WFP
World Food Programme

SAVING
LIVES
CHANGING
LIVES

Inclusive Participation of Persons with Disabilities in Emergency Preparedness and Response Practice Guide

Regional Bureau for Asia and the Pacific

March 2024

Acknowledgments

This practice guide was developed and written by Alex Robinson PhD, Nossal Institute, University of Melbourne and Pradytia Pertiwi PhD, Center for Indigenous and Cultural Psychology, Universitas Gadjah Mada with review and guidance from the World Food Programme's Regional Bureau Bangkok, country offices of the Philippines and Indonesia, and headquarters. The authors would like to thank Felix Kiefel-Johnson, Abner Manlapaz, and Fega Ayu Pangestika for their assistance in the research informing this guide.

Copyrights

Reproduction and dissemination of material in this information product for educational or other non-commercial uses are authorized without any prior written permission from the copyright holders provided the source is fully acknowledged. Reproduction of material in this information product for resale or other commercial purposes is prohibited without written permission.

Applications for such permission should be addressed to the Director, Communications, Advocacy and Marketing Division e-mail: publications@wfp.org

© World Food Programme 2024
All Rights Reserved.

Contents

1. Introduction 3

2. How to use this guide 4

Part A. Background and points of departure 5

1. Background 5
   - 1.1 UN Disability Inclusion Strategy and WFP Roadmap 5
   - 1.2 WFP Emergency Preparedness Policy 5
   - 1.3 Disability in Asia and the Pacific 5
   - 1.4 Taking stock and setting targets 6

2 General principles of, and non-negotiables for, disability inclusion 8
   - 2.1 Underlying principles of disability inclusion 8
   - 2.2 The social model of disability 9
   - 2.3 Functioning and access needs 10
   - 2.4 Non-negotiables for disability inclusion 10

Part B. Towards disability inclusive practice 12

1 General considerations for country offices 12
   - 1.1 Standard setting 12
   - 1.2 Resourcing and budgeting 12
   - 1.3 Cooperating Partners and Service Providers 13
   - 1.4 Common messaging on disability inclusion 14

2 Disability inclusion: Emergency preparedness actions 15
   - 2.1 Anticipatory action 15
   - 2.2 Data preparedness 15
   - 2.3 Early warning 17
   - 2.4 Design considerations for cash-based programming 18
   - 2.5 Partnering 20

3 Disability inclusion: Emergency response actions 21
   - 3.1 Blanket approaches to humanitarian response 21
   - 3.2 Disability data in response 21
   - 3.3 Mapping of support and referral services 22
   - 3.4 Distributions and procurement 23
   - 3.5 Accountability to affected populations 26

Conclusion 29

Appendix 1. Abbreviations and acronyms 30

Appendix 2. Study informing this guide 31

1. Introduction

The World Food Programme (WFP) has taken important steps to progress disability inclusion across its programming and operations. In late 2022, WFP commissioned the Nossal Institute, University of Melbourne in partnership with the Faculty of Psychology, Universitas Gadjah Mada, Indonesia to identify pathways for increasing disability inclusion in WFP's emergency preparedness and response (EPR) programming. The study explored WFP's programming in Indonesia and the Philippines, including WFP's advisory, technical assistance, and service provision roles to government and partners, and informed the development of this guide (see *appendix 2*).

As general guidance on disability inclusion is increasingly available, the purpose of this guide is to contextualize disability inclusion in WFP's emergency preparedness and response programming. The guide builds on core reference materials, such as the Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, 2019.[1] While of wider relevance, this guide is directed at WFP's EPR programming in Asia and the Pacific.

Despite national legislation mandating disability inclusion in countries in Asia and the Pacific and recognition of persons with disabilities as contributing stakeholders in the Sendai Framework for Disaster Risk Reduction, persons with disabilities continue to be excluded.[2] At the midpoint of the Sendai Framework, persons with disabilities in Asia and the Pacific reported ongoing exclusion from EPR planning and decision-making, barriers to safe and effective evacuation, and inaccessible risk information and early warning systems.[3] There is an urgency to ensure persons with disabilities can participate in, contribute to, and benefit from EPR programmes on an equal basis with persons without disabilities. This applies equally to blanket approaches in acute emergencies in accordance with principles of non-discrimination.

This is particularly relevant for WFP: in 2023, 76 percent of WFP's work in Asia and the Pacific pertained to crisis response cutting across WFP's programmatic delivery, technical assistance, cluster coordination, and service provision roles.

1 IASC. 2019. Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. Inter-Agency Standing Committee, Geneva. interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019

2 UN. 2015. Sendai Framework for Disaster Risk Reduction 2015-2030. United Nations, New York. www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030

3 UNDRR. 2023. Global Survey on Persons with Disabilities and Disasters. United Nations Office for Disaster Risk Reduction, Geneva. www.undrr.org/media/90432/download?startDownload=true

2. How to use this guide

This guide is in two parts. Part A provides background information, sets the scene, and highlights principles that inform the guidance presented. For those unfamiliar with disability inclusion or requiring a refresh on key concepts, Part A should be considered required reading. Part A also offers the users of this guide, including WFP leadership and technical advisors, a suite of reference tools to guide and ground positioning and advocacy in this space.

Part B begins with general guidance for directors and managers in country offices. Then turns to the two broad categories of preparedness and response, which correspond to actions activated either before or during a response. As disability inclusion is cross-cutting, the actions presented do not neatly fit on a preparedness-response continuum and discretion is required depending on operational context.

Sections are kept brief but extensive referencing is provided as footnotes. The footnotes include a range of resources with more detailed information and further guidance. Where possible, open source and publicly available articles are included.

While focusing on Asia and the Pacific, the guidance is of relevance to other WFP regions and offices. The guide's intended users include the following with example use cases:

- Regional Bureau: To guide resourcing and strategy development and inform engagement with country offices.
- Country Directors, Deputy Country Directors, and Head of Programmes: To set standards, prioritize, and manage institutional risk via compliance with the Convention on the Rights of Person with Disabilities (CRPD) and related in-country legislation.
- Technical teams: To guide implementation, including as a reference tool to support partners including government agencies.
- Cluster coordinators: The guidance is relevant to WFP's globally mandated role in leadership of emergency telecommunication and logistics clusters and as co-lead of the food security cluster.

Adaptation of the recommended actions presented in this guide may be required in some operating contexts. However, there are core disability inclusion principles that should be considered non-negotiable (see page 10). As WFP progresses on its disability inclusion journey it is assumed supplementary guidance, such as standard operating procedures or technical guidance notes, will be developed for key sections of Part B.

Part A. Background and points of departure

1. Background

1.1 UN Disability Inclusion Strategy and WFP Roadmap

In June 2019, the United Nations Disability Inclusion Strategy (UNDIS) was launched. The strategy builds on the Convention on the Rights of Persons with Disabilities to ensure disability inclusion is mainstreamed "into all pillars of the United Nations system at all levels", including realizing 2030 Agenda for Sustainable Development and Sendai Framework for Disaster Risk Reduction (DRR) objectives.[4]

> **Article 11. Situations of risk and humanitarian emergencies**
>
> *States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.*
>
> CRPD. Article 11.

WFP launched its Disability Inclusion Road Map 2020 to 2021 to support implementation of UNDIS.[5] The road map is informed by the Charter on Inclusion of Persons with Disabilities in Humanitarian Action 2016 and IASC Guidelines.[6] Related initiatives include adoption of the Humanitarian Inclusion Standards for Older People and People with Disabilities as a Sphere companion in 2018.[7] The road map benefits from the support of WFP's Executive Board with core elements incorporated in WFP's Strategic Plan 2022 to 2025.[8]

1.2 WFP Emergency Preparedness Policy

WFP's Emergency Preparedness Policy 2017 emphasizes inclusivity and is grounded in six core principles, including national leadership, adherence to humanitarian principles, and accountability to affected populations.[9] The policy is currently under evaluation, with inputs from the Philippines country office, and findings will be disseminated in 2025. The 2017 policy highlights WFP's commitment to gender equality and the involvement of diverse groups, including persons with disabilities. There are three direct references to disability concerning:

- accountability to affected populations with the inclusion of persons with disabilities in decision making that affects their lives as part of sustainable and gender-transformative food assistance;
- reinforcement of WFP's commitment to promoting gender equality with specific provisions for the inclusion of persons with disabilities; and
- investment in training and simulation exercises to enhance government coordination and operational capacities including with the equitable participation persons with disabilities.

1.3 Disability in Asia and the Pacific

Based on 2021 Global Burden of Disease data, estimates of global disability prevalence are 16 percent or 1.3 billion people with 142 million people experiencing severe disability.[10] This is an increase of 270 million people since 2010. Asia and the Pacific are home to 700 million persons with disabilities or over half the total number of persons with disabilities globally.[11]

4 UN. 2019. United Nations Disability Inclusion Strategy. United Nations, New York. www.un.org/en/content/disabilitystrategy/assets/documentation/UN_Disability_Inclusion_Strategy_english.pdf

5 WFP. 2020. WFP Disability Inclusion Road Map 2020-2021. World Food Programme, Rome. docs.wfp.org/api/documents/WFP-0000119397/download/

6 Multiple. 2016. Charter on the Inclusion of Persons with Disabilities in Humanitarian Action. humanitariandisabilitycharter.org/

7 Age and Disability Capacity Programme. 2028. Humanitarian Inclusion Standards for Older People and People with Disabilities. Sphere, Geneva. spherestandards.org/resources/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities/

8 WFP. 2021. WFP Strategic Plan 2022-2025. World Food Programme, Rome. www.wfp.org/publications/wfp-strategic-plan-2022-25

9 WFP. 2017. Emergency Preparedness Policy: Strengthening WFP Emergency Preparedness for Effective Response. WFP, Rome. executiveboard.wfp.org/document_download/WFP-0000050509

10 WHO. 2022. Global Report on Health Equity of Persons with Disabilities. World Health Organization, Geneva. www.who.int/activities/global-report-on-health-equity-for-persons-with-disabilities

11 ESCAP. 2022. A Three-decade Journey towards Inclusion: Assessing the State of Disability-inclusive Development in Asia and the Pacific. Economic and Social Commission for Asia and the Pacific, Bangkok. https://www.unescap.org/kp/2022/three-decade-journey-towards-inclusion-assessing-state-disability-inclusive-development

The World Health Organization (WHO) reports prevalence rates for Southeast Asia at 15.6 percent and the Pacific at 15.3 percent with higher rates among older adults.[12] By 2050, one in four people in Asia and the Pacific will be over 60 years old.[13] This includes a doubling of the population over 80 years in low and lower-middle income countries in the two regions compared to 2020.[14]

Within countries, persons with disabilities are distributed across all regions; however, prevalence is often higher in rural areas and, with the exception of Timor-Leste in Asia and the Pacific, among women.[15] A lack of comparable disability data within and between countries has led to promotion of data collection approaches that focus on functioning limitations as the internationally preferred approach (see page 10).[16] Globally, there has been an increase in national datasets that include questions on functioning. Despite an increase from 2010 to 2015, use of questions on functioning in national surveys has declined in South Asia and East Asia and the Pacific since 2015.[17] With the need to track disability inclusion in Sustainable Development Goal (SDG) and Sendai Framework progress, this is concerning.

All UN member states in Asia and the Pacific have either signed or ratified the CRPD.[18] At the end of 2023, within the Regional Bureau Bangkok's (RBB) working area only Tajikistan and Tonga had not ratified with Bhutan finalizing ratification. With near universal ratification of the CRPD in Asia and the Pacific, disability inclusion is not only a moral imperative: it is increasingly a matter of legal compliance.

> **Disability in the Convention**
>
> The CRPD recognizes disability is an evolving concept and intentionally does not define disability. According to the CRPD:
>
> *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.*
>
> CRPD. Article 1. Purpose

As in other regions, persons with disabilities in Asia and the Pacific are more likely to experience multi-dimensional poverty, including poorer health outcomes and lower educational attainment, than persons without disabilities.[19] Climate change is also heightening risk for persons with disabilities and introducing new risk factors. For example, there are reports of persons with disabilities being separated from family members in climate induced migration in the Pacific.[20] Ongoing exclusion and emerging risk factors continue to compound disaster risk for persons with disabilities across Asia and the Pacific.

1.4 Taking stock and setting targets

In Indonesia and the Philippines, WFP was recognized by government and non-government partners as a domain expert in core working areas, including food security, nutrition, logistics, and information management alongside cash-based programming and emergency telecommunications. With regard to disability inclusion across these domains of expertise, WFP is at the start of its journey.

Central to achieving the objectives of the CRPD is the principle of progressive realization. This principle should guide WFP's disability inclusion journey. Progressive realization requires taking deliberate steps to achieve the full economic, social, and cultural rights of persons with disabilities over time.[21] While recognizing change may be iterative, progressive realization demands immediate action to realize the rights of persons with disabilities.

No organization can become a domain expert in disability inclusion overnight. However, WFP should aspire towards leadership in disability inclusion in core working areas. Recognizing where WFP offices are on their disability inclusion journeys is critical for establishing common goals and understandings. Figure 1 illustrates what this journey may look like and suggests staged progression from being a disability inclusion ally, to an advocate, and ultimately an "authority", or subject matter expert, on disability inclusion in core working areas. The time frame in figure 1 is aspirational and is aligned with 2030 Agenda commitments to leave no one behind.

12 WHO. 2022. Global Report on Health Equity of Persons with Disabilities. World Health Organization, Geneva. https://www.who.int/activities/global-report-on-health-equity-for-persons-with-disabilities

13 ADB. n.d. Adapting to Aging Asia and the Pacific. Asian Development Bank, Manila. www.adb.org/what-we-do/topics/social-development/aging-asia#:~:text=Population%20Aging%20in%20Asia%20and,be%20over%2060%20years%20old

14 OECD. 2020. Health at a Glance. Asia and the Pacific 2020. Measuring Towards Universal Health Coverage. Organisation for Economic Co-operation and Development and World Health Organization, Paris www.oecd-ilibrary.org/sites/1ad1c42a-en/index.html?itemId=/content/component/1ad1c42a-en

15 Hanass-Hancock, J. Murthy, G.V.S. Palmer, M. Pinilla-Roncancio, M. Rivas Velarde, M. & Mitra, S. 2023. The Disability Data Report. Disability Data Initiative. Fordham Research Consortium on Disability, New York. disabilitydata.ace.fordham.edu/

16 WHO. 2001. International Classification of Functioning, Disability and Health. World Health Organization, Geneva. www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health

17 Hanass-Hancock, J. Murthy, G.V.S. Palmer, M. Pinilla-Roncancio, M. Rivas Velarde, M. & Mitra, S. 2023. The Disability Data Report. Disability Data Initiative. Fordham Research Consortium on Disability, New York. disabilitydata.ace.fordham.edu/

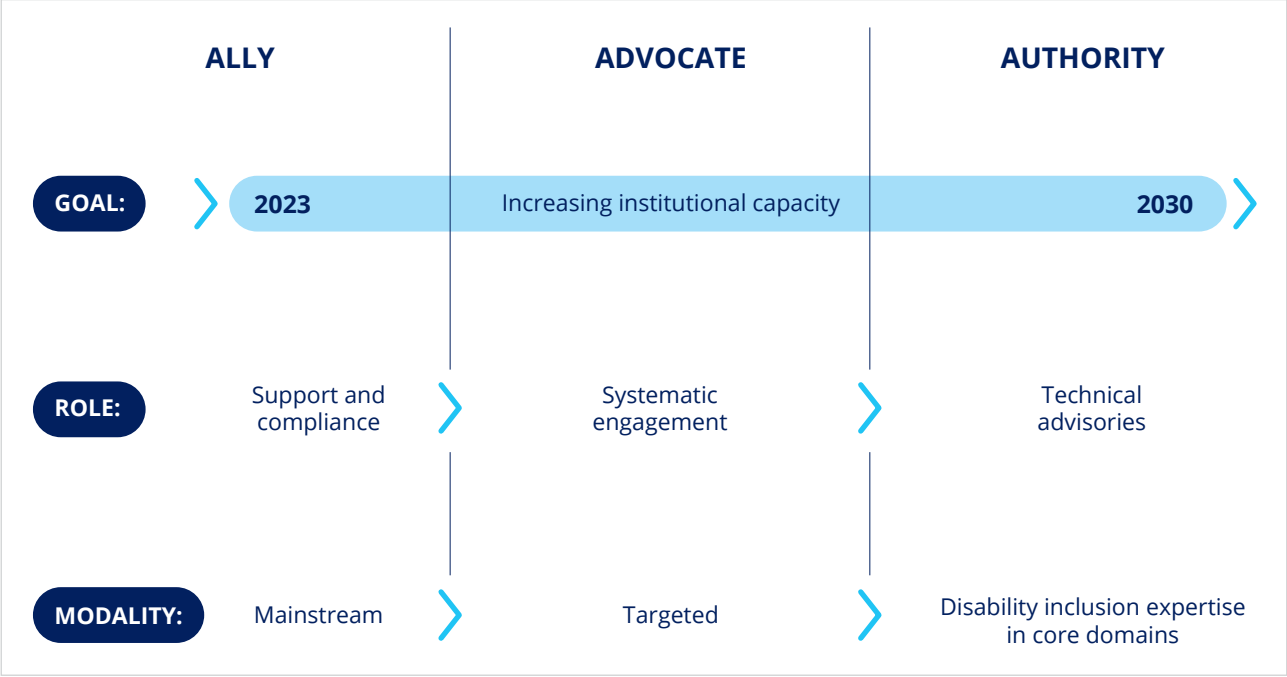
18 United Nations Human Rights Office of the High Commissioner. February 2023. Status of Ratification Dashboard. indicators.ohchr.org/ United Nations Treaty Collection. November 2023. Status of Treaties. treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=iv-15&chapter=4&clang=_en

19 WHO. & World Bank. 2011. World Report on Disability. World Health Organization, Geneva. www.who.int/publications/i/item/9789241564182

20 Pacific Disability Forum. 2022. Disability and Climate Change in the Pacific. Findings from Kiribati, Solomon Islands, and Tuvalu. Pacific Disability Forum, Suva. pacificdisability.org/wp-content/uploads/2022/08/PDF-Final-Report-on-Climate-Change-and-Persons-with-Disabilities.pdf

21 CRPD. Article 4. General Obligations. Paragraph 2.

Figure 1. Potential direction of institutional change



- **Being an ally involves** consistent support to disability inclusion across programmes and activities.
- **Transition to being an advocate involves** pro-active engagement to remove barriers to participation for persons with disabilities. This will involve mainstreaming with increasing attention to delivering targeted and tailored interventions over time.
- **As an "authority"** WFP will have, or be able to convene, expertise on disability inclusion in core working areas. This does not mean delivering all solutions in-house: it means having the ability and knowledge to recognise a range of disability inclusion issues and knowing where expertise can be referred to as appropriate (see page 22).[22]

What does becoming an "authority" mean?

WFP has become an authority in understanding and advising on the nutritional needs of pregnant and lactating women and girls and young children in EPR. Over time, WFP should develop understanding of the specific nutritional requirements of different persons with disabilities in emergencies. As with other complex nutrition cases, some aspects will remain outside of WFP's direct mandate or solutions. For example, expertise on percutaneous endoscopic gastrostomy (PEG), which involves food consumption via a feeding tube to the stomach.

However, in terms of inclusive food and nutrition, knowing some persons with disabilities cannot obtain sufficient nutrition orally and may require specialist interventions is relevant knowledge for WFP as a subject matter advocate and authority.

Figure 1 was developed as an explanatory tool in the study informing the development of this guide. Country offices participating in the study were at the beginning of their disability inclusion journey. Overall, participating offices could be characterized as establishing themselves as an ally; however, messaging and objectives were not yet consistent across all programmes. Part B of this guide provides guidance to support country offices and EPR teams' progression on this journey.

22 Rahnemai-Azar, A.A. Rahnemaiazar, A.A. Naghshizadian, R. Kurtz, A. & Farkas, D.T. 2014. Percutaneous endoscopic gastrostomy: indications, technique, complications and management. World J Gastroenterol. 20(24). www.ncbi.nlm.nih.gov/pmc/articles/PMC4069302/

2 General principles of, and non-negotiables for, disability inclusion

2.1 Underlying principles of disability inclusion

This guide assumes users are familiar with concepts that underpin the need for disability inclusion. These include the following:

2.1.1 Regional commitments to disability inclusion

In addition to global commitments previously noted (see page 5), points of reference for Asia and the Pacific include:

- Goal 7 on Disability-inclusive Disaster Risk Reduction and Management of the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific.[23] Commitments to the Incheon Strategy were reaffirmed in the Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities 2023 to 2032.[24]
- The ASEAN Declaration on Disability-inclusive Development and Partnerships 2023, which notes pre-existing barriers to inclusion were exacerbated by COVID 19.[25]
- The Framework for Resilient Development in the Pacific: An Integrated Approach to Address Climate Change and Disaster Risk Management (FRDP).[26] The FRDP includes the peak organization of persons with disabilities (OPD) in the Pacific, the Pacific Disability Forum, as a member of the Task Force responsible for oversight.

2.1.2 Disability inclusion in EPR as a legal requirement

Ratification of the CRPD commits member states to harmonize national laws with the CRPD, including Article 11 (see page 5). For example, Indonesia now has a comprehensive legal framework that addresses disability inclusion in EPR regulations and references EPR in disability legislation.

Accountability under law

The United States of America is a signatory but has not ratified the CRPD and instead draws on the 1990 Americans with Disabilities Act (ADA).

The robustness of ADA was tested following Hurricane Sandy, 2011 with a class action of 900,000 residents with disabilities against New York State. The State was successfully sued for a failure to adequately address the needs of persons with disabilities in emergency preparedness planning. In 2019, the District of Columbia settled a lawsuit requiring improved emergency preparedness and response for person with disabilities living in and visiting the United States capital.[27]

Legislation mandating disability inclusion in EPR are increasingly common in Asia and the Pacific. Examples of national legislation and regulations from Indonesia directly relevant to EPR include:

- National Disaster Management Agency Regulation No. 14. 2014. Management, Protection, and Participation of Persons with Disabilities in Disaster Management;
- Law No. 8. 2016. Persons with Disabilities;
- Regulation No. 70. 2019. Planning, Implementation, and Evaluation of Respect, Protection, and Fulfilment of Rights of Persons with Disabilities; and
- Government Regulation No 42, 2020. Accessibility of Settlements, Public Services, and Protection from Disasters for Persons with Disabilities.

Regulation No 70, 2019 guarantees the participation of OPDs in planning, implementation and evaluation of processes related to the fulfilment of the rights for persons with disabilities, including EPR, and as described in the 25-year Master Plan on Persons with Disabilities 2019.

23 ESCAP. 2012. Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific. United Nations Economic and Social Commission for Asia and the Pacific, Bangkok. www.unescap.org/resources/escap-guide-disability-indicators-incheon-strategy

24 ESCAP. 2022. Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2023–2032. United Nations Economic and Social Commission for Asia and the Pacific, Bangkok. www.unescap.org/sites/default/d8files/event-documents/B2200897_L4_E.pdf

25 ASEAN. 2023. Declaration on Disability-inclusive Development and Partnerships. Association of Southeast Asian Nations, Jakarta. asean.org/wp-content/uploads/2023/09/ASEAN-Declaration-on-Disability-Inclusive-Development-and-Partnership-for-a-Resilient-ASEAN-Community.pdf

26 Pacific Community. 2017. The Framework for Resilient Development in the Pacific: An Integrated Approach to Address Climate Change and Disaster Risk Management. Pacific Community, Suva. www.resilientpacific.org/sites/default/files/2021-08/FRDP_2016_Resilient_Dev_pacific_0.pdf

27 Disability Rights Advocates dralegal.org/

2.1.3 Disproportionate risk

That persons with disabilities experience disproportionate risk was a key advocacy message at the World Summit on DRR 2015. Disproportionate risk has been applied to other identity groups vulnerable to shocks and disasters, such as women, children, and LGBTIQA+ communities.[28] Disability differs in that it cuts across all identity groups and magnifies pre-existing exposure to risk.

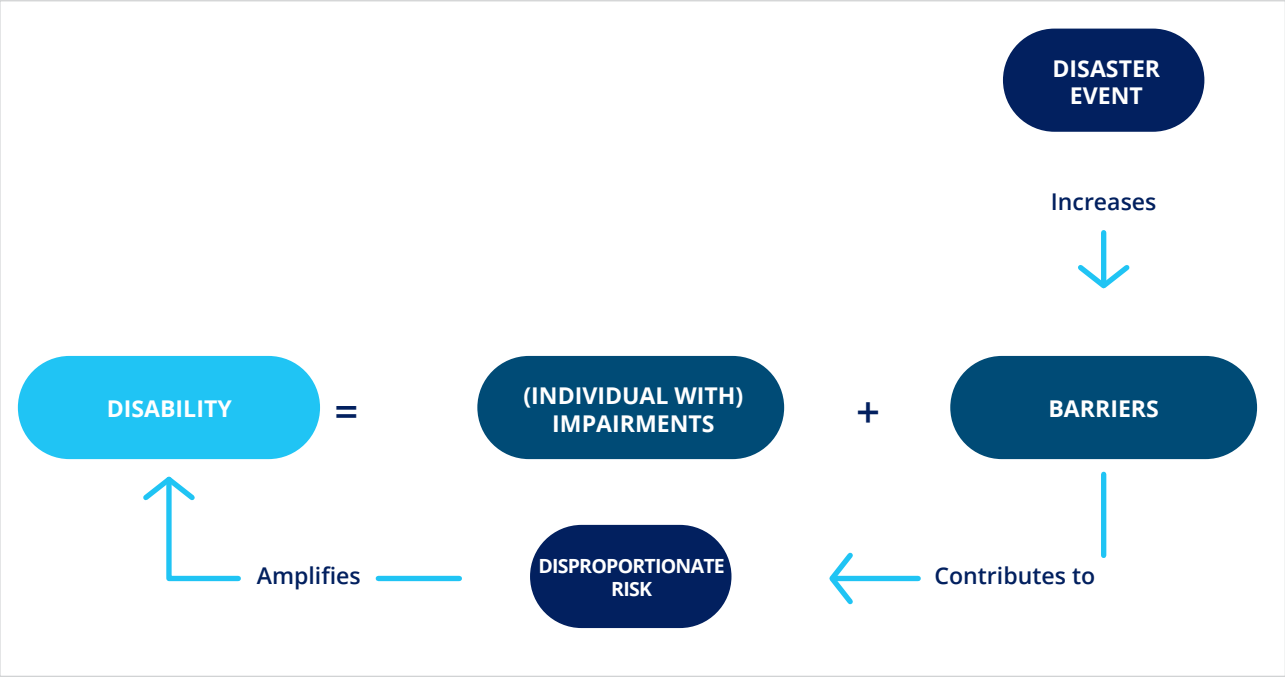
As a group, persons with disabilities are subjected to disproportionate disaster risk in comparison to persons without disabilities, including higher mortality and morbidity in disasters.[29] In an emergency, persons with disabilities within an identity group will experience risk disproportionately greater than their peers without disabilities.[30]

2.2 The social model of disability

It is assumed users of this guide are familiar with the social model of disability.[31] Historically, the social model is inseparable from the disability rights movement and underpins the CRPD and the rights-based approach to disability inclusion endorsed by WFP. Driven by the CRPD, rights-based approaches to disability inclusion seek equal recognition under law and the full accountability of state and non-state actors to remove barriers and ensure equal participation by persons with disabilities in all aspects of society.

It is important to note the social model does not preclude health based or medical interventions.[32] For example, access to rehabilitation services and assistive technologies is a prerequisite for equitable participation in society for many persons with and without disabilities.[33] The social model is also helpful in clarifying the relationship between disability and disproportionate risk (figure 2).

Figure 2. The social model of disability and disaster risk



28 The Sendai Framework, in a departure from previous disaster risk frameworks, makes no reference to vulnerable groups or individuals. This change of language was advocated for by disability stakeholders to reflect a more strengths-based approach and to emphasize that vulnerability is not an innate characteristic of any individual or group, including persons with disabilities.

29 For example: Fujii, K. 2015. The Great East Japan Earthquake and persons with disabilities affected by the earthquake. Why is the mortality rate so high? Interim Report on JDF Support Activities and Proposals. www.dinf.ne.jp/doc/english/resource/JDF_201503/1-1-1.html Quail, J. Barker, R. & West, C. 2018. Experiences of individuals with physical disabilities in natural disasters: an integrative review. Australian Journal of Emergency Management, 33. Robinson, A. Marella, M. & Logam, L. 2020. Gap Analysis: The Inclusion of People with Disability and Older People in Humanitarian Response. Literature review. Elrha, London. www.elrha.org/researchdatabase/gap-analysis-humanitarian-inclusion-disabilities-older-people-literature-review/

30 WHO. 2014. Global Disability Action Plan 2014 to 2021. Better Health for All People with Disability. World Health Organization, Geneva. iris.who.int/bitstream/handle/10665/199544/9789241509619_eng.pdf?sequence=1

31 For an introduction: People with Disability Australia. n.d. Social Model of Disability. pwd.org.au/resources/models-of-disability/

32 Oliver, M. 2013. The Social Model of Disability: Thirty years on. Disability and Society, 28:7. DOI:10.1080/09687599.2013.818773

33 WHO. 2017. Rehabilitation in Health Systems. World Health Organization, Geneva. iris.who.int/bitstream/handle/10665/254506/9789241549974-eng.pdf?sequence=8

2.3 Functioning and access needs

Functioning is an umbrella term for impairments, participation restrictions, and activity limitations.[34] The Washington Group questions on functioning use activity limitations as a proxy for disability, for example difficulty walking or with self-care (see page 17).[35] Guided by the social model, the removal of barriers reduces activity limitations and increases participation for persons with disabilities in society.

As we age, our ability to function changes with significant decreases in late older age. We also experience declines in functioning through accidents or illness. Removing barriers and addressing the access needs of persons with disabilities improves functioning and participation for a range of individuals and groups. Relatedly, individuals may have functioning limitations and access needs but not self-identify as a person with disabilities. A functioning approach widens the utility and relevance of investments in disability inclusive EPR (see page 12).

2.4 Non-negotiables for disability inclusion

The following are non-negotiables for disability inclusion that are foundational to the actions recommended in Part B of this guide.

2.4.1 Proactive identification and removal of barriers

As emphasized, the removal of barriers is a precondition for ensuring equitable participation by persons with disabilities in EPR and in ensuring persons with disabilities benefit from EPR programme outcomes. This requires the systematic identification and removal of physical, institutional, communication, and attitudinal barriers across programmes and operations.[36] Article 2 of the CRPD describes two foundational accessibility principles:

Universal design

Universal design refers to designing infrastructure, goods, services, products, environments, and programmes to be usable on an equitable basis by all people. Universal design should be end-to-end and is fundamental to establishing barrier-free environments, maintaining dignity, and facilitating participation. The importance of universal design is reiterated in the Charter on the Inclusion of Persons with Disabilities in Humanitarian Action and Sendai Framework.

For example, in cash-based programming a financial service provider should consider "equity in use", including physical accessibility and the accessibility of the services provided; "simplicity" and "flexibility in use", including having information in multiple formats and alternative proof of identity requirements; and ensuring accessing cash requires "low physical effort"; and the "size and space" of the provider's facility allows ease of access and movement (see page 25).[37]

Reasonable accommodation

Reasonable accommodation differs from universal design by focusing on the specific access needs of an individual. For example, the provision of a sign interpreter when interviewing a Deaf individual during a needs assessment. Reasonable accommodation is central to non-discrimination and is required irrespective of other accessibility measures, including universal design. What may or may not be "reasonable" is a matter for legal interpretation. Under CRPD compliant legislation, there should be no denial of reasonable accommodation.

2.4.2 Meaningful engagement with OPDs and persons with disabilities

Organizations of persons with disabilities (OPDs) are representative organizations of and for persons with disabilities.[38] This includes national umbrella organisations and peak bodies as well as local organizations. OPDs may focus on a specific impairment or identity group or be cross-disability organizations.

34 WHO. 2001. International Classification of Functioning, Disability and Health. World Health Organization, Geneva. www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health

35 See. Washington Group on Disability Statistics. www.washingtongroup-disability.com/

36 See: Committee on the Rights of Persons with Disabilities. 2014. General Comment No.2 on Accessibility. documents-dds-ny.un.org/doc/UNDOC/GEN/G14/033/13/PDF/G1403313.pdf?OpenElement

37 For a summary of the full 7 principles, see: 7 Principles of Universal Design. Centre for Universal Design Australia, Sydney. universaldesignaustralia.net.au/7-principles-of-universal-design/

38 See: Committee on the Rights of Persons with Disabilities. 2014. General Comment No.7 on the Participation of Persons with Disabilities, Including Children with Disabilities, through their Representative Organizations, in the Implementation of the Convention. go.unimelb.edu.au/rta8

OPDs are sources of disability expertise and the primary avenue for ensuring the perspectives of persons with disabilities are incorporated into programme design, implementation, and monitoring. Consultation with persons with disabilities, including via OPDs, should be ongoing throughout the programme cycle from conceptualization and design to implementation and monitoring and evaluation. UNDIS guidance notes:

> *Meaningful consultation is about recognizing that engaging with persons with disabilities and their organizations is a two-way exchange, not just telling them what is being done. It means there is genuine interest in listening to OPDs, discussing their inputs and concerns, and being willing to act upon them. It is about building a dynamic relationship based on partnership and not considering consultation as a one-off event.*[39]

WFP has existing guidance on consulting with persons with disabilities and OPDs.[40]

OPD criticism of engagement

OPDs are becoming increasingly critical of engagement by development and humanitarian actors. The peak OPD for the Pacific has voiced views that are reflective of widely held concerns.

Engagement with OPDs is often "box-ticking" or "tokenism" with OPDs "consulted" after decisions have been made. OPDs are expected to be "on call" and respond to requests for assistance at short notice with little regard for the OPD's wider work, schedules, and priorities. Consulting with OPDs is used as a substitute for referring to existing guidance and the building of internal capacity by humanitarian and development actors. OPDs are often not remunerated for their professional time and inputs.[41]

These concerns must not be taken as justification to not engage with OPDs. Engagement should, simply, be considered, respectful, and resourced.

Engagement with OPDs should ensure diverse representation of persons with disabilities.[42] Considerations of diversity include impairment type, gender, and age. This may mean engagement with a single OPD is insufficient. Also, it should not be assumed that all persons with disabilities are members of an OPD: being a member of an OPD is not a prerequisite for inclusion in EPR programming.

In some humanitarian contexts, OPDs may not exist and direct engagement with individuals with disabilities will be required. Department of Social Affairs (or equivalent) and disability focused organizations, including non-government organizations (NGOs), may facilitate identification of individuals with disabilities if OPDs are not present. Engagement with disability focused organizations is not a substitute for direct engagement with OPDs and individuals with disabilities in affected populations (see page 23).

Interpretative CRPD guidance recognizes the importance of engagement with organizations that include family members or relatives of children with disabilities and persons with psychosocial or intellectual disabilities.[43] In all cases, the remit of these organizations should be to support autonomy, including in decision making, and the meaningful participation of the individual with disabilities (see page 26).[44] Without exception, direct engagement with the individual with disabilities is preferred. At the same time, the impacts of humanitarian emergencies on caregivers and their contribution to the well-being of individuals with disabilities should not be overlooked.

39 UN. 2021. United Nations Disability Inclusion Strategy. Consulting with Persons with Disabilities. Indicator 5. United Nations, New York. www.un.org/sites/un2.un.org/files/un_disability-inclusive_consultation_guidelines.pdf

40 WFP. 2022. *Consulting with Persons with Disabilities and their Representative Organisations.* World Food Programme, Bangkok docs.wfp.org/api/documents/WFP-0000139032/download/

41 Vereti, L. & Daniel, L. 2023. Meaningful rights-based Engagement with Organisations of People with Disabilities. Pacific Disability Forum, Suva.

42 Also see: WHO. 2023. WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions. World Health Organization, Geneva. iris.who.int/bitstream/handle/10665/367340/9789240073074-eng.pdf?sequence=1

43 Committee on the Rights of Persons with Disabilities. 2018. General Comment No. 7 on the Participation of Persons with Disabilities, through their Representative Organizations, in the Implementation and Monitoring of the Convention. go.unimelb.edu.au/rta8

44 See: UNDESA. 2007. Handbook for Parliamentarians on the Convention on the Rights of Persons with Disabilities. Chapter 6: From Provisions to Practice: Implementing the Convention- Legal Capacity and Supported Decision Making. United Nations Department for Economic and Social Affairs, New York. www.un.org/development/desa/disabilities/resources/handbook-for-parliamentarians-on-the-convention-on-the-rights-of-persons-with-disabilities/chapter-six-from-provisions-to-practice-implementing-the-convention-5.html

Part B. Towards disability inclusive practice

1 General considerations for country offices

This section is of relevance to Country Directors, Deputy Country Directors, and Head of Programmes.

1.1 Standard setting

Institutional inertia is a persistent barrier to progressing disability inclusion in humanitarian action.[45] Actions that support institutional change on disability inclusion include prioritization by leadership and consistent messaging. This can be facilitated by:

- **Dedicated disability inclusion roles in country offices.** With support from the global and regional disability advisors, disability inclusion focal points in Indonesia and the Philippines are raising awareness on disability inclusion, ensuring disability is visible, and facilitating access to internal and external resources.

Currently, WFP's disability inclusion focal points have pre-existing responsibilities. There are also concerns that focal points lack the authority to direct change. Combining disability inclusion alongside other responsibilities becomes increasingly problematic as organizations move from general mainstreaming to delivering targeted and sector specific solutions (from ally towards authority). As WFP progresses on its disability inclusion journey, dedicated disability inclusion capacity should be established in country offices. In the meantime, focal points need to be empowered by senior management and resourced to draw on additional disability expertise as required.

Further actions to set standards and establish expectations include:

- **Ensuring routine engagement between disability inclusion advisors and EPR actors throughout the project cycle.** Mainstreaming of disability inclusion in EPR can only be achieved when owned as a shared responsibility by all EPR stakeholders. Regular engagement with disability inclusion focal points in the design, planning, and implementation phases of EPR can strengthen inclusion from the onset and throughout a response.
- **Establishing internal accountability processes.** Review and establish standard reporting on EPR, including in annual reports, situation reports, and donor proposals and reporting, to document implementation of the "non-negotiables of disability inclusion" (see page 10). The identification and removal of barriers and meaningful engagement with OPDs and persons with disabilities is essential to delivering positive disability inclusion outcomes and must be included in accountability mechanisms.

Wholesale change or the introduction of new ways of working can be daunting. Concerns can be offset by communicating the way in which change should occur. Institutional change towards disability inclusion should be considered a process (figure 1) based on the following:

- progressive realization (see page 6);
- collaborative approaches (see page 20);
- extension of working areas and priorities rather than a reinvention of operational mandates; and
- delineation of required knowledge. That is, not all employees need to have the same level of knowledge to ensure disability inclusion is delivered.

The above help establish expectations, raise awareness, and provide a foundation to build disability inclusive practice. This foundation is the basis for working towards shared objectives with government, cooperating partners, and service providers.

1.2 Resourcing and budgeting

In the past, advocacy for disability inclusion downplayed the costs of disability inclusion. This was required to shift mindsets and ensure integration of disability in development and humanitarian frameworks. However, disability inclusive programming entails costs and requires budget allocations. Whether it is hiring accessible venues for consultations, providing capacity building to teams, or the provision of assistive technology to support feeding and food intake, there are budget implications.[46]

45 Robinson, A. Marella, M. & Logam, L. 2020. *Gap Analysis: The Inclusion of People with Disability and Older People in Humanitarian Response*. Literature review. Elrha, London. www.elrha.org/researchdatabase/gap-analysis-humanitarian-inclusion-disabilities-older-people-literature-review/

46 Various resources are available on designing inclusive meetings and events. For example: CBM. 2021. *Accessible Meetings and Events: A toolkit*. CBM Inclusion Advisory Group. www.cbm.org.au/resource/accessible-meetings-and-events-a-toolkit

From an inclusion perspective, current practices underestimate the real costs of EPR and instead reflect discriminatory, or ableist, approaches. That is, the costs of removing barriers should be recognized as an integral part of budgeting and financial planning. Allocating resources to remove barriers is an equity requirement and should not be considered an "additional" programme cost.

> **Budgeting for disability inclusion**
>
> A frequent question is: how much should be budgeted for disability inclusion? There is no single dollar amount. Some costs are likely to be relatively constant, such as the need to budget for OPD technical contributions, and some will reduce over time as disability inclusion is increasingly mainstreamed, such as awareness raising and training for employees. The diversity of disability and associated needs makes single cost estimates difficult. Costs also need to be considered in relation to wider socio-economic benefits.
>
> Different organizations have taken different approaches to budgeting for disability inclusion. For example, WHO recommends a 10 percent budget allocation to ensure accessibility across health service provision. This would bring an economic and societal return of almost USD 10 for every dollar invested.[47] UNICEF plans to establish a full-time disability inclusion specialist in country offices that have a budget over USD 20 million by 2025 and has committed to at least 10 percent of all UNICEF expenditure being allocated to disability inclusion by 2030.[48]

WFP informants shared experience with gender budgeting. WFP's experience has been that adding a top line percentage across budgets is less effective in ensuring mainstreaming than including dedicated gender budget lines. For disability inclusion, dedicated budget lines focus attention and signal disability inclusion has been addressed in planning and is required in implementation. Examples of barrier removal costs to be considered in EPR budgets include:

- reimbursement for OPDs' professional engagement and technical advisory services and a contingency for reasonable accommodation;
- hiring accessible venues for events, including simulations, and consultations;
- sign interpreters and closed captioning (sign interpreters may be in short supply and high demand);
- preliminary briefings in advance of consultations for Deaf participants and sign interpreters and people with psychosocial disabilities (see page 26);
- costs for alternative transport or accompanied travel by caregiver;
- expanded communication channels for early warning systems and community feedback mechanisms to ensure accessibility;
- temporary accessibility interventions, such as installing temporary ramps or shaded areas at distributions (can also be via cash or food-for-work with additional benefits of raising awareness on accessibility in affected communities); and
- training of enumerators and data collectors on disability data collection (the training required for effective use of the Washington Group questions is often underestimated).

1.3 Cooperating Partners and Service Providers

Standard setting extends to ensuring WFP's cooperating partners and service providers comply with, contribute to, and deliver on WFP's disability inclusion objectives. In Indonesia and the Philippines, WFP's cooperating partners reported no requirement to ensure disability inclusion when delivering services on behalf of WFP.

WFP's 2012 Emergency and Preparedness Package notes operational risk may be transferred through implementation by partners.[49] Partners can also ensure immediate access to disability expertise, for example from OPDs and disability-focused organisations (see page 20). Conversely, WFP may be exposed to reputational and institutional risk if partners are not complying with CRPD related legislation.

47 WHO. 2022. Global Report on Health Equity of Persons with Disabilities. World Health Organization, Geneva. www.who.int/activities/global-report-on-health-equity-for-persons-with-disabilities

48 UNICEF. 2022. UNICEF Disability Inclusion Policy and Strategy (DIPAS) 2022-2030. United Nations Children's Fund, New York. www.unicef.org/unicef-disability-inclusion-policy-and-strategy-dipas-2022-2030

49 WFP. 2012. Emergency Preparedness and Response Package. First Edition. World Food Programme, Rome. documents.wfp.org/stellent/groups/public/documents/resources/wfp251892.pdf

Partner good practice

In Afghanistan, WFP has integrated a disability perspective in its partnership process. This has included evaluating inclusion in call for proposals and partner bids as well as in standard operating procedures for cash and food assistance programmes, such as review of beneficiary targeting criteria and criteria for selection of distribution points. Notably, partner call for proposal templates now include indicators and monitoring plans that specifically address disability inclusion – underscoring that inclusion is part and parcel of the design stage of programmes.

Country offices should ensure contracts and agreements issued to cooperating partners and service providers require the inclusion of persons with disabilities in EPR actions delivered on behalf of WFP (see page 25). This should include mandatory reporting on the actions taken. Examples of requirements include:

- minimum requirement for beneficiary data disaggregation by disability, gender, and age;
- number of OPDs consulted and participating in the contracted work;
- accessibility improvements undertaken and reasonable accommodation provided; and
- budget and resource allocations to ensure disability inclusion.

1.4 Common messaging on disability inclusion

The programmatic breadth of EPR can mean multiple WFP teams coordinating with multiple partners and individuals, including within the same ministry or government department. The study informing this guide found no consistent prioritization of, or messaging on, disability inclusion across teams in country offices. This was echoed by WFP's government and UN partners.

Consistent messaging on disability inclusion is mutually supportive and builds institutional credibility as an ally and supports the realization of national policy objectives. To achieve this, not all employees have to have the same level of disability inclusion expertise. However, all employees should be able to communicate WFP's position on disability inclusion and voice that position to cooperating partners and government.

WFP is also well-positioned to facilitate engagement between OPDs and government and amplify the voices and messaging of OPDs engaged in EPR. As an advocate, WFP has the convening power to ensure OPDs have a seat at the table and contribute to wider EPR planning, implementation, and monitoring.

Points of reflection

To progress disability inclusion, EPR teams do not need to have all the right answers. Teams should, however, be asking themselves and reflecting on key questions. For example:

- Can everyone access the food/non-food items/ cash/information we are distributing?
- Can everyone use what we have distributed?
- Does anyone need additional support to use what we have distributed?
- If additional support is needed, do I know who can provide this support and who can I refer to?

2 Disability inclusion: Emergency preparedness actions

Preparedness is essential for timely and quality emergency response. Effective preparedness reduces response times and maximizes response impact by reducing the overall disaster risk of affected populations. Introducing new ways of working during a response presents challenges, particularly during the acute phase. As such, disability inclusion must be a preparedness priority.

2.1 Anticipatory action

In the two study countries, WFP is advancing anticipatory action (AA) as part of its EPR strategy. In Indonesia, WFP is providing support to government on adaptive, or shock resistant, social protection. This includes legislative change to extend use of the national Family Hope Programme (*Program Keluarga Harapan*) to emergency situations. The programme includes cash transfers to some persons with disabilities in poor households. In the Philippines, WFP is a lead partner in the UN Central Emergency Response Fund (CERF) AA pilot. In the event of a category three tropical storm, WFP aims to distribute multi-purpose cash, in partnership with Western Union, within 72 hours before landfall in the project regions.

Examples of good practice in disability inclusive cash-based humanitarian programming are available; however, there is limited research on disability inclusive AA.[50] Anticipatory action approaches attach a set of pre-determined actions to predictable shocks. The upfront preparedness investment to define (and often simulate) actions in collaboration with governments, communities and partners, presents a prime opportunity for WFP to advance disability inclusion. Any of the actions outlined in this report can be pursued to foster disability inclusive Anticipatory Action.

2.2 Data preparedness

Discussions of disability data often center on the importance of disaggregation to compare outcomes for persons with disabilities in comparison to persons without disabilities. For example, use of the Washington Group questions to monitor CRPD progress and disability inclusion in Sustainable Development Goal (SDG) reporting.[51] WFP has internal guidance of the use of the Washington Group questions for data disaggregation.[52]

The IASC guidelines also note the importance of qualitative data, for example in identifying barriers, priorities, and obtaining feedback or complaints from persons with disabilities.

> **Journeys of change from cash-based assistance**
>
> In Sri Lanka, WFP is compiling user journeys from persons with disabilities receiving cash-based assistance. These qualitative stories provide insights into how persons with disabilities access cash through to the end use of the cash provided. Through this process, barriers, and how they can be removed, are documented and the impacts on individuals and households highlighted.

In EPR, the immediate data concern is identifying persons with disabilities. Specifically, who is a person with disabilities and where they are located. This ensures persons with disabilities in affected communities are identified, known, and included in programme activities.

2.2.1 Targeting and identification of person with disabilities

Stigma can contribute to persons with disabilities being invisible, or actively hidden, in communities. General targeting of populations or geographical areas cannot be assumed to ensure the inclusion of persons with disabilities (see page 21). Persons with disabilities are also rendered invisible by barriers that prevent participation in EPR processes.[53]

> **OPD data collection in Indonesia**
>
> OPDs in Indonesia are working to improve village administrative databases in government supported Inclusive Village initiatives. This includes identification of persons with disabilities using the Washington Group questions. OPDs reported supporting data collection in 157 villages in 5 provinces since 2014.
>
> This initiative supports OPD advocacy efforts to widen access to social protection for persons with disabilities and accessibility of the villages themselves. Alongside functioning difficulties, the data collected includes education and socio-economic status and geo-location data. In several villages, OPDs are working with the village government to use this data to support early warnings, evacuations, and response planning.[54]

50 CBM. 2021. Disability Inclusive Cash Assistance. Learnings from practice in Humanitarian Response. CBM Global. cbmg.wpengine.com/wp-content/uploads/2021/08/CBM-Global_DisabilityInclusiveCashAssistance-1.pdf

51 Joint Statement by the Disability Sector: Disability Data Disaggregation. Fifth meeting of the IAEG-SDG's, Ottawa, March 2017. www.internationaldisabilityalliance.org/data-joint-statement-march2017

52 WFP & Trinity College Dublin. 2022. Disability data: An Evidence-informed Approach to the Use of Data for Disaggregation in WFP programming. World Food Programme, Rome. www.tcd.ie/slscs/research/assets/images/Disability_Data_Finding%20note_20MAY22.pdf

53 For general guidance on accessibility in emergencies see: UNICEF. 2022. Toolkit on Accessibility. Tools to Apply Universal Design across Premises and Programmes and Promote Access for All. United Nations Children's Fund, New York. accessibilitytoolkit.unicef.org/media/461/file

54 Centre for Improving Qualified Activity in Life of People with Disabilities (CIQAL). 2023. Sistem Informasi Disabilitas Desa Glagaharjo Sleman ciqal.or.id/sistem-informasi-disabilitas-desa-glagaharjo-sleman/

Identification of persons with disabilities can be through primary data collection, including key informants and surveys, and the use of secondary administrative data. Combining the two approaches can triangulate findings. The following are key considerations for data preparedness:

- **Key informants** include local officials, camp managers, community health workers, social workers, and teachers. Data from local officials may not always be reliable due to underreporting because of stigma or a lack of first-hand knowledge. Where possible, data from officials should be cross-checked with other key informants, such as community health or social workers, OPDs, or disability focused organizations.
- **OPDs as data collection partners.** It is often assumed that OPDs have extensive knowledge of where persons with disabilities are located. In Pacific Island Countries, national OPDs generally have good knowledge of who is a person with disabilities and where these individuals are. This may not be the case in all regions or for an OPD that is, for example, focused on national level advocacy or that works with a single identity or impairment group. Regardless, OPDs play a critical role in facilitating the identification of person with disabilities in communities and target areas. Including OPDs in data collection improves the quality of the data collected by facilitating interaction and communication with respondents with disabilities and should be considered best practice (see page 20).[55]
- **Household surveys** will result in more comprehensive identification of persons with disabilities but are resource intensive. Random sample surveys of a population will not identify all persons with disabilities in a target area and oversampling, to ensure more persons with disabilities are included, is often required. Household survey data from censuses and large-scale surveys may provide disability prevalence estimates but does not allow individuals or households to be identified or located.

The preferred tools for identifying persons with disabilities in surveys are the Washington Group questions.[56] Guidance and analysis on the use of the Washington Group questions, including in development and humanitarian programming, is available from the Washington Group and other sources.[57,58]

- **Snowball sampling** is a purposive sampling technique that begins with a known person and then asks that person to name other people in their network. The process is repeated with the named person suggesting additional people. This "snowballing" process may be completed when no more individuals are identified or when resources are exhausted. Snowball sampling reduces the costs of door-to-door surveys and is often used for identifying individuals who may be invisible or hidden, for example due to stigma. The rationale is an individual from a particular identify group is more likely to know others in that group or network in comparison to outsiders.
- **Administrative data** is used for the management (or administration) of government programmes, such as social protection programmes. Administrative data that includes information on persons with disabilities should be identified as a preparedness priority with government and OPDs. Census and survey data may be used by WFP in small area estimations of prevalence but, as noted above, does not allow targeting at the individual or household level. In comparison, administrative data includes identifiable information, including names and addresses.

Administrative data should be, but is not always, updated regularly. Using administrative data as a starting point for surveys using snowball sampling with validation by OPDs can be effective. There are opportunities for WFP to advocate and strengthen administrative data collection and management in partnership with government.

Identifying persons with disabilities allows those most at risk to be targeted and their needs to be assessed. Preparing data on who is a person with disabilities and where they are located also allows blanket approaches to be adapted, for example supplementing distributions with direct delivery to households where needed (see page 23), and their impact and effective coverage measured.

55 Villeneuve, M. Robinson, A. Pertiwi, P. Kilham, S. & Llewellyn, G. 2017. The Role and Capacity of Disabled People's Organisations as Policy Advocates for Disability-inclusive DRR in Indonesia. In Djalante, R. Thomalla, F. Garschagen, M. & Shaw, R. (eds) *Disaster Risk Reduction in Indonesia*. Springer.

56 Note. WFP & Trinity College guidance on the Washington Group questions (WGQ) emphasizes the WGQ are not an "identification tool". This refers to the WGQ not being a diagnostic tool and not identifying impairments or health conditions. The WGQ are designed to identify (most) persons with disabilities in a population (compared to persons without disabilities). Specifically, to identify persons with disabilities in censuses and surveys so the resulting data can be disaggregated by disability.

57 CBM Inclusion Advisory Group & Nossal Institute. 2023. Using the Washington Group questions on disability data in development programs: A learning brief. cbm-global.org/wp-content/uploads/2023/06/CBM-Global-Washington-Group-Question-learning-brief-FINAL-2023.pdf

58 Robinson, A. Nguyen, L. & Smith, F. 2021. Use of the Washington Group Questions in Non-Government Programming. *Int. J. Environ. Res. Public Health* 18. www.mdpi.com/1660-4601/18/21/11143

Disability identification cards

Some countries in Asia and the Pacific have introduced disability identification (ID) cards to administer disability benefits and social protection programmes. In Indonesia, this is nascent with ID cards rolled out in a limited number of areas.

The Philippines has a well-established national disability ID card scheme that provides holders with a 20 percent discount on certain goods and services and exemption from value added tax. While there are inconsistencies in how disability is assessed at the local government level, the disability ID card allows identification of persons with disabilities in all areas of the Philippines. In comparison, there is no equivalent data source in Indonesia.

No source of data is perfect and there are issues with registration, determining eligibility, and disability ID card coverage in the Philippines. However, in the Philippines the disability ID card data should be the first point of call for identifying persons with disabilities in programme planning and data preparedness.

2.2.3 Identifying needs

It is important to distinguish between identifying persons with disabilities and identifying the needs of persons with disabilities.

Administrative data may include additional information on an individual's impairment or support needs. In comparison, the Washington Group questions provide no information on an individual's impairment and do not identify needs. For example, a person who has "difficulty walking" (without the use of assistive technology) may be a war veteran amputee or a child with cerebral palsy. Both have different functioning and access needs. While broad assumptions may be made, if someone reports a lot of difficulty with "self-care", it remains unknown whether that person can consume food independently or requires feeding support.

Data on needs informs programme adaptations, the provision of tailored support and reasonable accommodation, and referral to support services. More in-depth understandings of needs are required in transition from advocate and authority (see page 6). When identifying individuals with disabilities using the Washington Group questions additional screening questions can be asked.

These include whether:

- the respondent uses any assistive technology;
- the respondent is reliant on a support person for mobility, communication, or self-care; and
- the respondent identifies as a person with disabilities.

To understand nutrition and food consumption needs, further screening questions include whether:

- the person can prepare and consume food independently or requires support;
- the person has any specific nutritional requirements, for example liquid foods or supplements; and
- the person is reliant on any assistive technology to consume food. This may range from adapted cutlery and utensils to supportive chairs to assist feeding by a caregiver.

Understanding needs allows the tailoring of assistance and identifying whether support can be provided internally or if referral for specialist case management is required (see page 22).

2.3 Early warning

Early warning is the cornerstone of effective emergency preparedness for, and response to, many slow and rapid onset hazard events. Effective early warning is preventative, underscores anticipatory emergency response (including anticipatory action and shock responsive social protection), and must be inclusive. Accessible early warning systems (EWS) increase the likelihood persons with disabilities can take preventative action, evacuate, and make risk-informed decisions.[59,60]

WFP is strengthening national climate information services and delivering last mile early warning messages to those at risk of extreme weather and climate change events.[61] This includes customizing seasonal forecasts and early warning information to be culturally appropriate and available in local languages.[62] Disability inclusive early warning is an extension of this experience and expertise.

59 UNDRR. 2023. *Global Survey on Persons with Disabilities and Disasters*. UN Office Disaster Risk Reduction, Geneva. www.undrr.org/media/90432/download?startDownload=true

60 Chisty, M.A. Nazim, A. Rahman, M.M. Dola, S.E.A. Khan, N.A. 2021. Disability inclusiveness of early warning system: a study on flood-prone areas of Bangladesh. *Disaster Prevention and Management* 30:4. www.emerald.com/insight/content/doi/10.1108/DPM-05-2021-0177/full/html

61 WFP. 2023. The Science Behind Saving and Changing Lives. World Food Programme, Rome. docs.wfp.org/api/documents/WFP-0000147806/download/?_ga=2.257642440.296797133.1701587546-1847133667.1700445815

62 WFP. 2023. *Scaling up Anticipatory Actions for Food Security: Anticipatory Action Year in Focus 2022.* World Food Programme, Rome. docs.wfp.org/api/documents/WFP-0000148257/download/?_ga=2.224504537.296797133.1701587546-1847133667.1700445815

Using simulations to test disability inclusion in early warning

Simulations are essential to testing early warning approaches, sensitizing communities, and ensuring effectiveness. WFP invited a disability focused organisation to independently assess a joint simulation exercise in the Philippines under the CERF funded AA pilot.

Findings included the importance of not relying on a single messaging mode (text messages) for delivering early warning to households and ensuring adapted distributions and access to cash assistance. Also, the need for accessible complaints and feedback mechanisms, including information on how to use these mechanisms.

The importance of including OPDs in the design of EWS and related early actions and their testing was emphasized.

The UN Office for Disaster Risk Reduction (UNDRR) has developed a checklist for inclusive early warning.[63] The following should be considered in media selection and messaging:

- Use multiple and mixed media combining community-based communication approaches with digital and non-digital information communication technologies (ICTs) to meet diverse access needs.
- Combine communication channels, such as audio alerts, voice messages, text messages, phone calls alongside social media platforms, community radio, and communication channels commonly used in the local area.
- Ensure messaging is simple, clear, and in plain language to reduce barriers for persons with low literacy, cognitive disabilities, and culturally and linguistically diverse (CALD) communities. Supplement with visual messaging, symbols, and cues.
- Provide messaging in multiple languages, including local and minority languages and sign-language.
- Ensure digital content complies with accessibility standards for web content that is perceivable, operable, understandable, and robust.[64]

For technological solutions, emphasis is often placed on "the last mile of connectivity" and ensuring messages are received by households and individuals. Community-based solutions, include the use of flags (visual) alongside announcements made by megaphone (audible) for flood warnings in Bangladesh. For many persons with disabilities, this may still be insufficient.

A person centred, "first mile" approach begins by identifying a person's information and communication needs and putting measures in place to ensure information can be accessed and then acted upon.[65] These preparedness measures should be at the individual, household, and community level. Working with OPDs as strategic partners can facilitate establishing effective end-to-end EWS systems in communities.

2.4 Design considerations for cash-based programming

Cash-based programming has the potential to promote independence for persons with disabilities by reducing reliance on others and allowing individuals to respond to their priority needs. To be effective, disability inclusion needs to be integrated into the design of cash-based interventions. While recognising some of the following may need to be implemented during a response, the following should be included in preparedness wherever possible.

2.4.1 Universal costs and disability specific costs

Persons with disabilities need to meet the same financial costs as persons without disabilities and additional costs that are specific to disability. This means that at an equivalent level of income, persons with disabilities experience a lower standard of living than persons without disabilities.[66] This applies across all income levels.[67] Two cost categories need to be considered in the design of cash-based programming to ensure equitable outcomes for persons with disabilities:

- **Universal costs.** These are the costs experienced by a population as a whole. These costs are targeted by cash-based programmes that make no distinction between persons with and without disabilities. Here the inclusion priority is ensuring access to funds and their effective use by persons with disabilities is on an equal basis with persons without disabilities. An example of a universal cost common to persons with and without persons with disabilities would be the cost of purchasing clothing.[68]

63 UNDRR. 2023. *Inclusive Early Warning Action: Checklist and Implementation Guide*. United Nations Office for Disaster Risk Reduction, Geneva. www.undrr.org/media/91953/download?startDownload=true

64 W3C. 2023. Web Content Accessibility Standards. World Wide Web Consortium, Wakefield MA. www.w3.org/standards/

65 Robinson, A. & Kani, S. 2014. Disability-inclusive DRR: Information, Risk and Practical Action. In Shaw, R. & Izumi, T. (Eds.), *Civil Society Organization and Disaster Risk Reduction: The Asian Dilemma.* Springer, Japan. pp 219-236.

66 Carraro, L. Robinson, A. Hakeem, B. Manlapaz, A. & Agcaoili, R. 2023. Disability-Related Costs of Children with Disabilities in the Philippines. *Int. J. Environ. Res. Public Health*. 20, 6304. doi.org/10.3390/ijerph20136304

67 Note: Non-financial and indirect costs, such as forgone income of caregivers and limited social participation, are not addressed here, but should be considered in a holistic approach to disability inclusive EPR.

68 Disability is diverse, so there will be exceptions. For example, the purchase of adapted shoes to improve mobility for some persons with disabilities.

- **Additional specific costs of disability.** These are the additional costs an individual with disabilities must meet to participate in society on an equal basis with persons without disabilities. Health related costs can be high and may require referral, for example the costs of surgeries or maintenance medicines to prevent seizures.[69] Other costs can be directly addressed by WFP, for example the additional costs of transportation for a caregiver to facilitate participation in consultations or to access a distribution.

The additional expenditure required by some persons with disabilities to take preventive measures, such as paying for casual labor to assist in protecting home and assets, should be considered in AA programming (see page 25).

2.4.2 Minimum expenditure baskets and additional costs

Minimum Expenditure Baskets (MEB), and their components, are used to calculate cash or in-kind (direct food) assistance in emergencies to meet essential household needs. An MEB modular approach includes costs for food, non-food and hygiene items, health, rent and electricity, communication and transport, and education. Standardized MEBs based on universal costs do not address the additional costs experienced by persons with disabilities.

Universal cash transfers or in-kind allocations place persons with disabilities at relative disadvantage. This inequity will be greater for a household with more than one person with disabilities. In an emergency, persons with disabilities are disproportionally impacted and, due to social exclusion, have less resources and networks to facilitate recovery. This can be mitigated by compensating for the additional costs persons with disabilities need to cover.

The MEB food component is based on an energy requirement of 2,100 kcal and minimum nutrient requirements.[70] The food component accounts for all age groups and the additional requirements of pregnant and lactating women. Supplementary, or therapeutic, food items are not included. The nutritional needs of different persons with disabilities are also not included. This is an area requiring further research and work. In the absence of clear guidance, nutritional requirements may be adjusted upwards for persons with disabilities on a "no-regret" basis.[71]

The additional costs associated with disabilities are well-known and cover all non-food components of the MEB.[72] While there is agreement that persons with disabilities experience a lower standard of living compared to persons without disabilities, there is a wide variation in the costs experienced by different individuals with disabilities. Specific costs can vary significantly and may not be picked up by traditional expenditure or asset-based approaches. In EPR, it is generally not feasible to conduct a comprehensive assessment of standard of living differences between persons with and without disabilities.

The additional costs of disability to be included in MEBs should, therefore, be negotiated in consultation with persons with disabilities. Where available, existing social protection mechanisms for persons with disabilities may provide a guide for cost calculations and a mechanism for delivering top-ups through social protection systems. However, social protection systems do not, as a rule, cover all costs associated with disability.

Calculating additional costs

To better understand needs, WFP in Afghanistan has developed tools to assess economic vulnerability and identify additional costs incurred by households of persons with disabilities. Data included the number of persons with disabilities in the household and functioning difficulty using the Washington Group questions; food consumption and acquisition patterns; additional nutritional needs of persons with disabilities; access to income opportunities; expenditure patterns; and additional disability related costs. Disability related costs included assistive devices, health care, transportation, and access to existing support or assistance. Although funding did not allow the work to advance, the analysis and development process provides a foundation for quantifying and refining cash top-up strategies.

As the Coordinator of the Regional Cash Working Group for Asia and the Pacific, WFP is well placed to support development of disability adjusted MEBs. As an advocate, WFP can play a lead role in raising awareness and ensuring access to cash and in-kind assistance for persons with disabilities is equitable and appropriate.

69 Palmer, M. Williams, J. & McPake, B. 2019. Standard of Living and Disability in Cambodia. *The Journal of Development Studies*, 55:11.

70 Sphere. 2018. Sphere Handbook. Sphere, Geneva. spherestandards.org/handbook/editions/

71 For example: "it is generally recommended to choose 'no regrets' actions that contribute toward building resilience and have a positive effect on the beneficiaries even if an extreme weather event does not occur." WFP. 2021. Monitoring and Evaluation of Anticipatory Actions for Fast and Slow Onset Hazards. Guidance and Tools for Forecast-based Financing. World Food Programme, Rome. docs.wfp.org/api/documents/WFP-0000135356/download/?ga=2.194488104.468843460.1652684207-476009298.1607178933

72 See, for example: UNICEF. 2022. Cost of Raising Children with Disabilities in the Philippines. United Nations Children's Fund, Manila. www.unicef.org/philippines/reports/cost-raising-children-disabilities-philippines

2.4.3 Household decision making

OPDs reported the needs of persons with disabilities in a household can be overlooked in EPR with funds allocated to persons with disabilities, or to cover disability related costs, used by other members of the household. Households prioritizing the needs of household members without disabilities in times of food insecurity has also been reported in the Pacific.[73] Children without disabilities may be prioritized over children with disabilities and women, and gender minorities, with disabilities may also be at increased risk of exclusion.

Transparent discussions with households and community members are required to ensure the use of transfers will ensure the safety and well-being of household members with disabilities. Preparatory community socialization activities, including for AA, should include household members with disabilities and ensure accessibility and reasonable accommodation. During response, the use of cash and in-kind assistance within households with persons with disabilities should be monitored.

2.5 Partnering

The ability to access specialist expertise and referral mechanisms is emphasized throughout this guidance and is central to being a subject matter expert (see page 6). Identifying, mapping, and partnering with organizations that can provide these services is a preparedness priority. This also applies to in-country areas with high disaster risk but no current WFP programming.

Establishing partnerships with OPDs is emphasized in WFP's roadmap and is an inclusion "must" (see page 10). Partnerships developed over time build trust and shared understandings of ways of working. Including OPD partners in preparedness and response planning assists in allocating roles and identifying the potential support required.

When partnering with OPDs, the relative power of WFP in terms of access to resources and influence should not be allowed to inadvertently influence consultation outcomes. Partnerships with OPDs should be formalized and properly resourced with OPD expertise suitably renumerated (see page 12).

Appropriate training should be provided to OPDs so they can effectively contribute to WFP programming or activities, such as early warning simulations and data collection. It should not be assumed that OPDs are familiar with EPR processes or WFP's activities and mandate. Establishing strategic partnerships with OPDs and ensuring they are equipped to contribute to response is a preparedness priority.

WFP should also map and engage with specialist organizations and service providers. In low-resource settings, referral services and the allied health workforce may be limited or unavailable, for example occupational therapists and speech therapists. When direct referral to services is not possible, consultation with protection and health clusters for case management will be required. This should be in collaboration with OPDs wherever possible. Where OPDs are not available, disability focused organisations may be able to support the identification of individuals with disabilities and the establishment of consultative groups.

73 Pacific Disability Forum. 2022. Disability and Climate Change in the Pacific. Findings from Kiribati, Solomon Islands, and Tuvalu. Pacific Disability Forum, Suva. pacificdisability.org/wp-content/uploads/2022/08/PDF-Final-Report-on-Climate-Change-and-Persons-with-Disabilities.pdf

3 Disability inclusion: Emergency response actions

As emphasized in the previous sections, preparedness is the foundation of disability inclusive response. In response situations with limited in-country preparedness, WFP should advocate for disability inclusion across the response and lead on disability inclusion in core working areas. The following outlines key considerations and actions.

3.1 Blanket approaches to humanitarian response

Blanket approaches, or broad targeting of a geographical area, are applied in the acute stages of a humanitarian response to meet the basic, and lifesaving, needs of as many people as quickly as possible. However, blanket approaches are a source of tension between established ways of working and rights-based inclusion principles. Blanket approaches are driven by the humanitarian imperative:

> *that action should be taken to prevent or alleviate human suffering arising out of disaster or conflict, and nothing should override this principle.*[74]

Despite calls for disability inclusion in humanitarian response since at least the 1980s, there is no evidence the mortality and morbidity rates of persons with disabilities remain anything but inordinately high. This casts a shadow over the principle that all people have the right to receive humanitarian assistance under the Humanitarian Charter and Article 11 of the CRPD. We need new ways of working.

There is no call to do away with blanket approaches; however, how we prepare and respond during the acute emergency phase needs to be fit for purpose. The inclusion objective during acute response is to mainstream disability inclusion within processes so persons with disabilities can access and benefit aid on an equal basis with others. This is central to non-discrimination under International Humanitarian Law.[75] It is also necessary to recognize that blanket approaches are unlikely to reach individuals or groups that are rendered invisible in communities by stigma or prejudice (see page 15).

The argument that disability inclusion can wait to later in a response is misplaced and conflates mainstreaming interventions with actions reliant on specific disability expertise that may not be immediately available.

While acknowledging operational challenges and constraints, delaying assistance for any group runs counter to humanitarian principles.

3.2 Disability data in response

How disability data is collected in response will depend on the level of data preparedness previously undertaken (see page 15). The more data that is available in advance, the better.[76] The following assumes limited or no disability data preparedness prior to a response.

3.2.1 Sources of disability data

In the acute stages of a response where time and resources are constrained, the initial priority is identifying persons with disabilities. This allows improved targeting to ensure persons with disabilities are not excluded from general assistance and distributions. In a response, immediately available disability data may be obtained from: (see page 15).

- OPDs;
- administrative data;
- key informants; and
- protection cluster (or working group in refugee responses), or Disability and Older Age Task Force or equivalent. For example, there are established mechanisms in Bangladesh, Pakistan, Philippines, and Vanuatu.

Data from direct observation of persons with disabilities, for example at distributions, is not recommended as it provides no indication of coverage or the extent of inclusion. It also assumes disability is "visible". Estimates suggest 80 percent of disabilities are not visible or immediately apparent.[77] However, not seeing persons with disabilities signals increased efforts to identify persons with disabilities are needed.

Disability data collection in response should be an iterative process of refinement: it is not a one-off event. Identification of persons with disabilities should be integrated throughout all stages of a response. If a response is recognized as being inclusive of persons with disabilities, the likelihood of identifying persons with disabilities increases over time.

74 Sphere. 2017. The Humanitarian Charter. Sphere, Geneva. spherestandards.org/humanitarian-standards/humanitarian-charter/

75 ICRC. n.d. Rule 88. Non-discrimination. International Humanitarian Law Databases. International Committee of the Red Cross, Geneva. ihl-databases.icrc.org/en/customary-ihl/v1/rule88#:~:text=armed%20conflictsApartheid-,Rule%2088.,other%20similar%20criteria%20is%20prohibited.

76 IASC. 2019. Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019

77 Kelly, R. & Mutebi, N. 2023. Invisible Disabilities in Education and Employment. UK Parliament Post Note 689, London. https://researchbriefings.files.parliament.uk/documents/POST-PN-0689/POST-PN-0689.pdf

3.2.2 Disaggregated data in response

Minimum requirements for data disaggregation in response are by gender, disability, and age by 10-year age brackets over 60 or 65 years of age. Categorizations of older people as simply being over 60 or 65 years obscures a range of capacities and access needs. Not all people with access needs will identify as being a person with disabilities (see page 10).

As noted, the preferred tool for identifying persons with disabilities in response is the Washington Group Short Set of questions. While the Washington Group questions are not designed to identify disability types or all persons with disabilities in a population, there are concerns the questions do not identify certain groups of persons with disabilities.[78] In multi-sector needs assessments, the inclusion of questions on disability benefits all sectors and is a cross-sectoral responsibility that should be advocated for.

See WFP guidance on use of the Washington Group short set of questions for disaggregation.[79]

> **Use of administrative data in response**
>
> The national non-government organisation ACCORD was subcontracted by an international NGO cooperating partner to provide food assistance in Mindanao, Philippines, 2023.
>
> With limited time to identify persons with disabilities for inclusion in distributions, ACCORD used available administrative data from government. This included local government lists of persons with disabilities. Validation of this data was completed with OPDs and the local Person with Disabilities Affairs Office. Although not a contractual requirement, ACCORD's initiative allowed rapid identification of persons with disabilities for inclusion in the food assistance distributions.

3.2.3 Assessment of needs

For WFP, the assessment of needs in response can be considered a three-step process:

- identification of persons with disabilities;
- identification of persons with disabilities' general functioning and access needs; and
- identification of specific food and nutrition requirements of persons with disabilities.

Some screening for needs should occur when persons with disabilities are identified, for example, to identify use of assistive technology and personal support needs (see page 17). If this is not feasible, follow up is required. Many needs, such as for a sign interpreter or a caregiver to assist with travel, can be addressed internally by WFP. Some needs may require specialist support. When individuals suspected of having support needs beyond WFP's mandate or internal expertise are identified, they should be immediately referred to specialist support services.

Ideally, the types of barriers that may exist in a response environment should be known from advance assessments and scoping in the preparedness phase. Data collection on barriers in response should be purposive and focus on key response interventions (see page 23). Having data on barriers ensures accountability and assists monitoring of the accessibility interventions taken. In a response, not having data on barriers or persons with disabilities or individual needs is no justification for inaction. Barriers should be removed regardless.

3.3 Mapping of support and referral services

In a response, the availability of disability support services should be identified as priority with contact details regularly updated. Responsibility for referrals and follow up within WFP should be allocated and the person responsible should be communicated to teams along with a standard referral template. The identification of support services can be supported by OPD partners and should include the following:

- OPDs, including impairment or identity specific organisations;
- health services and allied health professionals, including occupational therapists and speech therapists where available;[80]
- government services and programmes, including disability benefits and support and early childhood development and nutrition programmes;
- disability focused organizations, for example, organizations providing assistive technologies;
- associations of parents with disabilities or self-help groups for caregivers; and
- cluster or working group coordination mechanisms.

Mapping of referral services should include consideration of costs and potential support required to travel to and access the referral service as required.

78 For further information, see: Robinson, A. Nguyen, L. Smith, F. 2021. Use of the Washington Group Questions in Non-Government Programming. *Int. J. Environ. Res. Public Health* 18. www.mdpi.com/1660-4601/18/21/11143

79 WFP & Trinity College Dublin. 2022. Disability data: An Evidence-informed Approach to the Use of Data for Disaggregation in WFP programming. World Food Programme, Rome. www.tcd.ie/slscs/research/assets/images/Disability_Data_Finding%20note_20MAY22.pdf

80 Note: speech therapists can assist individuals who have difficulty swallowing.

3.4 Distributions and procurement

Mainstreaming requires integrating accessibility and inclusion considerations into all response activities from acute response to recovery. Mainstreaming is not the outsourcing of disability focused components of work. Where cooperating partners and service providers deliver disability specific services these should fill gaps and be integrated into the overall response process.

Central to WFP's emergency response operations is its logistics capability. Ensuring barrier-free distributions is a necessity for inclusion. Consideration of disability inclusion in contracting and procurement processes contributes to ensuring persons with disabilities benefit from, and contribute to, response processes. The following is far from exhaustive and indicates select disability inclusion considerations. While these are presented as response actions, establishing processes in advance is preferred.

3.4.1 Barrier-free distributions

As noted, having data on persons with disabilities is not a prerequisite for removing barriers and improving access in distributions. No data is required to ensure that a distribution site is barrier free and accessible. Or to ensure distributed items are packaged to improve portability and ease of access.

Potential distribution points and registration sites should be assessed for accessibility. Once a general location has been identified walk-throughs should be conducted to identify potential barriers. Ideally, this would be conducted with OPDs or community members with disabilities. In the absence of data on individuals with disabilities, a rapid assessment with key informants should be undertaken to identify community members who may require additional assistance.

Standard physical accessibility features can be implemented quickly with community support, including constructing temporary ramps and handrails as required, providing shade, and establishing priority lines for distributions. Low-cost interventions to improve accessibility of latrines at sites can be arranged in coordination with the water, sanitation, and hygiene (WASH) cluster. Guidance on temporary physical accessibility is available and for permanent structures is commonly included in national or sub-national building codes and regulations.[81] WFP in the Philippines is currently establishing standard operating procedures for accessible distributions.

81 For example: Handicap International. 2009. Accessibility for All in an Emergency Context. Humanity and Inclusion, Lyon. reliefweb.int/report/world/accessibility-all-emergency-context-guideline-ensure-accessibility-temporary

The CRPD requires measures to be taken to ensure persons with disabilities participate on an equal basis with others. When considering access to distributions, this can be illustrated as a hierarchy of interventions with the preferred scenario listed first:

- distribution sites are barrier-free and, with reasonable accommodation, can be accessed by all persons with disabilities;
- distribution sites are inaccessible to some persons with disabilities and items are delivered directly to the person with disabilities' home or shelter; and
- distributions are inaccessible to some persons with disabilities and items are collected by a proxy on behalf of the person with disabilities.

The use of a proxy should not be without the consent of the person with disabilities concerned. The focus of disability inclusion is to remove barriers to equal access and participation.

> **Provision of porter services**
>
> In Cox's Bazar, WFP provided porter services to transport food assistance from distribution points directly to households headed by persons with disabilities, child-headed households, and to older people who were shielding during the COVID-19 pandemic.
>
> Faced with significant physical and geographical barriers, this support allowed food assistance to be delivered efficiently to individuals with mobility limitations and other access needs.[82]
>
> Available options for ensuring access to distributed items should be discussed with persons with disabilities in advance. This should include discussion of personal preferences and transparency concerning operational constraints.

3.4.2 Adapting in-kind assistance

To ensure equality of food security and nutrition outcomes within a response, assistance items need to be appropriate and usable by persons with disabilities. Ensuring adequate nutritional intake is not straightforward for some persons with disabilities. For example, feeding children with cerebral palsy can take caregivers up to seven hours a day leading to sub-optimal, or abusive, feeding practices.[83]

There is a lack of clear guidance on the nutritional needs of different individuals with disabilities in response situations. However, it can be assumed some persons with disabilities will have higher or "non-standard" nutritional requirements. The following should be considered:

- increasing rations for households of persons with disabilities (see page 19);
- ensuring the design of the standard response basket includes items usable by persons with and without disabilities as part of a mainstreaming approach. For example, food assistance packages with food items with different textures to accommodate people who have difficulty chewing or swallowing and that can also be consumed by the general population; and/or
- providing standalone or specialized food assistance packages with complementary support from partners and specialized agencies. For example, food thickeners to thicken liquids to prevent aspiration (breathing food or drink into the lungs) for individuals with swallowing difficulties. The provision of specialist items must be targeted, considered, accompanied by clear guidance on use, and selected in consultation with a health specialist (speech therapist or equivalent in this example).

The adaptations noted above should be driven by needs. In some situations, adaptations may not be possible by WFP alone or may lie outside WFP's operational mandate. In such cases, as an advocate and authority, WFP should engage with partners, other cluster leads, and specialized agencies to provide complementary support to ensure delivery of appropriate food and nutritional solutions for persons with disabilities.

To achieve food security and nutrition objectives, any assistance distributed must be able to be used by the recipient. In addition to adapting food baskets, there are practical measures that can be taken to reduce feeding barriers. For example, the inclusion of bendable straws and wide handled cutlery in standard packages that can be used by persons with and without disabilities.[84] Again, items to be included should be discussed with OPDs in advance. While outside WFP's direct mandate, the possibility of including supplementary non-food items (NFI) in distributions to reduce barriers to feeding should be considered.

82 WFP. 2021. Cox's Bazar Information Booklet. World Food Programme, Cox's Bazar. www.wfp.org/publications/wfp-bangladesh-coxs-bazar-information-booklet-january-2021

83 Klein, A. Uyehara, M. Cunningham, A. Olomi, M. Cashin, K. & Kirk, C.M. 2023. Nutritional Care for Children with Feeding Difficulties and Disabilities: A Scoping Review. *PLOS Glob Public Health*. 17:3. www.ncbi.nlm.nih.gov/pmc/articles/PMC10022789/

84 Assistive technologies do not need to be high cost or high tech. For example, foam tubing can be used to make the handles of eating utensils wider and easier to hold. In areas where people customarily eat sitting on the ground, simply providing a table and chair can benefit some persons with disabilities.

Cash top-ups for persons with disabilities

In Myanmar, WFP provided additional support to persons with disabilities via a cash top-up within the relief assistance programme. This was provided to existing relief assistance beneficiaries with disabilities and was not a standalone disability initiative.

Cash was provided digitally, and the majority of beneficiaries reported no issues accessing the top-ups; however, difficulties accessing the financial service provider were reported. 90 percent of beneficiaries reported the cash top-ups had a positive impact on the household with over 50 percent reporting being able to buy better quality food.[85]

3.4.3 Financial service providers and cash distributions

Financial service providers (FSPs) are used to distribute cash during an emergency as well as in advance of a hazard event. In addition to universal design and reasonable accommodation principles (see page 10), the selection of FSPs requires consideration of the following:

- physical accessibility and location of FSP, including coverage in rural areas;
- accessibility of information inside the FSP, including ability of staff to communicate with individuals with diverse communication needs;
- documentation required for receiving cash, noting many persons with disabilities may not have complete birth and civil registration documents;
- ability to assign a proxy to collect cash on a person with disabilities' behalf when this is preferred by the person with disabilities themselves;
- how cash is transferred with multiple options preferred, for example digital transfers by smartphone may be preferred by some persons with disabilities and be inaccessible to others; and
- minimization of travel with direct transfer to the intended recipient. This may be to a preferred account, as a social security top-up, or via delivery of cash directly to a recipient's home.[86]

The additional costs of transportation for persons with disabilities to access an FSP should be considered when determining cash allocations and the selection of FSPs.

FSPs and anticipatory action in the Philippines

WFP has a global agreement with Western Union. This provides opportunities for ensuring Western Union staff are sensitized to disability and, potentially, shared advocacy for greater financial inclusion.

OPDs noted Western Union offices are often located in shopping malls in urban areas and require additional transport costs to access, for example being accompanied by a caregiver. Potential issues with the national Disability ID card not being recognized as a primary form of identification were also flagged. OPDs also suggested alternative FSPs, for example GCash was reported as "Deaf friendly" and the Philippine National Bank (Phil Bank) was reported as having more offices and easier to access for persons with disabilities.

While Western Union is WFP's preferred global provider, the country office is exploring alternatives. Continuing consultation with OPDs should be integral to this process.

3.4.4 Contracting and procurement

When establishing supply chains and contracting suppliers of goods and services, principles of disability inclusive procurement should be applied where possible.[87] Disability inclusive procurement promotes entrepreneurship by, and improves work opportunities for, persons with disabilities. There are two broad approaches:

- **Preferential contracting** involves granting contracts to suppliers led by persons with disabilities or employing persons with disabilities. While not fully realized, legal quotas for employing persons with disabilities are not uncommon in Asia and the Pacific. For example, in Indonesia there is a legal requirement for two percent of the public sector workforce and one percent of the private sector to be persons with disabilities.[88]
- **Procurement to promote accessibility** is granting contracts to suppliers that comply with criteria on accessibility. This can include internal measures to make the operations of the supplier more inclusive and ensuring accessibility of goods and services provided. For example, the use of universal design principles in the products supplied.

85 WFP. 2023. Cash Top-up for Persons with Disabilities Endline Analysis Report. World Food Programme, Bangkok.

86 For example, in the Philippines, direct delivery of cash to people's homes is provided by LBC Express www.lbcexpress.com/

87 ESCAP. 2019. Disability-inclusive Public Procurement: Promoting Universal Design and Accessibility. United Nations Economic and Social Commission for Asia and the Pacific, Bangkok. www.unescap.org/resources/disability-inclusive-public-procurement-promoting-universal-design-and-accessibility

88 Afrianty, D. 2022. Indonesian Courts Rule to Protect the Work Rights Of People with Disability. Indonesia at Melbourne, Melbourne. indonesiaatmelbourne.unimelb.edu.au/indonesian-courts-rule-to-protect-the-work-rights-of-people-with-disability/#:~:text=Law%20No.,law%20also%20establishes%20employment%20quotas.

Disability inclusive procurement involves establishing inclusion criteria in calls for tenders. These are then used in assessment and selection of suppliers with appropriate weightings applied. Additional examples include consultations with persons with disabilities in the design of goods and services or the ability to deliver a good or service in adapted formats. Including disability inclusion criteria in tender processes signals priorities, raises wider awareness, and can be a catalyst for change.

Contracting of OPDs requires adaptation of processes to ensure equity. This includes basic inclusion principles, such as using plain language and ensuring documents are accessible.[89] Payment schedules and milestones may need to be revised to ensure OPDs have sufficient resources to deliver the services required.

Through WFP's mandated roles, including logistics cluster lead, WFP is well-placed to advocate for increased accessibility and inclusion in contracting and procurement during, and in preparation for, emergency response.

> **Equitable contracting**
>
> While contracting the OPD OHANA, WFP Indonesia provided support to OHANA to navigate the procurement and contracting process. Prior to the selection of OHANA, WFP had reached out to several potential OPD service providers.
>
> OPDs noted WFP's procurement portal was not accessible and was difficult to navigate. This included the use of technical and overly complex language in the call for tender. It was also noted that initial engagement can feel "awkward" if WFP teams are unfamiliar with working with OPDs.
>
> Ensuring processes and documents are in plain language, with submission of expressions of interest in local languages allowable, would widen access to OPD skills and expertise. This should be accompanied by disability awareness and etiquette training for all WFP employees, including administrative and financial personnel.

3.4.5 Cash or food-for-work

It must not be assumed that persons with disabilities cannot participate in work programmes.[90] Some persons with disabilities will be able to participate, some may require adaptation of the work and roles, and some may not be able to participate. Barriers that prevent the participation of persons with disabilities in work programmes should be reviewed and addressed.

When work programmes are used as a response modality, adapted approaches should be considered. This may include varied working hours and including a range of roles besides physical labour. For example, supervisory and monitoring roles. In addition to removing general barriers to participation, the principle of reasonable accommodation must be applied (see page 10).

When cash or food-for-work modalities are used, alternative assistance options may be required for some persons with disabilities, such as unconditional cash or in-kind transfers.

3.5 Accountability to affected populations

The requirement to ensure accountability to affected populations (AAP) in response is described in WFP's Community Engagement Strategy for Accountability to Affected People 2021-2026 (updated 2023) and Protection and Accountability Policy, 2020.[91,92] The strategy emphasizes:

> *the rights of the most at-risk groups and persons, including persons with disabilities, to access the same opportunities for participation as the rest of the community, which must be provided through an appropriate medium they define.*

The strategy notes persons with disabilities are not yet placed at the centre of programme design and that OPDs need to be included in consultation processes. Similarly, the policy emphasizes WFP's commitment to disability inclusion, ensuring the participation of persons with disabilities in decision making, and the need for data disaggregated by disability to make evidence-informed decisions. The three commitment areas in the strategy are inclusion, community feedback and response, and information and knowledge management.

89 Resources, including online tutorials, on how to ensure documents are accessible are widely available. For example: DFAT. n.d. Creating Documents that Meet Accessibility Guidelines. Australian Department of Foreign Affairs and Trade, Canberra. www.dfat.gov.au/about-us/about-this-website/accessible-documents/creating-documents-meet-accessibility-guidelines

90 Multiple studies have shown the benefits of employing persons with disabilities. For example: Aichner, T. 2021. The economic argument for hiring people with disabilities. *Humanit Soc Sci Commun* 8:22. www.nature.com/articles/s41599-021-00707-y

91 WFP. 2023. WFP Community Engagement Strategy for Accountability to Affected People (AAP) 2021-2026. World Food Programme, Rome. docs.wfp.org/api/documents/WFP-0000132692/download/?_ga=2.88186332.633783238.1702937783-1724125675.1676266737

92 WFP. 2022. WFP Protection and Accountability Policy. World Food Programme, Rome. executiveboard.wfp.org/document_download/WFP-0000119393#:~:text=The%202020%20protection%20and%20accountability,and%20delivery%20of%20its%20programmes.

3.5.1 Inclusion of persons with disabilities

Inclusion begins with meaningful engagement and WFP has committed to interact with all affected people in a way that is participatory and empowering. Engagement with OPDs and community members with disabilities is central to understanding the needs and priorities of those with lived experience. Additionally, engagement with parents of children with disabilities and self help and support groups for caregivers should be considered (see page 10).

OPDs can facilitate the identification of, and engagement with, "hard-to-reach" or highly at-risk groups (see page 15). This may include persons with psychosocial disabilities, persons with disabilities in institutions, gender diverse persons with disabilities, or Deaf individuals who home sign with family members.

Engagement with community members with disabilities should be reciprocal and contribute to mutual learning. Dedicating time and resources to ensure individuals with disabilities can effectively engage in response processes and provide informed feedback is essential. Additional preparatory sessions may be required for people with psychosocial disabilities and for Deaf people and sign interpreters to ensure any technical terms are effectively communicated in the appropriate sign language.

3.5.2 Community feedback and response mechanisms

Physical community feedback mechanism (CFM) centers and locations and ancillary items, such as help desks and feedback and complaint boxes, should be accessible and usable by persons with disabilities. Standard accessibility considerations are required, including ramps, handrails, accessible counters, and signage. Information on locations and instructions for use should be in easy read formats, including plain language, large print, and high-contrast text.

Feedback must be able to be provided in multiple formats and reasonable accommodation requests responded to. Some requirements can be anticipated, for example by ensuring materials are in multiple formats (audio and visual), preinstalling text to speech software on laptop computers or tablets, and having sign interpreters on site or on call.

Investing in accessible and alternative media

In Afghanistan, WFP is investing in improving access to communications in community engagement activities. This has included collaborating with local artists to provide visual versions of community-facing messages. Providing messaging in alternative visual formats is benefitting people with low literacy, speakers of other languages, and persons with disabilities who face barriers accessing traditional WFP messages.[93]

For hotlines, both voice and text message options must be available. Providing Teletypewriters (TTY) or Telecommunications Device for the Deaf (TDD) equipment may widen access to telephone-based services for the Deaf and persons with speech impairments. The preferred means of communication should be decided in consultation with the intended end user.

Staff and facilitators need to be trained in disability awareness and etiquette and be responsive to diverse communication needs. Particular attention should be paid to ensuring accessibility and meaningful participation in meetings and forums used to obtain feedback.[94] Distress protocols need to be in place and staff equipped to refer individuals as necessary for specialist support. This should include prior arrangements with OPDs, social workers, and allied health professionals. Referral mechanisms may be arranged in coordination with protection cluster or working groups as appropriate.

93 WFP. 2023. Disability Inclusion in Asia and the Pacific: A Regional Overview 2023. World Food Programme, Bangkok. docs.wfp.org/api/documents/WFP-0000151396/download/?_ga=2.126115274.633783238.1702937783-1724125675.1676266737

94 See: CBM. 2021. Accessible Meetings and Events: A Toolkit. CBM Inclusion Advisory Group. www.cbm.org.au/resource/accessible-meetings-and-events-a-toolkit

3.5.3 Considerations for information and knowledge management

WFP has committed to streamline the management of information across its accountability practice. This includes demonstrating improvements in learning with affected individuals and the wider response community. WFP has also committed to providing accessible communications and acknowledging the diversity of experiences of affected people.

> **Emergency Telecommunications**
>
> In partnership with the Department of Information and Communications Technology, WFP Philippines established the GECS-MOVE project to provide robust and mobile telecommunication access to facilitate coordination and response. MOVE units were used to quickly re-establish communication links following Typhoon Rai, 2021.[95]
>
> Increasing attention to digital inclusion has been accompanied by widening use of digital assistive technologies by many persons with disabilities. This includes for personal communication, accessing information, and facilitating participation in decision making. The potential to ensure access to low-cost reliable digital communications for persons with disabilities in emergencies is increasingly an inclusion priority.

Responding to diverse communication needs requires consideration of how information content is designed and how that content is delivered, including via non-digital technologies and face-to-face communication. Consideration of the requirements of Deaf communities, people who are blind or have low-vision, and persons with intellectual disabilities is required.

When handling complaints from persons with disabilities each piece of information (feedback) should be treated as unique, including if they originate from persons with a similar disability. Data and records should be disaggregated by disability while maintaining strict data confidentiality protocols.

95 WFP. 2021. GECS-MOVE Global Innovation in Telecoms Disaster Response. World Food Programme. Manila. www.etcluster.org/sites/default/files/documents/20211027_DICT%20GECS%20MOVE%20Factsheet.pdf

Conclusion

This guide has highlighted actions that can be taken to progress institutional change and better prepare for and deliver disability inclusive emergency response. The disability inclusion journey from ally to advocate to authority will be an iterative process of learning and refinement. The first step is for country offices and teams to reflect where they are on this journey. The second is to identify where resources can be most effectively applied to maximise positive impact. The third is to set targets and be accountable for the progressive realization of disability inclusion over time.

Realizing disability inclusion is also a journey towards objectives shared by WFP's government, UN, and collaborating partners. Working with partners, WFP is well-positioned to advocate for disability inclusion across EPR and to lead on ensuring and delivering adequate nutrition and food security for all persons with and without disabilities.

Appendix 1. Abbreviations and acronyms

AA	Anticipatory Action
RBB	Regional Bureau Bangkok
CERF	Central Emergency Response Fund
CRPD	Convention on the Rights of Persons with Disabilities
DRR	Disaster Risk Reduction
EPR	Emergency Preparedness and Response
FSP	Financial Service Provider
IASC	Inter-Agency Standing Committee
NGO	Non-government Organization
OPD	Organisation of Persons with Disabilities
UN	United Nations
UNDIS	United Nations Disability Strategy
UNICEF	United Nations Children Fund
SDG	Sustainable Development Goal
WFP	World Food Programme

Appendix 2. Study informing this guide

Overview of study informing this guide

Indonesia and the Philippines were chosen for comparative purposes as WFP has different operating modalities in the two countries.[96] WFP works directly with, and provides technical support to, the Government of Indonesia with no direct programming implementation. In the Philippines, WFP also provides technical support to Government as well as implementing programs through in-country partners. The study comprised a desk review and key informant interviews with WFP staff and partners with validation workshops with OPDs in the two countries. In-country interviews were conducted in July 2023. Ethics approval for the study was obtained from both the University of Melbourne and Gadjah Mada University.

The desk review explored WFP's programming context and the progression of disability inclusion within WFP and the two countries. This was supplemented by initial consultations with WFP (RBB and Disability Team) to refine the research scope and study plan. The subsequent landscape literature review informed, included program documents from Indonesia and the Philippines and the development of question guides. The desk review included WFP "global" documents that related to disability inclusion and/or EPR across WFP activities and "local" documents related to WFP programming in Indonesia and the Philippines.

Documents were identified in consultation with WFP with snowballing to identify further documents (Table 1). Summaries were produced in standard formats and included searches of key words relating to disability and EPR. Key word searches assisted in identifying extracts for summary and an indication of coverage based on frequency of usage. For example, the number of times disability was directly or indirectly referenced in key documents. This resulted in a good overview of disability inclusion within WFP; however, limited information on specific EPR programming in the two countries was identified from the desk review.

96 Originally, Bangladesh was a focus country. However, this was not progressed due to other commitments of the in-country team during the study period. The Philippines provided a similar programming modality and replaced Bangladesh for the study.

Table 1. Number of WFP documents reviewed

No	Level of documents	Number of documents
1	Global or regional	36
2	Philippines	10
3	Indonesia	9
	Total	**55**

Key informant interviews explored programming and the challenges of, and opportunities for, furthering disability inclusion by WFP in the two countries. Interviews were conducted with key WFP staff at RBB and global and country office levels. Interviews with RBB and global staff informed the refinement of in-country interview guides. Interviews were recorded where possible and interview notes and transcripts were used for thematic analysis guided by the interview guides. In-country interviews outside of WFP included government partners and UN agencies, including UNICEF, UNOCHA, UNFPA, and non-government organizations, including CBM, Humanity & Inclusion and the Start Network, and OPDs. (Table 2). Some scheduled interviews with government were not able to be completed in Indonesia. A tropical storm during the Philippines visit meant that some interviews were conducted remotely. Preliminary findings were presented to key WFP staff at the end of the in-country visits.

Table 2. Number of key stakeholders engaged in KII

No	Level of consultation	WFP staff	Government officials	UN Offices/ NGOs	CSO/OPDs
1	Global/regional	7	-	-	-
2	Philippines	7	13	7	3
3	Indonesia	8	2	6	1
	Total	**22**	**15**	**13**	**4**

Thematic analysis of findings from the desk review and interviews informed the development of an initial report. Key findings and themes were checked in validation workshops with OPDs in both countries before finalizing a draft report. The findings presented in the draft report were used as a basis for developing this guide.

Table 3. Number of OPDS engaged in validation workshops

No	Validation level	OPDs
1	Philippines	5
2	Indonesia	8
	Total	**13**

WFP

World Food Programme