

# HOW TO

## include persons with disabilities in disaster response

A guide based on lessons-learned and good practices from Mozambique





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## How to include persons with disabilities in disaster response

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Cyclone Idai in 2019 was particularly devastating for persons with disabilities. As well as facing economic and social marginalization before the disaster, persons with disabilities were harder hit by its results.

**This guide is based on lessons learned from the experience of the humanitarian response to the crisis.**

The first lesson is that if direct attention is not given to persons with disabilities then they will be left behind by the response. Whether in information or distribution of food, persons with disabilities were not always reached; often they could not get to shelters or temporary accommodation, when they could then there were often inaccessible premises.

The second lesson is that it is possible to make response more inclusive. Persons with disabilities, disability and organizations and humanitarian organizations worked together in 2019 to remedy these gaps. Actions were taken to include disabled people in each part of humanitarian response, and to develop the ability of all stakeholders to respond.

**Based on these lessons, five key actions are identified. These are actions that will strengthen disability inclusion but also ensure that humanitarian action achieve its core principles.**

- ▶ Establish a working group. A working group or sub-cluster is the forum for a joint approach, to ensure that inclusion can be developed in all parts of disaster response.
- ▶ Change opinions and attitudes. Advocacy to show people why inclusion is important.
- ▶ Build capacity. Humanitarian organizations need to know more about disability, and disability organizations more about humanitarian response.
- ▶ Act directly. Alongside changes to the system of response, persons with disabilities need immediate support.
- ▶ Ensure participation of persons with disabilities. Persons with disabilities should be meaningfully involved in planning, response, decision-making and consultations.

Persons with disabilities are a diverse group, and present in every part of the population. Women and girls with disabilities face particular exclusions, and response needs to take this into account.

To be able to include persons with disabilities in disaster response we need to understand the complex system of humanitarian response. The Humanitarian Programming Cycle are the stages of preparedness and response and at each stage measures need to be taken for inclusion. The Cluster System is a way of organizing work in different sectors and there are common measures to ensure that each cluster can include persons with disabilities.

### **The response to Idai showed ways that humanitarian response can be made more inclusive.**

- ▶ Disability Working Group. A forum for organizations to come together in an organized way can strategically influence response, give technical support and ensure the representation of persons with disabilities.
- ▶ Disability Inclusion Facilitators. With training and support, persons with disabilities can facilitate inclusion through advocacy, trainings and other technical work.

Every actor in the humanitarian response has a role in increasing inclusion of persons with disabilities. Inclusion is a process and the answers to complex challenges are found in working to find solutions together.

### **Humanitarian organizations**

**(international and national, United Nations, government and civil society):**

- ▶ Work with the disability sector.
- ▶ Make sure norms, standards and guidance are inclusive.
- ▶ Facilitate participation of persons with disabilities and their representative organizations.
- ▶ Ensure that their own actions are inclusive.
- ▶ Allocate resources for inclusion, and invest in capacity building in this area.

### **Organizations working on disability:**

- ▶ Work together across the disability sector.
- ▶ Develop their own capacity on humanitarian issues.
- ▶ Identify and share the situation of persons with disabilities in the emergency.
- ▶ Voice the concerns of the sector as a whole.
- ▶ Partner with and invest in the capacity of organizations of persons with disabilities.

### **Organizations of persons with disabilities.**

**These are organizations run for and by persons with disabilities.**

- ▶ Gather information on the situation and experiences of disabled people;
- ▶ Develop understanding and technical advice on humanitarian response.
- ▶ Raise the issue of disability and communicate the situation with others.
- ▶ Often, organizations of persons with disabilities will also provide direct support.

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Brista José Fombe is 27 years old and is hard of hearing. She is standing in front of a tent in a resettlement camp.

## How to use this guide

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This guide is meant to orient humanitarian and disability organizations towards inclusion. It offers a framework to use for understanding disability inclusion in humanitarian response, and maps out the points for interventions that can change the system as a whole.

It brings together international perspectives with what worked in Mozambique. With its references and perspectives, it can be used in a tool in advocacy and capacity-building.

After reading this guide, readers will hopefully have many more questions about how to take initiatives forward. References to further information is provided, but many of the solutions will come through following the recommendations of this guide: working together and ensuring participation of persons with disabilities.

### **To understand disability inclusion and its importance in humanitarian response:**

- ▶ Read the Context and Working Together for an Inclusive Response

### **To understand humanitarian response:**

- ▶ Read Organization of Humanitarian Response.

### **To understand how to work together, and to make response inclusive:**

- ▶ Read A Joint Approach, Developing Capacity, and Gathering Data.

### **To understand the points for inclusion in humanitarian intervention:**

- ▶ Read Inclusion through the programming cycle.

### **To take actions in selected areas that are of particular importance:**

- ▶ Read Key Areas in Depth.  
Recommendations for Camp Coordination and Camp Management; Shelter and non-food items and engagement with local communities.

### **To carry on developing disability inclusion in humanitarian response:**

- ▶ Reading Learning and Sustainability, Conclusion and see Further References.

## Abbreviations

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<b>COVID-19</b>	Coronavirus Disease 2019
<b>FAMOD</b>	Fórum de Associações de Pessoas com Deficiência de Moçambique Mozambique Forum of Associations of Persons with Disabilities
<b>IASC</b>	Inter-Agency Standing Committee
<b>LFTW</b>	Light for the World
<b>NGO</b>	Non-governmental Organization
<b>OCHA</b>	United Nations' Office for the Coordination of Humanitarian Affairs
<b>UN</b>	United Nations
<b>UNICEF</b>	United Nations Children's Fund

## Introduction

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This guide is for practitioners working in response to a disaster or humanitarian crisis. It shows the key issues for how and why we should work for inclusion of persons with disabilities in the response. There are steps you can take whether you work in a humanitarian, disability or development organization. The contents are developed from a combination of international guidance and the lessons learned from the response to Cyclone Idai in 2019.

Many people working in humanitarian response may themselves be part of the populations affected by the disaster. The first duty of care is to yours, to stay safe and protect your families.

The most important thing for you to know about inclusion of persons with disabilities in a disaster response is that it happens just as much by working with others as it does by direct action. Direct action to assist persons with disabilities might support hundreds or thousands of people, but the collective humanitarian response reaches tens and hundreds of thousands. We need to make sure the collective response that reaches hundreds of thousands of people does not have barriers or exclude persons with disabilities.

### **Key actions to achieve inclusion of persons with disabilities:**

- ▶ Establish a working group: humanitarian response is complex, and there needs to be an organized way to intervene for inclusion in each part.
- ▶ Change opinions and attitudes: advocacy to show why disability inclusion is important.
- ▶ Build capacity: develop ability of organizations and people on how to do disability inclusion.
- ▶ Act directly: make interventions to directly support persons with disabilities.
- ▶ Ensure participation of persons with disabilities. Persons with disabilities as members of communities and active in response.

Making the wider response inclusive is called “mainstreaming” and it is complemented by specific actions that support persons with disabilities specifically. Disability inclusion involves changing attitudes, nuanced understanding of affected groups, removing barriers and adapting delivery of services.

Humanitarian response is improved by efforts for disability inclusion. Meaningfully reaching persons with disabilities is essential for the response to reach its overall objectives. And the measures for disability inclusion help create more agile systems better able to respond to the needs of all.



## Context

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This guide draws on lessons on inclusion of persons with disabilities that come from the response to Cyclone Idai in 2019 and international guidance.

Mozambique faces challenges in its development context as well as from high risk of disasters. The country's population is 29.5 million people and 46% are below the poverty line. Risk of hazards that affect the country include cyclones, floods, earthquakes, droughts, landslides and now the COVID-19 pandemic. These hazards can come one after each other, or even at the same time, which increases risk and makes response and recovery more challenging.

## Multiple shocks in 2019

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A combination of drought, cyclones, floods and insecurity have left approximately 2.5 million people in need of humanitarian assistance in Mozambique. Tropical Cyclone Idai made landfall at Beira in mid-March 2019, and was followed six weeks later by Cyclone Kenneth making landfall in northern Mozambique. Combined, these cyclones killed at least 648 people and injured nearly 1,700. By the end of April, 240,000 houses were destroyed or damaged, 400,000 people were displaced, more than 700,000 hectares of cultivated land was flooded, and 4,200 classrooms were damaged or destroyed.

The southern part of Mozambique has faced chronic drought since 2018. Later in 2019, while still recovering from the impact of the cyclones, the northern and central parts of the country experienced strong rains, winds and flooding. In addition to natural hazards, new pockets of violence in the north of the country are being reported by media, which may exacerbate the humanitarian crisis in the future.

## Humanitarian Response

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On 19 March 2019, the Government of Mozambique declared a State of Emergency and made an appeal for international assistance. This led to an international response in Mozambique began in 2019 and continues into 2020.

Persons with disabilities faced particular challenges during and after the disaster, and the humanitarian response also had difficulties to reach them. These difficulties came both from gaps in response that particularly affected persons with disabilities as well as disability-related issues. Food distribution done haphazardly, for example, was particularly difficult for persons with disabilities to access. Persons with disabilities faced barriers from communities to different areas for accommodation. It was hard to get accessible information, people reported discrimination, and many services were not accessible or available to them.

Out of the response also came models of how to respond. Disability organizations and persons with disabilities themselves came together to respond to these challenges and make the overall response more inclusive. This guide highlights and shares two of the methodologies that were used, a Disability Working Group and a system of Disability Inclusion Facilitators.

## Understanding disability

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Persons with disabilities make up 15% of the world's population. Under this understanding of disability, it is a much broader concept than is traditionally assumed. It includes people with long-term physical, mental, or sensory impairments, and who, because of barriers, are limited in their full participation in society on an equal basis with others. This definition means that the way we see and work on disability is by understanding and removing the social and environmental barriers that limit people's full and equal participation.

Persons with disabilities are a very diverse group, and this is particularly relevant in the context of disasters. They may often form a percentage of affected persons even higher than 15%. In some disasters, the mortality rate recorded for persons with disabilities has been two to four times higher than that of persons without disabilities.

The diversity among persons with disabilities comes from different types of disability as well as from persons with disabilities being among all social groups. Different types of disability include those that are better known, like physical, visual or hearing disabilities, as well as intellectual or psychosocial disabilities, albinism, and those resulting from chronic health conditions.

Exclusion and discrimination because of disability often combines with other issues. Women with disabilities often face a double discrimination resulting from gender and disability, and are at higher risk of sexual and gender-based violence. Disability is present among people of all ages, and is more common with older age. Children with disabilities face a higher risk of abuse than those without.

## Disability in Mozambique

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It is expected that 15% of the population in Mozambique are persons with disabilities. While the 2017 census gives a prevalence rate of 2% these lower numbers come from the way that disability is identified and not necessarily from there being fewer persons with disabilities.

In terms of policy, Mozambique's constitution makes provisions for persons with disabilities. A second National Plan on Disability ran from 2012 to 2019. Some initiatives have been taken to prepare national legislation encompassing the rights of persons with disabilities.

The lead ministry on promoting disability rights in Mozambique is the Ministry for Gender, Children, and Social Action. The Forum of Association of Person with Disabilities (FAMOD) is an umbrella organization representing persons with disabilities and is made up of over 20 organizations of persons with disabilities.

## Disability in Humanitarian response

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Inclusion of persons with disabilities helps humanitarian action achieve its core principles, including impartiality, accountability to affected populations and protection of the people we serve. Impartiality requires provision of assistance without discrimination and considering the needs of all people affected by a crisis. Accountability means giving affected populations opportunity to influence decisions throughout the response. Protection means doing no harm and respecting needs, rights, safety and dignity, also across the response.

Global commitment was made to ensure the inclusion of persons with disabilities through a [Charter on Inclusion of Persons with Disabilities in Humanitarian Action](#). Essential actions for humanitarian actors have been set out by the Inter-Agency Standing Committee's [Guidelines for Inclusion of Persons with Disabilities in Humanitarian Response](#).

This moves towards realizing the rights and development commitments to persons with disabilities in the United Nations Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals. It also contributes to the call for inclusive disaster risk reduction in the Sendai Framework for Disaster Risk Reduction 2015-2030 and humanitarian action in the Agenda for Humanity Commitments.

## COVID-19 pandemic

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Humanitarian action will need to adapt and adjust to the context of the COVID-19 pandemic. It has complex health, economic and social consequences. The challenges will be made more complex if cyclones, floods, or other hazards affect Mozambique and other countries while the COVID-19 pandemic remains a widespread threat.

Interventions will need to be designed in a way that minimize risk of infection while still providing life-saving and early recovery assistance in line with humanitarian principles. Physical distancing measures will need to be incorporated in all actions. Evacuation centers, for example, will need to allow for appropriate distancing.

The lessons and recommendations of this guide still apply in this new context. Methods of coordination and response may change, and these changes also need to be made responsive to the situation of persons with disabilities.

## Further resources

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- ▶ Guidance and technical materials on humanitarian response and the COVID-19 pandemic can be found on the [Inter-Agency Standing Committee website](#).
- ▶ For details on the pandemic and disability, see in particular the UN Secretary General's policy brief for a [Disability-Inclusive Response to COVID-19](#) and the International Disability Alliance's portal on [COVID-19 and the disability movement](#).

## Working together for an inclusive response

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This guide is about how disability organizations, persons with disabilities themselves, and other organizations that are part of humanitarian response can work together.

Working together is the way that affected persons with disabilities can be supported. It is the way to achieve mainstreaming of disability inclusion across the whole humanitarian response and in each sector. This improves the accessibility of assistance to all affected persons, including persons with disabilities.

### Key messages for inclusion

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**Establish a working group:** a common platform needs to be made to ensure inclusion in different sectors of response and throughout each part of the response cycle. Disability organizations working together with humanitarian actors need a common platform to develop their inputs. Systems for inclusion are made strong through the participation of persons with disabilities and deeper understanding of the situation of disabled people.

- ▶ A working group, task force or sub-cluster on disability is a platform for inclusion.

**Change opinions and attitudes:** we need to show people and organizations the need for disability inclusion, and the rights-based understanding through which it should be approached. International commitments and guidance gives a base for this advocacy work, and it is important to show both the costs of an exclusionary response and benefits of inclusion. Sensitization is most effective when it is tailored to the needs and motivation of each audience, and accompanied with evidence.

- ▶ Advocacy can secure resource allocation, and demand for advice on how to achieve disability inclusion.

**Build capacity:** Guidance is needed throughout the response, and both disability organizations as well as other humanitarian actors need further capacity on this issue. From general policy, to budgeting questions and onto specific challenges of delivering services in the field, there are many technical questions on how to respond best for persons with disabilities and affected populations. It is particularly important to build the capacity of persons with disabilities themselves and their ability to lead in the response.

- ▶ Training, coaching, and technical support are needed for organizations and individuals.

**Act directly:** at times, immediate action is needed to respond to the needs of persons with disabilities, whether they are directly related to disability or the same needs as other affected persons. Disability organizations are well placed to do this, perhaps through existing partner organizations or users that they have.

- ▶ Persons with disabilities may need support for fundamental things such as food and accommodation, as well as accessible communication and disability-related services.

**Ensure participation of persons with disabilities.** Participation of persons with disabilities is a fundamental part of engaging with affected communities. As well as being included in preparedness and planning, persons with disabilities can play roles as responders themselves.

- ▶ As well as directly engaging persons with disabilities, organizations of persons with disabilities, run for and by persons with disabilities, have a key role in representation.

## Approaching Inclusion

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Inclusion is essential because persons with disabilities have the same needs as the rest of the affected population. They share the need for food, sanitation, accommodation and information. This means they need to access the parts of the response that provide these to affected populations.

- ▶ In addition to shared needs, persons with disabilities have disability-specific needs. These might be for rehabilitation services, a different mode of communication, or adjustments on an individual-basis.

Too often when disability concerns are overlooked, it creates barriers for persons with disabilities to access assistance. They do not get the information that's needed, services are hard to reach, or some services are inaccessible. Explicit or implicit discrimination creates barriers also.

- ▶ Humanitarian principles require that actions be taken to reach persons with disabilities. Overlooking disability issues can inadvertently cause harm.

The time for inclusion is now. It is needed at every stage throughout the response. Often inclusion can be deprioritized in competition with other issues, but this can have the effect of compounding existing challenges. Inclusive approaches need to be agile in a way that responds to the capacity that is available in response.

## An intersectional approach

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Inclusion means working in an intersectional way. Intersectionality refers to differences within groups, and the different parts of a person's identity. Interventions need to respond to the complexities of people's situations, rather than respond on just one aspect of their lives.

Different categories to take under consideration along with disability include gender, age, economic status, area in which someone lives, as well as their physical and mental health. Some groups, such as older persons, or persons with HIV/AIDs may face many of the same barriers as persons with disabilities, have a high proportion of persons with disabilities in that group, and have common ways to respond to similar needs.

- ▶ Interventions on gender or children, for example, should take into account disability inclusion at the same time actions on disability take into account those identities.

**An intersectional approach can be achieved through being more specific in different ways:**

- ▶ **Data.** Gender, age and disability are fundamental categories that should be included in all analyses. Further categories should be added depending on context.
- ▶ **Actions not generalizations.** Often needs assessments talk about “marginalized” or “vulnerable” people without detailing specific concerns or actions needed. Moving away from a one-size-fits-all approach helps us find the best approaches to communicate, assist and support.
- ▶ **Participation.** The more diversity can be promoted in those working in humanitarian response, and those who are consulted as affected persons, the more response will be transformed for the better. Participation of persons with disabilities needs to come from men and women, of different ages, and with different types of disability.

## Organization of humanitarian response

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The humanitarian system is complex even for experienced humanitarian workers. Here we present three key components of it:

- ▶ Key stakeholders that perform response.
- ▶ The programming cycle that sets out the series of actions in response.
- ▶ The cluster system, which coordinates response across sectors.

Humanitarian structures are meant to be applied where they add value, and adjusted according to need. In contexts like Mozambique, once life-saving needs are met and early recovery begins, they need to interact closely with long-term development initiatives.

## Key stakeholders

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The Government of Mozambique has overall responsibility for and leadership on humanitarian action. International actors can assist or facilitate response based on the Government's invitation.

As well as international actors, humanitarian response involves government ministries and agencies, development organizations, civil society as well as community and individual responders. For disability inclusion, it is important that organizations specialising in disability, and organizations of persons with disabilities, play an active role in partnership with the actors mentioned above.

In the case that international response is invoked, it is composed to be made up of a broad range of actors. Led by the UN, it includes international and national organizations, and with participation of people affected by the crisis. The United Nations' Office for the Coordination of Humanitarian Affairs (OCHA) is the agency that plays a key role to facilitate overall coordination and information management of all emergencies requiring an international response.

### For each country response, international action has this structure:

- ▶ Led by a Humanitarian Coordinator (HC), the most senior UN official in country.
- ▶ Managed by a Humanitarian Country Team (HCT), comprising of heads of UN and other organizations. Chaired by the Humanitarian Coordinator.
- ▶ Supported by an Inter-Cluster Coordination Group (ICCG) and clusters. The coordination group reports to the country team, and comprises all cluster coordinators and the head of the OCHA country office.

At the global level, the Inter-Agency Standing Committee (IASC) is a forum of UN and non-UN humanitarian partners to come together on humanitarian matter. It is chaired by the Emergency Response Coordinator.

## Humanitarian Programming Cycle

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The Humanitarian Programme Cycle are the stages through which humanitarian actors work together to meet the needs of affected persons.

1. **Emergency Response Preparedness:** The better preparedness there is, the less the losses from disaster there will be and more timely and appropriate subsequent response can be. Preparedness is a continuous process. Both development and humanitarian organizations have a role to ensure Mozambique is better prepared for any future events.
2. **Needs assessment and analysis:** Needs assessment gathers and organizes pre-existing and new data. It serves as a baseline for later monitoring.
3. **Strategic response planning:** Strategic planning is based on needs assessment, bringing together inputs from all humanitarian actors and outlines the main objectives and outcomes of response.

4. **Resource mobilization:** Fundraising for the humanitarian response. Can be continuous, but often decisions are made quickly based on needs identified in sudden emergencies.
5. **Implementation and response monitoring:** Monitoring is also a continuous process, identifying gaps and areas for improvement, and responding to beneficiary feedback.
6. **Evaluation:** Evaluate how far collective results have been achieved.

Information Management and Coordination are cross-cutting issues in the programming cycle. Any concerns about them can be raised with OCHA or cluster leads.

## Key Outputs and Mechanisms in the Programming Cycle

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- ▶ **Needs assessment:** can be known as a Humanitarian Needs Overview (HNO) or a Post-Disaster Needs Assessment (PDNA)
- ▶ **Humanitarian Response Plan (HRP)** outlines the objectives of the response and of the clusters.
- ▶ **Country-Based Pooled Funds:** funding mechanism managed by OCHA and provides funds for projects at the country level based on the response plan.
- ▶ **Periodic Monitoring Report (PMR)** is prepared during the responses and analyses changes in context, needs, and gaps as well as providing an update on funding received versus requirements.
- ▶ **Operational Peer Review (OPR).** A tool sometimes used before an evaluation. Inter-agency review of the crisis.
- ▶ **Inter-Agency Humanitarian Evaluation (IAHE)** is an independent assessment of results of the collective humanitarian response by the humanitarian community.

## Cluster system

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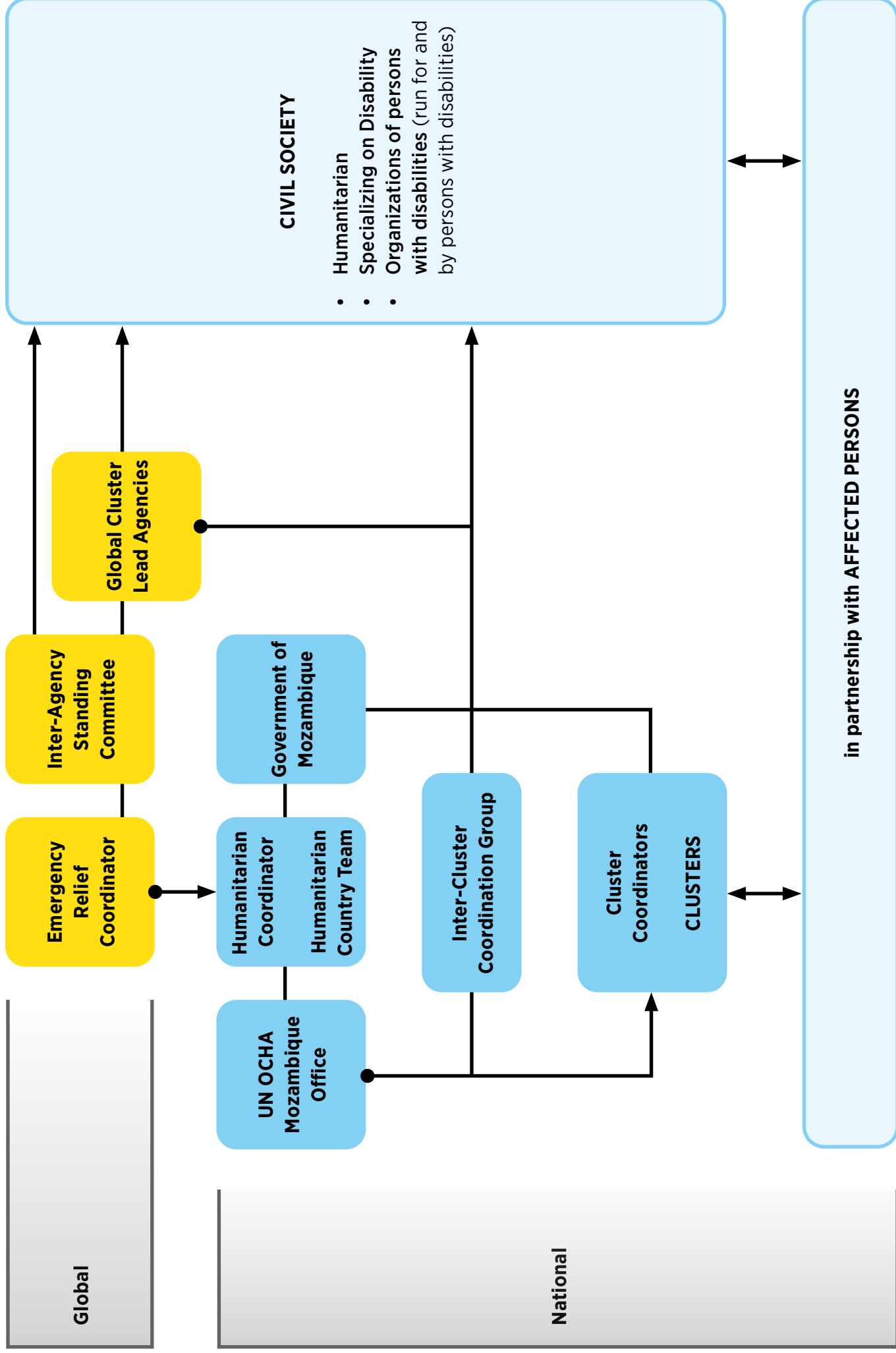
The work of different organizations in different sectors is coordinated by a cluster system. Each cluster is dedicated to one sector of intervention. The cluster system is a global approach, and is implemented at national level when the response is complex enough to require it. Clusters allow different types of organizations to come together to address each of the main sectors. It creates a predictability, accountability and partnership in each sector and allows resources to be used better by clarifying division of labour.

Each cluster has one or two coordinators. Sometimes there are further sub-clusters or cross-cutting working groups. Cross-cutting working groups can stand alone and report directly to the Humanitarian Country Team.

There are 11 established clusters. At the global level they have organizations designated to lead them, but those selected as leads on a national level can be different. Each response will activate a different set from these global clusters:

- |                 |  |                                |
|-----------------|--|--------------------------------|
| ▶ Food Security | ▶ Protection                                   | ▶ Early Recovery               |
| ▶ Health        | ▶ Shelter                                      | ▶ Education                    |
| ▶ Logistics     | ▶ Water and Sanitation (WASH)                  | ▶ Emergency Telecommunications |
| ▶ Nutrition     | ▶ Camp Coordination and Camp Management (CCCM) |                                |













Distribution of Food & Hygiene Kits during COVID-19 emergency.



## A joint approach to ensure inclusion of disability in response

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As the above introduction to the humanitarian response shows, it is a complex way of organizing many different types of organizations to work together for a common need. Interventions on disability need to be able to adopt a similar approach to ensure inclusion within the different points of the programming cycle and cluster.

Different actors have different roles in order to make this happen. It needs efforts from disability organizations – whether they have previously specialized as development or humanitarian organizations – as well as the mainstream humanitarian actors. Many international organizations can access international expertise on disability inclusion to aid response.

### KEY ROLES

#### **Humanitarian organizations (international and national, United Nations, government and civil society):**

- ▶ Engage with and invite diverse organizations from the disability sector to participate in response.
- ▶ Ensure that humanitarian guidance and norms developed for the response are inclusive.
- ▶ Facilitate participation of persons with disabilities and their representative organizations.
- ▶ Ensure their own actions are inclusive of persons with disabilities in policy and implementation.
- ▶ Ensure that resource allocation includes inclusion issues.

#### **Organizations working on disability:**

- ▶ Establish a common forum and cooperation across the disability sector.
- ▶ Develop their own technical ability on humanitarian issues.
- ▶ Identify and share the situation of persons with disabilities in the emergency.
- ▶ Work to find a voice for the sector as a whole, rather than individual organizations.
- ▶ Ensure the participation of persons with disabilities and invest in their capacity.

#### **Organizations of persons with disabilities.**

- ▶ These are organizations run for and by persons with disabilities.
- ▶ Gather information on the situation and experiences of disabled people;
- ▶ Develop understanding and technical advice on humanitarian affairs.
- ▶ Raise the issue of disability and communicate the situation with others.
- ▶ Often, organizations of persons with disabilities will also provide direct support.

## Disability Working Group

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An essential system to ensure inclusion in humanitarian response is a dedicated forum or task force. A common platform allows for strategic action towards common objectives, pooling of knowledge and minimizing duplication. It allows for different voices within the disability community to be represented, and dialogue to be established between them and the humanitarian system. It also contributes to the accountability of response, and empowering of persons with disabilities.

- ▶ One key issue is whether the task force is cross-cutting in response, or belongs to a sub-cluster. The advantage of a cross-cutting group is that it can reach every area in response.
- ▶ If a cross-cutting working group cannot be formed immediately, it is recommended to consider a sub-cluster of the Protection cluster dedicated to disability.

In the response to Cyclone Idai, a Disability Working Group in Sofala province was established as one such forum. Its success at mobilizing inclusion show there is a good basis for continued efforts using a similar form. The Disability Working Group was the central way in which disability inclusion was promoted, and resources were secured to develop its capacity. Similar approaches have also been useful in different countries, in some cases combining age and disability issues together.

**In order to intervene at different points within the humanitarian response, different types of intervention are needed.**

**Strategies and policies**, whether nationally or in different organizations, need to be made inclusive. Securing resources is a common challenge for initiatives to systematically establish disability inclusion. As well as policy and leadership attention on disability, specific guidelines also need to be inclusive, for example through the setting of criteria for support.

**Coordination of action** is essential to access decision making and use scarce resources effectively. The Disability Working Group was initially led by LFTW and subsequently chaired by FAMOD, the umbrella organization representing persons with disabilities. It brought together some UN agencies, government agencies, organizations working on disability and organizations of persons with disabilities. As well as its regular meetings, it was able to represent disability inclusion in each of the other clusters.

- ▶ The working group meetings established and then updated a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. The analysis covered the dynamics of the working group and other clusters, data and case follow-up, accessibility and communication, visibility, and persons with disabilities and their representative organizations.

**Participation of persons with disabilities and their representative organizations needs to be ensured.** As well as being a fundamental right, participation is a particularly useful tool in transforming inclusion practices. Capacity is a common challenge, of persons with disabilities to articulate their positions, and of the humanitarian response to engage with them. For example, even the choice of language in which response is discussed or documented influences who can participate.

**Data and understanding** of disability and the situation of persons with disabilities needs to be connected with response and its actions. Gathering data on persons with disabilities has some technical complexities (discussed further below).

**Services that reach persons with disabilities** will come from adaptations for mainstream services and direct provision. Some task force members will be directly providing services, and all can contribute to influencing and guiding others to be more inclusive, including through building capacity. Referral pathways for persons with disabilities can be established to ensure mechanisms to respond to needs identified by different actors.

## **Developing Capacity of Humanitarian Response**

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There are different layers of challenges in work on disability inclusion. Advocacy and capacity building are a combination of persuasion, information, and guidance for actors to see why and how they can act.

The humanitarian sector should identify and prioritize its need for further capacity on disability inclusion, because this capacity will help them achieve larger humanitarian goals. The disability sector will need to support these capacity-building efforts.

At the level of overall guidance, there are now extensive resources. Particularly useful are the comprehensive Inter-Agency Standing Committee [Guidelines on Inclusion of Persons with Disabilities](#) (2019) and the Humanitarian Standard's Partnership practical guidance in [Humanitarian Inclusion Standards for Older People and People with Disabilities](#) (2018). Further resources are listed at the end of this guide.

Even though this overall guidance is there, many stakeholders will not be aware of it in detail or be sure of how to convert the guidance into context-specific action. And there are many challenges in delivery of work that this guidance cannot respond to. So there is a considerable effort needed to realize the objectives set out in the guidance. Response needs to go beyond name-checking disability towards substantial actions for inclusion, and it can only do that with the right level of understanding and capacity.

Humanitarian actors need practical solutions in delivery of assistance in the field. Disability specialists can use training, and coaching to come to solutions together with the humanitarian actors and affected persons with disabilities. In addition to co-creating solutions, trainers should aim to leave humanitarian actors empowered to engage their problem-solving skills and innovate on disability-related challenges.

Expertise, capacity development, and time to give attention to the issue need to be allocated. The humanitarian response needs to know how to include persons with disabilities during preparedness, needs assessment, programme design, budgeting, implementation strategies, across each sector of assistance.

Capacity gaps should not, however, delay response. No-one has a perfect knowledge of intervention on disability issues, and interventions need to go forward through partnership and a dynamic approach to improving ability to include persons with disabilities.

**A partnership based to capacity building means working together to solve challenges:**

- ▶ Mainstream humanitarian organizations partner with specialized disability organizations.
- ▶ Specialized disability organizations provide capacity and technical support.
- ▶ Organizations of persons with disabilities are engaged and support.
- ▶ Resources are invested in capacity-building and these partnerships.

**A dynamic approach to learning responds to context and current levels of capacity:**

- ▶ Awareness of current capacity, and forms of rapid capacity mapping.
- ▶ Engaging persons with disabilities through consultation, field visits, and persons with disabilities working in the response at all levels.
- ▶ Ensure that intersectional issues and different parts of the disability community are represented in capacity building.
- ▶ Training or sensitization need to be tailored to time and preference of audience.

Disability organizations can invest in their own ability, and the ability of persons with disabilities, to provide guidance on disability inclusion and humanitarian response. One example of how to do this is through Disability Inclusion Facilitators.

## **Disability Inclusion Facilitators**

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Given the extensive capacity needs of humanitarian response, even well-resourced disability organizations will need to develop further mechanisms to give technical support in a range of subject areas and contexts.

- ▶ The model of disability inclusion facilitators is one way to achieve this.
- ▶ If this resource is not available, humanitarian organizations should invite support from disability organizations and persons with disabilities themselves.

One method used by the Disability Working Group in the 2019 response was Disability Inclusion Facilitators. These facilitators were young persons with disabilities trained and supported by LFTW to support disability inclusion within the humanitarian response. By developing a pool of five facilitators who could deliver training on disability and follow-up cases of persons with disabilities, the disability sector expanded its ability to build capacity in humanitarian response.

The role of Disability Inclusion Facilitators was to perform a mixture of advocacy, capacity building and direct support for inclusion of persons with disabilities in humanitarian response. They were selected as persons with disabilities who had good educational background and inter-personal skills. These competencies allowed them to learn and then communicate the knowledge that was needed. In selecting facilitators, effort should be made to select both men and women with disabilities.

**Their tasks included coordination, working with humanitarian organizations and affected persons:**

- ▶ Close coordination with LFTW, the organization that supported their work;
- ▶ Working closely with humanitarian organizations through:
  - ▶ Advocacy for disability inclusion and “advertising” their ability to contribute.
  - ▶ Providing training on disability inclusion.
- ▶ Participation in cluster meetings.
  - ▶ Engaging with a wide range of stakeholders.
  - ▶ Recommendations for disability inclusion in cluster response.
  - ▶ Monitoring disability inclusion.
- ▶ Referral and follow-up with services and affected persons:
  - ▶ Referring, and following-up, with affected persons to different services.
  - ▶ Follow-up on service delivery.

This range of tasks give facilitator’s a unique practical view and knowledge of response and the needs of affected persons.

This method of persons with disabilities leading change shows how disability inclusion can transform response. These facilitators are affected persons in a “vulnerable group” and they are also leaders in the humanitarian response. Seeing the example of persons with disabilities doing this work is the most powerful sensitization tool available to reach humanitarian organizations or change attitudes in local communities. It builds a local capacity that will contribute to the sustainability of disability inclusion and the ability of the communities to recover well from the impact of the disaster.



## Gathering data and using it to inform action

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All actors recognize the need for further data on persons with disabilities. Data is often one of the most important tools to influence decision-making in the humanitarian system and allocation of resources.

**Data is important, but should not lead to lack of action.** Some actors will use lack of data as an reason, or excuse, to delay or not take action on disability inclusion. Sometimes this can come from an understandable caution about making a mistake on a complex topic.

**Many actions can be performed without full data on persons with disabilities.** Interventions can be made with accessibility features. Services can be delivered in a way that anticipates some beneficiaries will have individual needs. Communication can be made in different formats. The issue of persons with disabilities can be raised and discussed with different partners in response, who may have knowledge on the issue beyond the extent of official data.

**Gathering data needs to be linked with action.** Data is used to make sure that humanitarian assistance is based on needs of affected persons, not based on the capacity of organizations in response. Key questions that data on disability can contribute to answering include:

- ▶ What are the needs of affected persons?
- ▶ What is capacity of response to meet the needs?
- ▶ What is capacity of community to respond and recover?
- ▶ How much are affected persons satisfied with quality of response?

As this list shows, the important data is not just about numbers of persons with disabilities, but about the needs that they have and the opportunities and challenges to responding to those needs.

**Gathering data on disability is complex.** As we indicate below, it cannot be achieved well by simply asking a person whether they “have a disability” or not. Often not very much data on disability exists even before a disaster, and where it exists it may need to be compiled from many different types of organization. In the 2019 response, data was collated from government and non-government organizations working on disability, social or faith organizations, and community leaders. Organizations may have reservations about sharing for privacy or data protection concerns and the importance of data to their organization’s mission. Even official data is often gathered in ways that may only give a very partial understanding of the numbers of persons with disabilities. It is important to be aware that data on disability very easily underestimates the number of persons with disabilities. Where data is unavailable, it is safe to assume that 15% of the population is living with a disability.

- ▶ When we gather data on disability it should always be disaggregated by gender, and where possible by age and other factors.

**Data needed at different stages in programme cycle.** The IASC guidelines on inclusion of persons with disabilities identify the different types of data that are needed:

- ▶ Identifying persons with disabilities and households with disabled family member;
- ▶ Total numbers of persons with disabilities in a population;
- ▶ How the crisis affects persons with disabilities;
- ▶ The views and priorities of persons with disabilities;
- ▶ Mapping of organizations capacity to respond;
- ▶ Extent persons with disabilities have access to response;
- ▶ Evidence base for advocacy and resource mobilization.

As this range of areas show, different types of data are needed to answer these questions. Some will be quantitative, some qualitative, and they will come from different sources, including surveys, interviews, field visits and others. All these data help the response more fully achieve its goals and stay accountable to affected populations.

**Data is a key part of preparedness.** Strengthening data on disability and capacity on it before a disaster will really help with response. As well as strengthening data that is available on persons with disabilities, the more people aware of and trained in data gathering and use methodologies, the more any later response will be able to understand the situation of persons with disabilities.

## Methods to gather data on disability

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**Asking if someone has a “disability” is not an accurate way to gather disability data.** The word “disability” has different understandings in different places, and it has some stigma associated with it, so this method is expected to give a large underestimate of number of people with disabilities.

**There are tools to ask about disability in surveys.** These links have information and guidance on implementation that should be considered before using them.

- ▶ The key tool to know about is the [Washington Group Short Set on Functioning](#), which has been tested and used across the world.
- ▶ Where there is need or opportunity for more detailed analysis of disability then the [Washington Group Extended Set on Functioning](#) has further areas including more nuance around psychosocial conditions.
- ▶ For children between 2 and 17 years of age, the Washington Group and UNICEF [Module on Child Functioning should be used](#).

Data gathered from these questions can guide targeting of interventions and identify further interventions needed.

**Inclusive focus groups are a key tool.** Selection should purposefully identify a range of men and women with disabilities, from different circumstances and with different types of disability. Some persons with disabilities may need to be interviewed individually. Disability organizations, and persons with disabilities, can support facilitation and outreach to participants. Sign-language and other methods to ensure translation and accessible communication should be taken.

**Disability should be a criteria in beneficiary selection, and this creates further challenges.**

Response should make efforts to reach persons with disabilities and a useful way to do so is to respond to disability in the “vulnerability criteria” used to prioritize some beneficiaries for support. This is important, but needs to be done carefully, because it should be noted there is not a good, or low resource way, to assess disability objectively in humanitarian contexts. The tools mentioned above for surveys are based on respondent perception and this may change if there are benefits linked to the way they answer that question.

- ▶ “Able-bodied” or otherwise, is not a useful way to think about disability status and should be avoided as a criteria for beneficiary selection.

*For a fuller guidance on the subjects covered in this section, see the IASC Guidelines chapter on Data Information and Management.*

## **Inclusion through the programming cycle**

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Inclusion of persons with disabilities is needed at every stage in the programming cycle. Here we identify key actions in each stage. Common themes that run through each are:

- ▶ Participation of persons with disabilities;
- ▶ Addressing and removing disability-related barriers;
- ▶ Empowering and building capacity of humanitarian response and persons with disabilities;
- ▶ Data collection and monitoring.

In each case, inclusion of persons with disabilities is best assured through an approach that considers men and women with disabilities of all ages. Many of these interventions will share an approach or interest with gender or age mainstreaming and these can be useful allies in a wider approach for inclusion and equality.

Inclusion and equality are not optional extras, and they are especially important in the case of emergency response with limited capacity. The level and quality of inclusion that can be achieved differs according to circumstances, but it always needs to be part of the response. Otherwise the response will move from “too busy for inclusion” to “measures can’t be taken because of the way things were set up at the beginning”. This dynamic is all evident, for example, in some shelter or accommodation that is made without considerations of accessibility.

This section highlights some key actions that need to be taken at each stage in the response. In the following section we consider selected areas in more depth.

## Preparedness

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- ▶ Assist the National Institute of Disaster Management (INGC) and relevant local actors understand disability-related issues.
- ▶ Consider keeping coordination forums, such as the Disability Working Group, active so that they are ready to respond immediately in the case of a disaster.
- ▶ Invest in data on situation and needs of persons with disabilities.
- ▶ Develop and share lessons learned and recommendations that come from previous disasters and response.
- ▶ Develop capacity of disability organizations and organizations of persons with disabilities, including the networks between them.

## Needs assessment and analysis:

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- ▶ Ensure data collection includes disability status, disaggregated by age and gender, using accurate methods.
- ▶ Gather data on situation of persons with disabilities and disability-related barriers, including through focus-groups and/or interviews with persons with disabilities.
- ▶ Participate actively in analysis of data.
- ▶ Communicate findings to the disability sector and persons with disabilities.

## Strategic response planning

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- ▶ Reach-out to those coordinating humanitarian response – UN OCHA, cluster coordinators, and government agencies – to identify key areas for input on disability.
- ▶ Ensure that persons with disabilities participate in strategic planning processes.
- ▶ Ensure that capacity assessment includes organizations' ability to reach and include persons with disabilities, and how disability organizations can support them.
- ▶ Ensure that objectives of the overall response and at cluster level, which are captured in the Humanitarian Response, have a broad recognition of inclusion.
- ▶ Ensure that monitoring frameworks specify disability-disaggregated results.
  - ▶ Inclusion targets can be included in monitoring frameworks.
  - ▶ Whether there is a target or not, data on persons who have received any service should be disaggregated by disability status.

## Resource mobilization

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Budgeting for inclusion of persons with disabilities should aim for activities on inclusion to reach 5% of total budgets. As well as directly reaching affected populations, activities for inclusion are an investment that makes other areas of response more effective.

- ▶ Fundraising documents should highlight how disability inclusion will be ensured.
- ▶ Fund allocation should be made for accessibility, inclusion measures, adjustments for individuals with disabilities, outreach, and capacity building.
- ▶ Provide input for overall briefings to funding organizations and coordinate closely with any direct funders.

## Humanitarian response monitoring

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- ▶ Ensure that monitoring gathers information disaggregated by disability.
- ▶ Present key evidence on disability through analysis of monitoring data.
- ▶ Ensure monitoring process includes consultation with persons with disabilities.

## Evaluation

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- ▶ Share widely any lessons-learned or evaluation exercise regarding persons with disabilities, and work to make sure it inputs to the inter-agency humanitarian evaluation.
- ▶ Ensure the humanitarian evaluation to assess success of humanitarian response in ensuring equal access to aid for persons with disabilities in line with humanitarian principles.
- ▶ Ensure that persons with disabilities participate in evaluation planning and are consulted in evaluation research.

## Key areas in depth

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In addition to the overall guidance on the programming cycle in the previous section, which should be applied to each sector, we add specific advice on actions that can be taken in:

- ▶ Camp Coordination and Camp Management
- ▶ Shelter and non-food items
- ▶ Engagement with local communities

These were the areas in the 2019 response in which critical gaps for persons with disabilities were identified by humanitarian actors and disabled people themselves.

### Camp Coordination and Camp Management

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The Camp Coordination and Camp Management (CCCM) cluster is responsible for supporting communities that have been displaced. It works to ensure dignified conditions for people living in collective settings by improving access to assistance, services, and safe living environments. In 2019 response, the arrangements included accommodation centres, transition centres and resettlement sites, as well as return to the community.

#### Preparedness

- ▶ Identify barriers to physical accessibility in temporary or resettlement sites. It should be noted that high temperatures are an accessibility issue for some types of disability.
- ▶ Prepare universal design features in designs for temporary accommodation sites.
- ▶ Share lessons from previous disaster responses, especially those from 2019.
- ▶ Advocate with local and national government to take on these lessons.

#### Needs assessment

- ▶ Consult persons with disabilities about their shelter and space needs and any risks they anticipate.
- ▶ Assess capacity and design of temporary accommodation responses.

#### Strategic response planning

- ▶ Ensure critical information about evacuation and transportation is disseminated through multiple channels, in multiple formats, and reaching disabled people.
- ▶ Ensure design of support to shelter and camp residents does not exclude persons with disabilities, and provide accessibility and adjustments based on individual needs.
- ▶ Ensure community decision-making bodies are inclusive of persons with disabilities.
- ▶ Ensure accessibility of physical spaces and water and sanitation facilities.
- ▶ Ensure new structures being built follow universal design as far as possible.

### Resource mobilization

- ▶ Anticipate costs of accessible and inclusive camp management activities, covering those mentioned in this section.

### Implementation and monitoring

- ▶ Monitor how far persons with disabilities are satisfied by camp and shelter arrangements. Examine how this differs for men and women, and for persons with disabilities of different ages.
- ▶ Ensure that complaint or feedback procedures are accessible to disabled people.

### Evaluation

*As per those in overall guidance on programming cycle.*

## Shelter and non-food items

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The Shelter and Non-Food Items (NFI) Cluster works to ensure that everyone has a safe, private and secure shelter and can resume everyday activities like cooking, and personal hygiene with dignity. Cluster members distribute items such as plastic sheeting, cooking sets, blankets, jerry cans, sleeping mats, and sanitary items, among others.

### Preparedness

- ▶ Map national and international standards on accessibility to design new shelters.
- ▶ Share lessons from previous disaster responses, especially those from 2019.
- ▶ Advocate with local and national government to take on these lessons.

### Needs assessment

- ▶ Consult older people and people with disabilities to choose the most appropriate location and frequency for distributing household and shelter items.
- ▶ Identify further items that might be needed by men and women with disabilities, or any needs persons with disabilities would have to use all items.

### Strategic response planning

- ▶ If necessary, adapt distribution locations to make them accessible.
- ▶ Train and sensitize humanitarian workers on inclusion of persons with disabilities.
- ▶ Advocate that the non-food items that are distributed be based on universal design.
- ▶ Use different formats and communication channels to provide information about shelter-related activities and services.
- ▶ Provide equal training opportunities for older people and men and women with disabilities to develop their skills in areas such as construction, maintenance and adaptation of buildings.
- ▶ Ensure training facilities and information on training opportunities are accessible.

### Resource mobilization, Implementation and monitoring, and Evaluation

As per those in overall guidance on programming cycle, those identified in the previous section on Camp Coordination and Camp Management.

## Engagement with local communities

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The most important partnership in the response is the one responders have with the affected people. Good engagement with local communities is the foundation of a good response.

### Coordination bodies often used to support engagement

- ▶ Communicate Engagement Working Group (CEWG): coordinates the mainstreaming of good practice in two-way communication with communities and the establishment of Complaints and Feedback Mechanisms (CFM) to provide a safe and accessible way for affected persons to report their concerns.
- ▶ Protection from Sexual Exploitation and Abuse Network (PSEA) or Forum or Working Group: ensures that humanitarian workers in all sectors are aware of the humanitarian code of conduct and do not ever sexually exploit or abuse beneficiaries.

Following Cyclone Idai, many persons with disabilities did not receive timely or accurate information about the disaster or response. Often a disability-related barrier that had not been addressed was the cause. For example, persons with hearing disabilities reported not being able to hear calls for aid distribution, which were made verbally.

### Preparedness

- ▶ Share lessons from previous disaster responses, especially those from 2019, with governments, local actors working on risk reduction, local and international NGOs and other relevant actors.

### Needs assessment

- ▶ Assess the inclusivity of communications and feedback methods, and ask persons with disabilities for their preferences.

### Strategic Response planning

- ▶ Attend any working groups or networks that are established for Community Engagement or for Protection from Sexual Exploitation and Abuse.
- ▶ Advocate for creation of multiple channels of feedback mechanisms to increase accessibility. For example, multiple channels could be: a Whatsapp line, a telephone hotline, email, and an in-person desk.
- ▶ Ensure that any assessment of existing capacities includes assessment of ability to reach and engage with affected persons with disabilities.
- ▶ Advocate for the employment and training of persons with disabilities to support communication channels with affected populations.
- ▶ Partner with disability organizations, and especially organizations of persons with disabilities, to reach persons with disabilities.

### Resource mobilization, Implementation and monitoring, and Evaluation

*As per those in overall guidance on programming cycle.*



## Learning and Sustainability

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Taking lessons forward, and working towards sustainability of recovery takes place in the context of Mozambique's development and humanitarian challenges. Humanitarian response often brings intense capacity to the national level for a short time, but many needs of the population continue beyond the response timeframe. As well as profound development needs exacerbated by disasters, there is the risk of repeated disasters.

Fortunately, much of the humanitarian response in 2019 has developed lessons, models and local capacity that serve Mozambique well going forward. The Disability Working Group is a valuable coordination mechanism that should be continued. Disability Inclusion Facilitators improved their capacity and those of others. This guide tries to capture these and other aspects of the response as also useful to inform future disaster response.

An investment in learning the lessons for inclusion of persons with disabilities has given valuable knowledge for stakeholders to take forward. It offers a note of caution on how persons with disabilities can too easily be left behind by humanitarian response. It should also be noted that many of the lessons learned come from persons with disabilities that partner organizations were in contact with, and as ever, there will remain further persons with disabilities in wider communities that were harder to reach.

We offered suggestions in this guide on how some of these lessons have implications for preparedness activities now, before the next cyclone season or onset of other disasters. It will be important to align our understanding of disability inclusion with important areas of intersection, including gender, age, persons with HIV/AIDs and other groups. Other key areas for engagement include working on, or partnering with organizations working on sustainable livelihoods, resilience-building activities and projects that are aimed at mitigating long term negative climate impacts.

Going forward it will be important to continue to bridge work between humanitarian and development efforts. Working with and investing in the capacity of diverse local partners, including organizations of persons with disabilities, ensures the gains continue after response is concluded.

As soon as life-saving needs are met in a disaster response, early recovery activities can already be done in ways that establish foundations for sustainable recovery. This will set the stage that new situations for communities, and development of services and organizations are inclusive of persons with disabilities from the start.

Further inclusion of persons with disabilities is an important part of how society can build back better after a disaster. The more this is established, the more we can mitigate disaster losses in the future, and the more enriched people and communities will be for persons with disabilities' new places in the community.

## Conclusion

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This guide sets out a framework through which to approach disability inclusion in humanitarian response. It is based on combining the ambitions of international standards with the practical lessons that come from the response in Mozambique.

Inclusion is a process. The guide gives a range of recommendations that show directions to work towards in an inclusive humanitarian response. Through prioritization, and, most importantly, working together, we make progress in the journey of inclusion.

Despite some hurdles, humanitarian and disability organizations responding to Cyclone Idai very quickly co-created ways to include persons with disabilities. These partnerships have laid a foundation upon which better and more comprehensive efforts to ensure inclusion in resilience-building and response activities can continue. Notably, mutually developing capacity of the humanitarian system and persons with disabilities was at the core of efforts during the Idai response, and should continue to be advanced where possible.

While the gaps should not be underestimated, the response should be celebrated because it was able to make key achievements in improving how much the humanitarian response could include persons with disabilities. It was able to establish systems for inclusion of persons with disabilities, conduct extensive advocacy that convinced organizations to get on board, develop the capacity of the humanitarian response and disability organizations, and directly act to support persons with disabilities in the affected populations.

Going forward we know more about how to work on disability inclusion, gain from the practical experience of those who have done it before, and have deeper capacity to achieve it. Future responses can and should build on these achievements.





Jose Dengula Djadje, widower with multiple disabilities, lives at a resettlement camp since Cyclone Idai.

## Further References

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For more about **the overall humanitarian response in Mozambique 2019**, see:

- ▶ Cyclone Idai [Post Disaster Needs Assessment](#) (May 2019)
- ▶ [Humanitarian Response Plan](#), November 2018 - May 2020 (revised in August 2019)

**To understand the barriers to inclusion of persons with disabilities in the response, see:**

- ▶ LFTW's policy paper on [Access to Humanitarian Aid](#) post Cyclone Idai (2019)
- ▶ LFTW's more detailed review on [Aid out of Reach](#) (2019).

**For more about disability in Mozambique:**

- ▶ See the Westminster Foundation for Democracy (WFD) review [towards inclusive policies for persons with disabilities in Mozambique](#).

**For more about the humanitarian system:**

- ▶ IASC Reference Module for the [Implementation of the Humanitarian Programme Cycle](#)

The key reference for guidance on disability inclusion in humanitarian response are the IASC Guidelines on [Inclusion of Persons with Disabilities in Humanitarian Action](#).

**Consult the guidelines for more information on the following topics:**

- Data and information management
- Partnerships and empowerment of organizations of persons with disabilities
- Cross-cutting considerations
- Accountability to affected people and protection from sexual exploitation and abuse
- Humanitarian response options
- Stakeholder roles and responsibilities
- What sectors need to do
- Camp coordination and camp management
- Education
- Food security and nutrition
- Livelihoods
- Health
- Protection
- Shelter and settlements
- Water, sanitation and hygiene.



For more about **disability inclusion in humanitarian response**:

- ▶ [Reference Group on Inclusion of Persons with Disabilities in Humanitarian Action](#).
- ▶ Humanitarian Standard's Partnership practical guidance in [Humanitarian Inclusion Standards for Older People and People with Disabilities](#).

For case studies from other humanitarian response, see the those [collected by IASC in preparation for the guidelines](#).

Various organizations offer guidance and introductions to disability inclusion in humanitarian response and disaster risk reduction. They include:

- ▶ UNICEF training on [including children with disabilities in humanitarian action](#).
- ▶ UNICEF [Guidance on strengthening disability inclusion in Humanitarian Response Plans](#).
- ▶ CBM's [step-by-step practical guidance on inclusive Disaster Risk Reduction](#).
- ▶ MSF's very practical information and tools on [inclusion of persons with disabilities](#).



Light for the World giving training to disability inclusion facilitators.





Women standing in line to receive food kits.





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