

Nossal Institute for Global Health
University of Melbourne



Preparing Actionable Data for Inclusive Shelter

Disability data workshop handbook



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The Preparing Actionable Data for Inclusive Shelter (PADIS project) is funded and supported by Elrha's Humanitarian Innovation Fund (HIF) programme, a grant making facility which improves outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective, innovative and scalable solutions.

Elrha's Humanitarian Innovation Fund (HIF) programme is specifically funded by the UK Foreign, Commonwealth and Development Office (FCDO), the Netherlands Ministry of Foreign Affairs (MFA), the Swedish International Development Cooperation Agency (Sida), and the Norwegian Ministry of Foreign Affairs.

Elrha is a global charity that finds solutions to complex humanitarian problems through research and innovation. Visit www.elrha.org to find out more.

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1. Introduction

Preparing actionable data for inclusive shelter (PADIS)

Background

The preparing actionable data for inclusive shelter (PADIS) project aims to improve the use of disability data in shelter and settlements programming and contribute to increasing disability inclusion in humanitarian action. PADIS is funded and supported by [Elrha](#)'s Humanitarian Innovation Fund (HIF), a grant making facility which improves outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective, innovative and scalable solutions.

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PADIS is implemented by the [Nossal Institute for Global Health](#), University of Melbourne in partnership with the [Australian Red Cross](#) and [Life Haven Centre for Independent Living](#), Philippines.

The PADIS project

There have been two phases to PADIS. The first worked with members of the Global Shelter Cluster to identify challenges and opportunities for improving the use of disability data in humanitarian shelter response. Issues identified in phase one included:

- Persisting knowledge (and practice) gaps on disability data.
- Incomplete knowledge on how best to apply existing tools promoted within the sector.
- Need to shift attention from the global level, where awareness is generally high, to national and sub-national implementation.
- Recognition the greatest potential for positive change lies at the national and sub-national levels.
- A preference for hands-on learning solutions rather than written guidance.

In response to these issues, phase two of PADIS delivered workshops to shelter cluster members and representatives of organisations of people with disabilities (OPDs). The first workshop in Jakarta for Indonesian participants was in May 2024. The second workshop was in Manila, Philippines in August 2024. The Manila workshop included shelter cluster members and OPD participants from Bangladesh, Indonesia, Nepal and the Philippines.

The partners express their appreciation for the coordination and support provided by the International Federation of the Red Cross, Indonesia in delivering these workshops.

Handbook organisation and limitations

The handbook is organised around three key data collection stages in a humanitarian shelter response:

- situation reports
- humanitarian response plan
- detailed assessments

While these may vary by response, they provide a framework for contextualising the collection and use of disability data within the operational constraints of a humanitarian response. A focus of the workshops was understanding these constraints at different stages of a response and how they can impact on data collection. We firmly believe that to improve the collection and use of disability data in humanitarian action, dialogue and improved understandings of the aspirations and contextual challenges of people with disability and shelter and settlements practitioners is essential.

Reflecting the workshop content, the handbook is biased towards the identification of people with disability at the different data collection stages of a response. The identification of people with disability is a foundational data concern. The identification of needs is also considered, including the importance of referrals. The handbook is not intended to be exhaustive and additional resources are included as links.

Intended users

This handbook is a point of reference and resource for PADIS workshop participants; however, the handbook can be drawn on by humanitarian shelter practitioners and organisations of people with disability more broadly. We hope the content of this handbook is useful for advocates and practitioners who are working to improve the use of disability data in humanitarian action.

We would like to thank all workshop participants for generously sharing their knowledge and lived experiences that have refined the information included in this handbook.

We firmly believe that the use of disability data in humanitarian shelter response can be greatly improved via collaboration between shelter practitioners and representatives of organisations of people with disability. This was a key motivation at the start of the PADIS and this belief has only been strengthened during and following the workshops.

Disability inclusion in humanitarian response: frameworks, guidance, and standards

- [Convention on the Rights of Persons with Disabilities, 2006](#)
 - [Article 11 on Situations of Risk and Humanitarian Emergencies](#)
- [Sendai Framework for Disaster Risk Reduction 2015-2030](#)
- [Charter on the Inclusion of Persons with Disabilities in Humanitarian Action, 2016](#)
- [Humanitarian Inclusion Standards for Older People and People with Disabilities, 2018](#)
- [Inter-Agency Standing Committee Guidelines. Inclusion of Persons with Disabilities in Humanitarian Action, 2019](#)
- [Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2023–2032](#) and [Incheon Strategy to 'Make the Right Real'](#)
 - Goal 7: Ensure disability-inclusive disaster risk reduction and management
- [All Under One Roof. Disability-inclusive Shelter and Settlements in Emergencies](#), Global Shelter Cluster resource kit

2. Disability and disaster risk

Disability

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

[Article 1. Convention on the Rights of Persons with Disabilities, 2006.](#)

How disability is understood has evolved over time. In the past, disability was understood in narrow medical terms as something to be 'cured' or 'fixed'. Today, we understand disability is rooted in the social norms and practices that limit the participation of people with disability in society. This understanding, known as the social model of disability, emphasises that barriers in society are the main contributor to exclusion for people with disability. The barriers people with disability experience include physical, informational, attitudinal, and institutional barriers. The social model of disability, and the rights-based approaches that are based on it, are widely reflected in contemporary guidance on disability inclusion in humanitarian settings.

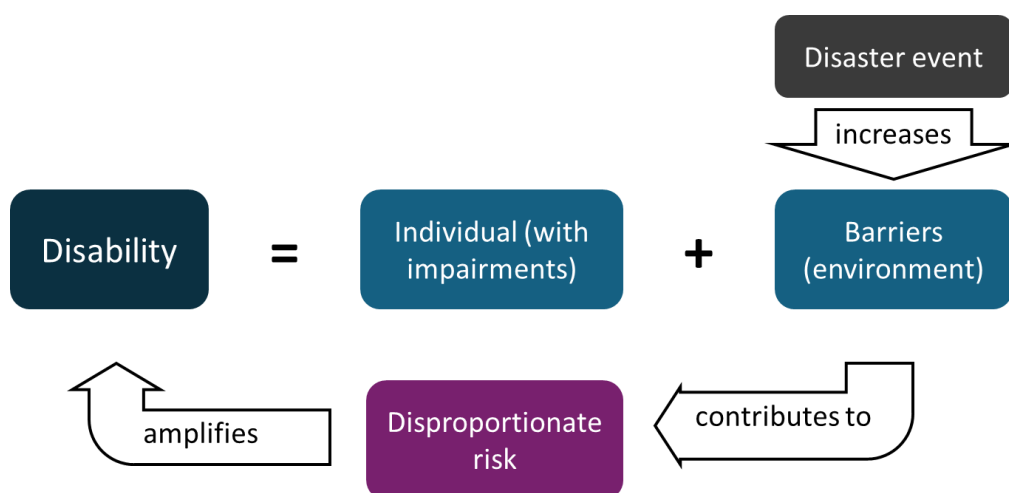
Disability and disaster risk

'[A disaster is a] serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts.'

[UNDRR, Sendai Framework Terminology on Disaster Risk Reduction](#)

Disasters, including conflicts, disrupt the environment and societies in which we live. Disasters multiply the effect of existing barriers and create new barriers. These barriers amplify the impacts of disasters on people with disability by further limiting participation, access to information, and access to services and support, including humanitarian assistance.

Figure 1. The relationship between disability and disproportionate risk



During and following a disaster, the risk people with disability of all genders, ages, and social status experience in comparison to their peers without disabilities is *disproportionate*. This disproportionate risk increases incidences of mortality and morbidity and limits the ability of people with disabilities and their households to recover from disasters and contribute to relief and reconstruction.

Principles of disability inclusion

There is now a wealth of guidance available on disability inclusion including in humanitarian settings, including [Inter-Agency Standing Committee guidelines](#), [World Bank guidance note](#), and [World Food Programme practice guide](#). We suggest humanitarian shelter practitioners refer to the [All Under One Roof online resource](#). While the focus of PADIS is on disability data, it is important to highlight the following principles.

Accessibility

Removing barriers is essential to ensure people with disability can participate fully in society and the ‘[enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms](#).’ There are two foundational principles that relate to accessibility.

Universal design

Universal design, or universal accessibility, refers to designing goods, services, and environments so they can be used equitably by all people. The [Convention on the Rights of Persons with Disabilities](#) (CRPD) notes universal design does not exclude the use of assistive devices if they are needed by some groups of people with disability. Universal design is an important consideration in shelter and settlements programming as it allows programme outputs to be useable by all people, including people with disability, while minimising the need for individual and specific modifications.

Reasonable accommodation

Reasonable accommodation refers to adjustments, or accommodations, to meet the [accessibility requirements of individuals with disabilities](#). In contrast to universal design, reasonable accommodation is concerned with meeting the specific access needs of an individual. The CRPD notes providing reasonable accommodation should not impose ‘a disproportionate or undue burden’. Providing reasonable accommodation is a legal requirement in many countries. A lack of resources, or budget, to provide reasonable accommodation is often insufficient for denying a request for reasonable accommodation and can be considered discrimination.

Universal design or reasonable accommodation?

Universal design refers to accessibility for *all* people. Reasonable accommodation refers to the specific accessibility needs of an *individual*.

Even when universal design principles are applied well, there will still be a need for reasonable accommodation for some individuals.

Representation and equal participation

The removal of barriers (to improve accessibility) is essential to ensure people with disability can participate in, and benefit from shelter and settlements programming on an equal basis with people without disability. People with disability are uniquely qualified to advise on how this can be done and should be engaged throughout the response process. This includes from design to implementation to monitoring and evaluation and should be guided by the disability movement’s motto of ‘nothing without us’.

An important part of preparedness is identifying OPDs in high-risk and potential response locations: this allows working relations to be established in advance. A focus of the PADIS workshops was to bring organisations of people with disability (OPDs) and humanitarian shelter professionals together to improve mutual understandings of disability data priorities and humanitarian operations and to foster future professional collaborations.

3. Introducing humanitarian shelter and settlements response

Humanitarian Shelter and Settlements

Shared understandings of humanitarian shelter and settlements programming are needed if we are to design relevant and actionable disability data solutions. This includes understanding the nature and scope of humanitarian shelter and settlement interventions.

About humanitarian shelter and settlements

When a disaster occurs, shelter is one of the most urgent needs. Shelter provides protection from the weather and disease and a safe place for families and households to live. Humanitarian shelter is not a product to be simply delivered: it is a process people go through following a disaster. This process involves affected people repairing and rebuilding their home in the days and months following the crisis according to their needs, priorities, and available resources.

Humanitarian shelter actors assist crisis-affected people to achieve safe, adequate and dignified shelter. This involves consulting with affected people to understand their situation and their needs along their pathway to recovery.

Humanitarian Principles

When the international humanitarian community provides emergency assistance, it is guided by the [United Nations General Assembly Resolution 46/182](#). The Resolution includes 12 guiding principles. These include ensuring humanitarian assistance is provided in accordance with the principles of humanity, neutrality and impartiality.

[UN General Assembly Resolution 58/114](#) adds the principle of independence. This means ensuring the autonomy of humanitarian objectives. That is, humanitarian objectives must be separate from any political, economic, military or other objectives in areas where humanitarian action is implemented.

Sphere minimum standards for shelter and settlements

Humanitarian interventions are also guided by the Humanitarian Charter, Protection Principles, and Core Humanitarian Standards. These are in the [Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response](#).

Key protection principles included in the Sphere Handbook are:

- The right to life with dignity
- The right to receive humanitarian assistance
- The right to protection and security
- Do no harm

The following seven minimum standards apply to shelter and settlements:

1. Planning. Shelter and settlement interventions are well planned and coordinated to contribute to the safety and well-being of affected people and promote recovery.
2. Location and settlement planning. Shelters and settlements are located in safe and secure areas, offering adequate space and access to essential services and livelihoods.
3. Living space: People have access to living spaces that are safe and adequate, enabling essential household and livelihoods activities to be undertaken with dignity.
4. Household items. Household item assistance supports restoring and maintaining health, dignity and safety and the undertaking of daily domestic activities in and around the home.
5. Technical assistance: People have access to appropriate technical assistance in a timely manner.
6. Security of tenure. The affected population has security of tenure in its shelter and settlement options

7. Environmental sustainability. Shelter and settlement assistance minimises any negative programme impact on the natural environment.

The [Humanitarian Inclusion Standards for Older People and People with Disabilities](#) is a companion to the Sphere Handbook. There are also national guidelines, such as the [Humanitarian Shelter Guidelines for Indonesia](#)

Assistance types and implementation modalities

Every person's situation is different and people have different needs, capabilities, and support networks before and after disaster strikes. Humanitarian shelter and settlements interventions are designed with this in mind and include a range of potential assistance types and modalities (or ways of delivering assistance). Often the following assistance types and modalities are combined to tailor the response to different needs.

Shelter and settlement **assistance types** typically include:

- [Advice](#). Training, information, and advocacy.
- [Labour](#). For clean-up of affected areas and debris, demolition, construction, and to assist relocation and return.
- [Household items](#). Bedding, clothing, cooking equipment, hygiene items, and tools for clean-up of affected areas.
- [Construction materials, tools and fixings](#). Saws, hammers, nails, rope, wood, cement, roof sheeting, tents, tarpaulins, temporary shelters, etc.
- [Finance](#). Includes cash or vouchers to purchase, for example, construction materials or to pay for rent. Can also include assisting people to access finance through local institutions.

Implementation **modalities** include:

- [Direct distribution](#). Typically used in a rapid response situation.
- [Community or owner driven](#). Working with the affected community to empower and enable them to assist themselves.
- [Contractor based](#). Independent contractors hired to undertake specific tasks.
- [Through or with local government](#). Shelter assistance is provided to the affected population through local government systems and delivery mechanisms.
- [Local partnership](#). Implementation through or in partnership with local non-government or civil society organisations.
- [Cash or voucher](#). To maximise the choice and dignity of program participants and stimulate local markets and economic recovery.

4. Introducing disability data

Disability data

Disability data includes the quantitative and qualitative data that relates to individuals or groups of people with disability, such as location, identity, and needs. In line with the social model of disability, disability data includes data about individuals with disability and the barriers they face. Disability data also concerns measuring and understanding impact; that is, the extent to which people with disability participate in humanitarian shelter response on an equal basis with people without disability.

'Quality humanitarian programming is built on an understanding of the requirements and priorities of persons with disabilities during a crisis. [...]

It is important to disaggregate data by disability in order to understand the different ways in which persons with disabilities experience a crisis and to monitor their access to assistance.'

[Inter-Agency Standing Committee Guidelines. Inclusion of Persons with Disabilities in Humanitarian Action, 2019](#)

Collecting and using disability data during, and prior to, a humanitarian response is essential for:

- Targeting of individuals and groups most at risk of injury, death or exclusion.
- Understanding impacts, capacities and needs
- Informing adaptation of response interventions and modalities
- Resource planning and mobilisation to meet general and disability specific needs
- Ensuring accountability to all affected populations
- Monitoring, evaluation and learning
- Demonstrating compliance with global frameworks, the humanitarian principle of non-discrimination, and national disability policies and legislation

Global Shelter Cluster guidance provides the following reasons for collecting disability data for shelter and settlements programming:

Quantitative data can be used to

- Identify persons with disabilities and number of persons with disabilities in an affected population
- Determine the number and location of accessible and inaccessible facilities.
- Disaggregate data on needs and risks
- Monitor access to assistance
- Scope availability of services and supplies

Qualitative data can be used to

- Collate the views and priorities of persons with disabilities, for example via feedback and complaint processes
- Understand the risks and barriers that persons with disabilities face, as well as enabling factors
- Identify specific risks, barriers, and enablers to accessing assistance that persons with disabilities encounter
- Identify and monitor protection concerns
- Obtain detailed information about the knowledge, attitudes and perceptions of humanitarian actors and local communities with regard to persons with disabilities
- Map organisations of persons with disabilities and accessible services

[All Under One Roof. Disability-inclusive Shelter and Settlements in Emergencies](#)

Disability prevalence

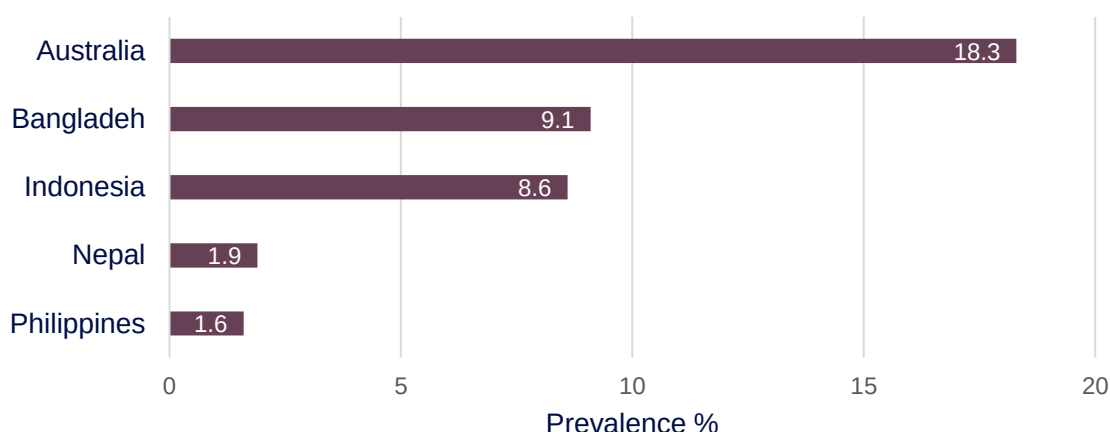
[World Health Organisation \(WHO\) 2022 estimates](#) are 16% of the world's population has moderate or severe disability. This is 1.3 billion people. Prevalence of disability increases with age and is generally higher among women. An estimated 80% of people with disability live in lower income countries. [The United Nations Children's Fund \(UNICEF\) estimates](#) 1 in 10 children under 18 years old has a disability.

'[D]isasters and conflicts, can result in many new impairments and an increase in disability in the affected population. For example, traumatic injuries may contribute to a higher prevalence of disability [...]. According to a recent meta-analysis, of people living in conflict settings, 1 in 5 (22%) have a mental health condition, such as depression, anxiety, post-traumatic stress disorder, bipolar disorder, or schizophrenia.'

[Global Report on Health Equity for Persons with Disabilities](#)

Reported prevalence figures can vary greatly between and within countries. This largely relates to differences in how disability is defined and measured as indicated in the following data reported to the UN Economic and Social Commission for Asia and the Pacific (ESCAP).

Figure 2. Disability prevalence by workshop participants' country based on 2019 [ESCAP data](#)



For example, a list of narrowly prescribed health conditions may result in lower prevalence figures. Alternatively, asking a direct question, such as 'Do you have a disability?' is known to underreport disability prevalence due to the stigma and prejudice often associated with disability. In contrast, higher disability prevalence figures result from considering how a person can [function](#); that is, carry out daily activities and participate in society on an equal basis with others.

A functioning approach is aligned with the social model and Convention on the Rights of Persons with Disabilities. Functioning reminds us to consider what people are [capable of doing and who people are capable of being](#)- and what needs to be done to achieve this.

Disability types vs functioning

Initially, some participants emphasised the importance of having data on what type of disability people have. But how useful is this for a shelter practitioner?

For example, how helpful is it to know if someone has a 'physical disability'? Would it be more useful to know, for example, if someone has difficulty walking, with dexterity, or carrying things and the support they may need to do so?

The Washington Group questions

The [Washington Group](#) has developed question sets to provide standardised ways of identifying people with disability in a population. The questions draw on a functioning approach and use activity limitations as a proxy for disability. The questions are worded to avoid stigma and to be usable by data collectors that are not experts on disability. The foundational short set of questions is widely recommended for use in humanitarian response, including in the [IASC Guidelines](#), [Humanitarian Inclusion Standards](#), and [All Under One Roof](#) toolkit.

Washington Group Short Set on Functioning

1. [Do/Does] [you/he/she] have difficulty seeing, even if wearing glasses? Would you say... *[Read response categories]*
1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all
2. Do/Does] [you/he/she] have difficulty hearing, even if using a hearing aid? Would you say... *[Read response categories]*
1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all
3. Do/Does] [you/he/she] have difficulty walking or climbing steps? Would you say... *[Read response categories]*
1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all
4. Do/Does] [you/he/she] have difficulty remembering or concentrating? Would you say... *[Read response categories]*
1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all
5. Do/Does] [you/he/she] have difficulty with self-care, such as washing all over or dressing? Would you say... *[Read response categories]*
1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all
6. Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood? Would you say... *[Read response categories]*
1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all

[WG Short Set on Functioning \(WG-SS\)](#)

There is a wealth of guidance on the use of the Washington Group questions, including from the Washington Group itself. The Washington Group questions, and short set in particular, are recommended for identifying people with disability and disaggregating data by disability in humanitarian response. However, the following should be considered:

- The questions are designed to identify most people with disability (or at risk of disability) in a population.
- The questions will not identify all people with disability.
- The questions are not a diagnostic tool and do not provide information on impairment or disability type (beyond basic activity limitations).
- The questions do not provide information on barriers or access needs.
- The basic purpose of the questions is to identify who in a population is a person with disability and who is a person without disability.
- The length of the questions has been a barrier to adoption in the immediate, or acute, stage of a humanitarian response.

Disability data collection as a process

Disability data collection in humanitarian response is not a one-off event. The collection and use of disability data should be ongoing.

As the response progresses, data collection should be refined and a more complete understanding of the impacts on, and needs of, people with disability developed.

Disability data issues

The following summarises key issues that relate to the collection and use of disability data in a humanitarian response.

Disability data issues in humanitarian response

1. Lack of standardised definitions and measurement
2. Available population data is often not disaggregated by disability
3. Underreporting of disability in censuses and surveys
4. Inaccessible data collection, inappropriate tools and methods, and limited coverage may underestimate disability in communities and populations
5. Limited longitudinal data to measure changes and impacts over time
6. Underestimating the time required to train data collectors
7. Lack of prioritisation and resourcing of disability data collection
8. Lack of data preparedness in advance of a response
9. Limited suite of tools for collecting disability data. On a continuum from a direct question on disability to the Washington Group questions, there is little in between
10. Data on barriers and accessibility often overlooked in humanitarian response
11. No overall ownership of disability data- everyone's business can become nobody's business

5. Situation reports

Situation reports

Context

Situation reports will be completed and updated periodically during a response. The first situation report, or sitrep, will be completed within the first 24 hours and sometimes before impact for example in the event of a cyclone. This initial situation report is critical as it is the first-time data is compiled by the shelter cluster and humanitarian agencies during a response. The situation report provides an initial assessment of disaster impact and shelter needs as well as the potential resourcing required for an effective response.

A situation report from the shelter cluster may be requested at very short notice from the UN Office for the Coordination of Humanitarian Affairs or government. The sitrep may need to be compiled and submitted rapidly. The shelter coordinator may have less than an hour to compile data and complete the sitrep.

Workshop scenario- Cyclone PADIS

Making its first landfall on the evening of 11th August 2024, category 5 Cyclone PADIS brought heavy rains, flash flooding and storm surge to coastal communities, affecting upwards of 1,200,000 people, damaging and destroying a large number of homes and essential infrastructure.

All airports and seaports in the affected areas are currently closed. Electricity and telecommunications have been cut in most areas affected by the storm but are expected to come back online within the next few days.

Initial figures indicate that 600,000 people moved to evacuation centres before the impact of Cyclone PADIS, fearing their homes would not withstand the high windspeed and widespread flooding. This includes many persons with disabilities.

The central, provincial and local governments together with non-government actors continue to make efforts to help affected communities. There are reports of communities hosting displaced families within their homes and on empty land within their village.

Prioritise purpose

Firstly, consider: *why* are we collecting disability data? The reason we collect disability data will guide *how* we collect the data. Our data collection will also be guided by available resources and time.

Disability data priorities

The aim of data collection for situation reports is to provide a (very) rapid *overview* of impacts and humanitarian needs.

In the immediate stage of a response, the priority is ensuring disability is visible. We know that when disability is not specifically mentioned it is ignored. Ensuring disability is visible, and reported on, from the beginning helps to ensure disability is accounted for in subsequent actions and throughout the response.

Including disability data in the initial situation report allows us to understand impacts, identify needs, and anticipate the resources required to ensure an inclusive shelter response.

The purpose of disability data in the immediate response phase is to provide an estimate of how many people with disability have been affected. Where possible an indication of needs and known barriers should be included.

Sources of disability data

- Census and survey data may provide estimates of overall disability prevalence.
- Sub-national survey data or administrative data, such as disability identification or registration information, may provide data that is more accurate at the local level as well as provide some indication of possible needs.
- Key informants, such as health, social workers or disability affairs officers, may provide an estimation of impacts on people with disability.
- Organisations of people with disability and disability focused organisations may provide an estimation of impacts on (and needs of) people with disability.
- Qualitative data, such as short reports and stories from OPDs and key informants, can illustrate impacts and needs.
- [WHO global estimate of 16%](#) should be used in the absence of available data or to supplement data that may be unreliable.

Key considerations

- The requirement to collect data rapidly emphasises the importance of knowing where existing data and information can be sourced and from who in advance.
- Available data may underestimate disability prevalence and related impacts and needs.
- The detail that can be included in a situation report is limited; however, the inclusion of disability data should be considered a priority.
- Limited opportunities for direct data collection, including asking longer question sets.

Ensure disability is always included in situation reports

If no data on the number of affected people with disability is available at the situation report stage, this **must be reported**. For example:

- The number of affected people with disability has not been identified at this stage.
- Assume 16% of the affected population are people with disability.

6. Humanitarian response plan

Humanitarian response plan

Context

The humanitarian response plan (HRP) identifies short and medium-term humanitarian response goals, including for shelter assistance options. The HRP is often completed within the first weeks of a humanitarian response, led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), with the contribution of all humanitarian clusters.

A core purpose of the HRP is to ensure the response can be funded and properly resourced to ensure the needs of affected population can be met. The HRP sets the direction of the response. It is critical that people with disability are accounted for and included in the HRP.

Workshop scenario- Cyclone PADIS

2 weeks have passed since cyclone PADIS made landfall. 5 out of a total of 7 provinces in the country have been affected by heavy rains, flash floods and storm surge.

An estimated 900,000 people have been affected:

Affected population	Female	Male
	452,000	448,000
60-70 years old	11,300	6,720
70-80 years old	15,820	11,200
Persons with disabilities	(16%?)	(16%?)

Infrastructure, including health facilities, schools and roads, have been damaged in affected areas. Airports and seaports have reopened. Electricity and telecommunications have been restored in around 50% of the affected areas.

Preliminary assessment data indicates 120,000 houses have been damaged or destroyed. 300,000 people have been displaced with 200,000 people in evacuation centres and 100,000 in other locations. These numbers are expected to increase as more detailed assessment are completed.

It is not clear how many households have lost the ability to carry out basic domestic functions within their homes, and the disruption households are facing regarding access to basic services in their communities.

Disability data priorities

The HRP priority (for the purposes of this exercise) is to ensure people with disability are accounted for in short and medium-term shelter assistance plans and strategies. This includes ensuring disability inclusion is budgeted for and resourced. Operational partners and their capacity to respond should be identified.

Multiple data sources

Administrative data used at the situation analysis stage can also be used at the HRP stage.

Different data can be used to combined to create an informed estimate of the number of affected people and impacts.

The following data could be included in the HRP:

1. Affected people and impacts

- Number of people with disability affected (displaced and non-displaced)

- Level of housing damage of households with people with disability
- Impact on ability to carry out domestic functions within the house
- Impact on access to community services

2. Response options

- Number of people with disability to be targeted for shelter assistance
- Identification of shelter needs and priorities for people with disability
- Identification of adaptations required to ensure response options are accessible to people with disability (mainstreaming)
- Identification of response options specifically targeting people with disability

3. Capacity to respond

- Analysis of shelter cluster/agencies' capacity to ensure disability inclusion
- Identification of existing capacities, for example pre-positioned kits for people with disability
- Identification of organisations of people with disability (including those already participating in the shelter cluster)
- Identification of gaps in technical capacity or knowledge on disability inclusion
- Funding required to ensure disability inclusion

Note: Budgeting and resourcing should consider disability related programming costs, including accessibility, reasonable accommodation, and remuneration of organisations of people with disability's time and expertise. [World Food Programme guidance](#) provides an overview of key considerations.

Sources of disability data

1. Affected people and impacts

- Shelter agencies' assessments and surveys
- Government and interagency assessments
- Other cluster assessments, including protection cluster and age and disability working group or equivalent
- OPD and disability focused organisations' assessments

Rapid assessments

Most assessments at the HRP stage will be rapid assessments. They may be from a limited and purposive (non-random) sample. This means data is collected from a small and pre-determined group, area or community. There is a risk information from these assessments does not reflect the situation of the wider population.

In a response situation, these risks may be treated as minimal. Information from rapid assessments can effectively supplement administrative data and provide a more complete understanding of impacts.

2. Response options

- Key informant interviews with OPD representatives
- Qualitative rapid data collection with people with disability (interviews, focus groups)

Supplementary interviews with social workers, teachers, health workers or similar.

3. Capacity to respond

- Agency and cluster coordination data informed by agencies resource allocations and expertise on disability inclusion

- Lists of organisations of people with disability may be available from ministries/departments of social affairs
- Umbrella organisations of people with disabilities at the national level can assist in identifying OPDs in the affected area

Diverse needs

Ensure people with disability of different genders and ages and with different impairment types are consulted. Do not assume that the needs of all people with disability are the same.

Key considerations

- Information on disability in the humanitarian response plan is essential to ensure people with disability, and their needs, are accounted for in the short to medium term response.
- Information in the HRP will mostly be based on rapid assessments and information may be incomplete.
- In a response, incomplete information is better than no information. Therefore, it is important to include what is available at the time and to highlight any information gaps. This can then be revised in future iterations of the HRP.
- The need for consultations with people with disabilities and organisations of people with disabilities should be anticipated in advance. This includes allocating resources to ensure accessibility and reasonable accommodation. Reimbursement for the professional inputs of OPDs should also be considered in budgeting.

7. Detailed assessments

Detailed needs assessments

Context

Detailed assessments are typically conducted after the development of the humanitarian response plan. This allows a better understanding of needs and capacities at the household and individual levels. In turn, detailed assessments can help to ensure shelter and settlements solutions and recovery pathways are appropriate to the needs of affected people.

Workshop scenario- Cyclone PADIS

4 weeks have passed since cyclone PADIS made landfall. Electricity and telecommunications have been restored in most of the cyclone affected areas, and access routes are open.

With the opening of access routes, more detailed assessments of affected households can now take place to better understand shelter-related barriers and needs, including those faced by persons with disabilities.

What are the main things we need to consider when carrying out detailed assessments, to ensure:

- a. we are properly identifying people with disability
- b. the needs of persons with disabilities are taken into account

Disability data priorities

The overall objective is to refine response options and recovery pathways to ensure the full and equal participation of people with disability in comparison to people without disability.

- To understand the general access needs of different groups of people with disability, including by location and level of impact.
- To understand the specific needs of affected individuals with disability.

Access or barriers

Improving access requires the removal of barriers: they are two sides of the same coin. At detailed assessment stage, we are concerned with understanding access needs in more detail.

The general barriers that people with disability face are well known and should be considered from the earliest stage of a response. Anticipating the barriers that people with disability experience in general should be a key preparedness action.

Sources of disability data

- [Incorporate disability questions](#) in household and community assessments (or surveys)
 - Include the Washington Group questions to allow the collected data to be disaggregated by disability.
 - [Guidance on the use of the Washington Group questions](#) is available and should be referred to.
 - Disaggregation by disability allows us to compare findings between people with and without disability. This allows us to better understand needs and impacts and outcomes.
 - Additional questions can be asked after the Washington Group questions have been asked. Do not ask these additional questions before asking the Washington Group questions.
Examples include:
 - Does the person identify as a person with disability?
 - Does the person use any assistive technology?

- Does the person rely on a support person for daily activities?
- Does the person have any specific information/communication needs?
- Does the person rely on any medical equipment reliant on electricity or that may need accommodating in the person's home?

Identification and screening

Disability related questions should be included in household and community assessments. This can be considered an 'inclusion must'. The inclusion of questions, such as the Washington Group questions, facilitates the identification of affected people with disability. This is a preliminary screening exercise. The identification of people with disability should be ongoing throughout the response: it is not a one off activity.

Once people with disability have been identified, there should be individual follow-up to fully assess needs, including preferred recovery pathways, and access requirements, including reasonable accommodation.

- Dedicated disability assessments that target people with disability.
 - Disability assessments differ from general assessments by only collecting information from individuals with disability or households of people with disability.
 - These aim to collect more detailed information including:
 - Differences in needs and impacts between people with different impairments
 - Specific access needs of individuals or groups of people with disability, including to ensure participation in shelter response activities
 - Specific support needs, including to ensure effective recovery
- Case management. Interviews with affected people with disability should be conducted periodically to understand if needs have changed. This ensures recovery pathways are appropriate over time.
- Professional diagnoses and support. Any people identified with high or specific support needs that cannot be directly met within the shelter response should be referred to specialists. Anticipating referrals and referral processes should be a part of data preparedness actions.

Key considerations

- Household, or door to door, surveys to identify people with disability are time and resource intensive. There is a risk that people with disability, for example children with disability, can be deliberately hidden and may not be identified in a household survey.
- Snowball sampling can be a resource efficient way of identifying people with disability. This involves starting with known people with disability and asking if they know of any other people with disability in the community.
- Including people with disability and OPDs in data collection is good practice and can establish trust, improve communication, and improve the quality of data collected.
- The identification of people with disability should be an ongoing process. If a shelter response becomes known as being disability inclusive, stigma and prejudice is reduced and more people with disability may be identified.

Data collection as a process

Detailed assessments will provide a better understanding of impacts on, and needs of, affected people with disability. This will assist in ensuring the most appropriate recovery pathways are identified.

This does not mean that collecting disability data should wait. Nor does it mean that the collection of disability data ends with the detailed assessment. The earlier detailed data on the needs of people with disability is collected, the better. It should also be ongoing to ensure the shelter response is adapting to changing needs and improving.

8. Data preparedness

Data preparedness

The collection of disability data in a shelter and settlements response can be delayed if there is insufficient preparedness. Delays in identifying affected people with disability, and their needs, increases marginalisation, delays recovery, and can result in injury, illness and death. It can also lead to the potential of people with (pre-existing) disability to contribute to recovery being overlooked.

Key considerations

The following should be considered in advance of a crisis. This is particularly important in high risk and hazard prone areas.

- Identify organisations of people with disability and key contact people.
- Collaborate with disability focused organisations to identify OPDs and provide support as needed; however, this is not a substitute for engaging with OPDs directly.
- Engage with OPDs and ensure involvement in planning and standing coordination mechanisms in advance of a response.
- Establish potential modes of engagement with OPDs in advance, including the identification of related costs for budget planning.
- Establish data collection plans and ensure OPDs are included in data collection.
- Advocate to management and team leaders on the importance of ensuring the collection and use of disability data is prioritized and resourced.
- Brief finance teams and budget holders on the need to budget for disability data collection and disability inclusion in general, for example remuneration of OPDs time and reasonable accommodation.
- Identify and assess available data sources in country. Pay particular attention to administrative data that can allow the identification of people with disability.
- Explore whether agreements are needed with government to access administrative data during a humanitarian response.
- Ensure organisational data protection policies and procedures are in place and, with appropriate safeguards, facilitate the targeting of people with disability. This may include agreements with OPDs on the use of OPD data.
- Provide training to staff on data protection policies and procedures.
- Coordinate with other humanitarian and development actors, government and OPDs to ensure you are up to date on current disability data initiatives.
- Identify disability service providers and coordinate with other clusters, including protection and health clusters, to establish referral mechanisms for people with disability with high support needs.
- Establish and disseminate referral protocols to shelter cluster members.
- Recruit people with disabilities into your organisation and team.

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