



Training for the Inclusion of People with Disabilities and Older People in the Humanitarian Sector

A Review of Current Practice

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HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

ELRHA is a global charity that finds solutions to complex humanitarian problems through research and innovations.

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Glossary

ADCAP	Age and Disability Capacity Programme
BMI	Body Mass Index
CDP	Center for Disaster Preparedness, Philippines
CPWG	Child Protection Working Group
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
DFID	UK Department for International Development
DiDRRM	Disability inclusive Disaster Risk Reduction Management
DOAI	Disability and Older Age Inclusion
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
F2F	Face to Face
GBV	Gender Based Violence
HA	HelpAge International
HI	Humanity and Inclusion (formerly Handicap International)
HIS	Humanitarian Inclusion Standards for Older People and People with Disabilities
HLA	Humanitarian Leadership Academy
IASC	Inter-Agency Standing Committee
ICVA	International Council of Voluntary Agencies
IDA	International Disability Association
IFRC	International Federation of the Red Cross and Red Crescent
INEE	Inter-Agency Network for Education in Emergencies
(I)NGO	(International) Non-Governmental Organisation
LGU	Local Government Unit (Philippines)
MHPSS	Mental Health Psychosocial Support
NDMA	National Disaster Management Agency
NDRRMC	National Disaster Risk Reduction Management Council
ODI	Overseas Development Institute
OPA	Older Peoples Association
OPD	Organisation of People with Disabilities
SADI	Safety, Access, Dignity and Inclusion (CAFOD Training)
SCUK	Save the Children UK

SDG	Sustainable Development Goals
SIDS	Small Island Developing States
ToT	Training of Trainers
TWG	Technical Working Group
UCL	University College London
UN	United Nations
UNICEF	United Nations Children Fund
WASH	Water, Sanitation and Hygiene
WDMC	Ward Disaster Management Committees
WRC	Women's Refugee Council
WV	World Vision

Executive Summary

It is estimated that the world's average population of people with disabilities is over 15 per cent and 11 per cent of the world population is over 60 (Age and Disability Consortium, 2018). If one makes a crude extrapolation from the numbers of those that are currently affected by disasters and in need of international humanitarian assistance as 201 million in 2017 (ALNAP, 2018) this gives an approximate figure of just over 30 million people with disabilities that could be at risk from disasters and just over 22 million older people at risk. However, that figure is likely to be much higher for older people, as evidenced by the 2013 Typhoon Haiyan in the Philippines, where the average percentage of the Philippine population over the age of 60 was 7 per cent and accounted for 38 per cent of the fatalities. Similarly, in the 2015 Nepal earthquake, the population average over 60 was 8 per cent but accounted for 29 per cent of all fatalities (IFRC, 2018). The Disaster Risk and Age Index predict that by 2050 there will be over 2 billion older people globally (HelpAge, 2019).

These are stark statistics and it is therefore crucial that the specific requirements of these 'left out of the loop' populations (IFRC, 2018) are identified and included much more systematically in local, national and international humanitarian efforts. Whilst there have been improvements since the UN Convention of the Rights of Persons with Disabilities (2006), all the respondents to our interviews agreed that not nearly enough was being done.

Current practice and progress is both patchy and limited with those larger organisations able to invest resources on a system-wide level leading the way amongst INGOs working in the humanitarian space. Over the past few years, ADCAP has done a great deal to raise awareness of the need for greater inclusion in all aspects of humanitarian interventions, providing a model, training elements, toolkits, templates and guidance on best practice. As a multi-stakeholder partnership, it has made the most progress to date to bring together several organisations that have been working on these issues for decades.

However, it is also clear that this agenda is mainly being taken forward by key organisations rather than being a sector-wide, sector-owned approach. Much greater buy-in is needed from those departments within organisations that are involved with programmatic elements and in-country work, as well as Human Resources, Finance and Operations – so that inclusion is embedded throughout an organisation and becomes integrated standard practice for all departments. This requires a strategic commitment from senior management to ensure an all-inclusive approach at all levels.

Donors need to realise that inclusion will not happen unless it is sufficiently resourced. It is frequently acknowledged that inclusion is more resource intensive – different means of communication are required, and older people and people with disabilities are harder to identify because of stigma in some societies, a desire not to be labelled or kept out of sight by other family members. Changing long established forms of provision and making affordances for different types of disability or for older age people needs to be sufficiently resourced. However, it can also be said that it is less resource intensive if inclusive measures are conducted at the start of a programme rather than retrofitted. Some donors are now asking specifically how inclusive programmes are with reporting against these and separate sections in grant funding proposals. However, much of this refers to people with disabilities not older people which is where there is a real gap. There also needs to be a move towards more integrated reporting that moves away from what currently feels as though inclusion is an add on, to be tick boxed with elements of tokenism.

This is not specific to the humanitarian sector but a common observation within development-oriented proposals and reporting as well.

There are, however, some quick wins. To give one example, The Humanitarian Inclusion Standards state that identifying people with disabilities and older people is a key barrier to being able to meet their specific requirements and uphold their rights when a disaster strikes. Templates need only be tweaked to add in greater disaggregation of those over 50 into decade slots and immediately you have a greater sense of how many 50-year olds and how many 80-year olds (with potentially very different capabilities) there are within a given community. This enables all involved to work on appropriate mitigation and response strategies.

In scoping for this study, it became apparent that it was going to be difficult to 'bound' the research to just training, as these trainings involved the use of toolkits, guidelines and templates, some of which are available as standalone resources online. We therefore looked at a cross section of these resources. It is by no means a comprehensive review and we would suggest that the accompanying Excel Workbook summarised in Appendix 1, is treated as a living document that can be added to as more resources are identified and added to this body of work.

Summary findings

We identified 42 different resources, the majority of which are available online. Our interviews also uncovered initiatives that went much deeper into embedding inclusion in a systematic and systemic way through organisational change within specific (usually larger) INGOs with the resources to be able to do so. These are detailed in the Findings section of this report.

The most effective and impactful initiatives were those where many parts came together, sometimes after much perseverance of particular individuals working within an organisation. These initiatives comprised a range of activities not just limited to one-off trainings or workshops. There was usually an initial workshop or intensive training that was held over a period of several days and then followed up by mentoring, peer to peer support groups (WhatsApp or Facebook), and in the best cases an Inclusion Focal Point – either within an organisation or a country – that was on hand to provide one-on-one advice, technical expertise and general support.

Furthermore, without policy and political commitment at the top, trainings struggle to have much impact – a systemwide code of conduct is needed to build up accountability mechanisms for those affected by crises. This works with the groundswell created around the Grand Bargain, emanating from the World Humanitarian Summit in 2016, where 'localisation' was talked about much more seriously.

Since the launching of the Core Humanitarian Standards, inclusion has been gaining traction: SPHERE now have nuanced their standards further and the HIS have been a major leap forward in terms of identifying what is needed and best practice. This has moved the sector to recognise inclusion as a key element for both response and preparedness. It also aligns with the 'leave no-one behind' and 'last mile' movement within the sector. By becoming more aware of the need to be more inclusive and with standards, protocols and recommendations now in place that are endorsed by the humanitarian community, it will be much easier to implement and diffuse good practice to other elements of inclusivity such as highly marginalised and difficult to reach communities.

What is obviously a significant issue is how to operationalise the recommendations in the HIS. We have pulled out the various recommendations made throughout the HIS around training – of which there are many (around 60) – and it is difficult to see how some of these can be operationalised until there is a much greater buy in by those in decision making roles within humanitarian responding agencies, as well as donors who will resource them.

There is a need to think about the levels at which these trainings can be implemented. On the one hand, some interviewees are saying that greater buy-in is needed from senior management within their organisations and on the other, people are saying that momentum must be driven by OPDs themselves, or that frontline humanitarian workers are underserved by training, compared with head office managers.

All those interviewed felt that, despite improvements in awareness, not enough was being done around inclusion and when asked where the greater focus was – either people with disabilities or older people – the majority agreed that much less was being done specifically for older people. They really are the hidden millions.

It has been clear also from the research conducted that far more in the way of training, resources and investment has been around inclusion of people with disabilities and that older age inclusion lags behind. Many of the issues faced are similar – as people get older, so their functioning reduces, and this brings them into the realm of disability inclusion. However, there are areas such as nutrition where there are differences – both in assessing needs and responding to those needs, such as older people not being able to eat one large meal a day, or using Body Mass Index (BMI) as a measure of their nutritional status. If they have a curvature of the spine this will result in an inaccurate measurement which could lead to the wrong solution for them. There is therefore a clear gap in training and awareness raising around the different requirements of older people. This is also reflected in the number of international and regional charters around inclusion – the disability inclusion framework is more mature and extensive, for example the UN Charter on the Rights of People with Disabilities and the UK Department for International Development's (DFID) Disability Charter.

Challenges

The challenges identified during our interviews, reading and scoping were several; with varying levels of difficulty to overcome them:

- Lack of sufficiently disaggregated data to inform analysis and appropriate programme design and implementation
- Lack of coherence across organisations in approaches to inclusion
- Capacity to communicate with a diverse range of people with disabilities and older people
- Staff turnover and a lack of institutional memory
- Lack of materials or guidance in local languages
- The role of local and national government agencies
- Lack of understanding on the role of caregivers
- The need to harness political will
- Gaps in provision of training
- Lack of provision around mental health and psychosocial support
- Lack of resources to embed inclusion within organisations

Recommendations

We have suggested a range of recommendations that seek to address some of the challenges identified by this research:

- Donors should provide more resources on top of programmatic funding for inclusion initiatives
- Develop a community of practice across organisations to share learning and resources
- Create a one stop shop for inclusion trainings, resources and guidance
- Provide more resources at a local level in local languages
- Drive greater awareness for inclusive organisations around disaster risk reduction practice
- Assess the reality of how, and during what phases, the Humanitarian Inclusion Standards can be operationalised. For example, make stronger links with sector approaches such as inclusive WASH and inclusive shelter linking technical with operational staff to bring new perspectives and therefore greater impact to any training
- Develop understanding and give more emphasis to older people's specific requirements
- Undertake more research around the role of caregivers
- Involve older people and people with disabilities more in the design and facilitation of training to make it more transformative
- Follow up on trainings with change processes within organisations

Introduction

Purpose / rationale of the study

Elrha and HelpAge are collaborating on this review as part of the first year of scoping and exploratory work for the HIF focus area on the inclusion of people with disabilities and older people. Ultimately, it will lay the groundwork for them to build understanding on i) the potential for innovation to improve outcomes from training, and ii) training as one potential, future avenue for innovations on the inclusion of people with disability and older people to be adopted by humanitarian actors.

In the current climate where resources need to be used efficiently, this study aims to avoid reinvention of the wheel in terms of disability and older age inclusion training. It seeks to scope out the disability and older age training landscape and identify where there might be gaps, and discover which trainings participants felt were more impactful, had a greater reach or had better outcomes. This scoping is by no means comprehensive but designed to present a sample and cross section of some of the training currently being used, available in the public domain and within a selection of humanitarian agencies which will provide donors, grantmakers, OPDs and OPAs as well as other agencies engaged in the humanitarian sector a sense of what type of training initiatives are most effective, where they can access these training resources, where the gaps are and what could be done to fill these gaps in provision.

Research on this subject also included a wider examination of the challenges faced around inclusion, in order to gain a better sense of where possible gaps might be in the training.

Scope of the study

This review is a preliminary piece of desk research collating current trends and observations on training on the inclusion of people with disabilities and older people in humanitarian response; helping us define the potential for innovation to drive inclusion, as well as identify future research needs and priorities. Our research questions are:

1. What organisations have provided and conducted training on inclusion and what was their method?
2. What are the most impactful kinds of training for embedding sustainable change in organisations and across the sector?
3. Where are there gaps in provision and where is innovation needed?

Method / Approach

Our method aimed for both a realistic breadth and depth achievable within a relatively short space of time. We wanted to gain a sense of the types of trainings that were available, the areas they covered and, if possible, which type of delivery achieved the greatest impact against desired outcomes.

We first undertook a rapid literature review to familiarise ourselves with the challenges faced within the areas of humanitarian disaster risk reduction and response around inclusion of both people with disabilities and older people.

We then carried out an e-scoping exercise to get a sense of the types of trainings on offer which were mainly online courses delivered through platforms such as Kaya and DisasterReady.org.

Interviews were then conducted with key individuals working in the area of DOAI – either responsible for implementing greater inclusion within their own organisations or those who had a more of an overview of the sector as a whole. The majority of these were members of the Elrha DOAI Technical Working Group (TWG). A total of 15 interviews (listed in Appendix 2) were conducted and other individuals were consulted in a less formal manner, who provided information and insight on specific issues or country contexts.

- 1.** We used the Humanitarian Inclusion Standards for Older People and People with Disabilities (HIS) as a framework within which to map the training initiatives identified. We then pulled out recommendations of what trainings should be carried out in order to:
- 2.** achieve better inclusion within agencies operating within a range of humanitarian situations and at various stages of the humanitarian cycle,
- 3.** enhance capacity within Organisations of Disabled People (OPDs) and Older Peoples' Associations (OPAs) for more effective Disaster Risk Reduction (DRR).
- 4.** We scoped the landscape for existing training provision in the public domain and online learning platforms such as the Humanitarian Leadership Academy's (HLA) Kaya and DisasterReady, and have begun categorising them by type of delivery, disability or older people focus, which inclusion standard was being addressed, thematic focus within the humanitarian system (such as WASH, Shelter etc) and the stage of humanitarian action, such as preparedness, response or recovery. We included toolkits and guidance, as well as more interactive learning methods.
- 5.** To augment this, we identified specific agency trainings used in the case studies provided within the HIS and The Age and Disability Capacity Programme's (ADCAP) "Good Practice Guide: embedding inclusion of older people and people with disabilities in humanitarian policy and practice" and sought out key individuals working in these agencies for more in-depth interviews to interrogate these trainings. The Framework of Enquiry included but was not limited to: how the trainings were delivered, who they were aimed at, what the intended outcomes were, whether these had been achieved, any reflective learning as to what methods appeared to have the most impact and where any gaps were perceived (Please see Appendix 4 for the full Framework of Enquiry).
- 6.** We then set about analysing which training methods were most impactful and identifying the challenges and gaps to get a sense of where future training needs might lie. This should, we hope, assist in identifying which trainings could be considered innovative (please see Findings/Analysis section). We hope that this will be a useful guide for funders, grant makers, Organisations of People with Disabilities (OPDs), Older Peoples' Associations (OPAs) and agencies alike.

Findings

We were able to conduct 15 interviews for this study, including representatives of OPDs, which provided us with a more in-depth understanding of what some of the larger INGOs working in the humanitarian space were doing in terms of inclusion training. This was in addition to the more easily accessible online trainings via Kaya and DisasterReady.org – many of which were duplicated on both platforms.

Of the 42 trainings, toolkits and guidelines that we scoped for this study, the majority were focused on people with disabilities (20), with 17 focusing on both with a lesser focus on older people, only 3 were specifically focused on older people inclusion, (2 were not specified).

We were also able to extract a good list of trainings, capacity building and awareness raising activities outlined in both the HIS and Good Practice Guide. These were able to give us a sense of a more holistic approach to embedding inclusion into an organisation.

Having used the HIS as the framework within which to 'hang' the various trainings, resources, guidelines and toolkits it is fair to say that most of them are very broad in terms of scope and the majority of online courses are aimed at a basic level understanding of inclusion.

Types of trainings

The types of trainings were broadly categorised as follows:

- Face to Face – usually workshops over a period of several days
- E-learning self-directed – short courses between 30 minutes to 3 hours
- E-learning as part of a wider curriculum – again short courses under a curriculum umbrella containing a series of shorter elements
- In-house – not publicly available and tending to be more systemwide throughout an organisation

There are a few specific trainings or guidance materials that address the more specific thematic or cluster foci such as shelter or nutrition. That is not to say that they do not exist, but a forensic analysis of the guidelines that each individual agency might have in place has not been possible. One interview respondent identified that WASH and Shelter were relatively well covered, but that Health, Protection and Livelihoods were not, with a real dearth around training on the specific requirements of people with intellectual and psychosocial disabilities to ensure their equal access to these sectors, and also how to make response and preparedness activities more accessible for people with intellectual and psychosocial disabilities overall.

The ADCAP Model could be seen as the 'Gold Standard' approach which some of the larger agencies adopted during the period 2015-18 when the ADCAP Programme was being funded. See the Box for more details.

The ADCAP 'Model'

Training was conducted using the 'Inclusion of Age and Disability in Humanitarian Action' resources. This took the form of a two-day workshop using resources produced by RedR: A Learner's Workbook, a Training Handbook and a Training Slideshow.

Eight inclusion advisers were recruited into each of the eight ADCAP implementing agencies (Islamic Relief Worldwide UK, Islamic Relief Pakistan, Christian Aid International UK, Christian Aid Kenya, Kenya Red Cross Society, CBM Kenya, HelpAge International Pakistan and Concern Worldwide Pakistan). Through a series of trainings with other learning initiatives such as e-learning modules and webinars developed by DisasterReady.org they were supported to build their capacity. They participated in a face to face training of trainers that enabled them to identify barriers and opportunities, influence and manage change and, crucially, to develop organisational action plans.

These eight inclusion advisers then went on to lead trainings and change processes within their own and their partners' organisations. This involved carrying out organisational assessments identifying areas where their policies were weak on inclusion and recommend areas for improvement. ADCAP had devised templates for these assessments that could be adapted to make them more culturally relevant. Coaching and mentoring support was provided to them and by them during this process.

One of the key summaries of good practice (4.8: develop inclusion competency of staff involved in humanitarian action) recommended that organisations adopt the ADCAP Inclusion Advisor model using ADCAP's resources to embed inclusion within their organisations. This is a resource intensive model to implement so needs buy-in from senior management who want to move beyond the tick box approach and see this as a 'have to have, rather than a nice to have' as one of our interview respondents stated.

Over and above the publicly available e-courses the following represent a selection of agency specific initiatives. These required significant resourcing and buy-in at a senior and strategic organisational level:

Concern Worldwide Pakistan used to offer a two-day capacity strengthening programme to the partners they funded. Now they include an extra day using ADCAP resources so that they include people with disabilities and older people. More detail on their work can be found in the case study below.

HelpAge International Pakistan's Inclusion Adviser worked with their HR department to ensure that all job descriptions included reference to skills required for mainstreaming inclusion and a range of inclusive practices are now routinely implemented. The Inclusion Adviser also updated staff weekly which helped to reinforce the fact that they were not working on inclusion in isolation – it was more of a shift to changing their approach to their humanitarian interventions.

Islamic Relief's Inclusion Adviser sought the support of technical experts, each with their own spheres of influence, to form a working group that enabled them to all work together across departments to mainstream inclusion. Despite an assumption that their work was already highly inclusive, many had misunderstood the term. Technical support was also provided to field staff and a training package on protection and inclusion was customised for staff (p91 HIS).

Humanity and Inclusion trained data collectors on how to collect data on disability through the use of the Washington Group Questions, providing them with the opportunity for field testing and mock interviews (p31 HIS)

Christian Aid UK set about introducing tools and skills training to strengthen its approaches, providing training to teams on how to talk and listen respectfully to older people and people with disabilities and encourage their participation in the activities (p49 HIS)

HelpAge International's Asia Pacific programme recently produced their '**Age Inclusive Disaster Risk Reduction Toolkit (2019)**' that brings together a range of HelpAge tools as well as others from different agencies and is one of a very few resources aimed specifically at the needs of older people in humanitarian action. It is also one of the few resources to emphasise the linking of both inclusion and DRR – that it is not just humanitarian agencies that need to be more inclusive in their humanitarian actions but it is also for inclusive agencies to be more DRR aware and sensitive. It outlines four priorities contained within the Sendai Framework:

Understanding disaster risk: In order to strengthen disaster risk assessment, preparedness and response, it is important to have a good understanding of the existing hazards and the subsequent capacities and vulnerabilities of the community, including vulnerable groups, to cope with them.

Strengthening disaster risk governance to manage disaster risk: Strengthening governance at the local, national and global levels fosters collaboration and is extremely crucial for disaster prevention, preparedness, response and recovery.

Investing in disaster risk reduction for resilience: Disaster risk prevention and strengthening resilience of communities to cope with a disaster requires major structural and non-structural investments from both the public and the private sector.

Enhancing disaster preparedness for effective response and to 'Build Back Better' in recovery, rehabilitation and reconstruction: Disaster preparedness builds resilience of the communities and prepares them in anticipation of a disaster to cope with the situation. The recovery, rehabilitation and reconstruction phases also provide a chance to 'Build Back Better', which means to be better prepared for a disaster situation in the future by integrating disaster risk reduction into all development measures (HelpAge, 2019).

CAFOD (not an ADCAP member but an active actor on inclusion and closely involved with the HIS) has developed its Safety, Access, Dignity and Inclusion (SADI) training that is now embedded within all 14 of its country programmes, and although not focused specifically on people with disabilities or older people, it has led to a much more sensitised staff and an attempt also to embed institutionalised learning. See the Box below for more details.

Case Study: Safety, Access, Dignity and Inclusion (SADI) training, CAFOD

This training includes other areas than inclusion specifically. It comprises a four-day face to face workshop consisting of practical exercises and facilitated discussions with two facilitators – one from CAFOD HQ and the other from the country in which the training is being held – the Country Focal Point. It has been rolled out to all 14 country programme teams with 150 having now been trained between January and August 2019. It is mainly aimed at CAFOD's country programme staff, but CAFOD partners have joined the training. There are four core trainers and one programme manager for the initiative who has been working on this full time for one year.

There are 'refresher' webinars and this training now forms a part of the compulsory induction programme for all staff joining CAFOD. The aim is to embed this into all CAFOD systems such as risk assessments, proposal writing etc so that the information collected and subsequently used as evidence is disaggregated at a much more granular level than it was previously.

CAFOD have found that the peer to peer support conversations that develop after the training between participants have been extremely effective at institutionalising the measuring of inclusion within its various templates. One off trainings are better than nothing, but it is the continued discussion after these trainings that is key to the embedding of inclusion, and the measurement of inclusion that has been most significant. WhatsApp groups have been formed and the Country Focal Point is on hand to answer any technical questions, arrange learning/exchange visits and convene meetings with external speakers to maintain the momentum.

The fact that the non-programmatic teams also participated in this training sent out a good message that this was to be central to the management and organisational development of CAFOD. It is being embedded through the re-writing of core management documents to become an intrinsic part of the way all staff operate. Moving away from '**Nice to Have**' to '**Have to Have**' and a complete system change.

Impact / efficacy

A clear theme that emerged, as we investigated further and talked with our key informants, was that standalone courses in themselves were not the way to embed inclusion into an organisation's systemwide approach – they could add or top up more specific aspects but the most effective methods to embed inclusion were for these trainings to be a part of a wider package that involved mentoring, country focal points to provide technical support, peer to peer support groups (for example using WhatsApp or Facebook), and working at all levels throughout an organisation as well as with in-country partners. Many interviewees also pointed out the need to train or sensitise donors and UN bodies, in order to drive the swift sectoral change that it has seen on gender or on safeguarding. It was generally agreed that a sustained process to bring about systemic organisational change in attitude and implementation, that included a series of trainings were of greater impact, rather than one-off trainings or workshops.

Sani Tweaks – Training Emanating from On the Ground Accessibility Improvements (Oxfam)

Some trainings emanate from learnings from practices that fail in their core objectives, due to a failure to apply inclusion-based approaches. In their Elrha funded work on sanitation in refugee camps, for example, Oxfam found that an average of 40% of people were not using the latrines they built¹. In an evaluation study undertaken by a team from Loughborough University, Oxfam discovered that as many as 50% of women were not using the latrines their engineers were building in camps in numerous countries, including Iraq, Ethiopia, Uganda and Mozambique. Whilst they specifically assessed gender as a factor, the research also unearthed specific issues related to older age and disability which were preventing full usage of latrines.

Through their Sani Tweaks programme, Oxfam trialled forms of swift community engagement in humanitarian contexts, finding that they could drive up one of their core objectives - usage of the latrines - which in turn had positive impacts on health in camps.

¹ <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620604/gd-sani-tweaks-guide-sanitation-181218-en.pdf?sequence=1>

Oxfam then turned this learning into multiple forms of training and learning tools for the wider sector. These included:

1. Developing a set of resources to support the mainstreaming of this form of practice across Oxfam, across other agencies, and into the practice of UN Agencies. The following is a list of Sani Tweaks resources.
 - Sani Tweaks checklist;
 - an illustrated version (in English and French)
 - an animated version (see video below); and
 - a series of technical videos (see episode 1, episode 2).
2. Running facilitated training sessions for other teams and other agencies. This included UN bodies, and cluster groups, thereby trying to mainstream and scale up learning on one key specific solution across the sector.
3. Advocating with the UN and donors to reorient outputs and outcomes asked for, from number of latrines to proportion of people using them, for example.

Learnings

This experience is an interesting example of learning tools and training emerging directly from solving a core team problem on the ground. The problem was not even noticed before Oxfam started to look at their practice from an inclusion lens. But it quickly became apparent when they did that a lack of inclusive practice was a barrier to the success of their core work in the camps. It was through engaging frontline workers such as engineers, as well as service users, in co-creating solutions to the core inclusion problems their team faced that they were able to organically embed inclusive practice and thinking.

Gaps

It would appear that a number of fundamental gaps exist in training provision. Beyond some of the agency specific initiatives outlined above, some of which operate at many levels within their organisations and/or with partners, we found very little training that focused on equipping those organisations closer to communities affected by crises such as OPDs and OPAs. These appeared to focus more on an inclusive approach for humanitarian agencies, rather than building the capacity of OPDs and OPAs or those organisations with a single issue inclusive remit such as HelpAge International or Motivation, to become better at, and more aware of DRR and response practices. This gap could be as a result of these initiatives being out of our reach for this study, but we felt it was worth highlighting as a possibility for some more in-depth and targeted research.

Gaps were also identified by some interviewees around training at a more international umbrella level such as the UN agencies. It would therefore appear that there are significant gaps at what might be termed the extremities of the humanitarian sector – from frontline responders to an international coordination / policy level.

There are also many gaps in training around the specific requirements of older people. Much of the training we identified focused on disability inclusion or a combination of disability and older age inclusion. There is a need, however, for a more specific and nuanced understanding of older people's potential vulnerabilities and what can be done to mitigate against these being exacerbated during an emergency.

More thematically, the Humanitarian Inclusion Standards identify a lack of evidence and guidance on appropriate methods to measure the nutritional status

of older people and people with disabilities, with no agreed definition of malnutrition in older people or people with physical disabilities. This is a clear gap and without these underlying definitions it is difficult to provide such guidance and training (pp172-3 HIS). Since starting research on this study, HelpAge International have now produced a guide on nutrition which will be able to address some of the points made above.

The Humanitarian Inclusion Standards (HIS) do identify some links between a heightened risk of Gender Based Violence (GBV) perpetrated against older people and people with disabilities. GBV leads to increased prevalence of psychosocial trauma within these groups that has gone largely undetected and is therefore not being dealt with. An increased focus on GBV within the humanitarian sector has exposed this to some degree, but much more needs to be done in order to address these issues in the wider humanitarian sector as well as for people with disabilities and older people.

Concern Pakistan – Applying Inclusion Standards in Disaster Recovery

Concern Pakistan started their journey on inclusion work through engaging with the ADCAP programme. At the time the programme started, Concern Pakistan were finding that older people and people with disabilities were underrepresented in the groups benefiting from their disaster response programming. They were not using knowledge of different kinds of impairments to improve programming, and they struggled to include their voice in participatory planning processes.

Through the ADCAP project, Concern designed a set of minimum inclusion standards for themselves and then rolled out a programme of training to their frontline staff and their local NGO partners to apply to programming work. They then piloted implementing these standards in practice. During the project there was an earthquake in a region of Pakistan, and Concern therefore saw the impacts of applying inclusion training in a disaster response situation.

Features of the training

- Concern Pakistan designed an online survey on inclusion for humanitarian actors within their organisation, which sensitised recipients across the organisation, and helped to identify gaps. E.g. what are the percentage of data for older people in Pakistan, or for people with disabilities in Pakistan?
- The results of this survey were shared with the Senior management Team (SMT), which then focussed on how to meet the outlined information gaps. We then found the information and shared both those results and the initial survey in a training programme.
- After that training programme individual action plans were created for every single participant, on how to integrate their learnings into their practice, in the short, medium and long term. Those individual action plans were then integrated into the organisation's overall country level strategy and action plans. The senior leadership team then engage with the setting of an Organisational Action Plan.
- Specific sections of this Action Plan were included in the Strategic Plan and the external evaluators, therefore, will see whether the SMT achieved its targets under the strategic plan, ensuring some accountability.

Impacts and outcomes

- Due to the two-year project coming to an end some of the expected changes in practice did not occur. Due to ongoing budgetary restrictions with local NGO partners, who have many other priorities, follow-up elements such as embedding the practice into strategic plans, into country plans and into job descriptions, were not all completed. In this sense it was a change process left half complete, before it was adequately embedded. However, Concern themselves have had the resourcing to integrate it into their work. This has manifested as:
- Working with in country partners on more inclusive and variegated forms of data collection, which is better integrated with Concern Pakistan's data, enabling better programmatic learning over time.
- Concern Pakistan contracted HelpAge as a technical partner in building resilience in one of our programme communities, aiming to improve inclusion during the DRR phase.
- By offering training and programmatic aspects promoting inclusion into their programmes it made them more attractive to a range of their donors, who are starting to promote the agenda through their funding relationships.

Key learnings

- In terms of training audiences, a twin track approach is key. One track must provide those trainings to frontline humanitarian workers and local NGOs. The second should train the policy makers. In Pakistan for example, the National Disaster Management Authority and the Army, as they are the first responders.

The most important training audiences, in terms of sustainable change, are both local NGOs and governmental policy makers. Both will stay in the country over time, whereas INGOs could leave at any time.

Challenges

Data

Lack of sufficiently disaggregated data available to identify people with disabilities and older people in the first place, ascertain their specific requirements, and provide services that can then address these requirements in an emergency context. Of the nine inclusion standards, at least six or seven are about using data better.

Use of the Washington Group Questions is bringing in a more systematised approach for establishing not so much whether someone identifies as a person with a disability but more about their level of capacity and could be used for assessing older people as well. Some respondents said that these still allow for too much subjectivity and require more guidance and adaptation for a humanitarian context. For example: one man responded 'no' to the question, "Do you have difficulty walking or climbing steps?" and demonstrated to the interviewer his ability to do so unassisted but with his prosthetics. The interviewer had not been sufficiently well guided to elaborate that these questions are to be responded as if there were no assistive product. Were a flood to carry off his prosthetics whilst he was asleep during the night, for example, he would be in a very different position – and it is this data that needs to be captured (*nationally based INGO respondent*).

"When the data are available, you realise that the standard humanitarian package will not work. If you have no data, there will be no analysis and no appropriate services"

Zain Tanoli, MEAL Coordinator,
CONCERN Pakistan

Coherence and communication

The inclusion agenda is mainly being taken forward by key individuals or key organisations rather than being sector-wide and with limited buy-in from policy teams, donors, governments and the UN system (which is in itself a vast group of competing silos).

There are silos between clusters, silos within organisations, and across organisations. These can be broken down however with the right political will. Islamic Relief sought to overcome this within their organisation by sensitising, training and building capacities of staff at different levels thus integrating inclusion in all departments. They gradually built up a cadre of champions who have gone on to sustain this work more systemically. Once the M&E staff took this on board it was relatively straightforward to build their work on data disaggregation.

There appears to be a fracture in bridging the need for humanitarian agencies to be more inclusive and for 'inclusion specialist' organisations to be more DRR and response practice aware. Much of the training focuses on the former rather than the latter. The ADCAP model, detailed above, has the potential to bring about greater coherence in terms of inclusion sensitivity and awareness, but does not address the need for inclusive agencies to be more DRR aware.

One interviewee suggested the ultimate need to break down silos between Humanity and Inclusion and HelpAge, as they each focus on one aspect of inclusion, rather than on intersectional inclusion - people are of course of a certain age, have certain disabilities, are gendered, with a religion, a sexuality and an ethnicity, to name but a few characteristics. Does the current sectoral division of labour, with different organisations specialising in = different identity categories work to progress intersectional approaches to humanitarian action? This is of course a big question with pros and cons on both sides of the argument, between specialisation being a virtue, and it being an impediment, and it is beyond the scope of this study to try to judge.

Case Study - Bridge CRPD-SDGs Global Training on CRPD Article 11— Situations of Risk and Humanitarian Emergencies

The Bridge Article 11 Training was born out of a recognition that insufficient efforts had been made to mainstream inclusion of persons with disabilities into humanitarian programmes. More specifically, it was felt that the humanitarian field was not inclusive in a meaningful way of people with disabilities: the sector does not use the New Approach to Disability, based on a Human Rights Lens and a Social Model of disability, and people with disabilities tend to be seen as recipients of support. The aim of the training, therefore, was to address this in form and content, whilst creating a space for a common dialogue between OPDs and the humanitarian sector. The Bridge Article 11 Training was a unique and exemplary training, 'really the first of its kind', and was mentioned by numerous interviewees as transformative.

"The OPDs come with a rights-based approach, whilst mainstream agencies tend to have a focus on needs rather than rights. The course helped these two sets of actors realise how they could cooperate together." (personal interview with Christian Modino-Hok, Humanitarian Director, CBM)

The training is a new module developed as part of the Bridge CRPD-SDGs training initiative and piloted for the first time in Beirut this year. Article 11 of the 2006 Convention on the Rights of Peoples with Disabilities focused on the inclusion of persons with disabilities specifically within humanitarian settings, however it was felt that this had had limited take-up across the sector.

Form of the training

The intensive course lasted 8 days and brought together OPDs and humanitarian workers. 40 people attended, 20 OPD representatives and 20 humanitarian agency representatives, including INGOs and UN agencies. Whilst much training is targeted at field level staff, organisers felt that the engagement of senior level staff is important for embedding inclusion into an organisation's work. Accordingly, this course targets senior humanitarian staff - decision makers, program managers and technical staff who can influence policy change and inclusive program design at an organizational level.

The training was codesigned, from its inception, with OPDs who were part of the core facilitation and organising team, and also helped evaluate the course. This codesign and cofacilitation dynamic created a safe space for deep learning between the two communities and reduced unconscious bias.

"And from what we've seen from BRIDGE Article 11, the design of the programme, was excellent because people with disabilities were included from the very beginning of the design, and then there was cofacilitators, we had mainstream humanitarian actors, we had disability focussed NGOs, and we have OPDs leading the facilitation team. It was very successful." (personal interview with Tchaurea Fluery, Bridge CRPD-SDGs Coordinator & Elyzabeth Ombati, Bridge CRPD-SDGs Fellow).

Impact and learnings

Numerous interviewees believed that despite its resource intensiveness, costing \$150,000 overall, it was more impactful than shallower forms of training, which are also not led by affected groups themselves. Costing around \$250 per day per person, BRIDGE Article 11 was 8 days of training, 6 months of follow-up, and the creation of a community of practice.

"It changed people's perspectives, changes their whole lives. To be frank, people do trainings and trainings, and it's just throwing money out of the window, because it doesn't really change anything. And the empowerment that somebody gets and giving somebody an education, you cannot put a price on that. And, for example, because you've done that, you then engage OPDs who you met, and put them into funding bids in the future, and that can sustain their work into the future. That's huge. And the way we are connected with each other, as a BRIDGE family - you don't need to learn everything at once, you can ask questions into the future." (personal interview with Tchaurea Fluery, Bridge CRPD-SDGs Coordinator & Elyzabeth Ombati, Bridge CRPD-SDGs Fellow).

Staff turnover and lack of institutional memory

This was cited several times as being a problem. Time and resources were being invested in training individuals (for example, to collect data in a more disaggregated way, or to communicate with people with disabilities and older people in a more effective and sensitive way) but this investment was then lost when that member of staff moved on. This learning is not necessarily lost to the sector as staff move to other organisations, but it is to the organisation that has provided that initial investment. The humanitarian sector is known for its heavy churn in staff around different agencies, and particularly at a local level when an emergency strikes. Larger, better resourced agencies have been accused on a

number of occasions of 'sheep stealing' staff from smaller organisations who have invested their limited time and resources training their staff, particularly at the time of an emergency. It is acknowledged as one of the hidden costs that larger NGOs benefit from within the sector (and is also an issue for more development oriented local NGOs as well). This is a common concern across many areas and does point to the need for larger organisations to recompense for this tendency by supporting smaller ones.

Training materials or guidance in local languages.

HelpAge International Pakistan overcame considerable barriers for remote, difficult to access communities by advertising for positions via text message and developing communication guidelines in local languages to help staff better understand the barriers face by people with disabilities and older people in these communities. This is again a resource intensive activity. Interviewees also pointed out that most inclusion materials were not available outside the English language, with a few starting to become available in French and Arabic. This means that frontline workers are often unable to access the materials at all. This seems to imply a simple need to translate materials in the first instance, as well as support for building training courses in different languages.

Role of local and national government agencies.

Not bringing in the government/state sector was seen by some interviewees as the biggest problem to mainstreaming and sustaining inclusion work. If inclusion work is a time limited project for INGOs with time limited funding of one or two years, it will certainly struggle to gain traction in the sector. STEP Pakistan was exemplary at including government actors and promoting inclusion in their National Disaster Management Agencies (NDMAs). They brought inclusion standards into government practice, particularly in DRR work. However, they worry now that at the end of two years of funding, and with continuous staff turnover in government, it will be difficult to continue the momentum of the mainstreaming of inclusion within the NDMA.

Some countries have very sophisticated NDMAs, such as Pakistan and The Philippines. However, these are still not well informed about the existence and specific various needs of people with disabilities or older people when it comes to preparing for, and responding to, emergencies which are heightened and intensified for them. This is a key area which new funding and new work could focus on, as it embeds sustainable policy and practice change.

Case Study. NASSA / CARITAS Philippines

Elrha worked with an organisation in the Philippines that has mapped over 260 Baranguays in enormous detail – both physically and digitally (see Figures 1 and 2) down to the number of livestock they have and what their livelihoods are, as well as identifying households containing people with disabilities and older persons. This provided information as to where the most vulnerable elements of the population were situated, thereby enabling them to be reached first. It was also an important innovation in getting local government departments to engage and see the value in such detailed data sets for DRR.



Barangay Catmon Risk Map, Philippines

“I saw it as an urgent need for us to be able to provide baseline demographical data to our partners, especially those in the local government units. You see, our public officials would readily believe something when presented with imaginable data sets”

(JD Melendrez, MEAL Officer, Caritas Palo, Philippines)

In India, awareness at the District level is missing. At the local level the frontline responders are ‘street smart’, they know what needs doing and have a rough idea where the more vulnerable might be. It is at the District level where there is a lack of awareness around inclusion issues and their importance for a more resilient society as a whole (nationally based INGO respondent).

An assessment of how older people were affected by the floods in Kerala also highlighted, “The lack of a database amongst local self-government on the number, location and overall condition of elderly proved to be another impediment to an efficient evacuation” (RedR, 2019). Had local district institutions completed vulnerability maps, such as those conducted in the Philippines above, a more targeted and effective response could have been implemented.

The Gaibandha Model for disaster risk reduction (CBM Bangladesh)

The Gaibandha model suggests five interlinked interventions, all of which are needed to build resilient and inclusive communities:

1. Strengthen the capacity of people with disabilities and their representative groups
2. Advocate with the local government for inclusive Disaster Risk Management (DRM)
3. Build accessible DRM infrastructure and capacity for inclusive DRM at community level
4. Strengthen household level disaster risk awareness and preparedness, in collaboration with schools
5. Promote and support sustainable, resilient livelihoods.

The interventions need to be adapted to the local context, which begins with an assessment of the local DRM system and of the situation of people with disabilities. In the case of Gaibandha, DRM committees existed at municipal (Union) level. They had been established not long before the program started. Some flood shelters were available, but they were limited in number and inaccessible for people with disabilities. There were no OPDs in Gaibandha and most people with disabilities lived in isolation and rarely participated in community life. Within this context, the interventions were implemented at three levels: At the household level, people with disabilities were identified and supported individually with rehabilitation measures and livelihood support. Disaster awareness and preparedness of all households were strengthened. At the community level, Self-help Groups of people with disabilities and community-based Ward Disaster Management Committees (WDMC) were established. Representatives of the Self-help Groups participate in these committees. The committees collaborate with the municipal-level governmental Union DRM committees to implement DRM in the communities. At municipal level, formal OPDs, the Apex Bodies, were established, consisting of representatives from all Self-help Groups. The Apex Bodies advocate for inclusion with the Union government (CBM, 2018).

Different types of training for each of the initiatives was built into the programme, for example: The Self Help Groups received trainings on disability rights, relevant legislation, government structures and how to lobby and advocate. The WDMC members were also trained in various aspects to do with the specific tasks allocated to them. Elements of this were training through doing and the learning embedded in these highly inclusive community groups that carried out risk mapping, drills and other DRR activities.

Role of caregivers

This was mentioned as an important cohort that has not received much attention during preparedness and response phases. Caregivers should receive training in how they can best prepare those they care for to mitigate the impact of a disaster, as well as training caregivers on how to integrate into disaster planning. A caveat here is that it should be borne in mind that care givers can also act as barriers to access (Akerkar and Bhardwaj, 2018b) so emergency planners and frontline responders need to be able to spot this.

Political will

There is a real issue that much of the guidance generated for frontline workers will not be able to be implemented without policy and political commitment at the top. A number of interviewees supported the expansion of training and sensitisation work of senior stakeholders or suggested that trainings must lead to inclusion of people with disabilities and older people into Strategic Plans, and senior leadership teams must drive change from there. For this, there needs to be solid evidence that it is worth the investment, that this fits with agencies' strategic mandates and could also provide the basis for agencies to approach donors to fund such an initiative. This is particularly apposite, as many donors are now insisting on an inclusive approach for humanitarian programmes and responses, so should be sensitised on how much this actually costs to implement and be prepared to invest a proportion of the programmatic investments for this purpose.

Meaningful participation of persons with disabilities at all levels of DRR governance, Philippines*

Between 2014 and 2018, a coalition of Filipino national civil society organizations, including the national federation of OPDs and an organization representing older persons, together with international actors, such as HI and CBM, joined forces with government bodies to form a technical working group to include persons with disabilities into the national training manual on community-based DRR.

The revised manual, titled "Lahat Handa," meaning "Everybody Ready," was then the basis of a comprehensive five-day training-of-trainers program conducted by the technical working group. This produced a pool of master trainers, most of whom were persons with disabilities, including many women with disabilities. Demand for training on Lahat Handa increased as word spread to provincial, city, municipal and village levels across the Philippines. The dissemination of Lahat Handa through trainings led by persons with disabilities improved the willingness of DRR authorities and practitioners to invest in inclusive community based DRR.

Challenges related to the dissemination and uptake of the manual were overcome by building a broad coalition of civil-society and government actors that had ownership of the manual, were the primary users, as well as vehicles of its promotion. Prior to the development and dissemination of Lahat Handa, persons with disabilities were deemed by DRR authorities and practitioners as fragile and passive recipients of aid. The involvement of persons with disabilities in developing the manual and providing training to DRR authorities empowered persons with disabilities to see themselves as leaders on DRR in their communities. This helped to change the mind-set and perceptions of DRR authorities and practitioners on persons with disabilities to regard them as experts on inclusive DRR. The translation of the manual and training material in various accessible formats would support further uptake by an even more diverse group of persons with disabilities.

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** CBM International, Humanity & Inclusion and International Disability Alliance - Case Studies Collection: Inclusion of persons with disabilities in humanitarian action 39 examples of field practices, and learnings from 20 countries, for all phases of humanitarian response*

Gaps in provision

Some interviewees felt that it was better that inclusion training needs to be integrated into other forms of training (one way of overcoming the silo effect) – and thereby mainstreamed. The best way to do inclusion in these terms is not to 'do inclusion' at all but integrate case studies and examples that require that lens into all training. This can redress the problem of people seeing inclusion as an add on, and a 'nice to have', but this isn't agreed with by other interviewees. For them that would be the way to marginalise and residualise inclusion, a topic with a wealth of specificities and differences with for example, gender, or child safeguarding that it is so often combined with. This debate will no doubt continue, and the right answer may be different from organisation to organisation, depending on their structure, strategic objectives and context.

Mental health and psychosocial support

Mental health and psychosocial needs are very poorly addressed across the board. Seen by some as requiring a 'specialism' in order to address and organisations therefore dismiss their ability to address inclusion because they don't have this 'specialism' and don't understand specific psychosocial requirements, even though there are guidelines out there, for example the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support (**MHPSS) in Emergency Settings (IASC, 2007)**). However, the basic needs of people with disabilities and older people are the same: they need water, sustenance and shelter in the first instance. The caveat being: don't let perfection be the enemy of the good in terms of delivery. Some people see it as all or nothing, which is far from the case (*INGO respondent*). Examinations of specific psychosocial requirements have been conducted (for example: Dementia in 'Forgotten in a Crisis: Addressing Dementia in Humanitarian Response [2019])²

Lack of resources

As mentioned throughout this report, training for inclusive humanitarian response and preparedness activities, if they are to be implemented and embedded effectively in a systematic and systemic fashion within the humanitarian sector, are resource intensive. It is one thing to say that all activities need to be inclusive, it is quite another to implement them without sufficient resources. As can be seen from some of the initiatives outlined in the Findings section of this report, the majority of the more effective systemwide training and capacity building is being done by the larger agencies that have significant reserves and can use unrestricted funding to operationalise their strategic objectives.

There is a role for donors to play here, as much of the impetus is coming from them as they want to see the funds they invest become more inclusive. They should be enabling smaller organisations to build their capacity more effectively by adding a percentage over and above specific programmatic costs for their inclusive work.

² A report produced by the Global Alzheimer's & Dementia Action Alliance, Alzheimer's Disease International and Alzheimer's Pakistan

Case Study - The big challenges facing inclusion work in the Philippines faces are a good summary / barometer for the challenges identified in this study:

- Awareness of disability and inclusion among government units responsible for DRR and response planning (“It's not organic, it's not institutionalised. It seems new to local government units (LGUs)”)
- Format of DRR and emergency assistance information
- Channels for delivering information/access to information
- Accessibility of early-warning systems
- Inclusion and ability to participate in evacuation procedures
- Design of houses and urban environment to accommodate needs
- Access to goods distributed after major disasters
- Access to resources: for example, rebuilding houses after major disasters
- Inclusion in cash-for-work schemes implemented as part of rebuilding programmes
- No disaggregated data on who, how many, and how they're affected. “A big gap that leads to exclusion”

An email (7th November 2019) from Ian McClelland, Innovation Manager at Elrha who spent three weeks in the Philippines working with small locally based organisations and met with two agencies working on inclusion.

Recommendations

For Donors

Although considerable progress has been made in raising awareness around inclusion generally within the humanitarian sector, it is clear that donors need to allow more resources for this. The SADI training within CAFOD was funded from core funds and an agency the size of CAFOD has the resources to be able to do this, however, smaller organisations closer to those affected by crises do not. Given they are the people on the front-line, it makes sense to provide resources to enable them to make their work more inclusive.

Donors could provide an additional percentage, over and above programmatic costs for inclusive capacity building within their grantees' organisations, encouraging them to share their learning with a peer to peer group of grantees working on similar issues and facing similar issues. This could include translation into local languages. If donors wanted to drive the agenda forwards, they could with the same speed as it has been with safeguarding, by requiring grantees to move forwards with it.

Build up a 'Community of Practice'

A community of practice would share the learning and experiences of, in particular, the larger agencies who have been implementing more holistic approaches to inclusion. It was stated above that there is currently a lack of coherence across organisations. A network like ADCAP would be ideally placed to host a community of practice, perhaps opening up membership to smaller organisations wishing to learn, contribute and implement their own system-wide inclusion capacity building initiatives. This could build on the research undertaken for this study, break down some of the intra-agency silos referred to by some of our interviewees and enhance the humanitarian inclusion ecosystem as a whole. ADCAP's funding has now come to an end, but donors might want to further fund its activities (or something similar) to build up the community of practice and promote the HIS. It would save funds in the longer term as agencies and actors learn from each other rather than building own individual resources.

Provide a portal for all inclusion training resources as a 'one stop shop'

Whilst this might seem unnecessary given many of these courses are on the internet already, what this research has demonstrated is that it is actually quite difficult to access them, to know where they are in the first place and find out what might be going on in other agencies that smaller organisations could learn from. A one stop shop for inclusive resources that provides links and pointers as well as some of the information contained in this report would make it much easier for time-poor staff in either inclusive agencies or humanitarian agencies to browse through.

As part of this research we have built an Excel workbook of the courses and resources we have found. This could be turned into a database available in the public domain and added to over time as more resources come on stream. Password protected, people can add in their own initiatives and gradually build up a really useful resource in itself of trainings, capacity building initiatives, awareness raising activities and sensitisation work globally.

More resources available at a local level

It has been stated that there is a lack of resources available in languages that will enable greater access and understanding. This could be assisted by donors, as mentioned above. Working with an organisation such as Translators without Borders who have significant experience in translating humanitarian information in many local languages could be one way forward – but again, this would need to be resourced.

More emphasis on increased humanitarian response and DRR awareness on the part of inclusive organisations

For humanitarian action throughout the 'cycle' there needs to be an awareness of needs from both the humanitarian and inclusion perspectives. This again comes down to the silos the sector has constructed. For example, HI (a disability focused INGO) cited the example of having provided assistive aids such as handrails and ramps, only to find them as obstacles to rescue during a severe flooding emergency. At The Leprosy Mission, they are seeking to incorporate DRR into their programming in order to build the resilience of the communities they are working with. There is, however, a lack of information in local languages, around DRR and humanitarian response actions. There was also the observation that this is more donor-driven than internally driven, which could impact on uptake and sustainability of any initiative beyond that of a tick box exercise.

Assessing the reality of how, and during what phases, the Humanitarian Inclusion Standards can be operationalised

On reading the HIS and Good Practice Guides, it struck the authors that there is a level of assumption around elements being in place upon which the inclusion recommendations can be built. During the response phase of an emergency there is a period of chaos before the response can coordinate itself - even at a local level - and unless these inclusion elements are embedded before a disaster strikes, so that they form part of the default response mechanisms and assessments, they are unlikely to be utilised. We would therefore recommend that any inclusion training focuses on the preparedness phase with iterations taking place in the recovery phase when the immediate urgency of the response has subsided. Tools that help guide responders through a form of 'journaling' approach during the immediate response would be useful to inform subsequent iterations of trainings when revisited during the recovery phase.

More emphasis on the barriers faced by older people

We would recommend that more focus and funding be given to trainings, capacity building and awareness raising initiatives that focus specifically on the barriers faced by older people and older people's specific requirements and assessment criteria. The majority of trainings focused specifically on disability whereas there is a big gap between the recommendations for training outlined in the HIS for older people and the trainings we were able to access. There could be

more training around innovative ways to recognise barriers and understanding accessibility, such as the use of CBM's Hhot tool, through Google Translate and working with organisations such as Translators without Borders for specific local language accessibility.

More research around the role of caregivers

This was out of scope for this study and it may be that there is already a body of literature on this, but it did seem that the role of the caregiver could be crucial in building up resilience of communities and that by focusing on them around particular humanitarian response and DRR awareness areas would have a significantly beneficial impact.

Training designed and facilitated by older people and people with disabilities

Training is far more powerful and transformative when it is led by people with disabilities and older people affected by crises, as it is for example in the Bridge Article 11 training. Almost all interviewees believed that this training was also uniquely powerful and impactful because it was very long – 8 days, and included senior leaders, was highly immersive, and because it was in person and well resourced. Training is more meaningful if it involves senior leaders and has enough buy in from them that the results of the training were able to be integrated into job descriptions, action plans, strategic plans, and ultimately into external organisational evaluations. The results of inclusion training must be concrete and must result in new forms of accountability on individual and organisational levels.

Appendix

Appendix 1: Summary of training Courses and Other Resources (Best practice, Toolkits, Guidelines)

More detail in Excel Workbook

No.	Course Name	Course, Training Manual/Toolkit	In-house, F2F, online, publicly available	Organisation providing	URL	Main focus
1	Humanitarian inclusion standards for older people and people with disabilities	Course	online, publicly available	ADCAP via Kaya (Humanitarian Leadership Academy)	https://kayaconnect.org/course/info.php?id=892	Disability & older people
2	Facilitating Inclusion in Disaster Preparedness	Course	online, publicly available	IIRR / Give2Asia via Kaya	https://kayaconnect.org/course/info.php?id=938	Disability, older people, gender, religion, social status
3	Equality, Diversity and Inclusion	Course	online, publicly available	SCUK & WV as part of FIELD programme, via Kaya	https://kayaconnect.org/course/info.php?id=1653	Not specified
4	Basic Principles of Disability Inclusion in Humanitarian Response	Course	online, publicly available	ADCAP via Kaya (Humanitarian Leadership Academy) & DisasterReady.org	https://kayaconnect.org/course/info.php?id=886	Disability
5	Inclusion of Age and Disability In Humanitarian Action - Support for training sessions	Training Manual	online, publicly available	ADCAP and RedR via Kaya (Humanitarian Leadership Academy)	https://kayaconnect.org/course/info.php?id=893	Age and disability
6	Collecting Data for the Inclusion of Persons with Disabilities in Humanitarian Action	Course	online, publicly available	Humanity & Inclusion via Kaya & DisasterReady	https://ready.csod.com/ui/lms-learning-details/app/curriculum/dfdf0a0f-3403-426e-a613-01ed7c1f9266	Disability
7	Understanding Older People and Their Needs in a Humanitarian Context	Course	online, publicly available	ADCAP via Kaya (Humanitarian Leadership Academy)	https://kayaconnect.org/course/info.php?id=890	Older people

8	BLAST DRRM: Introduction to Community Based Disaster Risk Reduction Management	Course	online, publicly available	CODE-NGO via Kaya	https://kayaconnect.org/course/info.php?id=1153	Inclusive CBDRRM
9	Inclusive Project Cycle Management Trainers' Manual: Stage 1/Handout 2: Inclusion and Barriers to Inclusion	Training Manual		CBM	http://bit.ly/2BsbnsO	Disability
10	Adapting the Washington Group questions for humanitarian contexts p30 HIS	On the job training	in-house, F2F; available online at disasterready.org	Humanity & Inclusion (formerly Handicap International)	https://ready.csod.com/ui/lms-learning-details/app/curriculum/dfdf0a0f-3403-426e-a613-01ed7c1f9266	Disability
11	Humanitarian Hands-on Tool (HHoT)	Smartphone App	Downloadable online	CBM	https://www.mhinnovation.net/resources/humanitarian-hands-tool-hhot	Disability, Older people, mental & psychosocial support
12	How to talk, listen respectfully to older people and people with disabilities and encourage their participation in activities p49 HIS	On the job Training	F2F, in-house	Christian Aid	Not available online	Disability / Older People
13	Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings	Toolkit		CBM & IRC	https://www.rcrc-resilience-southeastasia.org/document/building-capacity-for-disability-inclusion-in-gender-based-violence-programming-in-humanitarian-settings-a-toolkit-for-gbv-practitioners/	Disability / GBV
14	Disability-inclusive Development Toolkit	Toolkit		CBM	http://bit.ly/2IVei5A	Disability
15	Training package on protection and inclusion p91 HIS	Training	in-house, F2F	Islamic Relief Worldwide	Not available online	Disability / Older people
16	Module on inclusive education	Training module		UNICEF	http://bit.ly/2yS5mD5	Disability
17	Education in emergencies: including everyone: INEE pocket guide to inclusive education	Guidelines		INEE	http://bit.ly/1KAKiTY	
18	INEE Pocket Guide to supporting learners with disabilities	Guidelines		INEE	http://bit.ly/1P0LMJ8	Disability

19	Regular classrooms are trained and coached	Training		Mercy Corps		Disability
20	Age Inclusive Disaster Risk Reduction Toolkit	Toolkit		HelpAge International Asia Pacific Office	https://reliefweb.int/report/world/age-inclusive-disaster-risk-reduction-toolkit	Older People
21	Safety, Access, Dignity and Inclusion Training (SADI), CAFOD	Training course with follow up	in-house	CAFOD - from core funds		Older people / disability / safeguarding / protection
22	Minimum Standards for Age and Disability Inclusion in Humanitarian Action	training	online, publicly available	ADCAP via DisasterReady	https://ready.csod.com/ui/lms-learning-details/app/material/c0f4642e-f1f6-478e-8d7d-98da65b5f392	Age and disability

Other Resources

No.	Title	Publication date	Organisation providing	URL	Main focus	Stage of Humanitarian Cycle
1	Humanitarian Inclusion Standards for Older People and People with Disabilities	2018	Age & Disability Consortium / ADCAP	https://reliefweb.int/report/world/humanitarian-inclusion-standards-older-people-and-people-disabilities	age / disability	All
2	Good Practice Guide: Embedding inclusion of older people and people with disabilities in humanitarian policy and practice	2018	ADCAP	https://www.christianaid.org.uk/sites/default/files/2018-04/Good-Practice-Guide-ADCAP-March-2018.pdf	age / disability	All
3	Washington Group Short Set of Questions on Disability	2017	Washington Group	http://bit.ly/2daMyJb	disability	N/A
4	Protection Mainstreaming Toolkit: field testing version	2017	Global Protection Cluster	https://reliefweb.int/report/world/protection-mainstreaming-toolkit-field-testing-version	age / disability	
5	A report and resource book from the ADTF in Pakistan	2011	CBM	http://www.cbm.org/article/downloads/54741/ADTF_Report.pdf	age / disability	Response and Recovery
6	Guidelines for integrating GBV interventions in humanitarian action: Reducing risk, promoting resilience and aiding recovery	2015	IASC	https://interagencystandingcommittee.org/working-group/documents-public/iasc-guidelines-integrating-gender-based-violence-interventions	Mainly disability but age are referred to	

7	Including children with disabilities in humanitarian action	2017	UNICEF	http://training.unicef.org/disability/emergencies/index.html	disability	
8	Disability inclusion: Translating policy into practice in humanitarian action	2014	WRC	https://reliefweb.int/report/world/disability-inclusion-translating-policy-practice-humanitarian-action	disability	
9	Practical Guide: Conduct an accessibility audit in low- and middle-income countries	2014	Handicap International	https://asksource.info/resources/conduct-accessibility-audit-low-and-middle-income-countries	disability	
10	IASC Guidelines on mental health and psychosocial support in emergency settings	2007	IASC	https://www.who.int/mental_health/emergencies/9781424334445/en/	age / disability	
11	Inclusion made easy: a quick program guide to disability in development. Part B: Disability Inclusion: Disaster Management.	2012	CBM	www.cbm.org/article/downloads/78851/CBM_Disability_Inclusion_-_Disaster_Management.pdf	disability	
12	Minimum Standards for Child Protection in Humanitarian Action. Global Protection Cluster (Child Protection Working Group)	2013	Child Protection Working Group (CPWG)	www.cpwg.net/?get=006914%7C2014/03/CP-Minimum-Standards-English-2013.pdf	children	
13	Disability Checklist for Emergency Response. Paris: Handicap International.	2006	Handicap International	https://reliefweb.int/report/world/disability-checklist-emergency-response	disability	
14	Mental health and psychosocial support interventions in emergency and post-crisis settings	2013	Handicap International	www.hiproweb.org/uploads/tx_hidrtdocs/P_G10Psychosocial.pdf	age / disability	
15	Protection against violence based on gender, age and disability in emergency and development settings.	2013	Handicap International	www.hiproweb.org/uploads/tx_hidrtdocs/ProtectionAgainstViolencesGN03.pdf	age / disability	
16	Protecting older people in emergencies: good practice guide	2012	HelpAge International	www.helpage.org/resources/practical-guidelines/emergency-guidelines/	age	Response
17	International Committee of the Red Cross (2013) Professional Standards for Protection Work Carried out by Humanitarian and Human Rights Actors in Armed Conflict and Other Situations of Violence.	2013	ICRC	www.icrc.org/eng/assets/files/other/icrc_002_0999.pdf	Doesn't mention age / disability as such	

18	Gaibandha model for disability inclusive disaster risk reduction	2018	CBM	http://www.didrrn.net/wp-content/uploads/2018/10/CBM_The-Gaibandha-Model-for-Disability-Inclusive-DRR.pdf	disability	Preparedness
19	"I See That It Is Possible": Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings.	2015	Women's Refugee Commission & International Rescue Committee	https://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/945-building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview	disability	All
20	Draft: IASC Guidelines on Disability Inclusion, Gender-Based Violence Key Elements – Draft	2018	IASC	https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/news/draft-iasc-guidelines	disability	All
21	IASC Guidelines, Inclusions of Persons with Disabilities in Humanitarian Action	2019	IASC	IASC Guidelines	disability	All
22	Inclusion of persons with disabilities in humanitarian action: 39 examples of field practices, and learnings from 20 countries, for all phases of humanitarian response	2019	IDA/HI/CBM	IDA/HI/CBM Case studies collection	disability	All

Appendix 2: Recommendations for training from the Humanitarian Inclusion Standards

RECOMMENDATION	Page No	Key Inclusion Standard
Inclusive data collection		
Train staff responsible for data collection on how to communicate with older people and people with disabilities	23	1.1
Train staff responsible for data collection on how to disaggregate data by sex, age and disability	23	1.1
Train staff and partners to:	47	3.3
Promote the safety and dignity of older people and people with disabilities	47	3.3
Prevent discrimination against older people and people with disabilities	47	3.3
Safely identify people who have experienced violence, abuse or exploitation and refer to apt case management agencies	47	3.3
Recognise heightened risks for some groups	47	3.3
Promote a positive image of older people and people with disabilities in all communication material	47	3.3
Train staff to support Older people and people with disabilities to submit feedback and complaints safely. Train them to:	62-63	5.2
Maintain confidentiality: avoid sharing personal details	62-63	5.2
Collect information from older people and people with disabilities documenting and validating their experiences objectively and non-judgementally	62-63	5.2
Safely identify and refer older people and people with disabilities reporting violence, abuse and exploitation	62-63	5.2
Follow all standard protection procedures when an older person or person with disabilities complains of violence, abuse or exploitation perpetrated by a humanitarian actor	62-63	5.2
Design training for staff and volunteers:	81-82	8.1
Improve their skills in including older people and people with disabilities	81-82	8.1
Disaggregating data	81-82	8.1
Sector specific issues	81-82	8.1
Integrate modules on inclusion of older people and people with disabilities into their organisation's staff training programmes	81-82	8.1
Identify further training opportunities for staff and volunteers	81-82	8.1
Adapting current reporting mechanisms to widen focus from physical violence to other types of violence such as psychological, neglect, financial and others	99	Protection 1.1
Train staff, caregivers and family members to communicate with children with disabilities	103	Protection 2.1

Train case managers, service providers, OPDs & OPAs to reach Older people and people with disabilities & their families with information on available protection services, inc. legal, case management & services for survivors of violence	104	Protection 2.2
Train community volunteers, case managers and GBV and child protection workers to:	105	Protection 2.2
recognise and respond to risks based on age, gender and disability	105	Protection 2.2
apply survivor centred approaches to different cases	105	Protection 2.2
communicate clearly	105	Protection 2.2
work with care givers when an older person or person with disabilities requires their support	105	Protection 2.2
identify the skills and capacities of older people and people with disabilities and draw on these to help plan their case management	105	Protection 2.2
Train staff to make communications about the following accessible:	112	Protection 3.1
preventing or mitigating violence and abuse, inc: GBV, immediate hazards, risk of violence associated with particular activities or places	112	Protection 3.1
promoting local protection services eg: child protection to older caregivers and caregivers with disabilities	112	Protection 3.1
reporting and seeking help about protection concerns, following up an incident and knowing what services are available	112	Protection 3.1
understanding rights and entitlements, targeting criteria and mechanisms	112	Protection 3.1
providing feedback on prevention and empowerment activities, knowing how feedback will be handled	112	Protection 3.1
Train staff working on food security and livelihoods activities to:	154	Food security & livelihoods 2.3
Use data on needs and capacities of the CAP disaggregated by sex, age & disability to select people to receive food assistance & livelihoods support to ensure those most at risk of exclusion have access to this support	154	Food security & livelihoods 2.3
Identify barriers to prevent older people and people with disabilities from taking part in food security & livelihoods activities and ways to overcome these	154	Food security & livelihoods 2.3
Know what adaptations are needed to overcome these barriers, eg: making distributions accessible, making rations easier to carry, how to modify food and items for preparing and eating food to make it easier to eat and drink	154	Food security & livelihoods 2.3
understand nutrition requirements particularly those who may be at higher risk of malnutrition because of difficulties in chewing and swallowing	154	Food security & livelihoods 2.3
Lack of evidence and guidance on most appropriate method of measuring nutritional status of older people and people with disabilities	172- 173	Nutrition Box

No agreed definition of malnutrition in older people ³	172-173	Nutrition Box
No guidelines currently exist for measuring nutritional status of people with physical disabilities. As a result, people with disabilities are often excluded from anthropometric surveys - BMI is not sufficient	172-173	Nutrition Box
MUAC misleading as upper body could be more developed if using crutches or a wheelchair	172-173	Nutrition Box
Train staff of nutrition services to:	179	Nutrition 2.3
communicate with children and women with disabilities	179	Nutrition 2.3
detect any difficulties that women with disabilities may have with breastfeeding and refer to skilled breastfeeding support	179	Nutrition 2.3
advise parents of children with disabilities on childcare and feeding practices for children who have difficulties eating or drinking eg: swallowing, chewing and provide information on rehabilitation services	179	Nutrition 2.3
provide support and info on childcare and feeding practices for pregnant and breastfeeding women with disabilities including. support and info on breastfeeding techniques	179	Nutrition 2.3
facilitate access and use of assistive products , implements and utensils that make eating easier	179	Nutrition 2.3
Train nutrition staff on needs of children with disabilities to:	180	Nutrition 2.3
detect difficulties with swallowing, eating and drinking and modify food and fluids accordingly	180	Nutrition 2.3
ask families and caregivers of children with disabilities about feeding practices and types of adaptation needed	180	Nutrition 2.3
provide information about most appropriate ways of feeding C children with disabilities and preparing or modifying food for them	180	Nutrition 2.3
Train staff involved in nutrition on nutritional needs of these groups, for example:	181	Nutrition 2.3
adapt criteria for supplementary feeding programmes to take account the needs of older people and people with disabilities	181	Nutrition 2.3
provide info on how to modify food to make it easy to chew and swallow	181	Nutrition 2.3
Systematically monitor coverage and acceptability of food rations among older people and people with disabilities	181	Nutrition 2.3
Provide professional training to staff and partners involved in shelter to:	200	Shelter 2.4
how to meet accessibility requirements for shelters and settlements	200	Shelter 2.4
how to provide universally designed household items and how to adapt them for easier use	200	Shelter 2.4
how to identify and reduce protection risks that older people and people with disabilities may face when they access and participate in shelter-related activities	200	Shelter 2.4

³ HelpAge International have since produced nutrition guidelines for older people

Provide equal training opportunities for older people and people with disabilities to develop their skills in areas such as construction, maintenance and adaptation. Make sure training facilities and info on training opportunities are accessible	202	Shelter 3.1
Training health	221	Health 2.3
Find out if there are gaps in health staff training relating to provision of services for older people and people with disabilities	221	Health 2.3
Involve older people and people with disabilities in developing training modules to fill these gaps	221	Health 2.3
Provide training to mental health and psychosocial support staff on the rights of people with psychosocial disabilities	221	Health 2.3
Training health participation	223	Health 3.1
Provide equal training opportunities for older people and people with disabilities to develop their skills for roles such as health volunteers and community health workers	223	Health 3.1
Make sure training facilities and information are accessible	223	Health 3.1
Training Education	241	Education 2.3
Prevent discrimination in education and promote the right of older people and people with disabilities to inclusive education in emergencies	241	Education 2.3
recognise and address diverse needs eg: support for learners with written assignments or additional time	241	Education 2.3
recognise and address the different types of barriers preventing older people and people with disabilities from participating in educational activities eg: stigma based on false assumptions such as that the inclusion of older people and people with disabilities in the classroom will slow learning pace of others	241	Education 2.3
adapt teaching methods to suit a range of learners	241	Education 2.3
challenge perception it is difficult and expensive to provide inclusive education	241	Education 2.3

Appendix 3: List of Key informant interviews

First Name	Last Name	Organisation	Status
Carly	Ziska	RedR	Interviewed
Tchaurea	Fleury	IDA Secretariat	Interviewed
Waqar Puri	Puri	STEP Pakistan	Interviewed
Zoe	Corden	Cafod	Interviewed
Raissa	Azzalin	Oxfam	Interviewed
Luciana	Caffarelli	Christian Aid	Interviewed
Christian	Modiano Hok	CBM	Interviewed
Ricardo	Pla Cordero	IRC	Interviewed
Shafqat	Ullar	Concern Pakistan	Interviewed
Tom	Palmer	Islamic Relief	Interviewed
Dennis	Sondergaard	UNICEF	Interviewed
Veronique	Barbelet	ODI	Interviewed
C. Mike	Daniels		Interviewed

Andrew	Kavala	MANEPO Malawi	Interviewed
Annie	Hans	RedR India	Interviewed
Axel	Schmidt		Not heard back
Sien	Andries	Humanity and Inclusion	Not heard back
Boram	Lee		Organising still
Victoria	Austin	UCL	Organising still
Supriya	Akerkar	Oxford Brookes	Organising still
Achayo	Rose		Organising still
Tim	Quick	Save the Children UK	Organising still

Other people spoken with:

First Name	Last Name	Organisation	Notes
Sinu	Chacko	Manager, Learning and Partnership, RedR India	Conducted a training with the Leprosy Mission in India on bringing DRR considerations into their work
Ian	McClelland	Innovation Manager, Elrha	Spent time in the Philippines and met with Life Haven and Accord which provided some useful insights into the local perspective rather than humanitarian agency perspective
Debarati	Guha Sapir	Director, Centre for Research on Epidemiology of Disasters (CRED), University of Louvain, Belgium	Founder of EMDAT – a global database on natural disasters. Spoke at the Asia Pacific NGO Partnerships Week in Bangkok, December 2019, calling for better data collection to identify the 'hidden millions'
Shalini	Jain	Senior Director, Training, SEEDS India	SEEDS India is a large Indian NGO that works with the most vulnerable areas within India through partners. It works on DRR as well as response and recovery in emergency contexts and has been particularly active in response to the floods in Kerala and Bihar.
Parag	Talankar	Director, Planning and Mobilisation, SEEDS India	Responsible for working with local partners in the 100 most vulnerable areas in India to disasters. Have a highly inclusive approach for people with disabilities and older people but not sure what levels of training they undertake. Very much at a field level of inclusivity.

Appendix 4: Framework of Enquiry

Introduce the scoping exercise and desired outcomes:

- Get a sense of the landscape
- Tease out any courses or training being conducted in-house by larger NGOs
- Get a sense of what types of training have the greatest impact or outcomes
- Identify where the gaps are

Getting a sense of the landscape

Is enough being done to mainstream inclusion into humanitarian programmes?

If not, what more needs to be done?

Do you have any idea how much is being spent on DOAI training in the humanitarian sector?

Do donors provide funds for this or is each agency meant to offer inclusion training as part of its overall diversity and inclusion policies (note that there is a difference between recruiting staff inclusively and catering for the needs of DOAI in the event of a humanitarian crisis)

Would you say the focus is greater on disability or older age inclusion?

Who are the main players on this – UN, INGOs, specific training providers, national govts etc?

Who, in your view, are the trainings you know of aimed at? Frontline responders, implementing agency staff, OPD/OPA members, policy makers etc

Are there any 'audiences' in the sector that are not catered for? If so, who are they?

Tease out 'hidden' courses

We can identify the various online courses (which tend to be a bit superficial and aimed at individuals working for implementing agencies) on platforms such as Kaya and DisasterReady etc but it's much harder to get a sense of in-house trainings being conducted either within INGOs, UN agencies etc – do you know of any such courses? (try to get responses to the Qs below for each training mentioned)

- If yes, do you know what the focus is (use the spreadsheet with the various inclusion standards)?
- Do you know who the audience is?
- How was the training delivered? F2F, online, mixed etc
- How long was the training?
- Do you know how many were trained?
- Has it been effective?

Impact and outcomes

What in your view is the best delivery method for lasting change to be brought about by inclusion training?

Which would you say have been the most successful courses you know of?

Gaps in DOAI training provision

What in your view are the main gaps in terms of training provision?

Why do you think this gap exists?

What would you see as the main challenge for DOAI in the humanitarian sector?

Do you think that training can address this, or is it a bigger issue?

What would you like to see humanitarian actors doing in terms of DOAI in preparing, responding and recovering from disasters?

Any other observations or comments?

Appendix 5: International and Regional Frameworks relevant for People with Disabilities and Older People

People with Disabilities

UN Convention on the Rights of Persons with Disabilities (2006)
Dhaka Declaration on Disability and Disaster Risk Management (2018)
Charter on Inclusion of Persons with Disabilities in Humanitarian Action (2016)
Incheon Strategy to 'Make the Right Real' for Persons with Disabilities in Asia and the Pacific (2012)
The Pacific Framework for the Rights of Persons with Disabilities 2016-2025
Sustainable Development Goals (2015) - SDG 1.5, 11.5 and 13
Paris Agreement, UN Framework Convention on Climate Change (2015)
Sendai Framework for Disaster Risk Reduction (2016)
New York Declaration for Refugees and Migrants (2016)
SIDS Accelerated Modalities of Action (SAMOA) Pathway (2019)

Older People

Madrid International Plan of Action on Ageing (2002)
Charter 14 for Older People in Disaster Risk Reduction (2014)
Sendai Framework for Disaster Risk Reduction (2016)
Sustainable Development Goals (2015) SDGs 1, 3 and 13

(Sources: UNDESA (2019) Realisation of the SDGs by, for and with Persons with Disabilities: UN Flagship Report on Disability and Development; Akerkar, S & Bhardwaj, R (2018) Good Practice Guide: Embedding Inclusion of Older People and People with Disabilities in Humanitarian Policy and Practice)

Appendix 6: Selected Case study – in full

Sani Tweaks – Training Emanating from On the Ground Accessibility Improvements (Oxfam)

Some trainings emanate from learnings from practices that fail in their core objectives, due to a failure to apply inclusion-based approaches. In their Elrha funded work on sanitation in refugee camps, for example, Oxfam found that an average of 40% of people were not using the latrines they built⁴. In an evaluation study undertaken by a team from Loughborough University, Oxfam discovered that as many as 50% of women were not using the latrines their engineers were building in camps in numerous countries, including Iraq, Ethiopia, Uganda and Mozambique. Whilst they specifically assessed gender as a factor, the research also unearthed specific issues related to older age and disability which were preventing full usage of latrines.

Through their Sani Tweaks programme, Oxfam trialled forms of swift community engagement in humanitarian contexts. Oxfam then turned this learning into multiple forms of training and learning tools for the wider sector. These include:

Developing a set of resources to support the mainstreaming of this form of practice across Oxfam, across other agencies, and into the practice of UN Agencies. The following is a list of Sani Tweaks resources.

- Sani Tweaks checklist;
- an illustrated version (in English and French)
- an animated version (see video below); and
- a series of technical videos (see episode 1, episode 2).

Running facilitated training sessions for other teams and other agencies. This included UN bodies, and cluster groups, thereby trying to mainstream and scale up learning on one key specific solution across the sector.

Advocating towards the UN and donors to amend the outputs and outcomes that are asked for, from number of latrines for example, to proportion of people using them.

Learnings

"Training and guidance need to be codesigned with the people who are using that training, as otherwise they won't engage. How do older people use water? How do older people access information about communicable diseases? How do older people share information? Do they need a place in camp where they gather like they did in the village? We do this about children, why not older people? How do older people engage with participation? Community engagement needs to change. It's not 'I know everything, you need to wash your hands'".⁵

This experience is an interesting example of learning tools and training emerging directly from solving a core team problem on the ground. The problem was not even noticed before Oxfam started to look at their practice from an inclusion lens. But it quickly became apparent when they did that a lack of inclusive practice was a barrier to the success of their core work in the camps. It was through engaging frontline workers such as engineers, as well as service users, in co-creating solutions to the core inclusion problems their team faced that that they were able to organically embed inclusive practice and thinking.

"There are good things happening the field, whereby people are being creative, people are finding solutions. And then there is another way, where it comes from head office, and they want to get that learning out to the field."⁶

⁴ <https://oxfamlibrary.openrepository.com/bitstream/handle/10546/620604/gd-sani-tweaks-guide-sanitation-181218-en.pdf?sequence=1>

⁵ Interview with Raissa Azzalini - 10:30am Tue, 26 Nov 2019

⁶ Ibid.

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