



Global Shelter Cluster
ShelterCluster.org
Coordinating Humanitarian Shelter

Disability inclusion in shelter and settlements programming

BASELINE MAPPING REPORT
JULY 2019



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ACRONYMS

AGD	Age, Gender and Diversity	IOM	International Organization for Migration
AHP	Australian Humanitarian Partnership	KII	Key Informant Interviews
DTM	Displacement Tracking Matrix	NFI	Non-food item
GBV	Gender-based violence	NRC	Norwegian Refugee Council
GSC	Global Shelter Cluster	OPD	Organizations of persons with disabilities
HI	Humanity & Inclusion	SW4P	Shelter and WASH for Protection
HNO	Humanitarian Needs Overview	UNHCR	United Nations High Commissioner for Refugees
HRP	Humanitarian Response Plan	WASH	Water, Sanitation and Hygiene
IDA	International Disability Alliance	WGQ	Washington Group Short Set of Questions on Disability
IFRC	International Federation of Red Cross and Red Crescent Societies		

EXECUTIVE SUMMARY

The Global Shelter Cluster (GSC) Working Group on *Inclusion of Persons with Disabilities in shelter and settlements programming* was set up to build on existing work addressing vulnerability factors to integrate a wider and more systematic approach to disability inclusion in the sector. It also aims to support more general inclusion mainstreaming as prioritized by the GSC Strategy 2018 – 2022. To begin this process in 2019, the Working Group undertook a Baseline Mapping of how disability mainstreaming and inclusion is currently addressed within the sector. The Baseline Mapping included review of published literature and project documents, key informant interviews and an online questionnaire.

Over 100 relevant documents were reviewed, with a focus on an in-depth analysis of the key literature. A total of 20 key informant interviews (KII) were conducted with members of the GSC representing largely global technical advisors and (co)chairs of working groups and communities of practice. Forty questionnaire responses were received (40% female, 55% male, 5% no answer). Almost 70% (27 out of 40) of respondents worked for organizations with dedicated shelter and settlement programming at country (60%), regional (22%) and global levels (18%). Sixty percent of these respondents were a member of a country coordination mechanism or working group at the time of completing the questionnaire. Among these respondents, 23 had previous experience working on shelter and settlement programming in humanitarian contexts with four respondents acting as a focal point on disability within their organization.

Findings

Nearly all key informants reported that high-level organizational policies and strategies articulate commitments to non-discrimination and reaching “vulnerable groups”, occasionally with explicit references to persons with disabilities and their households. **Very few shelter and settlement organizations and agencies have dedicated policies or strategies relating to disability inclusion.**



Photo: Mohammed Muse/International Organization for Migration

Where these do exist, there is a gap in organizational monitoring and reporting in implementing disability policies in the shelter and settlement sectors.

The literature review revealed that the majority of shelter sector guidance and tools addressing disability inclusion relate to technical designs for shelters and other physical adaptations, with comparatively few addressing the broader program considerations around targeting, information and communication, consultation and other aspects of inclusiveness. **The literature tended to focus on issues of physical mobility rather than a broader understanding of disability.**

Across all data sources – that is, literature reviewed, key informants and questionnaire respondents – persons with disabilities are considered a vulnerable group for targeting of shelter and settlement programming, with 95% of questionnaire respondents reporting that disability is one of the criteria used for targeting services and assistance in their programs.

“

Shelter and settlement actors perceive the biggest barriers to inclusion are the attitudes of family and community members, and not being linked to community decision-making processes, particularly for women and girls with disabilities.

”



However, key informants also report that the generic assumption of vulnerability presents challenges to prioritization in resource limited settings. **There is a need to better recognize the shelter and settlement risk factors, as well as skills and capacities, which may make persons with disabilities more or less vulnerable to protection concerns.** As such, vulnerability assessments could be a strategic entry point for strengthening analysis of protection risks, linkages to shelter and settlement programming, and prioritized targeting of persons with disabilities in emergencies.

Approximately 58% and 39% of questionnaire respondents reported adapting shelter and settlement activities and community decision-making processes respectively to include persons with disabilities and care-givers. Across both the KIIs and questionnaires, the adaptations described most commonly addressed environmental barriers. Such examples were ramps and hand-rails on infrastructure, positioning homes close to facilities, and engaging committees to support non-food item distributions to persons with disabilities and their families. **Far fewer examples are available on inclusion of persons with disabilities in decision-making.** However, KII brought forth isolated examples of organizations of persons with disabilities (OPDs) being engaged in the design of context-specific guidance for shelter clusters, and construction staff directly consulting with persons with disabilities on the prototype design and testing for latrines, bridges and other infrastructure. *See Case Studies for more information.*

Questionnaire responses indicate that **shelter and settlement actors perceive the biggest barriers to inclusion are the attitudes of family and community members, and not being linked to community decision-making processes, particularly for women and girls with disabilities.** The vast majority (over 90%) of shelter and settlement actors recognize that persons with intellectual disabilities have specific shelter and settlement needs, with stigma being the most significant barrier to including this group in their work. This was aligned with information from key informants who consistently reported that **reaching this group and addressing their needs was a significant gap across the sector,**

most commonly due to a lack of staff time and resources for tailored interventions with linkages to protection. The literature also revealed a general absence of policy or technical measures to address the full range of disabilities, such as intellectual disabilities, and also reflected limited engagement with care-givers and representative organizations.

Across all types of programming questionnaire respondents perceive that cash and voucher assistance activities have very low levels of inclusion. The literature also reflected limited guidance and tools on this topic. One key informant elaborated that providing cash and vouchers, particularly for housing reconstruction, may disadvantage persons with disabilities who require added adaptations to their homes and / or more technical support than is currently available in these programs. Over half (57%) of respondents that completed the question on different types of settlement programming perceive that upgrading infrastructure is somewhat inclusive. This was reinforced by key informants who frequently reported adapting infrastructure in later phases of responses for persons with disabilities.

While many actors are integrating questions on disability into assessments and evaluations (78% of questionnaire respondents), also reflected in the literature review, only 50% of questionnaire respondents reported using disability-disaggregated data at activity levels for monitoring and reporting purposes. Only one organization shared evaluations that explored the intersection between disability and household vulnerability in their shelter program, by disaggregating and analyzing shelter data by disability, and conducting specific group discussions with persons with disabilities. **It is not clear from the Baseline Mapping how shelter and settlement actors are using disability-disaggregated activity data and / or findings from evaluations to adapt their programs and activities.**

While the literature encourages the use of the Washington Group Short Set of Questions on Disability for data disaggregation purposes, the KII and questionnaire responses indicated limited experience in using it. However, these same actors expressed concern about the time, cost and utility of these questions in emergency contexts. There are examples of adapting these

questions to integrate them into household surveys, for example, by asking only the head-of-household rather than each individual in the household.

The literature review offered limited guidance on inclusiveness for different types of disabilities. Indeed, **shelter and settlement actors**, in both questionnaires and KIIs, **requested more information on types of disabilities and their related needs and approaches to foster participation and engagement of persons with disabilities in decision-making**. A small number of key informants highlighted that there is no consistent approach to data disaggregation and analysis between organizations and agencies, presenting challenges for global tracking of progress on disability inclusion across the sector. However, shelter and settlement actors are already using a range of strategies to identify persons with disabilities in the community. As such, questionnaire respondents perceive that capacity development on data disaggregation and analysis is less important to affect change in their programming, with them instead wanting more information on the topics mentioned above. **Shelter and settlement actors would also like guidance, tools and resources, which is contextually appropriate and tailored to their country of operation, as well as technical advice to support at field levels** to promote greater disability inclusion in their work.

Shelter and settlement actors report a range of challenges to tailoring activities to the specific needs of persons with disabilities in the emergency phases:

- Standardization of non-food item distribution lists and shelter designs;
- Size and rapid nature of shelter and settlement responses;
- Funding is largely tied to number of structures and / or items distributed in short time period; and,
- Limited community consultation in general; and,
- The wide range of actors involved in activities, including temporary contractors, which limits sustainable capacity development opportunities.

Concerns were raised about being able to effectively respond to the wide range of cross-cutting issues emerging across the sector, highlighting the **need for more detailed analysis of the skill sets** (e.g. communication, case management, community consultation) **and composition** (e.g. social workers, gender and inclusion advisors) **of shelter and settlement teams required to deliver tailored and integrated approaches**. Many actors consulted see protection mainstreaming or safe programming frameworks as a vehicle for strengthening disability inclusion in emergency phases, with support from protection colleagues in field-level implementation.



Photo: Mohammed Muse International Organization for Migration

Key Messages

The following key messages seek to strengthen disability inclusion across the sector globally and are aligned with the priorities raised by shelter and settlement actors in the Baseline Mapping.

Shelter Clusters

Strengthen Vulnerability Assessment Tools – Vulnerability assessments should identify the different needs of women, men, girls and boys with different types of disabilities, as well as the skills, capacities and resources of individuals and households when targeting of shelter services and assistance.

Support the Development of Context-Specific Guidance and Tools – Bring ministry staff, shelter actors, disability organizations and even communities together to develop contextually adapted guidance, complete with infrastructure designs and risk analysis tools, at field levels.

Strengthen national shelter systems – Explore opportunities to institutionalize universal design within government regulations and accredited training programs during preparedness and recovery phases.

Advocate to Donors to Invest in Disability Inclusion – Meeting the needs of persons with disabilities in large-scale emergency responses requires very tailored and integrated approaches, which takes added staff time and resources to deliver. As such, donors should be called upon to match their commitments to disability inclusion across all sectors with adequate support to shelter and settlement programs, so that they can deliver a quality response that reflects the diversity of the affected community.

Shelter and Settlement Agencies and Organizations

Strengthen monitoring and reporting on disability inclusion – to identify who is and is not getting reached, and the strengths and weaknesses of programs – a critical step in accountability.

- Include technical support on disability inclusion in response plans and proposals and at cluster-levels in appeals.
- Include questions on disability and consult with persons with disabilities in shelter evaluations, so that over time we can learn more about effective strategies and approaches in disability inclusion in shelter and settlement programming.
- Integrate approaches for consultation with and questions about persons with disabilities into standardized post-distribution monitoring and reporting processes and tools.

Shelter and Settlement Actors

Disability inclusion is a component of good shelter programming, and helps us to address the needs of a wider community, while ensuring that we “do no harm”.

In preparedness and recovery phases, work with other sectors (most commonly the WASH, communicating with communities and protection sectors), local OPDS and disability service providers, as well as government partners to:

- Outreach to and consult with OPDs at country levels to build an understanding of their specific skills, capacities and priorities in humanitarian response. Such organizations can play a role in sensitizing staff on disability inclusion, contribute to development of context-specific approaches and designs, and act as an information hub for persons with disabilities in an emergency.
- Establish criteria for inclusion of persons with disabilities and their care-givers community-decision making structures and processes, including training which enhances capacities (and in turn reduces risk).
- Adapt standardized non-food item (NFI) catalogues and infrastructure designs in partnership with persons with disabilities to ensure that context-appropriate options are available in an emergency.

In the emergency phase, shelter and settlement actors can:

- Adapt risk analysis and mitigation tools (e.g. contextual analysis, post-distribution and quality assurance monitoring) to include questions and actions with a particular focus on breaking down isolation and ensuring the dignity of persons with disabilities and their care-givers.
- Integrate case studies on persons with disabilities into standard training packages relating to core shelter & settlement programming, highlighting the intersection with quality programming and risk mitigation.
- Seek technical support for disability inclusion, through protection colleagues, operational partnerships with disability-specific organizations and / or deployed experts.
- Plan for inclusive recovery by integrating disability into needs assessments and engaging OPDs in planning processes.

Shelter and Settlement Donors

Effectively responding to the shelter and settlement needs of women, men, girls and boys with disabilities, their care-givers and family members requires tailored interventions – The diversity of persons with disabilities and their families requires integrated and individualized approaches.

- Invest in the shelter and settlement staff required to deliver this type of tailored response.
- Support integrated shelter and settlement activities, particularly those that have a coherent model for identifying and responding to protection and WASH needs of persons with disabilities and their families.
- Ask shelter and settlement partners to report on the quality of interventions, including how they consulted with persons with disabilities about their needs and adapted their activities.

INTRODUCTION

Millions of people lose their homes due to disasters and conflict every year. Affected individuals, households and communities face the challenge of rebuilding their lives in the same location or in new locations where they seek safety, security and opportunity. An estimated 15% of any population will have a disability,¹ with potentially higher proportions among populations affected by crisis and conflict, due to new injuries and impairments.² These individuals and their families face a range of barriers in accessing appropriate, safe and dignified shelter services and assistance in a humanitarian crisis. This reduces their access to opportunities and resources and adds to their vulnerability to protection concerns. Furthermore, their isolation from the wider community mean that the skills and capacities of persons with disabilities remain untapped in recovery and resilience efforts.

The Global Shelter Cluster (GSC) and Country-Level Shelter Clusters seek to improve the coordination and the quality of shelter and settlement responses in a humanitarian crisis, with a particular focus on safeguarding the health, security, privacy and dignity of affected people. Most shelter and settlement agencies have policies, strategies and program goals to reach “the most vulnerable” and recognize the specific needs of persons with disabilities and their families. However, there is a gap in evidence on how the vulnerabilities among this particular group are being identified and addressed by shelter and settlement actors in humanitarian responses, and the outcomes for persons with disabilities and their families.³

In 2018, the GSC established a technical working group to support and guide improvements on inclusion of persons with disabilities in shelter and settlements programming (herein referred to as the “Working Group”). The Working Group is building on existing guidelines, such as the All Under One Roof guidance on disability-



Photo: Farzona Hossain/ British Red Cross

inclusive shelter and settlements in emergencies, and work addressing vulnerability factors to integrate a wider, more systematic approach to disability inclusion in shelter and settlements programming. These initiatives are linked to more general inclusion mainstreaming, as prioritized by the GSC Strategy 2018 – 2022.⁴ To begin this process, a Baseline Mapping was conducted to investigate the realities of mainstreaming inclusion of persons with disabilities and their care-givers across the shelter and settlement sector, get a baseline of current practices, and understand the challenges or barriers to inclusive programming.

This report on ***Disability Inclusion in Shelter and Settlement Programming*** presents the findings from the Baseline Mapping, including the barriers, challenges and opportunities to strengthen disability inclusion and mainstreaming in shelter and settlement programming. Recommendations are provided for future activities of the Working Group and wider GSC, along with key messages for shelter and settlement organizations, actors and donors. Finally, complementary Case Studies were developed to provide practical examples of disability inclusion in a range of shelter and settlement programs for future sector learning.

1 World Health Organization & World Bank (2011) World Report on Disability. https://www.who.int/disabilities/world_report/2011/en/

2 HelpAge International & Handicap International (2014) Hidden Victims of the Syrian Crisis: Disabled, Injured and Older Refugees. <https://reliefweb.int/sites/reliefweb.int/files/resources/Hidden%20Victims%20of%20the%20Syrian%20Crisis%20April%202014%20-%20Embargoed%2000.01%209April.pdf>

3 Terms of Reference Baseline mapping of Inclusion of Persons with Disabilities in Shelter and Settlements programming.

4 Global Shelter Cluster (2018) Shelter and Settlements The Foundation of Humanitarian Response: Strategy 2018 – 2022. <https://www.sheltercluster.org/sites/default/files/docs/gsc-strategy-narrative.pdf>

METHODOLOGY

The overall objective of the Baseline Mapping was to establish a baseline understanding of how inclusion of persons with disabilities and care-givers is currently addressed within shelter and settlements programming and to develop insights and key messages for sector-wide learning on identified challenges and barriers.⁵

For the purposes of this Baseline Mapping, the term “inclusion” refers to a rights-based approach to shelter and settlement programming which ensures that persons with disabilities and their care-givers or families have equal access to services, but also a voice in the development and implementation of these services.⁶ “Mainstreaming” is an approach which contributes to inclusion. It refers to the systematic consideration and addressing of barriers faced by persons with disabilities and their care-givers or families at all levels and in all types of programming by shelter and settlement organizations.

Principles and Approaches

The following principles and approaches were integrated across the Baseline Mapping methodology:

1. Participation and Ownership – The Baseline Mapping activities engaged a wide range of shelter and settlement colleagues, through existing fora, meetings and key informant interviews, concurrently raising awareness on disability inclusion and fostering their participation in the recommendations formulated.
2. Protection Mainstreaming – Mapping activities also explored and clarified the intersection between shelter and the protection risks faced by persons with disabilities and their care-givers. Questions on risk analysis and mitigation were posed to shelter and settlement staff.
3. Diversity – The Baseline Mapping explored how shelter and settlement actors understand the different needs of women, men, girls and boys with disabilities, as well as those with different types of disabilities. Particular attention was given to asking questions about persons with intellectual and psychosocial disabilities who are often over-looked in infrastructure-related programming in humanitarian settings.

Research Questions

The Baseline Mapping sought to answer the following questions:

1. Level of disability inclusion in existing shelter and settlements programming:
 - How are people with disabilities and care-givers identified during the assessment/design/planning of shelter and settlement interventions (including definitions)? How is this considered in vulnerability /prioritization criteria? How is this discussed/communicated with communities of potential beneficiaries?
 - What proportion of shelter and settlement beneficiaries are persons with disabilities and / or households of persons with disabilities? Which type of shelter programming (e.g. large distributions, small construction projects, long term development programs) are people with disabilities and care-givers accessing (and not accessing)? What are the outcomes for persons with disabilities and their families?
 - How are shelter and settlements staff adapting their interventions to meet the needs of people with different types of disabilities, of different ages and genders? What has been the most successful? What have been the biggest barriers? How are shelter actors engaging with other sectors in addressing the needs of persons

⁵ Terms of Reference Baseline Mapping of Inclusion of Persons with Disabilities in Shelter and Settlements programming

⁶ Adapted from International Federation of Red Cross and Red Crescent Societies (2015) All Under One Roof: Disability-Inclusive Shelter and Settlements in Emergencies. https://www.ifrc.org/Global/Documents/Secretariat/Shelter/All-under-one-roof_EN.pdf

- with disabilities and care-givers (e.g. health, protection, communicating with communities, advocacy groups, etc.)?
- How are shelter and settlement staff engaging persons with disabilities and their care-givers in decision-making processes? How are they adapting participatory decision-making processes in various phases of shelter programming to include persons with disabilities and their care-givers? Which groups are most often (and least often) included in these processes (e.g. type of disability, age, gender)? What type of role and / or level or type of participation? What has been most successful? What have been the biggest barriers?
 - What are the gaps and opportunities to strengthen disability inclusion and mainstreaming in existing shelter and settlement programming?
2. Capacity of shelter and settlements staff to mainstream disability inclusion:
- What are the attitudes of shelter and settlement staff on disability inclusion and mainstreaming?
 - What are the factors that prevent or hinder disability inclusion and mainstreaming in shelter and settlement programming at field levels (perceived barriers)?
 - What are the factors that promote disability inclusion and mainstreaming in shelter and settlement programming at field levels (perceived facilitators or enabling factors)?
 - What types of information do shelter, and settlement staff need on disability inclusion and mainstreaming (e.g. rights and protection issues, data disaggregation, technical adaptations, types of disabilities and related needs, care-giver related needs, participation and engagement approaches)?
 - What types of support do shelter and settlement staff need to advance disability inclusion and mainstreaming across their programming and activities (e.g. guidance, technical advice, funding, partnerships)?
- What are the capacity development needs of shelter and settlement staff at headquarters, organizational, program management and field levels (e.g. training, financial resources, human resources, organizational commitment)?
3. Frameworks and accountability mechanisms:
- How do policies, tools and standards at global and organizational levels address disability inclusion and mainstreaming? How do these inform shelter and settlement programming?
 - How are donor frameworks addressing disability inclusion and mainstreaming in shelter and settlement programs?
 - How are shelter and settlement programs monitoring and reporting on disability inclusion in their programs? What tools and / or other resources are they using to do this?
 - How do they identify and monitor protection risks faced by persons with disabilities and their care-givers in relation to shelter and settlement activities (e.g. PSEA, discrimination)? What complaints and feedback mechanisms are in place, and how are they made accessible to persons with disabilities?
 - Which standards, guidance and tools on disability inclusion do staff use at field levels? How do they use them? What are the perceived strengths and weakness of these guidance and tools?
 - What are the gaps and opportunities to strengthen frameworks and accountability mechanisms for disability inclusion in shelter and settlement programming?

Data Collection and Analysis

The Baseline Mapping collected and analyzed qualitative data collected through a range of methodologies including a desk review of academic and grey literature, key informant interviews (KII) with shelter and settlement actors, and an online questionnaire. While questions were asked about quantitative data and requests made to access program monitoring and evaluation reports, it was not possible to access this type of data for secondary analysis.

Stakeholder Analysis

A Stakeholder Analysis mapped the different actors and groups to engage throughout the project, informing the dissemination of the online survey and identification of key informants for interviews.

Online Survey

An online questionnaire was designed and disseminated widely across the GSC, its working groups and communities of practice. It targeted staff at all levels of shelter and settlement programming. The questionnaire was also circulated to key disability networks and organizations, such as the International Disability Alliance (IDA) and Humanity & Inclusion (HI), to ensure that the diversity of partners engaged in disability inclusion in shelter and settlement programs were reached. Questions also allowed for disaggregation and analysis of data based on the primary role and / or expertise of respondents.

A total of 40 questionnaire responses were received (40% female, 55% male, 5% no answer). Almost 70% (27 out of 40) of respondents worked for organizations with dedicated shelter and settlement programming at country (60%), regional (22%) and global levels (18%). Among this group, 60% were a member of a country coordination mechanism or working group at the time of completing the questionnaire. Questionnaire data was analyzed for respondents who had previously been engaged in shelter and settlement support activities in humanitarian preparedness, response and / or recovery, and were currently working for an organization with dedicated shelter and settlement programming (23 respondents).

Document Review

The document review included two components:

1. Literature review of published and peer-reviewed documents with global implications for shelter and settlement programming.
2. Review of context-specific project documents and other resources elicited through the online questionnaire and key informant interviews.

Inclusion Criteria:

- Primary focus: Global frameworks, standards and guidelines on shelter and settlement programming in humanitarian settings.
- Secondary focus: Response plans, reports, research or assessments on persons with disabilities and disability inclusion in humanitarian responses which reference shelter and settlement programming.

Exclusion Criteria

- Documents that reference inclusion of persons with disabilities with no detail about strategies used or accompanying quantitative data.
- Documents in languages other than English, due to language capacity of the reviewer.

Over 100 documents were identified as relevant and were reviewed with a focus on an in-depth analysis of the key literature.⁷ Findings, observations and a summary of the key literature was documented in *the Literature Review on Disability Inclusion in Shelter and Settlement Programming* by Victoria Bannon.

Key Informant Interviews

To triangulate data from the online questionnaire and document review, KIIs were carried out with selected individuals to:

1. Expand understanding of how disability inclusion is integrated into critical GSC initiatives – Informants included GSC Working Group leads / chairs, donor focal points for shelter, and technical advisors in organizations focused on shelter programming.

2. Provide more in-depth information for the Case Studies, including information about outcomes for persons with disabilities (where available) – Informants included Program Managers directly engaged in shelter and settlement programming at field levels who could describe in more detail what institutional strategies were being employed for disability inclusion, the challenges and successes relating to inclusion in this given context.

Purposive sampling was used, selecting agencies / organizations that have some experience in disability inclusion or mainstreaming, as determined through the online questionnaire and document review. Snowball sampling was also used with key informants recommending colleagues and partners who could provide additional information.

A total of 20 interviews were conducted with actors engaged at all levels of shelter and settlement programming, including global coordination and technical support, as well as country-level coordination and program management and implementation.

Validation & Documentation

A summary of findings and Key Messages was developed for feedback and validation from the Working Group members. Key Messages were also shared in draft form at the GSC Strategic Advisory Group meeting and East Africa Shelter Forum, providing added opportunities for wider feedback and engagement from the sector. Finally, Case Studies were developed in partnership with the agencies and organizations involved to ensure accuracy and ownership over these products.

Limitations

The Baseline Mapping was conducted entirely through desk research, and as such findings may not reflect the full range of disability inclusion strategies being implemented at field levels. The online questionnaire was circulated in English, with all documents received also being in English. Similarly, KIIs could only be conducted in English due to the language capabilities of the researcher. As such, other disability inclusion initiatives may have been missed due to language constraints.

While efforts were made to ensure the widest possible dissemination of the online questionnaire, there may be a positive bias in responses as people with experience and interest in the topic were more likely to contribute. Furthermore, very few respondents completed all questions (only 25 out of 40) in the online questionnaire. There were also a large number of responses from individuals not currently working in shelter and settlement programming in a humanitarian setting (17 out of 40) – these responses were filtered from the final analysis. These results suggest that the length and targeting processes should be revisited for future questionnaires.

Requests were made for project evaluations to determine outcomes of disability inclusion strategies for persons with disabilities and their families. However, this information was not forthcoming, because it is not being collected by program staff, and / or staff were no longer involved in the project or program and able to share these documents with the consultant. As such, further field research is needed to determine if the positive practices and examples of disability inclusion approaches presented in this report and complementary case studies are considered effective from the perspective of persons with disabilities and their families.



BASELINE MAPPING FINDINGS

The Baseline Mapping documented findings relating to current practice on disability inclusion in shelter and settlement frameworks and accountability mechanisms, the strategies being employed in programs and activities, and then finally the perceived capacity development needs of shelter and settlement actors.

Findings from the Literature Review

The Literature Review examined over 100 documents developed by (or for) the shelter sector in disability inclusion. Some of the key findings are as follows:

- Much of the relevant humanitarian shelter and settlements literature is focused on technical guidance for accessible shelters and construction, with fewer resources addressing disability inclusion in broader shelter and settlements programming. Programming is better addressed by global guidance in disability inclusion applicable to humanitarian action as a whole.
- Many shelter-specific documents include disability within the general category of “vulnerability” and do not make clear distinctions between types of disability or identify areas where persons with disabilities can make important contributions.
- While the participation of persons with disabilities in all aspects of programme planning is well recognized, some operational literature suggests this remains a challenge.
- Most of the literature is focused on response and recovery, rather than inclusion in preparedness and risk reduction.
- Few comprehensive technical resources exist regarding the inclusion of persons with disabilities in cash programming or housing, land and property rights.
- A notable exception is All Under One Roof which fills a critical gap in the sector and has been referenced by numerous documents since its publication in 2015.

Other findings from the literature review are noted in other sections of this report.

Frameworks and Accountability Mechanisms

Organizational policies and standards

In an already under-resourced humanitarian system, shelter and settlement agencies and organizations are usually targeting sub-groups within the affected population considered as vulnerable or at-risk of protection concerns. Within this landscape, nearly all actors consulted reported that high-level organizational policies and strategies articulate commitments to non-discrimination and reaching these groups, occasionally with explicit references to persons with disabilities and their households. Some actors consulted perceive that these commitments are largely donor driven, and that organizations are adapting their policies and / or committing to disability inclusion in proposals without complementary adaptation of monitoring and accountability processes. Several shelter and settlement actors expressed concerns that commitments to reach the “most vulnerable” and “hardest to reach” are not matched with sufficient staff time and expertise, or appropriate indicators for measuring success.

“If you want to be an organization that reaches hardest-to-reach populations, then we need to increase the quality [of assistance] and number of [staff] ... and not measure success by numbers ... we need to reframe measures of success and consider quality of the response.”

While the Literature Review identified a range of comprehensive international guidance documents, very few shelter and settlement organizations and agencies have dedicated policies or strategies relating to disability inclusion. The International Red Cross & Red Crescent Movement have taken steps to operationalize its Council of Delegates Resolution

on promoting disability inclusion (adopted in 2013)⁸ and subsequent Disability Inclusion Strategic Framework (adopted in 2015).⁹ These steps include the recruitment of a global disability inclusion advisor; development of the Minimum Standards on Protection, Gender and Inclusion (PGI) in Emergencies, which include specific actions for shelter actors to ensure dignity, access, participation and safety of persons with disabilities (among other groups) within the affected community;¹⁰ and appointment of PGI delegates in selected National Societies and regional IFRC offices.

Similarly, UNHCR adopted an Executive Committee Conclusion in 2010 with explicit commitments to protect and assist persons of concerns with disabilities against discrimination. Disability was subsequently integrated into its Age, Gender and Diversity (AGD) Policy¹¹ and global guidance on Working with Persons with Disabilities in Forced Displacement was developed and rolled out across country operations, with specific actions for shelter and settlement actors mentioned throughout.¹² A focal point for disability and older age inclusion based in Geneva provides technical support to global processes and systems. The annual AGD Accountability Report provides updates on the progress made and ongoing challenges relating to the implementation of the AGD Policy, which in recent years has included explicit sections on persons with disabilities.¹³

Despite dedicated disability policies and standards at global levels within these organizations and agencies, the intersection with and implementation across shelter and settlement programming is still difficult to track and demonstrate. It is unclear how these frameworks and accountability mechanisms support the implementation and monitoring of disability inclusion across specific sectors from global levels through to country operations. No formal focal points on disability inclusion,

with dedicated time and expertise, are appointed within shelter and settlement divisions of these organizations. However, this strategy has been used in the past within the International Federation of Red Cross and Red Crescent Societies, and resulted in the development of All Under One Roof¹⁴ – sector-specific guidance on disability inclusion for shelter and settlement actors.

Finally, some global advisors consulted in the Baseline Mapping shared how despite the lack of coherent organizational policy on disability inclusion in shelter and settlement programming, there are still examples of it being addressed at field levels, which are speculated to be driven by local government partners and / or donor requirements.

“Jordan does monitor disability in their own way because they have donors pushing them at local levels. So maybe the field level is more ahead than the policy levels.”

Monitoring and Reporting on Disability Inclusion in Shelter and Settlement Programming

The key literature identifies the development of inclusive and robust monitoring and evaluation as central to the improvement of organizational knowledge and capacities in disability inclusion, in particular through effective feedback mechanisms.¹⁵ It is not clear from the Baseline Mapping how shelter and settlement actors are using quantitative disability-disaggregated data to monitor and adapt their programs and activities. However, there are examples of site planners and engineers consulting directly with beneficiaries about infrastructure designs, following complaints about the quality and accessibility in camps.

Persons with disabilities are consistently considered a vulnerable group for targeting of shelter and settlement programming. While

8 Council of Delegates of The International Red Cross And Red Crescent Movement (2013) Resolution: Promoting Disability Inclusion in the International Red Cross and Red Crescent Movement. <https://www.icrc.org/en/doc/assets/files/red-cross-crescent-movement/council-delegates-2013/cod13-r9-people-with-disabilities-adopted-eng.pdf>

9 Council of Delegates of The International Red Cross And Red Crescent Movement (2015) Resolution: Adoption of the Strategic Framework on Disability Inclusion by the International Red Cross and Red Crescent Movement. http://rcrcconference.org/app/uploads/2015/03/CoD15_Res-4-disability-inclusion-FINAL-EN.pdf

10 International Federation of Red Cross and Red Crescent Societies (2018) Minimum Standards for Protection, Gender and Inclusion in Emergencies. <https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/11/Minimum-standards-for-protection-gender-and-inclusion-in-emergencies-LR.pdf>

11 UNHCR (2018) UNHCR Policy on Age, Gender and Diversity. <https://www.unhcr.org/en-au/protection/women/5aa13c0c7/policy-age-gender-diversity-accountability-2018.html>

12 First released in 2011, and then adapted in 2019. UNHCR (2019) Working with Persons with Disabilities in Forced Displacement. <https://www.unhcr.org/4ec3c81c9.pdf>

13 UNHCR (2018) UNHCR Age, Gender and Diversity Accountability Report 2017. <https://www.refworld.org/pd/fid/5bd03df04.pdf>

14 International Federation of Red Cross and Red Crescent Societies (2015) All Under One Roof: Disability-Inclusive Shelter and Settlements in Emergencies. https://www.ifrc.org/Global/Documents/Secretariat/Shelter/All-under-one-roof_EN.pdf

15 Victoria Bannon (2019) Literature Review on Disability Inclusion in Shelter and Settlement Programming.

many actors are integrating questions on disability into assessments and evaluations (78% of questionnaire respondents) and including persons with disabilities and care-givers into community focus group discussions and meetings (67% of questionnaire respondents), only 50% of questionnaire respondents reported using disability-disaggregated data at activity levels for monitoring and reporting purposes.

There were a small number of examples (3) shared of shelter and settlement actors monitoring protection concerns and risks relating to programming for persons with disabilities through community consultations, engaging with protection actors on risk analysis activities, and finally using post-distribution monitoring and complaints mechanisms to monitor cash transfer programs targeting persons with disabilities. More broadly, shelter and settlement actors perceive that risk analysis and monitoring may be a useful entry point for effectively identifying, prioritizing and responding to the needs of persons with disabilities, especially in the acute emergency phase.

Only one organization shared evaluations which explored the intersection between disability and household vulnerability in their shelter program, by disaggregating and analyzing shelter data by disability,¹⁶ and conducting specific group discussions with persons with disabilities.¹⁷ This same organization also conducted a multi-sectoral assessment of disability inclusion across programs in Kenya, identifying gaps in knowledge, attitudes and practices among staff.¹⁸ These examples, while not systematic across the organization in question and rare across the wider sector, represent positive steps to strengthen monitoring and reporting on disability inclusion – to identify who is and is not getting reached, and the strengths and weaknesses of programs – a critical step in accountability.

Guidance and Tools on Disability Inclusion in Shelter and Settlement Programming

Literature review indicates that there is a focus on technical standards for accessible shelters and construction, with fewer resources addressing disability inclusion in broader shelter and settlements programming. A notable exception is *All Under One Roof* which provides perhaps the most comprehensive guidance for the sector, and has been referenced by numerous documents since its publication in 2015.¹⁹ Approximately, 28% of questionnaire respondents reported using this tool at field levels, usually to provide training to colleagues and partners.

Analysis of key informant interviews and questionnaire responses indicate that most shelter and settlement actors are using integrated protection tools and guidelines, such as the Minimum Standards for Protection, Gender and Inclusion,²⁰ and a range of protection mainstreaming and safe programming tools, as vehicles to promote disability inclusion at field levels, particularly in emergency phases. Some actors also described sharing technical guidance on universal design with construction staff and colleagues, such as CBM's *Promoting Access to the Built Environment Guidelines*, and delivering training to partners based on the *All Under One Roof* manual.

There are also isolated examples of humanitarian actors developing integrated shelter, WASH and protection approaches that target marginalized groups, including persons with disabilities, with increases in referrals from protection partners to address shelter- and WASH-related risk factors. See Case Study 2: Integrated and Tailored Shelter, WASH and Protection Programming – Lebanon.

Tools and guidelines need to be simple and “easy to follow”, with actors stressing the importance of practical, “quick read” resources for use at field levels. More broadly, shelter and settlement actors expressed concerns about the large amount of guidance on disability inclusion, and how this guidance is often too generic to be of use.

¹⁶ Norwegian Refugee Council (2015) Evaluation of Norwegian Refugee Council's Lebanon Host Community Shelter Program.

¹⁷ Norwegian Refugee Council (2019) NRC Afghanistan Shelter Evaluation.

¹⁸ Norwegian Refugee Council (2018) Going Beyond the Rhetoric: Disability Inclusion Assessment Report.

¹⁹ Victoria Bannon (2019) Literature Review on Inclusion of Persons with Disabilities in Shelter and Settlement Programming.

²⁰ The Minimum Standards for Protection, Gender and Inclusion is a resource published by the International Red Cross and Red Crescent Movement. While 67% of questionnaire respondents (many of whom are not Movement staff) indicated that the use these minimum standards as guidance for disability inclusion, it is possible that they may be interpreting this response as wider standards in the humanitarian context. None-the-less, integrated protection frameworks and tools came forth consistently as useful for disability inclusion.



Photo: Alanah Tooreiba/IFRC

“[There is] still too much information for the shelter team to consider. They are still standalone, and so are really only taken on if someone is passionate about it.”
 – Questionnaire respondent

As a result, there were suggestions to instead support country shelter clusters and / or governments to develop more contextually appropriate guidance and tools on disability inclusion (in preparedness phases), which will better reflect the decision-making mechanisms already in place, as well as the materials and technical resources available in country. There were two examples identified of context-specific guidance being developed for the wider shelter and settlement sector with a focus on disability – the Emergency Shelter Management Manual for Shelter Managers and Coordinators in the Commonwealth of Dominica (co-led by IOM and the Office of Disaster Management) and the Fiji Shelter Handbook (developed by

Habitat for Humanity in partnership with the Fiji Shelter Cluster). Both examples involved national governments and local organizations of persons with disabilities in the design process, as critical partners in sustainable and effective preparedness, response and recovery from emergencies (see Case Study 1: Engaging OPDs as Shelter Partners – Inclusive and Accessible Shelter Planning for Fijian Communities). Two other notable examples of context-specific guidance on disability inclusion is the Shelter and WASH for Protection (SW4P) project in Lebanon (see Case Study 2: Integrated and Tailored Shelter, WASH and Protection Programming – Lebanon) and the rehabilitation of the Protection of Civilians Adjacent Area in Wau, South Sudan (see Case Study 3: Users as Designers – South Sudan), both of which involved the development of designs and prototypes for accessible infrastructure, adapted to the context, and even tested with persons with disabilities in the community.

Donor Frameworks on Disability Inclusion in Shelter and Settlement Programming

Donors commitments were referenced frequently by shelter and settlement actors as both a barrier and facilitator to disability inclusion. Many government donors recognize and call for inclusion of persons with disabilities in wider humanitarian programming, indeed some donor policies are among the more comprehensive on disability-inclusive shelter programming.²¹ However there are few processes in place to ensure implementation within shelter and settlement programming. Some actors engaged in the Baseline Mapping clarified that while donors may request disability inclusion in a proposal or funding call, they largely monitor and report against topline indicators which may not require any detail about the number of people with disabilities reached and / or how they adapted their programs to reach this particular group.

None-the-less, donor commitments and requirements were also referenced as a driver behind initiatives relating to disability inclusion in shelter and settlement responses. For example, DFAT requirements for disability inclusion across the Australian Humanitarian Partnership (AHP) prompted agencies and organizations to establish more comprehensive partnerships with OPDs and to design contextually adapted guidelines for inclusive and accessible shelter planning in Fiji (see Case Study 1: Engaging OPDs as Shelter Partners – Inclusive and Accessible Shelter Planning for Fijian Communities). While it is important to note that this project was largely implemented in recovery and preparedness phases (as opposed to emergency phases), the partners involved were able to add technical support through consultants within their existing budget. Furthermore, they spoke positively of the process and highlighted that it has implications for disability inclusion in their work beyond the shelter sector.

“The AHP has opened a whole new platform for us to understand and apply disability inclusion not only in this project but our other projects.”

However, more actors consulted in the Baseline Mapping expressed concerns that donors are

increasingly calling for shelter and settlement programs and activities to reach the most marginalized and vulnerable, while at the same time delivering a large number of facilities or structures without sufficient technical and financial inputs (particularly in an acute emergency). The Literature Review also notes the tension between donor requirements of “value for money” and ensuring that programmes are inclusive and equitable, which may require additional costs to identify address the needs of persons with disabilities, especially those considered hard to reach.

Furthermore, a wider shift in humanitarian programming to more cash-based interventions and market approaches may divert financial resources from much needed expertise to consult with and support communities in their own activities, and to meet the needs of more marginalized groups, who may need more tailored and intensive support to build a shelter or access a service.

“[Disability inclusion] varies so much between contexts – depends on technical support available and donor priorities – they ask for disability inclusion, or GBV and so it is in there – but I have rarely seen all these topics included together – the expertise to do it requires too much time and money.”

Level of Disability Inclusion in Shelter and Settlement Programming

Identifying Persons with Disabilities and Care-givers

The vast majority of actors (95%) report that disability is used as a targeting criterion for a shelter and settlement services and assistance. Shelter and settlement actors most commonly identify persons with disabilities through consultations with community leaders and integrating questions on disability into assessment tools. Two thirds of questionnaire respondents also reported collaborating with OPDs and disability service providers to identify persons with disabilities and their households.

²¹ See for example: AusAID (2013) Accessibility Design Guide: Universal design principles for Australia's aid program, cited in Victoria Bannon (2019) Literature Review on Disability Inclusion in Shelter and Settlement Programming.



Photo: Ingebjørg Kårstad/Norwegian Refugee Council

Where included, disability questions in assessments are largely confined to a single question on whether or not there is a person with disabilities in the household or the community (i.e. depending of target level of the assessment). Washington Group Short Set of Questions on Disability (WGQ) are designed for measuring disability prevalence, and as such are recommended for use in individual questionnaires and surveys when identifying persons with disabilities. There were only two examples of using the WGQ in assessments, with some reported concerns about practicality, weighing up time versus the usefulness of information gathered. In some cases, organizations have adapted the WGQ for integration into household rather than individual questionnaires. For example:

Does anyone in this household have:

- *Difficulty seeing, even if wearing glasses?*
- *Difficulty hearing, even if using a hearing aid?*
- *Difficulty walking or climbing steps?*
- *Difficulty remembering or concentrating?*
- *Difficulty (with self-care such as) washing all over or dressing?*
- *Difficulty communicating, for example understanding or being understood?*

Shelter actors also highlighted the importance of other data collection methods which focus more on needs and barriers. Colleagues engaged in site

planning shared examples of using qualitative data collection methods, such as community mappings to identify persons with disabilities, as well as informing decisions about where to locate new shelters, service points and routes through a given settlement or community.

“The idea is we use the Washington Group questions to identify prevalence [of disability], but our staff priority is to identify needs for shelter purposes. The Washington Group questions are not enough to understand if other organization are in contact with them and what changes we need to take to make the shelter accessible. It is interesting for us to collect this information, but at field levels we need to get a grasp of needs and how to address those needs. Our staff are really good, they meet the beneficiary, and do a transect walk to identify their needs ... We would like a harmonized tool – but this would be very large, and it may not be easily translated into other contexts.”

These findings are aligned with other research which demonstrates that WGQ may not be suitable in every situation or context and “will not give all the information needed to design disability inclusive programming”.²²

IOM colleagues report that their Displacement Tracking Matrix (DTM) team is currently working with HI and UNHCR to develop questions on risks

and barriers when accessing NFI distributions and other services. These questions will be integrated into the Multi Cluster Location Assessment and field companion materials, informing the adaptation of other sub-sector survey tools.

Finally, some actors highlighted the limitations of targeting criteria which largely fails to fully address the intersecting vulnerability factors experienced by persons with disabilities due to type of disability, age, gender and socioeconomic factors (among others). The result is a long list of persons with disabilities for targeting, and little guidance on how to prioritize according to the resources available.

“Persons with physical and mental disabilities are considered as core groups for selection criteria and prioritization ... We try to be super-inclusive with a long list, but it can’t be verified. How do they decide who gets what?”

There is a need to better recognize the shelter and settlement risk factors and barriers to access, as well as skills and capacities, that may make persons with disabilities more or less vulnerable to protection concerns. As such, vulnerability assessments could be a strategic entry point for strengthening analysis of protection risks, linkages to shelter and settlement programming, and prioritized targeting of persons with disabilities in emergencies.

The GSC Working Group on Shelter Vulnerability Classification is currently developing an agreed methodology for vulnerability assessments, which will strengthen analysis of and planning for resource allocation in emergencies. This initiative is an opportunity to move away from the generic assumptions of vulnerability currently placed on persons with disabilities to better reflect on the diversity of needs, but also skills and capacities, within this population. In particular, vulnerability assessment and classification tools should support actors to better identify where someone with a disability may NOT be as vulnerable due to skills, capacities and resources, allowing for more effective targeting of shelter services and assistance.

“In terms of vulnerability assessments, we need to be more nuanced so that we identify people who are more hidden, like people with mental health ... what are the mechanisms to help us to identify these people.”

Inclusion in Different Types of Shelter and Settlement Programming

Key informants interviewed throughout the Baseline Mapping most commonly talked about considering disability inclusion in needs assessment and targeting activities, site planning, distribution planning, upgrading of infrastructure and housing repair or reconstruction.

Questionnaire respondents were asked to rate how inclusive they felt certain coordination, shelter, settlement and distribution activities were on a scale of 0 – 5 (where 0 is not inclusive at all and 5 is fully inclusive). Findings are largely inconclusive due to the small number of respondents completing this section of the questionnaire.²³ However, across all types of programming (i.e. Coordination, Settlement Options, Shelter Technical and Distribution Support), shelter and settlement actors perceive that cash and voucher assistance activities have very low levels of inclusion²⁴, a finding also supported by the Literature Review, which notes limited guidance on this topic. Some 57% of respondents working in Settlement Options perceived that upgrading infrastructure was more inclusive.²⁵ This finding was also reinforced by key informants who reported adapting infrastructure in later phases of responses for persons with disabilities. In line with findings on disability inclusion across assessments, staff working in Distribution Support perceive that needs assessments are somewhat inclusive with the majority of respondents rating this activity as a 3 to 5 out of 5.

Shelter and settlement actors reported that disability inclusion was more realistic to address in preparedness and recovery phases, when adaptations can be made to set distribution lists and shelter designs, as well as pre-positioning of materials needed in an emergency. Several actors expressed concern about disability inclusion in large-scale emergency housing projects due to

²³ Only 7-14 respondents completed these sections of the questionnaire.

²⁴ With a rating of 0 to 1 out of 5.

²⁵ With a rating of 3 out of 5.

the limited time and human resources available, which also presents significant challenges to the quality of all deliverables. As such, these same actors perceive that quality assurance activities, such as safety audits and post-distribution monitoring, could serve as vehicles in identifying and responding to the needs of this group in an acute emergency.

Barriers to Persons with Disabilities Accessing Shelter and Settlement Activities

Actors perceive that the most common barriers preventing persons with disabilities and care-givers from accessing shelter and settlement activities are: 1. Not being connected to existing community decision-making structures; 2. Attitudes of families members and community, particularly for women with disabilities and persons with intellectual and psychosocial disabilities; and 3. Buildings, shelters and distribution points not being accessible. While the questionnaire respondents demonstrated positive attitudes relating to disability inclusion, this may be a biased result due to self-selection (see Limitations). The Literature Review identifies a number of guidance documents which include recommendations on inclusive staff recruitment, sensitization and training however key informants also shared examples where field staff carry the same negative attitudes of community, viewing disability through a medical model and actively discriminating against persons with disabilities in certain activities (e.g. training and recruitment).

Adapting Shelter and Settlement Activities

Approx. 58% and 39% of questionnaire respondents reported adapting shelter and settlement activities and community decision-making processes respectively. Examples of adaptations included ramps and hand-rails on infrastructure, positioning homes close to facilities, and engaging committees to support non-food item (NFI) distributions to persons with disabilities and their families. Far fewer examples are available on inclusion of persons with disabilities in decision-making.

Shelter and settlement actors consulted in the Baseline Mapping are largely focused on persons with physical disabilities, which results in mostly environmental adaptations to infrastructure and / or site planning. There are examples of disability-

specific aids and devices being added to NFI distributions in given contexts – namely walking frames and toilet chairs, which are perceived to require less expertise to appropriately fit to beneficiaries. There were also several examples of shelter and settlement actors working directly with persons with disabilities and their families to tailor shelter and latrine designs to their specific needs, most commonly in the reconstruction or protracted phases of a response. These approaches are very individualized and resource intensive, but are perceived to yield positive outcomes for persons with disabilities and their families.

Less successful examples of adaptations were also collected throughout the Baseline Mapping. One shelter and settlement actor shared an example of how they consulted with persons with disabilities about the location where they would like to live. These individuals chose locations close to family members, but further away from services and facilities. This later proved a challenge when the family were not able to support the individual to access these services and facilities. Other less successful examples, such as construction staff building ramps which lead to a set of stairs, demonstrate the limitations in more simplified, checklist approaches and the ongoing challenges relating to quality experienced across the sector. Both examples, highlight how successfully adapting shelter and settlement activities to the needs of persons with disabilities requires a comprehensive and holistic approach, oftentimes involving the family and wider community.

In line with this more comprehensive approach, 74% of questionnaire respondents reported working with other sectors to address the needs of persons with disabilities and care-givers, with the most common sectors being WASH, followed by protection and communicating with communities. Over half of respondents also report working with disability service providers in some capacity.

As one example of a cross-sectoral approach, Solidarite International in Lebanon have developed an integrated and tailored SW4P approach which supports staff to identify and reduce risk shelter- and WASH-related risk factors faced by persons with disabilities (among other groups) in a systematic and coordinated way.

The tools provided to field staff include:

1. Guidance on beneficiary groups, which promotes reflection on intersecting identities due to age, gender and diversity.
2. A matrix overview of protection risks – including risk to health, risk to safety, risk to dignity and risk to security of tenure – the shelter and WASH factors that contribute to this risk, and mitigation strategies with icons

for quick reference of those that are relevant to persons with disabilities (see Diagram 1: Risk to Dignity – Risk Factors and Mitigation Measures)

3. The Catalogue of Interventions which provides detailed instructions on context-specific technical designs, complete with photos and diagrams, to implement the proposed risk mitigation strategies.

Diagram 1: Risk to Dignity – Risk Factors and Mitigation Measures. Extracted from: Solidarite International (2019) SW4P Catalogue of Interventions.

Risk	Risk Factor	Icon	Mitigation Measures	Icon
Dignity (affected privacy, psycho-social wellbeing, marginalization, neglect) 	<ul style="list-style-type: none"> • Minimal size of livable, enclosed space (lack of); • Sealing off of the shelter as protection against the elements (e.g. cold, extreme heat, and wet weather) (lack of); • lack of privacy and security of beneficiaries; • lack of adaptation for specific needs (e.g. size, culture, gender) and people with disabilities (PWD). • features of the shelter limiting social participation, dignifying care and self-care 	     	<ul style="list-style-type: none"> • Internal partitions to separate sleeping/living areas from bathrooms and kitchens; • Windows and external doors installation; • Locks and handles installation; • Specific needs of PWSN including PwD integrated into tailored response. • Any assistive technology that can facilitate movements/participation/ access. 	       

“For example, an informal settlement, we can make a standard ramp with a cover over top and a handrail – this is a very standard intervention. But then in our intake form, we found that a woman who was paralyzed was in a substandard building. She had to leave the door open or have her husband lock her in. So, we installed an intercom, and in this way, she can chat with people outside and open up the door without leaving her bed. We create environments which enable people to take care of themselves.”

For more information, see Case Study 2: Integrated and Tailored Shelter, WASH and Protection Programming – Lebanon.

The vast majority of shelter and settlement actors recognize that persons with intellectual disabilities have specific shelter and settlement needs, with stigma being the most significant barrier to including this group, as well as persons with psychosocial disabilities, in their work. However, this was not well reflected in the literature and only one example could be identified of shelter and settlement actors responding to the needs

of these more marginalized and hidden groups. Colleagues previously working in the emergency response in Greece, reported having a “social team” responsible for identifying and supporting marginalized and vulnerable individuals and households for shelter support. This included persons with psychosocial disabilities who sometimes needed relocation to alternative shelter due to conflict and discrimination in the wider community. This is a progressive example of supporting persons with disabilities, beyond the more commonplace environmental adaptations of ramps and rails. However key informants also raised concerns about the skills, capacities and boundaries of shelter programming, with some examples of shelter staff being involved in the implementation of protection case management.

Finally, some shelter and settlement actors questioned that even when adaptations are made to programming and activities, there is still no evidence of the outcomes for persons with disabilities. In light of resource limitations, there is a need to strengthen monitoring and evaluation to better identify what strategies and approaches

for disability inclusion are the most effective for persons with disabilities in different contexts and phases of humanitarian response.

“Also, some of these items we give out, we don’t know how they change their lives, opportunities or how they use it.”

Participation in Decision-Making Processes

Forty-four percent of questionnaire respondents report that persons with disabilities and care-givers participate in decision-making processes relating to shelter and settlement programs, most commonly through community consultations and committees. Several key informants consulted highlighted that community participation in decision-making varies widely between contexts, phases and type of responses, with oftentimes very limited community engagement in emergency phases due to lack of time and human resources.

“We make a lot of noise about consulting with communities, but the donors then say we want more houses and this cut usually comes from staff. So, we recruit engineers first, even though we know that we need other skills sets, like communication, etc.”

The types of approaches and tools used for community engagement also vary, from focus group discussions to safety audits and “walk-throughs” to community committees. In some contexts, key informants report that wider camp management structures and complaints mechanisms may not intersect with shelter and settlement programming.

“We have a lot of community committees – this is strong – but getting feedback on site planning is limited. And we have complaints mechanism which people can access. I know there is a push to include vulnerable groups in camp management, but engagement with community on site planning is limited.”

Shelter and settlement actors perceive that the most common barriers to participation in decision-making for persons with disabilities are the attitudes of family members, lack of contact with community structures and information being inaccessible. Questionnaire responses indicate

that persons with disabilities and care-givers are least likely to participate in decision-making processes as volunteers and workers, which is aligned with reports from key informants of field staff discriminating against persons with disabilities in recruitment processes.

Two examples were identified of shelter and settlement actors engaging directly with persons with disabilities in decision-making processes. IOM staff in South Sudan shared examples of addressing complaints from persons with disabilities through a consultative process which included developing and testing designs and prototypes for bridges, pathways and latrines (see Case Study 3: Users as Designers – South Sudan). Habitat for Humanity also engaged local OPDs in the consultations processes relating to the development of the Fiji Shelter Handbook, but also contributed to the wider capacity development processes within the project (see Case Study 1: Engaging OPDs as Shelter Partners – Inclusive and Accessible Shelter Planning for Fijian Communities).

“One thing that impressed me and I have learned is how important it is to get the beneficiaries involved right from design through to implementation. There was nothing difficult – it was just engineering – playing with the design and coming up with something that works for them.”

Capacity of Shelter and Settlement Actors in Disability Inclusion

Understanding Disability

The terms “disability inclusion” and “disability mainstreaming” are used interchangeably by shelter and settlement actors. The actors consulted highlighted the importance of recognizing and responding to the barriers that hinder access for persons with disabilities to shelter and settlement services. Shelter and settlement colleagues were most familiar with physical or environmental barriers, and spoke less about communication and attitudinal barriers, which of course may have greater implications for persons with intellectual, sensory and psychosocial disabilities, and women and girls with disabilities who may face intersecting forms of discrimination.

While the vast majority of questionnaire respondents – over 90% - agree that persons with intellectual disabilities have specific needs that should be addressed by their programs, there was also acknowledgement that this group and persons with psychosocial disabilities are rarely considered in shelter and settlement processes. Some actors reflected on the gaps in knowledge and awareness relating to this group at global levels, all the way down to field staff.

“Sitting at the global level, there is a bit more understanding, but even I default to wheelchair users and the technical problem. In the field, there is even less awareness, especially of mental health issues.”

Barriers and Facilitators Disability Inclusion

Shelter and settlement actors report that standardization of distribution lists and shelter designs; the scale and rapid nature of shelter and settlement responses, with funding largely tied to number of structures and / or items distributed in short time period; and limitations in community consultation processes, present significant challenges to addressing the specific shelter needs of persons with disabilities in the emergency phases. There are also a wide range of actors involved in shelter and settlement activities, including temporary contractors, which limit the sustainability of capacity development strategies in an emergency.

The few examples identified relating to disability inclusion in emergency phases, highlight that very tailored and resource intensive activities are required to meet the needs of persons with disabilities, especially those identified as most vulnerable and therefore prioritized for shelter assistance. In these situations, key informants described implementing a case management approach, either directly by shelter and settlement teams (with and without appropriate qualifications or training) or conducted in close partnership with protection actors. Some actors expressed concerns about the expanding role of shelter and settlement programming in contexts where complementary

protection services may be lacking – with examples of supporting individuals to access reach hospitals and health clinics, and managing complex security concerns in the community – and how this may add to risks for individuals and their families.

“We have to be careful how much responsibility we take on ... [the staff] did really well but we were worried that they were doing things beyond their experience and qualifications. We needed clear boundaries of what we would and would not do in terms of supporting beneficiaries. But whether we were qualified or not, there was no one else to do it. We need more open discussion about this.”

At global levels, technical advisors report that a lack of standardized data collection processes and tools, endorsed by the country-level cluster and linked to response planning, makes it difficult to track progress and learning on disability inclusion. The new Humanitarian Needs Overview (HNO)²⁶ and Humanitarian Response Plan (HRP)²⁷ templates now recommend global estimates that 15% of the affected population will have a disability and that sex, age and disability disaggregated data is collected to track HRP indicators. However, it does not provide more detail on how to disaggregate by disability, and what questions to use. Furthermore, informants question what is the most appropriate form of disability data to standardize (e.g. prevalence, access to services, barriers), and what level of disaggregation is realistic and useful for programs (e.g. WGQs, type of disability). It is critical to ensure that any actions to systematize disability data collection processes across the sector recognize the gaps already identified in this Baseline Mapping – namely information on vulnerability and barriers to support prioritization and adaptation of programs respectively.

“This needs to be standardized at a global level – otherwise how will we know if we are progressing globally? Age and sex is accepted but how far can we go into disability? But I think to be consistent, we need each cluster to collect the same information.”

26 UN OCHA (2019) 2020 Humanitarian Needs Overview – Template. <https://www.humanitarianresponse.info/en/programme-cycle/space/document/2020-humanitarian-needs-overview-templates>

27 UN OCHA (2019) 2020 Humanitarian Response Plan – Template. <https://www.humanitarianresponse.info/en/programme-cycle/space/document/2020-humanitarian-response-plan-template>



“

Maybe we need a minimum standard which is achievable, so that teams feel like they can operate better and feel like they can make a change. Recommendations from headquarters sometimes can't be implemented at field levels.

”

Supporting Capacity Development

Shelter and Settlement actors requested more information on types of disabilities (e.g. physical, sensory, intellectual & psychosocial disabilities) and related shelter and settlement needs, as well as approaches to foster participation and engagement of persons with disabilities. Shelter and settlement actors are already using a range of strategies to identify persons with disabilities in the community. As such, questionnaire respondents perceive that capacity development on data disaggregation and analysis is less important to affect change in their programming, with them instead wanting more information on the topics mentioned above. Shelter and settlement actors would like in-country technical advice to support greater disability inclusion

in their work, followed by guidance, tools and trainings which are context-specific.

Several key informants expressed concerns about how they can effectively respond to the ever increasing number of cross-cutting issues across the sector, and as such called for disability inclusion to be as integrated as possible into common shelter and settlement frameworks and approaches, including safe programming, protection mainstreaming, and the range of quality assurance tools and processes already in place. Some organizations are also adopting new structures to promote accountability to affected populations, which may be an entry point for more integrated capacity development on disability inclusion.

Diagram 2: Factors that make it difficult to do disability inclusion



OPPORTUNITIES AND RECOMMENDATIONS FOR THE WORKING GROUP

The findings from the Baseline Mapping suggest the following strategic opportunities for the Working Group to strengthen disability inclusion across the shelter and settlement sector at global levels.

Global Position Paper on Disability Inclusion

There is a distinct gap in policies and strategies at global levels on disability inclusion, which are owned and endorsed by shelter and settlement sector. Furthermore, shelter and settlement actors repeatedly expressed concerns about being asked to respond to the specific needs of the most vulnerable members of the community, oftentimes through highly tailored approaches, without adequate staff, time and resources.

A global position paper from the GSC on disability inclusion could clarify what is (and is not) realistic to achieve in preparedness, emergency and recovery phases. In this way, the expectations and focus of shelter and settlement actors on disability inclusion will be clearer and more effective. It would also provide a clear rationale for donor advocacy to support the capacity development of and technical support to shelter and settlement teams delivering tailored and integrated approaches to reach the “most vulnerable” in affected communities.

Finally, such an initiative could also incorporate the establishment of a very small number of carefully designed indicators for country-level shelter clusters to track how persons with disabilities are (and are not) accessing these services and assistance. The Working Group could then play a role in collating and analyzing this standardized information for sectoral learning at global levels.



Photo: Sydney Morton American Red Cross / IRC

While further research is needed to define any potential indicators, ensuring that they are measurable and realistic to collate and analyze at global levels, some initial suggestions of criteria to measure disability inclusion from questionnaire respondents included: 1. Disability referenced in shelter and settlement cluster (sector) work plans; 2. Number of persons with disabilities reached with shelter and settlement activities; 3. At least one person with disabilities in community committee.

Research the Effectiveness of Current Disability Inclusion Strategies

While the Baseline Mapping documented some of the disability inclusion strategies being used by shelter and settlement actors, there is very little information available about the effectiveness of these approaches and outcomes for persons with disabilities and their care-givers. As such, further research is recommended to capture the perspectives of persons with disabilities and national governments regarding both process and outcomes relating to disability inclusion in shelter and settlement programming, including their participation in decision-making.

Case Studies documented in the Baseline Mapping provide an interesting opportunity for the Working Group to evaluate effectiveness of context-specific guidance. While it is yet to be tested in an emergency, the Fiji Shelter Handbook, developed and endorsed by the country-level shelter cluster, provides a promising example of both the process and outputs of context-specific guidance, and could be a valuable project for follow-up research at field levels, preferably after an emergency to identify what did and did not work in terms of implementation (see Case Study 1: Engaging OPDs as Shelter Partners – Inclusive and Accessible Shelter Planning for Fijian Communities). Innovative pilots, such as the SW4P project in Lebanon, also warrant tracking for sharing and learning on integrated shelter and protection programming approaches, particularly targeting more marginalized groups of persons with disabilities (see Case Study 2: Integrated and Tailored Shelter, WASH and Protection Programming – Lebanon). Ideally, this research would inform a tool to support country-level clusters to develop their own context-specific guidance on disability inclusion and provide additional advice on when and how to engage OPDs in this process.

Mapping Competencies, Skills and Capacities for Disability Inclusion

While the Baseline Mapping sought to collect information of the skills and capacities of shelter and settlement actors relating to disability inclusion, the small number of questionnaire respondents made it difficult to draw specific sector-wide conclusions on this topic. However, key informants were clear that there needs to be greater reflection on the skills sets required for teams to achieve disability inclusion for the most marginalized groups, especially in acute and large-scale emergencies. Consultations on the Global Position Paper could collect added information about the skill sets and capacity development needs of shelter and settlement staff to deliver truly tailored and integrated responses for persons with disabilities and their families.







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