



The good and promising practices on disability inclusive humanitarian action 2023

In 2023, two days of workshops were held highlighting good practices in humanitarian action. Speakers from different countries were selected through a call led by Humanity & Inclusion and the Disability Reference Group. An inspiring and enriching event!

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Good and Promising Practices Process Illustration

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Practice 1

Be the PIONEER

Localization of inclusive humanitarian response
Through equal partnership Mechanism



Innovation

CO DESIGN
IMPLEMENT
MONITOR

- Collaboration of local actor for inclusive humanitarian projects



Replicability

- Direct Funding
- Invest in strengthening local capacity
- Work with local actors

Impact

Leadership and Sense of Ownership and equal partnerships



Arbeiter-Samariter - Bund (ASB)
Indonesia & The Philippines

Be the PIONEER: Localisation of Inclusive Humanitarian Response through Equal Partnerships Mechanism



Arbeiter-Samariter-Bund, Indonesia, and the Philippines



Timescale:
February 2021 – October 2022



Thematic Area

Capacity development of humanitarian actors, including Organisations of Persons with Disabilities (OPDs)



Summary

The ‘Partners for Inclusion: Localising Inclusive Humanitarian Response’ (PIONEER) project aimed to localise inclusive humanitarian response by creating meaningful collaboration between local Organisations for Persons with disabilities, Older People Associations (OPAs), and humanitarian organisations in two districts of Indonesia, Sigi and Magelang. The initiative, led by ASB Indonesia and the Philippines, integrated the expertise and experiences of local Organisations for Persons with Disabilities and Older People’s Associations directly into the design, implementation, and evaluation of humanitarian response.

The project was built on the principle of equal partnership, providing a structured platform for local groups to work alongside humanitarian agencies to enable responses to be more inclusive and responsive to the needs and insights of those who are often most affected by emergencies but are least heard.

According to participants, the project strengthened the engagement and leadership of Organisations

of Persons with Disabilities and Older People’s Associations in humanitarian initiatives, and after the project, organisations reported a greater sense of having an active role in shaping inclusive humanitarian policies and practices.



What challenges did this practice address?

Persons with disabilities and older people are often excluded from humanitarian actions. Instead of being active participants, they are frequently seen as passive recipients of assistance, overlooking the depth of insights and expertise they could contribute to information in inclusive response.

Organisations of Persons with Disabilities, particularly in lower and middle-income countries, also encounter various obstacles that limit their involvement in humanitarian work and restrict their ability to contribute to and lead programmes affecting their communities.

To better understand this challenge, ASB undertook an extensive literature review and drew on their experience in disaster response. They learned that local humanitarian organisations did not always have the necessary understanding or resources to effectively engage with and utilise the strengths of persons with disabilities and older people. As a result, these communities often lacked a voice in the humanitarian programmes that directly affected them.

A study conducted in Central Sulawesi, with persons with disabilities as co-researchers, revealed that professionals in the Water, Sanitation and Hygiene field (WASH) tended to perceive persons with disabilities and older people as individuals who required help instead of recognising their potential as contributors and leaders. The research highlighted the need for a shift in attitude towards persons with disabilities and older people, identifying their abilities and skills in various fields, including WASH.

The research also suggested that while Organisations for Persons with Disabilities and Older People's Associations were improving their emergency response skills, prevailing stereotypes still portrayed them as dependent and continued to restrict their actual contributions.



What was done to address these challenges?

The PIONEER Project was launched in 2020 in Indonesia's Sigi District in Central Sulawesi Province and Magelang District in Central Java Province to address the long-standing barriers that had excluded Organisations of Persons with Disabilities and Older People's Organisations from meaningful involvement in humanitarian response.

The practice aimed to promote equitable collaboration by providing a platform for local disability and older persons' organisations and humanitarian agencies to have an equal say in humanitarian operations within their communities. This approach was meant to shift how humanitarian aid worked, prioritising the input of those often excluded.

To achieve this goal, donors allocated funds and set inclusive criteria at a national level, which were then channelled to local groups by national humanitarian organisations. This enabled local groups to co-design, co-monitor, co-implement, and co-evaluate humanitarian projects, ensuring these initiatives were inclusive and collaborative. Direct funding to local groups, alongside skill building, led to enhanced participation and stronger cooperation with government agencies, creating sustainability.



The practice was led by five principal activities, including establishing partnerships and preparing for joint project implementation, launching a pilot to integrate inclusive response strategies in Sigi and Magelang, creating an ethical framework and tools for monitoring, evaluating the effectiveness of the approach, and sharing the outcomes and insights from the project through workshops, webinars, and presentations at forums.



What were the results?

The PIONEER Project demonstrated how the collaboration between the local Organisations for Persons with Disabilities, Older People Associations and humanitarian actors can bring about meaningful changes in humanitarian response.

In the Sigi district, the Working Group of Central Sulawesi OPDs, consisting of four different OPDs (Gerkatin, HWDI, PPDJ, and Pertuni), collaborated with LKSLU Pelita Hati (OPA) and Dompot Dhuafa (local humanitarian organisation). They worked together on needs and capacity assessments, community engagement for preparedness, creating accessible educational materials, inclusive disaster response training, and strengthening emergency response teams.

The Working Group conducted simulations for safe evacuation, provided basic rehabilitation training, supplied assistive devices, reviewed preparedness plans for inclusivity, and advocated for using village funds for inclusive response preparedness. They documented and shared their learnings locally.

In the Magelang district, a forum of local OPDs collaborated with LKSLU Ibu Zainab (OPA) and Habitat for Humanity (a local humanitarian organisation). The collaboration included inclusive data collection, raising awareness through traditional drama performances, training on inclusive humanitarian responses, providing assistive devices and evacuation support equipment, improvements in public facility accessibility, and video documentation of local preparedness initiatives.

A positive outcome of the project was forming an official forum for local Organisations of Persons with Disabilities, FIDAKAMA, in Magelang. It became a hub for sharing information, coordinating activities, and influencing local policymaking, including a village regulation on disability inclusion.

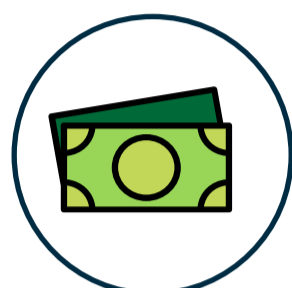
The project increased participation levels among organisations for older persons and persons with disabilities in Magelang. They shifted from passive to active contribution and engaged with policy development, resulting in increased involvement in government programs.



What could other organisations learn from the practice?

3 main things you should do to replicate this innovation:

1.



Channer funding

- Direct funding is managed by local actors.
- Create a mechanism for accountability.

2.



Invest in capacity strengthening

Identify the needs

- Technical/programmatic knowledge and skills in inclusive humanitarian actions.
- Organisational management capacities (legality, resource mobilisation, project and financial management).

3.



Facilitate inclusive collaboration

- Enable local humanitarian actors to work with people with disabilities and older people with disabilities and older people's organisations.
- Facilitate coordination and collaboration with local government.
- Support efforts in advocating inclusive policies and regulations.



Lead to equal partnership & meaningful participation



Lead to local leadership in humanitarian actions



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Practice 2

Overcoming Barriers :

Enabling women with disabilities' participation in Technical and Vocational Education and Training (TVET)

In partnership with the Government of Canada

Participatory Gender and Inclusion Audits of Palestinian TVET Institutes

GRIT

Women with disabilities are doubly disadvantaged due to gender and ability considerations

Innovation

Identify barriers and ways to overcome them

GENDER AT WORK MODEL
Audit Methodology

IMPACTS

New partnerships Formed

Investments in Capacity building

Improved data collection

Infrastructure Improved

Inclusion Policies created

More students with disabilities enrolling at these institutes

Replicability

Additional Audits conducted using same approach

A community of practice was formed

Audit learnings cascaded to others



Canadian Lutheran World Relief (CLWR)
Lutheran World Federation - Jerusalem (LWF)

Overcoming Barriers: Enabling Women with Disabilities' Participation in Technical and Vocational Education and Training (GRIT Project).



Canadian Lutheran World Relief and Lutheran World Federation-Jerusalem



Timescale:
2019 - 2025



Thematic Area(s)

Empowerment of persons with disabilities / Identification and removal of barriers



Summary

The West Bank remains in a state of protracted crisis, characterised by increasing security concerns and a deepening crisis in the Palestinian economy. All Palestinians feel the effects of this, but especially women with disabilities. Technical and Vocational Education and Training (TVET) could be vital to improving women's education and employment prospects. However, women with disabilities are frequently excluded due to financial, physical, and institutional barriers.

The Canadian Lutheran World Relief (CLWR) and the Lutheran World Federation-Jerusalem (LWF) are implementing a project to break down the barriers that keep women with disabilities from accessing TVET. By thoroughly exploring the intersectional challenges faced by women with disabilities and working to solve them, this practice has led to more women with disabilities enrolling and participating in TVET programs.

The success stories and positive feedback from those involved emphasise the importance of this practice in improving opportunities for women with disabilities in the West Bank.



What challenges does the practice address?

In the West Bank, persons with disabilities face significant educational and employment challenges; 38% of persons with disabilities have never attended school, and 87% are unemployed. For women with disabilities, these challenges are intensified by intersecting factors such as age, socio-economic and refugee status, and residing in remote areas.

Despite the potential for Technical and Vocational Education and Training to support education and employment, women are frequently excluded due to societal biases, economic constraints, logistical issues, and physical and institutional hurdles. At the outset of this project, only seven women with disabilities were enrolled in seven partner TVET institutes, amounting to around 0.5% of all students.



What is being done to address the challenges?

The project, initiated in 2019 and scheduled to run until 2025, aims to identify and overcome the challenges faced by women with disabilities in Technical and Vocational Education and Training (TVET).

During the initial phases of the project, the team took an innovative approach. It conducted comprehensive gender and inclusion audits across various institutions using a unique methodology. Recognising the significant gap in the existing research, specifically in addressing the unique requirements of women with disabilities in the Palestinian TVET sector, the team adapted the International Labour Organization's (ILO's) participatory gender audit methodology and the Gender at Work framework. This adaptation was tailored to the Palestinian context, emphasising disability inclusion, and showcasing a 'learning by doing' approach.

Using insights from the audits, CLWR and LWF are collaborating with TVET institutes to make

education more inclusive. They are expanding staff development programs to train staff on disability inclusion, educate students on human rights, revise enrolment processes, update data collection methods, and adapt curricula to meet the specific requirements of students with disabilities. They are also making infrastructure adaptations to enhance accessibility, safety, and comfort.

CLWR and LWF are actively working to reduce financial barriers that prevent women with disabilities from accessing training opportunities. They provide scholarships, transportation support, and specialised equipment to ensure women have equal access to vocational education and training. Additionally, the project includes community outreach initiatives that bring together women with disabilities, members of disability organisations, and community leaders. These efforts aim to promote the inclusion of women with disabilities in TVET and challenge societal and cultural attitudes.

A significant part of the outreach strategy involves highlighting the success stories of women who have thrived in the TVET system. These narratives serve as a powerful tool for motivation and exemplify the impact of vocational education. The project is critical in cultivating an educational environment that supports all students by integrating these innovative auditing methodologies, inclusive educational practices, and community-engaged approaches.



What are the results of the practice so far?

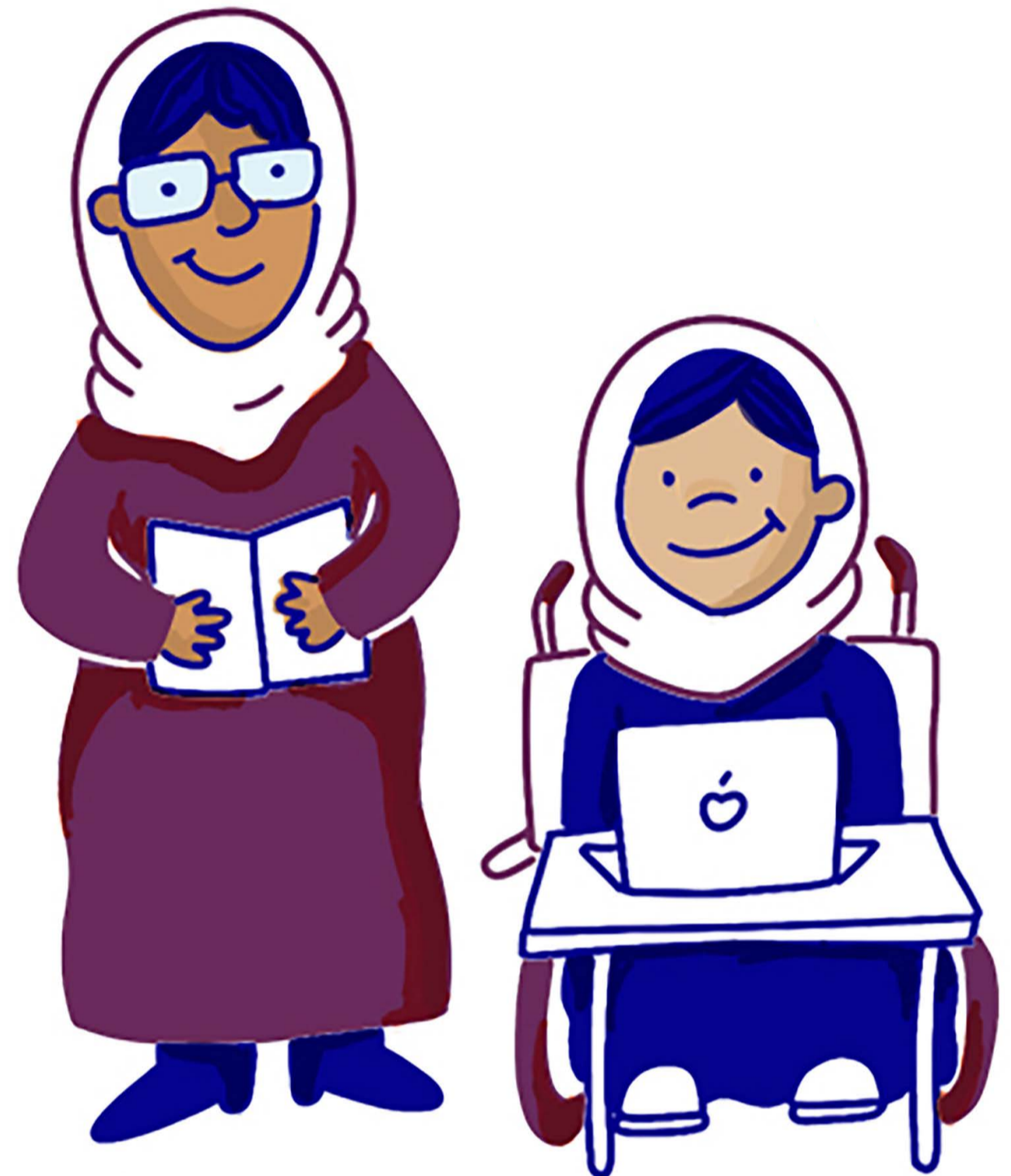
During the project's first four years, the number of women with disabilities enrolled at the partner TVET institutes increased from seven to thirty-five. The students are also enrolled in a broader range of subjects, demonstrating significant progress in recruitment and active participation of women with disabilities.

The project's success in this area is attributed to collaboration with local organisations working with persons with disabilities, who play a vital role in outreach, providing technical guidance, and connecting their members with vocational training opportunities.

Policy reforms were implemented, and physical accessibility was improved. Five out of eight partner institutes now have gender and inclusion policies. These institutions also adjusted their facilities to be more accessible and accommodating to women with disabilities, and ongoing efforts are being made to ensure all institutes adopt inclusive practices.

The impact of this work is evident from the feedback received from the participants. Women enrolled report increased confidence and skill levels thanks to the project's role in enhancing their abilities.

The initiative also established a comprehensive method for inclusion monitoring, with most learners with disabilities agreeing that they receive adequate support from their institutes. The project



also refined enrolment processes to include the Washington Group Questions, enabling consistent and accurate data collection on disability status for better planning and resource allocation in the future.

These measures significantly contribute to creating a more accessible and supportive educational environment for students with disabilities, particularly women, by focusing on practical improvements and responsive policies. The project's increased enrolment numbers and participant feedback indicate its effectiveness in creating an inclusive educational space in the TVET sector.



What can other organisations learn from the practice?



Conduct audits to identify and address institutional barriers for women with disabilities, adapting methodologies to local contexts for disability inclusion.



Train staff on disability inclusion, revise enrollment processes and adapt curricula to cater better to students with disabilities.



Make infrastructural adaptations for better accessibility and provide scholarships and equipment to alleviate financial barriers for women with disabilities.



Use community outreach and advocacy to challenge societal biases and showcase the achievements of women with disabilities in TVET.



Enact policy reforms for gender and inclusion, improve facilities' accessibility, and establish effective monitoring methods like the Washington Group Questions for data collection and planning.



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Practice 3

Technical Support and Capacity Development of humanitarian actors linked to protection clusters

Replicability

The cluster can provide support in a way of a Helpdesk

targeting national and local partners

Impact

Strengthen Local Knowledge

Capacity Building

Protection analysis process

At a country level

INNOVATION

- Building disability sensitive protection analysis

- It is key to have participation of persons with disabilities to have life examples

- Countries receiving tailored support based on the interest, level of knowledge and context



Global Protection Cluster GPC

Technical Support and Capacity Development of Humanitarian Organisations Linked to Protection Clusters



Global Protection Cluster



Timescale:
2020 – 2022



Thematic Area(s)

Capacity development of humanitarian Organisations, including Organisations of Persons with Disabilities



Background:

The Global Protection Cluster (GPC) is a network of NGOs, international organisations, and UN agencies that work together to provide protection in humanitarian crises such as armed conflict, climate change, and disasters. The GPC is mandated by the Inter-Agency Standing Committee (IASC) and led by the United Nations High Commissioner for Refugees (UNHCR). It is governed by a Strategic Advisory Group, co-chaired by the GPC Coordinator and an operational NGO and serviced by a multi-partner Operations Cell.

As part of a broader capacity development effort to improve protection clusters' and their partners' skills and proficiency, a project was implemented to provide technical assistance to local organisations involved in protection coordination mechanisms at the country level. The project targeted local and international teams involved in project design and program planning across several areas, including

child protection, gender-based violence, housing, land, property, and mine action.

The programme spanned various sectors to provide comprehensive protection in humanitarian crises and was implemented in several countries, including the Occupied Palestinian Territories, Ethiopia, Ukraine, Venezuela, and Syria.



What challenges did this practice address?

After surveying protection clusters, critical gaps were identified in their services. These gaps included a lack of technical support, insufficient

information management resources, limited capacity to collect disability-inclusive data, and a lack of knowledge on including persons with disabilities in interventions. As a result, it was challenging to deliver effective services to persons with disabilities, often leaving them behind in relief efforts.

There was also a lack of coordination among humanitarian organisations at the country level in addressing the specific protection concerns that affected persons with disabilities, such as access to services and the right to equal treatment.

Reports such as the Humanitarian Requirements Overview and Humanitarian Response Plans revealed that persons with disabilities faced numerous barriers that restricted their access to services. These barriers included logistical challenges like distance, transportation costs, and accessibility, as well as social issues like bullying and inadequate infrastructure.

Responses to these challenges were often not inclusive, with many programmes lacking the necessary measures to ensure no one was left behind.



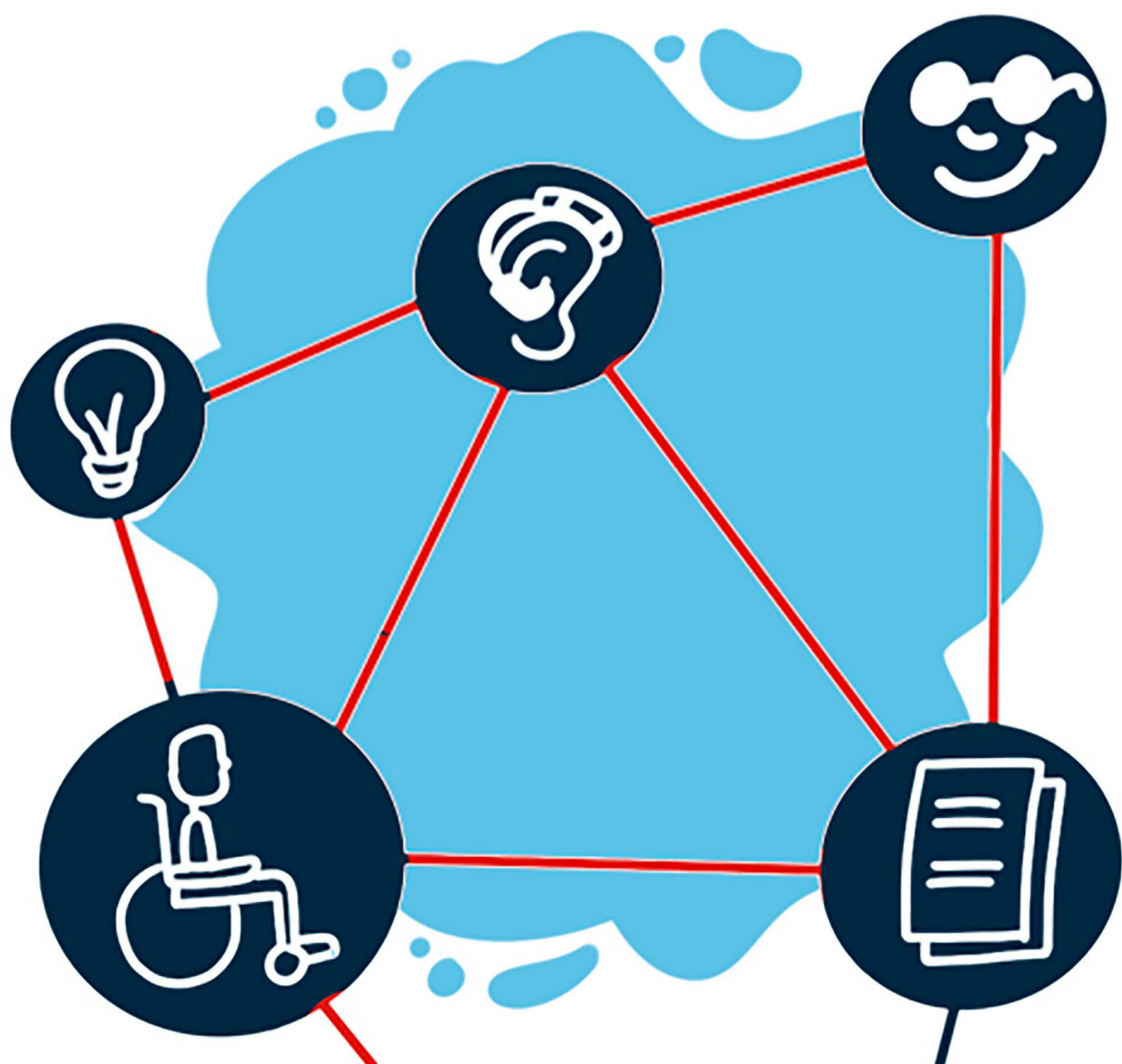
What was done to address the challenges?

The Global Protection Cluster recognised the need for better responses from key organisations to identify and address the barriers faced by persons with disabilities, ensuring their inclusion in humanitarian interventions.

This initiative provided a valuable opportunity to enhance collaboration among humanitarian workers at the country level, focusing on addressing the protection and service access requirements of persons with disabilities.

A crucial part of this approach was Inclusive Planning and Engagement, which actively involved organisations of persons with disabilities. The process incorporated inputs from diverse groups, including the Star of Hope in the Occupied Palestinian Territories, Organisations of Persons with Disabilities in Ethiopia, national protection clusters, international organisations, and local agencies. These efforts were coordinated by the Protection Cluster's team, which ensured that the perspectives and requirements of people with disabilities were considered in response strategies.

Humanity & Inclusion supported the initiative with training and capacity building, which included developing training and practical guides for humanitarian workers. The focus was on enhancing the understanding of disability inclusion. These training sessions were based on survey insights and aimed at improving the collection of disability data and promoting a rights-based approach to aid. Sessions mainly catered to individuals with visual and mobility disabilities, emphasising the importance of designing inclusive programs and



securing funding for disability inclusion. The sessions also highlighted the need for broader outreach in the future.

Inclusive data collection and analysis was essential for the Global Protection Cluster to identify areas where humanitarian groups required more support. The survey conducted by the Cluster was comprehensive and highlighted the need for better methods of collecting disability-related data. It also demonstrated the importance of gaining a deeper understanding of the challenges faced by persons with disabilities.

Protection coordinators then led discussions that resulted in improved coordination and unified approaches towards disability rights and requirements among targeted organisations.



What were the results of the practice?

Protection partners significantly improved their understanding of disability issues, as shown by the changes observed in assessments before and after the intervention.

They took a proactive approach and committed to advancing disability inclusivity by establishing connections to meet the requirements of persons with disabilities, initiating field assessments, and strengthening partnerships with organisations of persons with disabilities.



Key actions included conducting barrier assessments in Ethiopia and forming strategic alliances in the Occupied Palestinian Territories to address the requirements of persons with disabilities. The Protection Cluster also revised its communication strategy in Venezuela to be more disability inclusive.

Feedback from participants on the training sessions was overwhelmingly positive, indicating an enhanced understanding of disability. The training also provided a platform for organisations to exchange information and build networks, leading to improved coordination and more effectively tailored responses to the requirements of people with disabilities.

The practice achieved several specific objectives, including an enhanced understanding of inclusive responses, strengthened knowledge of data collection and use around age and disability, improved use of rights-based language, better identification of barriers faced by persons with disabilities in accessing services, awareness of assessment tools for barriers in humanitarian responses, and advocacy for more inclusive humanitarian responses.

The requirements assessment survey revealed an urgent need for technical support, better information management resources, and stronger partnerships focused on disability inclusion. The survey results varied across countries, indicating

differing levels of urgency and readiness to adopt disability inclusion practices.

The survey outcomes also highlighted participants' growing dedication to pursuing disability-inclusive

actions, as evidenced by their willingness to seek support for developing inclusive projects. This marks a significant step forward in integrating disability considerations into humanitarian efforts more broadly.



What could others learn from this practice?

To effectively implement similar initiatives, organisations should consider the following recommendations:



Involve organisations representing persons with disabilities in the planning and implementing humanitarian interventions.



Provide targeted training for humanitarian workers to deepen their understanding of disability inclusion, focusing on data collection and a rights-based approach.



Emphasise comprehensive and inclusive data collection.



Facilitate discussions and strategies among humanitarian Organisations to unify approaches towards disability rights, including barrier assessments and inclusive communication strategies.



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Practice 4

Working towards including persons with disabilities in humanitarian actions

Case Study South Sudan

Involving other actors and persons with disabilities

HI working together with IOM

Innovation

Data Collection tools
Methodologies to conduct inclusive surveys

Impact

Actions

- Identify Capacity Gaps
- Analysis and removal of barriers that persons with disabilities are facing
- Capacity Building



- Improved Data Collection techniques
- Increased Consultations with persons with disabilities hence the organizations aligned their programmes to meet their specific need
- Direct benefit went to Organization of persons with disabilities and their members through availed livelihood opportunities.

Replicability

- Staff training programs for front line and management staff
- Data collection tools available to conduct barriers and Facilitators assessments

Staff

persons with disabilities

Empower people to make decisions

Humanity & Inclusion South Sudan

Working Towards Including Persons with Disabilities in Humanitarian Action – A Case Study from South Sudan



International Organisation for Migration and Humanity & Inclusion



Timescale:
August 2018 to March 2023



Thematic Area

Capacity development of humanitarian actors, including Organisations of Persons with Disabilities (OPDs)



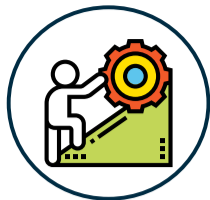
Summary

The International Organisation for Migration (IOM) recognised the importance of improving data collection and analysis methods to better serve persons with disabilities in the Internally Displaced Persons (IDP) settlement at Bentiu, South Sudan. IOM's aim to enhance disability inclusion within its protection programs led to the awareness that a more participatory approach was necessary to ensure persons with disabilities were adequately recognised as essential contributors to humanitarian initiatives.

To promote the inclusion of persons with disabilities in their services, IOM collaborated with Humanity & Inclusion (HI) to perform a full-scale audit of disability inclusion. The audit included a participatory assessment to evaluate and improve IOM's organisational practices and service delivery.

Targeted action plans were developed based on the findings, and staff training programs were initiated to equip IOM staff with the knowledge and skills to identify and eliminate barriers to inclusion and promote facilitative practices.

The partnership progressed into joint assessments and surveys, directly involving persons with disabilities in shaping the services they receive. It also included strategic engagement with Organisations of Persons with Disabilities, where HI initially led the advocacy efforts. Over time, IOM assumed this role, promoting designing and implementing programs tailored to the requirements of persons with disabilities and involving them in every stage of the project cycle, from requirements assessment to planning, execution, and monitoring.



What challenges does this practice address?

Before the practice, the IOM identified a significant challenge in the South Sudan Bentiu IDP settlement: a need for more refined data collection and analysis. The current processes could not provide detailed information on the specific risks and requirements of persons with disabilities, which was essential for providing tailored support and intervention.

A lack of understanding and awareness of disability inclusion amongst the staff further compounded this challenge. As a result, persons with disabilities faced specific challenges that were often overlooked, and their requirements were not fully addressed within mainstream protection programs.

In the past, the involvement of persons with disabilities in IOM programs was not always active, limiting their full participation. As a result, there was a lack of specialised programs that addressed their specific requirements within the settlement.

The IOM recognised the requirement to refine its approach and ensure comprehensive protection efforts for the displaced community, including those with disabilities.



What was done to address the challenges?

The collaboration between the IOM and HI aimed to promote the inclusion of persons with disabilities in internally displaced persons settlements in South Sudan. Their approach was guided by the '4 Must Do Actions' for inclusive humanitarian practice¹.

Local teams conducted Barrier and Enablers Assessments in Bentiu, Wau, and Malakal to achieve this. These assessments were crucial in identifying and addressing obstacles to inclusion, resulting in the creation of requirements-based action plans dedicated to the ongoing removal of barriers.

Both organisations provided extensive training to IOM staff and Organisations of Persons with Disabilities, which covered areas such as inclusive Water, Sanitation, and Hygiene (WASH), inclusive protection, and methodologies for conducting barrier assessments. Through initiatives like employing persons with disabilities and offering internship opportunities to members of Organisations of Persons with Disabilities following vocational training, the IOM made significant strides towards improving local livelihoods.

By consulting with members of Organisations of Persons with Disabilities, the IOM ensured their programs were responsive to the unique requirements of persons with disabilities. This strategy effectively

1. The IASC Guidelines offer a comprehensive framework for action by highlighting four essential actions that must be taken at all stages of a program cycle. These actions include data disaggregation, identifying and removing barriers, participation, and empowerment.

integrated persons with disabilities into the main governance structures of the settlements, increasing their active participation and leadership.

Another significant achievement of this collaboration was the work with the Displacement Tracking Matrix (DTM) team, which improved survey tools and the training of enumerators. This enhanced the quality of disability data collection and monitoring inclusion within the settlements.

Overall, the joint efforts of IOM and HI demonstrated a 'twin-track' approach: they effectively integrated disability inclusion into mainstream humanitarian activities while also developing specific programs targeted at persons with disabilities.



What were the results?

This practice led to significant progress towards the inclusion of persons with disabilities in humanitarian activities, including:



The Displacement Tracking Matrix (DTM) team improved their data collection methods to capture more detailed information, focusing on the perspectives and requirements of persons with disabilities. This improvement allowed for deeper engagement with persons with disabilities, providing a better understanding of their requirements and preferences.



IOM staff were equipped with the necessary tools and knowledge to independently integrate disability inclusion strategies into their daily operations, including project design and data collection, creating a self-sustaining approach to inclusion within IOM.



Training, coaching, and mentorship initiatives improved staff confidence in disability inclusion, leading to appointing focal persons for inclusion in critical projects, such as the ECRP resilience project. This approach embedded inclusion within community structures, ensuring a more integrated approach to addressing the requirements of persons with disabilities.



Creating a dedicated Inclusion Unit within IOM marked a significant step, integrating disability focal points whose role is crucial in identifying and addressing specific needs and barriers faced by persons with disabilities. This unit provides training and guidance on inclusive practices. It ensures the integration of these practices into the organisation's culture and processes, further embedding a culture of inclusivity at all levels.



The efforts to secure funding for disability-specific programs have led to the implementation of the twin-track approach, which has yielded concrete outcomes, such as internship programs within IOM for persons with disabilities, income-generating activities, vocational training to enhance employment opportunities, recruitment of staff with disabilities, teacher training in sign language and Braille, and provision of assistive devices.



What could others learn from this practice?

Organisations wanting to replicate part of this practice should consider the following:



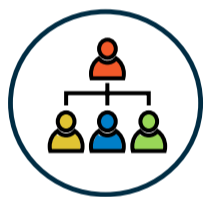
Identify the unique barriers, enablers and risks faced by people with disabilities. This information can help in creating targeted and multi-sectoral responses.



Ensure that persons with disabilities are actively consulted during the project planning and implementation phases. This will help in tailoring programs that genuinely reflect and meet their requirements.



Facilitate exchange visits among organisations for persons with disabilities. These visits can promote learning and capacity-building within and beyond national borders, especially in countries where the disability movement is well-established.



Engage with external partners specialising in disability inclusion to provide initial technical support and training. This collaboration can enhance internal capabilities to operate independently in the future.



Develop an organisation-wide training and mentorship program on disability inclusion. This approach creates a culture of inclusivity and empowers staff to take on roles as inclusion focal points within projects.



Consider creating a specialised unit to advocate for and ensure the mainstreaming of disability inclusion across all programs. This unit can then deliver consistent training and guidance on inclusive practices.



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Practice 5

Inclusion Ambassadors: Empowerment, Capacity Development of affected populations with disabilities fostering leadership and meaningful participation in their communities and with humanitarian actors

Innovation

- meaningful participation
- Training
- Organizational Networking

The practice was driven by persons with disabilities themselves

They

are at the heart of the program

Replicability

Develop an approach, map tools, identify interested individuals and remove barriers that hinder access to services and meaningful participation

- Build capacity in the community
- Facilitate Inclusion
- Empower persons with disabilities to participate and drive the program forward



Humanity & Inclusion Syria Program

It is sustainable and grassroots

Impact

The program allows us to understand our rights and responds to our needs

- They drive Change
- The program encourages them to be more proactive in their community
- They engage more with organizations



Inclusion Ambassadors: Empowerment and Capacity Development of Persons with Disabilities, Fostering Leadership and Meaningful Participation in their Communities and with Humanitarian Organisations in Syria



Humanity & Inclusion



Timescale:

September 2020 - Present



Thematic Area(s)

Empowerment of persons with disabilities / Capacity development of humanitarian actors, including Organisations of Persons with Disabilities (OPDs) / Identification and removal of barriers / Meaningful participation of persons with disabilities



Summary

Humanity & Inclusion (HI) launched a practice in Syria to address the widespread exclusion of persons with disabilities in humanitarian settings. The practice focuses on building the capacity of persons with disabilities to identify and leverage opportunities for meaningful participation in the emergency response and the broader humanitarian sector, including civil society.

The team contacted local communities, health staff, and persons with disabilities, informing them about opportunities to engage in humanitarian and livelihood activities. These efforts align with the principles of the United Nations Convention on the

Rights of Persons with Disabilities (CRPD), which Syria has ratified. HI offered capacity development and learning sessions to those interested, laying the groundwork to build and establish a small community of proactive and empowered people with disabilities.

Over time, the individuals who benefited from the programme evolved into a community of practice, taking on roles as advocates and stakeholders. This transition marked a shift towards a sustainable inclusion model, where people with disabilities became valuable contributors to humanitarian work within their regions.



What challenges does the practice address?

Humanity & Inclusion have discovered a significant lack of representation and active participation of persons with disabilities in humanitarian responses and livelihood opportunities in Syria. Initial assessments highlighted an important gap in these individuals' awareness of their rights, available services, and how to self-advocate within humanitarian programs. This gap, coupled with limited opportunities for engagement, can lead to their exclusion from critical discussions and programming efforts in the humanitarian sector.

Many persons with disabilities are left out of the humanitarian response due to the lack of opportunities and skills to interact with their communities and local authorities. This disengagement is further aggravated by negative perceptions and misconceptions about the abilities of persons with disabilities, which makes it difficult for them to access livelihood opportunities and decision-making roles in their communities.

Humanitarian organisations often struggle to comprehend the obstacles that persons with disabilities face fully. This lack of understanding can make it challenging to include them in community and livelihood programs effectively. To address this issue, it is essential to raise awareness, create more inclusive opportunities, and promote a shift in attitudes within both the community and humanitarian organisations.



What is being done to address these challenges?

To address these challenges, a practice has been implemented that involves the creation of an Inclusion Ambassador Programme. The program aims to identify and recruit motivated individuals with disabilities from the community, employing a diverse and inclusive selection process.

The program begins with introductory sessions that explain its objectives, followed by a comprehensive capacity-building plan. This includes accessibility assessments and awareness-raising sessions. Each participant receives individual case management to ensure their complete participation. This includes personalised support such as home modifications for accessibility and providing assistive devices adjusted to their specific requirements. For example, tasks are modified for people with traumatic brain injuries and sign language interpreters are provided for those with hearing impairments.

During emergency response scenarios, the ambassadors play an active role as contributors, participating in assessments and taking on the responsibilities of first responders. Their involvement is crucial in training protection actors, as they provide valuable insights during the training process and help to enhance the understanding of an inclusive humanitarian response. Additionally, they share their unique experiences and insights, particularly regarding intersectionality, during their presentation at the Global Protection Cluster seminar.

To date, ambassadors have participated in approximately 13 training sessions covering various topics. These sessions helped them improve their advocacy skills and knowledge of their rights. They then conducted awareness sessions on disability rights and inclusive practices for community members and humanitarian actors.

The ambassadors went on to play active roles in global forums, such as donor conferences and discussions regarding the impact of COVID-19 on persons with disabilities.



What are the results to date?

“We contributed to changing society's view of us and changed our view of ourselves as well.” (Saleh, Inclusion Ambassador)

1 The program enabled ambassadors to engage more actively in local decision-making and networks. They advocated for policy changes at local councils and academic institutions, moving towards forming their own organisations of persons with disabilities, thus increasing their representation and autonomy.

2 The ambassadors' participation led to local councils funding accessible infrastructure and universities adopting inclusive policies, significantly improving accessibility for persons with disabilities.

3 The ambassadors reported growing confidence and capabilities, particularly in leading training sessions and raising disability awareness. This empowerment extended to economic contributions within their households.

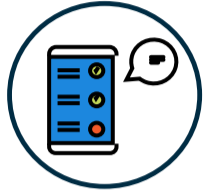
4 The program created more inclusive community attitudes and enhanced the decision-making involvement of persons with disabilities. Ambassadors also observed improved family dynamics, indicating a broader cultural shift towards inclusivity.

5 Ambassadors played a crucial role in training humanitarian actors and in peer-to-peer support, showcasing their vital contribution to the operational aspects of humanitarian work and highlighting the program's success in building leadership among persons with disabilities.





What could others learn from this?



Establish programs to recruit and train motivated individuals with disabilities from the community. Ensure these programs include comprehensive capacity-building plans with personalised support, if needed, such as home modifications and assistive devices.



Conduct training sessions for ambassadors to enhance their advocacy skills and knowledge of rights. Include awareness sessions on disability rights and inclusive practices for community members and humanitarian actors.



Enable ambassadors to participate actively in local decision-making, advocating for policy changes and forming their own organisations. This increases representation and autonomy for persons with disabilities.



Involve ambassadors in global forums and discussions, such as donor conferences and impact assessments. Their active role in training humanitarian actors showcases their valuable contributions to the operational aspects of humanitarian work and highlights the program's effectiveness in building leadership among persons with disabilities.



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Practice 6

Inclusive Humanitarian Cycle through a strong disability inclusion working group

Afghanistan

- Ensuring Sustainability

- Persons with disabilities are equal partners

- Active engagement with persons with disabilities

- Participate in training
- Identify their needs
- Improve collaboration and leadership



Innovation

Harmonizations

Impact

Mutual learning promoted and active engagement improved

Replicability

Sharing technical tools

Humanity & Inclusion
Handicap International

Inclusive Humanitarian Cycle Through a Strong Disability Inclusion Working Group in Afghanistan



Humanity & Inclusion



Timeframe:
12 months



Thematic Area:

Capacity development of humanitarian actors, including Organisations of Persons with Disabilities



Summary

In 2021, the humanitarian coordination system in Afghanistan identified critical gaps in disability inclusion. These gaps included a lack of understanding of roles and responsibilities related to disability inclusion, limited capacities among organisations to integrate disability considerations into their work, an absence of coherent strategies, and a lack of disability-inclusive data.

To bridge these gaps, the Disability Inclusion Working Group (DIWG) was established and led by Humanity & Inclusion. Members included the United Nations Population Fund, the Swedish Committee for Afghanistan, Save the Children, Concern Worldwide, UNICEF, and UNHCR, alongside local organisations such as the Labor Spring Organisation and Logar Disabled Women's Social Association.

The group prioritised collecting reliable and inclusive data, capacity building, and operationalising inclusive guidelines to mainstream disability in humanitarian actions. A key aim was to increase the participation

of persons with disabilities and their representative organisations in all processes, ensuring their voices were heard, and their requirements were addressed in immediate and long-term responses.



What challenges did the practice address?

Before the group's formation, several key issues were identified in including persons with disabilities in the Humanitarian Programme Cycle (HPC) process.

There was no specialised system in place to ensure full integration of disability inclusion in the HPC process, resulting in challenges in incorporating disability perspectives effectively in humanitarian efforts. This required a greater understanding of roles and responsibilities Within the humanitarian country team, which led to challenges in effectively integrating a rights-based approach per the IASC guidelines.

The absence of a focused working group resulted in poor collection and utilisation of disability-specific data, which is crucial for informed planning and implementation of responses. There was also a lack of comprehensive knowledge regarding the extent and nature of disability issues in Afghanistan, which is essential for effective program design and implementation.

Many humanitarian actors lacked proper knowledge and skills in disability-inclusive programming, making it challenging to develop and implement programs that effectively address the requirements of persons with disabilities.

There was a notable absence of simplified guidelines, tools, and fact sheets specifically geared towards disability inclusion, which are essential for guiding humanitarian actors.

Organisations of Persons with Disabilities were minimally involved in coordination mechanisms and HPC processes despite being critical actors in the humanitarian response.

A comprehensive disability-focused review and engagement in the HPC process had yet to be completed. This was particularly evident during the review of the 2022 Humanitarian Needs² Overview (HNO) and Humanitarian Response Plan (HRP) Afghanistan documents.

Members of the Working Group highlighted a general requirement for more awareness, knowledge, and skills regarding disability-inclusive engagement in the HPC process.



How were the challenges addressed?



The Disability Inclusion Working Group (DIWG) was established to address the identified challenges and strengthen disability inclusion within humanitarian coordination and response. The group targeted several key areas: To address the lack of knowledge and skills in disability-inclusive programming, the DIWG focused on educating its members about the IASC Guidelines on Inclusion of Persons with Disabilities



Humanity & Inclusion led this initiative by providing a two-day training, engaging 25 members, including persons with disabilities from organisations of persons with disabilities, international non-government organisations, and United Nations Agencies. The training aimed to embed the '4 Must Do Actions' of the IASC guideline across all stages of the Humanitarian Programme Cycle.¹

1. The Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action (2019) set out four 'must-do' actions to identify and respond to the needs and rights of persons with disabilities. They are: 1) promote meaningful participation; 2) remove barriers; 3) empower persons with disabilities and support them, as well as development and humanitarian actors, to develop their capacities; and 4) disaggregate data for monitoring inclusion.

3

Recognising the requirement for practical and accessible resources, the DIWG developed simple guidelines, fact sheets, and tools to support a rights-based approach to disability. These materials were designed to assist humanitarian actors in integrating disability considerations into their programs effectively.

4

HI facilitated the inclusion of 15 organisations of persons with disabilities as members of the DIWG to enhance local representation. The process was so impactful that an organisation of persons with disabilities was elected to co-chair the group in 2023, alongside HI and the World Food Programme, signalling a significant step towards inclusive leadership.

5

The DIWG also aimed to guide and support its engagement with the Humanitarian Programme Cycle, improving the group's technical expertise to support other humanitarian actors. They achieved this by training members on the HPC process, reviewing critical documents like the HNO and HRP with a disability lens, and providing actionable improvement recommendations.

6

To widen its influence, the DIWG engaged with other key groups like the Accountability to Affected Population (AAP) and Gender in Humanitarian Action (GiHA) Working groups. This engagement focused on advocating for disability inclusion in the health, nutrition, protection, food, and security clusters for the 2023 HPC process.

7

To improve the representation of persons with disabilities, HI enlisted organisations of persons with disabilities into the working group. This move, supported by the co-chairs, led to a more diverse and representative DIWG, ensuring that the voices and concerns of persons with disabilities were heard and addressed.



What were the results?

1

The Group ensured that people with disabilities were recognised in the Humanitarian Response Plan (HRP) and the Humanitarian Needs Overview (HNO) with specific objectives and necessary disability data for targeted aid.

2

Guides, fact sheets and training were created to adopt inclusive practices and 'Must Do Actions,' particularly during emergencies.

3

Technical support was provided to organisations to improve the inclusivity of programs, and over ten organisations were assisted in integrating disability considerations into their funding proposals.

4

The DIWG increased engagement with Organisations of Persons with Disabilities and non-government organisations, leading to more inclusive decision-making processes and the

election of a local organisation as a co-chair for 2023, amplifying diverse voices within the DIWG.

5

The Group proactively collaborated with various clusters during the HRP planning phase. It produced qualitative review reports on HNO and HRP documents, marking a significant shift towards a more inclusive humanitarian response framework.



What could others learn from this?

To successfully integrate disability inclusion in humanitarian efforts, consider these key recommendations:



Embed disability inclusion groups within existing humanitarian coordination systems, like the OCHA's Inter-Cluster Coordination Team, to ensure they have the necessary influence and legitimacy.



Collaborate with technical experts and organisations such as Humanity & Inclusion and the Global Disability Reference Group for essential support and resources like the IASC guidelines.



Obtain backing from donors, like the ECHO Afghanistan Office, for crucial resources and operational capacity essential for the formation and success of disability inclusion initiatives.



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Inclusive Client Responsiveness: Focus on persons with disabilities and older people - Global -

Client
Feedback

Mechanism
Guide to
Inclusive client
Responsiveness

<https://www.rescue.org/resource/inclusive-client-responsiveness-focus-people-disabilities-and-older-people>



Innovation

- Build strong collaboration with local communities
- Foster accessibility of Feedback and complaints mechanisms

Impact

Persons with disabilities participate actively in decision making

Replicability

- Communication in different formats
- Channel Diversification

International Rescue Committee (IRC)

IRC Inclusive Client Responsiveness: Focus on People with Disabilities and Older People



Thematic Area:

Capacity development of humanitarian actors, including Organisations of Persons with Disabilities (OPDs)



Timescale:

2021



Summary

The International Rescue Committee (IRC) launched the "Inclusive Client Responsiveness" project to ensure that people with disabilities and older people were included in the Accountability to Affected Populations (AAP) framework. The project was led by the IRC Global's Client Responsiveness and Protection teams, with contributions from IRC Tanzania, to make humanitarian programs more receptive to client feedback and inclusive at every stage.

To ensure the project's success, an Advisory Committee comprised international NGO experts, quality and accountability representatives, and members mostly from Organisations of Persons with Disabilities (OPD), like the International Disability Alliance. This committee's collective expertise and advocacy played a critical role in incorporating the perspectives of persons with disabilities into humanitarian initiatives.

In Tanzania, the IRC conducted comprehensive focus group discussions to gather insights. Over a hundred participants from refugee settlements and local communities were engaged in these interactions.

The discussions were mindful of language and accessibility. The participants highlighted existing shortcomings and drove the IRC to advance their Client Responsiveness Mechanism. The aim was to become more disability-inclusive in their client focus, aligning with the principles of the Core Humanitarian Standard (CHS) Gender & Diversity Index.



What challenges did the practice address?

The UN Flagship Report on Disability and Development 2018 highlights that persons with disabilities still encounter significant barriers and remain underrepresented in decision-making processes. Challenges such as inadequate identification, registration, and limited access to feedback and complaints mechanisms contribute to the under-recognition of persons with disabilities. Consequently, there is a need for more comprehensive data on their specific requirements.

To bridge this gap, the report urges humanitarian actors to implement accountability mechanisms that align with the UN Convention on the Rights of Persons with Disabilities (CRPD).

This practice addresses the substantial challenges faced by persons with disabilities in accessing vital services, undermining the commitments to Accountability to Affected Populations (AAP). These challenges persist despite the existence of various tools and guidelines designed to make humanitarian actions more inclusive. The practice emphasises the need for a more practical application of these resources in client response mechanisms to ensure that the rights and requirements of persons with disabilities are adequately addressed through feedback mechanisms.



What was done to address this challenge?

The Inclusive Client Responsiveness initiative, a collaborative project between IRC Global and IRC Tanzania, focused on integrating persons with disabilities and older persons into the Accountability to Affected Populations (AAP) process. Aligned with the CHS Gender & Diversity Index, the initiative aimed to develop inclusive feedback mechanisms guided by universal design principles.

A central element of the initiative involved the participation of local Organisations of Persons with

Disabilities in addressing challenges related to feedback collection. Their contributions were critical in shaping tools like the focus group discussion guide and survey instruments to improve feedback inclusiveness and refine data collection methods for better accessibility.

The joint efforts of OPDs, IRC staff, and persons with disabilities identified three critical areas for enhancement:



Rights-Based Approach: Emphasising a deeper understanding of disability rights, universal design, and anti-discrimination to ensure equal service access.



Data Collection and Analysis: Highlighting the need for thorough demographic data collection and analysis to confirm and improve the inclusiveness of the client feedback system.



Accessibility Assessments: Stressing the importance of regular evaluations of the feedback system for safety and access, focusing on the unique challenges faced by individuals with disabilities.



To meet staff training requirements, the initiative introduced the IRC Disability Inclusion training package. Available in both digital and physical formats, this training was designed to educate staff from various sectors, particularly those new to the field of protection, about essential disability inclusion principles.

Additionally, the "Inclusive Client Responsiveness Toolkit," co-created with persons with disabilities, includes a range of resources to improve program accessibility. The Toolkit offers guidance for auditing and enhancing feedback channels, strategies for conducting disability and age-inclusive focus groups and interviews, and advice on using the Washington Group Questions for data disaggregation. It also provides:

- 1 Tools for tracking and analysing client feedback.
- 2 Identifying accessibility challenges.
- 3 Easy-to-read staff training guides.
- 4 Tips for inclusive communication.



What were the results?

This practice improved the Accountability to Affected Populations (AAP) framework and staff training by focusing on inclusive practices.

IRC's Client Responsiveness e-training module was updated to establish minimum accessibility standards for feedback channels, aligning with CHS and Sphere standards and accommodating diverse requirements, including those of people with disabilities.

IRC introduced simpler forms and consent protocols to enhance participation in AAP activities and conducted Safety and Accessibility Audits. Incorporating the Washington Group Questions, these audits gathered detailed disability data for client surveys and feedback, ensuring inclusivity.

IRC staff adopted new guidelines on Inclusion, non-discrimination, intersectionality, and a rights-based approach to disability. Now available publicly, these resources aid other humanitarian actors in refining their AAP strategies.

Surveys conducted by IRC included the Washington Group Questions, revealing that 9% of respondents were persons with disabilities. IRC Tanzania's partnership with local OPDs has been vital in promoting inclusion and community involvement for people with disabilities, leading to increased participation in feedback sessions and leadership roles, with 12% of feedback coming from this group.

However, the surveys also indicated a gender disparity among respondents with disabilities (70% female, 30% male). They highlighted the need for improved service access and confidentiality in feedback processes.



What could others learn from this?

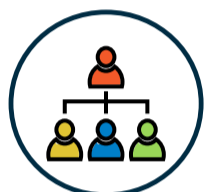
For organisations seeking to replicate similar practices, the following recommendations are offered:



Employ technical advisors and specialists who can align AAP frameworks with disability rights principles.



Work closely with country teams with experience with AAP frameworks and staff to adapt these practices efficiently, building on existing knowledge and practices.



Actively involve persons with disabilities in the program design process and collaborate with organisations of persons with disabilities to gain valuable insights and practical guidance, ensuring meaningful participation and enhancing program effectiveness.



Engage with inter-agency networks to share best practices and contribute to a standardised approach to inclusivity across various initiatives.



Dedicate resources to developing an inclusive Monitoring, Evaluation, Accountability, and Learning system and ensure staff are trained and skilled in these areas.



Consistently review and assess accessibility and inclusion efforts, adapting them to meet the community's evolving requirements and to align with the latest best practices.



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Disability Inclusive Protection Monitoring and Data Collection in Iraq

Innovation

- ➔ Training so the teams were able to identify the needs of persons with disabilities
- ➔ Prioritise the client for protection services

Persons with disabilities suffer more exploitation and abuse



Impact

- ➔ Participation and inclusion of persons with disabilities
- ➔ Strategic partnerships with Government and Parliament

Replicability

The Data Analysis is the building block of any Humanitarian action

International Rescue Committee
- Iraq -

Disability Inclusive Protection Monitoring & Data Collection in Iraq



International Rescue Committee



Timeframe:
June 2022



Thematic Area(s)

Quality disability data collection and disaggregation



Summary

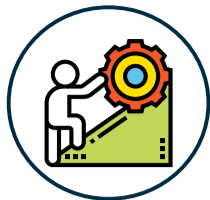
Maintaining the dignity and human rights of persons with disabilities is crucial in humanitarian crises. Adopting a disability-inclusive approach addresses the specific requirements of persons with disabilities while strengthening the humanitarian response, ensuring equitable access to services and protection.

The International Rescue Committee (IRC) has identified significant challenges in its humanitarian operations, particularly in protection monitoring and data collection for persons with disabilities. The organisation recognises the requirement to bridge data gaps, address underreporting, and improve equitable access to humanitarian services for persons with disabilities. In response, the IRC Iraq Country Programme took a crucial step by integrating the Washington Group's Short Set of Questions into its protection monitoring tools in June 2022.

This was done in consultation with technical advisors and aimed at collecting more accurate data while creating an environment where the rights and contributions of persons with disabilities were recognised and respected in all aspects of humanitarian action.

This approach promoted inclusivity by improving data collection, enhancing service delivery, influencing policy, and advocating for the rights of persons with disabilities.





What challenges was this practice addressing?

The practice aimed to improve protection monitoring for persons with disabilities during humanitarian crises, focusing on three key areas:

1

Insufficient Data: There was a lack of reliable data on the specific support requirements, barriers, and risks faced by persons with disabilities. This information was crucial for making informed decisions and allocating resources effectively.

2

Underreporting: Humanitarian data collection efforts often fail to capture the specific support required by persons with disabilities, resulting in their underrepresentation and inadequate assistance.

3

Access Barriers: Persons with disabilities frequently face significant obstacles in accessing humanitarian services due to physical barriers and the absence of inclusive service provision. As a result, they could obtain the necessary support and protection.



What was done to address these challenges?

By working in the following way, IRC identified the barriers and risks faced by persons with disabilities and worked with them to identify solutions for participation and safe, dignified, and equitable access to services.

1

Data collection:

Protection staff received training on the Washington Group short set of questions to understand the intent behind each question and the appropriate approach to engage persons with disabilities during data collection.

Using these questions, staff could accurately identify the varied requirements of persons with disabilities at both the personal and community levels, ensuring that no one was overlooked.

2

Analysis:

The information management team was trained on using the new tools, supported by regular meetings with senior protection staff, ensuring the quality and relevance of the data analysis.

The protection program lead collaborated with senior managers and data analysts, allowing for thorough planning and

nuanced analysis of the information gathered by field officers to inform response strategies.

3

Use:

The collected data was systematically disaggregated to highlight the barriers and risks to access for persons with disabilities. These data were then incorporated into reports and advocacy briefings to influence policy and raise awareness of issues.

Persons with disabilities identified through the enhanced protection monitoring process were given priority for tailored services such as cash for protection based on a clear understanding of requirements.

The collected data promoted respect, understanding, and legal services for persons with disabilities through community messaging.

The protection teams, consisting of IRC and partner organisation staff, actively engaged with persons with disabilities through field visits, direct meetings, and dialogues, ensuring they were accounted for and actively involved in the conversation about their requirements.



What were the results?

Data collection and quality were improved, leading to comprehensive insights into the protection requirements, barriers, and risks faced by persons with disabilities during crises. In 2022, out of the 1920 households interviewed, 13% (242) had members with disabilities, providing valuable data on their unique requirements.

The practice also ensured **inclusive participation and increased engagement of persons with disabilities in assessments and programmes**, which confirmed their perspectives shaped delivery. They reported issues like higher eviction threats (19% vs. 8%) and movement restrictions, which were considered while designing the programmes.

Data disaggregation by age, gender, and disability led to tailored IRC programs. This approach was driven by analyses revealing specific risks faced by persons with disabilities, including service access and any heightened vulnerability to exploitation and abuse. As a result, the program prioritised addressing the requirements of persons with disabilities, enhancing safety and dignity.

Services were delivered more equitably by the removal of access barriers. This included tackling attitudinal, environmental, and institutional barriers, as reported by households, leading to equitable service delivery.

The data collected was used to inform immediate decisions, resource distribution, and advocacy, leading to **data-driven decision-making**. This strategic approach was underlined by identifying primary risks like healthcare access, influencing

displacement patterns, and necessitating adjustments in programming.

Between January 2022 and January 2023, the tools were instrumental in identifying and ranking the protection requirements of persons with disabilities. **A significant number of persons with disabilities participated in protection monitoring**, with 27 receiving cash aid for protection, two benefiting from special requirements funds, and 44 being referred to external services.



How was this practice innovative?

Integrating Washington Group Short Set Questions into the IRC's data collection tools dramatically changed how data on disability was collected.

By standardising disability-inclusive questions across various data collection tools, this practice ensured accuracy and consistency while identifying the diverse requirements of persons with disabilities. The initiative's pioneering use of data analysis to shape decision-making translated data into actionable insights, resulting in tangible improvements in programmatic decisions and advocacy.

Persons with disabilities were involved directly in data collection and service prioritisation, leading to active participation and self-representation in humanitarian programs.



What could others learn from this?

To replicate practices for disability requirements prioritisation and inclusion, consider the following recommendations:



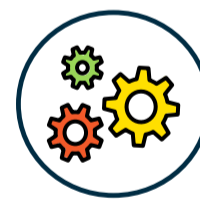
Incorporate Washington Group Questions in the data collection process to accurately identify and prioritise the requirements of persons with disabilities.



Develop robust data management strategies to enable efficient analysis and understanding of the specific support requirements of persons with disabilities.



Train staff on disability inclusion and use relevant questionnaires to ensure inclusion.



Ensure that service delivery points are fully accessible to all individuals.












Use data tools to develop efficient referral systems to guide persons with disabilities to vital services better.



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Organizations of persons with disabilities and Disability Inclusion Facilitators: Solution Catalysers in Humanitarian Response

Disability Inclusion Capacity Program

Innovation

Inclusive cluster systems to reflect needs of persons with disabilities

Replicability

Ensuring disability focal points in humanitarian action work and bringing a disability inclusion Expert into the team



Impact

Changing the mindset about persons with disabilities and Humanitarian Action

Light for the World
Mozambique

Organisations of Persons with Disabilities and Disability Inclusion Facilitators: Solution Catalysers in Humanitarian Response in Mozambique & South Sudan



Light for the World



Thematic Area(s)

Meaningful participation of persons with disabilities



Timescales:

Mozambique, 2019 – 2021,
South Sudan, 2014 - 2023



Background:

During times of crisis, such as natural disasters or conflicts, persons with disabilities are often overlooked by humanitarian programs and initiatives. This was particularly evident in the aftermath of Cyclone Idai in 2019, where persons with disabilities were among the most severely affected. Despite this, many humanitarian organisations lacked the expertise to make their response inclusive and accessible.

In response, FAMOD, an umbrella organisation for the organisations of persons with disabilities in Mozambique, collaborated with Light for the World to create the Provincial Disability Working Group in Sofala. The primary objective of this group was to ensure that persons with disabilities were properly included in the humanitarian response to Cyclone Idai.

The Disability Working Group aimed to advocate for collecting disability-specific data from mainstream humanitarian organisations. Additionally, the

group sought to ensure that humanitarian aid was accessible and inclusive and that their involvement in various clusters and response activities was strengthened. These practices were later also tested in South Sudan.



What challenges did the practice address?

Emergency services and humanitarian responders in Mozambique and South Sudan faced challenges due to their fixed and inaccessible locations, which resulted in limited integration into local communities. As a result, individuals with disabilities were left uninformed and unable to access available services, including crucial services like education.

Both regions faced financial constraints that resulted in a lack of dedicated budgets for disability inclusion

within humanitarian settings. This affected their ability to provide adequate support and services to persons with disabilities.

There were significant gaps in communication and physical accessibility in both countries. The information about support services often failed to cater to the inclusive communication requirements of individuals with disabilities. In South Sudan, formal communication mechanisms in IDP settlements did not effectively include individuals who were deaf or blind due to a lack of inclusive communication methods such as sign language.

In Mozambique, persons with disabilities faced competitive environments when accessing service locations, often leaving without assistance. Additionally, a lack of disability-specific data collection was evident in Mozambique, hindering the design of effective, inclusive programs.



What was done to address these challenges?

In Mozambique, the Disability Working Group was formed to lead inclusion efforts, integrating organisations of persons with disabilities and disability inclusion facilitators. Facilitators were trained through an inclusion academy and then conducted training for other stakeholders. They were given more responsibility with the guidance of senior disability inclusion advisors.

The national Organisation of Persons with Disabilities collected critical data to understand the requirements and locations of persons with disabilities. This data revealed that many persons with disabilities were not accessing services because they remained in their villages, which were outside the reach of central aid delivery. A sub-cluster focused on disability, including stakeholders such as Light for the World, UNICEF, government representatives, and local organisations. This sub-cluster is formalised as the Disability Working Group in Mozambique.



To ensure the voices of persons with disabilities were heard in decision-making processes, the Disability Working Group ensured that persons with disabilities had representation in disaster risk management structures at both provincial and district levels, with designated seats for persons with disabilities. Local Community Disaster Risk Management Committees were also piloted to include persons with disabilities actively.

In South Sudan, a comprehensive approach was adopted to address inclusion challenges. This included assessments, disability audits, and the initiation of a pilot project aimed at integrating disability inclusion in internally displaced person settlements. The strategy ensured that organisational templates, such as the United Nations High Commissioner for Refugees' registration form, included data pertinent to persons with disabilities. Training on disability inclusion was provided to various groups within the settlements.

Disability inclusion facilitators, recruited from Organisations of Persons with Disabilities, worked with parents and children with disabilities within the settlements, providing training on inclusion. This engagement led to broader involvement with leaders of organisations of persons with disabilities. They then offered training in skills relevant to persons with disabilities, such as braille and sign language, enhancing the services available to those in the settlements.



What were the results?

The Disability Working Group was established in Mozambique, resulting in a more inclusive environment in decision-making processes. This significantly increased training requests from UN agencies and the National Institute for Disaster Management. Light for the World and its partners conducted house-to-house data collection initiatives, which yielded comprehensive data on individuals affected by cyclones. The data informed the Disability Working Group about the community's requirements and strengthened the response.

The resettlement centres increased the visibility of persons with disabilities, and over 5,385 people were provided with hygiene products and food packages. A Memorandum of Understanding was signed on Inclusive Disaster Risk Management, and 61 persons with disabilities started businesses, producing and selling 18,090 masks. Ten savings groups also received financial support.

In South Sudan, 19 organisations integrated disability inclusion into their programming, reflecting a systematic and policy-level commitment to inclusion. Government ministries, especially the Ministry of Education, shifted their stance on disability inclusion, with a notable change in the naming of the Directorate of Gender, Equity, and Inclusive Education to reflect this new focus.

Organisations of Persons with Disabilities became more streamlined and equitable, providing consistent services to members regardless of their location, whether inside or outside IDP settlements. This led to 710 persons with disabilities graduating from vocational training centres, with 325 from the Wau IDP settlement.



What can other organisations learn from this?

Here are some recommendations that can help other organisations replicate this practice:



Establish working groups that include organisations representing persons with disabilities. These groups should lead efforts in inclusion, ensuring that persons with disabilities are actively involved in decision-making and risk management processes.



Conduct comprehensive data collection initiatives to understand the specific needs and locations of persons with disabilities. This information is crucial for developing and implementing effective, inclusive programs.



Embed disability inclusion in internal processes and training programs. This could involve adapting registration forms, operational templates, and training materials to be inclusive of persons with disabilities.



Implement vocational training and economic empowerment programs for persons with disabilities. These initiatives should enhance skill development and support financial independence, fostering greater community integration and self-sufficiency for individuals with disabilities.



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WFP Disability Inclusion Helpdesk

Innovation

- First Helpdesk for WFP on disability inclusive programming
- Free tailored quality and timely advice
- Diverse Modalities
- Enables Institutional Change

Impact

- Improves programming
- Enhances strategic support to HQ team
- Improves Disability Data
- Enhances Awareness
- Facilitates OPD Engagement

Replicability

Other Organizations can adapt this Model through Key enablers

- ▶ Monitoring, Evaluation and learning
- ▶ Systematic Capacity building
- ▶ Collaborative approach



World Food Programme

Disability Inclusion Helpdesk



World Food Programme & CBM Global



Timeframe:

September 2021 – Present



Thematic Area(s)

Capacity development of humanitarian actors, including Organisations of Persons with Disabilities



Summary

The publication of the 2020 World Food Programme Disability Inclusion Road Map highlighted the requirements for increased engagement in disability inclusion, particularly in the Asia-Pacific region. In September 2021, the World Food Programme (WFP) launched an online Helpdesk in collaboration with CBM Global's Inclusion Advisory Group (IAG) to address this need.

The Helpdesk is designed to provide tailored, technical advice to WFP teams based on their specific programmatic needs. Users can access the Helpdesk easily using their existing credentials and submit requests through a simple form. The Helpdesk Coordinator reviews each request to ensure that it falls within the scope of the service, which covers all programming aspects across different sectors and locations. Any inquiries relating to other World Food Programme corporate domains are redirected to its Headquarters Disability Inclusion Team.

As of November 2023, IAG advisors had successfully responded to 114 requests from World Food

Programme offices in 34 countries. This achievement highlighted the Helpdesk's effectiveness in offering specialised support, significantly contributing to its goal of becoming a more inclusive organisation.



What challenges does this practice address?

WFP faces several challenges when integrating disability inclusion into its operations. One of the most significant obstacles is the need for specialised technical guidance and expertise in an organisation with such a large footprint. This limits the ability of WFP staff to incorporate persons with disabilities into their work.

Another challenge is understanding and responding to the specific requirements and rights of persons with disabilities. This is compounded by limited direct engagement with persons with disabilities,

which could improve the organisation's ability to tailor its programs to their requirements.

Additionally, even where the requirements and rights of persons with disabilities are understood, WFP has struggled to integrate disability considerations across its various operational sectors. This requires a comprehensive approach that not only includes persons with disabilities in targeted initiatives but also addresses their requirements within the broader context of WFP's work.

Developing the technical knowledge and capacity of WFP staff regarding disability inclusion also presents a significant challenge. Staff members require the appropriate skills and understanding to advocate for and support disability inclusion in their respective roles, enhancing the organisation's overall effectiveness.



What is being done to address the challenge?

WFP recognises the importance of disability inclusion within its operations and has taken decisive steps to enhance this aspect of its work. In September 2021, WFP collaborated with CBM Global to introduce the Helpdesk service, an online platform providing easy global access for WFP employees seeking advice on disability inclusion. The platform's user-friendly interface streamlines the support process, making it more accessible for staff.

Once inquiries are submitted to the Helpdesk, they are evaluated by IAG's Helpdesk Coordinator to

align them with WFP's strategic priorities. Requests unrelated to programming are directed to the specialised Disability Inclusion Team at WFP's Headquarters. This process ensures that the most appropriate team handles the inquiries.

One of the critical features of the Helpdesk is its emphasis on confidentiality and providing personalised advice. This approach allowed customised guidance tailored to different WFP teams' unique requirements. Additionally, the Helpdesk actively involves organisations of persons with disabilities in consultation, ensuring that diverse perspectives make decision-making inclusive and informed.

The Helpdesk is staffed by a group of around 15 advisors from CBM Global and its network of external consultants. They offer a broad spectrum of expertise, contextual knowledge, and language capability. This team is further strengthened by CBM Global's partnership with the African Disability Forum, enhancing the advisory services available to WFP Country Offices, particularly from OPD members. In addition, WFP's Bangkok Regional Bureau established a Disability Reference Group. This group, composed of inclusion experts, provides strategic guidance and support, and improves WFP's commitment to integrating disability inclusion at all levels of its operations.



What are the results to date?

The Helpdesk has significantly impacted the programming and operational tactics of WFP across its various Country Offices and Headquarters. According to a user survey, 90% of participants expressed willingness to reuse the service, which was a testament to the Helpdesk's effectiveness.

The Helpdesk's support has been vital to the WFP Headquarters team, providing essential guidance that shaped the organisation's procedures and standards. By equipping the Headquarters team with the necessary tools and insights, the Helpdesk has supported them in managing global initiatives more efficiently.

The Helpdesk has also enhanced engagement with Organisations of Persons with Disabilities, with noteworthy achievements in Ethiopia, Indonesia, and Syria. This included a successful collaboration with OHANA in Indonesia, where the Helpdesk's technical support facilitated a scoping study to aid WFP's programming. These partnerships advanced WFP's goals and strengthened the capacities of

organisations of persons with disabilities, promoting shared growth and knowledge.

The Helpdesk has also played a critical role in advancing disability data collection and analysis. Its advice, particularly on household-level cash transfers, enabled WFP offices in Sri Lanka, Iran, Venezuela, and Lebanon, for example, to optimise their assistance programs and ensure aid was distributed more effectively.

The level of awareness and training on disability inclusion has significantly improved, aided by the Helpdesk's development of an array of tailored resources and delivery of over 20 sessions, including a small 'train the trainers' program in Syria. Training initiatives were crucial in integrating disability inclusion principles into WFP's cultural and operational framework.





What could others learn from this?

Below are some key learnings from this practice:



Consider creating platforms or helpdesks that offer technical guidance on disability inclusion. This will ensure that expert advice is accessible and tailored to strategic needs.



Involve Organisations of Persons with Disabilities (OPDs) in consultations to ensure that disability inclusion strategies effectively address specific needs and rights, enhancing program relevance and impact.



Integrate disability inclusion across all operational sectors to promote a holistic approach that addresses specific needs within the larger organisational context.



Focus on building staff capacity in disability inclusion through targeted training and 'train the trainers' programs. This will strengthen advocacy and implementation skills within the organisation.



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Disability Inclusive Get Ready Guidebook

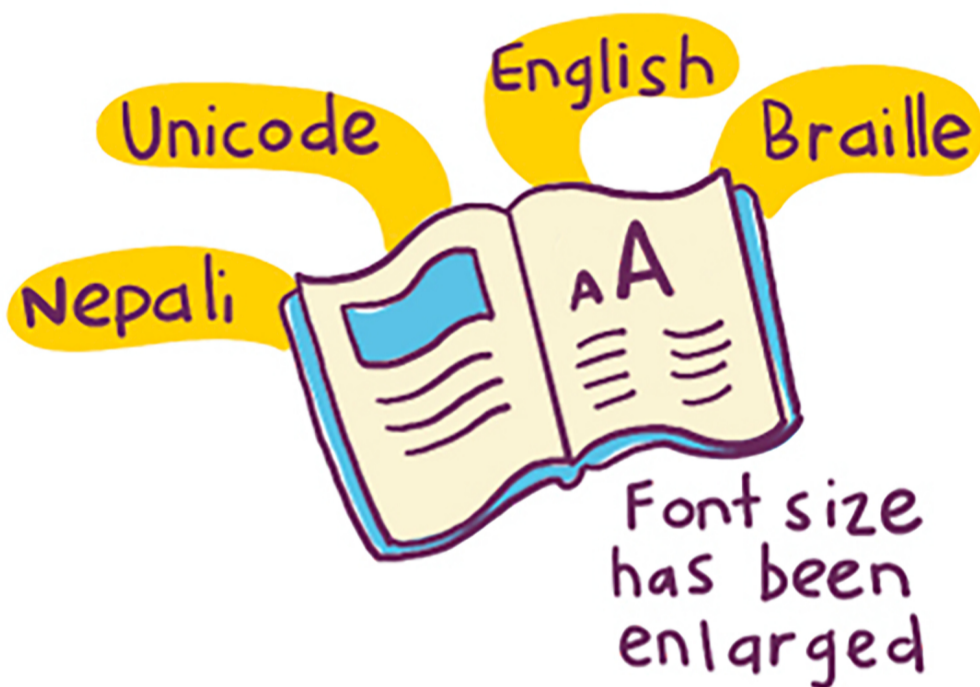
"In Nepal"

Persons with disabilities are disproportionately affected in disasters



Innovation

- A guidebook has been created for persons with disabilities for disaster risk reduction
- The Guidebook is available in:



Replicability

- Available in other accessible formats
- Updated document to be distributed in all 753 municipalities in Nepal
- It is helping the local government's localize Disability Inclusive Disaster Risk Reduction

Impact

- Benefit persons with disabilities before during and post disasters
- How they can respond to them
- It provides details on roles and responsibilities of first responders

Atullya Foundation Private Limited

Disability Inclusive Get Ready Guidebook



Atullya Foundation Private Limited



Timeframe:

September 2020 - present



Thematic Area

Capacity development of humanitarian actors, including Organisations of Persons with Disabilities



Summary

Nepal is a country that faces a high risk of natural disasters such as earthquakes, floods, and landslides, making it one of the most vulnerable countries in the world. Its capital city, Kathmandu, has been ranked the 21st most dangerous city globally. However, in times of crisis, people with disabilities are often overlooked and excluded from Disaster Risk Reduction (DRR) programs, leading to an increase in disability rates after disasters.

The Gorkha Earthquake in 2015 exposed significant gaps in Disability Inclusive Disaster Risk Reduction (DiDRR) within Nepal's disaster management protocols. The disaster highlighted the need for updated, locally contextualised resources aligned with the Sendai Framework for Disaster Risk Reduction (SFDRR).

To address these issues, various stakeholders have collaborated to develop a comprehensive Disability Inclusive Get Ready Guidebook. The financial support from USAID Tayar Nepal enabled the development of this guidebook, which aims to integrate disability considerations across all stages of disaster management. This guidebook seeks

to ensure that people with disabilities are not left behind in times of crisis.



What challenges does the practice address?

The Nepalese government has identified ten different types of disabilities and has issued identity cards based on their severity. However, there must be a significant gap in the country's Disaster Risk Reduction (DRR) initiatives when integrating a DiDRR perspective. As a result, disaster management planning and resource allocation often overlook the specific requirements of persons with disabilities.

During emergencies, persons with disabilities can face more significant challenges than others, especially when evacuation procedures, emergency responses, shelters, IDP settlements, and food distribution systems are inaccessible.

Disaster risk reduction (DRR) initiatives often fail to follow the inclusive principle of "leave no one behind." This principle is fundamental to ensure that persons with disabilities are included in disaster management strategies. In Nepal's DRR initiatives, there is a gap in addressing the needs of persons with disabilities during emergencies. It is imperative to integrate DiDRR perspectives to bridge the gap and ensure that everyone, including those with disabilities, is adequately considered and addressed during emergencies.



What is being done to address the challenges?

The guidebook has been vital for incorporating disability considerations into Nepal's disaster management plans. It resulted from extensive stakeholder consultations to ensure a robust Disability Inclusive Disaster Risk Reduction framework within the national disaster management strategy.

A diverse group of stakeholders was involved in creating the guidebook, including representatives from Nepal's ten recognised disability categories, Organisations of Persons with Disabilities, government officials, and members of the LGBTQIA+ community with disabilities. This community demonstrated inclusivity by accommodating different genders and abilities with sign language interpretation and captioning. The guidebook is a detailed resource that explains the roles of different emergency responders and authorities in including and supporting persons with disabilities during disasters. It emphasises the importance of a rights-based approach to disability inclusion.



What are the results of the data?

In 2022, the Ministry of Home Affairs of the Government of Nepal officially endorsed the "Disability Inclusive Get Ready Guidebook," reflecting a strong commitment to incorporating Disability Inclusive Disaster Risk Reduction (DiDRR) within local governance systems across Nepal. Led by the Ministry of Federal Affairs and General Administration (MOFAGA) and the Atullya Foundation, the guidebook evolved into a comprehensive resource book that was crucial for localising disability-inclusive disaster risk reduction, providing in-depth information and guidance on disabilities, their management, and inclusive practices.

The guidebook has gained international recognition, was showcased at the Asia-Pacific Ministerial Conference on Disaster Risk Reduction, and was nominated for the prestigious SASAKAWA Award, underscoring its global relevance and effectiveness in disaster risk reduction. To ensure wide accessibility, the resource book was made available in multiple languages and formats, including Braille and video.

The Nepal Red Cross Society, among other organisations, integrated the principles and practices outlined in the guidebook into its training programs, highlighting its practical application and acceptance by crucial disaster response organisations. The resource book empowered local bodies, authorities, and stakeholders by enhancing their knowledge and capacity to include disability-related issues in their plans, budgets, and programs and to implement these initiatives effectively.

The resource book aimed to improve the policies and practices of agencies and organisations working

in disability-inclusive disaster risk management and advocated for the rights and needs of persons with disabilities. It was distributed to all 753 municipalities in Nepal and aimed to enhance the resilience and well-being of persons with disabilities and their caregivers.

The growing domestic and international circulation of the guidebook-turned-resource book demonstrated its increasing influence in advocating for inclusive disaster risk reduction practices. The interest shown by international stakeholders highlighted its potential for global impact.



What could others learn from this practice?

Organisations wanting to replicate the success of the guidebook can do this by:



Regularly review and update educational materials to ensure their relevance and usefulness in evolving circumstances.



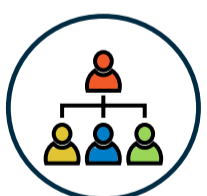
Make materials available in multiple languages and accessible formats, such as Braille and digital versions. This will make the information accessible and usable for a diverse audience, including persons with disabilities.



Engage a wide range of stakeholders in the development process, especially persons with disabilities. This will ensure that various needs and perspectives are considered, resulting in a more comprehensive and effective final product.



Design disaster risk reduction resources with actionable content that can be directly applied in real-life scenarios. This practical focus increases the likelihood that the resources will be used effectively during emergencies.



Use the structure and collaborative approach of the guidebook as a template that can be adapted to different contexts and regions. This scalability enhances the potential for global implementation of similar initiatives.



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Practice 12

Improving access to humanitarian aid by the deaf community in the Northwest Region of Cameroon

-Cameroon-

Innovation

- Train, equip and create a pool of sign language interpreters to breach communication barriers to accessing humanitarian aid by persons with hearing impairment
- Coordinated Funders



Replicability

- Careful documentation of process
- Standard training to use anywhere

Impact

- Improve protection programs that respond to humanitarian needs
- promote disability inclusion among humanitarian organizations
- Increased Participation of deaf persons in humanitarian response

Cameroon Baptist Convention Health Services (CBCHS)

Training Sign Language Interpreters to Improve Access to Services by Persons with Hearing Disabilities in the Northwest Region of Cameroon.



Cameroon Baptist Convention Health Services



Timescale:
Six months



Thematic Area:
Identification and removal of barriers



Summary

The crisis that began in 2016 in Cameroon's English-speaking regions caused significant disruptions and violence, leading to the loss of lives, property damage, and displacement of people seeking safety. In response, humanitarian organisations provided support in the Northwest region, but the response often overlooked the requirements of people with disabilities, particularly those with hearing disabilities.

The Cameroon Baptist Convention Health Services (CBCHS) implemented a 14-week sign language training programme to address this gap. This initiative aimed to improve information access for persons with hearing disabilities by training professional sign language interpreters.

The training was conducted through a blended learning approach of distance and in-person sessions. The programme included rigorous assessments and refresher courses developed

collaboratively with various stakeholders, including organisations of persons with disabilities.

This approach led to increased use of health and protection services by persons with hearing disabilities, the creation of the region's first Sign Language Dictionary, and a rise in trained interpreters in critical areas.



What challenge is this practice addressing?

In 2020, research was conducted by an organisation of persons with disabilities in the Northwest region to understand the impact of the crisis on people with disabilities when accessing humanitarian aid.

One of the key issues identified was the lack of access to information and communication for

people with hearing disabilities. This limited their ability to stay informed about the crisis and learn about available support services, making it difficult for them to obtain information, education, and communication.

The shortage of trained sign language interpreters was another significant factor in these challenges. Their absence meant that essential information often did not reach those with hearing disabilities, particularly in emergencies.



What was done to address these challenges?

CBCHS developed a 14-week sign language training program. The program began by identifying organisations that provide services to the local population and understanding their difficulties in reaching out to people with disabilities. This information was then used to tailor the training program.

The program recruited individuals with a basic understanding of sign language and trained them to become professional interpreters, creating a stable and reliable resource for the community. The training was conducted using a blended learning approach, which included a mix of distance learning and three-day in-person training to ensure the safety and uninterrupted participation of trainers and trainees. Rigorous assessments and refresher courses were also included in the program to maintain and enhance the trainees' skills in sign language interpretation.

Inclusive practices were promoted, encouraging persons with disabilities to participate in the training. The sign language curriculum was standardised to ensure that the interpreters' skills met the diverse and specific requirements of persons with hearing disabilities.

Partnerships with various stakeholders, including associations of persons with hearing disabilities, leaders from the Organisations of Persons with Disabilities in the Northwest Region, and experienced sign language interpreters, were integral to the program.



What resources were used?

Eight program staff members coordinated and managed logistics to carry out this activity. Additionally, six sign language instructors were hired to develop and implement the course, while ten representatives from the deaf community and three from the regional OPD network were consulted. Various books and sign language resources were used to ensure that common signs were adopted. The cost of implementing this activity was approximately 8,000 Euros.



What were the results?



Health and protection services were used more by persons with hearing disabilities due to trained sign language interpreters facilitating communication and access.

- 2 The Training Guide was revised to include humanitarian principles contributing to consistent and quality sign language education, ensuring uniformly trained interpreters.
- 3 The First-ever Sign Language Dictionary was created featuring signs agreed upon locally. This dictionary aims for broad use to promote standardised communication.
- 4 Sign language interpreters increased in municipalities like Fundong, Santa, Bamenda 3, and Jakiri, particularly in the humanitarian sector.
- 5 Active involvement of persons with hearing disabilities in developing the sign language dictionary ensured it suited their requirements.
- 6 The program inspired other sign language initiatives. Trainees began teaching sign language, expanding support for the deaf and hard of hearing.
- 7 There has been an increase in medical attention, with health facilities such as Nkwen Baptist Hospital in Bamenda reporting more visits from people with hearing disabilities, thanks to the availability of interpreters.



What could others learn from this?

Key recommendations based on the program's insights:



Develop and conduct sign language training programs tailored to the requirements of the local population. Use a blended learning approach to ensure accessibility and safety, focusing on building a pool of professional interpreters.



Map out organizations providing local services and collaborate with them, especially those serving persons with disabilities, to understand and address their specific communication challenges.



Encourage participation of persons with disabilities in the training programs. Ensure that the curriculum is standardised and meets the diverse requirements of the deaf community.



Develop and revise training guides to include humanitarian principles relevant to crises. Consider creating documentation that will standardise communication and make it widely accessible.



Actively involve people with hearing disabilities in developing resources like sign language dictionaries. Encourage trained interpreters to initiate further sign language education initiatives to expand support.



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Practice 13

OPDs Participation and Engagement: How over a decade of intentional relationship building and capacity strengthening by CBM Global and KRCS has led to more systematic OPD participation in humanitarian response

In Kenya

Innovation

- Establish community level focal points for communication, information sharing and advocacy
- Reciprocal Capacity building
- Authentic participation of persons with disabilities throughout the humanitarian program cycle



Impact

- Continuous engagement and capacity building during quiet times builds trust for inclusive response
- Establishing Age and Disability Focal Points for improved community level engagement
- More inclusive humanitarian response with progressive OPD participation
- Structural Changes
- Established trust between partners

Replicability

CBM Global Disability Inclusion and KRCS

Participation and Engagement of Organisations of Persons with Disabilities in Kenya: A Ten-Year Journey towards Systematic Inclusion in Humanitarian Response



CBM Global & Kenyan Red Cross



Timeframe:
2013 - 2023



Thematic Area

Empowerment of persons with disabilities / Capacity development of humanitarian actors, including Organisations of Persons with Disabilities / Identification and removal of barriers / Meaningful participation of persons with disabilities Quality disability data collection and disaggregation



Summary

CBM Global, in partnership with the Kenya Red Cross Society and the Association for the Physically Disabled of Kenya (APDK), worked with local Organisations of Persons with Disabilities (ODPs) to address the exclusion of persons with disabilities from humanitarian aid in several Kenyan counties¹. The aim was to increase the involvement of ODPs in emergency response and resilience programming, leading to a more accessible and inclusive approach for persons with disabilities.

The collaboration tackled several challenges related to disability inclusion, such as oversimplified identification processes, the lack of national identification and disability cards, and inadequate rehabilitation services. To address these challenges, mapping exercises were conducted, inclusion

advisers were appointed, data collection tools were redesigned, and direct outreach was launched. These measures were aimed at improving identification and assistance for persons with disabilities. The collaboration resulted in significant policy changes within the Kenya Red Cross Society to ensure inclusivity for persons with disabilities and policy changes at the governmental level.

The partnership created new and more inclusive methods for collecting data and delivering services, which improved access to services for persons with disabilities. Additionally, it allowed persons with disabilities to participate actively in community and decision-making processes, demonstrating inclusive humanitarian practices.

1. The practice took place in Baringo County, Bongoma Country, Tharaka Nithi County, Tharaka North Sub County, Gatunga ward; Meru County, Mutuati sub county covering Naathu, Amwathi, Antubetwe wards, Turkana County, Turkana Central Sub County, Kangatotha and Kalokol wards.



What challenges did this practice address?

In Kenya, a significant issue was the oversimplified method of identifying persons with disabilities for aid distribution. By reducing disability status to a mere yes/no question, this approach neglected the complexity and diversity among people with disabilities. Such a simplistic view failed to acknowledge that everyone with a disability has unique requirements and preferences, thereby overlooking the broad spectrum of disabilities and the distinct requirements of each person.

Community engagement processes, essential for effective targeting and programming, were not designed to include persons with disabilities. Centralised consultation locations, inadequate transportation options, and non-inclusive feedback and complaint mechanisms further excluded persons with disabilities from fully participating in community and resilience-building activities.

Another significant barrier was the lack of national identification and disability cards, which restricted direct access to assistance, primarily through mobile money transfers that require formal identification. This gap forced many persons with disabilities to depend on intermediaries for aid access, affecting their independence.

Additionally, the shortage of rehabilitation services and assistive devices in remote areas, along with limited information about available services, created considerable challenges for people with disabilities in accessing humanitarian aid and engaging in resilience programming.



What was done to address these challenges?

CBM Global, the Kenya Red Cross Society, and local OPD collaborated to ensure that humanitarian programming in Kenya included persons with disabilities. They focused on several key areas.

First, they conducted a mapping exercise in Bungoma County, where the Kenya Red Cross Society connected with leaders of OPDs. This helped establish a database for targeted aid delivery by building trust through community dialogues, understanding the specific requirements of persons with disabilities, and distributing important policy information.

In 2016, the Age and Disability Capacity Program was launched, appointing inclusion advisers to integrate age and disability considerations into humanitarian programs and policies within the Kenya Red Cross Society. This phase also included advocacy training for OPDs to interact effectively with government structures to provide inclusive disaster risk reduction and strategic planning.

Projects were designed to be inclusive from the planning stages, with significant input and leadership from OPDs. Data collection tools were redesigned to be inclusive, and staff and volunteers received training. Direct outreach components facilitated referrals to medical services, assessments, and distribution of assistive devices and disability cards through the National Council for Persons with Disabilities.

Focal points within the OPDs were trained on various rights-based advocacy and emergency response aspects. These focal points were also registered as volunteers in the Kenya Red Cross Society response teams.

In Turkana County, during drought response, tailored engagement strategies included household-level outreach and home visits for those unable to attend community events, ensuring everyone was included.



What were the results?

The Kenya Red Cross Society significantly changed its approach to disability inclusion by partnering with OPDs in their humanitarian programs. Through a Memorandum of Understanding with CBM Global, the partnership supported policy and practice reviews and advocated for inclusion throughout Kenya.

One of the key initiatives was to conduct institutional inclusion capacity assessments at the senior management level. This ensured that programs fully included persons with disabilities and has impacted county government investments in resilience-building, especially in post-recovery phases. It has also emphasised integrating disability requirements into development and emergency response frameworks.

The Kenya Red Cross Society improved its data collection tools to identify and address the specific requirements of persons with disabilities.



This led to more tailored assistance in medical outreach programs and food distribution practices. Additionally, diverse communication strategies were developed to improve awareness about available services among persons with disabilities and the wider community.

To improve accessibility, the Kenya Red Cross Society adapted its offices and warehouses and made them accessible. To ensure that the voices of persons with disabilities are heard in decision-making, a specific percentage of project funds was allocated for disability inclusion, reflecting their commitment to social inclusion.



What could others learn from this?



Partner with local organisations, particularly OPDs, to conduct comprehensive community mapping and understand unique requirements.



Appoint inclusion advisers and train staff to integrate age and disability considerations into all program design and policies. This should extend to policy development and strategic planning.



Revise data collection methodologies to be more inclusive, ensuring they capture the diversity of disabilities.



Adapt physical spaces and program designs to be accessible to all individuals, especially persons with disabilities, to ensure their full participation in programs and services.



Allocate a portion of project funds to disability inclusion and advocacy efforts. This should be coupled with training focal points within OPDs on rights-based advocacy and emergency response.



Encourage and support OPDs to engage effectively with government structures for more inclusive disaster risk reduction and policy making.



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Practice 14

Disability Solidarity: Mobilizing Moldovan OPDs and Ukrainian Refugees with disabilities to strengthen Disability Inclusion in the Response

Ukrainian Refugees

There were gaps in the attention and response for persons with disabilities

Innovation

- The project adopted a participatory approach and engagement of persons with disabilities
- Adopted a gender-sensitive approach
- Built Capacity of Organizations of persons with disabilities
- Promoted empowerment of persons-refugees with disabilities



Replicability

- It is important to have disability inclusion consultants working on the ground
- Invest in local Organizations of persons with disabilities
 - When collecting data, disaggregating it by disability

Impact

- Improved Accessibility and Inclusivity
- Increased Awareness
- Empowerment of Refugees with Disabilities
- strengthened Partnerships and Policy Influence
- Engaged refugees in identifying tailored solutions

European Disability Forum EDF

Mobilising Moldovan Organisations of Persons with Disabilities and Ukrainian Refugees with Disabilities to Strengthen Disability Inclusion.



European Disability Forum



Timeframe:

August 2022 - January 2023



Thematic Area

Meaningful participation of persons with disabilities / Capacity development of humanitarian actors, including Organisations of Persons with Disabilities (OPDs) / Empowerment of persons with disabilities



Summary

Since the conflict in Ukraine began, Moldova has experienced a significant increase in the number of Ukrainian refugees. This influx, estimated at around 4,5% of Moldova's total population, has strained the country's resources. Among the refugees, there are approximately 13,000 people with disabilities who require specific and targeted services.

Collecting detailed information on refugees with disabilities is crucial for providing inclusive humanitarian support. However, this task has proven to be challenging. Several key organisations, such as the European Disability Forum, the Association “MOTIVATIE” from the Republic of Moldova, the Centre for the Rights of Persons with Disabilities (CDPD), the Association of Deaf People in Moldova (ASRM) and the Alliance of Organizations for Persons with Disability from Moldova (AOPD), have played a vital role in addressing some of the urgent requirements of persons with disabilities. Despite

their efforts, there are still concerns about the crisis potentially worsening poverty levels, limiting access to healthcare, and slowing down the progress in shifting away from institutionalised care for persons with disabilities.

Organisations of Persons with Disabilities conducted workshops and interviews with refugees to identify service gaps. This step is essential for advocating for and implementing a humanitarian response that is both comprehensive and inclusive.



What challenges did the practice address?

A lack of detailed data on the number and specific requirements of refugees with disabilities made it difficult to provide targeted and inclusive support. It

was hard to determine the extent of services needed without accurate information. Experts estimated that up to 15% of refugees may have disabilities, which meant over 13,000 individuals in Moldova may have been without the necessary assistance.

The arrival of so many refugees strained Moldova's social and health services, with the population increasing by about 4,5%. This additional pressure had the potential to marginalise refugees with disabilities, who may have been viewed as an extra burden.

Unfortunately, many essential services were not fully accessible to refugees with disabilities, including transportation, medical care, employment, and information access. This lack of accessibility could have limited their full participation in society and access to necessary support services.

The disruption caused by the war also led to significant upheaval for persons with disabilities - losing their homes, livelihoods, and community connections. This was particularly detrimental to children with disabilities, who faced the risk of missing out on education, affecting their long-term development and integration.

In the long term, the challenges facing refugees with disabilities may have worsened, potentially leading to increased poverty, homelessness, and exclusion from the labour market. Social isolation and educational neglect were significant risks, and there was a concern that institutionalisation might have been viewed as a simplistic solution to these complex challenges.



What was done to address these challenges?

A collaborative approach was taken to support Ukrainian refugees with disabilities in Moldova, with guidance from Organisations of Persons with Disabilities and the refugees. The European Disability Forum, along with Moldovan organisations of people with disabilities with the financial support of the International Organisation for Migration (IOM) and CBM International, played pivotal roles in this practice.

The European Disability Forum, in partnership with the Alliance of Organizations for Persons with Disabilities (AOPD), engaged a consultant to identify refugees who could effectively voice their rights and impact decision-making processes. Additionally, an advocacy officer, supported by the European Disability Forum and Motivatie Moldova, was significant in developing a strategy to ensure commitment to inclusive practices by both the Moldovan government and aid organisations.

Steps were taken to remove barriers to access, which included the development of accessible transportation services by Motivatie Moldova and the expansion of sign language interpreter services by the Association of Deaf People in Moldova. New interpreters were licensed to bridge communication gaps for refugees with hearing disabilities. Additionally, policy-level advocacy, led by the Centre for the Rights of Persons with Disabilities (CDPD), aimed to adjust refugee accommodations better to meet the diverse requirements of people with disabilities.



A key area of focus was building resilience and capacity among organisations of persons with disabilities —the training sessions, facilitated by the European Disability Forum and Alliance of Organizations for Persons with Disabilities, aimed to enhance local organisations' abilities in supporting refugees. An example was the programme located outside Chisinau, which offered home-based care to refugees with disabilities. Knowledge-sharing initiatives like an 'online study visit,' led by the Association of Deaf People in Moldova (ASRM), also allowed Moldovan organisations to learn from global best practices in managing disability inclusion.

Collecting detailed information was vital for shaping an appropriate humanitarian response. A study conducted by a consultant in collaboration with the European Disability Forum and Motivatie Moldova revealed key obstacles to inclusion, like social stigma and the absence of accessible information. This research offered a solid foundation for data-backed advocacy efforts, highlighting the importance of tailored support strategies. These included creating individualised educational programmes for children with disabilities who were not receiving formal education.



What has been done to address these challenges?

Over 50 Ukrainian refugees with disabilities actively engaged in advocacy and shaping responses to their requirements. Several groups were created to facilitate ongoing discussions, and a disability-focused module was developed for broader use. Three essential discussions were held with key stakeholders to address the refugee response.

Information became more accessible to refugees with disabilities, enabling them to better access services. Three Ukrainian refugees with disabilities secured jobs, and more sign language interpreters were trained. Guides on disability inclusion were also created, covering topics from making places accessible to supporting persons with disabilities into employment.

The practice increased the skills and confidence of at least three local groups in Moldova that help people with disabilities. Around 20 staff members from these groups learned to be more effective in humanitarian work.

Data was effectively used to guide initiatives, monitor disability inclusion, and create detailed reports focusing on the specific requirements and rights of Ukrainian refugees with hearing disabilities. These reports provided valuable insights for improving service delivery. A significant advocacy event was also organised, strongly advocating for including refugees with disabilities in the overall crisis response.

Specialised psychological counselling and various recreational activities were organised for refugees, showcasing a comprehensive approach that addressed more than just necessities. Packages containing food, hygiene products, and medical

supplies were distributed to almost 400 families, and two settlements were established to create a welcoming and supportive environment for Ukrainian refugees and their families.



What could others learn from this?



Engage directly with Organisations of Persons with Disabilities and the refugee community. This ensures that responses are tailored to the requirements of refugees with disabilities.



Remove barriers to accessibility in critical services like transportation, medical care, and employment. Providing accessible transportation and expanding sign language interpreter services are essential steps in ensuring full participation.



Strengthen local organisations' ability to support refugees with disabilities. Building resilience and capacity among these organisations is vital for sustaining long-term support and advocacy.



Conduct detailed studies to understand the specific requirements of refugees with disabilities. Use this data to advocate for policy changes and to develop tailored support strategies.



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Practice 15

Increasing Access to SRHR (Sexual Reproductive Health Rights) for women and girls with disabilities through partnerships with Organizations of Persons with disabilities in South Sudan

Innovation

- Increase the access to reproductive health services
- Enhance training of persons with disabilities
- Better collaboration of government and community to advocate the program

Impact

- Break the taboo around disability and SRHR
- More people were reached and have benefited from the message shared

400.000

- Enhanced Health services
- Increased the attention and response

Replicability

More people recruited as distributors to work with further communities, including persons with disabilities



Handicap International
(Humanity & Inclusion) South Sudan

Increasing Access to Sexual Reproductive Health Rights for Women and Girls with Disabilities Through Partnerships with Organisations of Persons with Disabilities in South Sudan.



Humanity & Inclusion



Timeframe:

September 2018 - December 2023



Thematic Area

Meaningful participation of persons with disabilities



Summary

Accessing sexual and reproductive health services in South Sudan can be highly challenging for women and girls with disabilities due to physical barriers, societal stigma, and a lack of accessible information. To address this issue, a consortium called WISH2ACTION, led by the International Rescue Committee and including organisations such as Humanity & Inclusion, offered inclusive and integrated family planning and sexual and reproductive health services.

As part of the WISH2ACTION program, innovative solutions have been created, such as radio talk shows hosted by organisations of persons with disabilities. These shows helped to raise awareness about the accessibility of sexual and reproductive health services. Collaborative community outreach between these organisations and sexual and reproductive health service providers has enabled

better accessibility and utilisation of these services. Furthermore, youth engagement programs and awareness campaigns addressed the needs and rights of young women and girls with disabilities, ensuring their active participation in health discussions. The radio talk shows, and community partnerships have significantly increased awareness of sexual and reproductive health services.

Insights gathered from focus group discussions have provided a deeper understanding of the unique requirements of young people with disabilities, leading to the development of inclusive communication strategies. Additionally, innovative mobilisation tactics such as open car road drives have been instrumental in disseminating health information to remote areas, highlighting the program's commitment to comprehensive outreach and inclusivity in health service delivery.



What challenges does the practice address?

Accessing inclusive sexual and reproductive health services can be challenging for persons with disabilities due to a lack of accessible information and common misconceptions. Limited outreach of sexual and reproductive health services, coupled with physical and societal barriers and the absence of targeted outreach programs, can create an environment that makes it difficult to access such services. This is particularly true for young women and girls who may face double discrimination based on both their gender and disability.

Cultural and societal perceptions can exacerbate the challenges of accessing these services. The sensitive and taboo nature of sexual and reproductive health in many contexts makes it difficult to have open discussions and equitable access to services. Misinformation and stigma worsen this situation, which disproportionately affects people with disabilities.

Young people with disabilities often face difficulties participating in discussions and decision-making processes related to sexual and reproductive health services. Their unique perspectives and requirements are often ignored, creating a critical gap in ensuring the services are inclusive and responsive.

Reaching persons with disabilities, particularly in remote areas, can be challenging. Healthcare facilities in South Sudan are not always accessible in terms of physical infrastructure and service provision. Innovative approaches are required to ensure that sexual and reproductive health information and services are disseminated inclusively, addressing the requirements of those in the most distant areas.



What was done to address the challenges?

Organisations of Persons with Disabilities hosted Radio Talk Shows that addressed the challenges faced by people with disabilities in accessing sexual and reproductive health services.

Community outreach was improved through collaborations between organisations of persons with disabilities and sexual and reproductive health service providers. They worked together to make these services more accessible and increase their utilisation.

Youth engagement programs specifically address the needs of young people, particularly women and girls with disabilities. These programs actively involved them in discussions about their sexual and reproductive health needs and rights to ensure that services were inclusive and considerate. Awareness campaigns and dialogues provided platforms for youth, including those with disabilities, to access information and services related to sexual and reproductive health. The objective was to incorporate the views of young people into the larger sexual and reproductive health discourse.

Focus group discussions were conducted to better understand the unique requirements of young people with disabilities. The insights from these discussions were used to develop communication messages that were inclusive and mindful of diverse audiences.

Innovative mobilisation tactics were used, such as conducting open-car road drives, to ensure that messages about sexual and reproductive health reached persons with disabilities, including those in more remote areas, aiming for inclusivity in the dissemination of health information.



What were the results?

Collaboration between Organisations of Persons with Disabilities and Sexual Reproductive Health (SRH) service providers has significantly improved access to SRH services. The joint effort has increased awareness of SRH services among persons with disabilities. In total, 400,000 persons accessed the radio programs and positive feedback was received from persons with disabilities, who valued the insights and knowledge they gained.

The practice also engaged young people, particularly young women and girls with disabilities, to understand their SRH rights and requirements, resulting in comprehensive and considerate services.

Organisations of Persons with Disabilities played a crucial role in ensuring that SRH services were accessible even in remote and hard-to-reach areas. Innovative outreach methods like open-car road drives were used to reach more isolated communities. These methods have proven effective in disseminating SRH information widely and inclusively, ensuring that those who might otherwise face barriers to accessing such information are also reached.



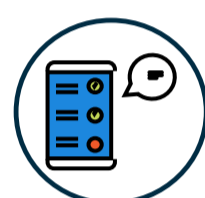
What could others learn from this?



Focus on ensuring that healthcare facilities are physically accessible and services are tailored to meet the needs of persons with disabilities.



Stigma and sensitivity surrounding sexual and reproductive health, particularly for persons with disabilities, need to be addressed.



Local organisations of persons with disabilities should be involved in designing and delivering services adapted to the needs of persons with disabilities.



Organisations of persons with disabilities can play a vital role as service beneficiaries and as crucial links in connecting the community, especially persons with disabilities, with appropriate service providers.



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Practice 16

Promoting persons with disabilities: meaningful participation in humanitarian action in Burkina Faso



The country is in crisis.

Major displacements, and persons with disabilities face multiple barriers to humanitarian aid

Replicability

Funding of Microprojects

It is financially sustainable

Clear stages and simple tools that can be replicated by all human actors, involving persons with disabilities in planning the humanitarian response

Innovation

- Small grants
- Mapping OPDs
- Capacity Building
- Lead workshops
- Co-Creation
- Inclusion roadmaps

Impact

- Mobilisation of Resources
- Empower Stakeholders
- Identification of persons with disabilities
- Decentralise local authorities
- Create Action Plans



Humanity & Inclusion
Programme SAHA/Burkina Faso

Practice 16

Promotion de la participation significative des personnes handicapées à l'action humanitaire au Burkina Faso



Le pays traverse une crise. Important déplacement de populations et les personnes handicapées font face à de multiples barrières à l'aide humanitaire

Réplicabilité

Financement de microprojets
Perrenité financière

Étapes et outils clair qui peuvent être répliqués par tout acteur humanitaire, y compris les personnes handicapées dans la planification de la réponse humanitaire.

Innovation

- Microfinancements
- Cartographie des OPHs
- Renforcement de capacités
- Tenue d'ateliers de travail
- Co-création
- Feuille de route pour l'inclusion

Impact

- Mobilisation de Ressources
- Renforcement des parties prenantes
- Identification de personnes handicapées
- Décentralisation des autorités locales
- Création de plans d'action

Humanité & Inclusion
Programme SAHA/Burkina Faso

Empowerment and effective participation of Organisations of Persons with Disabilities in humanitarian coordination mechanisms in Burkina Faso



Humanity & Inclusion



Timeframe:

February 2021 to May 2023



Thematic Area(s)

Empowering and supporting people with disabilities / Capacity development of humanitarian actors, including Organisations of Persons with Disabilities (OPDs) / Identification and removal of barriers / Promoting meaningful participation.



Summary

Humanity & Inclusion (HI) launched a project in Burkina Faso to address the security crisis that began in 2017. The crisis caused a massive displacement of people and resulted in significant humanitarian needs. HI conducted a study in June 2020, which revealed the challenges faced by persons with disabilities in accessing humanitarian services. These challenges included physical, attitudinal, communication, and institutional barriers. The study also highlighted that persons with disabilities were excluded from the planning and response stages. To address these issues, HI initiated a project that focused on empowering Organisations of Persons with Disabilities and involving them in humanitarian response.



What challenges did this practice address?

Burkina Faso has been facing a severe security crisis that has worsened over the past four years. This has forced many people to flee their homes and created a significant need for humanitarian assistance. According to the Office for the Coordination of Humanitarian Affairs, as of June 2020, over two million people required assistance.

A study by HI conducted during the same period highlighted the challenges faced by persons with disabilities in accessing humanitarian assistance. The study revealed that persons with disabilities were faced with issues of physical inaccessibility, negative attitudes towards disability, and

communication barriers in accessing assistance and services. This was mainly due to the exclusion of them and their representative organisations from the planning and response stages of humanitarian assistance, leading to the neglect of their specific requirements.

Furthermore, the study found that the participation of OPDs in humanitarian response was limited by insufficient organisational structures, lack of financial resources, and a lack of technical skills in inclusion, especially in humanitarian actions. Additionally, humanitarian actors had a limited understanding of the legal framework and international standards for inclusion and the rights of persons with disabilities, such as the IASC Guideline and the Convention on the Rights of Persons with Disabilities. This lack of knowledge contributed to the low engagement of OPDs and was exacerbated by a general absence of a rights-based approach among these actors.



What was done to address these challenges?

The HI initiative aimed to improve the inclusion of persons with disabilities in humanitarian response by strengthening the role of Organisations of Persons with Disabilities.

The first step involved identifying and mapping out 26 OPDs within the intervention areas, followed by a thorough evaluation of these organisations to assess their capacity, requirements, and interests. This evaluation revealed a diverse range of organisations representing persons of different genders and with similar types of disabilities.

After the mapping, HI performed a detailed technical diagnosis of these organisations, covering legal and organisational statuses, membership composition, governance structures, intervention areas, resource availability, and prior contributions to humanitarian responses. This analysis helped create detailed profiles for each organisation, facilitating an informed selection process.

A selection committee consisting of local humanitarian directorates, city hall representatives, and HI project members as observers evaluated the organisations based on criteria, including community involvement, dynamism of members, diversity, and engagement in humanitarian response. The selection was based on an analysis grid encompassing approximately twenty different criteria.

Selected organisations underwent targeted training on associative management, micro-project development, and understanding legal frameworks, mainly focusing on the UN Convention on the Rights of Persons with Disabilities. The training emphasised disability inclusion in humanitarian actions, informed by the CRPD's principles and the IASC Guidelines.

In the final phase, HI provided technical assistance for developing micro-projects by these organisations, including signing grant agreements and allocating funds. HI developed a framework to enhance the involvement of OPDs in humanitarian efforts. This included organising workshops to create inclusive roadmaps and providing a platform for OPDs to analyse and address gaps in humanitarian planning and advocacy.

The implementation of these projects was closely monitored, culminating in a workshop where lessons learned and best practices were shared.



What were the results?

At the community level, OPDs have enhanced their operations. They've effectively conducted educational talks on disability rights and humanitarian assistance, drawing new members. These organisations have raised their profile through popular radio programs, strengthening connections with local communities and authorities. Their advocacy has bettered service access for members, supporting households affected by the security crisis.

These organisations have intensified their local advocacy, engaging with local authorities, and gaining inclusion in regional and provincial frameworks. This engagement has led to leaders' commitments to making public infrastructure more accessible. They've started directly contributing to the humanitarian response by training displaced persons and supporting persons with disabilities in income-generating activities. These efforts have raised awareness of the capabilities of persons with disabilities and led to forming collaborative platforms for at-risk groups, promoting awareness campaigns and educational initiatives.

Their role has been pivotal in creating inclusive roadmaps that integrate disability considerations into sectoral plans. Their collaboration with other humanitarian organisations has made the response more inclusive and effective.

Educational talks and sessions by these organisations have improved community understanding of the rights and requirements of people with disabilities, significantly impacting many individuals. Advocacy efforts have spurred dialogue with authorities about including them in decision-making and enhancing public infrastructure.

Training and support in income-generating activities have economically empowered persons with disabilities. Campaigns for issuing legal documents to persons with disabilities have facilitated access to services. Moreover, forum theatres and public debates have amplified the voices of people with disabilities, promoting their rights and shedding light on their challenges in accessing assistance.



What could others learn from this?

Here are some key takeaways for others to learn from:



Conduct a detailed mapping and capacity assessment of Organisations of Persons with Disabilities (OPDs) to understand their diverse representation and requirements.



Provide targeted training on legal frameworks and inclusive practices to selected OPDs, emphasising the importance of disability inclusion in humanitarian actions and aligning with international standards and guidelines.



Provide technical assistance to OPDs for developing micro-projects that contribute to the humanitarian response.



Enhance OPD advocacy and community engagement, particularly their involvement in regional and provincial frameworks and collaboration with local authorities, to lead to more inclusive policies and practices.



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Promoting Inclusion and Accessibility in Humanitarian Settings: A case study of the Rohingya Camps in Bangladesh

"Nothing for us Without us"

Innovation

- Accessibility Audit
 - Two areas of responsibility
- Enhance access to Facilities and guarantee services for all

Replicability

It is achievable in all facilities by applying Global Standard Measurements

Impact

- Enhance Inclusion
 - Inclusion Advocacy



International Organization for Migration
(IOM)

Promoting Inclusion and Accessibility in Humanitarian Settings: A Case Study of the Rohingya Refugee Settlements in Bangladesh



International Organisation for Migration



Timeframe:

June to December 2022



Thematic Area:

Identification and removal of barriers / Meaningful participation of persons with disabilities



Summary

In response to the humanitarian crisis in Cox's Bazar, Bangladesh, the International Organization for Migration (IOM) initiated a project to improve accessibility for nearly one million Rohingya refugees, focusing mainly on elderly persons and persons with disabilities.

To address challenges such as limited accessibility, environmental barriers, and social isolation, the IOM conducted an accessibility audit in the refugee settlements. This involved evaluating the settlement infrastructure and working closely with the refugee community, particularly persons with disabilities, to identify and eliminate any obstacles that may prevent them from accessing essential services.

The initiative included the establishment of Disability Inclusion Support Committees in all 17 settlements under the IOM area of responsibility to address concerns of persons with disabilities and improve inclusivity.



What challenge was this practice addressing?

Since 2017, Cox's Bazar in Bangladesh has been facing a severe humanitarian crisis, housing over 900,000 Rohingya refugees from Myanmar. Although the Government of Bangladesh has been providing humanitarian aid with the international community's support, the situation has been particularly challenging for refugees with disabilities, considering the topographical nature of the sites and environmental barriers where the settlements were established.

One of the most pressing issues was the limited accessibility for persons with disabilities in the refugee settlements. The settlements were initially designed without considering the specific requirements of persons with disabilities, causing significant mobility and access challenges.

Cox's Bazar's natural terrain is uneven, making it even more difficult for persons with disabilities to move around, compounded with harsh weather conditions. Due to the physical layout and distance from their shelters, this difficulty extends to accessing essential services such as healthcare facilities.

The physical barriers within the settlements also impede the ability of persons with disabilities to interact with others and engage in community life, leading to social isolation and significant implications for their mental and social well-being.



What was done to address the challenges?

The IOM conducted an extensive accessibility audit in Cox's Bazar to improve the living conditions of persons with disabilities in the Rohingya refugee settlements. The audit focused on enhancing the accessibility of the settlements for older persons and persons with disabilities. It involved an assessment of the layout and infrastructure of the settlements, identified physical barriers that limited access to essential services, and proposed practical improvements to enhance overall accessibility.

The IOM's Site Management Support (SMS) team led the project, which included planning, technical assessment, and implementation of improvements. The initiative involved stakeholders from various sectors, such as Water, Sanitation and Hygiene (WASH), Shelter, and Protection, and members of the Rohingya refugee community, including persons with disabilities. The participation of these stakeholders ensured that the rights and requirements of persons with disabilities were addressed correctly.

While some of the audit's recommendations have been implemented, work on other recommendations is still in progress. The IOM's Site Development team is committed to creating a more inclusive environment within the settlements and enhancing the living conditions of residents with disabilities.

The IOM has promoted dignity and inclusion among persons with disabilities by establishing Disability Inclusion Support Committees in six settlements. These committees represent the voice of persons with disabilities and advocate for their inclusion in monthly settlement coordination meetings. The IOM is committed to expanding these efforts to more settlements by providing ongoing facility upgrades and training in coordination with organisations of persons with disabilities.



What were the results?

There has been a notable change in how partners view the importance of inclusivity, marking a crucial step towards creating environments where persons with disabilities can participate more fully and equally. Some facility managers are taking the initiative to address the access challenges identified in the audit findings.



Based on accessibility assessments, infrastructure has been upgraded in several facilities to ensure better accessibility, removing physical barriers to inclusion.

Disability Inclusion Support Committees have been established in all 17 settlements under IOM management. These committees are instrumental in initiating dialogue and engagement with persons with disabilities. The committees attend monthly sessions with IOM and organisations of persons with disabilities, providing platforms for people with disabilities to express concerns and contribute to reducing discrimination.

Organisations of persons with disabilities in Cox's Bazar have been identified and mapped with CBM's assistance. Disability inclusion training is being provided to these organisations to increase their overall capacity for inclusion.

IOM plans to continue these practices in all the settlements, emphasising its commitment to providing people with disabilities with platforms for representation.

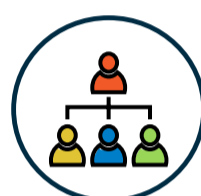


What could others learn from this?

Key recommendations based on the insights from this practice:



Carry out thorough audits in settlements to identify and address physical barriers, ensuring the inclusion of persons with disabilities in the assessment process.



Collaborate with various sectors and local community groups, particularly those representing persons with disabilities, to integrate their requirements into all settlement planning and service delivery aspects.



Set up committees within communities that include persons with disabilities. These committees should participate in decision-making processes and advocate for disability rights.



Implement necessary infrastructure modifications based on audit findings and provide disability inclusion training to local organisations and facility managers.



Continuously engage with persons with disabilities and their organisations for regular dialogue and advocacy, adapting to evolving requirements and ensuring sustained inclusivity.



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Ahlan Simsim: Bringing playful and inclusive learning to children in MENA region

Innovation

- Universal design, user-centered, contextualized content
- Complementarity between humanitarian programs and multi-media resources
- Meets children and families where they are



AMEERA



Story books and Inclusion Booklets



Impact

- Shift mindset and cultural barriers about disabilities
- Reached 3M children and families with ECD services
- 25 M viewers of the show in MENA

Replicability

- In Syria, Jordan, Lebanon and Iraq



- Expanding to other crisis contexts in MENA and around the world

The International Rescue Committee + Sesame Workshop

Ahlan Simsim: Bringing Joyful, Playful and Inclusive Learning Opportunities to Children in the MENA Region



International Rescue Committee & Sesame Workshop



Timeframe:
2018 to present



Thematic Area(s):

Capacity development of humanitarian actors, including Organisations of Persons with Disabilities / Identification and removal of barriers / Meaningful participation of persons with disabilities



Background

Ahlan Simsim is an initiative to improve early development outcomes for children in the Middle East and North Africa (MENA) region. The program is designed for children affected by conflict, crisis, or displacement and was launched by the International Rescue Committee (IRC) and Sesame Workshop in 2018. The initiative has more than 80 partners, including regional and local broadcasters, civil society organisations, and government ministries.

Ahlan Simsim's programs and content for children were developed in collaboration with a wide range of experts on early childhood development to ensure that the content is suitable for a diverse range of children and sensitive to their cultural requirements. The program aims to provide early childhood development opportunities for children with disabilities, a core part of its programming.

The program provides direct services for children in schools, community centres, health facilities, homes, and remotely. It also includes an award-winning educational Arabic television program that engages children and parents with stories that speak directly to their experiences. Ahlan Simsim is one of the top 5 children's shows across MENA, with over 27 million children watching it since it began.

Ahlan Simsim also supports caregivers through educational sessions and resources that enhance their understanding and ability to support their children's development, focusing on disability inclusion. Service providers interacting with children and caregivers are also trained to be more inclusive in their practices.



What challenge is this practice addressing?

In the MENA region, conflict and crisis have profoundly impacted the lives of millions of children. Over 52 million children in this region need humanitarian assistance, primarily due to ongoing conflicts. This unstable environment is not just a threat to their immediate safety but also affects their mental and emotional development. These children are at a high risk of not fully developing their intellectual and emotional capabilities, which can have life-long consequences on their future opportunities and overall well-being.

The situation is incredibly challenging for children with disabilities in the MENA region. They face widespread stigma, discrimination, and barriers to accessing essential services like education and healthcare. These barriers range from a lack of accessible facilities to a limited number of trained professionals in inclusive practices, as well as widespread misunderstandings about disability among caregivers. This lack of support and resources means these children often don't receive the early intervention and learning opportunities they require, limiting their potential to learn and develop like their peers.



What is being done to address these challenges?

Ahlan Simsim has developed a comprehensive approach to support the early development of children in the MENA region:

1

Using Universal Design Principles:

The practice prioritises inclusivity, using universal design principles to create services all children can access and benefit from. This approach ensures that children with disabilities have equal early learning and development opportunities.

2

Consultative and iterative content creation:

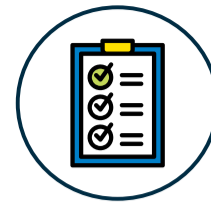
The content creation process for both the TV show and humanitarian services is a collaborative effort involving regional education specialists and advisors, ensuring cultural relevance, age-appropriateness, and authentic representation. Content development involves needs assessments to define educational goals. Formative research for the TV show and feedback from service providers and users informs content adaptation and refinement.

3

Positive representation: A new Muppet character, Ameera, is a witty and curious 8-year-old girl Muppet who loves science and is central to narratives that aim to break down stereotypes about gender and disabilities. She uses a wheelchair and forearm crutches due to a spinal cord injury, bringing visibility to the over 12 million refugees and over 240 million children worldwide who have a

disability. Ameera's character was designed with the guidance of disability and inclusion advisors to ensure that her identity, personality, mannerisms, movement and mobility, and gear were representational. The TV show includes sign language in every episode. It features segments like "Ameera's Word of the Day" to improve language skills and celebrate linguistic diversity.

- 4 Supporting caregivers and service providers:** The Ahlan Simsim Families program offers educational sessions for caregivers, emphasising the importance of inclusivity. They provide inclusion booklets and use digital platforms to engage caregivers and share educational content. Additionally, they have developed a resource guide and training modules for service providers, enhancing their ability to implement and reinforce inclusive practices.
- 5 Data collection and analysis:** Registration data is analysed to understand the participation and needs of children with disabilities, and it consciously addresses gender stereotypes to ensure equitable development for all children. The Ahlan Simsim TV show and two Ahlan Simsim program models have also undergone Randomised Control Trials (RCT) impact evaluations, collaborating with the New York University (NYU).
- 6 Community and resource mapping:** Ahlan Simsim actively identifies and collaborates with partner organisations, constructing a support framework for children with disabilities. They provide comprehensive referrals to accessible services, including educational and rehabilitation facilities.



What were the results?

Research into the project's implementation found:

- 1** Noticeable progress in caregivers' and facilitators' attitudes towards the inclusion of children with disabilities and understanding of the rights-based approach to disability. By 2022, most caregivers across all regions (72% to 98%) believed in the ability of children with disabilities to learn through play and support their inclusion in educational settings.
- 2** Progress in facilitators' ability to include and support children with disabilities and a deeper understanding of the risks associated with discrimination and exclusion.
- 3** Progress in caregivers' ability to recognise warning signs for developmental delays and when to go for and where to find specialised services.
- 4** The introduction of the character Ameera and the consistent inclusion of sign language segments in the program has been positively received. Parents reported appreciating the representation, and children are excited about learning sign language.



What could others learn from this?

Key learnings from Ahlan Simsim's approach include:



Emphasise inclusivity in service design, ensuring educational content and direct services are accessible to all children, including those with disabilities.



Engage with regional education specialists and advisors for content development, ensuring cultural relevance and age-appropriateness. Regularly conduct needs assessments and formative research and gather feedback from service providers and users to continually refine and adapt educational materials and services.



Introduce characters like Ameera in educational content to break down stereotypes about gender and disabilities. Use inclusive elements, such as sign language, in every episode and focus on diverse narratives to represent and address the experiences of children with disabilities.



Offer educational sessions and resources to caregivers, emphasising the importance of inclusivity and early intervention. Develop guides and training modules for service providers to enhance their ability to implement inclusive practices effectively.



Collaborate with partner organisations to build a support network and provide comprehensive referrals to accessible services. Utilise findings from Randomised Control Trials (RCTs) and other impact evaluations to guide and improve program implementations.



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Practice 19

Mainstreaming Communication Accessible Accountability to Affected Populations: An Example from Emergency Food Security Programming in Mozambique

Innovation

- Designing mainstream materials understandable for everyone



- Graphic materials easy to follow and understand



Replicability

- Practices are embedded in the offices
- Work with different clusters

Impact

- Increase understanding of messages
- Accessibility of inclusive information
- Access to products
- Low cost Big Impact

UN World Food Programme & Trinity College Dublin

Mainstreaming Communication Accessible Accountability to Affected Populations: An example from emergency food security programming in Mozambique



World Food Programme & Trinity College Dublin



Timescale:
February 2022 – Present



Thematic Area
Identification and removal of barriers



Summary

In Cabo Delgado, Northern Mozambique, attacks by armed groups have displaced nearly one million people. Extreme weather has worsened the crisis, with most of the population struggling to afford an adequate diet. World Food Programme (WFP) resources were unable to meet the needs of both host and displaced populations, and WFP had to reduce food rations by 50% to continue to assist, increasing tensions in the community.

One of the critical challenges during the crisis was ensuring effective communication regarding aid distribution across all population members. Aware that people with communication barriers, including those with certain disabilities, limited literacy, or users of minority languages, may struggle to access traditional communication

formats, WFP Mozambique and Trinity College Dublin (TCD) collaborated to create inclusive communication materials. These materials were developed according to evidence-based principles for accessible communication and, during field visits, were tailored to local needs using community feedback. These materials were translated into Portuguese, Kimwani, Swahili, Macua, and Ximakonde, and community committees and WFP personnel and their partners were trained in using the materials to support conversations.

Implementing these materials significantly improved communication effectiveness, built trust within the community and with authorities and reduced misunderstandings and tensions among different groups.



What challenges does this practice address:

One main challenge during this protracted and compounded crisis in Cabo Delgado, Northern Mozambique, was effectively communicating sensitive information about aid distribution. This challenge was particularly acute when facing pre-existing communication barriers for persons with disabilities, those with limited literacy, or users of minority languages. The aim was to ensure that everyone, particularly those with different communication requirements, understood who would receive aid and the reasons behind it, regardless of their circumstances, meeting the community's right to understand decisions and actions that affect them.

Persons with disabilities in Mozambique often face challenges in accessing information due to various barriers, and this is exacerbated for persons with specific communication-related impairments. This problem is compounded by the diverse minority languages spoken in the region and low literacy rates for both men and women (60% for men and 28% for women). Women and minority language speakers with disabilities are particularly affected by the information gap.

Additionally, traditional information-sharing methods such as word-of-mouth messaging are less effective in areas with frequent conflicts, as people must move regularly. This situation poses a significant challenge for persons with disabilities who often rely on others to convey information to them.



What is being done to address the challenges?

A multi-stage solution was implemented, focusing on three main areas: collecting contextual information, creating inclusive communication materials, and field testing and refining these materials collaboratively and sustainably.

WFP Mozambique and TCD conducted field visits to engage with local partners and community committees. During these visits, they gained insights into communication barriers and established trust to understand the local context and challenges faced by persons with disabilities.

Key messages were developed with WFP, designed inclusively according to evidence-based principles, and translated into Portuguese, Kimwani, Swahili, Macua, and Ximakonde for linguistic diversity.

Field testing and capacity building were conducted using a participatory approach that involved community members, including those with disabilities. This led to developing practical, user-friendly, and inclusive final products. These products were then tested in real-life situations by training local partners. Feedback sessions, including with members of the Disability Working Group, were held to improve the products and ensure they met the community's needs.

The project prioritised sustainability by training local staff not only in the use of these materials but also by building their capacity to develop these materials

independently, using licence-free software and images. This created the potential for replication in future communication activities, observed since the original intervention.



What resources were used?

TCD provided specific expertise in generating and using communication-accessible materials and training on their use. WFP supported knowledge management and dissemination. Local protection officers and partners observed and adapted tools to the context. The translation was provided for five languages, and a travel budget was allocated for researchers to visit sites. The budget was also allocated for the translation and printing of materials. Standard software was used to limit costs for software and training. WFP Mozambique facilitated logistical arrangements for transport and interpretation during consultations.



What are the results to date?

The implementation of accessible communication materials in Cabo Delgado significantly impacted the community by improving the inclusivity of information sharing. The partners and community committees quickly recognised these tools' benefits, effectively conveying complex and sensitive information to a diverse audience.

One of the most significant outcomes was the improved credibility of committee members who used these materials to communicate. Their enhanced communication abilities led to better understanding and more profound trust within the community, which extended to interactions with local authorities, ensuring a consistent and clear message across different levels.

Another impact was the role these materials played in reducing community tensions. Clear and understandable information minimised misunderstandings and misinformation, creating a more peaceful and cooperative atmosphere among displaced and host populations and between the community and authorities.

The positive feedback from various stakeholders created a demand for more materials in accessible formats, indicating a wider adoption of inclusive communication practices. These materials have been used for individual explanations about humanitarian assistance and broader mass communications, including vital information on individual rights, complaint procedures, and data collection rights during registration.

The potential for further community engagement and support is far-reaching thanks to the influence of these materials, which not only validates the approach but also highlights the critical role of accessible communication in complex humanitarian settings.



What could others learn from this?

Here are some valuable lessons that can be learned from this experience:



Engage directly with local communities, especially those with disabilities, to understand their specific communication requirements.



Create key messages designed to be inclusive, considering diverse communication requirements. Translate materials into multiple local languages to cater to linguistic diversity, ensuring that information reaches everyone, including minority language speakers.



Use a participatory approach involving community members, including those with disabilities, in field testing and refining communication materials. This collaboration ensures the development of practical, user-friendly, and inclusive final products.



Prioritise sustainability by training local staff not only in using these materials but also in developing them independently. Use license-free software and images to facilitate replication in future communication activities.



Use the developed materials to convey complex and sensitive information effectively, building trust within the community and local authorities.



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This initiative was funded by the Center for Disaster Philanthropy.

If you want any further information about the practices and the process, please contact the DRG Working Group 1 via email: drg.workinggroup1@gmail.com



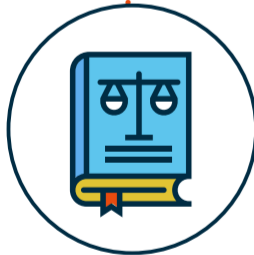
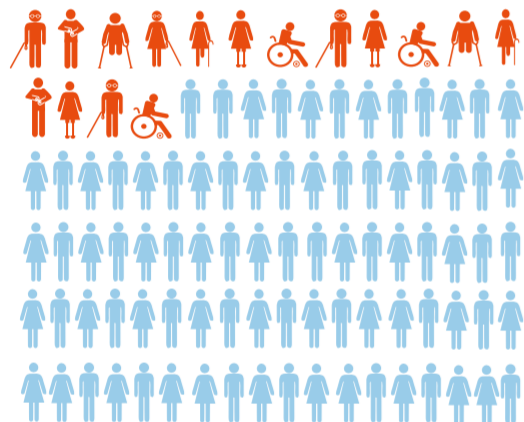
The Good and Promising Practices 2023



1 Background

16%

of the global population are persons with disabilities



Persons with disabilities are among the most marginalized in any crisis-affected community

Article 11 of the Convention on the Rights of Persons with Disabilities (UN CRPD) establishes obligations for State Parties to protect and ensure safety of persons with disabilities in situations of risk

In 2019, the Inter-Agency Standing Committee (IASC) launched the IASC Guideline on Inclusion of Persons with Disabilities in Humanitarian Action <https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>

2 Why did we make a Call for Good and Promising Practices?

The members of the Disability Reference Group (DRG) received multiple requests for more elaborated case studies that examine the implementation of the IASC Guidelines and observe how humanitarian actors adapted or changed their programming to become more disability-inclusive.

Very few practices of disability inclusion have been documented.



To promote inter-agency learning opportunities on disability-inclusive humanitarian action.



The dissemination of these practices shall help accelerate the use of the IASC Guidelines and address the long-standing marginalization of persons with disabilities in humanitarian action and crises.

3 How did the organizations share their experiences and best practices?



Following the launch of a call for practices...



Several Local NGOs, Organizations of persons with Disabilities (OPDs), private companies, United Nations and INGO organizations registered and submitted their good practice.



A Technical Review Committee conducted the initial review based on objectives and priorities.

4 19 Good or Promising Practices were selected



The selected applicants prepared presentations for the Peer Review and Learning Lab Workshops.



Two Peer Review and Learning Workshops to document the good and promising practices in different formats, led to the selection of the 3 most-relevant good practices



In-depth exploration of the 3 most relevant practices in accessible formats



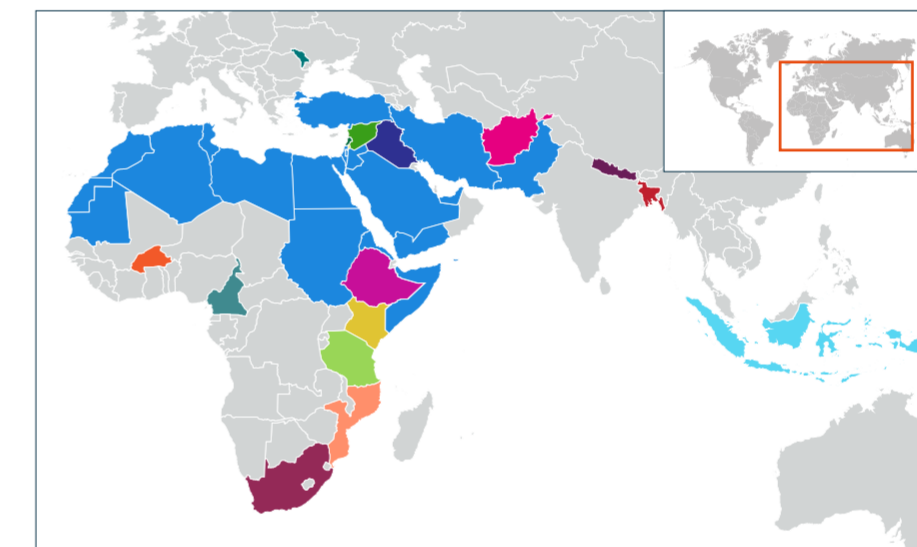
Publication and dissemination

4 19 Good or Promising Practices were selected

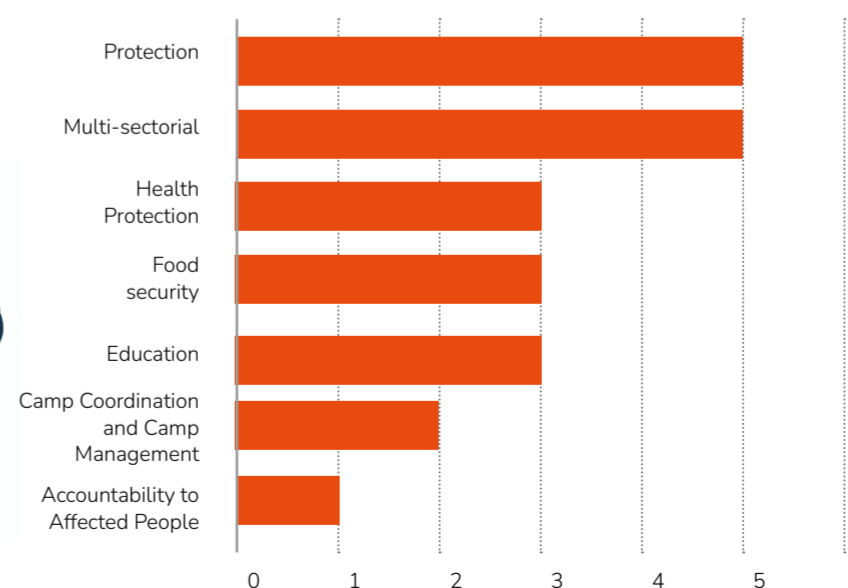
They were relevant to one or more of the following crisis contexts, programmatic sectors, modalities of intervention, or cross-cutting issues



Origin of the selected cases



- Afghanistan
- Burkina Faso
- Ethiopia
- Iraq
- West Bank
- Bangladesh
- Cameroon
- Indonesia
- Kenya
- Nepal
- Syria
- South Sudan
- Tanzania
- Lebanon
- Moldova
- MENA
- Mozambique



5 Which were the review criteria?

The alignment with the IASC Guidelines on the inclusion of persons with disabilities in humanitarian action, the five thematic areas as well as some key principles applied to humanitarian action such as:

- Non-discrimination
- Identification & strengthening enablers and capacities

The Must-do Actions promoted by the IASC Guidelines and highlighted in the good and promising practices are:

- Promoting meaningful participation of persons with disabilities
- Capacity Development & Empowerment
- Inclusive Data collection
- Do No Harm & Protection Mainstreaming
- Identification and Removal of barriers

The practices presented highlighted



Impact: With a reasonable investment of humanitarian resources demonstrated high positive and lasting impact.



Replicability & Scalability: Innovative solutions that inspire replication, scalability, and adaptation across sectors, contexts, and coordination that drive greater humanitarian impact.



Innovation & Learning: New and undocumented solutions, offering substantial learning potential for humanitarian actors within or across sectors, speeding up IASC Guidelines uptake.



Cross-disability and presentation of diversity of affected population: Visible reflection on cross disability, gender that is going beyond the generalist notion of persons with disabilities.