VIVID 6-day online training: An introduction to Inclusive Humanitarian Action

Recap document and facilitation resource

Acknowledgements

Members of the VIVID consortium

Acronyms

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CERF	Central Emergency Response Fund
CHS	Core Humanitarian Standard
COVID-19	Coronavirus Disease
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DRG	Disability Reference Group
HNO	Humanitarian Needs Overviews
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plans
IASC	Inter-Agency Standing Committee
IDA	International Disability Alliance
IHL	International humanitarian law
OCHA	Office of the Coordinator for Humanitarian Affairs
OPD	Organisations of Persons with Disabilities
RA	Reasonable Accommodation
PSEA	Protection against Sexual Exploitation & Abuse
SDGs	Sustainable Development Goals
UNSC2475	UN Security Council Resolution 2475 for protection of persons with disabilities in armed conflict
UDHR	Universal Declaration of Human Rights (UDHR)

Contents

Introduction

This document has been prepared as a recap resource for those members of the VIVID consortium that took part in the VIVID 6-Day online training on inclusive humanitarian training between 8th June and 9th July 2021.

> It covers:
> - the main outline and content of the training
> - a summary of topics and discussions covered
> - provides tips and learning on inclusive online facilitation used during the training
> - the session outlines of the 6-day programme
> - captures the individual and organisational commitments
> - a glossary of key terms
> - signposts further useful resources

This recap document is based on the training sessions and materials delivered, albeit in an expanded word version rather than the PowerPoint format shared at the time of the training. It is designed to capture the rich discussions and be an aide memoir, as a refresher material for VIVID consortium partners. We hope it will support VIVID Consortium partners to revisit content, refresh individual and organisational action plans, review commitments and adapt materials to support colleagues and partners with ongoing capacity development work beyond the life of this project.

The decision to combine the recap document with session outlines and facilitation guidance was to ensure easier use and cross referencing. The main document presents materials under topic headings covered in the training and the session plans delivered. Hyperlinks have been added to all key references mentioned throughout the document for more immediate and easier access. Annexes have been added to capture our commitments going forward, provide a glossary of key terms and signpost further resources. We hope, therefore, that this combination will give VIVID consortium partners more options to adapt and use these materials in future capacity development work with staff, partners and broader networks.

Objectives of training

> The main objectives of the 6-day training were to:
> - Create a safe space for dialogue, exchange and peer learning
> - Challenge common myths, biases, fears around disability and engaging OPDs in humanitarian action
> - Increase understanding of the legal obligations for humanitarian actors to ensure the inclusion of persons with disabilities
> - Improve confidence in understanding what is and is not an OPD and how to engage OPDs in humanitarian action practically
> - Have direct opportunity to engage with OPDs/ listen to OPD experience/perspectives of working in humanitarian space and build wider relationships and networks
> - Build confidence in being able to differentiate what is compliant or non-compliant CRPD practice and strategies for how to apply an inclusive approach in humanitarian work, including in safeguarding practice
> - Opportunities for practical application of content covered to support participants think through how to apply within their work practice
> - Support VIVID partners to identify key priorities to engage and include in their organisational strategy/ action plan within and beyond the current project

Adaptation of training content and methodology for online delivery

The 6-day online training was initially based on a 4-day face-to-face training for humanitarians by OPDs, to engage mid-level management and decision-makers in mainstream humanitarian agencies. Due to COVID-19 travel restrictions, this shorter face to face course had to be adapted to online delivery, requiring the need to adjust and find equivalent approaches that would be varied, engaging and inclusive.

Therefore the content was adapted to be delivered in 2-day units, each fortnight over six weeks, to allow participants to absorb and apply training topics to their work. The length of the day was shortened to 3 sessions per day, the first 2-hours followed by 2x90 minutes session with a 30-minute break between sessions.

The adaptation and development of training content was developed by CBM Global and IDA through a collaborative process, drawing on the Bridge CRDP SDGs methodology, and adapted with Bridge Alumni, VIVID consortium members and partners from the Disability Reference Group, including CHS alliance members.

Although adapted to online delivery, the commitment remained to follow the same inclusive facilitation principles undertaken with Bridge CRPD SDGs face-to-face training. This meant that all sessions aimed to ensure:

✓ A safe and inclusive environment for all, including a focal point for participants to share any concerns or worries

✓ Regular sensory breaks in addition to the main 30-minute breaks between sessions

✓ A flexible, supportive approach where participants can drop out and re-join sessions if they had zoom fatigue or critical needs

✓ Daily end of sessions feedback mechanism, the 'moodometer' was adjusted to use a quick zoom poll from 1-10 at the end of each day

✓ Gradual build-up of programme content

✓ Short recap quizzes to consolidate learning and allow catch up for any participants who had missed any content

✓ Groups arranged to allow participants to have a range of learning experiences, sometimes to be in a heterogeneous group of peers, whilst at others in mixed groups

✓ Drawing on the diverse knowledge and lived experience of participants to build peer learning

✓ Materials and methodologies were adapted as we got to know the group and to support a variety of preferences and respond to feedback given

During the first four days, it was agreed to have as a consistent group and ensure 50% participation of persons with disabilities. This ratio significantly increased the opportunities for exchange and learning between OPDs and mainstream humanitarian and volunteering agencies.

Pre-reading and short assignment tasks were shared with participants, sign language interpreters and captioners to help introduce topics ahead of sessions. Also, recap slides capturing the training materials and main discussions were shared as recap support at the end of each week.

> The methodology used was varied, aiming to ensure approaches to suit different learning styles and preferences with a range of delivery including:
>
> - Facilitated discussion using polls to generate a diversity of opinions to enable dialogue and debate
>
> - Use of Mentimeters and polls to anonymously share opinions and gauge perspectives
>
> - Formal presentations of speakers using PowerPoint
>
> - Interactive use of PowerPoint presentations, where facilitators ask questions as they go
>
> - Panel discussions & Q&A with people/organisations with lived experience
>
> - Roleplay using the approach of forum theatre
>
> - Quizzes using polls to elicit understanding or for recap
>
> - A variety of simulation exercises and case studies to analyse
>
> - Working in groups using interactive whiteboards to capture discussions

As with Bridge CRPD SDGs methodology, the aim was to provide a variety and balance to ensure that all participants would find some sessions easily accessible but be stretched beyond their comfort zone during others.

Whilst there were several challenges to changing to online delivery, not least for the varying levels of quality of connections and having the more limited ability of trainers to get direct feedback from participants, there were many benefits that outweighed many of these limitations.

> It was widely recognised that having the online training allowed:
>
> • A more diverse group of participants which was possible due to fewer financial constraints compared to delivery as face-to-face training.
>
> • The increased numbers also meant drawing in staff and partners from field teams, including more staff and partners with disabilities.
>
> • Having more staff and partners engaged with disabilities meant an almost 50/50 split of participants with and without disabilities in most sessions.

This combination of factors meant a richer exchange and learning from people with lived experience of disability engaged in disaster risk reduction and humanitarian crises. Having such a diverse group meant that session topics were at a comfortable refresher level for some and profound immersion in new content for others. Everyone had their comfort zone challenged at different times, allowing for genuine peer learning between participants.

Introduction to the CRPD: key concepts principles and human rights instruments

What does disability mean?

We all have different perceptions, notions, and experiences of disability. Reflecting on disability, we can all agree that disability is not homogenous. People with disability are each unique, and there is great diversity in terms of people and their lived experiences in the different contexts, cultures, locations and communities in which they live. Furthermore, people with disabilities, like all people, hold multiple and complex identities.

Traditionally, people often define disability by contrasting simplistic models of disability, for example, countering the traditional medical model of disability, which sees disability as being within the person, to the social model, which locates disability within society. Although the social model, first developed in the 1980s, was a significant paradigm shift in challenging attitudes and barriers facing people with disabilities, it is insufficient to address the complex ways people with disabilities live their lives and the complexity of the ways in which they are discriminated.

Since the coming into force of the Convention on the Rights of Persons with Disability (CRPD) in 2008, we now have a more nuanced and complex understanding of disability. The CRPD intentionally does not define disability; instead, it describes disability as:

> '*an **evolving concept** that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis others.*'
>
> CRPD, 2007, preamble (e)

The CRPD recognises the diversity of experience of disability that can be very different in different contexts. For example, a person with albinism may not be considered a person with a disability in some countries and will not face barriers or discrimination in education or work. While by contrast, in other countries, people with albinism are so stigmatised they face significant discrimination and exclusion, including having to live with death threats. For this reason, the CRPD does not give a definitive list but rather an open and inclusive listing that allows for these different contexts' realities. In Article 1, the CRPD states the purpose of the Convention and to whom it applies:

> '*The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.*
>
> *Persons with disabilities **include** those who have **long-term** physical, mental, intellectual or sensory impairments which in **interaction** with various barriers may hinder the full and effective participation in society or an equal basis with others.*
>
> CRPD, Article 1

The keywords highlighted above show that disability is an '**evolving concept**' meaning it is not static; it uses '**include**' to ensure a continued open list that can be added to, not closed or definitive. It also uses '**long-term**' to differentiate disability from those who may have a short-term injury or health condition. Finally, the CRPD, building on the social model, uses the critical concept of 'interaction'. This recognises that disability is the result of an interaction of a person's impairment with the environments within which they live. Ultimately an impairment alone does not necessarily create disability.

Finally, CRPD Article 2, see box below, gives clear definitions of 4 key concepts necessary for people with disabilities to access all rights on an equal basis with others.

Currently, there are **184** ratifications of the CRPD. To find out and follow the latest status and news, please use this **link to the UN enable website**.

CRPD Article 2: Definitions

"Communication" includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology;

"Language" includes spoken and signed languages and other forms of non spoken languages;

"Discrimination on the basis of disability" means 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 all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of 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;

"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 groups of persons with disabilities where this is needed.

What are human rights?

The Universal Declaration of Human Rights (UDHR) was the first legal document to set out the fundamental human rights to be universally protected. The UDHR was initially drafted in 1946 as the first meeting of the General Assembly of Nations following the Second World War. It was subsequently redrafted and negotiated as a binding document with 30 core articles which came into force in December 1948. The UNDHR is considered the foundation of all international human rights law, clearly articulating that human rights are universal. They apply to every person in the world. They apply equally and without discrimination. The only requirement for having human rights is to be human. The universality of human rights is defined in Article 1 of the Universal Declaration of Human Rights: *"All human beings are born free and equal in dignity and rights."*

Human rights are **indivisible**: all human rights have equal status and cannot be distinguished in a hierarchical order. Denial of one right will affect and prevent the enjoyment of other rights.

Rights are often spoken about in terms of **civil, cultural, economic, political and social rights**. They are all equally important and cannot be separated out if we are to ensure the inherent dignity of every person.

Human rights are also **interdependent** and **interrelated**. Each one contributes to the realisation of a person's human dignity through the satisfaction of his/her/their developmental, physical, psychological and spiritual needs. The fulfilment of one right often depends, wholly or in part, upon the fulfilment of others.

In summary, human rights are:

- **universal**, for everyone

- **indivisible**, they cannot be separated from each other

- **interdependent**, human rights cannot be fully realised without each other and

- interrelated, human rights affect each other

To date there are nine core UN human rights treaties:

1. International Convention on the Elimination of All Forms of Racial Discrimination (1965)

2. International Covenant on Civil and Political Rights (1966)

3. International Covenant on Economic, Social and Cultural Rights (1966)

4. Convention on the Elimination of All Forms of Discrimination against Women (1979)

5. Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)

6. Convention on the Rights of the Child (1989)

7. International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990)

8. International Convention for the Protection of All Persons from Enforced Disappearance (1922)

9. Convention on the Rights of Persons with Disabilities (2006)

In addition, there are other UN resolutions, instruments and frameworks that are relevant to supporting the upholding of the rights of persons with disabilities:

- UN Security Council Resolution 2475, (2019) for protection of persons with disabilities in armed conflict

- Sendai Framework for Disaster Risk Reduction 2015-2030

- Agenda 2030 including Sustainable Development Goals and targets

- New Urban Agenda a shared vision for a more inclusive sustainable future in cities

- Charter on inclusion of persons with disabilities in humanitarian action

Each region also has legal and policy frameworks such as the Incheon strategy to make the right real for persons with disabilities in Asia Pacific: and the African Protocol on rights of persons with disabilities in Africa.

Increasingly people with disabilities are also recognised in climate action, see the Analytical study on the promotion and protection of the rights of persons with disabilities in the context of climate change (A/HRC/44/30), presented to the Human Rights Council at the 44th Human Rights council 15 June- 3 July 2020.

Discussion and use of the CRPD as a legal tool, provides the basis to leverage change and ensure the rights of persons with disabilities is included in all major development, climate action, humanitarian and DRR frameworks. A good example is the lobbying by EDF for the inclusion of disability in the recent European Forum Disaster Risk Reduction Road Map For a disaster-resilient European and Central Asian region by 2030

Each convention and additional framework is the outworking of the UNDHR principles and articles. All treaties are underpinned by the core human rights principles of equality, non-discrimination and inclusion, empowerment, participation and accountability. Therefore, new treaties and frameworks do not give new rights, but rather the more refined articulation of these rights to ensure all rights for all persons, populations, groups and individuals are protected, respected and fulfilled.

States obligations to protect, fulfil and respect rights

In line with all human rights treaties, the CRPD requires governments that have ratified to recognise their obligations as duty bearers. This means that States have to demonstrate that they are meeting their obligations to '**respect**', '**fulfil**' and '**protect**' the equal enjoyment of all human rights and fundamental freedoms of all persons with disabilities on an equal basis to others. These three terms are essential to understand:

Respect: Governments must **do no harm and do nothing to prevent** people from exercising and enjoying their rights and fundamental freedoms. This is where States must ensure they remove anything discriminatory and ensure that all aspects of the State, at all levels (national, provincial and local), respect human rights.

Protect: Governments also must ensure that non-state actors do no harm and do nothing that prevents all people from exercising and enjoying their rights. This requires that States are proactive in providing training and awareness-raising and ensuring legal frameworks are in place to promote respect for human rights by all non-state actors towards every person.

Fulfil human rights: This is where States work with all parties, including non-state actors, civil society and the private sector to do whatever is possible so that all people can exercise and enjoy their human rights and fundamental freedoms fully. This includes adopting appropriate measures to realise rights and fully addressing any systemic or structural inequalities.

What is new in the CRPD?

The CRPD, like other specific conventions, does not give new rights but provides a more detailed enumeration of the UDHR in terms of ensuring governments respect, fulfil and protect the rights of all persons with disabilities. The CRPD importantly gives a clear articulation of new legally binding concepts and ways of working to ensure persons with disabilities of all ages, impairments, ethnicities can exercise and enjoy their human rights on an equal basis with others. The most critical being:

- a clear articulation of **reasonable accommodation**; including the denial of reasonable accommodation as a ground for discrimination on the basis of disability (see article 2)

- the right to use support and have **supported decision-making** to enjoy being able to exercise legal capacity on an equal basis with others (see article 12)

- the right to **live in the community** and not to be excluded (see article 19)

- a clear **definition of discrimination on the basis of disability**, including naming exclusion as a form of discrimination (see article 2)

- requires **specific measures** to address systemic inequality that people with disability can have greater opportunities to exercise their rights equally, such as affirmative action that cannot be deemed discriminatory (article 5.4)

- requires donor governments that have ratified the CRPD to ensure their **international co-operation** in low- and middle-income countries is inclusive of persons with disability (see article 32), which equally applies to humanitarian aid (article 11)

Immediate and progressive realisation of the CRPD

When governments ratify the CRPD, they commit to **respect, promote** and **fulfil** the rights of persons with disability. For some rights, these may be met immediately, with little effort, while it will take longer for others. We call this a difference between **immediate** and **progressive** realisation of rights.

Take, for example, education: the **immediate realisation** of rights is that all children with disabilities, girls and boys, have the same right as other children in their community to universal primary education and should be able to attend their local school, alongside their siblings and neighbours. Perhaps the education at the local school may not be ideal, for example, teachers may not have been trained or the school may not be fully accessible. However, adaptations can be made, such as classes being moved to the ground floor and the addition of temporary ramps to make bathrooms accessible.

Progressive realisation is that longer-term the Ministry of Education will work to ensure that teachers are trained, school infrastructure is fully accessible, including technical support for sign language and availability of braille, that curriculum is adapted and diversified, including examination systems and that technical aids, including teaching assistants are available to support access to the curriculum for all children. However, whilst governments must work towards realising rights progressively, this cannot reduce the right for each child to attend their local school alongside their peers, which is an immediate right.

Therefore when States ratify the CRPD they commit to their obligations as defined in CRPD Article 4, that they must systematically work towards meeting their regulations, requiring that states develop a plan and monitoring framework and allocate resources to work seriously towards meeting their obligations.

Further, states also commit to not go back on any rights, provisions and services that are already in place. If a government goes backwards, this is called regression. To date, only the UK government has been held up by the CRPD committee for regression on the CRPD.

The Structure of the CRPD

The CRPD has a total of 50 articles. These articles work together as an inclusive and holistic treaty to ensure not only the articulation of rights but the means and mechanisms with which to implement, monitor and ensure there is accountability on these rights. Each article has a purpose and is required to ensure that States who have ratified can clearly understand their obligations but also have a roadmap for respecting, promoting and fulfilling the rights of all persons with disabilities.

Articles 1 to 9 are the general framework of the CRPD defining key human rights concepts, definitions and pre-requisites that underpin the entire CRPD. These first 9 articles of the CRPD are foundational, the basis with which all other articles of the Convention can be addressed. Article 3, in particular defines the general principles that underpin all other articles. Article 8 on awareness raising and Article 9 on Accessibility are considered two key enabling articles, pre-requisites for the enjoyment of all other rights and articles in the Convention. Article 12, on Equal recognition before the law, although not in the first 9 articles, is also considered a foundational article and critical for all persons with disabilities to be able to enjoy their full rights and entitlements on an equal basis to others.

Articles 10 to 30 address specific rights: covering every aspect of life.

Article 31 to 33 address implementation and monitoring mechanisms.

Article 34 to 50 address reporting mechanisms and include all the mechanisms for the functioning and accountability of the CRPD as a treaty body, such as the establishment of the committee and requirements of states to report and cooperate.

For those working in development and humanitarian sectors, Article 11, Article 31 and Article 32 are fundamental to hold international co-operation and donor governments to account. Article 31 on data and statistics, which is an important advocacy tool to ensure that governments commit to data disaggregation and the collection of data and statistics to monitor national policies and programmes, including international aid to ensure the rights of persons with disabilities are equally respected.

The CRPD also has an Optional Protocol (OP) which provides for a complaints mechanism. The OP allows groups and individuals, after having exhausted all national resources, to have the Committee on the Rights of Persons with Disabilities consider a claim that a State Party has violated the provisions in the CRPD.

Discrimination on the grounds of disability

Article 2 of the CRPD clearly defines what is meant by discrimination on the basis of disability.

> *"Discrimination on the basis of disability" means 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 all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.'*
>
> CRPD, Article 2

On **an equal basis with others** means: When a whole population is facing human rights restrictions, persons with disabilities should not be more deprived than others.

Human rights generally define three main forms, or action of discrimination:

Distinction: Where a person or group is subject of differentiation on the basis of disability in a way that affects the rights of the person. For example, if women with intellectual impairments are subject to forced sterilisation while other women are not, this is a discriminatory distinction.

Restriction: Refers to a limitation on the right of people to participate in certain aspects of civil, cultural, economic, political or social life. For example, a law stating that persons with disabilities cannot, for instance, vote in national elections or join a political party could amount to a discriminatory restriction.

Exclusion: Where a person cannot access a particular space or participate in a particular activity based on disability due to physical, attitudinal, institutional or legal barriers. For instance, a policy that does not allow a child with disabilities to enter mainstream education or a teacher who refuses to enrol a child is an exclusion amounting to discrimination.

Discrimination can also include **discrimination by association** when persons are discriminated against because they have a family member with a disability. An example of this is where a family member may not marry or a family member is also excluded from joining community activities.

There are many different grounds or bases for discrimination other than disability. Often people with disability are discriminated against for other reasons, such as their race, gender identity, faith, sexual orientation or age and not just on the grounds of disability. When a whole group is discriminated against, such as indigenous people, women or people living in neglected areas, then persons with disabilities will likely equally face these forms of multiple discriminations too.

For more information see section on **recognising forms of discrimination in humanitarian action**.

What is reasonable accommodation, and how is it different to Accessibility?

Reasonable accommodation is one of the important new concepts defined in Article 2 of the CRPD to ensure people with disability can enjoy their human rights.

> *"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;*
>
> CRPD, Article 2

Reasonable accommodation is to overcome many of the barriers that people with disabilities face. However, it must be assessed in line with the guidance given by the CRPD committee. It is not an open and unlimited purse but rather has very specific requirements.

The key requirements that define what is reasonable are:

1. That necessary and appropriate modification and adjustments are made which meet the specific needs of the person

2. This support or change should not be very difficult or too expensive for the person or organisation that must do them. It should not impose a disproportionate or undue burden

3. It should be where needed in a particular case, "Reasonable accommodation" is related to each individual and a specific situation

4. It should be formally requested by an individual with a disability to the duty bearer

5. The request should be formally reviewed and assessed against objective criteria, for example it is necessary and appropriate not imposing a disproportionate or undue burden and it meets the individual requirements

6. Given individual circumstances, situations and environments change, adaptation/ changes agreed as a reasonable accommodation should be regularly reviewed

Reasonable accommodation is an important concept as it helps duty-bearers meet their obligations to immediately realise rights for a person with a disability in inaccessible environments. Reasonable accommodation can encompass a wide range of adaptations and adjustments from working schedules to adjusting physical settings or providing additional assistive devices/ equipment. Many reasonable accommodation adjustments do not require funds or budget allocation and may be related to finding different ways of working or providing adapted educational or leisure activities.

It is important to differentiate between reasonable accommodation, which meets the needs of a specific individual in a particular situation, from Accessibility, a broader universal systemic measure to ensure Accessibility for all persons.

To help establish an objective reasonableness test, the following five questions can be helpful:

1. Does it work for the person: the adaptation is what they need?
2. Is it proportionate: it is not more than what they need, but is sufficient to meet their needs?
3. Is it possible: technically or available in the country?
4. Is it financially possible: the duty bearer has the money for it?
5. Is it economically feasible: doing it will not jeopardise the business? (funds)

An objectivity test is vital as the CRPD clearly defines that **denial of reasonable accommodation is discrimination on the basis of disability**. Therefore, duty bearers have to evidence how they have assessed reasonable accommodation requests and, in the case where a request is denied, that there are clear grounds for why.

In summary, this table can be a helpful reminder of the main differences between reasonable accommodation and Accessibility:

Reasonable accommodation is:	Accessibility is:
Specific to an individual	For everyone
Temporary needs to be reviewed	Permanent needs to be maintained
On request and has to be requested by an individual and assessed against criteria	General requirement, a systemic long-term solution
Immediate realisation: duty bearers have an obligation to ensure non-discrimination	Progressive realisation: states can work progressively to achieve Accessibility over time

Ideally, in every context, we are working towards increasing accessibility: the more accessible the environment, the more participation of a wider group of people. This is advantageous for all persons, not just persons with disabilities. The less accessible an environment, the more reasonable accommodation is required.

The importance of Article 3 general principles of the CRPD

The eight general principles of the CRPD underpin the CRPD. If you apply these general principles, you will do a lot to promote the rights of persons with disabilities. As the CRPD is a legal document, the language is not so accessible. In the table below, we have tried to simplify what each of these principles means in practice.

Article 3	Simplified explanation
Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons	• All human beings are born with dignity • Dignity cannot be lost or taken • Dignity is for all people because they are equal and are holders of rights • The principle of non-discrimination is strongly linked to dignity • The right to make our own decisions • The right to participate
Non-discrimination	• A pre-condition to equality of opportunity • Denial of reasonable accommodation is discrimination on the basis of disability • Any restriction, exclusion or distinction on the basis of disability • Purpose or effect of nullifying the recognition, enjoyment and exercise of human rights and freedoms • Includes discrimination by association, i.e. parents, children, partners
Full and effective participation and inclusion in society	• Consultation and active participation of people with disabilities at all levels: local, national, regional • Empowerment of people with disabilities and capacity development • Recognition and support (human, animal, technological) • Direct relationship with article 19 (b) of the CRPD • Gender equality and participation of women • Recognition of legal capacity • Identification and elimination of barriers and obstacles (in attitudes, in the environment, communication and information) • Accessible communication and access to information

Article 3	Simplified explanation
Respect for difference and acceptance of persons with disabilities as part of human diversity	• People with disabilities are human beings and are part of humanity • People with disabilities are different and diverse, like others • As a group, people with disabilities are not homogeneous • People with disabilities of the same impairment are different and unique **Keywords:** non-homogeneity, diversity, difference, respect
Equality of opportunity	• All human beings are born free and with the same rights • Access and participation to the same extent as others • Equity requires considering differences • Reasonable accommodation must be provided • Non-discrimination: it is necessary to identify, recognise and punish the discrimination of which people with disabilities are victims • Reasonable accommodation and positive measures represent a way to address discrimination and inequity • Distinction between equality before the law, equal opportunities, de facto equality
Accessibility	• A pre-requisite for inclusion and participation • Supports autonomy and independence • Full and effective participation in society • Universal design • Identification and elimination of barriers and obstacles
Equality between men and women	• Recognition of all the rights of men and women under conditions of equality, including those with disabilities • Need to adopt measures so that women have the same opportunities to exercise their rights as men. • Intersectionality • Importance of women with disabilities getting involved in women's movements
Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities	• Complete opportunities for development without barriers • Respect for the evolution of each child's individual development • Recognition of the legal personality of children with disabilities • Respect and protection of the identity of children • Support to families to maintain the custody of their children with disabilities • Right to be consulted and fully participate in the society under the same conditions as other children

Unconscious bias: what is it, and how can we address it?

Unconscious bias exists everywhere, in all organisations and cultures. Each of us has preferences and tendencies to support those more familiar to us or whom we admire. Equally, in all cultures and societies, difference, or what is not known, is often met with fear and mistrust.

There are many forms of unconscious bias. The following summarises the primary forms:

- **Affinity bias** is a tendency to favour people who are like us, resulting in homogenous teams and groupthink

- **Confirmation bias** happens when we seek to confirm our beliefs, preferences or judgements, ignoring contradictory evidence

- **Halo effect** occurs when we like someone and therefore are biased to think everything about that person is good

- **Gender bias** is a preference for one gender over the other. It often stems from our deep-seated beliefs about gender roles and stereotypes

- **Maternal bias** is a bias that assumes that women who become mothers are less likely to be interested in or committed to their work and careers and are more likely to be judged negatively on performance

- **Disability bias**, often known as ableism, defines people by their disabilities as being inferior to non-disabled peers, reduces people with disabilities to stereotypes that limit their opportunities or expects higher performance, or elevates them to hero status

If we wish to address unconscious bias, we need to reflect and challenge our own attitudes regularly. To help us reflect, we asked people to share to what extent they agree with the following three statements. One of four options was given: strongly agree, agree, disagree and strongly disagree.

1. In humanitarian emergencies, priority should be given to personal safety and not reasonable accommodation

2. In an emergency situation, consulting the umbrella OPD is sufficient

3. If you do not know how to have informed consent from a person with a disability, you can consult with a family member

These three questions helped to surface very different perspectives, experiences and attitudes.

Here is the summary and wrap of each of these discussions.

> **In humanitarian emergencies, priority should be given to personal safety and not reasonable accommodation**

This is a complex question as there is often a high inter-relation and inter-dependence between personal safety and reasonable accommodation. Often reasonable accommodation is the means to ensure personal safety.

In humanitarian contexts, protection and primacy of life are a priority. However, this does not make the provision of reasonable accommodation a secondary concern. The CRPD is applicable in all contexts, including emergency settings, in line with CRPD Article 11. This means that denial of reasonable accommodation is considered a form of discrimination on the grounds of disability.

> **In an emergency situation, consulting the umbrella OPD is sufficient**

Again this is a complex question. Often, accessing the umbrella OPD may be the only possibility in the initial phase of an emergency, which is essential. However, not all umbrella OPDs are fully representative: they may not have members from under-represented groups or represent indigenous people with disabilities or other minority groups. In host countries umbrella OPDs may have helpful knowledge but they will not necessarily know the needs or requirements of refugees and displaced persons with disabilities. It is vital to consult people with disabilities affected by emergencies directly in addition to reaching out to formal and informal OPD networks including self-help groups and peer support networks.

> **If you do not know how to have informed consent from a person with a disability, you can consult with a family member.**

Again this is a complex question and depends on how the question was interpreted. Some people understood it to mean to consult families to determine how best to communicate directly with the person with a disability to gain consent, rather than to consult families as substituted decision making. The CRPD has clear guidance on the importance of respect for the legal capacity and rights to autonomy and choice of individuals and the importance of consent. In cases where people with disabilities may require support, there is clear guidance on the provision of supported decision making where needed, rather than substituted

There are many other questions and situations in humanitarian work where we face dilemmas. In facing complex scenarios where we may not be sure, it is always good to consult people with disabilities for advice. People can be fearful of asking questions that may appear foolish, naive or offensive. If questions are genuinely asked respectfully, this will never be considered offensive.

Introduction to Humanitarian principles and how they apply to CRPD

What comes to mind when we think of humanitarian principles?

Figure 1: Capturing our responses to the question 'What comes to mind when we think of humanitarian principles?'

Humanitarian Principles

The four humanitarian principles are humanity; impartiality; neutrality and independence. These are foundational to all humanitarian work.

1. **Humanity:** that human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.

2. **Impartiality:** that humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature

3. **Neutrality:** that humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions

4. **Independence:** that humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented

Adherence to these principles is essential for humanitarian actors to access and work in highly contentious and vulnerable contexts. This access demands that humanitarians can distinguish themselves from other agencies that might promote agendas of a political, ideological or religious nature. These principles are key in legitimising and creating space for humanitarian actors, but equally for holding them to account.

These core humanitarian principles emerged after the second world war and were originally established as a set of rules that seeks to limit the effect of armed conflict on civilians known as the 4th Geneva Convention (1949). They are vital to safeguard humanitarian access and provision of assistance. They directly impact and should govern the behaviour of all humanitarian actors. Other key principles also inform and have since complemented a wider framework the principles of Universality, Do No Harm and Transparency.

Although International Humanitarian Law (IHL) binds states and armed groups, it does directly address humanitarian organisations. Rather, it provides or carves out space for NGOs to provide assistance that is complementary and axillary to that of the state.

The primary responsibility of civilian protection is that of the State. Under IHL, the state has an obligation to allow access and has to provide consent for humanitarians to act, as long as the humanitarian activation does not compromise the sovereignty of the State.

Whilst these principles are binding on States, they are equally expected of humanitarian actors to act in accordance with IHL principles. Increasingly donors expect all actors to evidence how they practically meet these principles in all areas of implementation.

Some of the challenges in operationalising humanitarian principles

In the current highly interdependent connected world, the political and economic complexity of global and regional politics is the backdrop against which humanitarian actors need to operate. The following are just a few of the prevalent challenges facing humanitarian actors.

State Funding is increasing politically motivated. As more countries such as Australia and UK merge or subsume their international co-operation departments within their foreign affairs ministries, the separation of foreign policy and development policy becomes harder. Often foreign policies are not aligned with humanitarian principles and can compromise the impartiality or place independence of operations at risk.

Denouncing human rights violations; a humanitarian imperative or a political position? As many humanitarian crises are politically driven, the imperative for humanitarians to speak out on human rights violations can risk their operational access. Within humanitarian actors, there is a wide range of approaches. Some such as ICRC, which have the most access, are less like to engage in public advocacy. By contrast, organisations like Oxfam, Medcin San Frontier (MSF) and War on Want make a point of consistently being vocal on human rights abuses, often resulting in the expulsion of their humanitarian teams and closure of their operations. At which point does speaking out on human rights abuses compromise the humanitarian principle of neutrality and tip over to taking a political position? The danger of not getting the balance right can also be compromising the acceptance and respect of communities impacted by political conflict and human rights violations.

Counter-terrorism regulations and policies: Increasingly, legislation requires humanitarian actors to ensure that their operations do not contravene counter-terrorism sanctions policies. These may range from restrictions on engagement and coordination to prohibiting financial transactions with states, agencies or individuals designated as terrorist entities. In highly politicised contexts, this can jeopardise humanitarian operations and place humanitarian staff at risk of arrest or expulsion as they try to uphold their mandate to reach the most vulnerable populations. Further, the increasing use of global and domestic digital surveillance where States and donors demand more intrusive levels of data on humanitarian operations, including data on staff and beneficiates, can put into question the neutrality, impartiality and independence of humanitarian programmes.

Safety, security and use of armed escorts: In volatile settings of conflict, humanitarians can find it challenging to get the right balance between duty of care towards staff, good stewardship of funds and acceptability to communities they are serving. Getting the balance right is critical. For most humanitarian agencies, armed escorts and other security preventative measures are last-resort options. Measures to protect humanitarian staff such as hiring expensive gated, heavily secured compounds will increase distance and lose the trust of local communities, often putting staff at greater risk. There is a direct payoff between increasing local community trust and acceptance and operations security. Recipient states and local communities are increasingly questioning the motivations and respect for agencies that seem to prioritise humanitarians' safety and well-being over that of local populations in crises

Recognising forms of discrimination within humanitarian contexts:

Figure 2: Source: UNHCR, 2021, Strengthening protection of persons with disabilities in forced displacement – Facilitator's Guide. Available at UNHCR - Persons with Disabilities

Humanitarians are committed to the principle of non-discrimination. However, there are many instances when discrimination may not be obvious. Looking at this picture, we discussed that there might be many potential barriers and risks to different people in this queue. In this picture, the most obvious one might be the lady standing at the front of the line waving and indicating that they wanted to have a person speak with them in sign language and the registration officer seems not to be able to communicate. We see there is no sign interpreter available, but the next reaction and response of the UNHCR registration officer will decide if this becomes a situation of discrimination or not. It may be that he will realise he needs to call on sign language interpreters to come to the desk to support or that he will try to find a respectful way to communicate in writing and get this lady's contact details to arrange a sign interpreter to be available later.

Figure 3: Source: UNHCR, 2021, Strengthening protection of persons with disabilities in forced displacement – Facilitator's Guide. Available at UNHCR - Persons with Disabilities

In the second image, we discussed that now there is a sign language interpreter. However, we are not sure who is deaf. We see from the image that women are standing on one side and men on the other. It is not a mixed group where men and women are mixing together. As both the UNHCR officer and interpreter are male, this might be a barrier for the women. If the women are not comfortable asking questions, this could lead to indirect discrimination on the grounds of disability and gender.

In humanitarian settings, it is critical to analyse and remove barriers. Barriers are a root cause of discrimination and will infringe on the ability of people with disabilities to get access to information, services and opportunities on an equal basis to others. These barriers may be associated with their disability, but also related to other characteristics, such as being a from a minority indigenous group, on the grounds of their gender, sexuality or faith.

Humanitarians have the responsibility to prevent all forms of discrimination within their programming. It is vital to be clear on the four kinds of discrimination recognised in International Human Rights Law and in the CRPD General Comment No. 5, which also applies under Article 11 to humanitarian contexts.

Figure 4; Source: UNHCR, 2021, Strengthening protection of persons with disabilities in forced displacement – Facilitator's Guide. Available at UNHCR - Persons with Disabilities

Article 5 of the CRPD contains the legal requirements for achieving equality rights for persons with disabilities and person associated with them. This obligation to prohibit all discrimination on the basis of disabilities includes persons with disabilities and their associates, such as parents, spouse/partner or family members, in all areas of life. This is equally applicable in situations of humanitarian crisis. The CRPD committee issued further guidance on this in General Comment Number 6 (2018), detailing four specific forms of discrimination facing persons with disabilities:

Direct Discrimination is where a person with disabilities is treated less favourably than persons without disabilities. This might be not having access to information in a timely manner, as in the image above, where a lady who is blind cannot access crucial public health information on COVID-19 at the same time as other people. Direct discrimination includes detrimental acts or omissions based on the ground of disability. The motive or intention of the discriminating party is not relevant, it is the effect of the action that is important. So whilst the public health team may have not intended this omission, they are responsible for ensuring that everyone in the camp can equally access health information.

Indirect Discrimination: is when laws, policies, services or practices appear neutral at face value but have a disproportionately negative impact on a person with a disability. While a situation may appear to be barrier-free, in reality, it plays out quite different for persons with disabilities, which leads to their exclusion. For example, in the image where the refuge officer is talking to the group with a sign interpreter, if one of the men standing on the right-hand side, who the officers are not looking at, has a learning disability, they may not be able to access the information. This may require additional support, or an easy to read booklet to help them remember the information that has been announced.

Denial of Reasonable Accommodation: constitutes discrimination on the grounds for disability if the necessary and appropriate modification and adjustments that do not impose a "disproportionate or undue burden" are denied when they are required to ensure the equal enjoyment or exercise of a human right or fundamental freedom. For example, if the registration officer in the first image, does nothing to find ways to effectively communicate with the lady who is deaf, this will be an example of denial of reasonable accommodation that places this lady at greater risk of other forms of harm and discrimination in not being able to access services.

Harassment: Is when a person with disability experiences unwanted conduct related to disability with the purpose or effect of violating the dignity of a person and of creating an intimidating, hostile, degrading, humiliating or offensive environment. This can happen through actions or words that have the effect of perpetuating the difference and oppression of persons with disabilities. Examples include (disability-based) violence in all forms, such as rape, abuse and exploitation, hate-crime and beatings. Some normalised conduct towards persons with disabilities like verbal abuse, bullying, and abusive therapy techniques can also be considered harassment. If harassment is happening within a refugee camp, even if it is not directly associated with the services being provided, the refugee camp management still has a duty and obligation to address it and create an enabling, protective environment.

Please see the earlier section on discrimination on the grounds of disability

How do we assess reasonable accommodation in a situation of emergency?

The legal obligation to provide reasonable accommodation is the same in development or humanitarian contexts. The only difference in a situation of emergency is that the onus is on the humanitarian agency and duty bearers to proactively ask what a person may require, not wait to be asked. Equally, they must respond and assess all requests made.

In humanitarian contexts, where support systems and infrastructure have been damaged or disrupted, reasonable accommodation is even more critical. Clear guidance is given in Annex 1 of the IASC guidelines on a two step process: the first step is to assess and evaluate the reasonable accommodation options.

1. Identify what the person with disabilities requires to participate (interactive dialogue)

Ask the person what they require

⬇

Evaluate options given available resources

⬇

Offer a solution within given resources

⬇

Verify with the person if the solution proposed meets its purpose

⬇

If no solution is found, see the checklist below
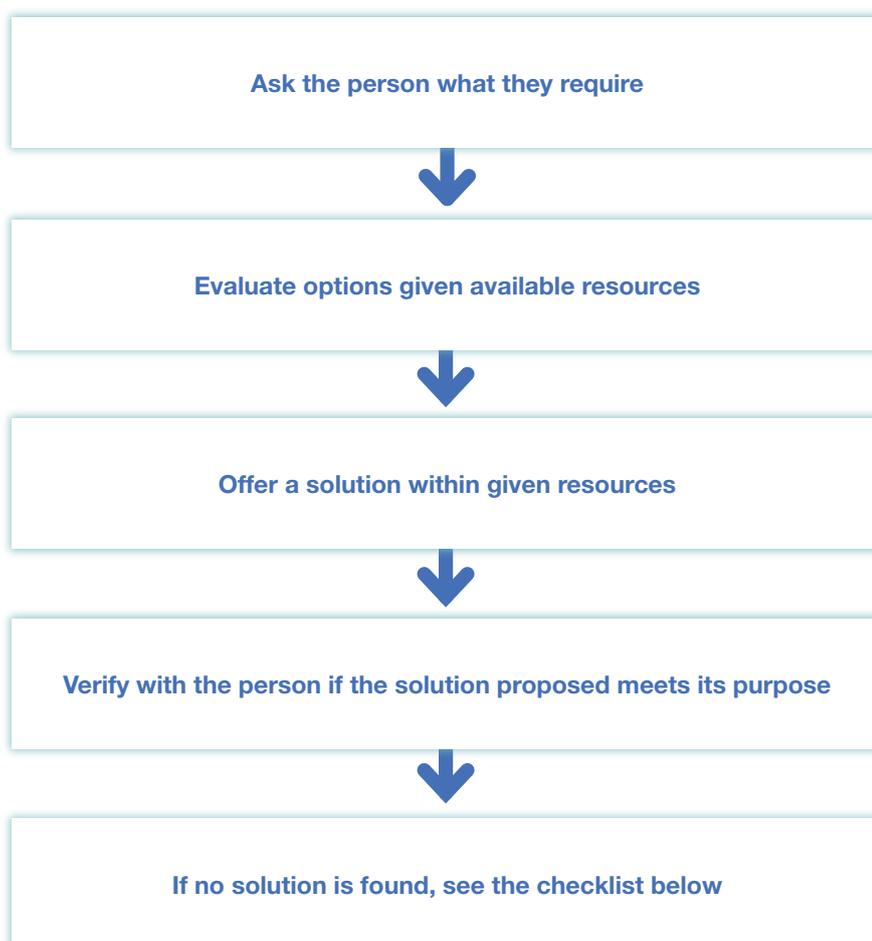
The second step, if reasonable accommodation is not possible, is to then assess if this denial is justified.

Remember if it is not justifiable, denial of reasonable accommodation is discrimination on the basis of disability.

2. Justify the denial of reasonable accommodation objectively (without discrimination)

Consider every resource that is available to hand. Consider an express purchase from external providers. Check that the offered solution does not meet the requirement of the person concerned

If none of the available options meet the requirements of the person, failure to meet his or her requirement is not discriminatory.

ASK	True	False
Is it impossible to provide this adjustment because it is not available?		
Is it impossible to provide this adjustment in time to meet its purpose?		
Is it illegal to provide this adjustment?		

This guidance is given to help humanitarian agencies of all kinds and sizes assess and provide reasonable accommodation. It is applicable to all agencies, from small local responders, national and international NGOs, to UN agencies and donors. Agencies must follow this process objectively.

Ideally, this guidance should be included in operational manuals, readily available to all staff and included in staff induction and refresher training.

In humanitarian settings, provision of reasonable accommodation is critical; it can be the difference between life or death for persons with disabilities.

Inclusive Safeguarding

What do we mean by safeguarding?

Exploring dilemmas and misconceptions

Figure 5: Image of a word cloud based on the question what do you think of when you hear safeguarding

Sometimes it is important to reflect on our assumptions: check that we have a common understanding of key concepts as colleagues and be aware of our organisational policies and our individual responsibilities.

The following statements were asked to help stimulate discussions, understand the diversity of opinionsand create space through dialogue to find a common understanding of key aspects associated with inclusive safeguarding. Participants were asked to share their opinions from strongly agree; agree; disagree and strongly disagree for each statement.

> **It is reasonable for funders to expect OPDs to meet the same standards regarding safeguarding in their programming as all other civil society organisations?**

This is a complex and controversial issue, with mixed opinions expressed in the poll. Overall the majority agreed that OPDs should be following the same standards as any other organisation. OPDs also have a duty of care and responsibility to safeguard as any other organisation: being an OPD does not mean that an organisation is incapable of exercising, or exempt from meeting, its safeguarding responsibilities. However, those who disagreed said it is essential also to consider the genuine differences in HR capacity of OPDs, who are often grassroots organisations that don't have funded staff or a funded focal point and rely only on volunteer capacity.

Ultimately, all organisations, regardless of size, have a duty of care but equally that donors have to be ready to support organisations in delivery and fund capacity building where needed. Donors who fund activities also have a responsibility and duty of care. Donors, international NGOs and UN agencies cannot pass or offload responsibility on safeguarding or shift or transfer risks to local actors. Donors and international agencies equally have to play their part in ensuring appropriate safeguarding processes and policies are in place, including investing and supporting the capacity of partners and grassroots organisations.

> **A common practice in safeguarding for the prevention of abuse is the two-adult rule. This rule is as equally relevant for vulnerable adults as it is for children. (The 2 adult rules means that no adult should be alone with a single child or children.)**

Again, a very mixed response. Many felt that it depends on the definition of what is meant by a vulnerable adult. Increasingly, the term "a vulnerable adult" is being applied to all persons with disabilities. In some programmes, all in a humanitarian context are considered at-risk/ vulnerable. Some agreed with the two-adults rule as a good way to safeguard the organisation against false complaints. Some thought the two-adults rule could help address the power imbalance of a vulnerable adult and perhaps this is the intention behind organisations having this position/ policy.

Overall, it was agreed that it is about how to ensure we apply the CRPD article 3 principles, particularly on dignity, autonomy, choice and privacy for adults. There are always situations of risk and we need to think about how to ensure people with disabilities are afforded the same rights, opportunities and protections as others whilst avoiding that people's lives are over administered or controlled.

Applying a rule that is primarily designed and meant for children is not dignified when it comes to adults. A good yardstick to decide is if we would not accept it for ourselves then why would we accept it for others? The key is to think about safeguarding processes that are age-appropriate and in line with the CRPD.

> **Reporting safeguarding issues is ultimately the responsibility of the individual, not the organisation**

This was perhaps the most mixed and diverse views almost evenly split across all options, with a slight preference for disagree that organisations have the ultimate responsibility. Those who agree/ strongly agree see the organisation as a collective of individuals, so responsibility starts with and sits with individuals. Safeguarding does not happen if individuals do not spot it and report it, so ultimately it is in the individual to act. The organisation cannot act if they do not know from the individuals who report.

Others disagreed that safeguarding, by definition, is designed to guard individuals from harm. Individuals do not have the same power and resources as organisations, so it cannot be the same level/ equivalence of responsibility. Organisations also have the moral responsibility and legal obligation to safeguard, equip and support staff and create a culture of reporting. Furthermore, organisations have the legal responsibility to pass on/ disclose to the statutory agencies. In the UK and Ireland this is a statutory legal obligation.

Having a culture where people can report and discuss things and where systems are in place to ensure this can happen is critical; this is an organisational responsibility. However, many safeguarding issues are never reported, and this is very widespread. Sometimes, this is because it is challenging to report, or seen as a difficult and intrusive process. There are many, many challenges that increase the likelihood of non-reporting.

All have a responsibility for supporting safeguarding: the individual and the organisation, however, the organisation is ultimately liable in front of the law, with a legal obligation as the duty bearer. Organisational policies and practices should be designed to increase accountability on safeguarding, both of organisations and of creating the culture and support for individuals to report and comply with codes of conduct. It is critical that there is clarity on both individuals and organisations different roles and responsibilities and that each plays its part.

For Persons with disabilities, safeguarding and protection are the same issue; ultimately, it boils down to ensuring there is no discrimination

Most disagreed that protection and safeguarding are the same issue and boiling them down to discrimination blurs the important nuances and differences between them. Others equally agreed that whilst they are coming from different perspectives: safeguarding from an organisational perspective and protection from a wider sector/systems perspective - both ultimately work towards ensuring non-discrimination and upholding rights.

Some said they are different as you can be 'safe-guarded' but still discriminated against. People with disabilities are not inherently vulnerable to abuse, but rather they are often exposed to greater risk as they are not provided with reasonable accommodations which allow them to address the abuse. This makes people with disabilities more vulnerable to abuse and equally also impedes their ability to report abuse when it happens, which increases their risk in turn, as a vicious cycle.

It is essential to acknowledge the differences between safeguarding and protection but also recognise how they are connected and how to avoid violations falling between the cracks. As the earlier question on individual and organisational responsibility, there needs to be clear safeguarding policies and procedures that organisations ensure they do no harm, and equally, at the same time these organisations have to contribute to broader sector discussion/reforms to address systemic change and promote equality and non-discrimination of all persons.

Ultimately upholding humanitarian principles and treaties, rights of all, be these for children, women, youth, persons with disabilities, indigenous persons, trans-gender and LGBTIQ+ persons, requires an intentional intersectional focus on discrimination. Action is required on both safeguarding within organisations, as well as protection within wider sectors/ contexts. Both are critical, however, safeguarding is the current focus of the session as this is entirely within the realms of an organisations ability to control and to address.
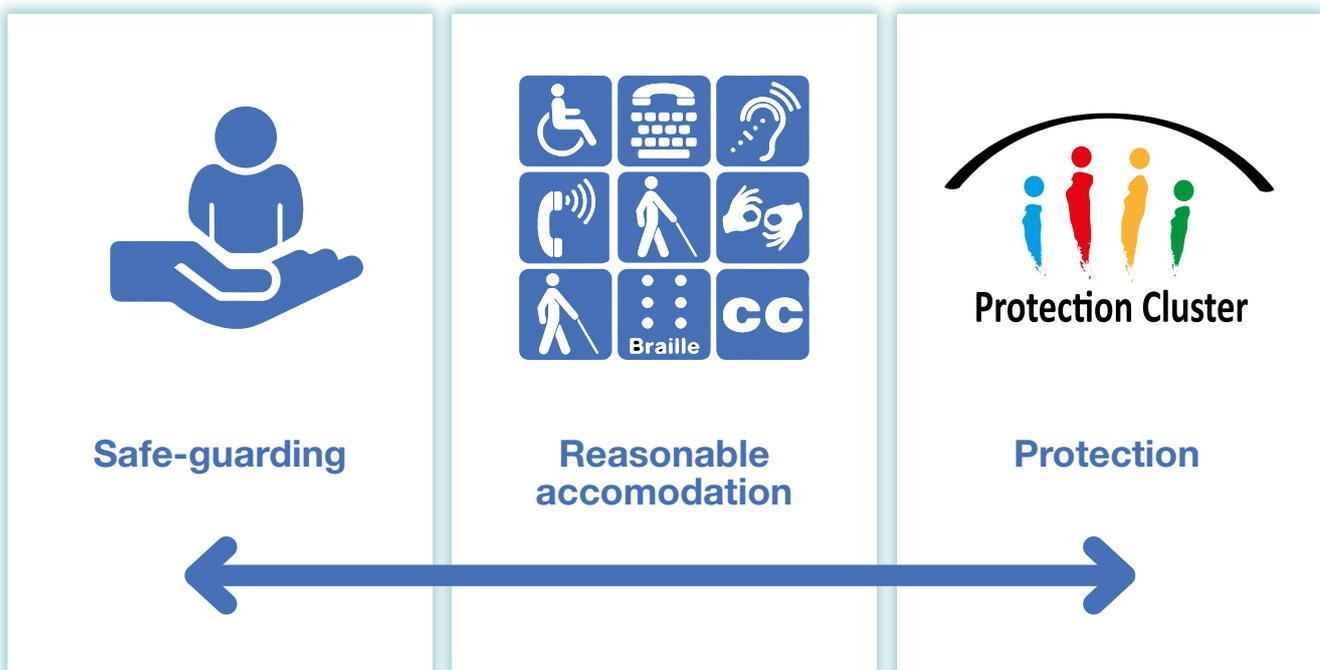

| Safe-guarding | Reasonable accomodation | Protection |

Figure 6: The diagram shows how reasonable accommodation is the pivotal link across safeguarding and protection

Some helpful definitions:

> *'Safeguarding is the responsibility of organisations to make sure their staff, operations, and programmes do no harm to children and adults at-risk nor expose them to abuse or exploitation. It is becoming good practice to think about how we safeguard everyone in our organisations at all times, including protecting staff from harm and inappropriate behaviour such as bullying and harassment."*
>
> Source: BOND safeguarding resources available online

IASC defines protection as:

> *'… all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. International Human Rights Law (IHRL), International Humanitarian Law, International Refugee law (IRL).'*
>
> *"**PROTECTION MAINSTREAMING** Different actors use different definitions for this term. The Global Protection Cluster Protection Mainstreaming Task Team **defines protection mainstreaming as the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid.**"*
>
> Source: IASC policy on protection in humanitarian action (2016)

The four key elements of Protection

1. **Prioritize safety & dignity, and avoid causing harm:** Prevent and minimize as much as possible any unintended negative effects of your intervention which can increase people's vulnerability to both physical and psychosocial risks.

2. **Meaningful Access:** Arrange for people's access to assistance and services – in proportion to need and without any barriers (e.g. discrimination). Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.

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

4. **Participation and empowerment:** Support the development of self-protection capacities and assist people to claim their rights, including – not exclusively – the rights to shelter, food, water and sanitation, health and education.

Safeguarding is a Western centric notion and industry that is imposed on local NGOs and civil society with little appreciation of local mechanisms

Again, very mixed views quite evenly distributed between agree; and disagree. Some mentioned that the statement was almost the exact response that they had head of local partners some ten years ago when Irish donors suddenly imposed strict child safeguarding policies. Many grassroots partners and local staff felt it was imposing upon projects, partners and communities standards/ problems that Ireland had only recently put in place themselves and were in response to Irish context issues and problems/ not theirs. Also imposing impossibly high standards on local entities that didn't have the awareness/ knowledge and were culturally insensitive/ not appropriate/ or adapted.

Others disagreed as, ultimately, every community cares and has mechanisms/ standards and concerns for safeguarding within their communities. Western countries are not the ones that hold the higher moral ground or have all the answers. Amba gave the example of how the impetus for safeguarding in India came from an instance of terrible Gender-based violence with gang rape, where Indian civil society then turned to CEDAW to take forward safeguarding.

Ultimately, rights could also be argued as a cultural imposition though, if we look at discussions from the first week where we see rights as universal, indivisible and inter-dependent, the question becomes how can we ensure that policies, procedures and laws are developed that enshrine rights within local systems and practice that uphold these rights building on strong local values, mechanism and customs.

The African protocol is an example of an initiative to have CRPD localised to systems that would hold African Union and member states to account at the continental level. These questions are neither easy nor straightforward and raise the complexities of how organisations navigate and enter genuine dialogue and partnerships with communities to 'do no harm'; upholding humanitarian principles in different contexts.

Creating a safeguarding approach: sharing Abilis' journey

Abilis was founded in 1998, as a foundation that supports OPDs in the global south with small grants of between 3,500 to 15,000 to implement one-off projects. The majority of funding is from the Ministry for Foreign Affairs of Finland. Current focus countries for Abilis are Nepal, Vietnam, Myanmar, Tajikistan, Uganda, Tanzania, Ethiopia, Mozambique and Malawi. The overall annual expenditure is approximately 3 million Euros.

The journey for Abilis in developing a safeguarding policy was motivated not just by having to meet donor requirements, although this was a reality, but also that the policy would raise awareness and prevent harm, not just have to manage when safeguarding issues have happened.

We thought about where we wanted to get to and began by reflecting on our own organisational needs and values before reaching out to other organisations to learn and search for best practice examples.

A priority for Abilis is to have clear, simple and effective policies and approaches. We also wanted to have a participatory approach seeking guidance from partners and peers. We consulted widely: Finn Church Aid, the National Lottery Community Fund, GlobalGiving, Plan International as well as Abilis Local Experts.

A key learning was the importance of getting the buy-in and engagement of colleagues and proactively overcoming internal resistance. This required taking the time to listen to colleagues and understanding their concerns. It meant going at a pace and taking everyone on the journey through a participatory process that everyone could own. Without this, there would be no value in having a safeguarding policy or process on paper if it did not speak to those who needed to implement it to make it real.

This meant that a critical success factor was to get a participatory discussion going within Abilis on what we felt needed to be in scope for us as an organisation, what would fit with our values and what should be included. This holistic participatory process was as important as the outcome, or product as we created opportunities for dialogue, discussion, refinement of ideas that could ensure safeguarding was a process that would be owned by all staff and not just management.

What does a policy need to include?

If we want to create a successful culture of safeguarding, we need to address multiple interrelated   aspects. A successful safeguarding approach needs to work beyond just having a safeguarding policy and reporting systems. It needs to sit within a broader suite of whistle-blowing, human resource management, risk management and code of conduct. A good example of this holistic approach is FCDO's enhanced due diligence approach, which outlines these six critical, inter-related areas and details the required aspects.

Safe - guarding	Whistle - blowing	HR	Risk Management	Code of conduct	Governance
• Policy • Training • Safeguarding register • Investigation process • Disciplinary process • Downstream partners	• Policy • Training • Complaint register • Zero reprisals	• Job Description & risks • Selection & interviewing • Reference & vetting	• Policy • Downstream partners • Categories • Risk register • Risk owner • Senior oversight	• Code of conduct • Prioritise People • Sign & evidence • Training • Ethical behaviour	• Designated safeguarding officer • Reporting to board • Annual report

Figure 7: Source: https://www.gov.uk/government/publications/dfid-enhanced-due-diligence-safeguarding-for-external-partners/enhanced-due-diligence-safeguarding-for-external-partners

We asked the question 'Whose responsibility is safeguarding?'. In this holistic approach, you can see that many departments are involved and play a role, while the organisation must take responsibility to have a clear safeguarding approach that works at all these aspects, and must train staff and partners to be confident, there is equally an individual's responsibility to report. When staff, consultants and volunteers sign a code of conduct or a safeguarding policy they have responsibility to play their part by being vigilant and reporting where they see or feel there are concerns.

Joint reflections on our discussions on safeguarding

Safeguarding should be an integral part of your culture, programme and activities. Not a one of concern once a year, or an activity simply to tick a donor requirement. It has to be an ongoing vigilant commitment. The reality is that we can never be complacent. There is widespread under-reporting of sexual exploitation, harassment, abuse and harm. Women and girls with disabilities are four times more likely to be a victim of sexual exploitation, abuse or harassment than women and girls without disabilities.

Organisations and individuals are not perfect, even within OPDs and Humanitarian Organisations there may be harmful organisational cultures and behaviours or harmful individuals. Encouraging openness and discussion around safeguarding and risks with members, donors, staff, partners and others helps open up the space for this dialogue to bring about a shift in culture, increasing openness to discuss, report and address safeguarding.

Often the focus on safeguarding feels to tip over to the focus on addressing incidents, which is a vital obligation, but equally there is an obligation to create environments where there is greater protection and prevention of incidents. Organisations should work to get a good balance, putting an equal focus on **preventing** safeguarding incidents and to **acting** to support victims, investigating and holding perpetrators to account when safeguarding incidents are reported. Have a look at the Abilis Safeguarding policy that equally focuses on preventing safeguarding incidents.

It is important we continue to discuss safeguarding within our networks with partners and donors to ensure our safeguarding policies are fully inclusive and do not transfer risk between us. We need to have more discussions and learning between us. The very nature of confidentiality required in managing safeguarding issues can inhibit us from creating the space to learn and exchange. Whilst we cannot divulge confidential aspects, learning conversations can keep anonymity and still allow for valuable exchange.

Consider what your organisation can do in the areas of Gender-Based Violence (GBV), Sexual Reproductive and Health and Rights (SRHR) and Safeguarding. Having a holistic approach is critical. This also signals a shift towards creating cultures and environments that promote well being and work towards prevention of issues rather than management of issues after the fact.

In summary:

- Discuss Safeguarding often
- Mainstream Safeguarding in your work
- Training, training, training and more training
- Annual revision
- Openness! It starts with each of us.
- Learning, learning, learning

Final tips from Abilis

> ✓ When designing and implementing a safeguarding policy, start with where do you want your organisation to get to and the motivation for having a safeguarding policy. Think of the special risks affecting your organisation, programme and activities
>
> ✓ Start with inclusion at the very beginning, it sounds obvious, but many organisations do not do it
>
> ✓ If it is a donor requirement, ask your donor to assist you and provide expertise or resources in developing a safeguarding policy
>
> ✓ Include the values of your organisation in the policy
>
> ✓ Ensure you have a way for people to report safeguarding concerns anonymously. This should be as simple as possible, and of course be inclusive!
>
> ✓ Commit to protecting those persons reporting concerns - this is often call a 'Whistle-blower Protection Policy'
>
> ✓ Have a 'Code of Conduct' which explains which behaviours are not allowed by your staff, partners and participants
>
> ✓ Communicate, communicate and communicate your safeguarding policy to staff, donors, partners and participants
>
> ✓ Look for best practice from other organisations!

For further information and discussion - please reach out! Abilis would welcome further sharing and dialogue on safeguarding policy and how together we can support improved practice across the sector. Please get in touch with us at abilis@abilis.fi

Engaging with Organisations of Persons with Disabilities

Figure 8: An Easy Read graphic representing a diverse group of disability activists. Source graphic produced by Change for a CBM's Easy to ready document

What do we mean by an OPD?

OPDs come in many shapes and sizes: from large national or global cross-disability umbrella organisations of persons with disabilities to small local single-focused OPDs, or youth OPDs. Some are formal, with registration, while others are less formal and may not be registered, such as informal self-help or peer support groups.

The definition of what counts as an OPD has been highly contentious, often with organisations providing services for persons with disabilities in some countries being formally registered and recognised by the government as the representative voice of persons with disabilities, despite not being an OPD.

In 2018, the CRPD Committee published General Comment Number 7 to clarify the participation of persons with disabilities, including children and their representative organisations, in the implementation and monitoring of the CRPD (Article 4.3 and Article 33.3). This important milestone has now given clear guidance on what counts as an OPD and recognises the wide variety of OPDs.

Often OPDs have different purposes. Large cross-disability umbrella OPDs have a different role than small impairment focussed groups. Usually, the umbrella OPD will provide a leading role in national advocacy to bring about systemic changes in laws and policy reforms. They will often represent the wider cross-disability movement in various government decision-making forums. Smaller impairment specific groups are more likely to provide peer support to their members, and their advocacy may be more impairment specific or local. Youth and women OPDs may also be working on a cross-disability basis at the national level, as well as on more specific advocacy for their constituent groups at community level.

What unites these as OPDs is in their primary function as representative organisations of persons with disabilities working for the rights and interests of their membership.

In summary, the General Comment Number 7 considers that OPDs should be rooted, committed to and fully respect the principles and rights recognised in the Convention – they cannot be working against the spirit of the CRPD. They should only be predominantly led, directed and governed by persons with disabilities, with a clear majority of their membership also being persons with disabilities in decision-making roles, controlling the strategy and advocacy priorities.

Organisations of women with disabilities, children with disabilities and persons living with HIV/AIDS are also considered organisations of persons with disabilities under the Convention.

The CRPD committee's definition of an OPD

According to the CRPD committee General Comment Number 7 the characteristics of an OPDs are:

a) They are established predominantly with the aim of collectively acting, expressing, promoting, pursuing and/or defending the rights of persons with disabilities and should be generally recognised as such;

b) They employ, are represented by, entrust or specifically nominate/appoint persons with disabilities themselves;

c) They are not affiliated, in the majority of cases, to any political party and are independent from public authorities and any other non-governmental organisations of which they might be part/ members of;

d) They may represent one or more constituencies based on actual or perceived impairment or can be open to membership of all persons with disabilities;

e) They represent groups of persons with disabilities reflecting the diversity of their backgrounds (in terms of, for example, sex, gender, race, age or migrant or refugee status). They can include constituencies based on transversal identities (for example, children, women or indigenous people with disabilities) and comprise members with various impairments;

f) They can be local, national, regional or international in scope

g) They can operate as individual organisations, coalitions or cross-disability or umbrella organisations of persons with disabilities, seeking to provide a collaborative and coordinated voice for persons with disabilities in their interactions with, among others, public authorities, international organisations and private entities

Are Parent-led organisations an OPD?

Often people get confused as to whether parent-led organisations are OPDs. The CRPD Committee guidance is that organisations of parents or family and self-advocates can be considered OPDs as long as the organisation clearly demonstrate their commitment to promote the CRPD - in particular:

✓ It actively promotes '**supported decision making**' to ensure that the choice, will and preferences of people with disability, who may need additional support to communicate their decisions, are respected.

✓ It is **against 'guardianship'**. Guardianship of adults with disabilities is against the CRPD and does not respect the legal capacity as well as voice, choice and autonomy of people with disability.

✓ It actively demonstrates that it is moving to towards **increasing the self-advocacy and representation** of persons with disability in the organisation – including supporting capacity development on leadership and decision making.

Remember that organisations need to differentiate between recognition of an OPD, which also includes informal self-help groups, from the definition of what legally constitutes a formal registered organisation that can receive funds. In some countries, the 'legal' definition for an OPD or OPD may include organisations 'for' rather than 'of' people with disability. This is not in line with CRPD Committee jurisprudence as outlined in General Comment Number 7

Sometimes, the government has formally registered OPDs, that are 'officially recognised' but are not independent. Also many agencies, may need to differentiate between their criteria for funding an organisation (requiring formal registration) and their criteria for engaging organisations (on accountability/ quality/ advocacy).

How to differentiate between organisations run by and organisations run for people with disabilities?

It is important to clearly differentiate between organisations run 'by' persons with disabilities who are working on disability rights from organisations working 'for' people with disabilities.

People with disabilities may also run some services provision, but this does not necessarily mean they are an OPD. If they are not a membership based and member-led, rights-based organisation then they would not count as an OPD. For example, a Deaf consultancy group providing sign language interpretation services would be considered a service provider, not an OPD. Equally, an NGO or an INGO or consultancy group that are disability-focused and employ a lot of staff with a disability is not an OPD.

Exploring the difficult power dynamics in engagement and partnerships with OPDs

Many organisations want to partner with OPDs, but have either been put off due to their own nervousness and lack of experience, fear of offending, or previous bad experiences. Equally, many OPDs are distrustful of working in partnerships with international NGOs where they may have experienced being co-opted, or left in a marginal position, with little say or control in designing programmes. Given the complexity of dynamics and the sensitivities of the power disparities, we decided to experiment using 'Forum Theatre' to explore these sensitive issues.

'Forum Theatre' (also known as Boal's Theatre, 'Theatre of the Oppressed' or 'Theatre for Development') is an interactive theatre form invented in the early 1970s by Augusto Boal. Boal's aim was to help audience members identify their "internal oppressions"' in order to begin to overcome them. It is a form of theatre that encourages audience interaction and explores different options for dealing with a problem or issue. It can be a helpful method as it creates some distance and allows people to explore sensitive issues by working through a range of different options, not by judgement but by collective participatory engagement. It is also a means of supporting participants to privately reflect on their own perspectives and to voice difficult issues through a safe alternative voice, being able to safely spotlight an issue, without judgement.

Three scenarios were designed to address some of the most pertinent areas of contention that we frequently see between international agencies and OPDs. For each scenario two groups were given different roles and asked to prepare in the most realistic way possible, preparing for the interaction not in how they would like it to be, but actually how typically these scenarios play out.

Scenario 1: You are an INGO that discovers the CEO of the OPD has been stealing all the funds, no activities have been taking place and many members of the disability movement are angry. Prepare a realistic representation of the meeting between the INGO and the OPD representatives and members.

Scenario 2: Major donors and the government have arranged an online national consultation for the SDGs including line ministries, INGOs and national civil society. People with disabilities are meant to be included as a recognised stakeholder group. Prepare a realistic representation of the online consultation.

Scenario 3: A major donor has launched a 35 million dollar fund on disability; it has been kept quiet amongst major INGOs and UN agencies. You are the OPD, and suddenly with a week to go before the deadline, many different INGOs are approaching you to partner to submit a proposal. Prepare a realistic role play based on a meeting with one of the main INGOs.

Each group performs the role play as a less than perfect realistic representation of OPD engagement. After you perform, you ask the audience what do they think could be changed to improve the engagement with OPDs to be more in line with CRPD general comment Number 7 in terms of accountability and engagement with persons with disabilities.

When you get the feedback from the audience, then perform the role-play again as they have suggested. After the second time of performing have discussions to share reflections on how it felt, how realistic it was and other ideas on what could be done better to improve engagement in line with the CRPD.

These tips were given to all participants on how to do the role play

- Make sure to plan a role for everyone in your group – make it participatory

- When you come back to perform we will pin you all, along with the Sign interpreters and all other cameras will be off so we can see you all.

- You can use the modalities of Zoom, including muting, stopping camera etc. to also demonstrate your ideas

- Remember to position your camera's well or not, depending on what you want to demonstrate.

- If you are relying on people being able to read your facial expressions/ body language, make sure you are well lit

What we learned from working through role play

Although this was the first time for all participants to use this forum theatre methodology, including using it for the first time online, it created a very different dynamic for discussions. It completely unbalanced the typical online learning environment. This disrupting of expectations created positive opportunities for some, who loved to work through drama, whilst challenging others far beyond their comfort zones. However, creating a challenging dynamic allowed for a safer space to discuss highly sensitive issues that otherwise would have been difficult to broach in an online space.

The role plays demonstrated some very typical power dynamics, for example the African minister of social affairs taking so long to introduce the OPD and the importance of OPDs being in the consultation that there was no time left for the OPD to speak. Technical glitches occurred so that, when it came to the OPD sharing their experience, the online connection failed and those left in the room discussing corruption were the Europeans with better internet connectivity, or even some of them also losing connection, allowing them to excuse themselves from difficult discussions. The role play on time constraints in developing a proposal brought into sharp focus a reality that continues to disempower.

> Overall, the methods, while too rushed and a new experience, were welcomed as creating valuable learning, with consensus that:
>
> - Using role-play is a very impactful way to reveal and demonstrate some of the everyday uncomfortable truths and imbalances
>
> - Role-play was also an easier way to address sensitive power dynamics and allow people to say things and broach subjects they would not otherwise be able to do
>
> - Power dynamics and disparities are inherent across all the role plays – and we realise we all have power and broker power as well as having been disempowered. Tapping into these experiences is key in identifying how we can act differently
>
> - In the role play many of us realised we often default to dominant top-down processes, and our unconscious biases come to the foreground
>
> - The role plays, whilst fictitious, are based on the everyday occurrences that OPDs regularly navigate/ manage with donors, INGOs and governments
>
> - The method asked us to reflect on how we can do things differently. This helped us all, including OPDs, to think about strategies to work through the imbalance in power that exists and to think of ways to mitigate and change these dynamics

There was also consensus that whilst this method was used to deal with made up scenarios it provided time for genuine reflection. Finding time to deploy the same methodology in real life will allow us to analyse how can we do things differently, to have different outcomes. By taking time to stop and re-think, to reflect on what we can do differently next time to try to change the outcome and not repeat entrenched ways of working that continue to keep the power with international agencies, rather than OPDs.

Reflections on how we can better improve accountability and power sharing with OPDs

A summary outcome of the group work on OPD engagement to improve our accountability

- We need to improve our planning ahead. Find realistic and respectful timeframes for engaging with OPDs if we want to have more effective partnerships. This will allow for more timely and informed dialogue, not expecting OPDs to jump when asked for consultation

- Improve our feedback mechanisms and ensure that key documents, reports, evaluation findings/recommendations etc. are in local languages and in accessible formats to ensure OPDs know of our work and can hold us to account

- Engage OPDs as part of the team for regular partner assessments and audits to ensure greater accountability, accessibility and relationships

- Ensure a twin track approach of investment to support OPD capacity development, so when we are drawing on OPDs to support joint advocacy on mainstreaming efforts, that we recognise we must be accountable and not inadvertently co-opt or drain OPDs – we need to invest in their core support systems

- Invest time and resources and make the effort to reach out and engage with under-represented/less visible disability constituency groups, not creating favourites but always being open to working with a wide range of representative OPDs – not just default to the easiest option of consulting established OPDs

- Create more opportunities to hire and engage persons with disabilities and their representative groups, across our programmes, for consultancies, partnerships etc. ensuring that lived experience is weighted and valued

- Recognise that we need to be realistic about our processes and ensure they are supporting capacity build of OPDs not being too onerous that stops genuine/authentic partnerships

- Ensure budget and time is allocated for OPD engagement and that this becomes part of our regular way of working from planning to delivery –that OPDs are core to our partnership approach

- Recognise we need to change our systems – ensure more flexibility and be more creative, responsive and innovative in our OPD engagement

- Support greater levels of representation of OPDs across all areas of work, including in our own governance systems, bodies at all levels, including programme design, monitoring and evaluation

In conversation with disability leaders: a panel discussion on challenges & opportunities

One of the aspects most valued in the training was the opportunity to listen, engage and directly ask questions of disability leaders from Asia, African and Latin America. The last session of the OPD engagement day discussions was to have a panel of three disability leaders with a diverse wealth of experience.

The following three main questions were asked, followed by some informal dialogue:

- Can you share your best and worst examples of OPD engagement in humanitarian action

- What do you see as the key steps moving forward on really engaging with OPDs as authentic partners in humanitarian action/ DRR

- What is your top tip that you would give to INGOs on engaging with OPDs – perhaps something to do or conversely something not to do!

Rosario Galarza, from Peru who works for the Latin America umbrella OPD and is also the inter-sectionalities officer for IDA

"The best example is when OPDs are engaged from the beginning in all of the action planning to give actions and other things…. people with disability need to be counted as a part of the design and planning throughout the humanitarian project cycle. I mean, I would like NGOs to understand how important it is to have meaningful and effective participation in all stages of humanitarian action."

"Two years ago we had migration of Venezuelan people. We didn't fully realize the relevance or impact of this issue on people at the time. Until last year when we did a study as an OPD in partnership with UNHCR. For this study we recruited different members, different OPDs and they tried to find out information from friends… it was very helpful as we now have many stories, testimonies and also we have interviewed people and have a picture of what people need and what are their demands"

Rosario's top tips on what to stop doing!:

"First thing that comes to mind is that INGOs should stop doing is they need to stop thinking that OPDs are just recipients of assistance. They need to stop thinking that because they are OPD they will not learn anything from them… They need to be open and willing to learn from OPDs. And willing to be creative. If there is not anything in order to provide accessibility in terms of accommodations, they need to be creative and explore ways for effective participation"

Rajiv Rajan, from India, who is the IDA Article 11 officer with extensive experience in DRR and who also supports work with under-represented groups

Rajiv shared examples of inclusive DRR, where OPDs in Bangladesh were engaged to share on developing early alert systems, notifications, how to identify and support people with disabilities in times of emergency. OPDs were in control and the research and needs assessments were really relevant, and which also allowed OPDs to tell their own story.

Rajiv's top tips on what to do!

'Accessibility and participation are the key ingredients for meaningful participation of persons with disabilities. When we talk about accessibility, not only physical accessibility, but in terms of communication and languages and that accessibility is considered in all processes, consultations, trainings, design in programmes, evaluations etc. to ensure full and effective participation.'

"Also have a long-term vision of support to OPDs, don't invest in OPDs for less than 5 years if you want genuine partnerships for real change"

Simon Peter Okwii, from Uganda, who works for a national OPD in Uganda and is also an IDA fellow supporting Downs Syndrome International's work across East and West Africa

My best example is immediately after training on Bridge CRPD SDGs Article 11. I came with the knowledge, confidence and zeal to do something different in my country, especially with the disability movement… We took the initiative and went through the refugee camps here in Uganda, the biggest in the country and spoke with refugees. We took action, discussed with them to see how any assistance or help that was rendered could better include them. It was already difficult because persons with disability were not engaged in designing the intervention programs from the start. Although we had limited resources we were able to intervene and make a positive difference.

Simon-Peter's top tips on what to do!

"Support OPDs with the technical know-how because when they have the substantive knowledge about how to make meaningful interventions and work with all the key stakeholders it will really be very productive…. giving them that knowledge on what they can do and what they can contribute and ensuring opportunities for them to inclusively participate in line with article 4.3 and 33.3 of the CRPD… The best way to do that is to engage local OPDs because they will be able to give you all the relevant information on how you can make meaningful impact and intervention in their lives.

Dos and don'ts on OPD engagement agreed with OPD panellists

Things to do

✓ Invest in capacity building with OPDs, but this does not mean seeing OPDs as deficit, or lesser partners

✓ Capacity building is a mutual process of learning and exchange, each with their own strengths and insights

✓ Create opportunities to engage OPDs in all stages of the humanitarian cycle

✓ If you don't know how to include people with disabilities don't be shy, just ask and be ready to get creative to find solutions together

✓ Invest in cascade support to OPDs for capacity development that is sustainable with OPDs in lead; this can be cascaded to others by OPDs through the disability movement, make sure these efforts include under-represented groups from the start, not as an afterthought

Things to stop doing!

✓ Don't use the excuse that there are no OPDs in a humanitarian crisis, there will still be people with disabilities amongst the population, remember informal self-help groups are also considered OPDs under the GC#7

✓ Imposing your ideas on OPDs, assuming your INGO priorities are the same as the OPDs

✓ TV journalists covering disasters referring to the welfare of animals over and before referencing the situation of persons with disabilities

✓ Governments not taking accessibility advice from OPDs during COVID-19. In Uganda during the lockdown this led to a person with disability being shot by an officer

✓ Short term opportunistic engagement with OPDs that creates expectations but does not build genuine relationships and time for change – don't be so project-based focus to the detriment of longer term relationship building

Introduction to Humanitarian Action, IASC guidelines & CHS

Disability Inclusion in Humanitarian action: key milestones

Above the timeline:

The 2030 Agenda for Sustainable Devlopment

GLAD Network — **2015**

WHS: Charter on Inclusion of Persons with Disabilities in HA — **2016**

The Global Compact on Refugees

Guidance on disability inclusion in HRPs — **2018**

Echo Operational Guidelines on Disability Inclusion — **2019**

UN Disability Inclusion Strategy

IASC Guidelines

1st BRIDGE Art11 Training — **2019**

CERF: dedicated funding for disability inclusive Interventions — **2021**

Timeline years: 2015 · 2016 · 2018 · 2018 · 2018 · 2018 · 2019 · 2019 · 2019 · 2020 · 2021

Below the timeline:

The Sendal Framework for Disaster Risk Reduction — **2016**

The humanitarian Inclusion Standards for Older People and People with disabilities — **2018**

DFID Disability Strategy

UNICEF Guidance on Including Children with Disabilties — **2018**

UN SC resolution 2475 — **2019**

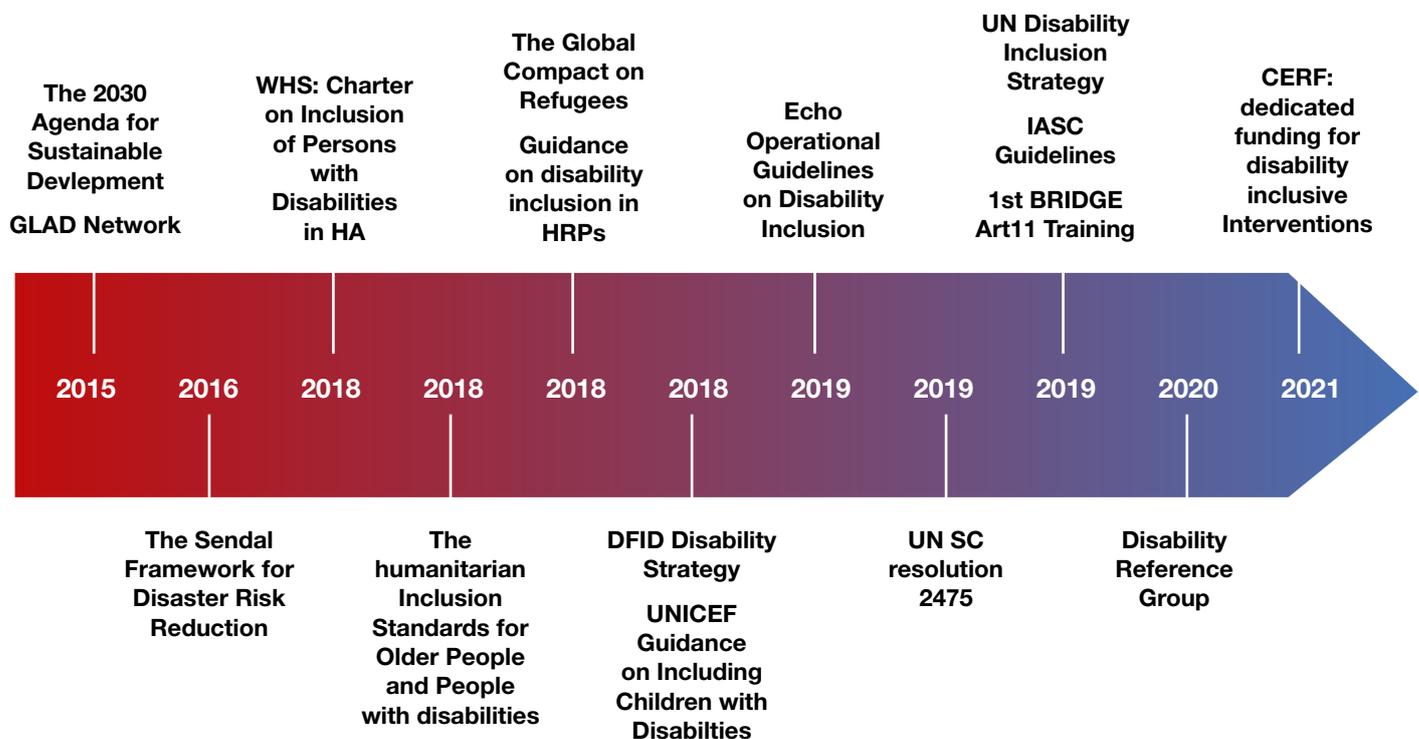Disability Reference Group — **2020**

Figure 9: Key Inclusive humanitarian milestones since 2015

Since the coming into force of the CRPD in 2008, widescale advocacy by the disability movement on ensuring international co-operation (Article 32) and humanitarian action (Article 11) was inclusive of persons with disability has led to significant breakthroughs in the last decade. The following are just a few of the main milestones at the global level.

In 2015, The 2030 Agenda for Sustainable Development, also known as Agenda 2030, was built on the fundamental ethical imperative of leaving no one behind and maintains that those hardest to reach must be prioritised; also an imperative of humanitarian action. The Agenda 2030 as a universal framework, in line with the CRPD, has specific references and targets for the inclusion of persons with disabilities. Following the launch in 2015, a group of bilateral and multilateral agencies and foundations in partnership with the IDA established the GLAD Network. The focus of this network has been to ensure a more concerted and coordinated effort by donors to realise the promise to leave no one behind.

Earlier in March 2015 the Sendai Framework for Disaster Risk Reduction was adopted as the first internationally endorsed agreement of the post-2015 development agenda, which emphasised accessibility, inclusion and universal design, in line with the CRPD. In particular, it had a focus on reasonable accommodation and how to model good practice.

In May 2016, the World Humanitarian Summit in Istanbul built on this momentum and saw the launch of the Charter on Inclusion of Persons with Disabilities in Humanitarian Action, now endorsed by 220 agencies, including states, UN agencies, NGOs and OPDs. This marked a critical collective commitment by the humanitarian sector to include persons with disabilities. There was also recognition that it was not enough to gain signatories to the charter but that practical guidance was needed to realise these commitments in practice. This subsequently led to the formation of an IASC task team.

In 2018, The humanitarian Inclusion Standards for Older People and People with Disabilities, a SPHERE companion Standards (HSP), was launched. 2018 also saw significant progress with commitments made in the Global Compact of Refugees. This included explicit references to non-discrimination, meaningful participation and leadership of persons with disabilities, and the importance of ensuring disaggregation of data by disability to strengthen evidence and the planning and delivery of response programmes inclusive of refugees with disabilities.

This was followed in 2019 by a plethora of essential commitments, guidance, and capacity building initiatives promoting disability inclusion:

- The Step-by-Step Practical guide for Humanitarian Needs Overviews (HNOs), Humanitarian Response Plans (HRPs) and Updates

- DFID's Strategy for Disability Inclusive Development 2018 to 2023

- UNICEF Guidance on including Children with Disabilities in Humanitarian Action

- DG ECHO Operational Guidelines on Disability Inclusion

- The UN Security Council Resolution 2475 on the situation of person with disabilities in armed conflict and humanitarian crises

- UN Disability Inclusion Strategy

- IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

- The first Bridge CRPD SDGs Article 11 Training

This substantial shift in guidance and support has resulted in disability being increasingly reflected in Humanitarian Response Plans (HRPs). A momentum was further galvanised at the 2020 Humanitarian Networks and Partnerships Weeks (HNPW) with the formal launch of the Disability Reference Group. This was followed in 2021, by a critical milestone: the Central Emergency Response Fund (CERF), the central mechanism for pooled funding for humanitarian action, dedicated a specific $10 million funding envelope for disability inclusion. See the CERF Underfunded Emergencies: 2021 Guidance note on funding for persons with disabilities.

Coordination on Disability Inclusion in Humanitarian Action

GLOBAL LEVEL

INTERAGENCY STANDING COMMITTEE (IASC)
- Priority 2 Group: Accountability and Inclusion
- Gender Reference Group
- MHPSS Reference Group

UN CLUSTER SYSTEM
- Global Protection Cluster (GPC)
- Other Global Clusters

DONOR GROUPS
- GLAD Network
- Group of Friends of the Charter
- Individual Donors

HUMANITARIAN STANDARDS GROUPS
- Humanitarian Standards Partnership (SPHERE)
- Core Humanitarian Standard (CHS)

DISABILITY REFERENCE GROUP ON INCLUSION OF PERSONS WITH DISABILITIES IN HUMANITARIAN ACTION (DRG)

NATIONAL LEVEL

NATIONAL NGOs FORUMS

DISABILITY WORKING GROUP

NATIONAL CLUSTER SYSTEM

UN HUMANITARIAN COUNTRY TEAM (HCT)
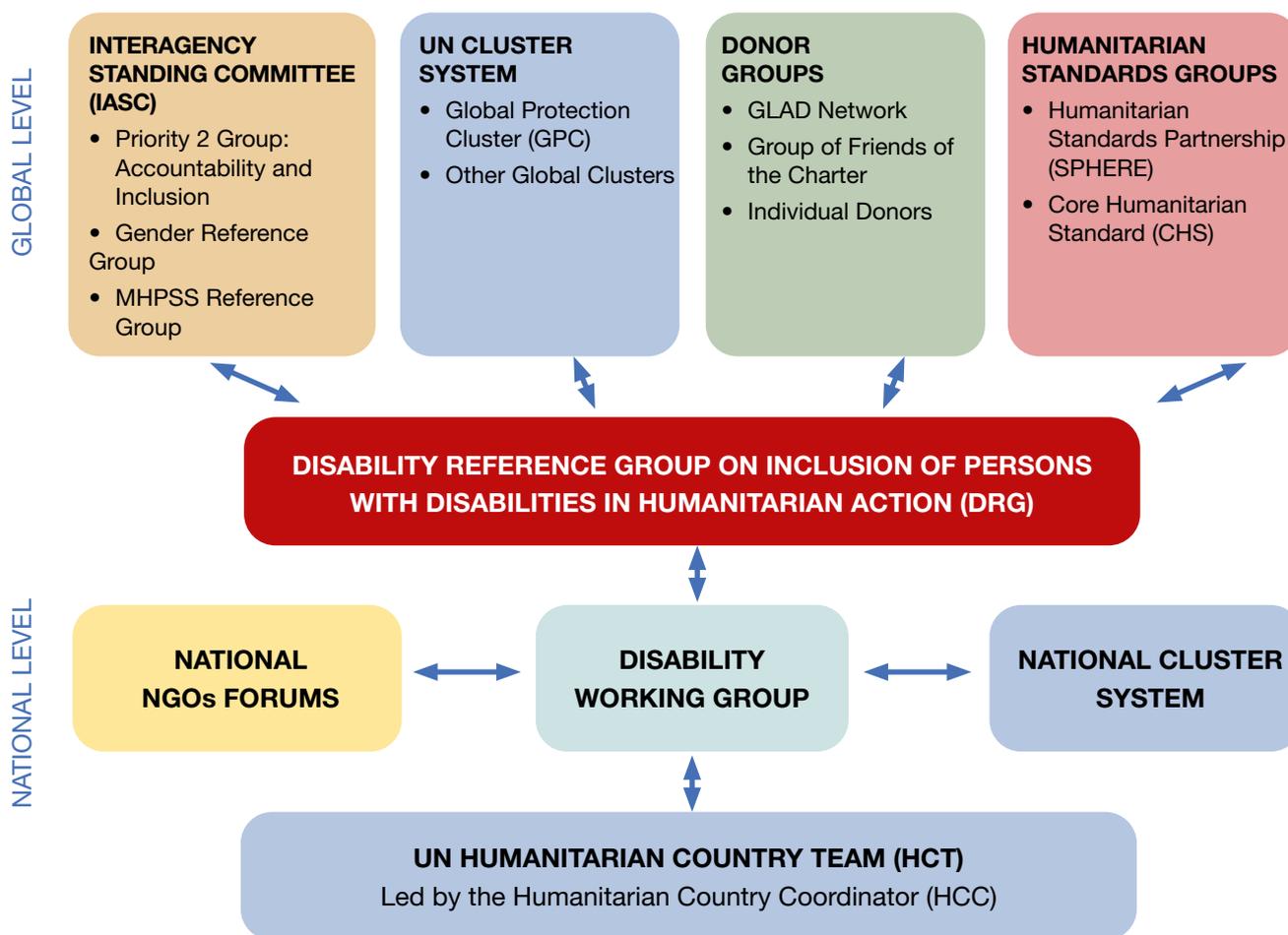Led by the Humanitarian Country Coordinator (HCC)

Figure 10: Global & national coordination mechanisms

The image above shows many of the numerous entry points for coordination on disability inclusion within the humanitarian infrastructure at the global and national level.

The image above shows four groups of global-level coordinating bodies including the Inter-Agency Standing Committee (IASC), UN cluster system, donor groups and humanitarian standards groups all of which have a two-way relationship with the Disability Reference Group On Inclusion of Persons With Disabilities in Humanitarian Action (DRG). The DRG, in turn, has a reciprocal relationship with national disability working groups which, in turn, have a two-way relationship with national NGO forums, national cluster systems and the UN Humanitarian Country Team (HCT).

Within the structure of the Inter-agency Standing Committee (IASC), there are mechanisms to strengthen the coordination of humanitarian action. There are five IASC results groups, the most critical for disability inclusion is IASC results group 2 on Accountability and Inclusion. In addition, IASC has officially supported reference groups. Two that are highly relevant to disability inclusion are the IASC Reference on Gender and Humanitarian Action, established in December 2006 and the IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings, established in December 2007.

Within the cluster system, there are global cluster leads for each sector such as protection, health, education nutrition, camp coordination and camp management etc. The global clusters provide technical standards to the field on how humanitarian action needs to be coordinated and implemented. The cluster system aligns with two critical global-level standard initiatives aimed broadly at promoting and improving standards within the humanitarian sector; The Core Humanitarian Standard (CHS), and the Sphere Humanitarian Standard

Partnership Group. Which aim to improve the quality and accountability of humanitarian action across all sectors and a harmonised approach to supporting users in the application of standards.

Alongside the IASC, cluster system and humanitarian standards networks, are donor groups. This includes the Global Action on Disability Network (GLAD), a donor-focused network which coordinates to exchange and share information and provide a more concerted effort for disability inclusion across all areas of international cooperation and donor-funded humanitarian programming, and The Group of Friends of the Charter on Inclusion of Persons with Disabilities in Humanitarian Action which is a group of UN members states and affiliated international organisations supporting its promotion.

Navigating the deep sea of resources: policies, tools and standards

Over the past few years, since the 2016 World Humanitarian Summit, there has been significant momentum to increase disability inclusion within humanitarian action. There is now a plethora of new tools and guidance, which people are often unfamiliar with or do not necessarily know how to use, or when to use them and how they relate to each other. The image below taken from the 2018 CHS Accountability Report, which focused on how change happens in the humanitarian sector, was the first edition to have a dedicated chapter on Inclusion.

Figure 11: Image is taken from the 2018 edition of the CHS Accountability Report

The illustration represents on the left side several aid workers working at policy level shouting advocacy messages through megaphones that are transformed into books with Gender, Age and Disability written on the front covers. These manuals are launched to fly over a big divide to field staff on the right. There is a mixture of aid workers and community members at the field level, including people with disabilities. Some Aid workers who are further away from community members tell field teams, "We simply need to build inclusivity into everything we do". Whilst aid workers on the front line scratch their heads and express their frustration saying, *"How do we put all this together on the ground?"*

On the one hand, this picture shows the success in bringing inclusion to the centre of the humanitarian action agenda over the last decade and, on the other, the increasing pressure on practitioners to be able to comply with new international guidance on Inclusion and Accountability. All humanitarian actors recognise that now there is a need to make sense of these resources to realise a change in practice and operations to be more accountable to persons with disabilities.

In the past, efforts focused on getting decision-makers to commit to including people with disabilities in humanitarian action. This battle has substantively improved over the last five years, at least on paper. There are now clear legal and policy directives that commit agencies to inclusion and a plethora of tools, standards, manuals and guidance documents. However, there is often confusion on how these all fit together. Especially on how Humanitarian Inclusion Standards fit with existing tools already widely used in the field, such as the Sphere Standards? Understanding how these resources fit together is important.

This pyramid outlines the hierarchy between different resources available and how they influence and affect each other. Each time there is a policy change at the top, be this a new law or legal framework, this subsequently obligates change and an update of standards, guidance and tools.

Policy — Defines issue and scope. **Answers**: Why do we want to do this? **Examples of legal and international policies, frameworks and agreements are:** CRPD, CRC, CEDAW, National Disability Laws, UNSC 2475, IASC Policy on Protection in Humanitarian Action, the Grand Bargain, the Global Compact on Refugees, Sendai Framework

Standards — Defines what is required. **Answers:** What do we do? **Examples are:** Core Humanitarian Standard, Humanitarian Inclusion Standards, Minimum Standards and Recommendations for Rehabilitation in Emergency

Guidance — Defines step-by-step instructions. **Answers:** Exactly how do I do this? **Examples are:** Access prob: IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, Guidance on Strengthening Disability Inclusion in HNOs and HRPs, UNHCR, Working with Persons with disabilities in Forced Displacement.

Tools — Provide hands-on materials and experience **Answers:** More specific aspects on what to do, how to do what is required. **Examples are:** Washington Group Set of Questions (WGS); Humanitarian Hands on Tool (HHOT), All Under One Roof, and MHPSS in Emergency Settings: What should Camp Coordination and Camp Management Actors know?
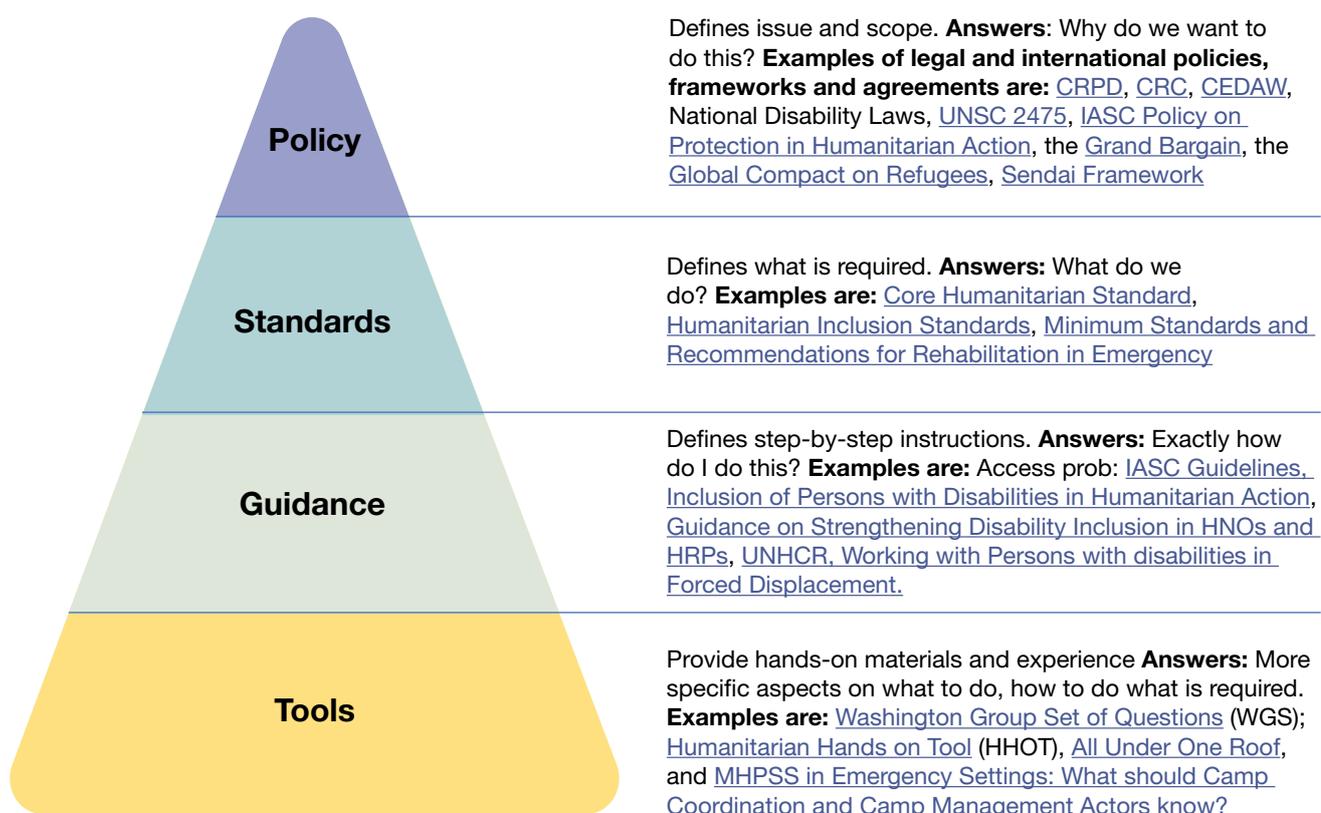
Figure 12 Pyramid showing a hierarchy of resources from policy at the top, followed by standards, guidance and tools.

At the policy level, we have international treaties such as the CRPD, national laws and constitutions, and provincial policies and legislation at the sub-national level. These are on top because, while less numerous, these are legally binding and subsequently inform the formulation of standards and guidelines to inform practice.

Standards are the next level. These are also often binding at the standards level, either compliance from donors who expect humanitarians to evidence how they address Sphere Humanitarian Standards or governments that expect international ISO standards and national standards on accessibility are met.

In turn, guidelines are needed to translate policy and standards into clear guidance. Examples such as the IASC Guidelines on Inclusions of Persons with Disability in Humanitarian Action and the UNHCR Need to Know Guidance are designed to translate policy into digestible guidance that creates sector-wide peer accountability.

Finally, tools are more specific. These are the practical tools to help ensure that practitioners can do different aspects of the work in compliance with the policy, standards and guidance. An example of a specific tool is the Washington Group Questions, designed to support more consistency in collecting disaggregated data on disability. Tools are more abundant, as we need different tools for different things, from collecting data, or informed consent, to ensuring best practice in safeguarding. If we wish to have disability inclusive rights-based accountable practice, we need to ensure we use up-to-date tools informed by international treaties and agreed upon sectoral standards.

As we adapt, develop or translate tools for use in local areas, we need to ensure we follow a rights-based approach that translates the CRPD and Humanitarian Principles and Standards into practice. There are far more tools, as each agency often wants to develop a tool specific to their work mandate/ context. However, in developing these tools, it is critical to keep the spirit and strategy of the CRPD and other human rights treaties such as the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).

Introduction to IASC Guidelines

Figure 13 Photo of participants at the first IASC consultation, hosted by the Pacific Disability Forum, Fiji (January 2017)

Following commitments made at the [World Humanitarian Summit](#) in July 2016, an IASC Task Team was set up to translate the political commitments made at the summit into practice. A three year highly participatory and inclusive development process was undertaken. The process of development of the guidelines was as important at the outcome. The IASC guidelines were the first humanitarian guidelines developed with and by persons with disabilities and their representative organisations in partnership with traditional humanitarian stakeholders. It undertook an extensive gap analysis through global, regional and thematic consultations in multiple language groups that engaged over 600 actors to build on learnings and existing materials. The process resulted in the active participation of a broad range of persons with disabilities and their representative organisations, governments, alongside humanitarian and UN agencies. It resulted in the launch of the guidelines in November 2019.

> The structure of the guidelines is in three main parts:
>
> 1. **Introductory chapters:** providing legal and policy framework, overarching principles; cross-cutting topics and programming; roles and responsibilities.
>
> 2. **Sector-specific chapters:** on Camp coordination and camp management, education, food security and nutrition, livelihoods, health, protection, shelter and settlements, water, sanitation and hygiene. Each sector chapter follows a similar format, including applying principles and cross-cutting topics in each sector.
>
> 3. **Annexes:** providing practical guidance on assessing reasonable accommodation, tools for data disaggregation, identifying, evaluating and using secondary data, developing disability-inclusive indicators and evaluation criteria, accountability to affected people and protection from sexual exploitation and abuse.

The introductory chapters aim at all stakeholders, whilst the sector-specific focus on practical how to issues to translate disability inclusion policy into practice. Each chapter follows the same format and addresses two critical conceptual problems. Firstly, how risk is created for persons with disabilities; and secondly, how to target disability through a twin-track approach, both being key to address.

Previously, much of the humanitarian action guidance focused on the vulnerability of persons with disabilities. This is highly problematic as it assumes that vulnerability is inherent within the person with a disability and not in the system. For this reason, in each sector-specific chapter, there is a focus on supporting humanitarians to analyse barriers and recognise that people with disabilities are not inherently vulnerable but rather face heightened risks associated with barriers. Often, these barriers are created by humanitarians in how their response plans are designed and/or implemented. In each chapter, there is a detailed section helping to identify some of the main barriers that people with disability face in that sector.

Secondly, each chapter addresses another frequent misconception that sometimes humanitarians assume they always have to do something special, often medical, only targeted at persons with disabilities, rather than design their programmes to be more inclusive from the start. In each sector-specific chapter, examples are provided of actions to both mainstream inclusion and provide specific targeted actions. Both are required to ensure people with disabilities can realise their rights on an equal basis with others, be included in mainstream activities and have additional support when needed. These twin-track suggestions are structured according to the stages of the humanitarian program cycle to reinforce at every stage from preparedness, response and recovery that humanitarians should provide a twin-track approach to ensure equal participation and non-discrimination.

The guide is not intended to be read from cover to cover but rather as a reference to support humanitarians during key processes in the humanitarian programme cycle.

The guide is not intended to be read from cover to cover but rather as a reference to support humanitarians during key processes in the humanitarian programme cycle. Practical ways that the guide can be used are:

- To develop policies, strategies and standards inclusive of persons with disabilities

- To support organisational change

- As a reference for needs assessment and when designing & planning projects

- As a reference to monitor and evaluate action and identify learning

- To enhance coordination between actors engaged in promoting inclusion

- During the development or revision of guidance tools and resources

The IASC Guidelines on the inclusion of persons with disability in humanitarian action (July 2019) is available in many languages and in multiple accessible formats, including HTML, Braille, E-pub, and Easy to Read.

Introducing the Disability Reference Group and its role within the sector

The Disability Reference Group (DRG) grew out of the development of the IASC guidelines and was formally launched at the 2020 Humanitarian Networks and Partnerships Weeks (HNPW). The main purpose of the DRG is to develop a platform to foster collaboration among UN agencies, NGOs, both international and local and OPDs. The DRG hopes to be a central focal point to support disability inclusion in humanitarian action by:

✓ Supporting implementation of the Guidelines

✓ Connecting ongoing initiatives

✓ Engaging with broader sector coordination, technical and funding bodies: IASC, Cluster system, Sphere, CHS, Academia, Donor Forums and working closely with IASC results group 2

✓ Keep the sector informed about major developments in this area

The DRG has over 160 members and holds monthly meetings, and issues a monthly newsletter to keep the membership updated on progress across three main thematic areas of work:

The first is to operationalise the guidelines. Since the launch of the IASC guidelines, there has been high demand for more specific technical support and capacity building for agencies to implement the guidelines; provide practical support to make them accessible to practitioners.

The second is to increase participation and engagement by OPDs in humanitarian action, and the third area is to ensure integration of the guidelines into existing global processes: mainstreaming inclusion of persons with disabilities across all global processes.

Seven working groups have been established to deliver against these three pillars to take forward the agreed DRG workplan:

1. **Sensitization and learning working group:** co-led by Humanity & Inclusion and International Rescue Committee; is working on effective practices and case studies of implementation of the IASC Guidelines and sector-specific sensitization and learning material on the IASC Guidelines.

2. **Technical support proposal working group:** led by WHO: is working on consultation with relevant actors and analysis of existing mechanisms, to develop a proposal for an effective model of providing technical support to humanitarian actors

3. **Contribution to deliverables of IASC Results Group 2 working group:** led by UNHCR: supports the roll out of the Accountability Framework and results tracker; contribute to the Accountability and Inclusion Portal, including the service directory, resource library, helpdesk and blog. Reviews key PSEA guidance materials and input on disability inclusion identifies opportunities to engage more closely in localisation agenda and engage in work on accessible feedback and complaints mechanisms

4. **Disability inclusion in the Humanitarian Programme Cycle (HPC) working group:** led by OCHA and ICVA: Collaborate with the FCDO-UN Single Business Case advisory group on disability inclusion on revision of the guidance on strengthening disability inclusion in Humanitarian Response Plans (HRPs) and accompanying resources; roll out of the guidance to clusters and country teams; and identify opportunities for capacity building of OPDs and other disability actors, to increase participation in HNO/HRP processes

5. **Revision of the CHS working group:** led by the CHS Alliance are working in cooperation with IASC Results Group 2 (RG2) to review drafts of the revised CHS, participate in coordination mechanisms/ working groups for the revision and support OPD engagement in the revision process

6. **Enhance OPD awareness and expertise working group:** led by CBM-Global and International Disability Alliance (IDA) are developing and delivering awareness-raising and sensitization to introduce humanitarian action mechanisms, structures, relevant frameworks and norms to OPDs and supporting engagement of OPDs in mainstream humanitarian training opportunities

7. **Dialogue between OPDs and humanitarian actors working group**: led by the World Institute on Disability are producing and disseminating key messages for humanitarian actors on effective engagement with OPDs. This is a safe space for OPDs only and organises dialogues between OPDs to exchange their experiences in humanitarian action and collectively strategise on how to strengthen OPD engagement further in the sector. This group is also working to organise interactive dialogues between OPDs/OPDs and humanitarian actors to share experiences and collaborate to develop effective strategies to strengthen collaboration.

Introduction to the UN Security Council Resolution 2475

In 2019, the Security Council adopted its first-ever resolution calling upon member states and parties to armed conflict to protect persons with disabilities in conflict situations. This resolution is young but ground-breaking. The broad areas it looks at is strengthening data collection and reporting by people with disabilities in situations of conflict to evidence change that is required. The aim is to build evidence, capacity and knowledge among member states, peace builders and empower people with disabilities in conflict and post-conflict situations. This resolution is very much about bringing CPRD Article 11 to life, to the heart of discussions with member states on the UN Security Council.

The resolution seeks to ensure persons with disabilities in situations of conflict have access to justice, basic services and unimpeded humanitarian assistance.

This resolution encourages member states to ensure that persons with disabilities enjoy equal access to basic services, including education, health care, transportation and information and communications technology (ICT) and systems. The Council further urged states to enable the meaningful participation and representation of persons with disabilities, including their representative organizations, in humanitarian action and in conflict prevention, resolution, reconciliation, reconstruction and peacebuilding.

The Security Council has primary responsibility for maintaining international peace and security. It has 15 members, five of which are permanent members (China, France, Russia, UK and USA) and the remaining 10 members are elected to serve two years each. Each member has one vote, and permanent members also have a veto.

Ireland is one of the current members of the Security Council, whilst the Special Rapporteur on disability, Gerard Quinn, is also Irish. In 2020, the International Disability Alliance, CBM Ireland and the Special Rapporteur worked with the Irish UN mission in New York to organise closed-door discussions between members of the security council and the disability movement. The Special Rapporteur has also recently called for evidence and presented a [Report to the 76 General Assembly in July 2021](), which examines the protection of the rights of persons with disabilities in the context of armed conflict. The report takes stock of the dialogue started by Security Council resolution 2475 (2019) and aims to advance discussion on the topic in light of the provisions of the CRPD and international humanitarian law.

This report has created an essential impetus for OPDs to report on conflict situations and for all of us engaged in humanitarian crisis to start strategically planning to lobby members of the UN security council effectively to keep the situation of persons with disability in conflict firmly on the agenda.

For full details, see the full text of the [UN Security Council Resolution 2475 for the protection of persons with disabilities in armed conflict]() (2019).

Also see this helpful [short video]() by Diakonia on why IHL is critical for protection of persons with disabilities in armed conflict.

Introduction to Core Humanitarian Standard

The Core Humanitarian Standard was written collaboratively by HAP, People In Aid, the Sphere Project and Groupe URD. It came about through broad consultations, lasting 12 months, with communities and people affected by crisis, NGOs networks, governments, UN agencies, academics and donors and was overseen by a Technical Advisory Group. The standard was finally published in Dec 2014.

The goal was to consolidate existing norms in a verifiable standard to facilitate the work of end-user organisations that can be used both by humanitarian and development agencies. Ironically, although the name sounds as though it only applies to humanitarian sectors, it equally applies to development and dual mandate agencies.

Figure 14: The CHS flower showing the 9 standards, the detailed description is given below

The CHS has 9 accountability standards that are presented as a flower. At the centre of the flower, you find communities and people affected by crisis. The flower has nine petals, each petal representing one of the nine CHS commitments.

1. Humanitarian response is appropriate and relevant
2. Humanitarian response is effective and timely
3. Humanitarian response strengthen local capacities and avoids negative effects
4. Humanitarian response is based on communication, participation and feedback
5. Complaints are welcomed and addressed
6. Humanitarian response is coordinated and complementary
7. Humanitarian actors continuously learn and improve
8. Staff are supported to do their job effectively and are treated fairly and equitably
9. Resources are managed and used responsibly for their intended purpose

In between the petals and the communities and people, you have the four humanitarian principles the CHS is based on: humanity, impartiality, neutrality and independence. On the outside of the circle is written the Core Humanitarian Standard.

Each commitment is accompanied by supporting:

✓ Quality Criteria

✓ Key Actions

✓ Organisational Responsibilities

The Core Humanitarian Standard is set up to support organisations through a self-assessment process for continual improvement. It also allows organisations to see how they are doing against the sector's broader benchmarking and get support from peers and other CHS alliance members committed to going on a journey of improvement and accountability. The purpose is to:

- Improve the organisation's accountability to people affected by disaster, conflict or poverty

- Improve the efficiency, effectiveness and impact of the organisation's work

- Demonstrate commitment and high quality of work

- Improve opportunities for donor funding; the CHS self-assessment often overlaps and provides the evidence required by donors on accountability

- Act as an entry point to increase engagement, influence and accountability of policy in the sector using these standards

To date, there has been broad uptake of the CHS, with over 150 CHS Alliance member organisations committed to the CHS and over 110 organisations verified against the CHS. Verification can be of two kinds: self-assessment or a more detailed external verification process including certification.

There are many benefits for undertaking the CHS self-assessment and verification process. Many donors formally recognise the CHS verification such as DANIDA, GFFO, DEC, DG ECHO and Dutch Relief Alliance. In addition, some donors and funding mechanisms have themselves carried out the CHS self-assessment to see how well their systems and process enable their partners to implement the CHS. This has been done by the Disasters Emergency Committee (DEC) in the UK and the Luxembourg Government aid programme.

The CHS is also an important quality and accountability reference to several other instruments that rely on the CHS. For example, the IASC Commitments on Accountability toward Affected Population (CAAP) and IASC Results Tracker are based on/ use the CHS. The CHS was also mentioned in the recommendations and indicators of the participation revolution workstream of the Grand Bargain.

Often people are confused between The CHS Standard and the CHS Alliance. The CHS standard is the result of a multi-stakeholder collaboration and has its own independent existence www.corehumanitarianstandard. org. The CHS Standard was developed over an extensive 12 month collaboration between four main agencies and their members: the Humanitarian Accountability Partnership (HAP); People in Aid; the Sphere Project and Groupe URD (Groupe Urgence Réhabilitation Développement Association). The result of this was the launching of the CHS in 2014, which was owned by these agencies.

The CHS Alliance, on the other hand was created by a merger of two of the agencies who came together to support the development of the CHS: HAP, that previously ran the HAP standard with six organisational benchmarks and People in Aid, which ran the People In Aid Code which outlined seven principles for effective people management. The combined learning, memberships and networks of both organisations were merged in June 2015 to create the CHS Alliance, to take forward the CHS standard. The CHS Standard is therefore now owned by three agencies: the CHS Alliance, Sphere and Groupe URD.

The CHS Alliance central mission is to promote development, support and implementation of the CHS. Through advocacy and supporting members with self-assessment and verification processes we create communities of practice to nurture peer accountability and learning. Currently, the CHS Alliance has more than 150 members working across all continents with a wider diversity of members across development and humanitarian agencies, including large INGOs to smaller national and local organisations.

Whilst the title may be misleading, the CHS is as relevant to development agencies as it is humanitarian ones.

There are three important and inter-related resources for people to use in developing their practice:

The Core Humanitarian Standard (2018) which is now available in 27 languages. In addition, there is a CHS Guidance Note and Indicators issued in 2018.

The Sphere Handbook (2018) Is available in multiple language versions. The 2018 edition was updated to also mark the twentieth-year anniversary of the Sphere movement. The CHS standard is now integrated into the Sphere Handbook as a core chapter in this latest edition.

Quality & Accountability Compass (2018), a monitoring handbook based on the CHS, developed by Groupe URD and CHS alliance, is a practical set of checklists and guidance on applying and using the CHS standards, designed to be used at different stages of the project cycle.

These three resources are complementary and show the joint commitment of the three agencies to take forward the CHS.

The CHS verification scheme

The CHS was designed as a measurable and verifiable standard. It provides a structured, systematic verification process to assess the degree to which an organisation's work complies with the CHS. There are three main stages of verification:

Validated CHS Self-Assessment is usually the first option that the organisation undertakes. This self-assessment process helps organisations understand their capacity and performance against the CHS and is usually the first stage that an organisation goes through.

CHS Independent Verification: this is the second option, which provides organisations with an independent, external quality assurance assessment of capacity and performance against the CHS. Usually, organisations attempt this after they have first done a validated self-assessment process and have already worked on an organisational improvement plan.

CHS Certification: is the third and final option, which provides organisations with an independent, external quality assurance assessment and certification of compliance with the CHS. Organisations only get certified when they have met all nine standards.

All three options use the same verification framework based on the 62 indicators and they all use the same scoring grid.

The CHS alliance supports the process's first stage, while an external organisation manages the second two stages of independent verification and certification. This is done by the Humanitarian Quality Assurance Initiative (HQAI). The CHS and HQAI work closely together but are autonomous bodies.

The CHS have several tools and methodologies to gather information and support the self-assessment process. The process starts with a desk review of an organisation's documents, policies, procedures and reports. They then gather data by interviewing staff and surveying communities to gather information on their perceptions of the quality of the services and interactions with organisations. They then also ask questions of partner organisations for those agencies working with local partners. These are then combined to give a combined score and provide insights on what can be done to improve an organisation's practice.

Scoring against the indicators is from 0-4. The grid below gives the descriptions of these scores.

CHS Score	Description
0	Your organisation does not work towards applying the CHS Commitment.
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.
2	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.
3	Your organisation conforms to this requirement, and organisational systems ensure that it is met throughout the organisation and over time – the requirement is fulfilled.
4	Your organisation's work goes beyond the intent of this requirement and demonstrates innovation. It is applied in an exemplary way across the organisation and organisational systems ensure high quality is maintained across the organisation and over time.

To support organisations in the self-assessment process, the CHS has developed a helpful Self-Assessment Manual (Version 4.0 Dec 2020) that explains the process, timeline and stages and methodologies required, including ensuring a relevant sample for surveys etc.

By undertaking the self-assessment, it means that an organisation will also have self-assessed against three key thematic indexes on:
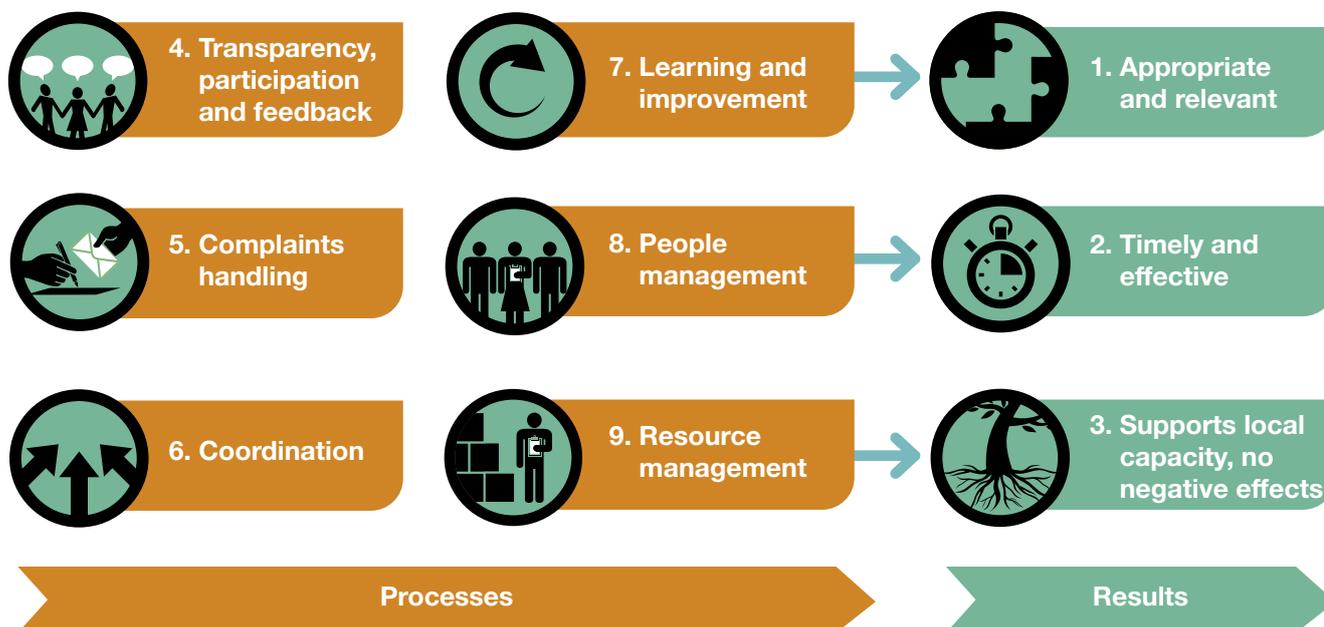
- Protection against sexual exploitation and abuse or harassment

- Localisation

- Gender and Diversity

Each of these indexes is based on relevant indicators from the nine CHS Commitments. When an organisation verifies against the CHS, it automatically verifies against these three indexes. This can be very helpful for organisations needing evidence to donors of their capacity and compliance when applying for funding.

Questions asked about the CHS by VIVID consortium partners

How do the 9 CHS standards relate to each other?

This diagram can help to show the relation of how the standards work together.

Processes	Results
4. Transparency, participation and feedback	1. Appropriate and relevant
7. Learning and improvement	
5. Complaints handling	2. Timely and effective
8. People management	
6. Coordination	3. Supports local capacity, no negative effects
9. Resource management	

The standards in the first two columns that are colour coded in orange to signify processes. In the first column, standard four on transparency, participation and feedback, standard five on complaints handling, and standard six on coordination. Column two shows standard seven on learning and improvement, standard eight on people management and standard nine on resource management. These six standards are all essential process standards. They work together to lead to the three standards coded in green that represent results: standard one, appropriate and relevant; standard two, timely and effective; standard three, support local capacity, no negative effects.

Were Organisations of persons with disabilities (OPDs) included in the consultation on the CHS?

The CHS team will check amongst those who previously were involved, they are not sure but they do know that a number of the organisations did have specific inclusion policies.

Are there any OPDs who have done the CHS self assessment among the 150 plus partners mentioned? Is it relevant for us as organisations of persons with disabilities, even if our current work is mainly non-humanitarian? And is the organisation's size matter/ of relevance for doing the CHS?

Yes, OPDs can apply and do the self-assessment the same as any other organisation. The CHS can apply equally for development agencies as much as to humanitarian agencies

No matter the agency's size, small or big, CHS is applicable. We often hear from smaller organisations that they think the process might be too complicated or complex, but this is not the case. Often, smaller organisations can do it far more quickly: the process does not create complexity. Larger agencies with more complicated structures with lots of guidance and policies can find it more challenging.

Small agencies in developing countries are often doing a great job and the CHS can highlight and reveal this. The CHS certification can be excellent for these agencies from low- and middle-income countries as it really values their local knowledge and skills.

What type of support can CHS Alliance Secretariat provide to local and national organisations versus an international organisation? Would you be more willing to hold the hands of smaller organisations as they embark on the verification process?

We are now prioritising national and local organisations, and the focus of my role at the CHS alliance is on engagement with local and national organisations and supporting them. We support the self-assessment process and prioritise that as a first step for local and national organisations.

The proportion of organisations verified are majority international from national organisations it is very low, under 15%, which is why we are focusing on local and national support to change this

Now we are not waiting for an organisation to be accepted as a CHS member before supporting them. Once they submit a self-assessment this is the start of the process for us to be able to support them

At the end of the process of self-assessment we provide a stamp and official data confirming the organisation is making the effort to apply the CHS. This way we can stand behind and support those organisations that are making a genuine effort and have shared information/ documentation with us, for example their accounts, code of conduct to prevent sexual exploitation and abuse etc.

The CHS applies for humanitarian & development agencies/ actors, but does it apply to OPDs too?

The verification scheme and verification framework applies for all of the organisations, including the organisations working with disability. We say everyone working in vulnerable situations need to go through the CHS and need to comply with the commitment in the CHS. As CHS is trying to address the essential element of working with people in vulnerable situations, I think everybody is included.

We are also keen to encourage local and national organisations like OPDs to apply the CHS and, from that, they can then come back to say to us which aspect applies and which doesn't. This is valuable knowledge for us that can help us in the CHS revision process and make sure the revised CHS version is relevant for all.

What are the standards, is the CHS the only standard, how does it relate to other standards?

The CHS has become one of the core chapters of the Sphere standards. However, there are other standards that also apply to the humanitarian sector, which are part of the Humanitarian Standards Partnership. This partnership recognises the need to draw these standards together, such as on child protection, humanitarian inclusion standard on the inclusion of older persons and persons with disabilities, the charter, protection standards etc.

How costly is it to undertake the CHS self-certification/ verification process? Does it exclude organisations with smaller budgets? And for smaller organisations such as OPDs, are there are any funds earmarked for capacity development support that could help?

We recognise it is more challenging for smaller organisations that don't always have funds for overheads. However, to confirm, there are two processes: the first, of which, the self-assessment process does not incur costs, and CHS alliance can support agencies through the process.

The second, independent verification or accreditation, does require more significant resources. For this second process, the good news is that there is a fund that small agencies can apply for that will cover 90% of costs. This fund is accessible to any agency. Applications can be made through the HQAI facilitation fund. In addition, the HQAI also offer a discount for organisations wanting to join together to undertake the assessments. For more information, see the HQAI group scheme.

This third type is also an area that CHS is working on with larger international agencies looking to support their partners at national and local levels. This can be a mutual capacity development process where the CHS assessments can help international, national and local agencies work together to mutual benefit.

This third area is also an area that CHS is working on with larger international agencies looking to support their partners at national and local levels. This can be a mutual capacity development process where the CHS assessments can help international, national, and local agencies work together to mutual benefit.

This is an ongoing area of work for CHS alliance and we are also continuing to advocate with donor agencies/funding mechanisms to invest and support capacity development and systems strengthening

How much time does it take to do an assessment?

As the CHS alliance has been working with more partners using the updated tools, we are getting feedback that it is getting much more manageable and taking less time. We have found out that it takes approximately five to ten days for the focal point to facilitate the organisational assessment, depending on its size. For staff doing interviews or partner surveys, these take on average 30-45 minutes.

Of course, some organisations may want to invest more time if they find it a useful learning exercise and a valuable opportunity for reflection with staff, including strengthening dialogue with partners and communities. However, it does not have to be too demanding. Each time you do a self-assessment, it gets easier as people become familiar with the CHS standard, with the concepts, questions and tools. So, you might plan for it to take more time initially if you are having to introduce people to the standard. However, this is a good way to build awareness and the process itself can be an excellent capacity development process.

The CHS alliance mentioned the diversity indicators, where you see disability inclusion, but do the indicators specifically refer to disability? Is it CRPD compliant? Does it refer to the OHCHR indicators, OECD DAC Marker or IASC guidelines?

The CHS indicators are broad on inclusion, they are not specific to disability as such, for example they say inclusion of marginalised people, but we have the IASC guidelines more specifically now in inclusion of persons with disabilities.

However, now that the CHS is being reviewed, this is a good opportunity to make sure that such clarifications are made and there is alignment, for example, with the IASC guidelines and the inclusion charter that were defined after the CHS was established. Therefore, the review process is the opportunity to ensure compliance: as the CHS Alliance is doing this review through the DRG members there are plenty of opportunities for OPDs to actively engage, including through working groups 6&7.

For organisations thinking of starting on the process is there guidance or criteria on which process option to choose?

The advice is for agencies to start with the self-assessment first, as this can be a good baseline to help you decide what areas are needed to improve. This also supports your internal organisational knowledge of the process and the nine standards. This can help you to decide if you are ready to go for the full accreditation process. The self-assessment will be important information for the verification process in all cases.

Does doing the CHS self-assessment or gaining accreditation support agencies to get more funding?

We see increasingly that some donor agencies/funding streams will consider that if organisations have certification, this can bypass or count towards their due diligence checks. Donors such as DANIDA, require

proof of CHS self-assessment as a pre-requisite to apply for their funds, though this does not guarantee success in getting funding.

We have many examples of verification helping national agencies have greater credibility: a recent example of a CHS member from Kenya directly accessed funding streams for COVID-19 from international donors as a result of CHS verification.

> **Is the CHS in accessible formats, Sigh language, plain language and local languages etc.?**

Yes, there are over 27 language versions, including a plain language version of the CHS that many local agencies use as the basis for translation CHS language versions.

Now with the DRG, we are also working to see how many materials can be produced and shared in multiple alternative formats and languages: this is something we are working on improving.

Peer learning and exchange on using the CHS

The training team invited three very diverse agencies to share their experiences of undertaking the CHS self-assessment process: Islamic Relief, a large INGO, who have gone through the entire process and have certification; Medical Aid for Palestinians (MAP), a medium-sized single focus agency who have undertaken self-assessment; and CBM Global, a disability-specific agency who have also done the self-assessment process.

Following sharing of the experiences of the different approaches used, participants had a Q&A session.

> **How has the CHS self-assessment process supported your relationship with partners? Have you for example, identified that others doing CHS may have strengths that you could partner with to complement your own work?**

CBM Global's experience is that it has not yet influenced on identifying new partnerships but rather has helped us strengthen the quality of our work with our current implementing partners. We are incorporating many of the CHS indicators into the ways that we assess and work with partners to improve quality and be jointly accountable in line with CHS

Islamic Relief in terms of partnerships, the audit process for verification, checks the kinds of partnerships we have. They don't audit our partners but rather check the kind of relationship we have, like how we support our partners on compliance or any capacity building to partners on CHS. For example, if our partner doesn't have a complaints mechanism, we would first ensure that they are aware of it and then we would facilitate their using our complaints mechanism and support them to have a plan in place so that the partners could develop their own mechanism. CHS standards also seep into our agreements with partners and assessment processes to be CHS compliant. We also often learn very nice things from our partners' practice where they already have good systems in place with their communities.

> **Do the CHS Self-assessment for one time or periodic? If periodic then what is the frequency of CHS self-assessment?**

MAP: Overall, we found it to be dependent on which type of assessment you go for. For the self-assessment that MAP has done, it is a 2-year cycle; you have a year for the self-assessment and then another year for working on your improvement plan and then report back on progress to CHS. Whereas for the independent verification, it is more of a cycle with a mid-term review – a 5-year cycle.

What does the CHS bring to an organisation if applied meaningfully?

Islamic Relief: It was critical for us with a global operation that we can have consistency and accountability. It definitely helps to get capacity development support and get more funds where you can evidence progress and commitment to improvement.

MAP It also really helps to be able to raise funds for capacity development where you can show evidence of having done the CHS assessments to donors. In our experience we have never directly been asked to show our scores as such. However, the fact that we are undertaking CHS assessment is highly regarded. It is a more compelling argument to institutional donors where you can show identified gaps and having a clear improvement plan to justify requests for capacity building budgets. More generally, we are seeing donors ask more critical questions on our feedback and accountability mechanisms. The CHS assessment process really helps you to be clear on this.

Has the CHS self-assessment been adapted for people with learning disabilities and Autism to also use/get involved, and has it been used to pressure service providers to ensure quality?

MAP found that, although the CHS questions are not so specific in this way, the self-assessment did lead us to question who is involved and benefiting from our programmes. For example, in Gaza we recognised that we focused on some people with disabilities, especially people with physical disabilities and visual impairments, but not including others, such as people with autism and learning disabilities. The self-assessment led us to do a mapping exercise to understand what other agencies are doing with people with learning disabilities and autism and how we can work/ refer / partner with others to complement.

CBM: When we did the self-assessment, we had a requirement that we engaged OPDs in the process this meant that a lot of the questions and processes were translated and adapted into accessible formats, language versions etc. Whilst I don't know if this engagement included persons with autism and learning disabilities specifically, we definitely included persons with disabilities in the assessments from communities in which we work, especially that our work also targets persons with disabilities.

Is the CHS self-assessment mandatory? Who is the authority at the national and global for scoring/ validated of CHS? Is the CHS assessment scoring required to get funds from institutional or any other donors?

Whilst CHS is not mandatory, it is very much encouraged for all organisations operating in the humanitarian space to go through the standard itself. It is also now recognised internationally as the main standard, which currently donors are increasingly using to assess the level of expertise and compliance of organisations they fund. In all cases, as the agencies here presented today have shared, it is a valuable process to guide and improve your work and increase quality and accountability.

For the self-assessment, there is no national-level scoring. It is with the CHS alliance that review the scores you have submitted, but, for the verification process, there is an independent body of auditors that are put together. Naturally for larger institutions working across a number of countries, they will draw on diverse, relevant auditors.

The work of CHS Alliance and Humanitarian Quality Assurance Initiative is seen as the authority on ensuring quality assessment of the CHS standard that can be used by both humanitarian and development agencies.

> **What changes did the CHS mean for your organisation? What were the challenges for the team on the ground?**

Islamic Relief: As a larger organisation, the key element was to have a proper structure to implement our improvement plan. We do this by having a core team at the HQ level of 5-6 members that support the country offices and at each country office having focal points/counter parts

Some of the challenges at the field level are: how do you take your complaints and feedback mechanism to the field level, especially Protection and address Harassment, Abuse & Sexual Exploitation? These types of complaints require consistency and direct interaction with communities on very sensitive issues. There was real resistance and reluctance from field teams where they felt there had not been any of these issues. We had to find ways to come together on recognising why it is so important to raise awareness on protection issues and that these issues affect all communities.

Another challenge is that staff are always busy and there is a business and emergency approach, with the dominant approach being reporting our achievements and avoiding failures. We have a tendency to want to say everything is perfect. It is a challenge to change this mindset. It requires a cultural shift and continuous interaction with people to open dialogue: appreciating that we may fail and there is always room for improvement. This shift in approach is key if we want to be effective in improving our work with people on sensitive issues.

Please see the CHS [Frequently Asked Questions](#) on other questions that organisations often ask the CHS Alliance on the self-assessment and verification process.

For funding support to local and national organisations in humanitarian affected countries wishing to undertake certification process see [HQAI website](#)

COMMUNITY CONSULTATION IS IMPORTANT

Data disaggregation: methods, tools and ethics

Why collect data on persons with disabilities?

Effective humanitarian programming needs to know the requirements of persons with disabilities. Therefore, we must identify/ understand the population of persons with disabilities, the risks they face and what causes these risks. We need to be aware of the barriers to accessing humanitarian assistance and the roles and capacities of persons with disabilities in this work.

There are several critical uses of these types of data to:

1. Identify relevant individuals (and households) - to **monitor their situation, target assistance and set response priorities**

2. Identify the total numbers of persons with disabilities - to **understand the general and specific requirements** of persons with disabilities in the affected population and **mobilize appropriate resources** to meet those requirements

3. Understand effect of crisis on persons with disabilities – e.g. mortality, nutrition and food security, livelihoods, health, protection, and other essential needs. This information makes it possible to **identify factors that reduce the risks** that persons with disabilities face **and enhance their resilience**

4. Get views and priorities of persons with – **strengthens the above and makes humanitarian organisations accountable** to affected populations

5. Map capacity and resources, inclusive of OPDs – **underpins the development of local partnerships** and efforts to identify gaps in capacity

6. To monitor and evaluate the degree to which persons with disabilities have access to assistance, services and facilities, that can identify the quality of services. This disaggregation of data supports humanitarians to identify and address the different attitudinal, physical, institutional and communication barriers throughout the different stages of the humanitarian programme cycle. **Without this information, humanitarian organisations cannot improve their programmes and mechanisms, remove barriers, or increase the participation of persons with disabilities.** This information also i**nforms decisions on training, awareness-raising and capacity gaps**

7. To strengthen the evidence base that informs advocacy initiatives and resource mobilization

Collecting data on disability is critical throughout the humanitarian programme cycle from initial needs assessments, response planning, resource mobilisation, implementation to review and evaluation. At every stage data is critical to ensure persons with disabilities are not exclude and discriminated. This is not optional; it is mandatory! It is a prerequisite to plan, implement, monitor an evaluate humanitarian programmes to be in compliance with the CRPD. The IASC guidelines includes data disaggregation on disability as one of the four must-dos for all humanitarian agencies in their programming and define three core actions:

- Where data are unavailable, humanitarian stakeholders, in partnership with OPDs, should collect data on sex, age and disability using a variety of tools tested in humanitarian contexts. These include the Washington Group Short Set of Disability Questions and the UNICEF-Washington Group Child Functioning Module and data related to risks and barriers.

- Use data on disability to monitor equal access, design inclusive programmes, and plan their implementation. Ensure that people with disabilities can participate at every level.

- Disaggregate data by sex, age and disability; this makes it possible to develop appropriate indicators and use them to monitor the inclusion of persons with disabilities in all phases of humanitarian action.

Why is data disaggregation important?

It is important to disaggregate data by disability to understand the different ways in which persons with disabilities experience a crisis and to monitor their access to assistance. In principle, data disaggregated by sex and age should also be disaggregated by disability.

It is essential to understand that these tools can be used to disaggregate data but are not appropriate for identifying particular health conditions or specific diagnostic categories. They should not be employed for individual assessments or targeting without complementary data on needs and risk factors, including barriers.

The IASC Guidelines chapter 4 gives clear advice on data and information management (pp22-31). In addition, there are five annexes that give further practical advice:

Annex 2: lists the different tools available, their use and application in a humanitarian setting

Annex 3: gives guidance on potential sources of secondary data

Annex 4: provides guidance on key considerations when assessing secondary data

Annex 5: gives practical examples of output-level indicators for each thematic/sectoral area

Annex 6: translates evaluation criteria through a disability-inclusive and supports with practical disability-inclusive considerations for each evaluation criteria

What types of data do we need?

The reason or purpose for your data will dictate the type of data you need. Often in humanitarian settings, information is partial, outdated and potentially unreliable. This means that care is required. You will need to identify both quantitative and qualitative data from a mix of primary and secondary sources and to triangulate and check the reliability of your data.

Quantitative data provide a statistical description of the impact of a crisis on affected communities. Quantitative data address questions that generate countable answers, such as 'how many', 'how much', or 'how often'. (Registration, household surveys etc to know the number of people/ facilities; to monitor specific inclusion; or protection e.g. access to services and potential exclusions or human rights violations).

Qualitative data gives an experiential description of its impact on affected communities. Qualitative data address questions that involve opinions, values, beliefs and perceptions. The go deeper in trying to explain quantitative data. Why have coping strategies adapted or failed to adapt to changed circumstances? How does a displaced person with disabilities feel about their situation? What do they believe would improve their situation? (Focus Group Discussions; Key Informant Interviews; document reviews; private interviews; detailed knowledge of actors; mapping of OPDs through 5Ws:Who does what, when, where and for whom?)

Primary data are collected directly from an affected population by an assessment team through fieldwork. Primary data may be quantitative or qualitative, or a mixed methods approach

Secondary data are gathered from previous statistical and analytical research census data, data from previous surveys and studies. Secondary data may be quantitative or qualitative. This can include:

- sources such as official government statistics data from national censuses and household surveys

- Focus group discussions (FGDs) with affected groups

- Key Informant Interviews (KIIs)

- Academic peer-reviewed research

- Evaluations needs assessments and reports by organisations

Remember: not all data is reliable and it is important to consider how the data has been gathered, who has been engaged in the collection of the data, is it biased and is it still relevant?

Tools for disability disaggregated data

The most widely tested tools used to generate comparable data about persons with disabilities are the Washington Group Question Sets and the WHO Disability Assessment Schedule.

There is growing consensus that the Washington Group Short Set of Disability Questions generates sound, internationally comparable data that can be disaggregated and collected without discrimination. It can also be added quickly and inexpensively to censuses and surveys. It is being used increasingly in humanitarian contexts.

The Washington Group Questions ask people to indicate the level of difficulty they have with a range of functions. There are three different versions that can be relevant to use in humanitarian contexts:

- The Washington Group short set on functioning: (of six questions)

- The Washington Group short set on functioning – enhanced (10 questions)

- The Washington/UNICEF child functioning module (aged 2 to 4 years)

- The Washington/UNICEF child functioning module (aged 5 to 17 years)

The Washington group short set asks questions on the following functions: difficulty in seeing, hearing, walking, remembering/ concentrating, self-care and communicating. The enhanced short set also includes questions on affect (anxiety & depression), upper body functioning, pain and fatigue. There are four options to choose from: a) No – no difficulty; b) Yes – some difficulty; c) Yes – a lot of difficulty d) Cannot do at all.

It is highly recommended that all staff involved in using the Washington Group sets (from planners and managers to field workers and enumerators).If you are not familiar with using the Washington Group sets on functioning, online trainings is available. In addition, there are a number of helpful Frequently Asked Questions (FAQ) for different users from first-time users through to specific challenges, such as using the child function module to the most common questions asked.

Ethical considerations

There are several vital ethical considerations when collecting data. It is essential to ensure that data is kept confidential and anonymised and that informed consent has been acquired, both in data collection and use.

While most programmes are generally confident in keeping data confidential and acquiring consent, these practices are sometimes compromised when it comes to persons with disabilities. All individuals have a right to make informed decisions on whether their personal data can be collected and, if so, how their data will be used, to know who it will be shared with and for how long it will be stored.

Humanitarians must be clear about:

- how they intend to collect data

- for what purpose are they collecting the data, how it will be used, managed and stored

- how they will respect confidentiality

- the process they will use for persons with disabilities to give their informed consent

- all communication on data, as all other aspects of programme, should be communicated and available in multiple accessible formats

Some people with disabilities may also wish to have the support of a trusted person to support them. Remember this is a right: it is a reasonable accommodation request, including the right to supported decision making. Denial of this support is discrimination on the grounds of disability.

Remember that many people with non-visible disabilities may not wish to disclose their disability; indeed, disclosing their disabilities may put them at greater risk of discrimination, harassment, persecution or even threat of death.

Overall, at whichever stage of the humanitarian cycle you are working there are four key things to remember when collecting data:

a) what information (data) is really required: collecting more information than is needed can be intrusive and is unethical. Never collect data for the sake of collection. Always know why you are collecting data

b) what tools can be used: including what methods, and what sources.

c) who should be involved and what their specific data requirements are. There is an ethical imperative that OPDs are actively engaged, especially in mapping exercises, where the longer-term ownership and support to persons with a disability beyond the crisis

d) considerations regarding ethics and accountability (remember CHS) and the principle of 'do no harm'

Inclusive facilitation and Session plans

We hope that the following summary outlines might be helpful for VIVID consortium members to take forward their commitments with staff and partners. In using these session outlines, we highly recommend that facilitation be undertaken in partnership with OPDs and members of the Disability Reference Group in the ways that we have modelled on this six-day course.

To learn more on the possibility of this, or to engage, please reach out to Alradi Abdallah and Kathy Al Jubeh as co-leads on the Disability Reference Group, working group 6 on OPD capacity development in humanitarian action, and Tchaurea Fleury, Director of the IDA Capacity Building Unit and coordinator of the Bridge CRPD SDGs initiative.

Inclusive facilitation tips and learning

The 6-day course of three sessions per day was intense, enriching and helped us all pilot and learn new processes. We had plenty of individual and collective learning on inclusive facilitation. The main points below are the facilitation team's summary, which also draws on helpful feedback from the participants' survey.

Diversity of participants with disabilities as an equaliser: The training was designed to have a 50/50 ratio of participants and facilitators with disabilities. This was unanimously agreed to have changed the training dynamic and shifted perspectives. The discourse was not about people with disability but rather dialogue with people with disabilities. For some participants, this was the first opportunity to learn directly from people with disabilities with experience living and working in situations of humanitarian crises.

Online delivery duration and timings: The overall programme had two intense days with a two-week break between sessions. Participants highly valued the break between sessions to allow for other workloads and to have time to absorb content. Having sessions on the Wednesday and Thursday of each week was also less intrusive and manageable. However, some participants expressed preferences for future training to have no more than two sessions per day, preferably over a morning or afternoon only.

Moodometer check-ins: These were adapted to having a zoom poll from 1-10 at the end of each day. These were invaluable at taking a quick pulse of the online room at the end of a day of three sessions. On the few occasions where feedback was lower than a score of 7, participants were encouraged to reach out either to the agreed focal point, their organisation focal point or whoever in the facilitation team they felt most comfortable giving more detailed feedback. This worked well, for example on the two occasions where we had low outlier scores, the participant came forward to share why they had given a low feedback score and made positive suggestions on improving future delivery of content.

Regular breaks: The 30-minute breaks between sessions were always respected and kept as sacrosanct. If the first or second session ran over slightly, the main facilitators made up the time either condensing or reducing activities in subsequent sessions.

This meant that all facilitators were briefed on the need to remain flexible and, when necessary, where critical issues came up, give time for discussion and then be ready to incorporate a return to missed content through recap sessions in subsequent training days.

This respect for the 2 x 30-minute breaks that divided the day was essential for the well-being of participants, facilitators, SLI and captioners alike. It also meant that participants were more committed during the session times.

Sensory breaks: In addition to the main 30-minute sessions, short sensory breaks of 2-3 minutes allowed a brief pause. This allowed all to take a moment to stretch or sit quietly and collect their thoughts. Sensory breaks could be called by facilitators or participants alike and were beneficial for all, including SLI and support persons.

Repetition of content for consolidation: As we had a very varied group with diverse backgrounds, everyone found some content more challenging than others. Therefore, several revisions of key concepts were integrated into subsequent sessions. Sometimes this was revisiting and applying concepts such as reasonable accommodation again or integrating specific catch-up sessions on areas such as understanding discrimination. Overall, participants found the fifth and sixth days' content the most challenging in terms of heavy content load. Therefore, it was decided to use the revision sessions in the December Brussels meetings to pick up on consolidating some of the critical concepts covered on these days.

Varying content and presenters: A wide range of facilitators from within the VIVID consortium, their partners and DRG members were invited to share and lead on presenting content, particularly relevant to their lived experience and skills sets. Keeping a wide range of presenters speaking with relevant experience helped make content more accessible. In particular, having so many diverse trainers with disability and humanitarians with practical field experience was very well received.

Familiarity, comfort and variety: In the initial sessions, participants were given time to get to know each other through informal ice-breakers and additional flexibility and support was given when participants needed to leave sessions, be this for short personal breaks due to zoom fatigue, or whole sessions due to pressing other engagements. A non-judgmental and supportive environment allowed participants to prioritise their well-being. Overall, despite the intensity, we did not lose participants over the six days. Participants that had pressing engagements, or were fatigued or tired were free to come in and out of sessions if needed.

Sign language interpretation and captioning: All sessions had SLI and captioning embedded, which increased accessibility and allowed for sharing of catch up sessions for any participants wanting to review and recap on their own time. Sign language interpreters and captioners were briefed before sessions with the programme and plan of the sessions, including key reference documents to ensure time for clarity of any complex concepts.

Intentional design of groups: Groups were designed carefully and re-arranged frequently to allow participants to engage with as wide a range of participants as possible. Facilitators considered the dynamics of participants, levels of knowledge, skills and lived experience. Sometimes groups were designed to challenge participants, at others to give comfort, supporting participants to have time with peers or people with similar communication styles. Whenever group work required the use of interactive whiteboards or other technology for feedback, at least a few people confident in using these mediums were allocated to each group.

Day 1 Outline: Exploring motivations & introduction to CRPD

2 hours

Session 1

Session plan	Learning objectives	Preparation/ comments
Introductions: Quick warm-up and fun intro: Give name and 'if I could have an endless support?'... Followed by plenary sharing of what we need to be included, sharing allows collective building up of agreed ways of working.	**Build group dynamics**, get a sense of main expectations.	- Work out small groups mixing people from different orgs
	Run through programme and troubleshoot any unrealistic expectations if needed.	- PPT with overview of programme & ground rules
Expectations: In small groups in break out rooms, participants share their expectations of the 6-days. Ask each group to share back top 2 or 3 expectations in plenary, building on what has been said so adding new but not repeating.	**Agree ways of working** to be inclusive. Important to re-assure no question too foolish etc. Use the chat box to drop questions during presentations that will then be picked up at the end. But if there is jargon or something not clear jump in straight away to ask for clarification.	- Mentimeter to be set up, or use chat box to feedback
		- Advantage of Menti meter can used for later comparison, & create word cloud. Advantage of chat, more easily accessible, though disadvantage of not being anonymous.
Walk through programme / agree ground rules (10 mins). Including highlight topics and reading/ homework expectations – and troubleshoot if any unrealistic expectations.	**Confirm focal point person** for any worries/concern that participants might have.	- set up of Break out rooms
	Get a sense of the group and of their understanding of disability – and address any issues if they arise.	- set up of moodometer feedback polls (Internal in zoom)
What does disability mean for you? (5 mins) Initial quick Menti to produce word cloud/ asking all participants to take a few minutes to reflect individually/ or share a few words, or max one sentence in the chat box. Followed by discussion of how the CRPD says about disability, with a focus on key aspects 'evolving concept', 'interaction', 'include', 'long-term'. Each group to discuss one of these words in detail. Feedback in plenary to recap and consolidate understanding of disability as described by CRPD.	**Get everyone on same page with understanding of disability**, will be important to address and build on contributions from participants and draw together with discussion on how CRPD sees disability.	- have participant list in advance to work out diverse groups/ be able to easily change dynamics if needed
	Debunk common myths or challenge perceptions if needed, important to create safe space.	

Session 2

90 mins

Session plan	Learning objectives	Preparation/ comments
Why CRPD is key?	Build confidence on the CPRD and how to use it	Internal zoom polls for quiz questions
Quick fun Quiz/ Polls on CRPD with 4 questions:	Confidence in core concepts such as the indivisibility of human rights and being able to situate CRPD in wider human rights	PPT recap slides including for the group work
1. What are human rights?		Set up mixed break out rooms, make sure that there is a mix of OPD members and humanitarians in each group
2. How many UN treaties & frameworks are there that are relevant and protect the rights of persons with disabilities?	Being able to differentiate that CRPD gives new concepts but not new rights!	Links to IASC guidelines and CRPD ready to drop into chat function at appropriate times
3. Does CRPD give new rights?	Clarify structure of CRPD and how whilst there are some critical articles that are foundational – the CPRD is a holistic treaty, reinforcing key role of Article 3 that underpins all areas including humanitarian article 11	
4. Are some articles more important than others?		
5. What is the difference between reasonable accommodation and accessibility?		
Use the answer to each poll to clarify and create plenary dialogue on the issue recapping key messages.	Clarity on difference between reasonable accommodation & Accessibility and confidence in how to apply in HA	
Use the third question to also situate Article 11 and use final question to then take participants through difference on RA and Accessibility, leading to practical group exercise on a case study on if this is reasonable? This can be replaced with simpler examples depending on group	Confidence on reasonable accommodation (RA) as an obligation and not a gift – and how to assess and apply in humanitarian contexts in line with IASC guidelines	
Recap on IASC guidelines advice on RA and making sure clarity on the difference between onus on duty bearers in situations of emergency		

1
2
3
4
5
6
7
8
9

Session 3

90 mins

Session plan	Learning objectives	Preparation/ comments
Why CRPD is key? Article 3 as backbone of CRPD: Plain language walk through of CPRD General Principles with Q&A Look at different types of unconscious bias Group work: 3 Statements In humanitarian emergencies, priority should be given to personal safety and not reasonable accommodation In an emergency situation, consulting the umbrella OPD is sufficient If you do not know how to have informed consent from a person with a disability, you can consult with a family member	Build confidence on CRPD general principles (article 3) – and why they are foundational Support connection on attitudinal/ deep seated unconscious bias/ and link with the CRPD shift Use practical group work to surface attitudes and apply CRPD general principles Adapt four corner exercise to discuss 3 statements – from scale of Strongly Agree, Agree, Disagree, Strongly Disagree	PPT sides Break out rooms Polls set up on zoom for statements –

Homework: individual task (15 minutes)

Reflect on the CRPD general principles (Article 3); think about how they apply to your work. Can you identify any positive examples of where these principles are put into practice, or conversely, the gaps in your practice? Make a list of a few ideas on things you might do differently: this might be to do something new or stop doing something.

It may also be worth taking some additional time to discuss your ideas with colleagues and introduce them to the CRPD general principles.

Day 2 Outline: Applying human rights principles in humanitarian

Session 1

2 hours

Session plan	Learning objectives	Preparation/ comments
• Building on reflection exercise –teams present back and facilitator uses this to recap on Article 3 • Case study on RA in humanitarian action- all groups use CRPD to justify answers	**Consolidate Day 1 CRPD** - Refresher on General Principles - Clarify who are considered duty bearers in humanitarian action – sow seeds of how do we hold ourselves to account - Consolidate understanding of RA	PPT- RA case study for group work in break out rooms

Session 2

90 mins

Session plan	Learning objectives	Preparation/ comments
Legal obligations for State actors & humanitarian actors • Warm up Mentimeter • Elicit intro to humanitarian principles • Discuss linkages/ compatibility and differences of principles of the CRPD and humanitarians principles • Quiz with polls in plenary to discuss complexity of humanitarian principles – leading to discussion of some of the complexities • Simulation exercise in group work prepare for simulation	- Introduce/ refresh on humanitarian principles of humanity, neutrality, impartiality and independence and how they relate to each other - Understanding of IHL and State obligations - Build confidence on applying CRPD to Humanitarian action to know what is/is not compliant - Think through complexity of compliance at individual and institutional level across programme/ policy/ administrative levels / roles etc.	Mentimeter Question: What comes to mind when we think of humanitarian principles? Multiple choice quiz questions set up on polls to apply humanitarian principles Use Press conference in Apamia – 4 groups given scenario and specific roles – ready to prepare. One group is reporters – preparing questions to asking

Session 3

90 mins

Session plan	Learning objectives	Preparation/ comments
Simulation: Press conference. • Warm up Mentimeter • Elicit intro to humanitarian principles • Discuss linkages/ compatibility and differences of principles of the CRPD and humanitarians principles • Quiz with polls in plenary to discuss complexity of humanitarian principles – leading to discussion of some of the complexities • Simulation exercise in group work prepare for simulation	• Confidence in ability to practical apply theoretical discussions of humanitarian principles • Draw out analysis with groups – dependent on how simulation goes • Build and recap core messages	Have facilitator act as HCC to direct simulation exercise – have additional prompts to support groups if needed Give clear instructions for simulation

Homework: Individual task (20 minutes)

Take some time to reflect on the CRPD general principles and humanitarian principles. Print out the principles keep them near your desk for easy access as a constant reminder. Make a list of 2-3 things you can do/ or stop doing that can make sure your work better upholds these principles

Homework: organisational task (60 minutes)

Work with your colleagues to reflect on the humanitarian and CRPD general principles. Think about how to apply these in your work. Identify areas where some gaps or considerations have not been addressed. Come up with a shortlist of priorities to address: this could be identifying policies or procedures that might need review and updating or making a list of dos and don'ts to improve everyday practice.

Day 3 Outline: Inclusive Safeguarding

2 hours

Session 1

Session plan	Learning objectives	Preparation/ comments
• Quick feedback on reflection homework as recap on CRPD and humanitarian principles • Mentimeter • Short series of polls on controversial statements • Short interactive presentation on safeguarding drawing/ building on participants knowledge/ experience	- Support greater engagement with colleagues not in training sessions – as well as peer accountability between organisations/ building safe community of practice - Refresh on safeguarding build confidence on what is inclusive PSEA and pivotal role of RA	Mentimeter Question: What comes to mind when we think of safeguarding Prepare the 5 statements with multiple choice on Strongly agree, agree, disagree and strongly disagree PPT

90 mins

Session 2

Session plan	Learning objectives	Preparation/ comments
Safeguarding Org case study: • Abilis share history of their safeguarding approach • Group work on whose responsibility • Understanding key elements required • Importance of Prevent and Act strategy	- Looking at organisational responsibilities - Consolidate messages on org and individual responsibilities - Ensure confidence on why holistic safeguarding approach	PPT Abilis safeguarding policy DfID guidance / elements of safeguarding

Session 3

Session plan	Learning objectives	Preparation/ comments
Safeguarding & Protection - Looking at images – assessing what are the safeguarding or protection risks, looking out for red flags of discrimination - Detailed review of forms of discrimination - Case study in group work on complexity of Safeguarding across roles of donors/ international staff/ INGO/ local communities	- Clarity on the difference between safeguarding and protection - Consolidate on discrimination and role of RA in HPC - Exploring complexity/ danger of transferring risks to local communities/ whose responsibility - Confidence to assess key responsibilities/ mitigation - Draw out difference in safeguarding between children and adults & CRPD compliance	UNHCR images – materials on risk and safeguarding adapted to lead into review of discrimination IDA safeguarding case study PPT Breakout rooms

Homework task: Individual task (20 minutes or 1 hour):

Read CRPD General Comment Number 7 Easy Read version and alternatively for those with legal minds who are quick readers, you can also read the full version of the CRPD General Comment Number 7.

Homework task: Organisational task (1 hour):

Review with colleagues your organisational safeguarding policy and procedures. Is there anything that needs improving regarding disability inclusion, compliance with CRPD general principles and humanitarian principles? Identify actions to take and with whom to make these improvements. Also, identify ways to embed these into your organisational processes/operational plans for longer-term change.

Alternatively, if you do not yet have a safeguarding policy, discuss the next steps to ensure appropriate measures are in place with colleagues. Work together to identify priority actions to ensure that your organisation can ensure safeguarding is in place, including proactively preventing harm. The Abilis Foundation safeguarding policy is a good example: this can help you think through how to frame one. For a copy, please contact Abilis Foundation who would also welcome dialogue and exchange of ideas and learning on safeguarding practice. Please get in touch abilis@abilis.fi.

Day 4 Outline: OPD Engagement

2 hours ## Session 1

Session plan	Learning objectives	Preparation/ comments
Recap Quiz • **4 questions to recap** • 5 question series of polls on what counts as OPD as lead in to General Comment Number 7 • Debunking some of the buzz words of inclusion, participation, empowerment. Challenging politically correct tick box – to understand why engaging OPDs meaningfully is critical and what constitutes an OPD?	- Consolidate all key concepts learned to date - Debunk notions of what does and does not constitute OPD - Clarify common Appreciate diversity of what constitutes ad OPD – as per the GC#7 recognising informal/ SHG – recognising complexity of representation	PPT Quiz Questions on polls - What are the 4 humanitarian principles? - What are 8 general principles? - Name key differences between RA and accessibility? - What are the true/ false questions we need to ask to be sure that if we are not able to provide reasonable accommodation that we are not discriminating on the grounds of disabilities?

90 mins ## Session 2

Session plan	Learning objectives	Preparation/ comments
Forum theatre Exploring sensitive power dynamics – addressing typical challenges in OPD engagement	Finding safe way to explore the minefield of engagement – support reflection/ discussion on how to build genuine partnerships and genuine engagement with OPDs	Clear explanation of use of Forum Theatre and role play instructions for each group Tips for how to do role play PPT

90 mins

Session 3

Session plan	Learning objectives	Preparation/ comments
Q&A Panel discussion with 3 disability activists active in humanitarian action – sharing their experiences. Core messaging on do/don'ts and top tips!	Open dialogue and opportunity for humanitarians to listen to perspectives of OPD movements/ ask questions	IDA to bring 3 diverse panelists from members ensure diversity of regions/ age / experience / constituent groups

Homework:

Choose whichever option is most relevant to your current work:

- Write up a joint case study with one of your OPD partners of a positive or negative learning and how you would build on this for the future. Please don't cheat; don't pull out one from a drawer! Hopefully follow up on one that has just dawned on you and your colleagues from discussions in the sessions.

- Review a project that is in design phase/ planning and scope who are the OPDs you need to get in touch with, either locally, regionally or globally, who could support you in joint planning and review. Get in touch, reach out and start the relationship building in the coming 2 weeks for meaningful engagement on at least one project, programme or initiative that is starting.

- Draw up a list of dos and don'ts. Do this with colleagues and managers to agree on a practical way to ensure you can shift your organisations approach to engagement with OPDs.

Day 5 Outline: Introduction to Humanitarian Coordination Mechanisms & CHS

Session 1 — 2 hours

Session plan	Learning objectives	Preparation/ comments
• Overview of Humanitarian infrastructure • Interactive PPT session showing history/key milestone • Structure / background of IASC guidelines • Navigating resources- how they fit together, different functions • Role of DRG & overview of workplan • UN Security Council Resolution 2475 (June 2019)	- Introduction to IASC guidelines – Confidence on role and mandate of Disability Reference Group - Pyramid to show relationship between legal policy/ standards/ guidance/ tools - UNSC 2475 and how IHL relates to CRPD Article 11	DRG co-chairs PPT Quiz questions

Session 2 — 90 mins

Session plan	Learning objectives	Preparation/ comments
Introduction to CHS - Clarity on self-assessment, verification and certification process of CHS - Overview of nine standards & those that are related to inclusion - Interactive dialogue with CHS alliance	- Clarity on how CHS relates to Sphere - Clarity on process for self-assessment/ accreditation - Understand support processes / time-frames/ and CHS alliance communities of practice	CHS alliance – presentation on standard, process and Q&A PPT Quiz questions in polls

Session 3

90 mins

Session plan	Learning objectives	Preparation/ comments
Organisational Peer exchange - Sharing experience of undertaking the CHS self-assessment/ validation/ certification - Learning from contrasting approaches from the different agencies - sharing their top tips from experience	A panel presentation by contrasting agencies- followed by Q&A: - Islamic Relief (a large agency with CHS accreditation) - MAP (a small single-issue agency/ CHS self-assessment - CBMG (a medium disability-specific agency/ undertaken self-assessment)	Islamic Relief, MAP and CBMG briefed to speak to the differences in their approaches, main challenges, positive opportunities and learning/ top tips for others PPT

Homework: individual (20 mins)

Think back over all the work we have been doing together. Identify with some colleagues a priority area that would be strategic and timely for your organisation to reflect on.

- Perhaps the priority is on how to address the CRPD principles in your work, or learning how to better engage with DPOs?
- Perhaps it is on reviewing your safeguarding policies?
- Or becoming more knowledgeable and confident on implementing humanitarian principles and taking forward the IASC guidelines?
- Or getting ready to undertake a CHS assessment?

Try to have some discussions with colleagues and be ready to share your ideas and priorities for the final wrap up session.

Homework to be set for next session: (15-minute task)

Reflecting on the discussions over the last six sessions, work with colleagues to prioritise your organisational action plan. This can focus on any aspect of the training and prioritise just one or two issues, such as:

- Review of standard operating procedures (SOPs) against CRPD and or humanitarian principles
- review of safeguarding policy/ SOPs and practice
- planning reach out to engage OPDs as partners, to support programme design/ evaluations, provide technical advice etc.
- preparation to undertake CHS self-assessment/ accreditation process
- assess ways to improve data disaggregation as part of programme design, monitoring and evaluation processes
- Identify follow up capacity support on any of the areas covered

Day 6 Outline: Data disaggregation and planning forward

2 hours — ## Session 1

Session plan	Learning objectives	Preparation/ comments
Warm up breakout rooms - Why we need data? - How we can collect data? • How do we collect data and why? • What type of data/what's our real purpose? • What are the ethical considerations/ pitfalls? **Practical group exercise** • Each look at applying data in a key stage of HPC • Drawing on IASC guidelines chapter and annexes	- Clarity on different types of data and purpose of collecting - Introduction to Washington Group (short/expanded/ child functioning) - Explore and question our motivations around data? - Look at issues of ethics around data – clarity of core messaging on clear purpose and accountability on data - Practical group work will also support increased orientation/ use of IASC Guidelines pp 23-31 and annexes 2-6 (based on Ch 4 (pp23-32)	Break out rooms PPT Aspana case study to apply HPC –Groups think about: - what information (data) is really required - what tools can be used - who should be involved (and what their specific data requirements are) - considerations regarding ethics and accountability Groups have padlet link for uploading work

90 mins — ## Session 2

Session plan	Learning objectives	Preparation/ comments
Feedback on group work - Wrap up messaging on disaggregated data is key– MEAL throughout HPC to be accountable and inclusive of OPDs	- Understanding the use of data for monitoring disability inclusion in humanitarian action at each stage of HPC - Reiteration of data as one of IASC must dos	Presentation using padlet for Ensure at least one member of each group condiment to use

Session 3

90 mins

Session plan	Learning objectives	Preparation/ comments
Final wrap up/ commitments - Reflective action planning (based on six days of engagement) – groups in organisational break out rooms - Ensure some quick individual feel good methods for close out – that also ensure public personal level commitments too	Developing key action points as individuals and organisations and make commitment around its implementation with forecasting realistic timeframe for its review and monitoring	End of workshop surveys Individual one and Org one that allows capture of consolidated feedback

Annexes:

Final reflections from VIVID consortium members in planning forward

At the end of the 6-day training, we asked participants to share both personal and organisational commitments. The table below shows a summary of these commitments:

Individual commitments	Organisational commitments
- I've been inspired by the CHS self-assessment process and will propose more time for staff to do self-assessments of our work - Ensure meaningful engagement of OPDs in humanitarian response projects - Incorporate humanitarian principles in the training of Disability Inclusion with humanitarian actors and district disaster management committees - Sensitise OPD's in our disability-inclusive disaster risk reduction core group on the relevance of data collection - Organise training with humanitarian actors on the relevance of data collection in humanitarian work, especially of persons with disabilities - Institute safeguarding in the byelaws of community groups we work with - Stop assuming that my practice is inclusive/accessible and be more critical - Aspire to reflect more on the CHS in all areas of my work and ask myself if I am practising the humanitarian principles - I will support colleagues on safeguarding risk management - I will work to promote inclusive volunteering paths aimed at people with disabilities - Apply the inclusive facilitation tips practised in online training - I will try and collect information and data relevant to humanitarian action - I will carefully consider reasonable accommodation/accessibility in all communication with OPDs	- CRPD, Humanitarian Principle and IASC guidelines all need to be considered during the planning of humanitarian programmes - Strengthening partnership with OPDs and other relevant actors in humanitarian programming - Get management and board/trustee buy-in for CHS self-assessment - Ensure an inclusive data collection methodology/ inclusive project cycle management – baseline for monitoring and evaluation - Ensure that our organisational complaints mechanisms are fit for purpose, accessible and working - Disaggregate data on disability type across all programmes - Disseminate knowledge about volunteering opportunities - Propose the CHS in our organisation - Popularise two concepts – reasonable accommodation and Accessibility with all actors - Elaborate and use new inclusive tools mainly in the field of communication - Ensure safeguarding risk analysis and management for all humanitarian projects

Individual commitments	Organisational commitments
• Support colleagues to progress CHS self-assessment • Integrate CRPD general principles into humanitarian action • Try to sensitise government departments working on humanitarian emergencies • Improve the quality of data used for project information (disaggregated data by gender and disability). Work to avoid discrimination • Ensure meaningful participation in all programming aspects (designing, implementation, M&E) • Promote disability inclusion to all partners and humanitarian networking • Conduct and review session with the core members of ADWG • Provide technical support to IFRC/BDRCS to conduct disability segregated data collection through WGSSQ • I will ensure the implementation of child and adult safeguarding risk analysis of all the projects under my portfolio • Support partners, internalise safeguarding and assess its effectiveness • Involve the board in strategic choices	• To insert the CRPD principles in our policies • Embed ownership of safeguarding in our work and the work of partners; written policies and training are not sufficient • Strengthen the capacity of 10 humanitarian actors on disability and gender-disaggregated data • Awareness-raising on articles 3 and 11 of the CRPD to both OPDs and humanitarian actors • Internal awareness-raising on the core humanitarian standards • Capacitate both OPDs and humanitarian actors on data disaggregation in humanitarian action • Share online inclusive facilitation approaches learners with my colleagues and partners

For the success of these joint sessions, each VIVID consortium member must prioritise their commitments within realistic work plans, with achievable and realistic goals, appropriate support pathways and peer mentoring opportunities. Success also requires leadership buy-in to embed within organisational strategies, processes and systems.

Equally, success also requires the proactive commitment of individuals. Staff who took part in the training sessions can play an essential role in taking forward change by taking personal responsibility and time to actively self-reflect on how they will change their own work and/or personal practice, identify what support they might need and, equally, what mentoring or peer learning support they offer colleagues.

For those agencies, OPDs or humanitarian actors, who would like to join a community of practice to strengthen inclusive humanitarian action, please think about joining the Disability Reference Group (DRG). With monthly meetings and active working groups, it is an open and vibrant space to exchange, learn and share opportunities.

Glossary of Key terms

Please note the majority of these terms are taken from the [Accessibility GO! A guide to action](#) (2020) which was piloted as part of the VIVID consortia and I[ASC guidelines on inclusion of persons with disabilities in humanitarian action](#) (2019) and the [Bridge CRPD SDGs Article 11](#) word bank.

Accessibility: Accessibility means ensuring that people with disabilities can have access to the physical environment around them, to transportation, to information such as reading material, to communication technology and systems on an equal basis with others. Accessibility like participation is a broad term and is understood in many different ways. A common misconception is that accessibility is only about physical access However, this is a very limited viewpoint, as many people with disabilities will have different access requirements. For example, someone who is visually impaired and requires accessible reading material differs from someone who is deaf who requires a sign language interpreter. Someone with a psycho-social disability may require different room lighting or sound screening, while someone with an intellectual disability may require Easy Read documents. Accessibility requirements vary significantly for different impairment groups and, within each group, people also have very different preferences. Accessibility requires forward-thinking by those responsible for delivering private and public services to ensure that people with disabilities can access and use services without barriers.

Convention on the Rights of Persons with Disabilities (CRPD): The CRPD is an international human rights treaty, which protects the rights and dignity of persons with disabilities. Parties to the Convention (those who have ratified it) are required to promote, protect and ensure the full enjoyment of human rights by persons with disabilities.

Barriers: When discussed in relation to persons with disabilities, barriers can have several meanings. They can be structural barriers, such as physical barriers, for example stairs, but can also be structural in terms of how a society organises itself in areas such as welfare and support services, such as opportunities to own or control resources and decision making. Barriers can also be attitudinal. For example, prejudice and negative perceptions of persons with disabilities can create barriers hindering their full and equal participation in society.

Charter on inclusion: The Charter on inclusion of persons with disabilities in humanitarian action was launched at the World Humanitarian Summit in 2016. With 220 signatories, this charter represents a major collective commitment of humanitarian actors from UN, OPDs and NGOs to being inclusive of persons with disabilities. By signing, agencies commit to lifting barriers faced by persons with disabilities in accessing relief, protection and recovery support and ensuring their participation in the development, planning and implementation humanitarian programmes. It has five core commitments: non-discrimination; participation; inclusive policy; inclusive response and services; and cooperation and coordination.

Disability: According to the CRPD, Article 1 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".

Disaggregated data: Data that has been broken down by detailed sub-categories such as on the grounds of age, marginalised group, gender, region or level of education is disaggregated. Data disaggregation is key to revealing inequalities and monitoring and supporting inclusion and equality strategies that address discrimination. For data disaggregation that supports the rights of all persons with disabilities, the Washington Group Data Sets have been developed to more effectively ensure that national statistics, policies and programmes are effectively accessible for all persons with disabilities in line with CRPD Article 31.

Discrimination: Discrimination happens when people are treated worse than others for unfair reasons or poor attitudes. This includes denying the person the changes or adjustments that are possible to allow this person in a particular situation to exercise or enjoy their human rights in the same way as other people do and on an equal basis with others.

Discrimination by Association: When persons are discriminated against because they have a family member or a close association with a person with disability and do not have a disability themselves, it is identified as by association. An example of this is where a family member may be excluded from joining community activities. In a context of humanitarian crisis, an example of this type of discrimination is when relief agencies do not offer livelihood or training opportunities for parents of a child with disability, assuming they need to look after their children and that their children would not be included in mainstream education or nursery provision.

Equality: Equality is being respected equally and all persons being given equal opportunity to access all rights. This concept recognises that everyone is different and may have different needs. All human beings should be treated as all other rights holders in all aspects of life.

Free and Informed Consent: The concept of free and informed consent is often used concerning clients receiving any social or health care services. It means that clients using services should be given complete information in accessible formats to make informed decisions about their treatment and services. This includes all the potential risks and harms known and fully respects a person's right to refuse service or treatment. Free and informed consent is a critical part of article 25 of the Convention on the Rights of Persons with Disabilities (CRPD) concerning health services.

Gender: Gender refers to socially constructed and hierarchical categories assigned to individuals based on their apparent sex at birth. While other genders are recognised in some cultures, in most societies people are expected to conform to one of two gender roles matching their apparent sex of male or female. Gender attributes, opportunities and relationships are socially constructed and learned through socialisation processes. They are context/ time-specific and changeable.

Gender Equality: This equality refers to the equal rights, responsibilities and opportunities of women and men, girls and boys. Equality does not mean that women and men will be the same but rather that women's and men's rights, responsibilities and opportunities do not depend on their gender identity. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration and recognises the diversity of different groups or women and men. Gender equality is not a women's issue but is the concern of both men and women. Equality between women and men is both a human rights issue and a precondition for and indicator of sustainable development. For more information, see the Convention of the Rights of Persons with Disabilities (CRPD) article 6 and Sustainable Development Goal 5.

Humanitarian programme cycle (HPC): The programme is a coordinated series of actions undertaken to help prepare for, manage and deliver humanitarian response. It consists of five elements: needs assessment and analysis; strategic response planning; resource mobilisation; implementation and monitoring; operational review and evaluation. Successful implementation of the humanitarian programme cycle is dependent on effective emergency preparedness, effective coordination with national/ local authorities and humanitarian actors and information management.

Human Rights Based Approach (HRBA): The HRNA is underpinned by five key human rights principles Participation; Accountability; Non-discrimination and Equality; Empowerment and Legality. These are often referred to as PANEL. They underpin all international human rights treaties and are based on common agreement that human rights are:

- Universal: are for everyone; all human beings are equally entitled to all rights

- Indivisible: they cannot be separated from each other

- Interdependent and interrelated: improvement in one right advances others, while denial of a right negatively impacts others

Inclusion: Inclusion allows all peoples to participate in all aspects of civil, political, social and economic life. At the state level it is the process by which traditionally marginalised groups are consulted and considered in all policy and budgetary decisions. The disabled people's movement advocates strongly for inclusion of persons with disabilities at all levels, and especially in compliance with the Convention of the Rights of Persons with Disabilities that states meet their obligations for all government public policy at national and district levels.

Inclusive development: This ensures that marginalised groups actively participate and benefit from development processes and outcomes regardless of age, gender, disability, state of health, ethnic origin, sexual orientation, level of education, religion or any other characteristics. It seeks to address the deepening inequality and consequent lack of access to opportunities for those who are excluded from development gains and processes.

Inclusive facilitation: An approach that creates conducive environments, spaces and opportunities for all people to participate and contribute to learning, dialogue and knowledge development is inclusive facilitation. It is based on valuing diversity and creating accessible spaces so that all persons can contribute, co-produce and enrich learning processes. Practitioners of inclusive facilitation are committed to a rights-based approach that values the voice, agency and participation of all, especially those traditionally left behind. It requires analysis and understanding of traditional norms, biases, stigma and stereotypes and barriers that can exclude based on disability, gender, race, faith, sexual orientation or any other characteristic. Inclusive facilitation relies on a continuously open learning approach where practitioners ask participants their aspirations and motivations for learning, as well as the methods that can best facilitate their contribution and well-being. A combination of openness, flexibility and the use of a variety of methods to suit different learners at different times is a hallmark of inclusive facilitation, as is use of a diverse range of accessible feedback mechanisms to be able to adapt and respond to all learners.

Intersectionality: This originated in feminist theory. It is the recognition of the complexity of how multiple discrimination intersects. The intersection of different identities produces a particular experience of oppression that cannot be adequately explained by an additive strategy of gender, plus race, plus class or plus sexuality. For example, a middle-class educated professional man with a physical disability who lives in Europe will experience different types and forms of discrimination than a young woman with a learning disability from a rural village in Asia or Africa. The complexity of development also requires that if we want to succeed in having inclusive development it requires a more complex analysis of the differing discriminations that can compound a person's exclusion.

Non-discrimination: Non-discrimination requires that people are entitled to equal treatment irrespective of their particular characteristics. It is used to assess apparently neutral criteria that may produce effects that systematically disadvantage persons possessing those characteristics. Non-discrimination is fundamental to the human rights-based approach and one of the underlying principles of the Convention on the Rights of Persons with Disabilities.

Organisation of Persons with Disabilities (OPD): Also known as Disabled People's Organisations (DPOs), OPDs are led, directed and governed by persons with disabilities who lobby and advocate for the rights of their members. Some OPDs are impairment focussed, others, such as national umbrella organisations, represent a diverse group of persons with disabilities. Some OPDs have a focus on specific issues, such as women's OPDs. Others may focus on a particular interest, such as sports. Some OPDs also focus on services or providing opportunities for employment and loans. A general definition of an OPD is a representative organisation or group of persons with disabilities, where persons with disabilities make up the majority of the organisation's staff, management, board and volunteers. For more guidance on what is an OPD refer to CRPD General Comment Number 7 which is available in many languages and in Easy Read.

Person-first language: This is a way of communicating based on the importance to affirm and define the person first, before the impairment or disability.

Primary data: These data are collected directly from an affected population by an assessment team through field work. Primary data may be quantitative or qualitative.

Qualitative data: These data shed light on the magnitude, the scale and the effects of a humanitarian crisis by an experiential description of its impact on affected communities. Qualitative data address questions that involve opinions, values, beliefs and conjectures. Why have coping strategies adapted or failed to adapt to changed circumstances? How does a displaced person with disabilities feel about her situation? What does she believe would improve her situation?

Quantitative data: These data shed light on the magnitude, the scale and the effects of a humanitarian crisis by providing a statistical description of its impact on affected communities. Quantitative data address questions that generate countable answers, such as 'how many', 'how much', or 'how often'.

Reasonable accommodation: All support or practical changes necessary and appropriate that have to be made for persons with disabilities to exercise and enjoy their rights and known as reasonable accommodation. They should be respectful of people and do not need to be very difficult or too expensive for the company, organisation or person that have to provide it.

Secondary data: These data are gathered from previous statistical and analytical research (census data, data from previous surveys and studies). Secondary data may be quantitative or qualitative.

Sendai Framework for Disaster Risk Reduction: This framework was adopted in March 2015 and is a voluntary, non-binding agreement which recognises that the state has the primary role to reduce disaster risk, but that responsibility should be shared with local government, the private sector and other stakeholders. Through its seven targets and four priorities for action, it aims for the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.

Standards: A standard is a document intended for common and repeated use. It is created by consensus and approved by a recognised body. A standard sets out rules, guidelines or characteristics for activities or their results aimed at achieving an optimal degree of order or level of quality. Standards are voluntary and do not have the force of law unless they are adopted in legislation or regulations.

Standard operating procedures (SOPs): SOPs are detailed, written instructions on how to perform routine organisational procedures. They are written in plain language and provide step-by-step instructions. SOPs are used in all areas of an organisation's operations such as finance, security, ICT, marketing and HR to ensure all staff are consistent in following organisational procedures. The purpose is to reduce risk and strengthen compliance.

The Global Compact on Refugees: On 17 December 2018, the United Nations General Assembly affirmed the Global Compact on Refugees, after two years of extensive consultations led by UNHCR with Member States, international organisations, refugees, civil society, the private sector and experts. The Global Compact on Refugees is a framework for more predictable and equitable responsibility-sharing, recognising that a sustainable solution to refugee situations cannot be achieved without international cooperation. It provides a blueprint for governments, international organisations and other stakeholders to ensure that host communities get the support they need and that refugees can lead productive lives. It constitutes a unique opportunity to transform the world's response to refugee situations, benefiting both refugees and the communities that host them. Its four key objectives are to:

1. Ease the pressures on host countries
2. Enhance refugee self-reliance
3. Expand access to third-country solutions
4. Support conditions in countries of origin for return in safety and dignity

The Grand Bargain: In the run-up to the World Humanitarian Summit (WHS) in 2016, the High-Level Panel on Humanitarian Financing sought solutions to close the humanitarian financing gap. Their report made recommendations to shrink the needs, deepen and broaden the resource base for humanitarian action and improve delivery. It specifically made a recommendation; the report suggested "a Grand Bargain between the big donors and humanitarian organisations in humanitarian aid". As a result, following the 2016 WHS, the Grand Bargain was launched as a unique agreement between some of the largest donors and humanitarian organisations committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of the humanitarian action. The Grand Bargain is a separate and independent process from the IASC, although the official website is hosted by the IASC structure and maintained by the Grand Bargain Secretariat. For more information visit The Grand Bargain (Official website) | IASC (interagencystandingcommittee.org)

Under-represented groups: Persons in a minority with less voice or visibility are considered under-represented groups. The disability movement, like other social movements, is not homogenous. There are some groups that have traditionally been under-represented or harder to reach such as persons who are deafblind, persons with intellectual disabilities, persons with psycho-social disabilities and persons with albinism. It can also include those who are less engaged in decision making such as women, children, older people and indigenous persons, as well as faith, ethnicity, caste, class, sexual orientation or gender identity minorities. This will be different in different countries and contexts.

Further reading

Helpful texts have been included with hyperlinks where available throughout the text. The following are some additional supplementary reading and resources that might be helpful for VIVID consortium partners in taking this work forward.

For more information on the CRPD and use of international human rights monitoring mechanisms, see the IDA Guidance Document (May 2010)

For more information on discrimination on the grounds of disability, see the OHCHR Training Guide on the CRPD, no. 19 (2014)

For more information on humanitarian infrastructure, who is who and how the cluster system works, see ELRHA's section on Humanitarian Infrastructure, which is part of the ELRHA's Innovation Guide

For Step-by-step practical guidance on inclusive humanitarian fieldwork. The Humanitarian Hands on Tool (HHoT) has been designed to work without an internet connection. This can be downloaded and used anywhere and has practical guidance on all aspects of humanitarian fieldwork.

For more information on working with persons with disabilities in forced displacement please look at the UNHCR - Persons with Disabilities resource page that provides a range of useful resources, including the UNHCR - Working with Persons with Disabilities in Forced Displacement Facilitator's Guide).

For more information on Accessibility, see WBU and CBM Global Disability Inclusion Accessibility Go! A Guide to Action (Dec 2020)

For an introduction to the importance of disability data disaggregation, see the CBM Global Disability Inclusion Disability Advocacy Data toolkit (Oct 2020)

For more information on protection of persons with disabilities see the Diakonia hub Protect persons with disability in armed conflict - Diakonia International Humanitarian Law Centre

For more information on doing no harm, working with digital data, see the ICRC and Privacy International publication The Humanitarian Metadata problem: 'Doing No Harm' in the Digital Era (Oct 2018).

For more information on safeguarding visit the Safeguarding Resources and Support Hub, which has plenty of resources and exchange in several languages: Arabic, English, French and Swahili

The new Disability Inclusive Safeguarding Guidelines (March 2021) developed by Able Child Africa and Save the Children:

The International Disability and Development Consortium Inclusive Safeguarding (April 2020)

FCDO Due Diligence Safeguarding for External Partners (Jan 2022).

The Inter-Agency Standing Committee (IASC) Minimum Operating Standards (MOS) on protection from sexual exploitation and abuse (MoS-PSEA, 2012)

For more information on protection see: the Global Protection Cluster Toolkit (2018) and the Protection Mainstreaming Training Package (Nov 2014)

global disability inclusion