OPDs are the most effective and strongest advocates to call for the elimination of barriers to access.** They can provide crucial insights into the measures required to remove barriers to assistance.
- » **Creating opportunities for empowerment of persons with disabilities and OPDs leads to meaningful participation.** It takes deliberate action to ensure that persons with disabilities receive the necessary information and encouragement to be part of the decision-making processes, especially in the absence of representative organizations. Involving them also has a knock-on positive effect on the perception of their added value in the community.
- » **Where OPDs are present, it is essential to engage them at the earliest stage of the project cycle** to ensure that their insights and knowledge can be considered when it will have most impact. However, it is important not to assume that a single OPD can be representative of all persons with disabilities in a particular location. Attention should be paid to getting the views and priorities of groups that are often underrepresented such as persons with deaf-blindness, persons with intellectual disabilities, persons with psychosocial disabilities or indigenous persons with disabilities, in collaboration with umbrella OPDs.
- » **Inclusion of persons with disabilities requires a shift in values to adopt a culture of respect for diversity and appreciation of equity.** Many humanitarian actors depend on technical experts on disability inclusion to build the capacity of their field staff and implement practices. In these cases, disability inclusion has not yet been mainstreamed in the organization culture, resources, and programming. It is important that actors progressively build their own strategies, resources and expertise, in collaboration with persons with disabilities, OPDs and disability-focused organizations.
- » **Inclusive services require planning and budgeting** to adapt the physical environment and communication means to ensure accessibility, and also require provision of reasonable accommodation. Staff should also be trained on their attitudes and approaches, as well as to address attitudinal barriers that are often present and deeply rooted in communities.
- » **Humanitarian actors who take the necessary steps to address all identified barriers** achieve good results in terms of inclusiveness and accessibility of their services to persons with disabilities. This requires consideration of the diversity of persons with disabilities, who are not a homogeneous group. In camps settings, barriers need to be addressed in a coordinated manner with camp management.
- » **Mainstreaming disability and addressing barriers requires inclusive recruitment and disability-sensitive human resources policies** to gather a diverse workforce. Deliberate action is required to identify suitable candidates who are persons with disabilities. HR budgets should include provision of reasonable accommodation, such as workplace modifications, personal assistants, sign-language interpretation, and transportation.

4.1. Case studies: persons with disabilities and representative organizations assessing and addressing barriers

i. Designing inclusive camps for persons with disabilities, Haiti

PRACTICE. In 2011, one year after the 2010 Haiti earthquake, affected persons with disabilities housed in temporary camps were at elevated risk to violence, abuse, exploitation and deprivation due to exclusion from humanitarian assistance and protection programming. The International Deaf Emergency (IDE), an OPD affiliated with the World Federation of the Deaf, established a new camp for deaf people and their families who did not feel safe in other camps. To avoid segregation, the camp was also opened to other persons with disabilities and extremely poor families. Persons with disabilities living in other camps could visit the inclusive camp to access information provided in sign language and look for job opportunities.

IDE also provided capacity building to OPDs and supported the participation of deaf persons in camp governance, including by providing interpreter services. IDE conducted leadership and vocational training for deaf persons and collaborated with the Red Cross to ensure that the cash-for-work program provided was inclusive of deaf persons as well as other persons with disabilities. In the years following the earthquake, IDE trained 3,000 deaf persons and family members to prepare for, respond to and recover from disasters.

CHALLENGES. This program was built in response to the protection and inclusion challenges faced by deaf displaced people by creating a separated safer environment for them and other persons with disabilities. However, it did not address the protection challenges and discriminatory attitudes in the insecure camps in Haiti.

KEY LESSON. The participation of persons with disabilities in the planning and implementation of projects raised awareness about disability needs among authorities, public services and humanitarian actors, which has long-term benefits in achieving full and equal enjoyment of human rights and participation in society by persons with disabilities. Building inclusive camps and services is beneficial for the most at-risk populations in general, not only persons with disabilities.

ii. Age and Disability Focal Points interlocutors of the most at-risk population, Nepal and Philippines

PRACTICE. Between 2013 and 2016, CBM partnered with OPDs in the Philippines and Nepal to set up networks of Age and Disability Focal Points (ADFPs) to support persons with disabilities and older people to access relief services. The ADFPs were OPD leaders who served as a link between at-risk people and the services they need. They supervised a team of social mobilizers in their district, who in turn coordinated groups of data collectors who interviewed affected households and mapped available services.

“We believe we have shown that active involvement of organizations of persons with disabilities is essential to ensure inclusive early response and long-term resilience.”

OPD representative, Philippines



Signage leads to Ageing and Disability Focal Point (ADFP) which was run by CBM partner and OPD 'ADPI', in Iloilo, Philippines, post Typhoon Haiyan.
© CBM/John Javellana

Where service providers faced challenges to make services accessible, ADFPs provided technical guidance to remove barriers faced by persons with disabilities and older people. The ADFPs also attended meetings of the district disaster-management committees and sector-specific working groups to highlight common risks and barriers which they observed.

OVERCOMING CHALLENGES. The ADFPs faced many challenges including issues related to the geography, climate and rural infrastructures, for example, distances between people's homes and services, poor and damaged road networks, and monsoon rains. They experienced a scarcity of suitable services to refer people to, and also discrimination. The ADFPs highlighted these challenges and gaps in their advocacy work.

KEY LESSON. OPDs often have a unique knowledge of the locations of some of the most at-risk families in a community and are ideally placed to understand the threats and barriers they face. As such they are essential partners to facilitate inclusion and with appropriate guidance can collect and analyze data beyond the reach of international actors.

iii. Disability Inclusion Committees conduct assessments in refugee camps, Kenya

PRACTICE. Since 2014, HI supports persons with disabilities to participate in assessments of barriers and enablers to access essential services in Kakuma and Dadaab refugee camps in Kenya. The assessments are conducted with Disability Inclusion Committees of persons with disabilities and caregivers who, during focus-group discussions and observational visits, give their insights on barriers to identification, physical accessibility, information and communication, meaningful participation, as well as measures for reasonable accommodation.

The findings are presented by the committee members to the agencies responsible for each sector in specific coordination meetings and are used to raise attention to barriers in community meetings. In parallel, HI conducts training and coaching for humanitarian agencies to adapt their approaches. The resulting changes include allowing alternative food collectors at distributions; prioritization of persons with disabilities at repatriation desks; the construction of accessible toilets; and the recruitment of secondary-school teachers with experience of inclusive education. Furthermore, in Kakuma camp, four members of the Disability Inclusion Committees have been elected as representatives in the zonal governance structure established by the camp administration.

OVERCOMING CHALLENGES. Before the establishment of these committees, the perspectives of persons with disabilities were not considered by the camp management actors and service providers. Persons with disabilities were perceived as beggars and often not allowed to enter certain distribution points.

It has been a challenge for HI to support the empowerment of persons with intellectual disabilities to directly participate in the activities of the Disability Inclusion Committee, as they are usually represented by parents. Together with the committee members, HI is attempting to overcome attitudinal barriers through sensitization of the wider community on the rights and capacities of all persons with disabilities.

KEY LESSON. In some cases, capacity building may be an essential component for persons with disabilities to be able to represent themselves in decision-making structures. The participation of persons with disabilities in training, monitoring and coordination meetings increases the impact of advocacy around accessibility and inclusion.

“I am proud that we can go to schools and hospitals and air our views and people listen to us. Before the committee, the communities were suffering. Now they can access services.”

Member of the Disability Inclusion Committee, Kenya

Meeting in Dabaab refugee camp, Kenya. © Handicap International





Sign-language interpreters in action in Diffa, Niger. © Handicap International

iv. Roving sign-language interpreters support access and participation in camps, Niger

PRACTICE. In 2017, the local chapter of the Niger Federation of Disabled Persons (FNPH) in collaboration with HI conducted an assessment of the risks and difficulties experienced by persons with disabilities amongst the displaced population in the Diffa district. The assessment identified significant barriers to communication and information required to access essential services particularly for persons who are deaf or hard of hearing. FNPH-Diffa and HI established a team of eight roving sign-language interpreters (SLI) in one camp and a number of host communities.

The roving SLI team, consisting of two women and six men, including three persons with physical disabilities, were identified by FNPH-Diffa and trained by a sign-language instructor from a teacher-training college. In addition to providing interpretation, they were also tasked with identifying persons with disabilities facing communication barriers and referring them to OPDs and relevant service providers, as well as promoting community awareness of non-discrimination and inclusive communication methods. Their presence enabled people who are hard of hearing or deaf to actively participate in community consultations and meetings of associations that represent persons with disabilities in camps, and express their needs, desires and concerns.

OVERCOMING CHALLENGES. The impact of the practice is limited by the pre-crisis discrimination and barriers to education for persons with disabilities, which has resulted in high levels of illiteracy and limited knowledge of Braille or sign language. Tackling the root causes of these barriers requires inclusive education and vocational training and more community-based awareness-raising activities.

KEY LESSON. Addressing barriers related to access to information and communications for persons who are hard of hearing or deaf is possible, for example by training community members to be sign-language interpreters in a crisis setting.

4.2. Case studies: INGOs receive technical support to address barriers to persons with disabilities, examples from different sectors

i. Transversal: mobile application provides guidance to humanitarian workers in the field

PRACTICE. In 2017, CBM developed a mobile application, the Humanitarian Hands-on Tool⁵⁰ (HHoT), which provides simple, one-page guidance on all issues relevant to the design and implementation of inclusive humanitarian action. The “task cards” in the app are fully searchable and logically interlinked for ease of use, and can be shared, printed or saved as favorites. The whole app can be downloaded to any mobile device and is then available without internet or mobile connection. The HHoT has been field-tested in both Bangladesh and Kenya, where training on the app and follow-up sessions were provided to CBM’s partners.

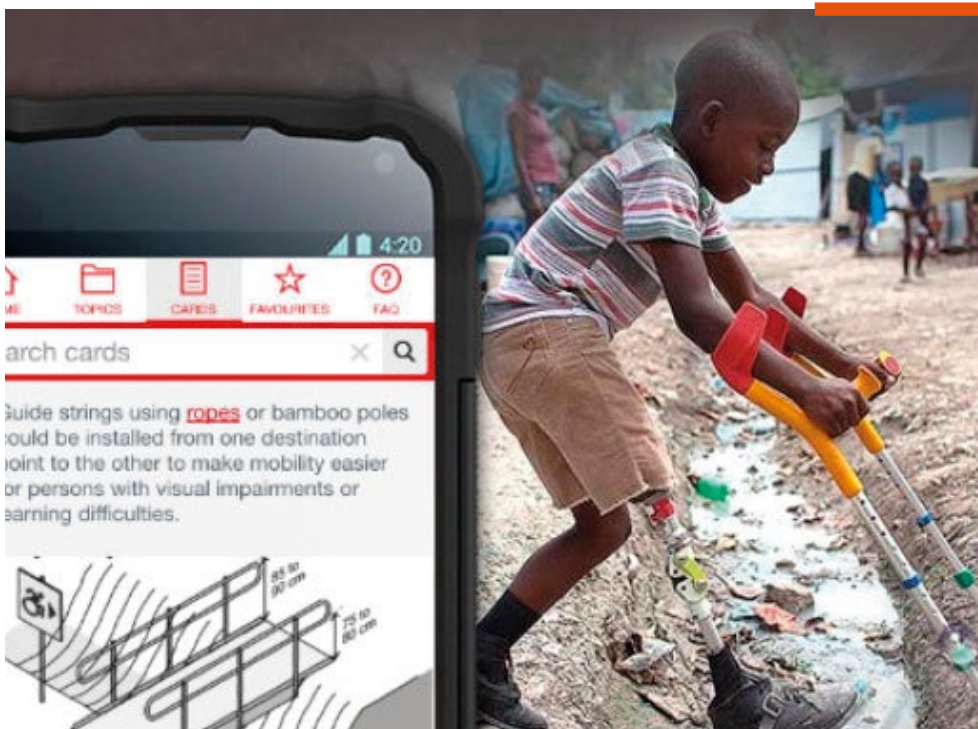
OVERCOMING CHALLENGES. Users of the app repeatedly expressed interest in having the information translated into local languages to ease the work of local staff. As such, CBM has already translated the app into Spanish, and is working on translation into Bahasa. Related to this, users reported that the presence of images and drawings helped to clarify concepts, especially when language is a barrier.

KEY LESSON. Technical resources like CBM’s HHoT app are most successful when they are available in the local languages, utilize images, and are combined with basic training on inclusion of persons with disabilities as well as follow-up technical support for users of the tools.

“The tool was useful especially for the construction of the latrines. We made simple but meaningful interventions that made the latrines user-friendly and more accessible for persons with disabilities.”

Staff member from Danish Red Cross, Bangladesh

The Humanitarian Hands-On Tool (HHoT) provides fieldworkers with the final, practical ‘how-to’ information to implement inclusive humanitarian action. © CBM





HI mobile team in the Za'atari refugee camp, Jordan.
© Brice Blondel/Handicap International

ii. WASH: making private toilet accessible in camp setting and addressing acceptance issues, Jordan

PRACTICE. In 2016, HI collaborated with WASH actors in Za'atari refugee camp in Jordan to ensure that the private toilets in refugee shelters were accessible. HI trained engineers to apply accessibility standards and community mobilizers to identify and communicate with persons with disabilities when collecting data for targeting and eligibility. The WASH actors conducted an assessment to identify the needs of all members of each household.

OVERCOMING CHALLENGES. Some families did not recognize the importance of having facilities which enabled safe, dignified and independent access for their family members with disabilities. In one case, a family removed the western-style bathroom installed by the project and replaced it with a squat seat instead. Disagreements between family members were solved through information sessions and by providing the choice of having two cubicles, one with a squat seat and one with a western-style seat, or having both toilets in the same cubicle.

KEY LESSON. The project was more effective than previous practices in this context, as it involved persons with disabilities in decision-making and based adaptations on the needs of each household rather than a blanket application of international accessibility standards.

iii. Livelihoods: from inclusive services to meaningful participation, DRC

PRACTICE. In 2017, the INGO Première Urgence International (PUI) sought technical support from HI to ensure effective identification of persons with disabilities in their distribution of agricultural inputs and tools in the North Kivu province of DRC. HI supported PUI to develop their door-to-door assessment tool. PUI also took a number of measures to increase accessibility of the distribution site, and by providing home delivery for people who were not able to come to the distribution site.

Following training and sensitization sessions for field staff and community members, PUI facilitated a community consultation meeting to agree on the criteria for selecting beneficiaries and to ensure that all at-risk households had been identified. PUI facilitators took deliberate steps to ensure meaningful participation of persons with disabilities. This resulted, among others, in the election of two men with disabilities to the community distribution committee which makes decisions about seeds and distribution sites and defines the activity schedule.

OVERCOMING CHALLENGES. In order to mitigate barriers relating to negative attitudes towards persons with disabilities, deliberate efforts were made to sensitize the staff working on the project and the community on disability, solidarity and inclusiveness. Community members who attended the awareness raising workshops expressed an understanding of the importance of including persons with disabilities in community life and activities.

KEY LESSON. This practice demonstrates that even in settings where there are no OPDs or established groups of persons with disabilities, it is possible to include persons with disabilities in decision-making. Moreover, the active participation of persons with disabilities had a positive effect on the perceptions of the community regarding their value as active members of the society.

A team of food evaluators visits households located in Kasai, DRC.
© Brice Blondel/HI.



“After the training, I became aware of many things that were not in my mind, and the inclusion of the children with disabilities became easier. All children are equal, and they should have the same opportunities.”

INGO Teacher, Azraq camp,
Jordan



Heba, with a therapist from HI at the rehabilitation centre in Zarqa, Jordan.
© Ursula Meissner/HI.

iv. Education: addressing some barriers does not lead to equitable access, Jordan

PRACTICE. In 2017, three INGOs providing center-based informal education and psychosocial support (PSS) services to refugee children in Azraq refugee camp in Jordan engaged HI to improve their practices on inclusion of children with disabilities. HI conducted an initial assessment which identified a number of barriers facing children with disabilities: inaccessible transport and facilities, low expectations of parents and guardians, bullying by other children, and a lack of knowledge and awareness of the center staff.

Following training and coaching from HI, teachers improved their ability to consider the physical accessibility of their activities and adapted their teaching methods accordingly. The INGOs also used the WGQs to identify children with disabilities and made modifications to the physical environment of their centers.

OVERCOMING CHALLENGES. Despite the positive changes to the teaching practices and physical infrastructure, agencies faced challenges to significantly increase the number of children with disabilities attending their centers. Additional measures were necessary to tackle the negative attitudes of parents and caregivers, and budget resources for transportation and reasonable accommodation.

KEY LESSON. Addressing only some of the barriers facing persons with disabilities does not ensure equitable access to services. In order for services to be fully inclusive, all the barriers present need to be addressed to the maximum extent possible.

v. WASH: facilities accessible to use but not to reach, Iraq

PRACTICE. In 2017-2018, following the large-scale displacement of people from Mosul to IDP camps in Nineveh Governorate, Iraq, HI conducted a survey which found that in camps, access to WASH facilities was a pressing need for persons with disabilities. HI conducted focus-group discussions with women, men, girls and boys with and without disabilities, to identify differentiated WASH needs and preferences in terms of location and design. HI then built gender-segregated accessible latrines, hand washing stations, and pathways at key locations in one IDP camp.

CHALLENGES. Despite these efforts to make the facilities accessible, a post-intervention survey found that the WASH facilities did not meet the expectations of WASH users because the camp was not paved and became muddy during the winter, making it difficult for people with mobility difficulties to move around the camp even if using assistive devices. Although the latrines and water points were designed to be accessible to use, many persons with disabilities were not able to reach them. Persons with disabilities also mentioned in the survey that the accessible latrines were not sufficient and didn't cover all camp sectors where persons with disabilities were present. Maintenance was also raised as an issue, as camp management and WASH actors were not able to provide the required maintenance to the accessible WASH facilities. Therefore, many of the accessible WASH facilities ended up locked, according to persons with disabilities in camps.

KEY LESSON. Working in coordination with other actors to tackle all barriers in the environment in a comprehensive manner is key, especially the engagement of camp management. A facility can be considered accessible only if persons with disabilities are able to reach, enter, circulate and use it on an equal basis with others.

Needs and barriers faced by persons with disabilities should be addressed when designing and establishing camps in order to overcome different barriers to access services. All camps need to be built to accessibility standards in the first place, and in a second phase additional needs and barriers can be identified and addressed.

Psychosocial team assessing the difficulties of moving around the camp with a wheelchair, Khazer M1 camp, Iraq. © Martin Črep/HI



vi. Protection: establishing inclusive child-friendly spaces, Bangladesh

PRACTICE. In 2018, the Centre for Disability in Development (CDD), a Bangladesh NGO and partner of CBM, designed and constructed an inclusive child-friendly space (CFS) in a Rohingya camp in Cox's Bazar, with the goal of ensuring that children, including children with disabilities, had access to leisure activities and a learning environment.

CDD held consultations with children with disabilities and their parents regarding the design of the permanent structure, the signage, and other ideas for removing barriers. CDD also established a CFS Management Committee, which included parents of children with and without disabilities, to collect feedback from caregivers. The teachers were trained on inclusive facilitation skills by CDD's specialists. An adjoining rehab clinic provided rehabilitation services and assistive devices for those children who required them. CDD coordinated with the camp administration and the Protection Cluster to share the approach as an example of how other actors can make their CFS and learning centers inclusive.

OVERCOMING CHALLENGES. In order to improve the practice, CDD identified that involving trained professionals such as occupational therapists and inclusive education teachers at the start to conduct assessments and set up activities would have been beneficial to make the curriculum and activities more inclusive. This would have helped promote evidence-based practices and structures.

KEY LESSON. For organizations focusing on disability, providing models of inclusive structures or programs which can be replicated by others can be an effective way of promoting inclusion. Congruent advocacy and sensitization of mainstream actors, including through the cluster system, are also essential to mainstream inclusion of persons with disabilities.

vii. Health: accessible multidisciplinary inclusive services in refugee camps, Bangladesh

PRACTICE. Since 2018, the Centre for Disability in Development (CDD) has been implementing a multidisciplinary project in partnership with CBM, focusing on health, rehabilitation, protection and provision of external technical support on

General overview of the Rohingya refugee camps in Balukhali, Cox's Bazar district, Bangladesh, in July 2018.
© CBM/Hayduk.





Home-based rehabilitation teams go door-to-door to provide services directly in to the client. Mobile services help to ensure that persons who are unable to access fixed centres are not excluded from services. © CBM

disability inclusion in Rohingya camps and host communities in Cox Bazar. In order to reach those unable to come to the medical and rehabilitation center due to the topography of the camp, a home-based rehabilitation team was established to provide mobile therapy services. CDD also supported the patients and caregivers to make adaptations to their shelters to enhance the patients' functional mobility and home exercise.

The registration desk at the medical center and the home-based rehabilitation team collect disability-disaggregated data by using the WGQs. The data are then used for advocacy at cluster level, and to support strategic decision-making for the second phase of the project, which included technical support for organizations on inclusion of persons with disabilities in WASH and protection services.

OVERCOMING CHALLENGES. Recognizing that the medical-center complaints box was not widely used, CDD assigned a dedicated staff member to collect feedback anonymously from the target groups. CDD found that active methods of feedback collection may be necessary if passive measures are not soliciting the necessary feedback.

KEY LESSON. Medical care and rehabilitation should not be seen as separate components, but rather a model of multi-disciplinary service where medical care and rehabilitation (including provision of assistive devices) are delivered together thus providing for more comprehensive patient care. CBM and CDD's inclusive approach of providing comprehensive health care services for both persons with and without disabilities has allowed persons with disabilities to access both services at the same location, and has increased interaction between persons with and without disabilities.

This response also highlighted the need for technical expertise on inclusion of persons with disabilities from the early stages of the response to ensure that persons with disabilities are not left behind in the response and that technical support is available to ensure inclusive programming.



Mohamed, physiotherapist for HI in Jordan, meets for the first time Mohamed Fares a 75 years old Syrian refugee, and proceeds to the evaluation of his case.
© G. Dubourthoumieu/Handicap International

viii. Non-food-items distribution: providing technical expertise for inclusive services, Jordan

“Before the training, we thought that every person with disability should be using the fast-tracking approach or the alternative-collector approach. But after the training, we received an individual with Down syndrome who would like to collect his family’s items by himself in the same way as other people. We respected his decision and we supported him.”

CDC staff member, Jordan

PRACTICE. In Za’atari refugee camp in Jordan, Norwegian Refugee Council (NRC) provides the residents with non-food items, such as winter kits and cooking equipment, through a Central Distribution Center (CDC). The center was designed with a specific entrance for persons with disabilities so that they can bypass the queuing area. Persons with disabilities could also nominate an “alternative collector” to pick up their items. The distribution center was partly staffed by paid refugee workers several of whom are older persons or persons with disabilities.

OVERCOMING CHALLENGES. An accessibility audit conducted by HI found that the CDC was only partially accessible and there was no signage to direct persons with disabilities onto the fast-track path. Following recommendations and training on accessibility standards and universal design from HI, NRC staff modified the distribution point to correct these issues. HI also provided training to the CDC staff to reduce barriers relating to attitudes and communication.

KEY LESSON. As persons with disabilities are diverse, it is important not to make assumptions about individuals’ capacities or preferred way of accessing information and services. Persons with disabilities should have the opportunity to attend distributions and collect the items independently. They should also have the option to nominate a proxy collector, with appropriate checks to avoid exploitation, or to receive a package at home. This is a matter of respect for people’s individual autonomy, including the freedom to make one’s own choices.

ix. Human resources: inclusive practices in field office, Kenya

PRACTICE. In Kenya, the HI country office adopted an inclusive human resources policy which commits to investing resources to remove institutional, environmental and attitudinal barriers that inhibit employment of persons with disabilities as HI staff. This includes providing reasonable accommodation for persons with disabilities to participate in the recruitment process, with the objective of reaching 6% of its staff to be persons with disabilities.

All vacancy announcements are sent to a network of OPDs and former staff who are persons with disabilities. Employees with disabilities are permitted to work two hours a week with an OPD. In Kakuma and Dadaab camps, refugees with disabilities are included in HI's 10-month rehabilitation-worker training course.

OVERCOMING CHALLENGES. Despite these efforts, barriers to education for persons with disabilities in Kenya limit the supply of qualified candidates. The majority of the persons with disabilities hired by HI in Kenya have been in junior or mid-level positions.

KEY LESSON. The commitment of HI Kenya to achieve a diverse workforce has increased the impact of HI's efforts to promote inclusive humanitarian action. The first team leader of the Disability Mainstreaming team in Kakuma camp was a man with disabilities who successfully established the Disability Inclusion Committees of refugees with disabilities. In 2018, a woman with a disability hired as psychosocial support officer was recognized by UNHCR for her outstanding efforts to improve access to services for people at heightened risk in Dadaab camp.

4.3. Case studies: disability-mainstreaming in consortia with other INGOs

i. Livelihoods: consortium implementing inclusive programming in refugee camp, Kenya

PRACTICE. Between 2016 and 2018, HI collaborated with four other NGOs in the Support for Protection and Assistance of Refugees in Kenya (SPARK) program implemented in the refugee camps and host communities in Kakuma, Kenya. The project aimed to improve livelihood opportunities and self-reliance for refugees and host communities through skills-based training in the areas of vocational skills, agriculture and business, as well as through savings and loan groups.

Alongside a mass awareness campaign and training for partner staff, HI trained community focal points, including nine persons with disabilities, on identification and referral. These focal points also participated in community forums to sensitize stakeholders on the rights of persons with disabilities to access inclusive livelihood opportunities. Adaptations for accessibility were made at vocational-skills training centers, in computer rooms, and in business

premises of entrepreneurs with disabilities. Transportation services were established. Training was provided for ICT tutors, including basic sign-language training.

OVERCOMING CHALLENGES. Despite these measures, the project fell short of the 10% target of beneficiaries being persons with disabilities by the end of the 12-month implementation period. More time was required to overcome barriers relating to the attitudes of partners and the community and to reach the many persons with disabilities whose eligibility for the vocational training and entrepreneurship activities were limited by low levels of education and self-confidence.

KEY LESSON. It is critical that inclusion staff be on board at the design and inception phase of the project, in order to ensure inclusion of persons with disabilities throughout the project. Before any consortium members start setting up operations, they should be sensitized on disability rights, disability-inclusive project design, implementation, and evaluation, data collection and MEAL. Efforts should be made to ensure that persons with disabilities and their representative organizations play an essential role in challenging mind-sets and are on the forefront in any activity aimed at raising awareness of their own rights. Ongoing training and coaching sessions throughout the duration of the project should be facilitated.

“Before SPARK I was begging on the streets. People would threaten me. I received a loan to start the shop and I was given a wheelchair. ... The literacy and numeracy course has improved my communication skills with customers as well my record-keeping and calculations. The adapted shop means I can serve clients without depending on my children. They can go to school every day now.”

A mother with disabilities from host community, Kakuma, Kenya



Ali charges phones in his shop in Kakuma Town, Kenya. Ali and his wife Abiba have worked with HI and other NGOs to strengthen their livelihoods.
© Kate Holt/HI

ii. Livelihoods: consortium implementing inclusive programming in active conflict, Middle East

PRACTICE. Since 2016, HI is providing technical support to ensure a livelihoods consortium in an undisclosed Middle Eastern country is inclusive of persons with disabilities, with the target of 10% inclusion of beneficiaries with disabilities as a minimum requirement. The livelihood programming of the partners includes three-month cycles of cash transfers, cash for work, vocational training, apprenticeships, small-business development, home agriculture and food production, and animal husbandry.

HI works to ensure the consortium addresses barriers to inclusion in all livelihood activities, for example through raising awareness in targeted communities regarding the importance of inclusion of persons with disabilities and older persons in livelihood activities; provision of training for consortium partners' staff (e.g. on inclusive outreach, correct identification of persons with disabilities, and methods to adapt specific activities to make them accessible); and provision of transportation for persons with disabilities engaged in vocational training. HI also provides individualized case-management support, which includes individualized assessment of needs, individualized design, and provision of adapted tools and modification of working environments, as well as coaching, familial support and follow-up as needed to ensure the individuals are managing as independently as possible. The partners have adapted their practices, particularly relating to the collection and disaggregation of data on persons with disabilities, and they recognized the need for additional internal capacity to mainstream inclusion of persons with disabilities within their organizations.

Through the consortium activities, HI also conducted an action research into the impact of integrating psychosocial support (PSS) into a livelihoods program. The data showed that such an approach has a positive impact on psychosocial well-being, as well as skills and knowledge development. According to the study, this approach was highly beneficial for persons with disabilities, compared to persons without disabilities.

CHALLENGES. Although the 10% target was reached, the majority of persons with disabilities who were primary beneficiaries were men with physical disabilities of working age (26 to 59 years old). More could have been done to reach a more diverse spectrum of persons with disabilities, such as older persons with disabilities, women with disabilities, and other underrepresented groups of persons with disabilities such as persons with psychosocial disabilities, persons with intellectual disabilities or persons with deaf-blindness.

KEY LESSON. Fully disaggregating indicator targets by sex, age and disability facilitates the identification and targeting of persons with disabilities that are more at risk of exclusion. Also additional indicators to measure outcomes related to access and participation of persons with disabilities could create a greater incentive to prioritize this issue in monitoring processes.

Providing enough time is key to overcoming barriers relating to the attitudes of partners and the community and to reaching the many persons with disabilities whose eligibility for the activities can be limited by low levels of education and self-confidence.

iii. WASH and nutrition: consortium implementing inclusive programming in natural disaster, Nepal

PRACTICE. As of 2017, CBM partnered with two INGOs that were implementing emergency nutrition and WASH projects in two districts of Nepal in response to severe flash floods and landslides. CBM's role was to provide disability inclusion training and ongoing technical support to the INGOs and their local implementing partners. CBM also encouraged partners to forge links with local OPDs.

In one district, partners were able to invite OPD representatives to the initial training with CBM, to visit project areas, review the list of target beneficiaries, and consult on the design of three community latrines. Persons with disabilities also participated in the community relief distribution committees that were responsible for monitoring the distributions and collecting feedback from the community members. During distributions, the partners set up a separate collection queue for persons with disabilities. They also provided hygiene promotion messaging in pictorial formats for people who have difficulty reading. Unfortunately, in the other district the engagement with the local OPD came too late in the project-cycle process to influence the implementation.

OVERCOMING CHALLENGES. Although positive steps were taken by both INGOs under this project, their staff required additional support to be able to mainstream disability inclusion. Their low level of confidence was apparent during the reflection and learning workshop which CBM facilitated at the end of the project. This showed that a single training is not enough to deliver sufficient significant changes to knowledge, attitudes and practices.

KEY LESSON. This practice demonstrates the importance of all consortium partners having a strong motivation to learn about disability inclusion and adopt improved practices; this cannot only be driven by donor requests. It is essential to engage with OPDs at the earliest stage of the project cycle to ensure that their insights and knowledge can be considered when it will have most impact, during the design phase.

5. Influencing coordination mechanisms and resource mobilization to be inclusive

Humanitarian Coordination Teams (HCT) and the cluster system are the central mechanisms that strive to identify and meet priority needs, address gaps and reduce duplication in humanitarian response.⁵¹ They are therefore among the most relevant decision-making fora for targeted advocacy. Although engaging with these mechanisms is at times complex and time consuming, practices show that addressing the humanitarian coordination mechanisms can be an effective way to push for the inclusion of persons with disabilities in specific humanitarian responses. The IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action provide “must-do” actions to take throughout intersectoral and sectoral coordination in all phases of humanitarian action.⁵²

Resource mobilization is another critical aspect to incentivize inclusive practices. Humanitarian Response Plans (HRP) should properly highlight the presence and challenges faced by persons with disabilities, in order for the response to be properly funded, including through pooled funding mechanisms.

This chapter includes a case study on the experience of disability-focused coordination mechanisms in Bangladesh, Haiti, Jordan, Nepal, Pakistan, and the Philippines. It also presents projects on advocacy and technical expertise provided to influence the HRP in Myanmar and pooled funding in the DRC.



Representatives from the National Association of Blind and National Federation of Disabled (NFDN) Nepal at a workshop on disability-inclusive reconstruction organized by CBM in collaboration with NFDN, the Shelter Cluster Nepal and IFRC. © CBM

LESSONS LEARNED

- » **Attempts to mainstream disability in the humanitarian coordination systems have been implemented through dedicated task forces.** Sustainability and effectiveness of these task forces can become an issue, as members are usually investing technical, financial, and human resources to provide leadership and cover running costs. Participation of OPDs should be supported with dedicated resources and capacity.
- » **Evidence-based advocacy targeting HCTs and cluster leads** can be effective to ensure that strong references to disability and to the priorities of persons with disabilities are included in framework documents, such as HRPs. However, HCTs should be responsible to systematically collect data on persons with disabilities as part of the Humanitarian Needs Overviews which would then reflect more inclusive HRPs.
- » **Accessing resources for humanitarian action requires competences and structures, which often excludes OPDs.** When partnering with OPDs, humanitarian actors should take the responsibility to build their capacity on how to meet the financial and administrative standards imposed by humanitarian donors. Adjusted approaches, such as fiscal sponsorship or adjusted partnership criteria, should be considered to avoid exclusion of OPDs as partners. Support should be provided with the sustainability and independence of OPDs as a key objective.
- » Advocacy can be complemented by the **provision of technical support and capacity building of humanitarian actors, including OCHA and donors, to support the resource-mobilization phase.** Applicants for funding could be provided with clear guidance on expectations for disability inclusion and supported to meet them substantively. Reviewers of proposals require training to apply criteria consistently and accurately.

5.1. Case study: influencing the humanitarian coordination mechanisms

i. Establishing age and disability-focused coordination mechanisms, Pakistan, Jordan, Nepal, Philippines, Bangladesh

PRACTICES. Since 2010, age and disability-focused coordination mechanisms, frequently referred to as Age and Disability Task Forces (ADTF) have been tried in various settings, such as Pakistan, Nepal, Philippines, Jordan, and Bangladesh, with a number of common features. To provide legitimacy to the ADTF, the mechanism is frequently endorsed as a sub-group to the existing humanitarian coordination structure and usually sits under the protection cluster. Membership in ADTFs usually consists of age and disability actors, OPDs and older persons' associations (OPAs), and can include other interested humanitarian actors and government bodies.

The aim of an ADTF is to support a coordinated effort to ensure that the rights of older people and persons with disabilities are observed and respected by humanitarian actors in line with the protection standards, international and humanitarian principles, international and national legal frameworks. Activities undertaken by the ADTFs in different contexts include advocacy and awareness raising; training UN, NGOs and government actors; development of technical guidance; input to response planning; improving identification of persons with disabilities and older people, services and referral mapping; increasing access to quality targeted services; and documenting barriers to accessing humanitarian assistance and sharing positive practices.

OVERCOMING CHALLENGES. A common challenge for task forces is mobilizing sufficient resources for planning and administration, and encouraging sufficient time commitment from members and coordinators to provide more nuanced sector-specific support to humanitarian actors. In Pakistan, for example, space and funds for the coordinator position were raised and administered by a hosting organization. In Jordan, the coordination was shared between UNHCR and HI, following a common practice at the cluster and sub-cluster level to have one UN agency representation and INGO representation as co-coordinators. In Nepal, OPDs and OPAs were resourced to provide vital technical expertise and leadership to equip the humanitarian actors with relevant tools and knowledge to ensure inclusive programs.

Despite outreach efforts by the task team members, in Jordan and Bangladesh, the task force leadership faced a major challenge relating to the participation of OPDs and OPAs. This was primarily due to a lack of dedicated resources to support OPD engagement and a lack of active OPDs and OPAs in the area, respectively. In Nepal, OPDs were much more engaged in the task force. This was possible due to the size and strength of the OPD network and their experience of advocacy, as well as concerted efforts by CBM to engage with OPDs as partners before the crisis and encourage their participation in coordination mechanisms during the response phase.

KEY LESSONS. Experiences in all countries show that it is beneficial for task forces to be embedded into existing humanitarian coordination structures. Task forces also need to dedicate significant time and resources to sensitize humanitarian actors on disability and inclusion. High staff turnover, an endemic issue in the field, continues to perpetuate this need. By combining efforts and capitalizing on each other's strengths and experience, these task forces can help provide a platform for coordinated advocacy efforts and technical assistance, adding legitimacy and improving reach beyond that which one organization could provide alone.

5.2. Case studies: response planning and resource mobilization

i. Evidence-based advocacy to influence the HRP to better address the situation of persons with disabilities, Myanmar

PRACTICE. Since 2016, HI has been advocating alongside like-minded agencies over a number of years for the integration of disability as a cross-cutting issue in the Humanitarian Response Plan (HRP) through interventions in cluster coordination meetings; input to written consultations; and presentations to groups of donors. This advocacy was given additional weight by the Charter on Inclusion of Persons with Disability in Humanitarian Action⁵³, which has been endorsed by dozens of the international actors responding in Myanmar. The advocacy was also supported by data on the needs of persons with disabilities and barriers to access humanitarian services collected in assessments of IDP populations in two states.

The advocacy resulted in the number of references to disability in the HRP⁵⁴, including commitments from the HCT to “strengthen inclusion in the humanitarian programming cycle” and the Health, Protection, and WASH sector to “ensure equal access to services and response to persons with disabilities.” This led to an increase in awareness of humanitarian stakeholders and donors in Myanmar about the need to mobilize resources to identify and address the needs of persons with disabilities affected by conflict and displacement. It also led to better data collected on the needs and the barriers faced by persons with disabilities in accessing humanitarian assistance and protection; increase in availability, provision of and access to services; and provision of specific services for persons with disabilities.

OVERCOMING CHALLENGES. HI does work in partnership with local OPDs to strengthen representation and participation of persons with disabilities. However, the OPD had little experience of humanitarian systems or engaging with international actors and so was not involved in the advocacy relating to the HRP. HI aims to achieve greater participation by building the capacity of its OPDs partners relating to rights-based approaches and humanitarian action.

KEY LESSON. Data was an important factor in strengthening the evidence-based advocacy. Data will also be essential in monitoring spending on inclusive interventions and progress toward achieving meaningful access

and participation of persons with disabilities. A “Guidance on strengthening disability inclusion in Humanitarian Response Plans”⁵⁵ has been developed by UN agencies to make humanitarian programming more responsive to the needs of persons with disabilities affected by crisis.

ii. Mainstreaming disability in country-based pooled funding, DRC

PRACTICE. In 2017 and 2018, HI collaborated with the UN Office for the Coordination of Humanitarian Affairs (OCHA), which manages the pooled funding mechanism that provides resources to the humanitarian response in DRC, to put in place a system for promoting a more inclusive response.

Two tools were developed: a project proposal analysis checklist, and a set of standardised logframe indicators for monitoring inclusion. The checklist enabled the pooled fund technical review team to score each proposal according to the measures for identifying and removing barriers; actions to ensure participation of persons with disabilities; and budget provision for accessibility and reasonable accommodation. Training was organized not only for OCHA staff, but also for potential applicants to the funds to increase their capacity to consider disability in assessments and project design. OCHA also adjusted its reporting template to include disability as a cross-cutting theme. Considerations on persons with disabilities are currently being included in the HRP.

OVERCOMING CHALLENGES. Awareness-raising sessions on disability-related issues with members of the clusters were necessary in order to properly consider persons with disabilities in the “vulnerability factors” and index tool used.

KEY LESSON. Learning from this project shows that a coordinated approach that builds capacity of both donors and the humanitarian actors who would apply for funding was key to achieve a more inclusive response for persons with disabilities. When engaging in awareness-raising on disability, it is essential that persons with disabilities themselves be involved.

Beatrice is supported by HI team in DRC to achieve and maintain her independence in order to participate in all aspects of society.
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Conclusions



Activities at the inclusive child-friendly space in Bangladesh are designed to be inclusive and allow all children to participate. © CBM

Deliberate and proactive action in all phases of the humanitarian response is required to ensure that persons with disabilities from all constituencies are systematically included and meaningfully participate in disaster risk reduction (DRR) and humanitarian preparedness, response and recovery. This is the main lesson learned from this report, which gathers 39 case studies from 20 fields of intervention from CBM, HI and IDA members, as well as their partners and affiliated members.

In line with the UN Convention on the Rights of Persons with Disabilities (CRPD), the commitments taken at the 2016 World Humanitarian Summit (WHS) and by endorsing the Charter on Inclusion of Persons with Disabilities in Humanitarian Action,⁵⁶ a number of policies and technical resources have been developed at different levels.⁵⁷

The **Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action**⁵⁸ were developed between 2017 and 2019 in a participatory manner, including through a wide range of consultations with humanitarian actors and OPDs across different regions. They “set out essential actions that humanitarian actors must take in order to effectively identify and respond to the needs and rights of persons with disabilities who are most at risk of being left behind in humanitarian settings.”⁵⁹ The Guidelines should be considered the primary resource to inform inclusive practices on humanitarian preparedness and response for persons with disabilities, at both the global and field levels.

The purpose of this report is to accompany the launch of the IASC Guidelines with a review of case studies that aim to inspire humanitarian stakeholders with limited experience of working with and for persons with disabilities, as well as OPDs willing to engage in humanitarian action and DRR. The case studies provide valuable lessons, from which humanitarian actors and OPDs can learn to improve their own practices.

Lessons learned by chapter

1. Inclusive disaster risk reduction and preparedness

Persons with disabilities and OPDs can have a critical role to play in DRR and preparedness, which could be an entry point for persons with disabilities to engage as positive contributors to their community. At the same time, humanitarian actors need to prepare themselves to address the particular challenges faced by persons with disabilities when the crisis strikes.

2. Collecting and using disability- disaggregated data for assessments and programming

Relevant, effective and inclusive preparedness and humanitarian programming is informed by assessments and other data-collection initiatives that include persons with disabilities. The Washington Group Questions (WGQs) is one of the tools that can be used in humanitarian settings.

3. Participation of persons with disabilities and their representative organizations in humanitarian response and recovery

Persons with disabilities and OPDs can undertake any role in humanitarian response and recovery. For example, in contexts of mass displacement, host community OPDs can put in place humanitarian programming, both as operators and by partnering with other actors. In camp settings, persons with disabilities can also be supported to partner and self-organize, in order to facilitate their participation in decision-making processes.

4. Removing barriers to access humanitarian assistance and protection

Persons with disabilities are the most effective and strongest advocates to call for the elimination of barriers to their access to services. Many humanitarian actors depend on disability mainstreaming specialists to address barriers in their programs. However, it is important that actors progressively build their own strategies, resources and expertise, in collaboration with persons with disabilities, OPDs and actors focusing on disabilities, to mainstream disability in their organizational values and culture.

5. Influencing coordination mechanisms and resource mobilization to be inclusive

Advocating for an inclusive humanitarian response for persons with disabilities in a specific crisis can have positive outcomes. This can be done through disability-dedicated task forces as part of the humanitarian coordination mechanisms, and by influencing frameworks like HRP and pooled funding. Practices show that meaningful participation of OPDs in coordination mechanisms and resource mobilization can be challenging, for which capacity building would be required.

Cross-cutting lessons learned

- » **Meaningful participation is the cornerstone of inclusion.** An inclusive humanitarian response that aligns with the CRPD not only should identify and address the challenges faced by persons with disabilities, but should do so in a way that enables their meaningful participation in all stages of the response or project cycle. Persons with disabilities and OPDs are willing to engage, and can meaningfully contribute to manage the impact of humanitarian crises in their own communities.
- » **Accessibility is a precondition of inclusion.**⁶⁰ DRR and humanitarian services should be equally accessible for persons with disabilities as for those without disabilities, including through universal design.⁶¹ Providing reasonable accommodation⁶² is crucial to ensure the participation of persons with disabilities in programs and decision-making processes without discrimination.
- » **Persons with disabilities are a diverse group.** They can have different impairments and diverse identities, on the basis of their gender, age, race, ethnic or religious background, refugee status, political views and so on. “Due to the intersectionality of these factors, persons with disabilities may face multiple forms of discrimination.”⁶³ Humanitarian actors should interact with people and organizations that represent the diversity of persons with disabilities, including women with disabilities, children with disabilities, older persons with disabilities, indigenous persons with disabilities, and groups of persons with disabilities that are typically underrepresented such as persons with deaf-blindness, persons with intellectual disabilities and persons with psychosocial disabilities.
- » **Empowerment and capacity building of persons with disabilities and OPDs leads to participation.** Capacity building could be needed in terms of both developing awareness of the rights of persons with disabilities and developing their capacity to become DRR and humanitarian actors.⁶⁴ Empowerment also leads to better acceptance in the community, as persons with disabilities become active members of their societies.

Inclusive humanitarian action for persons with disabilities is an emerging area for most actors and an evolving concept. It is essential that further evidence be gathered to provide replicable examples of good practices from the field. This would support the systemic change required to ensure the full and effective inclusion and protection of persons with disabilities in situations of crisis.

List of acronyms

ADFP	Age and disability focal point
ADTF	Age and disability task force
CBID	Community-based inclusive development
CCCM	Camp coordination and camp management
CDC	Central distribution center
CFS	Child-friendly space
CRPD	Convention on the Rights of Persons with Disabilities
DiDRR	Disability-inclusive disaster risk reduction
DRM	Disaster risk management
DRR	Disaster risk reduction
HCT	Humanitarian country team
HHoT	Humanitarian Hands-on Tool
HPC	Humanitarian program cycle
HRP	Humanitarian response plan
IASC	Inter-Agency Standing Committee
ICT	Information and communication technology
IDPs	Internally displaced persons
INGO	International non-governmental organization
MEAL	Monitoring, evaluation, accountability and learning
MHPSS	Mental health and psychosocial support
NGO	Non-governmental organization
OPA	Older-persons' associations
OPD	Organization of persons with disabilities
PoC	Protection of civilians
PSS	Psychosocial support
SLI	Sign-language interpreter
ToT	Training of trainers
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WASH	Water, sanitation and hygiene
WGQs	Washington Group Questions

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