



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

Asia Regional Consultation with GBV & Gender Actors

Workshop Report



May 2018

## Introduction

In 2016, the United Nations Inter-Agency Standing Committee (IASC) Working Group established a Task Team to develop IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (herein referred to as “IASC Disability Guidelines”). The Task Team membership spans UN agencies, humanitarian actors, NGOs and organizations of persons with disabilities (DPOs) and includes Member States as observers. The Task Team is co-chaired by the International Disability Alliance, Handicap International and UNICEF. Further details on the Task Team, including Terms of Reference and Work Plan, can be found on the IASC website:

<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action>

The Consultation Process for the Guidelines is currently underway, with regional consultations being conducted the Pacific, Middle East and North Africa, Africa and Latin America. Draft Guidelines will be piloted or tested in humanitarian contexts in the third quarter of 2018, and then finalized by the end of the year.

The development of IASC Disability Guidelines mark a significant step in advancing accountability for the inclusion of persons with disabilities within the inter-agency coordination mechanism. Ensuring non-discrimination requires that such guidelines be gender-sensitive, as well as relevant and appropriate to GBV actors working humanitarian settings globally. Humanitarian stakeholders met in 2017 for the Strategic Dialogue on Sexual and Reproductive Health and Gender Based Violence in Emergencies (co-hosted by the UNFPA Asia-Pacific Regional Office and Australia’s Department of Foreign Affairs and Trade), highlighting as a key priority the engagement of Asia-Pacific GBV and SRH stakeholders in the IASC Disability Guidelines consultation process.

Building on these initial efforts in the region, the Women’s Refugee Commission, South Asia Disability Forum, UNFPA Asia-Pacific Regional Office and International Planned Parenthood Federations (IPPF), with support from the Australian Government, facilitated a consultation workshop with GBV and gender actors from the Asia region to inform the IASC Disability Guidelines development.

## Objectives of consultation workshop

This one-day consultation workshop brought together organizations of persons with disabilities (DPOs) and humanitarian actors to:

- Priority areas for gender mainstreaming and GBV prevention and risk mitigation in the Guidelines.
- Collect promising practices and other relevant information to support the content development of the Guidelines.
- Identify how DPOs, gender and GBV actors in the region can contribute to later phases of the Guidelines development and roll-out process, establishing appropriate feedback mechanisms.

Please see Annex 1 for the list of participants, and Annex 2 for the Workshop Agenda.

This report summarizes the outputs of workshop activities and key recommendations for the IASC Disability Guidelines moving forward.

### Recommendations for Overall Structure and Content of the IASC Disability Guidelines

All workshop participants stressed the importance of ensuring that the IASC Disability Guidelines are **gender-sensitive, and relevant and appropriate to GBV actors working in humanitarian settings**. To this end, more detailed and specific recommendations on the overall structure and content of the guidelines include:

***IASC Disability Guidelines should include specific guidance relating to gender mainstreaming, GBV prevention and response and sexual and reproductive health (SRH)*** – Participants recommend that the GBV-related risks of persons with disabilities, especially those from marginalized and diverse groups, such as women and girls with psychosocial and intellectual disabilities, are highlighted throughout the guidance. These risks should be highlighted not only in the GBV sub-sector guidance, but also across other sectors (e.g. forced sterilization of women and girls with disabilities should be raised also in the health chapter). Participants recommended gender-mainstreaming throughout the guidelines with attention to the participation, empowerment and leadership of women and girls with disabilities in decision-making, and the analysis of sex, age and disability disaggregated data in monitoring processes.

***IASC Disability Guidelines should include minimum standards and simple, practical steps for non-disability specialists in resource limited settings*** – Participants recommend that minimum standards are accompanied by indicators and actionable steps for implementation. They suggest that “cheat sheets” should be developed providing sample assessment questions and actions that can then be adapted to local contexts. Such tools should be user-friendly and easy understand, with recommendations to consider infographics and other pictorial forms of communication for the guidelines.

***IASC Disability Guidelines should include an accountability framework and implementation plan*** – Participants stressed that the implementation of the guidelines should be considered in the development process, including how it will be rolled out across each global cluster and adapted at country levels. Furthermore, the guidelines and the implementation plan should link to and integrate with the implementation of other IASC Guidelines, such as the IASC GBV Guidelines. Finally, the IASC Task Team should consider early what type of monitoring body is required to ensure implementation at field levels.

Please see Annex 3: Our Expectations for the IASC Disability Guidelines for the raw data collected during this workshop activity.

### Recommendations on Gender Mainstreaming in the IASC Disability Guidelines

Participants referred to the checklists for integrating gender into each stage of the humanitarian program cycle from the IASC Gender Handbook, identifying specific actions that should be integrated into the IASC Disability Guidelines.

***Importance of gender mainstreaming in preparedness (including DRR and DRM) sections of the IASC Disability Guidelines*** – Participants stressed the importance of gender mainstreaming across preparedness efforts to strengthen understanding among humanitarian actors of the intersection of gender and disability; to build the capacity of DPOs on gender in humanitarian action; and to foster leadership of women and girls with disabilities in humanitarian response.

***Prioritize the leadership and participation of women and girls with disabilities and marginalized groups*** – DPOs can support humanitarian actors to conceptualize, monitor and evaluate the needs of persons with disabilities even before disasters happens. The leadership and participation of women and girls with disabilities, including those from more marginalized groups, must be prioritized across all stages of the humanitarian program cycle. This includes setting criteria for women with disabilities to be represented in needs assessment and strategic planning teams, and that resources for local and national organizations (including DPOs) reach organizations of women with disabilities and those representing persons with intellectual disabilities and psychosocial disabilities.

***Collect and analyze sex, age and disability disaggregated qualitative and quantitative data*** – The collection and analysis of sex, age and disability disaggregated data should be undertaken in multiple phases of the humanitarian program cycle:

- In preparedness to support the establishment of gender sensitive baseline data, particularly within health development programs and projects, allowing for better recognition and response to the needs of persons with disabilities across the life-cycle.
- In the needs assessment and analysis to ensure that the different risks, needs and capacities of women, girls, men and boys with disabilities, as well as female and male care-givers, are reflected in response planning.
- In implementation and monitoring of access to services and assistance to determine which women and girls with disabilities were effectively reached, those who were not, and why.
- In operational peer review to document the equal participation of women and men (and girls and boys, where applicable) with disabilities and evaluate impacts on women, men, girls and boys with disabilities and their care-givers.

Data collection and analysis should also include participatory approaches for qualitative data collection, ensuring that persons with disabilities are included in age and gender appropriate focus group discussions and key informant interviews.

Participants also raised the need for disability to be integrated into the gender with age marker providing another tool for gender and disability sensitive program planning, resource mobilization, monitoring and evaluation.

See Annex 4: Actions to Integrate Gender into IASC Disability Guidelines by Stages of the Humanitarian Program Cycle.

### **Recommendations on GBV Prevention and Response in the IASC Disability Guidelines**

Participants split into groups to review and provide feedback on the different sections of draft 1 of the GBV sub-sector guidance. Recommendations are summarized in the table below.

As prioritization of content may be necessary in the future, participants were also asked to identify the three sections that they perceive as being most important to GBV actors, allowing prioritization of sections into most important (green), moderately important (orange) and least important (red).

## Recommendations for changes to Draft 1 GBV Sub-sector Guidance

### **Terminology**

Use SGBV, instead of GBV.

GBV-specific terminology:

- Intersectionality
- Survivor-centered approach
- At-risk groups
- Informed consent for case management (best interests with children)

Disability-specific terminology:

- Types of disabilities
- Reasonable accommodations
- Accessibility

Priority: 1 vote

### **Testimony / Voices of Persons with Disabilities**

Testimonies should highlight intersectionality and include people with intellectual disabilities and psychosocial disabilities. Should reflect the vulnerability of men and boy survivors and include the voice of care-givers. Lastly, recommend a testimony from DPOs on engaging with the humanitarian system and highlighting the role of government and humanitarian actors.

Priority: 14 votes

### **Description of risks / barriers to inclusion specific to sector / subsector**

This section includes GBV risks, factors that increase GBV risks (i.e. vulnerability factors), and barriers to accessing GBV services. May need to restructure to make these distinct topics clearer.

Stigma and discrimination section – Mention the groups that are most discriminated against, such as people with intellectual disabilities, psychosocial disabilities and women and girls with more profound disabilities (e.g. deaf-blind).

Highlight the intersection between GBV, sexuality and sexual and reproductive health rights.

The loss of community support structures – Recommend include IDPs, as they are not mentioned.

Also include older people with disabilities.

Lack of resources is a challenge faced by all persons with disabilities affecting their access to services and assistance (i.e. poverty).

Risks and barriers – Highlight the risks and barriers faced by care-givers of persons with disabilities.

Priority: 16 votes

### **Existing frameworks and standards**

Every section will need a section on frameworks and standards. Propose this section is integrated into an overarching Protection Sector section. Pull out the Sendai framework and 2030 Agenda and place it in the introductory / background sections of the Guidelines. The section is more checklist oriented and is useful.

Top 3 to include in the protection sector guidance:

- IASC GBV Guidelines
- Sphere Standards
- Child Protection

Priority: 5 votes

### **Gaps on inclusion of persons with disabilities in the sector / sub-sector**

Recommend expanding this section to include references to:

- DPOs and women led organizations
- Disaggregated data on different types of disabilities
- Include something on caregivers

\*\* Need to make sure that it is distinctly different to the risks / barriers section.

Priority: 1 votes

### **Key elements to consider = MUST DO**

The structure of this section could be more user-friendly and made in an easy-to-read format.

Recommend having principles at the beginning (covering survivor-centered approach, do no harm and invisible disabilities), followed by a checklist.

Preparedness response must include the importance of having a mechanism to report exploitation and abuse. This must be made accessible for all disabilities.

Other content to include:

- Participation in outreach.
- Data disaggregation and capacity development of DPOs in preparedness.
- Accessibility of information given in a response.
- Safe and effective referral processes / “one stop shop” – which also includes access to justice for persons with intellectual disabilities who may face legal capacity issues.

People who are institutionalized need to also be considered.

Priority: 32 votes

### **Role of different stakeholders**

It is important to flesh out who are the stakeholders. Are they faith based, part of law enforcement, part of the community? The structure of this section should include all the various stakeholders.

Some stakeholders to explicitly mention:

- Traditional healers
- Traditional birth attendants
- Legal / law enforcement (police, lawyers, judge)
- Primary health care workers
- Faith-based leaders
- Village leaders
- Opinion leaders (e.g. teachers, retired government, military)
- Minority groups (e.g. sexual and gender minorities)

Format – Recommend presenting this section as a diagram or flow-chart representing different stakeholders. It could then be adapted to different contexts, different types of disabilities, and more efficiently translated into local languages.

Women with disabilities should be included at the top level of the decision-making stakeholders and strategies on how to support this should be included.

Include more on the DPO roles of awareness and advocacy as rights holders.

Priority: 7 votes

### **Good practices**

Recommend that good practices highlight:

- Use technology, like mass media, to educate and include persons with disabilities in GBV programming.
- Different training tools like workshops, drama, etc. for increasing awareness on disability inclusion in GBV programs.
- Good practices could also include community leaders and religious leaders who have influence on disability inclusion in policies and implementing them.

Participants also recommended having one comprehensive “practice” which demonstrates



strategies for inclusion at each stage in the humanitarian program cycle. This would allow GBV actors in a variety of roles to quickly get ideas for the different actions they can take.

Priority: 7 votes

### **A Note About Persons with Psychosocial Disabilities**

Participants noted that persons with psychosocial disabilities may be more at-risk of GBV in an emergency, and yet are most often excluded from protection and empowerment efforts. Specific recommendations to include in the GBV section relating to persons with intellectual disabilities are:

1. Ensure that all actions relating to inclusion are based on the human rights model of disability. GBV actors must be aware of and avoid using the medical model, which may lead to medical treatment only, with doctors / psychiatrists speaking deciding what is "best" for them. The human rights model is aligned with the principles of GBV prevention and response, as it places the person at the centre of decisions and gives them a voice.
2. Stigma relating to persons with psychosocial disabilities must be addressed in order to foster their full and effective participation in programs.
3. GBV actors must have a good understanding of the legal capacity of persons with psychosocial disabilities, in alignment with the Convention on the Rights of Persons with Disabilities. Many GBV actors still defer to families or the care-givers of persons with psychosocial (and intellectual disabilities) for decisions, due to misconceptions about their capacity.

### **Recommendations for Follow-up Activities Relating to the IASC Disability Guidelines**

In this session, participants developed recommendations for three distinct phases of the IASC Disability Guidelines development process: 1. The review and feedback on drafts of the IASC Disability Guidelines; 2. Piloting the Guidelines; and 3. Launch and roll-out of IASC Disability Guidelines. They also identified existing opportunities in the Asia region to leverage throughout the guidelines development process.

***Recommendations on IASC Disability Guidelines drafting process*** – Participants recommend that the IASC Task Team establish an online process which will allow regional and national actors to engage partners and provide tangible feedback on drafts of the guidelines. Possible opportunities, strategies and networks that can be used to engage regional actors from Asia in the review process include:

- Feeding into regular stakeholder meetings and requesting feedback through email, including with national governments affected by humanitarian crises.
- Translating draft guidelines into a select group of local languages for community consultation.
- Briefings and engagement of national forums and platforms (e.g. GBV forums and Shadow CRPD Committees).
- Working Groups in the region (e.g. Gender in Humanitarian Action WG, APEC Emergency Preparedness WG, Asia Regional Cash Working Group).

- Global groups with regional reach, such as the IAWG GBV sub-working group and the GPC Protection Conference which is being held in Bangkok. **\*\*Note:** The findings from this consultation and the one in Africa will be presented at the GBV AoR component of the GPC Protection Conference for further feedback.
- The Red Cross and Red Crescent Gender Network has an upcoming meeting in South-East Asia in July.
- ASEAN Disability Forum will be a good forum to reach DPOs and ADF members.
- Organizations are ready to share drafts for feedback through their member associations and partners (e.g. IPPF).

***Recommendations for the IASC Disability Guidelines piloting process*** – The IASC Task Team should establish criteria for piloting the draft guidelines, which is circulated to participants in regional consultations for feedback. Criteria should ensure that the guidelines are piloted in range of different types of humanitarian crises and sectors, including the GBV sub-sector, and should reflect a range of different types of partnerships, including partnerships with diverse groups. Criteria should be linked to financial support for selected partners to pilot the guidelines.

The Asia region should be included in the piloting phase. Asia has greater government engagement and localization of humanitarian response providing an important contrast to other regions. Participants are ready to help identify disaster prone countries in the region with a strong cluster system, which would provide valuable feedback on the usage of the guidelines in coordination mechanisms.

***Recommendations for the launch and roll-out of the IASC Disability Guidelines*** – There are some upcoming opportunities in Asia to support the dissemination and roll-out of the IASC Disability Guidelines. Most notably, the 34th & 35th ASEAN Summits will be held in Bangkok in 2019 and would provide a good opportunity for government engagement in the implementation of the IASC Disability Guidelines. This would require high-level advocacy with regional missions engaged in ASEAN Summit preparation in 2018.

Participants also recommended that the IASC Task Team develop a communications strategy and implementation plan, which should include briefings in global and national level cluster meetings, translation into accessible formats and local languages, and a country-level training for both DPOs and humanitarian actors. This strategy and implementations plan can be shared with regional actors for feedback and collaboration.

Please see Annex 5: Opportunities to engage regional and national actors in IASC Disability Guidelines development.

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## ANNEX 1: Participant List

# IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action – Asia Regional Consultation with GBV & Gender Actors

Wednesday 9<sup>th</sup> May 2018, Eastin Grand Hotel Sathorn, Bangkok

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## ANNEX 2: Workshop Agenda

Time	Topic
8:30am – 9:00am	Arrivals and registration
9:00am – 9:40am	<p><u>Introduction</u></p> <p>Welcome to Bangkok. Introductions – Get to know other people in the room and their particular expertise in the room.</p>
9:40am – 10:30am	<p><u>Setting the scene</u></p> <p>Humanitarian system overview (10 min) – What is humanitarian response? What is the role of IASC Guidelines in humanitarian response? What is the role of different actors in the implementation of IASC Guidelines (e.g. humanitarian actors, DPOs, governments)?</p> <p>Disability, gender and GBV overview (20 min) – What do we already know about disability, gender and GBV in emergencies? What does it look like in an emergency?</p> <p>Overview of IASC Disability Guidelines development process and clarify workshop objectives (20 min).</p>
10:30am – 11:00am	Break
11:00am – 12:30pm	<p><u>Gender Mainstreaming in the IASC Disability Guidelines</u></p> <p>Introductory presentations (30 min) – Our experiences with gender mainstreaming and disability inclusion. What positive practices do we want to highlight in the IASC Disability Guidelines?</p> <p>Brainstorm (10 min) – What tools and resources should be linked and aligned with the IASC Disability Guidelines?</p> <p>Group work (50 min) – Three recommendations for the guidelines on gender mainstreaming. Guided by the gender handbook – Use this as a tool to develop up the recommendations for the disability guidelines.</p>
12:30pm – 1:30pm	Lunch
1:30pm – 3:00pm	<p><u>Disability Inclusion in GBV Programming, including prevention &amp; response</u></p> <p>Introductory presentations (30 min) – Our experiences with disability inclusion in GBV programming. What positive practices do we want to highlight in the IASC Disability Guidelines?</p> <p>Brainstorm (10 min) – What tools and resources should be linked and aligned with the IASC Disability Guidelines?</p> <p>Group work (50 min) – Three recommendations for the guidelines on GBV</p>

	prevention and response.
3:00pm – 3:30pm	Break
3:30pm – 4:30pm	<p><u>Follow-up activities</u></p> <p>Timeline proposed by the IASC TT (10 min)</p> <p>Mapping opportunities for integrating IASC Disability Guidelines into our work. World Café to cover three core themes (30 min – 10 minutes each theme):</p> <ol style="list-style-type: none"> <li>1. Review of IASC Disability Guidelines drafts – Opportunities to engage regional and national actors in the review process.</li> <li>2. Piloting the IASC Disability Guidelines – Opportunities for partners to test the guidelines in other initiatives (e.g. preparedness, response and recovery).</li> <li>3. Launch and roll-out of the IASC Disability Guidelines – Opportunities to support the roll out of the IASC Disability Guidelines in our region.</li> </ol> <p>Our recommendations on feedback mechanisms – How to ensure that our feedback is included in the final product? How can coordination mechanisms in the region be more involved? (30 min)</p>
4:10pm – 5:00pm	<p><u>Next steps and close</u></p> <p>Briefing on next steps re: finalizing recommendations and sharing with the IASC TT. Closing comments from co-hosts and thank you to all involved.</p>

### ANNEX 3: Our Expectations for the IASC Disability Guidelines

- Marginalized groups of persons with disabilities (e.g. persons with psychosocial disabilities) must be included – need to prioritize these groups in funding all the way.
- Guidelines should be translated into local languages and adaptable to the local context.
- Must promote not only equal representation of women with disabilities, but also equal influence over decisions.
- Address stigma – from society, from humanitarian workers and from their neighbors.
- Stick to a human rights model of disability – don't settle with the medical model.
- A “cheat sheet” of sample assessment questions, sample indicators, and sample actions that can be taken verbatim and used.
- Broadly – Include baseline data on persons with disabilities (SADDD) in development programming – before disaster or conflict happens – as part of preparedness. Also consider the types of disabilities, not only physical. Often only physical is seen by stakeholders – Need to consider diversity of needs. Recommend capacity development of DPOs on DRR, gender and GBV, as well as of other stakeholders, so that their needs are better reflected in DRR planning (and across all stages of disaster).
- Include access to justice system and appropriate mechanisms for women with disabilities to access justice.
- Climate change system / cycle – before, during and after.
- Explicit references to sexual and reproductive health.
- Guidelines could focus on disability mainstreaming and gender sensitivity considering women with disabilities.
- Incorporate needs-based supports for rehabilitation considering disability diversity.
- Demonstrate clear roles and responsibilities of key stakeholders.
- Include methodologies for the reinforcement (empowerment) of persons with disabilities.
- Humanitarian stakeholders and system level should have disability orientation based on disability diversity.
- Humanitarian response should consider appropriate data and have focal person on disability.
- Reflect the linkages between and describe how to mainstream gender in disability and inclusion perspectives – especially in empowerment, participation and decision-making – with practical steps or minimum standards.
- Concrete and practical guidance for both disability, gender and GBV actors, of course amplifying the voices of those who are already working at the nexus of these fields.
- Common sense, practical linkages, and complementarity with other guidelines to mitigate duplication and promote efficiency in decision-making.
- Guidelines should be an effective and practical tool for all stakeholders, including government, with gender / GBV inclusiveness at every steps of implementation.
- Non-marginalized society for everyone, including women, pregnant women and the elderly.
- All disabilities should be covered comprehensively.
- User-friendly and easy to understand – More pictorial.
- Key considerations for disability-specific needs in SRH / GBV (e.g. issue of forced sterilization) that SRG / GBV actors need to be aware of but might not consider.
- A “how to” guide for non-disability specialists to do their regular work with an inclusive approach.
- Better understanding of the inter-linkages between disability and gender / GBV – Identify concrete tools / actions on this throughout the guidelines.



- Include a chapter or annex with a step-by-step process to adapt the guidelines at country level.
- Help to increase understanding of inclusion by humanitarian actors / community.
- Appropriate steps to reduce risk of abuse and violence against women and girls with disabilities in disasters and emergencies.
- Guidelines should be user-friendly for relevant actors in humanitarian response, particularly at the grass-roots level (\*dissemination plan\*).
- Guidelines should have detailed explanations of how to rollout / implement the Guidelines in each cluster.
- Is there any accountability / monitoring body suggested? If not, then consider this, because often these guidelines remain just on paper.
- Guidelines should provide the minimum standards to be followed.
- Aware and conscious in the rights of persons with disabilities and putting them in your shoes.
- Make “disability” something common, so that people aren’t afraid to use the word disability.
- Give concrete practices and examples to GBV actors to identify, address and respond to needs of people with disabilities who are survivors of GBV.
- Data needs to be collected for persons with disabilities which is age and sex disaggregated.
- Include information and access to reproductive health services.
- Foster networking between different agencies working across the development – humanitarian nexus.
- Understanding persons with special needs as peers.
- Linkages to the implementation plan – Include country-level roll-out and look for opportunities to link the IASC Disability Guidelines roll-out with the IASC GBV Guidelines roll-out.
- “How to” – actionable steps for humanitarian actors by cluster.
- Raise the higher risk of GBV for persons with disabilities and contribute to increased data collection.
- Recognizing the specific needs of persons with disabilities.
- Support agencies responding to humanitarian crises to understand the needs of persons with disabilities.
- Practical and clear steps, minimum standards for gender and age responsive action for all persons with disabilities.
- Include disability in assessment tools.
- An integrated approach in practice – avoiding silos ... e.g. age, gender, disability, displacement lens.
- Be flexible and diverse – include marginalized groups.
- Diversity of women with disabilities – including community level engagement.
- Collect proper data on people with disabilities.
- Include data guidelines – SADDD (Washington group).
- Set standards and principles, but also very practical guidance for the situation where we have limited resources.
- Recognize capacity gaps that require partnerships / coordinating with development actors and appropriate funding.
- Localized applicability.
- Concrete steps on how to assess needs and respond - disability mainstreaming in GBV prevention and response.
- Build on the current good practices available – guidance on needs assessment.

- Cover / include disadvantaged and at-risk populations.
- Implementation of the guidance in emergency situations.
- Focus on strategies to support non-disabled people to accept persons with disabilities.

## ANNEX 4: Actions to Integrate gender into IASC Disability Guidelines by Stages of the Humanitarian Program Cycle

### **Preparedness**

Provide a specific allocation of funding for the reasonable accommodations to ensure equal participation of women with disabilities in humanitarian response.

Conduct advocacy and awareness raising activities with all stakeholders on disability inclusion, particularly for women with disabilities.

Strengthen the capacity of all stakeholder on the needs of women with disabilities through south-south collaboration and experience sharing.

Include stakeholders in the community in risk identification and preparedness planning, including location, laws and role of family.

Disaggregate all data on persons with disabilities by age and sex.

Participation of the community, with a human rights approach, to ensure that they have information and awareness of the needs of persons with disabilities in an emergency.

### **Needs Analysis**

Map out DPO and gender national actors, and their capacities, including services and referrals.

As a starting point, 15% of the population will have disabilities, and recognize the different needs and risks of women, men, girls and boys.

Collect and sex, age and disability disaggregated data.

Include DPO representatives (female and male) on the assessment team.

Incorporate the six Washington group questions into assessment (so that information on needs can be effectively disaggregated). Note: These questions are currently undergoing cognitive testing in local languages across Asia.

Develop and deliver basic training for assessment teams on inclusion.

Consider technological solutions for those with hearing and vision impairments.

Promote the leadership of women with disabilities in needs assessment teams.

Use participatory methods to gather qualitative information about the risks, needs and capacities of women, men, girls and boys with disabilities, as well as female and male care-givers.

Engage both gender and disability actors in coordination mechanisms.

Map gaps in advocacy and resources relating to the intersection of gender and disability.

### **Strategic Planning**

Define and clarify the difference between “sex” and “gender” in strategic planning.

Ensure specific needs are incorporated, which reflect different gender, diversity of disabilities (e.g. psychosocial disabilities), and age / life-course needs.

Ensure analysis and planning also reflects the needs of care-givers of persons with disabilities.

Define “disability”, as many countries may have a narrow definition of disability.

Develop and apply an gender, age and disability marker to strategic planning. In addition, adolescents and older people with disabilities and their needs should be integrated using a disability and gender marker.

Meaningful representation of DPOs focused on women, girls, boys, men, adolescents and older persons, including participation in gender-focused inter-agency coordination mechanisms.

Capacity building for DPOs to engage in humanitarian action with a gender lens (i.e. on gender in humanitarian action).

### **Resource Mobilization**

Include gender sensitive disability analysis in resource mobilization, developing evidence-based advocacy messages informed by the voices of women with disabilities.

Sensitization workshop / training with donors on gender and disability at local, sub-national, national and regional levels (especially rural levels).

Develop and create platforms to enable better engagement for local NGOs in humanitarian funding

mechanisms.

Advocate for prioritization of funding to CSOs / NGOs led by women with disabilities.

Advocate for funding that ensures that the human rights model of disability is adopted throughout the program cycle.

Link / adapt existing tools to ensure inclusion of women with disabilities. E.g. gender audits, gender marker.

Promote women with disabilities as decision-makers in funding decisions.

### **Implementation and Monitoring**

Collect and analyze sex, age and disability disaggregated data to monitor access to services and assistance for persons with disabilities and their care-givers. Also consider diversity of disability.

Strengthen participation in the HPC and HRP.

Include roles and responsibilities for accountability and feedback mechanisms, including PSEA, GBV prevention and risk mitigation, GBV response referral mechanisms. Make this information accessible.

IASC Gender Marker – Consider inclusion across this marker.

### **Operational Peer Review**

Often, there is no gender or disability expertise for inclusiveness in training and evaluation teams. It is recommended to ensure gender and disability sensitive questions to be included for data collection, such as the Washington Group questions. Translations into local languages for more understanding of data collection is important. In addition, a gender analysis should include caregivers and their experiences in a needs analysis and the influence of women with disabilities should be present in the whole monitoring process as they experience abuse while accessing services.

DPOs – Train evaluation teams on rights, disability and inclusion, and provide guidance to ensure gender and disability sensitive evaluation questions and methods (e.g. representativeness of women and men with disabilities in focus group discussions and key informant interviews).

Government – Bridge policies, strategies and plans relating to gender and disability.

Throughout IASC Disability Guidelines, highlight “equal participation of women and men (and girls and boys, where applicable) with disabilities”; “assess which women and girls with disabilities were effectively reached and those who were not, and why”; and finally, “evaluate impacts on women, men, girls and boys with disabilities”.

## ANNEX 5: Opportunities to engage regional and national actors in IASC Disability Guidelines development

### ***Review of IASC Disability Guidelines***

Possible opportunities, strategies and networks that can be used to engage regional actors from Asia in the review process:

- Feeding into regular stakeholder meetings and request feedback through email, including with national governments affected by humanitarian crises.
- Translate draft guidelines into a select group of local languages for community consultation.
- Briefings and engagement of national forums and platforms (e.g. GBV forums and Shadow CRPD Committees).
- Working Groups in the region (e.g. Gender in Humanitarian Action WG, APEC Emergency Preparedness WG, Asia Regional Cash Working Group).
- Global groups with regional reach – IAWG GBV sub-working group and the GPC Protection Conference which is being held in Bangkok. \*\*Note: The findings from this consultation and the one in Africa will be presented at the GBV AoR component of the GPC Protection Conference for further feedback.
- Red Cross and Red Crescent Gender Network has upcoming meeting in South-East Asia in July.
- ASEAN Disability Forum will be a good forum to reach DPOs and ADF members.
- Organizations are ready to share drafts for feedback through their member associations and partners (e.g. IPPF).

### ***Piloting the IASC Disability Guidelines***

Specific opportunities in the Asia region for piloting the guidelines include:

- Autism Mapping Project in ASEAN region
- CEDAW / CRPD Training Programme in Indonesia (Approach: Disability in Humanitarian Contexts)
- Piloting in the Rohingya Refugee Response in Cox's Bazar, Bangladesh.
- Aging and Disability Task Force in Pakistan (member organizations can pilot in existing projects).
- APRSEM Humanitarian Response constituency.
- Simulation exercises in Vietnam and Indonesia.
- Access to Justice and Climate Change Program in Cambodia.

### ***Launch and roll-out of the IASC Disability Guidelines – Opportunities to support the roll out of the IASC Disability Guidelines in our region***

Opportunities to support the dissemination and roll-out of the guidelines at global levels include:

- International Women's Day, 8th March.
- Women Deliver Conference in Vancouver, Canada, 3<sup>rd</sup> – 6<sup>th</sup> June 2019.
- International Day of Persons with Disabilities, 3rd December.
- Inter-Agency Working Group on Reproductive Health in Crises (IAWG) Bi-Annual Meeting in Bangkok.
- 16 Days of Activism Against Gender-Based Violence, 25<sup>th</sup> November – 10<sup>th</sup> December (which is International Day for the Elimination of Violence Against Women).

Other opportunities in the Asia region to support the dissemination and roll-out of the guidelines in 2019 include:

- IASC Regional Director's Meeting
- ASEAN & SAARC Summits
- Asia-Pacific Women with Disabilities United Regional Meeting.
- National level DPOs meeting in Cambodia.
- Asia-Pacific Forum on Sustainable Development.