European Commission

DG ECHO Operational Guidance

The Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations

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Civil Protection and
Humanitarian Aid

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DG ECHO Thematic Policy Documents

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1. DG ECHO Disability Inclusion Guidance Note: Why and for Whom?

1.1 Introduction: context and purpose of the guidance

It is estimated that on average globally 15% of people have a disability[1], a proportion which is likely to sharply rise in humanitarian crises. Yet, manners of delivering assistance and protection to persons with disabilities in humanitarian settings continue to be insufficiently adapted.

> *The issue of disability inclusion in humanitarian settings has gained growing prominence at global level over the past years.*

The issue of disability inclusion in humanitarian settings has gained growing prominence at global level over the past years. The United Nations Convention on the Rights of Persons with Disabilities (CRPD[2]) adopted in 2006, to which the European Union is a party as well as all the European Union (EU) Member States[3], provides that "States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters" (Art. 11). More recently, the Charter on Inclusion of Persons with Disabilities in Humanitarian Action (the Charter)[4] launched at the World Humanitarian Summit (WHS) in May 2016[5] and endorsed by the European Union was entirely devoted to this question.

At the EU level[6], Title II of the Treaty on the functioning of the European Union (Art. 10) and the EU Charter of Fundamental Rights state that the European Union shall aim to combat discrimination based on, inter alia, disability

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1 - Including 19.2% females and 12% of males. World Health Organisation (WHO) and the World Bank, World Report on Disability, Geneva, WHO, 2011, Chapter 2, http://www.who.int/disabilities/world_report/2011/report.pdf

2 - See https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html. At the time of writing, the CRPD has been ratified by 177 countries, and is considered part of the body of IHRL. The optional protocol, which implies that individuals who have exhausted domestic remedies for discrimination can approach the CRPD committee for further assistance has been ratified by 92 countries. https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&clang=_en retrieved on 28/03/2018.

3 - The CRPD was approved on behalf of the European Community by Council Decision 2010/48/EC of 26.11.2009 and is thus an integral part of the EU legal order prevailing over EU secondary law.

4 - See http://humanitariandisabilitycharter.org/

5 - This does not negate progress prior to the WHS, such as increased consideration of disability and inclusion in the Sendai Framework for Disaster Risk Reduction and in the 2030 Agenda on Sustainable Development.

6 - Note that a number of other regional instruments also include provisions for the rights of persons with disabilities, including the African Charter on Human and Peoples' Rights (1981, Art. 18.4), the African Charter of the Rights and Welfare of the Child (1990, Art. 13) and the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (2009, Art. 9.2.C) while the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities is completely devoted to this issue (adopted 1999; entry into force 2001, retrieved on 29 March 2018).

(Art. 21)[7]. Furthermore, article 26 of the Charter of Fundamental Rights states that the EU recognises and respects the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community. The European Disability Strategy 2010-2020 calls on the EU and its Member States to promote the rights of persons with disabilities, including in their external action[8]. These obligations and principles are reflected in the Humanitarian Aid Regulation[9] and in the 2007 EU Consensus on Humanitarian Aid[10], which both refer to taking into account specific vulnerabilities, including disability, when responding to humanitarian needs[11].

In order to ensure that these commitments are turned into reality, the European Commissioner for Humanitarian Aid and Crisis Management, Christos Stylianides, announced in December 2017 that, as of 2018, all EU-funded humanitarian partners would be requested to take the needs of persons with disabilities into account in their projects.

This guidance developed by the European Commission's humanitarian affairs department (Directorate-General for European Civil Protection and Humanitarian Aid Operations – DG ECHO) is conceived as a tool to reach this goal. The main objectives of this guidance are more specifically:

- To foster **disability inclusion,** i.e. the effective access and participation of persons with disabilities[12] in humanitarian aid.

- To ensure **mainstreaming of disability,** i.e. the process of incorporating protection principles and promoting meaningful access, safety and dignity of persons with disabilities in all EU-funded humanitarian operations.

- To provide DG ECHO partners[13] and DG ECHO staff with the operational tools to ensure the above in the design, implementation and monitoring of EU-funded humanitarian projects.

To do so, this guidance builds on international standards and principles already agreed upon among humanitarian actors, Disabled Peoples' Organisations (DPOs) and other key stakeholders, including the CRPD and the Charter. It also draws on existing[14] and draft guidelines under development at the global level, such as the Inter Agency Standing Committee (IASC) guidelines on inclusion of persons with Disabilities in Humanitarian Action. As such, this guidance is conceived as a living document that may be revised as global guidance evolves[15]. In addition, and critical to its development, this guidance was also the outcome of several consultations with DPOs and DG ECHO partners.

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7 – See https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:12012E/TXT&from=EN and https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:12012P/TXT&from=EN

8 – Part 2.1, section 8. See http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0636:FIN:en:PDF,

9 – Council Regulation (EC) No. 1257/96 of June 1996.

10 – Art. 39. See http://ec.europa.eu/echo/files/media/publications/consensus_en.pdf

11 – The 2017 New European Agenda for Development likewise integrates those principles and those included in the 2030 Agenda on Sustainable Development. In particular, article 31 calls the EU and its Member States to "vigorously promote the rights of persons with disabilities and take stronger measures to ensure their full inclusion in society and their equal participation in the labour market". See https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=OJ:C:2017:210:FULL&from=EN#ntr1-C_2017210EN.01000101-E0001

12 – Definition inspired by the Advocacy Toolkit for Disability mainstreaming, Africa Disability Alliance, CBM, 2015.

13 – UN, International Organisations and NGOs – by extension the guidance might also be useful to their implementing partners.

14 – At a global level, particularly relevant documents include the Age and Disability Consortium "Humanitarian Inclusion Standards for Older People and People with Disabilities", UNICEF Guidelines «Including Children with Disabilities in Humanitarian Action», CBM «Humanitarian Hands-on Tool», the Age and Disability Consortium "Minimum Standards for Age and Disability Inclusion in Humanitarian Action".

15 – The need for this will be reviewed after the publication of the "IASC Guidelines for Inclusion of Persons with Disabilities in Humanitarian Action" expected in Q2-Q3 2019.

1.2 Scope and format of the guidance

This guidance is in line with the paradigm shift towards a more social and structural approach to disability inclusion, which recognises persons with disabilities as rights-holders able to claim their rights. In addition, this guidance is firmly rooted within the existing framework of protection mainstreaming[16], which is considered crucial to ensure the widest possible uptake amongst humanitarian actors across all sectors.

" This guidance is in line with the paradigm shift towards a more social and structural approach to disability inclusion, which recognises persons with disabilities as rights-holders able to claim their rights. "

Therefore, while it fully acknowledges the importance of the twin-track approach[17], this guidance concentrates on mainstreaming the needs of persons with disabilities across all types of humanitarian interventions, hence not dealing with targeted actions specifically[18]. As such, this guidance is a complementary tool to existing Thematic Policies of DG ECHO, in particular to Thematic Policy n°8 on Humanitarian Protection[19].

Whereas existing specialised guidelines and tools already provide sector specific recommendations or set minimum standards, this guidance focuses on the overall programming level. More specifically, the guidance gives tools to assess and remove the barriers preventing meaningful access and full and effective participation of persons with disabilities in humanitarian assistance and protection. The objective is to lead to better programme quality and better, safer and more accessible services, assistance and protection for persons with disabilities in humanitarian operations.

The elements outlined in this guidance are expected to come out clearly in proposals submitted to DG ECHO with the ultimate purpose of ensuring that programming takes into account the context-specific needs and priorities of persons with disabilities.

The guidance consists of three main parts. Part II presents disability mainstreaming in programming in detail and provides a series of concrete examples and illustrations. It also provides tools to collect data and measure disability inclusion. Part III of the guidance is a short (5 pages) document that that can be easily used in the field for either programming or monitoring. It can be used as a stand-alone document and read independently of Part II of the guidance on which it is based.

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16 - See the Inter-Agency Standing Committee (IASC) Policy on Protection in Humanitarian Action (2016) p. 4-5 on http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/IASC%20Guidance%20and%20Tools/iasc-policy-on-protection-in-humanitarian-action.pdf

17 - The twin-track approach encompasses both disability-mainstreaming interventions and disability targeted interventions. See more e.g. in Including Children with Disabilities in Humanitarian Action (p.18), UNICEF, http://training.unicef.org/disability/emergencies/

18 - Targeting of a specific group in order to respond to specific disability-induced threats and vulnerabilities.

19 - See http://ec.europa.eu/echo/sites/echo-site/files/policy_guidelines_humanitarian_protection_en.pdf

1.3 Definitions and principles

This guidance adopts the definition of persons with disabilities provided in the CRPD. The latter acknowledges that disability is "an evolving concept" and states that "**Persons with disabilities** include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (Art.1).

Impairments are defined as limitations in body function or structure such as a significant deviation or loss[20].

In humanitarian crisis[21] and for the purpose of this guidance, **barriers** are defined as external factors in the environment in which people live[22], which purposefully or inadvertently hinder persons with disabilities to fully access and participate in humanitarian assistance and protection on an equal basis with others.

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One important example of barrier is discrimination based on disability (attitudinal barrier), whether of individuals or groups, discrimination being defined by the CRPD as: "any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of human rights and fundamental freedoms in the political social, cultural, civil or any other field" (Art. 2).

As is further explained in Part II of this guidance, barriers can be removed, reduced and their impact mitigated through protective factors and enablers permitting access to and participation in humanitarian assistance and protection.

Disability inclusion in humanitarian action is based on a series of core principles. Among them are the principles of dignity and non-discrimination which are also at the core of the CRPD[23]. These principles are largely linked with the humanitarian principles of humanity, impartiality, neutrality and independence, which are at the core of the EU humanitarian mandate[24] as they imply a needs-

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20 - It is essential to be aware that common perceptions may lead to provide more attention to certain groups of persons with disabilities easier to identify and reach out to, against underrepresented and more marginalised groups.

21 - An event or series of events which represent a critical threat to the health, safety, security or well-being of a community or other large group of people. A humanitarian crisis can have natural or manmade causes, can have a rapid or slow onset and can be of short or protracted duration.

22 - As per WHO Classification tool: International Classification of Functioning, Disability and Health, see further on http://www. who.int/classifications/icf/en/.

23 - Inspired by "Understanding the UN Convention on the Rights of Persons with Disabilities", Marianne Schultze, Handicap International http://www.internationaldisabilityalliance.org/sites/default/files/documents/hi_crpd_manual2010.pdf

24 - Definition of these principles are included in the terminology in annex 4.2.

based assistance and upholding the dignity of those we aim to protect and assist. In effect, all the general principles in article 3 of the CRPD should be respected as they are all relevant for this area.

The following three CRPD principles are particularly crucial when it comes to ensuring disability inclusion:

ACCESSIBILITY	UNIVERSAL DESIGN	REASONABLE ACCOMMODATION
The access of persons with disabilities, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas (based on CRPD Art. 9).	The design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design. Universal design shall not exclude assistive devices for particular groups of persons with disabilities where this is needed (CRPD Art. 2).	Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms (CRPD Art.2).

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2. Ensuring Disability Inclusion in Humanitarian Operations: Operational Tools for DG ECHO Partners and DG ECHO Staff

This part of the guidance offers tools to mainstream disability in humanitarian action[25]. It focuses on assessing, programming, collecting data and measuring disability inclusion. It also gives a series of cross-cutting key recommendations.

2.1 Ensuring disability inclusion in programming

This section focuses on the risk assessment, programme design and implementation phases. It offers tools to ensure disability inclusion by following two main steps: integrating disability inclusion into the risk assessment (step 1) and addressing those risks through protection mainstreaming (step 2).

2.1.1 Step 1: assessing risks through identification of barriers and enablers

From a protection mainstreaming perspective, ensuring protection requires the identification of the risks that persons face, in a specific location, at a given point of time, in a given crisis[26]. Without proper comprehension of the risks faced by crises-affected populations, it is impossible to ensure protection, and there is a danger of doing more harm than good. Risks measure of persons' protection needs can be illustrated by the following equation.

$$\text{RISK} = \frac{\text{THREATS} \quad \text{X} \quad \text{VULNERABILITIES}}{\text{CAPACITIES}}$$

25 – It is mostly based on the existing tools referred to above and in particular on the "Global Protection Cluster (GPC) Protection Mainstreaming Toolkit" and the "Humanitarian Inclusion Standards for Older People and People with Disabilities" as well as on DG ECHO's Thematic Policy on Humanitarian Protection.

26 – Please refer to part 5.1 of the DG ECHO Thematic Policy on Humanitarian Protection for further elaboration on protection risk analysis and to the GPC Protection Mainstreaming Toolkit for relevant tools.

This equation provides the general analytical framework for informing programming decisions, including how to operationalise protection mainstreaming. It must always be context-specific, examining each situation individually and avoiding generalisations or assumptions. At the same time, **it should be kept in mind that persons with disabilities are particularly at risk of Gender Based Violence (GBV), violence, abuse and exploitation**[27]. The analysis should be a continuous process and programming should be sufficiently flexible to be adapted to new emerging threats or vulnerabilities.

Table 1: Definition of the components of the risk equation[28]

THREAT	*Violence, coercion, deprivation, abuse or neglect against the affected population/individual. It is committed by an actor.*
VULNERABILITY	*Life circumstances and/or discrimination based on physical or social characteristics reducing the ability of primary stakeholders to withstand adverse impact from external stressors. Vulnerability is not a fixed criterion attached to specific categories of people, and no one is born vulnerable per se.*
CAPACITY	*Experiences, knowledge and networks of primary stakeholders that strengthen their ability to withstand adverse impact from external stressors.*

The methodology used to do a risk analysis usually includes an appropriate mix of desk review of existing sources of information, Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). Ensuring the gathering of sufficient information for inclusion of persons with disabilities in programming requires specific attention to certain issues when collecting data and information, as does the manner in which they are collected (see section 2 on data collection)[29].

To ensure that protection mainstreaming is inclusive of the risks faced by persons with disabilities, this guidance recommends **identifying the barriers** that hinder persons with disabilities from accessing and participating in humanitarian assistance and protection (see definition in Part I). While some barriers may exist prior to the humanitarian crisis, others may arise as a consequence of the crisis or even due to the humanitarian response itself. Barriers can be either classified as *threat* if put in place purposefully by an actor or as a *vulnerability* if happening as an inadvertent act. In both cases, these barriers lead to exclusion, which increases the likelihood of persons with disabilities to face threats and vulnerabilities at a higher level than the rest of the crisis-affected population.

Preventing and removing the barriers and mitigating their effects is therefore the best entry point for ensuring inclusion. It should be noted that barriers can be compounded as a person may face an intersectionality of multiple barriers. They might also change with time, hence the need to conduct an ongoing risk analysis.

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27 – See among others: *http://www.un.org/disabilities/documents/WHS/Disability-in-humanitarian-contexts-HI.pdf* and *https://www.womensrefugeecommission.org/disabilities/resources/609-disabilities-among-refugees-and-conflict-affected-populations*

28 – For further guidance on identifying threats, vulnerabilities and capacities please refer to part 10.5 of the DG ECHO Thematic Policy on Humanitarian Protection.

29 – More information can be found in the Humanitarian Inclusion Standards for Older People and People with Disabilities.

Example of barriers faced by persons with disabilities in humanitarian settings include:

- Physical barriers: stairs, absence of ramps to access sites of food distribution.

- Information and communication barriers: format or language in which information on evacuation procedure is transmitted.

- Attitudinal barriers: prejudices or discrimination leaving persons with disabilities out of the consultation on humanitarian needs.

- Economic barriers: lack of resource to replace essential assistive device.

- Policy barriers: policies discriminating against persons with disabilities or lack of concrete measures addressing the specific needs of persons with disabilities.

- Legislative and regulatory barriers: removal of legal capacity, requiring a guardian to access bank account – while the guardian system has collapsed.

To ensure good identification of barriers, these are issues to consider:

- Have local DPOs and persons with disabilities been consulted to identify barriers[30]?

- Does any information exist on current or pre-crisis barriers to access and participation for persons with disabilities?

- Is there accessibility legislation and standards and are they implemented?

- Have new barriers emerged due to a sudden on-set crisis or to protracted one?

- What barriers do persons with pre-existing disabilities face and what barriers do persons with disabilities resulting from the crisis face? Are there differences in attitudinal and other barriers for these two categories?

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30 - For an example on the identification of barriers through a bottom up approach, see for instance https://www.aics.gov.it/wp-content/uploads/2017/04/Emancipatory_Research_2017.pdf

- Are persons with different types of disabilities facing different barriers (e.g. more attitudinal barriers faced by persons with mental or intellectual disabilities than by persons with physical or sensory ones)?

- Are there any attitudinal barriers related to other diversity issues exacerbating the barriers faced by persons with disabilities (e.g. gender, age or ethnicity discrimination in conjunction with disability)?

- Are there persons who might be isolated in their homes or living in residential institutions and whose needs might have been overlooked?

- Consider carrying out a beneficiary assessment baseline[31] in order to fully identify barriers to accessing services and assistance. Completing a protection risk and mitigation measures matrix[32] can help structure the information gathered in the assessments.

- Note that attitudinal barriers may also stem from humanitarian organisations. This might influence assessment results if not addressed from an organisational perspective.

> *In the same vein as it is important to identify the barriers, it is equally important to identify enablers. These are external factors facilitating access and participation in society for persons with disabilities on equal basis with others and which can be used to overcome barriers.*

In the same vein as it is important to identify the barriers, it is equally important to **identify enablers**. These are external factors facilitating access and participation in society for persons with disabilities on equal basis with others and which can be used to overcome barriers. Enablers can include legal instruments ensuring accessibility in public buildings and to public information; public campaigns to promote equal treatment of persons with disabilities; change agents such as persons with disabilities in high level government positions; and participation of strong national DPOs in the humanitarian response.

When identifying enablers and capacities, the following issues must always be considered:

- What capacities do persons with disabilities possess to overcome the barriers? How do these vary depending on age, gender and type of disability?

- Which factors enabling access and participation exist and are they the same depending on age, gender and type of disability?

- Is there a strong culture for family or community support for persons with disabilities?

- What kind of national or regional legal instruments exist for protecting the rights of persons with disabilities, including their equal access to assistance, services and full participation in society?

- What kind of functional social protection schemes exist for persons with disabilities?

- What are the local DPOs and are they engaged in the humanitarian response?

Barriers and enablers can easily be incorporated in the existing protection mainstreaming framework as in the examples below.

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31 – See tool #B1 in the GPC Protection Mainstreaming Toolkit

32 – See tool #B2 in the GPC Protection Mainstreaming toolkit.

Table 2. Examples of the risk equation integrating barriers and enablers

RISK = *No access to food distributed as humanitarian assistance*

	Barriers (as THREATS)	**X**	**Barriers (as VULNERABILITIES)**
Before distribution	Being invisible – not registered or targeted for assistance.		Not being aware that the distribution is taking place.
On the way to the distribution	Being targeted for harassment and/or GBV at checkpoints.		Long distances, bad and inaccessible roads.
At distribution site	Traffic.		No (accessible) transport being available or provided.
	Being pushed behind in the line.		Having no community or family support to reach distribution point.
	Not receiving full assistance package.		The distribution site is not accessible. The distribution system is not explained in appropriate ways to be understood. Distribution point is attacked and they are left behind as there are no specific measures in evacuation procedures.
On way back	Being targeted for extortion at the checkpoints.		Having to use part of the assistance to pay someone to carry it.
After distribution	Receiving false promise by family/community members that they will collect food.		Having only dry food distributed which is not appropriate for the person/the person has no support to prepare it.

CAPACITIES and ENABLERS

Generally	Ensuring that information on the number and situation of persons with disabilities among the target population is available. Consulting persons with disabilities on how to set up the distribution. Working with DPOs on design and organisation of the distribution and support needed after the distribution. Solid family and community support networks.
Before distribution	Identifying persons with disabilities to ensure that they are registered and targeted for assistance. Ensuring resources, time, and expertise dedicated to the identification of persons with different types of disabilities, including less visible ones (e.g., intellectual disabilities or mental health conditions). Providing information about distributions through accessible channels, formats and appropriate languages reaching everyone.
On the way to the distribution and on the way back	Raising awareness to those operating the checkpoints on treating persons with disabilities with respect and in accordance with their rights. Providing transport to the distribution site and/or ensuring that alternative means of distribution and delivery are in place.
At distribution site	Ensuring distribution sites are accessible. Putting in place a fast track and having staff that can identify persons with disabilities. Making no assumptions solely based on appearance or communication. Providing effective and accessible communication means.
After distribution	Raising awareness of the population on treating persons with disabilities with respect and in accordance with their rights. Providing food in an appropriate manner and ensuring that food preparation is suitable.

2.1.2 Step 2: addressing risks through protection mainstreaming

Knowing the risks faced by persons with disabilities in a given crisis situation at a given point in time provides the basis for addressing them. To ensure that these risks are effectively addressed, the four elements of **protection mainstreaming must be taken into account when designing a programme**. Protection mainstreaming is about **how** (the process) humanitarian assistance and protection is delivered rather than **what** (the product) is delivered. Mainstreaming is of paramount importance to DG ECHO – it is the responsibility of all humanitarian actors and must be adhered to by all partners receiving funding.

Protection mainstreaming encompasses a number of cross-cutting issues in humanitarian response, such as Age, Gender and Diversity, Child Protection, Disability, Gender Based Violence, HIV/AIDS and Mental Health and Psycho-social Support[33]. As these, as individual demands might appear rather overwhelming for one single actor, using the overall framework of protection mainstreaming aims to simplify the process. This should ultimately lead to better programme quality and better, safer and more accessible services, assistance and protection for the crisis-affected populations.

Protection mainstreaming can be broken down into **four basic elements**[34], which have clear interfaces with the general principles of the CRPD as well as the Charter commitments.

1. Prioritise safety and dignity and avoid causing harm
Prevent and minimise, as much as possible, any unintended negative effects of the intervention which can increase people's vulnerability to both physical and psychosocial risks.

3. Accountability
Set-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints.

2. Meaningful Access
Arrange for people's access to assistance and services – in proportion to need and without any barriers. Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services. Meaningful access can be further broken down into assistance and services being:

→   *Available in sufficient quantity and quality;*
→   *Provided on the basis of needs and without discrimination;*
→   *Within safe and easy reach;*
→   *Known by people potentially accessing services;*
→   *Physically and financially accessible;*
→   *Culturally relevant and socially acceptable.*

4. Participation and Empowerment
Support the development of self-protection capacities and assist people to claim their rights, including the rights to shelter, food, water and sanitation, health, and education.people to claim their rights, including the rights to shelter, food, water and sanitation, health, and education.

The following tables are intended to illustrate[35] how each of the four mainstreaming elements can be applied to remove barriers, reduce or mitigate their impact and to strengthen the enablers and capacities to withstand and overcome the identified barriers.

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33 - *See the Global Protection Cluster infographic: http://www.globalprotectioncluster.org/_assets/files/aors/protection_mainstreaming/17_mainstreaming-cross-cutting-issues-in-humanitarian-response.en.pdf*

34 - *In line with the definition agreed upon by the Global Protection Cluster. The four elements go hand in hand with the demands and principles outlined in the European Commission's Gender policy, the Gender and Age Marker and the Resilience Marker. They also reflect the upholding of Protection Principles 1 and 2 from the 2011 Sphere Guidelines and is an important component of the Centrality of Protection and the subsequent IASC Policy on Protection in Humanitarian Assistance.*

35 - *Inspired by the GPC Protection Mainstreaming Training Package; the Humanitarian inclusion standards for older people and people with disabilities; and draft 0 of the IASC Guidelines for Inclusion of Persons with Disabilities in Humanitarian Action.*

Element 1 - Prioritise safety and dignity and avoid doing harm

EXAMPLES OF BARRIERS

Toilet and bathing facilities in refugee/ Internally Displaced Person (IDP) camps are not accessible and adapted so that persons with disabilities can use them while ensuring privacy and dignity (physical barrier).

Information about evacuation procedures is only provided in writing or by radio, leaving those with mental, intellectual and sensory disabilities in possible danger (information and communication barriers).

Persons with disabilities are deliberately kept in isolation at home by family/community due to stigma and/or persons with disabilities are not sufficiently consulted and thus marginalisation and discrimination are reinforced (attitudinal barriers).

The costs associated with fleeing conflict might be higher for a person with disabilities. The person might have lost her assistive devices and may not have capacity to replace them (economic barrier), hence being left even more vulnerable to violence, deprivation and abuse.

GBV prevention and response programmes are not accessible to persons with disabilities because their credibility is being questioned (attitudinal barrier); they are excluded from prevention activities, not able to move and communicate what has happened to them (physical barriers and information and communication barriers); and the GBV response programme does not offer accompaniment to the needs of persons with disabilities (legislative/regulatory barrier).

SPECIFIC ENABLER

→ *Ensure accessibility through universal design and reasonable accommodation in order to ensure dignity[36].*

→ *Provide information through accessible channels[37], accessible formats[38], in appropriate languages and locations so that it reaches everyone. Remember persons with disabilities might remain invisible.*

→ *Raise awareness on rights and non-discrimination at household and community level and include respect for persons with disabilities into organisational policies and codes of conduct.*

→ *Adapt your programme to the needs of persons with disabilities remaining in conflict zones. Prioritise them in humanitarian evacuations and subsequent family reunification.*
Ensure that community develop and discuss contingency plan for people with specific needs, such as safe haven/place, whilst people are fleeing.

→ *Raise awareness on rights and non-discrimination and include respect for persons with disabilities into organisational policies and codes of conduct. Tailor prevention activities to include persons with disabilities and ensure sufficient accompaniment so they can access the full range of multi-sectoral GBV response.*

GENERAL ENABLERS AND CAPACITIES FOR PRIORITISING SAFETY AND DIGNITY AND AVOID DOING HARM

- *Involve persons with disabilities and their caregivers in consultations to understand their safety and dignity concerns.*
- *Systematically engage DPOs in assessments as they already have knowledge of barriers related to safety and dignity faced by persons with disabilities and they might have a better inroad to obtaining information on sensitive subjects from persons with disabilities.*
- *Ensure that risk assessments are conducted/updated regularly and include identifying risks faced by persons with disabilities.*
- *Ensure that targeting is protection-sensitive and inclusive, and that relevant criteria are determined in consultation with persons with disabilities.*
- *Design facilities according to accessibility standards where possible also following a design for all approach, and respect protection mainstreaming guidelines in terms of safety of facilities.*
- *Design activities in a manner that allows persons with disabilities to remain together with their caregivers, families, kinship groups and other support network.*
- *Ensure that information and communication on protection (prevention and response) services are provided in accessible formats and channels and are offered in appropriate language and locations.*
- *Ensure that all staff members are trained on and aware of the organisation's code of conduct and aware of disability specific needs.*
- *Adapt protection monitoring processes and tools to collect relevant data on disability.*

36 - *See Part I and annex 4.2. for a definition of accessibility, universal design and reasonable accommodation.*

37 - *Such as audio messages, written messages, braille, sign language.*

38 - *Such as large print, high contrast, easy language, use of pictograms.*

Element 2 - Meaningful access

EXAMPLES OF BARRIERS	**SPECIFIC ENABLER**
Food distribution is organised in a location characterised by having to travel long distances on a muddy impassable road making it inaccessible to persons with disabilities (physical barrier).	→ *Ensure that accessible locations, means of distribution and delivery are in place; make sure there are priority lanes and resting areas, or organise home deliveries.*
Children with disabilities are not allowed to access school (policy barrier), are not seen as welcome in school (attitudinal barrier) or the school and its facilities are not physically accessible for children with disabilities (physical barrier) or educational material used at school is not accessible.	→ *The prior is to be addressed by advocacy and the second by raising awareness of staff, students, families, teachers and community members to ensure that education is provided based on individual needs and strengths without discrimination. Ensure accessibility through universal design and reasonable accommodation in order to render the school physically accessible.*
Persons with sensory, mental and intellectual disabilities are not aware of available services and assistance as information on these is not provided in a language and format that everyone can understand (information & communication barrier).	→ *Ensure that information is provided through accessible channels, accessible formats, in appropriate languages, and locations so that it reaches everyone in line with universal accessible standards.*
Eligibility for cash assistance is based on having a disability certificate which requires paying a fee to the medical facility and paying for transport and accommodation to the facility (economic barriers).	→ *Support fees, costs and, if needed, provide legal assistance for obtaining documentation needed to have access to assistance.*
Receiving cash assistance requires a bank account. Yet, national legislation provides that people deprived of their legal capacity need a guardian to act on their behalf. Due to the crisis, the guardian system has collapsed (legislative/regulatory barrier).	→ *Find a temporary manner of providing cash assistance outside the banking system to all persons on an equal basis.*

GENERAL ENABLERS AND CAPACITIES FOR ENSURING MEANINGFUL ACCESS

- *Consult persons with disabilities as they are the best placed to identify strategies to overcome the barriers they face.*
- *Engage DPOs and Community based organisations (CBOs), particularly from the local area, as they often possess unique knowledge about the location of persons with disabilities, about the diversity of disabilities and about the possible solutions to overcoming the barriers.*
- *Ensure that all relevant information on rights, access to services and assistance is provided through accessible channels, accessible formats and in appropriate languages and locations so that it reaches everyone. Make sure provisions for this is included in the budget.*
- *Provide mobile/outreach services to facilitate access to services and delivery of assistance. Outreach also supports identification of persons with disabilities.*
- *Ensure accessibility where possible following universal design of all buildings and facilities, and ensure that activities are physically and financially accessible and reachable.*
- *Allow persons with disabilities to be accompanied by a person of their choice if they require such support.*
- *Ensure a functional referral system for support to accessing individual protection assistance[39] (accompaniment, legal assistance, and case management) and specialised services (e.g. rehabilitation) is in place and that all actors know where to refer to persons with disabilities.*

39 - See definition of individual Protection Assistance in the annex 4.2.

Element 3 - Accountability

EXAMPLES OF BARRIERS

Persons with disabilities are not aware of feedback and complaints mechanisms in place and what they are intended for (information & communication barrier).

Feedback and complaints mechanisms are designed in a manner excluding persons with disabilities from using them, e.g. only by hotline, SMS or writing (physical barrier).

Feedback and complaints from persons with disabilities are systematically ignored or not taken seriously (attitudinal barrier).

Feedback and complaints are only accepted from the person holding the entitlement, e.g. to cash assistance, but the mechanism is not accessible for persons with certain disabilities (legislative/regulatory barrier).

SPECIFIC ENABLER

→ *Ensure that information is provided through/in accessible channels, formats, languages and locations (e.g. places where persons with disabilities often come).*

→ *Ensure that a variety of options are available to access the feedback mechanism (e.g. accept complaints in sign language with a trusted interpreter, or with the assistance of a support person).*

→ *Raise awareness of households (HH), communities and staff on rights and non-discrimination and include respect for persons with disabilities into organisational policies and codes of conduct.*

→ *Ensure that a variety of options are available to access the feedback mechanism and accept complaints lodged by a person with disability on an equal basis with others.*

GENERAL ENABLERS AND CAPACITIES FOR ACCOUNTABILITY

- *When designing feedback and complaints mechanisms, consult persons with disabilities on what they feel are the safest and most appropriate ways of using such mechanisms. Engage DPOs in these consultations and in the design process.*
- *Make sure information mentions that persons with disabilities have the same right as everybody else to submit feedback and complaints and how these will be handled.*
- *Ensure reasonable accommodation and support for persons with disabilities to submit complaints and feedback and allow them to authorise – when they so wish – others to submit on their behalf. Make sure that the person has voluntarily chosen himself or herself to authorise someone and whom this authorised person is.*
- *Promote an organisational culture that respects the dignity, rights and capacities of persons with disabilities.*
- *Raise awareness and train staff members on how to communicate with and accompany persons with disabilities in submitting feedback and complaints. Remind them that persons with disabilities have the same right as everybody else to submit these, and that their feedback should be handled in the same manner as all others.*
- *Train staff members to safely identify and refer persons with disabilities reporting violence, abuse and exploitation. If perpetrated by a humanitarian actor Protection from Sexual Exploitation and Abuse (PSEA) standard procedures should be followed.*

Element 4 – Participation and empowerment

EXAMPLES OF BARRIERS	SPECIFIC ENABLER
Persons with disabilities are not aware of ongoing consultations and decision-making processes (information and communication barriers).	→ Ensure that information is provided through/in accessible channels, formats, languages and locations (e.g. places where persons with disabilities often come).
Persons with disabilities are not included in consultations and decision-making as their contributions and capacities are not considered relevant by the community and/or by humanitarian actors (attitudinal barrier).	→ Raise awareness of HH, communities and staff on rights and non-discrimination and include respect for persons with disabilities into organisational policies and codes of conduct. Actively empower persons with disabilities to participate.
Persons with disabilities are not able to participate in consultations and decision-making for they cannot access the venue (physical barriers) or because support is not provided to overcome communication barriers (information and communication barriers).	→ Ensure the venue is accessible, that support is available and that capacities of DPOs are developed to become equal partners in the system.
DPOs are not invited to participate in humanitarian coordination mechanisms as they are not considered to have a relevant contribution (attitudinal barriers).	→ Raise awareness among humanitarian actors on the importance of DPOs participation and on the right of persons with disabilities to be active actors in the coordination system.
DPOs are not involved in humanitarian coordination mechanisms as they cannot access the venue (physical barriers), or as support is not provided to overcome communication barriers for persons with sensory, mental or intellectual disabilities (information and communication barriers), or as they are not aware of how the humanitarian coordination system works and how they can engage (legislative barriers).	→ Ensure the venue is accessible, that support is available to overcome communication barriers, and that capacities of DPOs are developed to become equal partners in the system.

GENERAL ENABLERS AND CAPACITIES FOR ENSURING PARTICIPATION AND EMPOWERMENT

- In consultation with persons with disabilities and in collaboration with DPOs, identify and address barriers preventing persons with disabilities from participating in consultations and decision-making.
- Arrange meetings in a manner that encourages participation of persons with disabilities, including by ensuring that the venue is accessible, that reasonable accommodation is provided, and that information needed to ensure meaningful participation is provided through accessible channels and formats and in appropriate languages so that it reaches everyone.
- In collaboration with DPOs, identify and build the capacities of persons with disabilities to fully and meaningfully participate in decision-making processes.
- Ensure presence of persons with different kinds of disabilities and provide necessary support to overcome e.g. communication barriers.
- Ensure that DPOs are automatically included in humanitarian coordination mechanisms and that their participation is facilitated through reasonable accommodation.
- Raise awareness in the community on the rights of persons with disabilities to have full and meaningful participation in consultations and decision-making.

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Sebastian Rich*

In addition, the following should always be taken into account to ensure inclusion of persons with disabilities in humanitarian assistance and protection:

- Involve persons with disabilities, including children[40], and their caregivers in consultations to understand their safety and dignity concerns, the barriers they face, and how to overcome these.

- Systematically engage DPOs as they have knowledge of barriers faced by persons with disabilities and might have a better inroad to obtaining information on sensitive subjects from persons with disabilities.

- Include identification of specific risks faced by persons with disabilities in risk assessment and update them regularly.

- Make sure to address the risks of GBV which persons with disabilities are particularly faced with.

- Adapt protection monitoring processes and tools to collect relevant information on persons with disabilities and the barriers they face.

- Ensure accessibility where possible following universal design of all buildings, facilities, services and consultations, and ensure that activities are physically and financially accessible and reachable.

- Provide reasonable accommodation as well as mobile or outreach services to facilitate access to services, delivery of assistance and complaints and feedback mechanisms.

- Ensure that information and communication on rights, access to all kinds of services and assistance are provided in accessible formats/channels and in appropriate language and locations.

- Ensure that targeting is protection-sensitive and inclusive and that relevant criteria are determined in consultation with persons with disabilities.

- Promote an organisational culture that respects the dignity, rights and capacities of persons with disabilities. Ensure that all staff members are trained on and aware of the organisation's code of conduct and on how to communicate with and accompany persons with disabilities.

- Ensure a functional referral system for support to individual protection assistance and specialised services. Make sure that all actors know where to refer persons with disabilities to.

- Design activities in a manner that allows persons with disabilities to remain together with their care-givers, families, kinship groups and other support network. Allow persons with disabilities to be accompanied by a person of their choice if they require such support.

- Conduct ongoing monitoring and measuring of the four elements of protection mainstreaming (see next section on measuring)[41].

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40 - See e.g. "Take Us Seriously" as an example hereof – https://www.unicef.org/disabilities/files/Take_Us_Seriously.pdf

41 - Tools to support the operationalisation of protection mainstreaming can be found in the GPC Protection Mainstreaming Toolkit. See tools #B3 (Project Design Assessment); #B4 (Staff Assessment) and #B5 (Protection Mainstreaming Action Plan).

On a final note, it is important to recall that protection mainstreaming is an imperative for all humanitarian actors engaged in humanitarian response. As clearly stipulated in the IASC Policy on Protection in Humanitarian Assistance, it is the responsibility of all humanitarian actors to ensure that their programming strives to ensure inclusion of persons with disabilities.

2.2 Ensuring and measuring inclusion in humanitarian action: data collection and indicators

The following sections offer practical tools to humanitarian actors to collect qualitative and quantitative data. It also proposes an indicator that can be used to assess disability inclusion.

2.2.1 Main principles for good qualitative and quantitative data collection

Collection of both qualitative and quantitative data is crucial at all stages to evaluate the specific risks affecting persons with disabilities and to better mitigate them. First, having an accurate picture of the number of persons with disabilities that are part of the targeted population is essential. Experience shows that otherwise persons with disabilities are likely to be underestimated, resulting in inadvertent exclusion from humanitarian aid and assistance. Second, data is essential to identify the specific barriers and enablers of persons with disabilities. Third, in order to measure to which extent the humanitarian assistance and protection is delivered to those needing it, collecting accurate data is crucial.

> *Collection of both qualitative and quantitative data is crucial at all stages to evaluate the specific risks affecting persons with disabilities and to better mitigate them.*

However, data collection is often challenged by the lack of information and knowledge among many humanitarian actors on appropriate tools to use to identify persons with disabilities and the barriers they face[42].

These issues should always be considered when collecting information and data on persons with disabilities and the barriers they face:

- Involve persons with disabilities, including children, their caregivers, community-based organisations, volunteer groups and DPOs in data and information collection and analysis.

- Ensure that data and information collection and analysis is organised in a manner factoring in the accessibility and reasonable accommodations that would be required for persons with disabilities to participate.

- Identify the sources of data providing information about persons with disabilities and the barriers they face and assess whether they are of satisfactory quality.

- Verify that needs assessments providing data on the crisis-affected population are disaggregated by sex, age and type of disability (physical, sensory, intellectual and mental).

- Make sure that data sharing agreements are in place between all relevant actors and through relevant platforms.

- In the absence of data, local authorities, community-based organisations, volunteer groups and DPOs can be important sources of qualitative and quantitative information.

- If quantitative data is not available at the assessment and analysis stage, make sure that the estimate (i.e., 15%) is used instead.

When it comes to collecting quantitative data in particular, the question largely remains on how to proceed. Yet, there seems to be consensus that the most appropriate tool for disaggregating programme data by disability in humanitarian crises is the Washington Group Short Set of Questions[43]. The latter consists of 6 questions[44], asking whether people face difficulties in performing basic universal activities, rather than asking people "whether they have a disability".

It is estimated that including these six questions in any general needs assessment or survey or other programming tools only adds 1 minute and 15 seconds per person to the data collection process, and significantly decreases the underestimation of the number of persons in a humanitarian crisis. For example, a pilot study conducted by the UNHCR in 2016 using the Washington Group short set of questions on 98 refugee households in Jordan found that 27.55% of refugees had a disability, as opposed to the 2016 estimate of 2.36% in their registration system Profile Global Registration (ProGres). These figures reflect more realistically the number of refugees with disabilities in Jordan, which a 2018 UNICEF estimate placed at 30%[45].

For children aged 2-17[46], the Washington Group and UNICEF have jointly developed a tool that follows the same principles, but is adapted to assess functional difficulties of children in different domains including hearing, vision, communication/comprehension, learning, mobility and emotions[47].

As in any other type of data collection processes, appropriate care should be taken to not raise expectations, and hence it is highly recommended to include the questions in general needs assessments and observe good practices with respect to clear accountability towards the respondents. Likewise, any further risks linked to identifying persons as having a disability (particularly in terms of potential stigma and social exclusion) must be considered prior to undertaking the data collection.

The Washington Group Short Set of Questions

1. *Do you have difficulty seeing, even if wearing glasses?*

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

3. *Do you have difficulty walking or climbing steps?*

4. *Do you have difficulty remembering or concentrating?*

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

6. *Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?*

Each question can be answered by one of the following four options:

    a. No– no difficulty

    b. Yes – some difficulty

    c. Yes – a lot of difficulty

    d. Cannot do at all

A cut-off point should be determined, the recommendation from the Washington Group is "If any individual answers 'a lot of difficulty' or 'cannot do it at all' to at least one of the questions, they should be considered a person with a disability for data disaggregation purposes."

43 – http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/

44 – For the full questionnaire: http://www.washingtongroup-disability.com/wp-content/uploads/2016/01/The-Washington-Group-Short-Set-of-Questions-on-Disability.pdf

45 – See https://medium.com/@DFID_Inclusive/ensuring-everyone-counts-when-disaster-strikes-4487919ce634 and https://assets.publishing.service.gov.uk/media/5bb22804ed915d258ed26e2c/Persons_with_disabilities_in_Jordan.pdf

46 – Broken into brackets of 2-4 years and 5-17 years of age.

47 – https://data.unicef.org/topic/child-disability/module-on-child-functioning/

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The data collected should be analysed and used to inform programming, and must be handled according to standards and practices for management of personal and sensitive data[48].

2.2.2. Indicators to measure disability inclusion

Indicators are used to measure outputs and outcomes in an objective manner. DG ECHO partners can make use of existing indicators[49] and well defined custom indicators to capture the different aspects of the results.

The challenge with measuring inclusion is that it is the process (how) rather than the product (what) that has to be measured. The Global Protection Cluster Protection Mainstreaming Toolkit proposes a list of indicators to measure "Process Output", "Process Outcome" and "Impact"[50]. DG ECHO has been piloting a range of protection mainstreaming indicators since 2017, some of which have also enjoyed wider uptake. These are based on the protection mainstreaming principles and do not focus specifically on measuring inclusion of persons with disabilities, but some can be adapted to do so by including disability disaggregated data to measure the indicator.

These pilot indicators will be reviewed before being formally published, but for measuring protection mainstreaming achievements, including disability inclusion, for the overall project, i.e. at specific objective level, DG ECHO suggests using the following[51]:

PROCESS INDICATOR AT SPECIFIC OBJECTIVE LEVEL

% of beneficiaries (**disaggregated by** sex, age and **disability**) reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.

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48 – For further guidance consult DG ECHO Thematic Policy on Humanitarian Protection (part 8), ICRC Handbook on Data Protection in Humanitarian Action – https://www.icrc.org/en/handbook-data-protection-humanitarian-action and the EU General Data Protection Regulation – https://www.eugdpr.org/

49 – E.g. DG ECHO Key Outcome and Key Results Indicators, Indicators Registry held by UNOCHA, indicators provided in the GPC Protection Mainstreaming Toolkit.

50 – See tool #A0 in the GPC Protection Mainstreaming Toolkit.

51 – A tool on how to measure this was developed by DG ECHO South Sudan in collaboration with a selection of DG ECHO partners and the South Sudan Protection Cluster. The tool was subsequently slightly adapted in Somalia. The finalised tool will be published once field-testing and review has been completed.

2.3 Key Practical Recommendations/Cross-cutting issues

2.3.1. Coordination and partnerships

A key component of inclusive humanitarian action is strengthening participation of national DPOs in coordination mechanisms in line with the localisation agenda under the Grand Bargain. As such humanitarian coordination structures – whether the cluster system, refugee coordination mechanisms or other mechanisms – are strongly encouraged to reach out to and facilitate the participation of DPOs in coordination structures and ensure that they are sufficiently supported to do so. To ensure that this becomes a true mainstreaming effort it should preferably happen within the various sector coordination groups. If a separate coordination mechanism is set up to ensure inclusion, the focus should be wider than disability only, i.e. on all groups that according to the risk analysis may face some sort of systematic exclusion or structural discrimination, and it should be reporting directly to the Inter-Cluster Coordination Group (ICCG) or the Humanitarian Country Team (HCT) or the equivalent in non-cluster situations.

Likewise, protection coordination structures working in cooperation with inclusion experts and DPOs should ensure that the protection analysis conducted on a regular basis reflects threats, vulnerabilities and capacities linked to inclusion of persons with disabilities.

DG ECHO partners are likewise strongly encouraged to enter into partnerships with local DPOs when pertinent and feasible to ensure that interventions benefit from their local knowledge and know-how.

> *" DG ECHO partners are likewise strongly encouraged to enter into partnerships with local DPOs when pertinent and feasible to ensure that interventions benefit from their local knowledge and know-how. "*

2.3.2. On the cost of inclusion

Certain aspects of inclusion may imply higher costs of the humanitarian interventions. These need to be justified within the programming design and contribute to responding in an inclusive manner to humanitarian needs. However, it is also important to stress that much of the efforts to improve inclusion will not necessarily imply higher costs, but rather a different way of thinking and more attention to the issue. The Commission will not earmark funding allocations for disability inclusion as this is part of a mainstreaming, but might, when justified, support additional reasonable costs for protection mainstreaming – including, but not limited to, inclusion of persons with disabilities. Targeted interventions by specialist organisations will continue to be funded in the same manner as they always have[52].

2.3.3. Human resources & Capacity Building

DG ECHO partners must ensure that programme implementation is properly resourced with staff experienced in ensuring protection mainstreaming or similar relevant experience. In addition, partners must ensure that their organisational policies and codes of conduct reflect the rights of and respect for persons with disabilities; and that all staff (working at different levels of the organisation) are

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52 - *When vulnerabilities are mainstreamed, it is impossible to estimate exactly how much funding actually goes towards mainstreaming, but in 2017, 20.42% of the humanitarian actions funded by the European Commission had indicated that persons with disabilities were included in their target group.*

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trained on non-discrimination, equality, accessibility and inclusive humanitarian action.

DG ECHO partners are also encouraged to put in place inclusive human resources policies that promote the employment of men and women with different types of disabilities. These should reflect measures to ensure equal remuneration and opportunities for work of equal value; work place accessibility and reasonable accommodation; and protection against age, gender and disability discrimination in the work place, which includes the right to reasonable accommodation.

2.3.4. Protection from Sexual Exploitation and Abuse (PSEA)

The term sexual exploitation and abuse refers to any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another[53]. Unequal power dynamics in humanitarian situations create the risk of persons in need of support (especially the most vulnerable) being exploited sexually to obtain basic provisions. Studies show that persons with disabilities are at higher risk of GBV, including sexual exploitation and abuse.

To address PSEA in humanitarian situations, specific measures and coordination between humanitarian actors are necessary to protect beneficiaries. These include the adoption and implementation of codes of conduct, the development of collective reporting mechanisms, strengthened investigation standards as well as corrective measures. The aim is to ensure zero tolerance for any abuse.

53 – UN Secretary-General's Bulletin on protection from sexual exploitation and abuse (PSEA) (ST/SGB/2003/13) from http://pseataskforce.org/en/overview#section_2

3. Including Persons with Disabilities in EU-funded Humanitarian Aid Operations[54] – Short Guidance Note

3.1 Definitions and principles

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (Art.1, United Nations Convention on the Rights of Persons with Disabilities).

Ensuring disability inclusion requires ensuring the three following principles at the core of the United Nations Convention on the Rights of Persons with Disabilities (CRPD):

ACCESSIBILITY	UNIVERSAL DESIGN	REASONABLE ACCOMMODATION
The access of persons with disabilities, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas (based on CRPD Art. 9).	The design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design. Universal design shall not exclude assistive devices for particular groups of persons with disabilities where this is needed (CRPD Art. 2).	Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms (CRPD Art.2).

54 – The guidance builds on DG ECHO Thematic Policy on Humanitarian Protection (http://ec.europa.eu/echo/sites/echo-site/files/policy_guidelines_humanitarian_protection_en.pdf) as well as on the Age and Disability Consortium "Humanitarian Inclusion Standards for Older People and People with Disabilities", UNICEF Guidelines «Including Children with Disabilities in Humanitarian Action», CBM «Humanitarian Hands-on Tool», the Age and Disability Consortium "Minimum Standards for Age and Disability Inclusion in Humanitarian Action" and on the IASC Guidelines for Inclusion of Persons with Disabilities in Humanitarian Action under development.

3.2 Ensuring disability inclusion in humanitarian action: main steps

3.2.1 Step 1: assessing risks by including barriers and enablers

From a protection mainstreaming perspective, the first step is to assess risks faced by the affected populations. DG ECHO Humanitarian Protection Thematic Policy[55] defines those risks as the threats multiplied by the vulnerabilities divided by the capacities where:

- **Threats** are defined as violence, coercion, deprivation, abuse or neglect committed by an actor against the affected population/individual.

- **Vulnerabilities** are defined as life circumstances and/or discrimination based on physical or social characteristics reducing the ability of primary stakeholders to withstand adverse impact from external stressors. Vulnerability is not a fixed criterion attached to specific categories of people, and no one is born vulnerable per se.

- **Capacities** are defined as experiences, knowledge and networks of primary stakeholders that strengthen their ability to withstand adverse impact from external stressors.

> *From a protection mainstreaming perspective, the first step is to assess risks faced by the affected populations.*

When it comes to disability inclusion, risks should also integrate specific barriers faced and enablers that persons with disabilities can rely on. Therefore, one should:

→ Identify barriers

In humanitarian settings and for the purpose of this guidance, **barriers** are defined as external factors in the environment in which people live, which purposefully or inadvertently hinder persons with disabilities from accessing and participating in humanitarian assistance and protection.

- They can be categorised as a threat if put in place purposefully by an actor or as a vulnerability if happening as an inadvertent act.

- They include physical, communication, attitudinal, economic, legal and policy barriers.

Example of barrier: food distribution is organised in a location that is hard to reach with muddy impassable roads.

When identifying barriers, one should:

- Consult DPOs and persons with disabilities.

- Assess whether any information exists on barriers and whether new barriers have emerged due to the crisis.

- Assess whether persons with different types of disabilities face different barriers.

- Take into account the potential attitudinal barriers related to other forms of discrimination, which could exacerbate the barriers (e.g. gender, age or ethnicity discrimination).

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55 – See part 5.1 of the DG ECHO Thematic Policy on Humanitarian Protection for further elaboration on protection risk analysis and to the Global Protection Cluster Protection Mainstreaming Toolkit for relevant tools.

- Do not ignore those who might be isolated in their own homes or live in residential institutions.
- Consider carrying out a beneficiary assessment baseline[56] to fully identify barriers.
- Note that attitudinal barriers may also stem from humanitarian organisations!

→ **Identify enablers**

Enablers are defined as external factors facilitating access and participation in society for persons with disabilities alongside the capacities that persons with disabilities already possess.

Example of enabler: having accessible food distribution sites, priority lanes and resting areas or organising home deliveries.

When identifying enablers, one should:

- Identify, together with DPOs and persons with disabilities, the capacities that persons with disabilities possess to overcome existing barriers.
- Identify factors enabling access and participation of persons with disabilities and assess whether they are the same depending on age, gender and type of disability.
- Assess whether there is a strong culture for family or community support for persons with disabilities.
- Identify possible national or regional legal instruments for protecting the rights of persons with disabilities, including their equal access to assistance, services and full participation in society.
- Assess whether there is a functional social protection scheme for persons with disabilities.

With this in mind, the risk equation adapted to disability inclusion can be reformulated as follows:

$$\text{RISK} = \frac{\text{THREATS} \times \text{VULNERABILITIES (including barriers)}}{\text{CAPACITIES} \times \text{ENABLERS}}$$

3.2.2 Step 2: Addressing risks through the four protection mainstreaming elements

To make sure that disability inclusion is effective, one needs to assess risks in relation to each of the four protection mainstreaming elements, i.e.:

- Prioritise safety and dignity and avoid causing harm;
- Ensure meaningful access;
- Ensure accountability;
- Ensure participation and empowerment.

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56 - *See tool #B1 in the GPC Protection Mainstreaming Toolkit.*

Examples for each of the mainstreaming element

MAINSTREAMING ELEMENT	BARRIERS (INCLUDING THREATS AND VULNERABILITIES)	ENABLERS AND CAPACITIES
Prioritise safety and dignity and avoid causing harm	*Toilet and bathing facilities in refugee camps are not adapted to persons with disabilities' needs so they cannot use them while ensuring privacy and dignity.*	*Ensure accessibility through universal design and reasonable accommodation in order to ensure dignity.*
Meaningful access	*Children with disabilities are not allowed to access school, are not welcome in school, or the school is not physically accessible for children with disabilities.*	*Raise awareness on the need to provide education without discrimination. Ensure accessibility of schools through universal design and reasonable accommodation.*
Accountability	*Feedback and complaint mechanisms are conceived in such a way that they exclude persons with disabilities from using them (e.g. only by hotline, SMS or writing).*	*Ensure that a variety of options are available to access the feedback and complaint mechanism (e.g., accept complaints in sign language with a trusted interpreter or with the assistance of a support person).*
Participation and empowerment	*Persons with disabilities are not included in consultation and decision-making process as their contributions and capacities are not considered relevant by the community and/or by humanitarian actors.*	*Raise awareness on rights and non-discrimination. Actively empower persons with disabilities to participate.*

In addition, the following general enablers should always be applied:

- Ensure accessibility through universal design of buildings, facilities, services and consultations.

- Provide reasonable accommodation as well as mobile or outreach services to facilitate access to services, delivery of assistance and feedback and complaint mechanisms.

- Ensure information in accessible formats and channels.

- Ensure protection-sensitive and inclusive targeting.

- Design activities in a manner that allows persons with disabilities to remain together with their care-givers, families, kinship groups and other support networks.

- Always allow persons with disabilities to be accompanied by a person of their choice if they require such support.

- Promote an organisational culture that respects the dignity, rights and capacities of persons with disabilities, including through training of staff.

- Ensure a functional referral system for individual protection assistance and specialised services.

- Conduct ongoing monitoring and measuring of the four elements of protection mainstreaming[57].

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57 - See tools #B3, #B4 and #B5 in the GPC Protection Mainstreaming Toolkit.

3.3 Data collection and measuring disability inclusion

3.3.1 Data collection

Collection of both quantitative and qualitative data is crucial at all stages when it comes to identifying the specific risks affecting persons with disabilities and the barriers they face.

As a general rule, when collecting information on persons with disabilities, the barriers they face and ways to overcome them, Disabled People Organisations and persons with disabilities, including children[58], should always be actively involved.

For the collection of quantitative data, DG ECHO suggests using[59] the Washington Group Short Set of Questions. The data collected should be analysed and used to inform programming, and must be handled according to standards and practices for management of personal and sensitive data[60].

3.3.2 Measuring disability inclusion

To measure outputs and outcomes of their projects in an objective manner, DG ECHO partners can draw on already existing indicators[61]. DG ECHO suggests using the following indicator where data are disaggregated by disability:

The Washington Group Short Set of Questions

1. *Do you have difficulty seeing, even if wearing glasses?*
2. *Do you have difficulty hearing, even if using a hearing aid?*
3. *Do you have difficulty walking or climbing steps?*
4. *Do you have difficulty remembering or concentrating?*
5. *Do you have difficulty (with self-care such as) washing all over or dressing?*
6. *Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?*

Each question can be answered by one of the following four options:

> **a. No- no difficulty**
>
> **b. Yes – some difficulty**
>
> **c. Yes – a lot of difficulty**
>
> **d. Cannot do at all**

A cut-off point should be determined, the recommendation from the Washington Group is "If any individual answers 'a lot of difficulty' or 'cannot do it at all' to at least one of the questions, they should be considered a person with a disability for data disaggregation purposes."

PROCESS INDICATOR AT SPECIFIC OBJECTIVE LEVEL
% of beneficiaries (**disaggregated by** sex, age and **disability**) reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.

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58 – See e.g. "Take Us Seriously" https://www.unicef.org/disabilities/files/Take_Us_Seriously.pdf.

59 – While the best way to collect data disaggregated by disability in humanitarian crises situations is still a subject under discussion, the Washington Group Short Set of Questions is currently the tool recognised as the most appropriate.

60 – For further guidance consult DG ECHO Thematic Policy on Humanitarian Protection (part 8), ICRC Handbook on Data Protection in Humanitarian Action – https://www.icrc.org/en/handbook-data-protection-humanitarian-action and the EU General Data Protection Regulation – https://www.eugdpr.org/

61 – E.g. DG ECHO Key Outcome and Key Results Indicators, the Indicators Registry held by UNOCHA, or indicators provided in the GPC Protection Mainstreaming Toolkit.

4. Annexes

4.1 Acronyms

CBM	Christian Blind Mission
CBO	Community Based Organisation
CRPD	Convention on the Rights of Persons with Disabilities
DG ECHO	European Commission Directorate-General for European Civil Protection and Humanitarian Aid Operations
DPO	Disabled Peoples' Organisations
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
GBV	Gender based violence
GPC	Global Protection Cluster
HCT	Humanitarian Country Team
HH	Household
HI	Humanity & Inclusion
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
ICRC	International Committee of the Red Cross
IDA	International Disability Alliance
IDP	Internally Displaced Person
IHRL	International Human Rights Law
KII	Key Informant Interview
PSEA	Protection from Sexual Exploitation and Abuse
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WHO	World Health Organisation
WHS	World Humanitarian Summit

4.2   Terminology

Accessibility: The access of persons with disabilities, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas (based on CRPD Art. 9).

Barrier (in the context of humanitarian aid): External factor in the environment in which people live, which purposefully or inadvertently hinders persons with disabilities in accessing and participating in humanitarian assistance and protection.

Humanitarian Crisis: An event or series of events which represent a critical threat to the health, safety, security or well-being of a community or other large group of people. A humanitarian crisis can have natural or manmade causes, can have a rapid or slow onset and can be of short or protracted duration.

Humanitarian Protection: Addressing violence, coercion, deliberate deprivation and abuse for persons, groups and communities in the context of humanitarian crises.

Humanity: Human suffering must be addressed wherever it is found with particular attention to the most vulnerable in the population. The dignity of all victims must be respected and protected.

Impartiality: Humanitarian aid must be provided solely on the basis of need without discrimination between or within affected populations.

Inclusion: Inclusion means a rights-based approach to community programming, aiming to ensure persons with disabilities have equal access to basic services and a voice in the development and implementation of those services. At the same time it requires that mainstream organisations make dedicated efforts to address and remove barriers.

Independence: The autonomy of humanitarian objectives from political, economic, military or other objectives. Serves to ensure that the sole purpose of humanitarian aid remains to relieve and prevent the suffering of victims of humanitarian crises.

Individual Protection Assistance: For ECHO individual protection assistance (IPA) is assistance aimed at reducing specific protection risks or reducing an individual's/ households' vulnerability to a specific threat, which can be addressed with protection assistance. It has a specific, intentional and articulated protection outcome for the individual or HH in question. It can be achieved through 3 overall modes of assistance, namely accompaniment, legal assistance and case management. IPA cannot consist of a stand-alone cash intervention.

Neutrality: Humanitarian aid must not favour any side in an armed conflict or other dispute.

Persons with disabilities: Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Protection Mainstreaming: The process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid[62].

Reasonable Accommodation: 'Reasonable accommodation' means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms[63].

Universal design: "Universal design" means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design. "Universal design" shall not exclude assistive devices for particular groups of persons with disabilities where this is needed[64].

4.3   Key reference documents

General

The Centrality of Protection in Humanitarian Action, IASC 2013 – http://interagencystandingcommittee.org/principals/content/centrality-protection-humanitarian-action

Core Humanitarian Standards, https://corehumanitarianstandard.org/the-standard

Global Protection Cluster Protection Mainstreaming Training & Guidance (in several languages) http://www.globalprotectioncluster.org/en/areas-of-responsibility/protection-mainstreaming.html

Global Protection Cluster Protection Mainstreaming Toolkit, http://globalprotectioncluster.org/_assets/files/aors/protection_mainstreaming/gpc-pm_toolkit-2017.en.pdf

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, IASC 2015 – https://gbvguidelines.org/en/home/

IASC Policy on Protection in Humanitarian Action, 2016, http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/IASC%20Guidance%20and%20Tools/iasc-policy-on-protection-in-humanitarian-action.pdf

IASC Accountability to Affected Populations Operational Framework, https://interagencystandingcommittee.org/accountability-affected-people

Minimum Standards for Child Protection in Humanitarian Action, GPC – http://cpwg.net/minimum-standards/

Protection from Sexual Exploitation and Abuse (PSEA) standards, http://pseataskforce.org/en/taskforce

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62 – GPC Protection Mainstreaming Toolkit, p.10.

63 – CRPD, Art. 2

64 – CRPD, Art. 2

Sendai Framework for Disaster Risk Reduction 2015-2030,
https://www.unisdr.org/we/inform/publications/43291

Sphere and Companion Standards, http://www.sphereproject.org/handbook/ and
http://www.sphereproject.org/standards-partners/

Sustainable Development Goals, https://sustainabledevelopment.un.org/?menu=1300

World Humanitarian Summit, Commitments, 2016,
https://www.agendaforhumanity.org/core-commitments

Disability specific

Accessibility Audit Tool, HI,
http://www.hiproweb.org/uploads/tx_hidrtdocs/AccessibilityAudit_PG13.pdf

Convention on the Rights of persons with Disabilities, 2006,
https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-
persons-with-disabilities.html

Charter on Inclusion of Persons with Disabilities in Humanitarian Action, 2016,
http://humanitariandisabilitycharter.org/

Disability-Inclusive Development Toolkit, Bensheim, CBM, 2017,
https://www.cbm.org/article/downloads/54741/CBM-DID-TOOLKIT-accessible.pdf

Humanitarian Inclusion Standards for Older People and People with Disabilities,
Age and Disability Consortium, 2018 https://humanity-inclusion.org.uk/sn_uploads/
document/humanitarian-inclusion-standards-for-older-people-and-people-with-
disabilities-ADCAP.pdf

Humanitarian Hands-on Tool, https://hhot.cbm.org/

Including Children with Disabilities in Humanitarian Action, UNICEF,
http://training.unicef.org/disability/emergencies/

Inclusive disaster and emergency management for persons with disabilities, Raja,
D.S. & Narasimhan, N. (2013), https://cis-india.org/accessibility/blog/emergency-
services-report.pdf

Inter-American Convention on the Elimination of All Forms of Discrimination
against Persons with Disabilities (adopted 1999; entry into force 2001) –
http://www.oas.org/juridico/english/treaties/a-65.html

International Classification of Functioning, Disability and Health, WHO,
http://www.who.int/classifications/icf/en/

International Federation of Red Cross and Red Crescent Societies, All Under One
Roof, Disability-inclusive shelter and settlements in emergencies, Geneva, IFRC,
2015, p10, http://www.ifrc.org/Global/Documents/Secretariat/Shelter/All-under-
one-roof_EN.pdf

Minimum Standards for Age and Disability Inclusion in Humanitarian Action,
Age and Disability Consortium, 2018 https://reliefweb.int/sites/reliefweb.int/
files/resources/Minimum_Standards_for_Age_and_Disability_Inclusion_in_
Humanitarian_Action_0.pdf

Take Us Seriously, UNICEF, https://www.unicef.org/disabilities/files/Take_Us_
Seriously.pdf

Understanding the UN Convention on the Rights of Persons with Disabilities, Marianne Schultze, Handicap International http://www.internationaldisabilityalliance. org/sites/default/files/documents/hi_crpd_manual2010.pdf

Data Collection and Management

The EU General Data Protection Regulation – https://www.eugdpr.org/

ICRC Handbook on Data Protection in Humanitarian Action – https://www.icrc.org/en/handbook-data-protection-humanitarian-action

Washington Group Short Set of Questions, http://www.washingtongroup-disability. com/washington-group-question-sets/short-set-of-disability-questions/

Washington Group and UNICEF tool on Child Functioning, https://data.unicef.org/topic/child-disability/module-on-child-functioning/

Relevant EU/DG ECHO legislation, policies and Guidance

Council Conclusions on Disability-Inclusive Disaster Management, http://data.consilium.europa.eu/doc/document/ST-6450-2015-INIT/en/pdf

European Consensus on Humanitarian Aid, http://ec.europa.eu/echo/files/media/publications/consensus_en.pdf

European Disability Strategy 2010-2020, http://eur-lex.europa.eu/LexUriServ/ LexUriServ.do?uri=COM:2010:0636:FIN:en:PDF

Humanitarian Aid Regulation (Council Regulation (EC) N° 1257/96 of June 1996), http://eur-lex.europa.eu/legal-content/EN/ TXT/?qid=1446991041826&uri=CELEX:31996R1257

The New European Consensus on Development, https://eur-lex.europa.eu/ legal-content/EN/TXT/HTML/?uri=OJ:C:2017:210:FULL&from=EN#ntr1- C_2017210EN.01000101-E0001

Links to **all DG ECHO thematic policies and guidelines** can be found on http://ec.europa.eu/echo/what/humanitarian-aid/policy-guidelines_en

These include:

Food assistance
- Food Assistance: From Food Aid to Food Assistance

Nutrition
- Addressing undernutrition in emergencies: a roadmap for response
- Nutrition: Addressing Undernutrition in Emergencies
- Guidance Document: Infant and young children feeding in emergencies

Water Sanitation and Hygiene
- Water, Sanitation and Hygiene (WASH): Meeting the challenge of rapidly increasing humanitarian needs in Water, Sanitation and Hygiene
- European Commission Staff Working Document on Humanitarian Wash Policy: Meeting the challenge of rapidly increasing humanitarian needs in Water, Sanitation and Hygiene (WASH)

Health
- Consolidated Humanitarian Health Guidelines
- General Documents and Guidelines on Health in Crisis Affected Populations
- Endemic and Epidemic Diseases in Crisis Affected Populations
- HIV/AIDS in Crisis Affected Populations
- Mental Health in Emergencies
- Reproductive Health in Emergencies including Sexual and Gender-Based

Violence
- Other documents

Cash and Vouchers
- Cash and Vouchers: increasing efficiency and effectiveness across all sectors

Protection
- Humanitarian Protection: Improving protection outcomes to reduce risks for people in humanitarian crises

Gender-sensitive aid
- Gender in Humanitarian Aid: Different Needs, Adapted Assistance
- Gender-Age Marker toolkit

Disaster risk reduction (DRR)
- Disaster Risk Reduction: increasing resilience by reducing disaster risk in humanitarian action

Education in Emergencies
- Communication education in emergencies and protracted crises

Helping Children in Need
- A Special Place for Children in EU External Action
- The EU Action Plan on Children's Rights in External Action
- Children in Emergency & Crisis Situations

Shelter and Settlements
- Humanitarian Shelter and Settlements Guidelines

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