

# DISABILITY AND OLDER AGE INCLUSION IN HUMANITARIAN ACTION

## Innovation Catalogue



# CONTENTS

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FOREWORD	3
ABBREVIATIONS	4
ACKNOWLEDGEMENTS	5
INTRODUCTION	6
INNOVATION CATALOGUE	14
GET INVOLVED	51
RESEARCH METHODOLOGY SUMMARIES	52
ENDNOTES	55

# FOREWORD

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## At least 15% of any disaster-affected population is likely to be persons with disabilities<sup>1</sup>.

The UN OCHA estimates that in 2023, a record 339 million people will need humanitarian assistance and protection – a significant increase from 274 million people at the beginning of 2022<sup>2</sup> – and up to 14 million older people with disabilities may be affected by humanitarian disasters<sup>3</sup>. Older people and people with disabilities often face extensive and complex barriers in accessing services, participating in decisions that affect their lives, and exercising their rights.

Although slow, since the 2016 World Humanitarian Summit we've seen some progress made in bringing inclusion as a prerequisite for accountable, quality and people-centred humanitarian action. The release of the Humanitarian Inclusion Standards for Older People and People with Disabilities and the Inter-Agency Standing Committee (IASC) Guidelines on the inclusion of persons with disabilities in humanitarian action are just two examples of interagency efforts made to help the sector become more inclusive. In parallel, at global and country levels, stronger and better coordination has taken shape through the

establishment of the Disability Reference Group and Age and Disability Working Groups (ie, Pakistan, Bangladesh).

Elrha takes an active role in these global efforts towards more inclusive humanitarian aid. As part of our commitment to supporting problem-led and evidence-based innovation, in 2019 Elrha's Humanitarian Innovation Fund (HIF) commissioned a Gap Analysis on the inclusion of people with disability and older people in humanitarian response which is being used to inform the focus and prioritisation of the innovation challenges. Since 2019, innovations funded by the HIF have made a significant contribution towards addressing the gaps identified in the Gap Analysis.

The catalogue profiles the range of innovations generated through this programme, many of which focused on gaining a deeper understanding of the problem to underpin further innovation.

We hope readers of this catalogue will explore the innovations and find valuable insights into the contextual barriers to inclusion, illustrating the complex intersections between disability and older age in different cultural contexts and humanitarian settings.

The innovations also highlight the experiences of conducting research and innovation with people with disabilities and older people and their representative organisations taking an active role. This approach has required many innovators to work differently, adapt their practice, and explore the value of diverse partnerships. The catalogue and the resources created by the innovators include rich reflections on challenges and opportunities, which we hope the wider sector will find useful.

Significant progress has been made and much more can still be done to support meaningful participation in inclusive humanitarian action.

### **Sarah Palmer**

Innovation Manager, Elrha

### **Christian Modino Hok**

Humanitarian Director at CBM Global Disability Inclusion and Chair of the HIF Disability and Older Age Inclusion Technical Working Group

## ABBREVIATIONS

**ALNAP:** Active Learning Network for Accountability and Performance in Humanitarian Action

**CD:** Communication Disabilities

**COVID-19:** Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus.

**DOAI:** Disability and Older Age Inclusion

**DRR:** Disaster Risk Reduction

**FCDO:** UK Foreign, Commonwealth and Development Office

**FGD:** Focus Group Discussion

**GBV:** Gender-Based Violence

**HIF:** Humanitarian Innovation Fund

**HIS:** Humanitarian Inclusion Standards

**HR:** Human Resources

**IDP:** Internally Displaced Person

**IP:** Inclusive Preparedness

**KII:** Key Informant Interview

**MHM:** Menstrual Health or Hygiene Management

**MP:** Meaningful Participation

**OPA:** Older Persons Association

**OPD:** Organisation of Persons with Disabilities

**PAR:** Participatory Action Research

**RAM-OP:** Rapid Assessment Method for Older People

**RNA:** Rapid Needs Assessment

**SMART:** Standardised Monitoring and Assessment of Relief and Transitions

**SRHE:** Sexual Reproductive Health Education

**UNHCR:** United Nations High Commissioner for Refugees (UN Refugee Agency)

**WASH:** Water, Sanitation and Hygiene

**WHO:** World Health Organisation

# ACKNOWLEDGEMENTS

**Thank you to all the HIF grantees who shared rich learnings and reflections which have contributed towards the innovation profiles, and for sharing updates of the latest developments and impacts from their innovation journeys.**

We also wish to thank the members of the Disability and Older Age Inclusion Technical Working Group who have provided insightful and constructive feedback which helped to shape this report.

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Ministry of Foreign Affairs



# INTRODUCTION

## CONTENTS

OUR JOURNEY SO FAR	7
TIMELINE	8
HOW TO USE THIS CATALOGUE	9
STAGES OF INNOVATION	10
GAP ANALYSIS	11
INNOVATIONS OVERVIEW	12
MEASURING RESULTS	13

# OUR DISABILITY AND OLDER AGE INCLUSION INNOVATION JOURNEY SO FAR

Since 2011 Elrha has funded innovations for people with disabilities and older people. In the last three years our commitment has increased and our work in this area has developed significantly. In 2019 we conducted rapid reviews to better understand inclusion within our existing focus areas of Water, Sanitation and Hygiene (WASH) and Gender-Based Violence (GBV), highlighting the need to focus on disability and older age inclusion. We subsequently launched two funding calls guided by these rapid reviews. We also conducted a Gap Analysis to understand the key gaps, priorities and opportunities relating to the inclusion of people with disabilities and older people in humanitarian response. This led to the further creation of our first two innovation funding calls (innovation challenges) focused explicitly on disability and older age inclusion:

- **Measuring Effectiveness for Meaningful Participation** explored mechanisms for meaningful participation of people with disabilities and older people in humanitarian action and how this participation can be measured.
- **Inclusive Preparedness** focused on supporting the humanitarian community to explore how inclusive preparedness can enable inclusive humanitarian action.

This catalogue brings together an overview of the projects funded and their contributions to addressing the gaps identified to inform future stages of innovation. Many of the innovators used inclusive research techniques to move beyond viewing people with disabilities and older people solely as research subjects: they provide valuable learning on how to include people with disabilities and older people as active participants in research activities and as researchers themselves.

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This catalogue brings together an overview of the projects funded and their contributions to addressing the gaps to inform future stages of innovation.

# TIMELINE

EXTERNAL EVENT | ELRHA EVENT



## HOW TO USE THIS CATALOGUE

The innovations in this catalogue contribute towards addressing a wide range of gaps in disability and older age inclusion within the humanitarian sector.

### The catalogue provides:

- Evidence of the experiences and **barriers to inclusion** of older people and people with disabilities in a range of contexts, and in relation to a range of humanitarian themes.
- Insights for conducting **inclusive innovation processes** with older people and people with disabilities, what works and what future innovators need to consider when adopting similar approaches.
- Examples of where the **priority areas** in our Gap Analysis have been addressed by innovations, and where they have not. Each profile includes reference to which gap(s) it is addressing.

Each profile refers to the relevant Humanitarian Inclusion Standards for Disability and Older Age Inclusion to which the project is contributing.

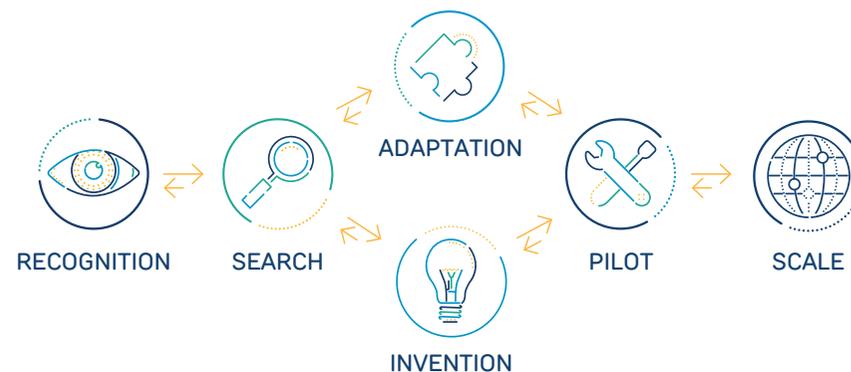
The catalogue aims to consolidate learning from HIF grantees and provide an entry point for exploring the innovations further. The catalogue summarises the essence of the innovation, the problem it is trying to solve, how the innovation was tested, what happened as a result and what can be learnt for future innovation. We recognise that many of the innovations are dealing with complex and intersectional issues, which cannot be covered in full in this catalogue. Therefore, each profile contains links to go deeper and explore the findings and learnings. We hope the catalogue will be a catalyst for future innovations.

The catalogue summarises the essence of the innovation, the problem it is trying to solve, how the innovation was tested, what happened as a result and what can be learnt for future innovation.

# STAGES OF INNOVATION

The journey of an innovation from an idea to scale is often long and winding. Whilst this process is mapped out as linear, few, if any, innovation journeys are linear and chronological. Most innovators will find themselves having to miss steps, go back to earlier stages and iterate over and over again.

This is also the case within the portfolio of disability and older age inclusion innovations that we have funded. While some of the catalogue's innovations have progressed through to the later stages of the innovation process, a large proportion of the innovations funded to date are at the problem recognition stage – focusing on exploring through research the barriers to inclusion that people with disabilities and older people face. We hope that this rich evidence will provide the foundation for an array of future innovations to improve inclusion.



RECOGNITION

Recognition of a specific problem or opportunity. This stage involves identifying a problem or opportunity to respond to, collecting and assessing readily available knowledge on the issue and context, diagnosing root causes and properly framing the challenge. At this early stage, rich input and feedback rather than a wide range of partnerships are usually needed.



INVENTION

The invention of a solution through the generation of new ideas. This stage involves working with users (whether crisis-affected populations or humanitarian workers) to design a solution and develop a prototype. At this stage, innovators are often looking for a broad range of experts to feed in, including representatives from OPDs and OPAs.



SEARCH

Search for existing solutions to the problem or for ideas and collaborators to inform your onward journey. A key aim of this stage is to find solutions that might already exist in the context, the wider humanitarian sector and other sectors or industries.



PILOT

Testing a potential solution to learn whether and how it works in a complex real-world environment. A successful pilot will provide evidence that the innovation had a demonstrable impact and that it offers a comparative improvement over existing approaches. It will generate learning on what works, what doesn't, and why.



ADAPTATION

Adaptation of a solution from elsewhere that requires significant rethinking of certain elements. This stage involves identifying the changes that are required to adapt an existing solution to a new context.



SCALE

Scaling the impact of an innovation to better match the size of the social problem it seeks to address. This stage involves building in the complexity required for sustainable innovation and distilling this complexity to make it replicable. Innovations at this stage will often be looking for funding and field-testing partners.

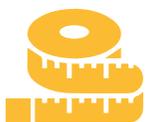
**[Read the Humanitarian Innovation Guide.](#)**

# GAP ANALYSIS

## THE INCLUSION OF PEOPLE WITH DISABILITIES AND OLDER PEOPLE IN HUMANITARIAN RESPONSE

**The Gap Analysis** was commissioned by Elrha to build the evidence base on inclusion and to inform priorities for innovation. This was the first piece of work to systematically review the evidence on the inclusion of people with disabilities and older people across humanitarian response. It identified seven potential areas for innovation. In this catalogue, we document how innovations to date have contributed to these areas.

### SEVEN POTENTIAL AREAS FOR INNOVATION:



#### Tailoring technical guidance and tools:

There is a shortage of tailored technical and evidence-based guidance for specific sectors of work within humanitarian response. Where sector-level guidance exists, such as for shelter, these do not always have sufficient detail or information appropriate for specific professional activities and contexts.



#### Driving organisational change:

There is an urgent need to understand how the change in organisations can be better driven and sustained from within. There is also a clear need to improve understanding of how internal systems, mechanisms, attitudes and experience contribute to or prevent more inclusive humanitarian practice.



#### Putting meaningful participation into practice:

Moving beyond engagement, we need to address how to put meaningful participation of older people and people with disabilities into practice, how to build on successes, and how to support and develop good practice.



#### Understanding intersectionality:

We need to better understand when and how, and under what circumstances it is beneficial (or not) to address disability and older age inclusion together in humanitarian response. At the same time, we need to know more about the intersectionality of age and disability with other identity characteristics, such as gender, ethnicity, religion and sexuality and how experiences, specific needs and barriers to inclusion may change across the life course.



#### Going beyond basic data collection:

Rapid assessments and analyses often do not provide the nuanced information needed to tailor responses to the specific needs of people with disability and older people. The time needed for tailored assessments can present challenges in the time-critical early stage of a response or when resources are scarce. Overall, there is a need to consider a wider range of data collection tools and approaches and how these can be implemented. The choice of tools should be based on the aims of data collection rather than simply on what tool is commonly used. Further, the collection of data should not be seen as a proxy for inclusion.



#### Allocating resources and maintaining knowledge:

With the demand for increasingly technical information on disability and older age inclusion, strategies for accessing and sharing scarce technical expertise across and between responses may be required.



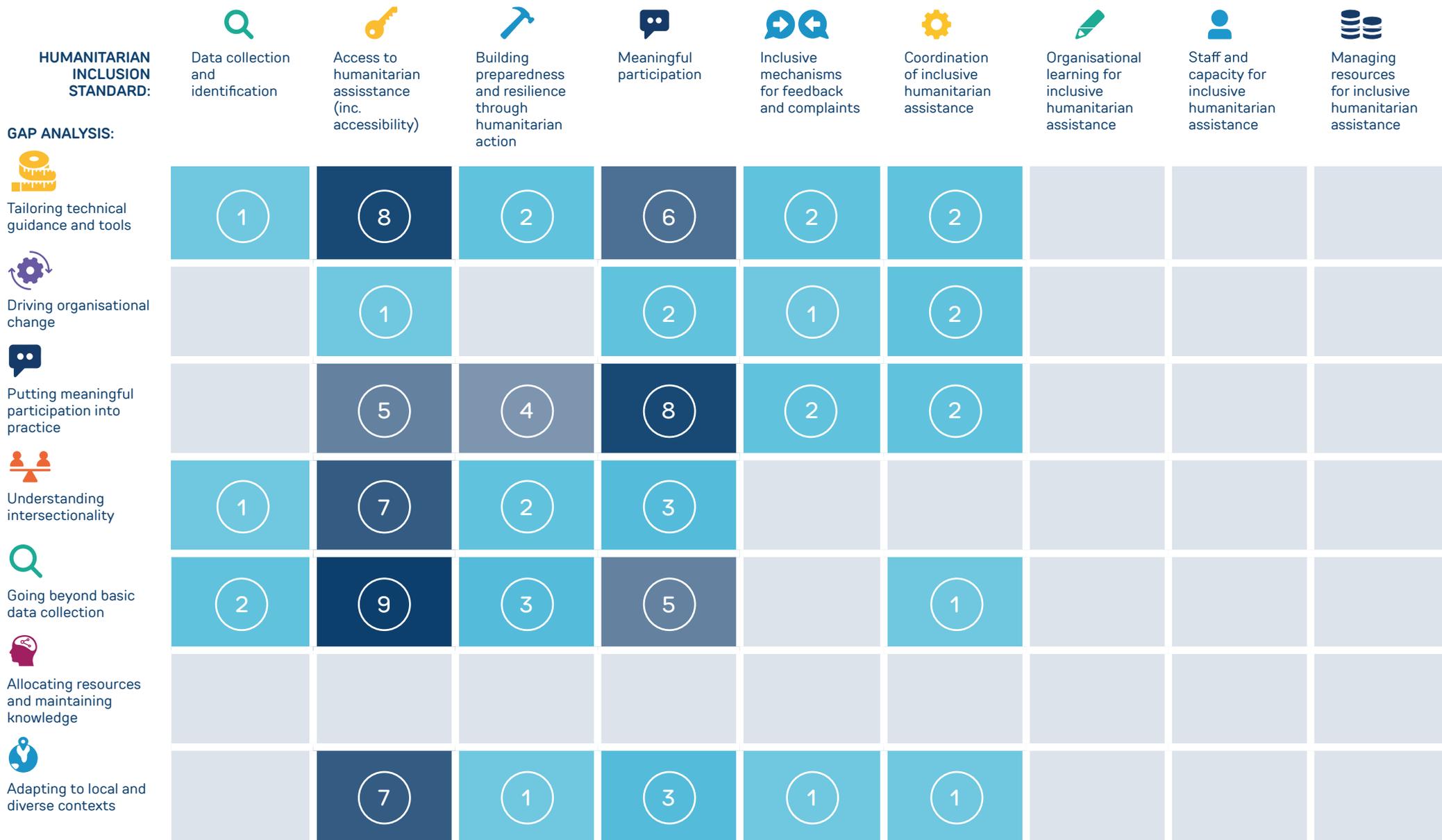
#### Adapting to local and diverse contexts:

We have little evidence or guidance on ensuring inclusion in different and diverse humanitarian settings, and on what context-specific approaches may be best suited and most effective.

**[Read the Gap Analysis report.](#)**

# INNOVATIONS OVERVIEW

## Mapping of projects by areas of innovation in the Gap Analysis and Humanitarian Inclusion Standard



## MEASURING RESULTS

Many of the innovations funded to date have been in the recognition stage. At this stage, the focus is on understanding the problem in depth before beginning to develop solutions that may later contribute to improving outcomes for people affected by crises. To increase the impact of these early-stage research projects, Elrha requires all grantees to have robust plans and objectives in place for dissemination and uptake research findings and learning to contribute towards long-term change. If you have used any of the research referenced in this catalogue, we would love to hear from you.

In some cases, the bulk of the impact of the innovations takes place after HIF funding has ended, as innovations progress and mature further. As part of creating this catalogue we asked previous grantees to report on any impact post-grant. We thank them for their input, and we aim to continue evolving the catalogue in the future as more results emerge.

The process of integrating inclusive approaches within the research, or when piloting activities, can have ripple effects larger than a specific project. Many of the reflections and learnings from these projects demonstrate this. Inclusive processes can be a catalyst for change within individuals as they see that older people and people with disabilities can be active participants and decision-makers, or at an organisational level – recognising that inclusive practices can have wider organisational benefits.

### WORKING AS A COHORT OF INNOVATORS: EXAMPLE OF HIF'S SUPPORT FOR INNOVATION PROJECTS

In July 2020, Elrha launched a HIF innovation challenge to increase the meaningful participation of people with disabilities and older people in humanitarian action. For this challenge, we sought “innovative mechanisms to increase the meaningful participation of people with disabilities and older people in humanitarian action and innovative ways of assessing the effectiveness of these mechanisms.”

Through this funding call, we supported grantees to implement practical, inclusive, and ethical approaches to participation. As part of their project, grantees have measured the effectiveness of their mechanism to understand if meaningful participation has been achieved.

Recognising that measuring the effectiveness of a concept such as participation is not necessarily understood in the same way by all stakeholders within a project, and is not straightforward to measure, we provided additional support to grantees. Offering a tailored expert coaching programme, we supported grantees to develop a clear and testable hypothesis and developed measurements to understand if their intervention has been effective.

In some cases, the bulk of the impact of the innovations takes place after HIF funding has ended, as innovations progress and further mature. As part of creating this catalogue we asked previous grantees to report on any impact post-grant.

# INNOVATION CATALOGUE

## CONTENTS

MEANINGFUL PARTICIPATION AND LOCALISATION 15

INCLUSIVE PREPAREDNESS 24

DATA-DRIVEN INCLUSION 33

IMPROVING ACCESSIBILITY 35

WATER, SANITATION AND HYGIENE (WASH) 37

GENDER-BASED VIOLENCE 45

# MEANINGFUL PARTICIPATION *AND* LOCALISATION

## MEANINGFUL PARTICIPATION AND LOCALISATION

The humanitarian sector has long acknowledged that the participation of people affected by crises in all stages of humanitarian programming can improve accountability and the quality of humanitarian assistance, as well as strengthen the resilience and capacity of those affected.<sup>4</sup>

Despite numerous policies and guidance<sup>5</sup> that echo the need for participation, there has been slow progress in mainstreaming such practices in humanitarian settings. Where participation does take place, it often builds on pre-existing structures and its representatives may exclude the most marginalised and vulnerable, such as older people and people with disabilities.

In recent years there has been a renewed effort in moving beyond the rhetoric of participation and embedding it into humanitarian practice; examples of this are the “Participation Revolution” workstream part of the Grand Bargain and the participation commitment within the Core Humanitarian Standards. Similarly, the Humanitarian Inclusion Standards for People with Disabilities and Older People explicitly sets out standards for promoting the meaningful participation of older people and people with disabilities in decision-making. However, the Gap Analysis shows that examples of mechanisms that enable the meaningful participation of older people and people with disabilities in humanitarian programming, as well as evidence around their effectiveness, remain rare in the sector.

## PIONEER:

2020 and 2021 to 2022.

Partners for inclusion:  
localising inclusive  
humanitarian response.

### LEAD AND PARTNER ORGANISATIONS:

**Phase 1:** Arbeiter-Samariter-Bund Office for Indonesia and the Philippines (ASB), Working group of Disabled People's Organisations for Humanitarian Response in Central Sulawesi Center for Health Policy and Management, Gadjah Mada University, Association of Women with Disabilities Lombok, Indonesia.

**Phase 2:** ASB, Humanitarian Forum Indonesia (HFI), Advocacy for Disability Inclusion (AUDISI), Resilience Development Initiative (RDI).

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- Building Preparedness and Resilience
- Knowledge and Participation
- Coordination.

### GAP ANALYSIS:

- Tailoring Guidance and Tools
- Driving Organisational Change
- Meaningful Participation
- Beyond Basic Data.

### BACKGROUND:

In 2021, ASB and partners conducted research on barriers to inclusive WASH humanitarian response in Indonesia. The study found that local humanitarian organisations often did not see the need to partner with Organisations of Persons with Disabilities (OPDs) and Older Persons Associations (OPAs) in delivering their response programmes. This was due to a perception of people with disabilities and older people as 'passive' recipients of aid who would not need to - or perhaps even want to - feed into the design of the programming. This, in turn, meant that OPDs and OPAs felt that their opinions were rarely sought by humanitarian organisations, and even that these organisations may not have OPDs and OPAs' best interest at heart. In response to the research findings in 2021, ASB developed PIONEER. This innovation brings together OPDs and OPAs with humanitarian actors to create spaces for knowledge-to-action co-creation by way of three main components:

- Relationship quality and partnerships – inclusive, equal and reciprocal working relations.
- Capacity enhancement – sharing of technical expertise.
- Participation revolution – PIONEER members co-design inclusive humanitarian programmes and are involved in financial management and decision making.

### METHODOLOGY:

Equal partnership is a key component of the PIONEER approach at both the management and field levels. At a management level, the approach is managed by a consortium bringing together different expertise. At a field level, the PIONEER members involve OPDs, OPAs, and humanitarian and government actors who have not necessarily worked together before.

The PIONEER mechanism was tested and refined in two locations (Magelang and Sigi districts) in Indonesia. A package of capacity building was delivered to PIONEER members.

Following the capacity building, PIONEER members were supported to co-design, co-implement, and co-monitor two humanitarian programmes under the Local Disaster Management Agencies (LDMAs). The interventions include training and raising awareness about the importance of inclusive humanitarian response, how to conduct inclusive safe evacuation through a simulation and how to ensure data collection in rapid assessment. This covers the perspective of at-risk communities, and accessibility improvement to the village hall, which is also used as the evacuation centre during disaster response.

More data available in the [Research Methodology Summaries Annex](#).

## PIONEER:

Partners for inclusion:  
localising inclusive  
humanitarian response.

### LEAD AND PARTNER ORGANISATIONS:

**Phase 1:** Arbeiter-Samariter-Bund Office for Indonesia and the Philippines (ASB), Working group of Disabled People's Organisations for Humanitarian Response in Central Sulawesi Center for Health Policy and Management, Gadjah Mada University, Association of Women with Disabilities Lombok, Indonesia  
**Phase 2:** ASB, Humanitarian Forum Indonesia (HFI), Advocacy for Disability Inclusion (AUDISI), Resilience Development Initiative (RDI).

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Building Preparedness and Resilience**
- **Knowledge and Participation**
- **Coordination.**

### GAP ANALYSIS:

- **Tailoring Guidance and Tools**
- **Driving Organisational Change**
- **Meaningful Participation**
- **Beyond Basic Data.**

## FINDINGS:

Measuring the effectiveness of the PIONEER model was central to the approach.

**To test the effectiveness, five key hypotheses were identified and tested:**

**1. Humanitarian PIONEER partner organisations' perceptions of OPAs and OPDs as contributors, have changed from passive to active, in local humanitarian responses.**

Humanitarian organisations indicated that from the PIONEER implementation, they can see first-hand how OPDs and OPAs have the capacity to design, implement and monitor local humanitarian response activities.

**2. OPAs and OPDs have experienced their roles changing from passive to active contributors in local humanitarian responses.**

Throughout the project, there was a shift from passive to active. The endline measurement shows that both OPDs and OPAs have direct experience in planning, implementing and monitoring a local humanitarian response programme together with humanitarian organisations through the project.

**3. OPAs and OPDs are facilitated in the planning of local humanitarian responses.**

There was a significant increase in the active participation of OPDs and OPAs in humanitarian response. For example, in Magalang, active participation shifted from 1 in 5 humanitarian organisations collaborating with OPDs/OPAs at baseline, to 4 in 5 at the endline. For OPD members at baseline 4 of 14 participants had worked with a humanitarian organisation, at the endline it was 12 out of 13.

**4. OPAs and OPDs are facilitated in the implementation of local humanitarian responses.**

At the baseline, OPDs and OPAs reported that their participation in the implementation stage of local humanitarian response was low. Using a scale of 1 to 5, with 5 being the highest level of participation, OPDs reported an average of 2.6, OPAs an average of 1. Post intervention, this changed significantly, with OPDs reporting an average of 4.4 and OPAs an average of 4.

**5. OPAs and OPDs are facilitated in the monitoring of local humanitarian responses.**

There were quite significant differences in the participation level of OPDs and OPAs in the monitoring phase before and after PIONEER, from passive to active. By the end, 67% of local humanitarian organisations considered OPDs and OPAs to be active in the monitoring stage (on a scale of 4 out of 5). From the perspective of the OPDs and OPAs, before the project, 77.7% OPDs and 67% OPAs considered themselves to be passive in the monitoring. This changed significantly after the project, where 55.5% of the OPAs and 67% OPDs reported that they were facilitated to be actively involved in the monitoring of local humanitarian programmes.

## PIONEER:

Partners for inclusion: localising inclusive humanitarian response.

### LEAD AND PARTNER ORGANISATIONS:

**Phase 1:** Arbeiter-Samariter-Bund Office for Indonesia and the Philippines (ASB), Working group of Disabled People's Organisations for Humanitarian Response in Central Sulawesi Center for Health Policy and Management, Gadjah Mada University, Association of Women with Disabilities Lombok, Indonesia

**Phase 2:** ASB, Humanitarian Forum Indonesia (HFI), Advocacy for Disability Inclusion (AUDISI), Resilience Development Initiative (RDI).

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Building Preparedness and Resilience**
- **Knowledge and Participation**
- **Coordination.**

### GAP ANALYSIS:

- **Tailoring Guidance and Tools**
- **Driving Organisational Change**
- **Meaningful Participation**
- **Beyond Basic Data.**

### ENGAGEMENT AND UPTAKE:

PIONEER partners have actively participated as speakers at conferences at **global**, **regional** and **national** levels to share their approach and findings.

Workshops were held at national and local level for project learning and uptake for local stakeholders.

### LEARNING:

The internal dynamics of OPDs and OPAs and their networks can have a significant impact on the progress that can be made towards effective partnerships. The PIONEER management team have invested significant time and effort into working with organisations to support their organisational capacity. Strong internal organisational management is an essential element to ensure successful partnerships with wider humanitarian actors.

From working closely with OPDs and OPAs through the PIONEER project, the partners have learnt that they have distinct capacity needs and capabilities. It should not be assumed that they are the same at-risk groups. Distinct strategies are required for engaging with each type of organisation separately.

### FIND OUT MORE:

Elrha website:

[Lessons for Disability and Older Age Inclusion.](#)

Report:

[Research snapshot:](#) Investing in Inclusive Water, Sanitation and Hygiene (WASH).

[Towards meaningful participation](#) in humanitarian studies: co-researching with persons with disabilities in Central Sulawesi.

### Forthcoming publications:

- Kusumowardoyo, C. L. and Wulansari, H. Co-researching with Persons with Disabilities: Reflections and Lessons Learned, in Higgins, M. and Lenette, C (eds.). Lived experience-led knowledge in social justice research: Decolonising and disrupting the Academy. University of New South Wales.
- ASB, AUDISI, HFI, and RDI. Localisation in building inclusive disaster preparedness and response: lessons from the PIONEER project (only available in Indonesian).
- ASB, AUDISI, HFI, and RDI. Training module: Preparing for inclusive preparedness and humanitarian response.
- Enhancing Planning for Inclusive Response: Lessons Learned from the PIONEER Model.

2021 and 2022.

## PARTICIPATORY AUDITS: Nothing about us without us.

### LEAD AND PARTNER ORGANISATIONS:

Tearfund, Ethiopian Guenet Church Development and Welfare Organisation (EGCDWO).

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- Building Preparedness and Resilience
- Knowledge and Participation
- Feedback and Complaints.

### GAP ANALYSIS:

- Tailoring Guidance and Tools
- Driving Organisational Change
- Meaningful Participation
- Adapting to Context.

### BACKGROUND:

This innovation developed an audit tool for assessing the inclusion and accessibility of people with disabilities and older people in humanitarian contexts. It was tested in Shashemene town, which has been affected by ethnic conflict as well as recurring drought and where there are a high number of people with disabilities, as well as older people. OPAs and OPDs worked with Tearfund and local partner EGCDWO to adapt and test the audit tools to gather evidence on the barriers to meaningful participation in humanitarian practices.

### METHODOLOGY:

Measuring the effectiveness of the disability audit and wider capacity building was central to the approach.

**To test the effectiveness, five key hypotheses were identified and tested for the following activities:**

1. Operational training of OPA and OPD leaders increases their ability to participate inclusively in the decision-making process of humanitarian actions.
2. OPA and OPD leaders actively engage in the co-design of the auditing tool.
3. OPAs and OPDs can effectively audit humanitarian services in Shashemene town.
4. OPAs and OPDs take a lead role in developing an inclusive humanitarian strategy towards older people and people with disabilities needs.
5. OPAs' and OPDs' advocacy efforts at the local government of Shashemene results in greater meaningful participation of older people and people with disabilities.

### FINDINGS:

The project brought the three fragmented associations of older people in Shashemene town together to form a new federation of associations of older people, focusing more to ensure the rights of older people. It strengthened the leadership of the town's federation of organisations of persons with disabilities, which was previously characterised by an internal split, to now act in solidarity and advocate for their members' rights.

OPD and OPA leaders actively engaged in the co-design of an auditing tool, however, the methodology to facilitate their active engagement had to be adapted considerably from the original plan (see 'learning').

The plan was to adapt an auditing tool from a development context. However, an entirely new tool relevant to the humanitarian context had to be developed. Based on the findings from the audits, the OPAs and OPDs have developed an inclusive humanitarian response strategy for the town, the first of its kind.

In total 13 governmental, non-governmental and community-based organisations were assessed using the audit tool.

## PARTICIPATORY AUDITS:

Nothing about us without us.

### LEAD AND PARTNER ORGANISATIONS:

Tearfund, Ethiopian Guenet Church Development and Welfare Organisation (EGCDWO).

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Building Preparedness and Resilience**
- **Knowledge and Participation**
- **Feedback and Complaints.**

### GAP ANALYSIS:

- **Tailoring Guidance and Tools**
- **Driving Organisational Change**
- **Meaningful Participation**
- **Adapting to Context.**

### ENGAGEMENT AND UPTAKE:

The audit has raised the awareness of accessibility and inclusion and some government departments have started to adapt their premises to make them more accessible to people with disabilities. OPAs and OPDs are advocating for the ratification of the inclusive humanitarian response strategy with local government using various methods such as local radio.

### LEARNING:

The original methodologies for conducting activities and testing the hypotheses had to be adapted considerably to reflect the needs and priorities of diverse participants. The implementing team was committed to an approach of inclusive co-creation which meant letting go of some of their ideas and sharing power and control. For example, there was initially some misunderstanding about what an audit would mean in this context, most participants were not familiar with it, or could only associate it with a financial audit. Leaders within the OPDs and OPAs used role play to act out what a disability audit might look like in practice, and this approach increased confidence and understanding amongst wider participants.

### FIND OUT MORE:

Elrha website:

[OPA and OPD participatory audits.](#)

Forthcoming publications:

- Audit report
- Inclusive humanitarian response strategy
- Videos featuring project stakeholders.

2020 to 2022.

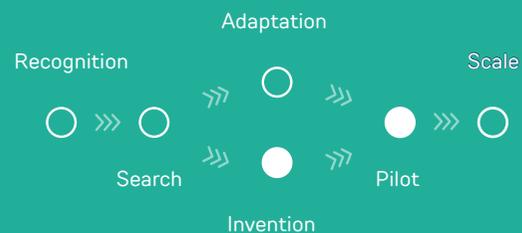
## STORYTELLING THROUGH FILM:

Older people and people with disabilities affected by the floods in Kerala.

### LEAD AND PARTNER ORGANISATIONS:

Words Rhythms Images (WRI), Samadrushti Charitable Trust.

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- Knowledge and Participation
- Feedback and Complaints.

### GAP ANALYSIS:

- Tailoring Guidance and Tools
- Meaningful Participation.

### BACKGROUND:

Although older people and people with physical disabilities are often more vulnerable and require consistent support to keep safe, their needs are not adequately taken into account when flood preparedness, rescue, and rehabilitation strategies are designed for the flood-affected regions of North Kerala.

This innovation uses films featuring older people and people with disabilities as a tool to make flood preparedness and response strategies more sensitive to their needs.

### METHODOLOGY:

Initial information gathering on stories for filming was intended to take place through community group meetings. Due to COVID-19 this had to be changed to one-to-one interviews. Older people and people with disabilities participated during the film conceptualisation and storyboarding stages, but further participation was limited due to COVID-19 restrictions.

Over 100 preliminary phone interviews were conducted with people with disabilities and older people who were affected by the 2019 floods. From the interviews, the team identified the strongest stories and short-listed 45 interviews to identify individuals who were able to express their stories clearly on video.

Eight stories were filmed and edited which illustrated the nuanced barriers that older people and people with disabilities face during floods.

### FINDINGS:

For many, this process was their first opportunity to share their unmediated experiences of the floods as the previous story and news-gathering activities had focused on younger people and people without disabilities.

The documentation of stories of individuals highlighted the diversity of experiences and impacts of the floods. While some shared that the loss of livelihood was the biggest impact, others suffered significant mental trauma. Others lost property and belongings or were not treated with dignity.

The films can be used as a tool to sensitise those creating policies and guidelines to think about the specific and individual needs of older people and people with disabilities, rather than treating them as one homogeneous group.

The films capture potential strategies for inclusion demonstrating that the ideas are already available, the gap is in systematically implementing them.

## STORYTELLING THROUGH FILM:

Older people and people with disabilities affected by the floods in Kerala.

### LEAD AND PARTNER ORGANISATIONS:

Words Rhythms Images (WRI), Samadrushti Charitable Trust.

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- Knowledge and Participation
- Feedback and Complaint.

### GAP ANALYSIS:

- Tailoring Guidance and Tools
- Meaningful Participation.

### ENGAGEMENT AND UPTAKE:

WRI plan to create a toolkit of the process used in this project so that other filmmakers and communication professionals can follow the same methodology.

The films have been published as part of a series by The News Minute to mark two years since the floods in Kerala.

The films have been disseminated on social media and circulated to government departments, educational institutions, NGOs and volunteer groups.

As part of the second phase of the project being conducted in Dehradun, WRI is putting together an interactive toolkit on how community-led participatory videos can be used to address and find solutions to local problems, especially regarding water stress.

### LEARNING:

Through this process, insights were gained into simple capacity building that equips community members to capture their stories on smartphones and disseminate them through social media.

### FIND OUT MORE:

Elrha website:

[Words. Rhythms. Images. digital storytelling project on water scarcity and flooding issues.](#)

Article:

[Words. Rhythms. Images' storytelling series.](#)

Youtube video: [Jayashankar.](#)

Youtube video: [Shantha.](#)

Instagram video: [Gireesh.](#)

Instagram video: [Rugmini.](#)

Instagram video: [Binoy.](#)

2020 to 2022.

## LAHAT DAPAT:

Maps and cards for disaster risk reduction.

### LEAD AND PARTNER ORGANISATIONS:

Philippines Geographic Society, Salkihain Kolektib.

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Safe and Equitable Access**
- **Building Preparedness and Resilience**
- **Knowledge and Participation.**

### GAP ANALYSIS:

- **Tailoring Guidance and Tools**
- **Meaningful Participation**
- **Adapting to Context.**

### BACKGROUND:

People with disabilities are four times more likely to die in a disaster than people without disabilities. However, they remain largely unaccounted for in most disaster risk reduction (DRR) plans and policies. The innovation takes place in three partner villages in the Philippines with the outputs of each activity feeding into their local Disaster Risk Reduction Management plans.

The innovation is a toolkit of participatory, engaging, and creative activities that communities can use to foster awareness among officials about the importance of social and political inclusion of marginalised groups in the planning process.

### METHODOLOGY:

In the first phase of the innovation funded by the HIF, the design team conducted research using existing literature, data and individual consultations with persons with disabilities which was expanded to a three-part disability inclusion seminar for the project team to help identify gaps, needs and opportunities for the project.

The second phase focused on expanding the tools available to involve vulnerable people as well as implementing the toolkit in three partner villages.

The tools tested were 3D modelling, art for resilience, face-to-face and online games, community photography, geo-narratives and visual mapping.

The project had to adapt significantly due to COVID-19 restrictions with many activities conducted predominantly online.

### FINDINGS:

**During the first phase the following findings were identified:**

Of all the hazards identified, the threat of informal settlement demolition and house fires was considered the most important. Access to safe spaces during proactive or pre-emptive evacuation is a challenge for people with disabilities due to travel distance and cost. Safe space facilities are not reliably accessible for people with disabilities, and information is not available in accessible formats.

Findings for phase two will be available in 2023.

### ENGAGEMENT AND UPTAKE:

This project finished in late 2022. There are plans for dissemination and engagement for 2023.

### LEARNING:

Learnings from phase two will be available in 2023.

### FIND OUT MORE:

Elrha website:

[Inclusive disaster risk reduction toolkit.](#)

# INCLUSIVE PREPAREDNESS

## INCLUSIVE PREPAREDNESS

The Sendai Framework for Disaster Risk Reduction states that civil protection, humanitarian and preparedness actors, and particularly governments, have a responsibility to ensure that disaster risk reduction and preparedness programmes are inclusive of persons with disabilities and older people.

Preparedness consists of a range of activities that can be difficult to fund adequately because it sits between the traditionally separate spheres of 'humanitarian' and 'development' work.<sup>6</sup> Preparedness can be understood as "the knowledge and capacities developed by governments, response and recovery organisations, communities and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent or current disasters."<sup>7</sup>

Despite the benefits of preparedness,<sup>8</sup> people with disabilities and older people are frequently excluded from humanitarian preparedness activities, even though they are among the most at-risk, vulnerable and marginalised, during and after humanitarian crises.<sup>9</sup>

2020 to 2022.

# STRENGTHENING INCLUSION:

## Community preparedness for sexual and reproductive health in Nepal.

### LEAD AND PARTNER ORGANISATIONS:

Women’s Refugee Commission (WRC), Family Planning Association of Nepal (FPAN), Nepal Disabled Women Association (NDWA), Senior Citizen Care Society (SCCS).

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Safe and Equitable Access**
- **Building Preparedness and Resilience**
- **Knowledge and Participation.**

### GAP ANALYSIS:

- **Tailoring Guidance and Tools**
- **Meaningful Participation**
- **Intersectionality**
- **Beyond Basic Data**
- **Adapting to Context.**

### BACKGROUND:

Nepal is highly vulnerable to natural disasters which disproportionately affect already marginalised and vulnerable populations including: women, girls, older people and people with disabilities.

Women and girls consistently face higher mortality rates during disasters. They are at a greater risk of violence, unwanted pregnancy, unsafe abortion, and sexually transmitted infections, due to the collapse of social and structural support systems. Emergency preparedness is essential for ensuring that lifesaving Sexual Reproductive Health (SRH) services are included in humanitarian response. However, people with disabilities and older people are consistently left out and their unique needs and priorities go unaddressed.

This innovation consisted of participatory research with older people and people with disabilities using accessible workbooks to adapt the existing WRC Facilitator’s Kit, "Community Preparedness for Sexual and Reproductive Health and Gender" and the development of new, accessible assessment tools and step-by-step guidance.

### METHODOLOGY:

Participants received a workbook of activities to complete within ten days.

The workbooks included drawing, mapping, ranking, and journaling activities. In addition to COVID-19 safety, the workbooks have the added advantage of enabling persons with diverse disabilities to participate and share their experiences in a comfortable environment. Focus groups and key informant

interviews were used to supplement the workbook activities and to answer process-related research questions.

Partners used consensus methodology to analyse data, validate findings and co-develop best practices on inclusive preparedness and response, and adapt tools for accessibility.

More data is available in the [Research Methodology Summaries Annex.](#)

### FINDINGS:

The process found that older people and people with disabilities were not prioritised in emergency preparedness and humanitarian response, including for SRH.

Women and girls with disabilities and older women identified different SRH needs. Both groups noted that older women and women and girls with disabilities, particularly individuals with cognitive impairments, faced high risks of GBV in the aftermath of crises but said services for survivors were not available or accessible. Both groups reported experiencing barriers to accessing SRH services including; lack of awareness and information; health facilities that are not accommodating; lack of transportation; discrimination or poor treatment from service providers; and financial constraints.

Family members and caregivers have a key role in ensuring inclusive emergency preparedness and response at the community level to ensure information is shared, and to support access.

## STRENGTHENING INCLUSION:

Community preparedness for sexual and reproductive health in Nepal.

### LEAD AND PARTNER ORGANISATIONS:

Women's Refugee Commission (WRC), Family Planning Association of Nepal (FPAN), Nepal Disabled Women Association (NDWA), Senior Citizen Care Society (SCCS).

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Safe and Equitable Access**
- **Building Preparedness and Resilience**
- **Knowledge and Participation.**

### GAP ANALYSIS:

- **Tailoring Guidance and Tools**
- **Meaningful Participation**
- **Intersectionality**
- **Beyond Basic Data**
- **Adapting to Context.**

### ENGAGEMENT AND UPTAKE:

FPAN and NDWA are currently implementing a project focused on providing SRH services and information to people with disabilities in three districts of Nepal. Partners are currently planning the next phase of the project (2023–2025) and recommendations from this project will be integrated.

### LEARNING:

If the activities were conducted again it is recommended to pilot the activity workbooks with a small group of participants, and then refine the tools before conducting data collection with a larger group of participants. Another recommendation is to include additional activities that focus on advocacy, particularly at the district level, to operationalise emergency preparedness and strengthen inclusion for older people and people with disabilities.

The team found that providing materials (eg, the research plan and focus group discussion guides) was most effective when done offline and facilitated directly by local partner FPAN. This allowed partners to have robust discussions in Nepali and to make changes and revisions to materials in Nepali, which were then shared with WRC by FPAN. This approach resulted in more detailed feedback as compared to real-time discussions with WRC via an interpreter.

### FIND OUT MORE:

Elrha website:

[SRH needs.](#)

Tools:

[Strengthening Inclusion.](#)

Facilitator's kit:

[Inclusive SRH preparedness training.](#)

2020 to 2022.

## CREATIVE EXPRESSION:

Giving voice through pictures and words.

### LEAD AND PARTNER ORGANISATIONS:

Leonard Cheshire, Christian Aid, Kurigram Protibandhi Kallyan Songstha (KPKS).

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Building Preparedness and Resilience**
- **Knowledge and Participation.**

### GAP ANALYSIS:

- **Meaningful Participation**
- **Intersectionality**
- **Beyond Basic Data.**

### BACKGROUND:

Most disaster management systems employed by national governments and humanitarian organisations mainstream messaging without considering the needs of people with disabilities, older people, and older people with disabilities. This results in these groups being unable to adequately access information about disaster preparedness and deploy the recommended preparatory measures to reduce risks.

Leonard Cheshire conducted participatory research in Kurigram, Bangladesh to explore the inclusiveness of messaging mechanisms and other factors of disaster preparedness employed by national governments, humanitarian organisations and OPD/OPAs.

### METHODOLOGY:

Leonard Cheshire conducted qualitative research including focus groups and semi-structured interviews. The research process involved OPD/OPAs in every stage, employing Photovoice methodology (using photos or other creative expressions like drawings) to record their experience of living in a disaster-prone area and their suggestions regarding inclusive and effective communications.

People with disabilities and older people created inclusive messaging on preparedness for disasters which informed an inclusive communications toolkit for authorities.

More data is available in the [Research Methodology Summaries Annex.](#)

### FINDINGS:

The research found that early warning systems in Kurigram need significant improvements across the entire region for the general population. Current early warning systems are also non-accessible for people with disabilities and older people.

Community networks of volunteers could be an effective strategy for reaching the groups if they receive training on issues of disability and age inclusion and make use of the expertise from within these excluded groups.

The research generated broader recommendations related to messaging and the disaster preparedness process.

For disaster preparedness to be inclusive, initiatives should consider the intersectional characteristics and needs of communities. For instance, older and disabled female residents in Kurigram expressed a preference to be supported by female volunteers.

The global recommendation from the research is that data collection should take place with the participation of people with disabilities and older people in the evidence-generation cycle including the dissemination of evidence back to wider communities.

## CREATIVE EXPRESSION:

Giving voice through pictures and words.

### LEAD AND PARTNER ORGANISATIONS:

Leonard Cheshire, Christian Aid, Kurigram Protibandhi Kallyan Songstha (KPKS).

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Building Preparedness and Resilience**
- **Knowledge and Participation.**

### GAP ANALYSIS:

- **Meaningful Participation**
- **Intersectionality**
- **Beyond Basic Data.**

## ENGAGEMENT AND UPTAKE:

The research has been shared at a national and global level including at a side event at the Global Disability Summit 2022, and at a dissemination event with stakeholders in Dhaka held in the Bangla language.

At a community level, a capacity-building training was delivered to 20 participants (OPD members from Kurigram) which included a discussion of the research findings. Small events were held in Kurigram to disseminate research findings with community stakeholders.

## LEARNING:

This data yielded surprises as it gave voice to those who traditionally do not have a voice in the research process. For example, the team's target area of Kurigram District, Bangladesh, is well known internationally as a flood-hit area. However, participants also wanted to highlight the severe cold that they experience every year. There is very little evidence of how this cold may disproportionately impact disabled and older people in the community. This highlights the value of listening to community-led priorities when deciding (and designing) interventions to support vulnerable populations.

Although the project was specifically focused on disaster-preparedness messaging, we found that improved messaging strategies cannot be considered in isolation from other interventions. For example, even when a person with a disability receives an early warning message, they need dedicated support to go to a shelter, and the shelter itself also needs to be accessible.

## FIND OUT MORE:

Elrha website:

[Disability and age-inclusive disaster messaging.](#)

Blog:

[The importance of inclusive disaster communications.](#)

Report:

[Situational analysis research: Identifying relevant factors for disability and age-inclusive disaster preparedness.](#)

2020 to 2022.

## WE ARE PART OF THE SOLUTION:

A user-centred exploration of the preparedness needs of people with disabilities and older people in Mozambique for an inclusive humanitarian response.

### LEAD AND PARTNER ORGANISATIONS:

Light for the World, Butterfly Works, Fórum das Associações Moçambicanas de Deficientes (FAMOD), Action for Community Development (ASADEC), HelpAge International (Mozambique).

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- Building Preparedness and Resilience
- Knowledge and Participation.

### GAP ANALYSIS:

- Meaningful Participation
- Beyond Basic Data.

### BACKGROUND:

Sofala province in Mozambique was severely affected by Cyclone Idai in 2019, resulting in people being internally displaced and transferred to resettlement sites across the region. People with disabilities and older people faced complex systemic challenges that were compounded by intersecting identities such as gender, race, ethnicity, sexual orientation, language, health status, and national/ social origin.

Light for the World conducted an Exploration Lab which is a creative and participatory design research method to enable people with disabilities and older people to be researchers of their own lives.

### METHODOLOGY:

The Exploration Lab brought together 40 community members consisting of older people or people with visual, auditory, and physical disabilities. All activities in the Exploration Lab were designed and implemented so that people with disabilities, older people, representatives of OPDs and OPAs, local activists and humanitarian action organisations could come together and share their challenges, needs and wishes for an improved humanitarian response.

The activities created a space to develop solutions together for the main challenges faced in emergency situations.

### FINDINGS:

The research produced 12 main insights and core needs, four design criteria, and seven strategic interventions.

A key insight was that access to inclusion and rights are not clear or the same for people with disabilities and older people, their families, their community, the administrative structures and the humanitarian implementation organisations. For humanitarian preparedness and response, this leads to a lack of awareness and preparation to cater for specific needs.

There is a lot of willingness to include people with disabilities and older people, and there are ongoing programmes with this objective. However, more coordination between the different actors is needed to achieve sustainable impact and a longer-term shared vision for humanitarian aid. This is especially true for those that advocate for the rights of people with disabilities and older people and implementers of humanitarian preparedness and response.

## WE ARE PART OF THE SOLUTION:

A user-centred exploration of the preparedness needs of people with disabilities and older people in Mozambique for an inclusive humanitarian response.

### LEAD AND PARTNER ORGANISATIONS:

Light for the World, Butterfly Works, Fórum das Associações Moçambicanas de Deficientes (FAMOD), Action for Community Development (ASADEC), HelpAge International (Mozambique).

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Building Preparedness and Resilience**
- **Knowledge and Participation.**

### GAP ANALYSIS:

- **Meaningful Participation**
- **Beyond Basic Data.**

## ENGAGEMENT AND UPTAKE:

Seven strategic intervention areas identified that can be piloted in the region:

1. **Inclusive financial resilience:** Financial literacy and income-generating skills to better prepare for and recover from emergencies.
2. **Food production, conservation and distribution:** Self-sufficient cooperative of people with and without disabilities, maintained by income-generating activities such as food production, conservation and distribution to local areas.
3. **Continued community campaign:** Ongoing awareness campaign about natural disasters and how to prepare for them.
4. **10-house activists:** Neighbourhood-level local representation system for people with disabilities and the elderly.
5. **All-in for inclusion:** Capacity building on inclusion for humanitarian decision makers and implementers. Inclusion of people with disabilities as humanitarian actors.
6. **Skills for all:** Inclusive community education and skill building.
7. **Collaborative strategic plan:** Planning, public policy and coordination to support the collaboration between different organisations.

The findings from the Exploration Lab have been used to leverage a further 2 million Euro funding for a programme to reduce the impact of climate-related risks by strengthening community resilience in an inclusive and gender-responsive way.

## LEARNING:

Many participants did not associate the sessions with research, but saw the sessions as training and capacity building for themselves. This was an important lesson for managing expectations of the next steps and follow-up for groups who do not have previous experience with similar engagement.

## FIND OUT MORE:

Elrha website:

[User-centred preparedness for people with disabilities.](#)

Tools:

[Social design techniques.](#)

2020 to 2022.

# DATA FOR PREPAREDNESS:

Actionable data for inclusive shelter.

## LEAD AND PARTNER ORGANISATIONS:

Nossal Institute, Life Haven Centre for Independent Living, and Australian Red Cross.

## STAGE OF INNOVATION:



## HUMANITARIAN INCLUSION STANDARD:

- Identification
- Safe and Equitable Access.

## GAP ANALYSIS:

- Beyond Basic Data.

## BACKGROUND:

Without age-appropriate disability data, interventions are not targeted; people are excluded; and the specific needs of women, men, girls and boys with disabilities are not met. There is increasing evidence that the disability data collection tools currently available to shelter professionals are not meeting their needs.

The Preparing Actionable Data for Inclusive Shelter (PADIS) innovation identifies actionable data that shelter professionals can use to improve the inclusion of older people and people with disabilities within their response. The methodology used has challenges and explores in greater depth existing data collection methods, and what helps or hinders their uptake in the sector.

## METHODOLOGY:

A Delphi study was conducted to understand the disability and older age data needs of humanitarian shelters. This was an iterative process asking individual experts about disability and older age data in humanitarian shelter response.

The approach used the following stages:

- **Introductory informal interview.** Understanding operating contexts and prior experience of collecting and using disability and older age data.

- **Delphi Round 1.** Identifying potential entry points for improving collection and use of disability and older age data.
- **Delphi Round 2.** Identifying sources of data and the potential of different data to contribute to improving disability and older age inclusion in shelter response.
- **Delphi Round 3.** Understanding how different data may be used to improve disability and older age inclusion in shelter response.

Based on the information from Round 1, two scenarios specifically relevant to shelter response were used in Rounds 2 and 3 to provide context for the questions.

More data is available in the [Research Methodology Summaries Annex](#).

## FINDINGS:

The approach identified the following areas of consensus:

- Progress, potential, and entry points
- Data sources and types
- Potential use of data (scenario-based)
- Pathways for improving the use of disability and older age data in humanitarian shelter response.

## DATA FOR PREPAREDNESS:

Actionable data for inclusive shelter.

### LEAD AND PARTNER ORGANISATIONS:

Nossal Institute, Life Haven Centre for Independent Living, and Australian Red Cross.

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- Identification
- Safe and Equitable Access.

### GAP ANALYSIS:

- Beyond Basic Data.

### Highlights of the analysis from the areas of consensus include:

- Shelter sector programming is diverse, and generic high-level guidance on disability and older age data may not always be relevant. There is a need for activity-specific guidance for the collection and use of disability and older age data within humanitarian response. Guidance that focuses on a single tool or approach will not meet varied data needs across diverse programming activities and modalities.
- Participating experts were most familiar with government or multilateral led post-disaster needs / loss assessments and agency-led assessments as data sources. Experts were not familiar with administrative data, for example, disability and older age data that is used by the government to administer social protection or other programmes and services. Raising awareness of the potential and challenges of using administrative data to improve the targeting of shelter assistance is an important preparedness consideration.
- Data on attitudinal barriers within the implementing organisation would be essential during the preparedness phase. This applied to both temporary shelter and cash-based programming scenarios. Identifying and overcoming these barriers should be a preparedness priority within the sector.

### ENGAGEMENT AND UPTAKE:

This project finished in late 2022. There are plans for dissemination and engagement for 2023. The latest updates can be found at [the Nossal Institute twitter account](#).

### LEARNING:

This project broadens the discourse on disability and older age data beyond prevalence data, and the disaggregation of data sets creates opportunities for more detailed consideration of what information on barriers of need may most effectively improve inclusion at different stages of shelter and settlement programming.

This also offers an opportunity for the shelter sector to reflect on how it might more broadly adopt key, well-established principles of disability and older age inclusion.

### FIND OUT MORE:

Elrha website:

[Disability data needs of shelter professionals.](#)

Article:

[Disability data in humanitarian response.](#)

# DATA-DRIVEN INCLUSION

## DATA-DRIVEN INCLUSION

In the Global Humanitarian Overview 2021, the UN Secretary-General emphasised the importance of improving the collection, sharing and use of data on disability in humanitarian action. The Gap Analysis identified that humanitarian actors recognise the need to collect and use data disaggregated by disability and age. The Washington Group Questions are increasingly being used to collect data on individual functional ability which helps identify and understand prevalence in a population. However, data is rarely disaggregated by age categories (eg, 60–70 years, 70–80 years), meaning that the diversity of older people goes unrecognised. In general, there is limited evidence of disaggregated data being collected on a large scale and used to increase the inclusion of people with disabilities and older people.

In 2022 we launched a challenge which focuses specifically on this issue. However, we have also funded data-driven inclusion projects before this challenge, all of which are included here.

We hope to add to the profiles in this section when the Data-Driven Inclusion challenge completes in 2024.

**The Nossal Institute featured in the Inclusive Preparedness section of the catalogue addresses data driven inclusion in its innovation [Preparing Actionable Data for Inclusive Shelter](#).**

2013 and 2018.

## HEALTH AND NUTRITION:

### Rapid Assessment Method for Older People (RAM-OP).

#### LEAD AND PARTNER ORGANISATIONS:

Help Age International, Valid International, and Brixton Health.

#### STAGE OF INNOVATION:



#### HUMANITARIAN INCLUSION STANDARD:

- Identification.

#### GAP ANALYSIS:

- Tailoring Guidance and Tools
- Intersectionality
- Beyond Basic Data.

#### BACKGROUND:

Older people are vulnerable to malnutrition, but their nutritional status and needs are rarely assessed and addressed. There is a need for a simple, cheap, and rapid tool to assess these (and other) needs and to enable humanitarian actors to advocate, plan, and deliver relevant and comprehensive responses for older people.

RAM-OP is a robust, reliable, and user-friendly method for assessing the needs of older people both in humanitarian crises and development contexts. The modular structure of RAM-OP allows for adaptation, meaning it can be either exhaustive or limited to essential indicators, depending on the survey needs. It covers health and nutrition, water and sanitation, income and disabilities.

The method is innovative and rapid, requiring a sample size of just 192 (regardless of the size of the population to survey). The process can be achieved in just two weeks, including training, data collection, data entry and analysis.

#### METHODOLOGY:

A prototype Rapid Assessment Method for Older People (RAM-OP) was compared with the [SMART method](#) in a pilot in an urban/peri-urban setting in Ethiopia.

Changes to the RAM-OP method were piloted in subsequent field trials, including the addition of the [Washington Group](#) short set of disability questions to enable the data collected to be disaggregated by disability status. Globally, 46% of older people live with a disability so it is vital to address their changing needs, across their lifetime.

More data is available in the [Research Methodology Summaries Annex](#).

#### FINDINGS:

The RAM-OP survey provides comparable results to the SMART survey at about two-thirds of the cost of the SMART survey.

There is a dedicated RAM-OP website which provides stakeholders access to technical support, the opportunity to upload data collected through conducting a RAM-OP and to view others' data.

This combined dataset provides an evidence base for policy and advocacy work towards the inclusion of older people in humanitarian responses to health and nutrition needs.

The limitations of RAM-OP are that it focuses only on the health and nutrition of older people, and it does not capture data on older people's multisectoral needs in humanitarian settings.

#### ENGAGEMENT AND UPTAKE:

Help Age has piloted and used the RAM-OP in several locations including Ethiopia, Mozambique and Bangladesh. [Muslim Aid](#) funded by the HIF used the RAM-OP in an IDP camp context in South Sudan.

The innovation team reported that uptake so far has been limited due to the challenge of funding to implement it and achieving buy-in from other agencies.

The RAM-OP is a highly useful tool, and further learning and guidance around its complementarity with Rapid Needs Assessments (RNAs) may help build broader adoption and use of the tool.

#### FIND OUT MORE:

Tools:

[Resources for RAM-OP](#).

# IMPROVING ACCESSIBILITY

## IMPROVING ACCESSIBILITY

Safe and equitable access is one of the Humanitarian Inclusion Standards for Older People and People with Disabilities. As part of the standards, humanitarian actors are required to address the barriers that prevent participation and access to services, and strengthen factors that enable access. Improving physical access is one core component.

Whilst the HIF has not funded a challenge directly focused on improving physical access, the innovation in this section is included as it addresses this issue.

**The International Federation of the Red Cross addresses physical access to WASH facilities featured below in the [WASH section of this catalogue in its innovation Adaptable Design: Menstrual Hygiene Management and Accessible WASH for Emergencies](#).**

2011 and 2012 to 2014 and 2015.

### MOTIVATION:

Appropriate and affordable emergency wheelchairs.

### LEAD AND PARTNER ORGANISATIONS:

Motivation, World Federation of Occupational Therapists, Handicap International, Johanniter International Assistance.

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- Safe and Equitable Access.

### GAP ANALYSIS:

- Adapting to Context.

### BACKGROUND:

The lack of suitable wheelchairs in emergency settings causes life-threatening situations for people with injuries or disabilities. In an emergency, wheelchairs are often slow to arrive and those that do arrive are not designed for the challenging environments found during emergencies.

Motivation has designed an innovative emergency wheelchair: compact and easy to transport, adjustable, durable and rough terrain capable. The wheelchair meets the World Health Organization wheelchair guidelines and has passed International Standard Organisation strength tests to ISO 7176-8<sup>10</sup>.

In addition, the emergency wheelchair service package includes: service set-up directions, an emergency assessment and fitting procedure, a user instruction manual and a user feedback form.

### METHODOLOGY:

During the invention phase, the team followed a design process based on previous experience in wheelchair design. This included problem analysis, design brief, producing design solutions and prototypes, evaluating and refining the design, and running field trials in Pakistan.

The design team coordinated with Humanity and Inclusion and the production facility from the outset to ensure the design was fit for purpose and to ensure costing and manufacturing considerations were integrated into the design.

During piloting, a training trainers' package for emergency wheelchair response was tested with Humanity and Inclusion and Johanniter. Both organisations incorporated 50 emergency wheelchairs into their emergency response stock.

Humanity and Inclusion deployed the emergency wheelchairs in two emergencies during the project. Wheelchairs were delivered to Humanity and Inclusion's non-food item emergency storage centre in Dubai and 20 wheelchairs were integrated into ten emergency response kits.

### FINDINGS:

One of the unexpected challenges was predicting which wheelchair sizes would be needed in an emergency. The destination of the wheelchairs is unknown when stock is ordered and the general build of any population varies vastly. Learning from distribution in the Philippines resulted in a change in the ratio sizes ordered to 25% Small, 45% Medium, 25% Large and 5% Extra-large.

The minimum order quantity was 500 wheelchairs, yet many organisations, whilst interested in the wheelchairs, did not have capacity to store them in preparation for deployment.

### ENGAGEMENT AND UPTAKE:

The emergency wheelchair service package has been used in emergencies in the Philippines, Gaza and Nepal.

WHO is adapting the materials in 2022 for use in their Ukraine response.

### FIND OUT MORE:

Elrha website:

[Appropriate and affordable emergency wheelchairs. Map of dissemination.](#)

Report:

[Global report on assistive technology.](#)

Blog:

[Further innovations in wheelchair design and manufacture using 3D printing.](#)

# WATER, SANITATION AND HYGIENE (WASH)

## WATER, SANITATION AND HYGIENE

People with disabilities and older people can face many diverse barriers when it comes to inclusion in humanitarian WASH programming. This includes barriers to accessing services, meaningfully participating in needs assessments, programme design, implementation and evaluation. Barriers arise due to a range of other factors including: a lack of accessible information; limited opportunities to provide feedback; a lack of training and capacity of humanitarian practitioners; unstandardised approaches to data collection and an overall lack of resources allocated to humanitarian inclusion.

Such factors contribute to a systemic lack of inclusion of older people and people with disabilities in humanitarian response and a situation where their capacities and rights are often overlooked. A rapid review of three existing WASH humanitarian programmes identified key areas in which a significant lack of evidence and guidance around inclusion severely impacts the effectiveness of WASH services for people with disabilities and older people, such as support for Menstrual Health Management (MHM) and incontinence management.

2019.

## ADVOCATING FOR DIGNITY:

### Barriers to inclusion of older people with incontinence in humanitarian WASH.

#### LEAD AND PARTNER ORGANISATIONS:

Help Age International, Oxfam GB.

#### STAGE OF INNOVATION:



#### HUMANITARIAN INCLUSION STANDARD:

- **Safe and Equitable Access.**

#### GAP ANALYSIS:

- **Tailoring Guidance and Tools**
- **Intersectionality**
- **Beyond Basic Data**
- **Adapting to Context.**

#### BACKGROUND:

Incontinence is a complex health, social and dignity issue where a person cannot control the flow of their urine or faeces. It is a highly stigmatising condition that can cause emotional, social, practical and monetary challenges for the person who is living with it and their families.

Yet, there is limited evidence available to understand the scale or scope of the problem or its implications. This research addresses this gap through a practical and sensitive methodology to understand how incontinence affects older people and their caregivers in humanitarian contexts.

#### METHODOLOGY:

A variety of methods were used including:

- An adapted and abridged version of HelpAge's RNA trialled with a small sample size in both Malawi and Ethiopia
- Focus group discussions, and smaller group discussions facilitated by older people
- Household visits
- WASH facility audits
- Key informant interviews.

The teams then conducted in-person analysis and validation to enable a greater depth of data analysis. Finally, they revisited participants in FGDs and households and held stakeholder workshops to share findings.

More data is available in the [Research Methodology Summaries Annex](#).

#### FINDINGS:

The research found that incontinence was an issue of significant scale with 18–20% of respondents saying that they or someone in their family suffered from incontinence. Whilst this is a non-representative sample, the finding warrants further investigation of the potential scale and impact of incontinence.

At an organisational and sectoral level, the concept of incontinence was not well understood by WASH practitioners. The research shows that there is little, if any, cross-sectoral discussion of incontinence and that many sectors see the issue as being the responsibility of someone else.

Older people shared psychological implications including feelings of shame, loneliness, neglect and suicide. Physical impacts include limiting their food and water intake to minimise incontinence. Social impacts include reduced opportunities to earn money, participate in community life, and reluctance to travel long distances. Respondents had developed improvised coping strategies including: the common use of home-made measures, bed pans, digging holes close to the house, and heavily relying on caregivers and family members.

Potential solutions identified by older people and their caregivers are largely existing WASH solutions which would meet their additional needs due to incontinence such as jerry cans, buckets, soap and laundry powder, as well as specific items to address incontinence such as pads.

## ADVOCATING FOR DIGNITY:

Barriers to inclusion of older people with incontinence in humanitarian WASH.

### LEAD AND PARTNER ORGANISATIONS:

Help Age International, Oxfam GB.

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Safe and Equitable Access.**

### GAP ANALYSIS:

- **Tailoring Guidance and Tools**
- **Intersectionality**
- **Beyond Basic Data**
- **Adapting to Context.**

### ENGAGEMENT AND UPTAKE:

The research has been presented at the Emergency Environmental Health Forum in 2021 where it prompted suggestions of undertaking a sector-wide audit on the issue of incontinence.

It has also been shared with key WASH stakeholders in Ethiopia and Malawi. In Ethiopia it prompted the UNHCR to request partners to include incontinence activities within their next round of funding proposals. In Malawi, the UNHCR requested NGOs working on Protection and Inclusion to develop an advocacy paper for submission to the Ministry of Health.

Oxfam has recently been selected as the sole WASH partner for refugee camps in Gambella, Ethiopia. Research findings are being used to shape programming, ensuring that it retains a focus on the needs of people living with incontinence.

### FIND OUT MORE:

Resources available for others to use: a set of research methodologies alongside reference material to guide future research in this area and support the timely application in the field.

Elrha website:

[How incontinence affects older people.](#)

Blogs:

[Lessons on applying for ethical approval in humanitarian research.](#)

[Barriers to inclusion for older people with incontinence and their caregivers.](#)

2019 to 2022.

## REMOVING STIGMA:

Improving menstrual health for people with intellectual disabilities in emergencies.

### LEAD AND PARTNER ORGANISATIONS:

World Vision Vanuatu, London School of Hygiene and Tropical Medicine, Vanuatu Society for People with Disability.

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Safe and Equitable Access.**

### GAP ANALYSIS:

- **Tailoring Guidance and Tools**
- **Intersectionality**
- **Beyond Basic Data**
- **Adapting to Context.**

### BACKGROUND:

Without accessible information, menstruation can be confusing and frustrating for the person menstruating and those supporting them, which is exacerbated during emergencies. In humanitarian contexts, the unique menstrual health needs of women with intellectual disabilities have not been explored.

The innovation is a campaign to improve understanding and behaviours around menstrual health for people with intellectual disabilities and their caregivers. It was first developed and tested in Nepal by the London School of Hygiene and Tropical Medicine and WaterAid.

The campaign includes period packs containing necessary materials, tools, visual stories, dolls and roleplays based on two characters. Participants communicate with each other about what menstruation is, how to manage it hygienically and with dignity and how to be better prepared in times of disaster.

With HIF funding, the innovation was adapted for Vanuatu. This provides valuable data to determine how it can be modified to fit different cultural contexts and a disaster response.

### METHODOLOGY:

The project team undertook a systematised review to understand the extent to which disability is included in menstrual health efforts during emergencies. In addition to this review, the team conducted formative research with caregivers and young people with intellectual disabilities and key implementing agencies to investigate the barriers to menstrual health and hygiene they face during emergencies.

Data collection tools included PhotoVoice and using a large doll to explore menstruation with respondents. Existing resources from the Nepal setting were adapted to fit the local cultural context and to respond to the specific barriers presented within an emergency. For Vanuatu, this included adapting images to be culturally appropriate and integrating a cyclone into the visual story.

The revised tools were piloted in communities (May–August 2022) in Sanma Province with households impacted by Tropical Cyclone Harold and/or the Ambae volcano evacuation.

More data is available in the [Research Methodology Summaries Annex](#).

## REMOVING STIGMA:

Improving menstrual health for people with intellectual disabilities in emergencies.

### LEAD AND PARTNER ORGANISATIONS:

World Vision Vanuatu, London School of Hygiene and Tropical Medicine, Vanuatu Society for People with Disability.

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Safe and Equitable Access.**

### GAP ANALYSIS:

- **Tailoring Guidance and Tools**
- **Intersectionality**
- **Beyond Basic Data**
- **Adapting to Context.**

### FINDINGS:

The systematic review found that menstrual health interventions in emergencies rarely targeted or included women and girls with disabilities.

The formative research found that almost half of all caregivers keep the young person at home when menstruating because of fear of ridicule if the young person has blood on her clothes, or fear of Gender-Based Violence. During an emergency, as a result of this shame and stigma, many households did not seek safe shelter.

Little or no support or guidance was given to caregivers. While caregivers were mostly women, the few men who were carers and supported menstrual health received no support and faced additional stigma from the community.

The implementing agencies interviewed highlighted the need to support menstrual health beyond just the emergency response phase to ensure more effective menstrual health interventions during an emergency.

At the time of publishing, the piloting of the tools was ongoing. An update will be available once the results are published.

### ENGAGEMENT AND UPTAKE:

Key findings from both the systematised review and formative research were presented at the 2022 Emergency Environmental Health forum and shared at the 2022 University of North Carolina Water and Health Conference.

Publication of systematised review, formative research, feasibility study and accompanying briefing note is expected in 2023.

### LEARNING:

Learnings will be shared once the project is completed.

### FIND OUT MORE:

Elrha website:

[MHM for people with intellectual impairments.](#)

Campaign resources:

[The original campaign tested in Nepal.](#)

2019.

## THE WASH GAP:

Barriers to inclusion faced by people with disabilities and older people in humanitarian WASH in Darfur, Sudan.

### LEAD AND PARTNER ORGANISATIONS:

Muslim Aid, Sudanese Organization for Relief and Recovery (SORR), Centre for Trust, Peace and Social Relations (CTPSR) at Coventry University (CU), Al Etihad AlSudani Algumi Lelmougeen Harakian (AAALK).

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Safe and Equitable Access.**

### GAP ANALYSIS:

- **Tailoring Guidance and Tools**
- **Meaningful Participation**
- **Intersectionality**
- **Beyond Basic Data**
- **Adapting to Context.**

### BACKGROUND:

Central Darfur in Sudan has a high prevalence of people living with disabilities. The IDP camps selected for this research are classified as being in the 'WASH Gap'. These camps are being defined as neither in the humanitarian nor the development WASH phases, as defined by the UNHCR.

A participatory research methodology with older people and people with disabilities acting as researchers themselves, was used to develop an in-depth understanding of the barriers these groups face to inclusive WASH programming in this unique context.

### METHODOLOGY:

The study used six quantitative and qualitative tools along with Participatory Action Research (PAR) methodology. The study adopted a rights-based approach using the Social Model of WASH Inclusion.

A quantitative survey was conducted using the adapted Rapid Assessment Method for Older People (RAM-OP) focusing on the WASH Disability and Activities of Daily Living modules.

Semi-structured Interviews were conducted with older people, people with disabilities, community members, members of OPDs and staff within humanitarian organisations.

Peer-to-Peer conversations were used in which people with experience of issues of mutual interest talked to each other in the form of a conversation.

More data is available in the [Research Methodology Summaries Annex.](#)

### FINDINGS:

The analysis explores barriers to inclusion through a disaggregated lens of gender, age, type of disability and the intersections of these categories.

In the two sites, 80% of the participants in the RAM-OP survey indicated that they did not have access to improved non-shared facilities. There was a significant difference between the two locations, with 92% not having access in the rural Nerititi region. The findings also indicated how types of disability, gender and age played a significant role in the level of dependency participants had and the barriers they faced while accessing WASH services.

Research participants expressed attitudinal, environmental and institutional barriers to accessing WASH. This included a lack of building standards and guidance in the two IDP camps regarding latrines/toilets or water points and a lack of consultation mechanisms to include older people and people with disabilities in decisions concerning the location and design of WASH facilities. They also identified inaccessible paths or roads and the immediate environmental surroundings as barriers to access.

Research participants proposed simple design solutions including: gently sloping ramps that were wide enough for a wheelchair or walking frame, handrails, bigger latrine/toilet cubicles, adding a seat and handles, replacing hand-pumps with taps, seating so people could rest whilst waiting to use the facilities – particularly at water points where queues are likely, and solar lighting to increase confidence to use facilities at night.

## THE WASH GAP:

Barriers to inclusion faced by people with disabilities and older people in humanitarian WASH in Darfur, Sudan.

### LEAD AND PARTNER ORGANISATIONS:

Muslim Aid, Sudanese Organization for Relief and Recovery (SORR), Centre for Trust, Peace and Social Relations (CTPSR) at Coventry University (CU), Al Etihad AlSudani Algumi Lelmougeen Harakian (AAALK).

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Safe and Equitable Access.**

### GAP ANALYSIS:

- **Tailoring Guidance and Tools**
- **Meaningful Participation**
- **Intersectionality**
- **Beyond Basic Data**
- **Adapting to Context.**

### ENGAGEMENT AND UPTAKE:

The study was presented in two events organised by UNICEF in Sudan, the lead WASH cluster in-country. The study was presented at the African Studies Commission session of the International Geographic Union 2022 Conference in Paris.

### LEARNING:

Older people and people with disabilities are often treated as homogeneous groups by policymakers and those providing WASH programming. As this research demonstrates, this is not the case. This study suggests that using an intersectional lens which includes age and gender, as well as type and severity of disability, can facilitate more effective inclusive WASH planning and implementation.

### FIND OUT MORE:

Elrha website:

[Accessible sanitation facilities for internally displaced persons](#)

Report:

[Barriers to inclusion in WASH programming](#)

2020 to 2022.

## ADAPTABLE DESIGN:

Menstrual hygiene management friendly and accessible WASH for emergencies.

### LEAD AND PARTNER ORGANISATIONS:

International Federation of Red Cross, Lebanese Red Cross and Red Crescent Societies.

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- Safe and Equitable Access.

### GAP ANALYSIS:

- Tailoring Guidance and Tools
- Adapting to Context.

### BACKGROUND:

Emergency latrine and bathing area designs are often not appropriate for women and girls with disabilities to manage menstruation in a private, safe and dignified way.

The innovation piloted new rapid engagement tools for designing inclusive and accessible WASH facilities in a participatory way and technical designs that can be adapted to a context.

### METHODOLOGY:

The project team piloted minimum standard checklists that are simple, easy to use and can be used across the different emergency phases. The checklist can be used by engineers and hygiene promotion specialists during assessments to guide the design of facilities based on input from women and girls with disabilities.

Based on these checklists three new menstrual hygiene management spaces were designed: raised latrine, trench latrine and bathing area.

A raised latrine block was piloted in a refugee community in northern Bekaa valley Lebanon with approximately 130 individuals (27 households) including several older people, a person with a disability and 60 children.

### FINDINGS:

A manual with adaptable template designs and checklists for site selection and planning has been produced for three emergency WASH facilities: raised latrine block, trench latrine block and bathing block.

[The manual and designs can be downloaded here.](#)

### ENGAGEMENT AND UPTAKE:

The solutions presented in the manual are intended to be adaptable to a wide range of contexts, and therefore the design information is accompanied by guidance on how to assess the needs of the target community and local site constraints.

The next steps are to pilot these types of latrines in more emergencies to meet the needs of other contexts and users.

### LEARNING:

Having “ready-made” emergency WASH facility designs that are adaptable to different contexts and sites is possible. The challenge is with uptake by WASH practitioners in acute emergencies. Mindset, openness and attitude towards issues such as menstrual hygiene and disability-friendly access are key.

### FIND OUT MORE:

Elrha website:

[WASH facilities in Lebanon.](#)

Report:

[Menstrual Hygiene Management.](#)

Tools:

[Accessible sanitation resources.](#)

# GENDER-BASED VIOLENCE

## GENDER-BASED VIOLENCE

During conflicts, natural disasters and displacement, the risk of experiencing violence, exploitation and sexual abuse is heightened. People with disabilities and older people can be more exposed to GBV due to a lack of protection and heightened vulnerabilities. This risk is exacerbated by barriers to inclusion in humanitarian GBV programming, including barriers to access services and meaningfully participate in needs assessments, programme design, implementation and evaluation.

Women and girls with disabilities are even more likely to face physical and sexual violence, abuse and exploitation.<sup>11</sup> Overall, the rights of people with disabilities and older people are not upheld and their capacities are overlooked. While research and guidance concerning the inclusion of older people in GBV programming are scarce<sup>12</sup>, there is some research on disability and GBV which identifies barriers to accessing GBV programming, recommendations and tools for engagement. For example, the Women's Refugee Commission and the International Rescue Committee's "I see that it is possible" report, ADD International's Learning Paper on "Disability and Gender-based Violence", Women's Refugee Commission and UNICEF Lebanon's guidance on "Disability inclusion in Child Protection and GBV programmes".

However, the extent to which existing tools and recommendations are used in practice and how older people and people with disabilities experience the resulting GBV programmes is less understood.

2019 to 2022.

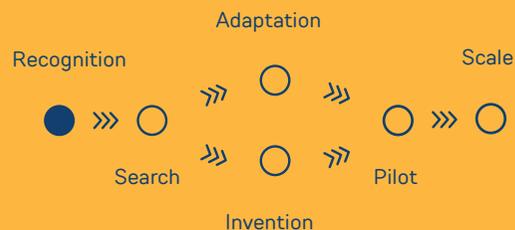
## BREAKING BARRIERS:

A mixed-method study of barriers to accessing GBV services for older people and people with disabilities in Iraq.

### LEAD AND PARTNER ORGANISATIONS:

Heartland Alliance International (HAI), Iraqi Alliance of Disability Organizations (IADO).

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Safe and Equitable Access**
- **Knowledge and Participation.**

### GAP ANALYSIS:

- **Driving Organisational Change**
- **Meaningful Participation**
- **Intersectionality**
- **Beyond Basic Data**
- **Adapting to context.**

## BACKGROUND:

Iraq is a complex emergency context with high levels of humanitarian needs due to protracted and multi-faceted crises across the country. Like in many other humanitarian settings, there has been very limited research into the barriers for people with disabilities and older people in this context to access GBV services.

To address this, Heartland Alliance International and IADO conducted an in-depth quantitative and qualitative study, developed and implemented with the participation of local OPDs. This mixed-methods research encompassed perspectives from various stakeholders and settings in Iraq to understand risks and exposure to identity-based interpersonal violence towards persons with disabilities, identify barriers to inclusion, and identify strategies to improve access to GBV programming for people with disabilities and older people in Iraq.

## METHODOLOGY:

Innovative, accessible, and safe data collection methodologies were developed collaboratively with people with disabilities and older people, and there was meaningful participation at all phases of the research. This included the research sites, research tools and sampling frameworks being finalised with IADO and other OPDs. Alongside HAI, IADO trained local research team members who were all persons with disabilities.

The research was conducted in three cities in Iraq: Baghdad, Mosul, and Sulaymaniyah during the

spring of 2021. Accessible communication supports, including picture aids and easy-to-read consent forms, were created to improve the access to and understanding of information, and were implemented following basic support and training.

Research outputs have been created in multiple languages and formats (Arabic, Kurdish, English, Iraqi Sign Language, audio and video with subtitles).

More data is available in the

[Research Methodology Summaries Annex.](#)

## FINDINGS:

Most of the people interviewed (74% of women and 69% of men) had experienced interpersonal violence. The most common types of violence they experienced were verbal/emotional, physical or deprivation (ie, people preventing them from doing necessary things like going outside). 12% had experienced sexual violence. Perpetrators were their own family, people they knew in the community, and sometimes strangers. Those who had experienced violence were more likely to have mental health difficulties.

Almost half of the people who experienced GBV didn't try to get any help. Those who did try to get help most often spoke to family and friends. Very few people tried to get help from professionals.

Factors that stopped people from accessing services included transportation barriers, inaccessible services, fear and shame, and confidentiality concerns.

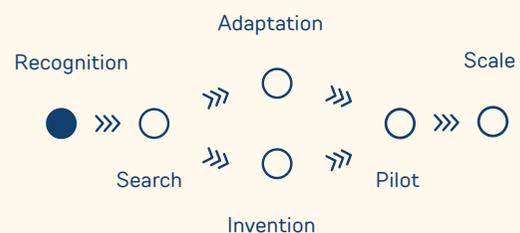
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### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Safe and Equitable Access**
- **Knowledge and Participation.**

### GAP ANALYSIS:

- **Driving Organisational Change**
- **Meaningful Participation**
- **Intersectionality**
- **Beyond Basic Data**
- **Adapting to context.**

### ENGAGEMENT AND UPTAKE:

IADO led a government roundtable with government actors, academics and community service providers including representatives from the community police and mental health services. The Ministry of Labour recognised the need for additional training in human rights for service providers to address the issue of GBV.

The enumerators led dissemination workshops for their peers through the OPD in Baghdad, Mosul, and Sulaymaniyah. The results were also presented to the National Protection Cluster and the GBV subcluster in Iraq, who reported that the findings increased their awareness about the needs of persons with disabilities and informed efforts to increase the accessibility of services.

Dissemination is continuing through the publication of open-access journal articles detailing both findings and the participatory methodology.

### LEARNING:

Collaboration with local persons with disabilities is a feasible and preferable way of conducting such research. It enables meaningful knowledge exchange, confidence and skill building, facilitates local dissemination and adds credibility and impact to findings.

Accessible tools are relevant and well accepted by participants with disabilities, as well as participants who are illiterate and/or have very minimal education. They are not overly costly to produce.

### FIND OUT MORE:

Elrha website:

[Understanding GBV service barriers in Iraq.](#)

Reports, videos and audio:

[Understanding GBV service barriers.](#)

2016 and 2018.

## BEYOND WORDS:

Gender-Based Violence and Sexual Reproductive Health Education services for refugees with communication disabilities in Rwanda.

### LEAD AND PARTNER ORGANISATIONS:

Manchester Metropolitan University, UNHCR Rwanda, Communicability Global, Institute for Human-centred Design.

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Safe and Equitable Access.**

### GAP ANALYSIS

- **Intersectionality**
- **Beyond Basic Data.**

## BACKGROUND:

UNHCR Rwanda identified a need to provide equitable GBV services to refugees with communication disabilities who are excluded from current services. People who experience communication disabilities can be at increased risk of Sexual and Gender-Based Violence (SGBV), as they may be targeted due to their disability. They may experience barriers in reporting what has happened and may be less likely to understand what has happened due to a lack of sexual reproductive health education.

There is a lack of data as to what extent existing GBV response services and Sexual Reproductive Health Education (SRHE) services meet the needs of people with communication disabilities and their carers. This research aims to address this gap.

## METHODOLOGY:

Two literature reviews were conducted. The first was in 2016 to gather existing evidence on SGBV response services for refugees who experience communication disabilities. This research highlighted the need to focus on sexual and reproductive health education. This led to the second in 2018, that focused on SRHE services for people who experience communication disabilities.

Qualitative field research and training were conducted with service providers and people who experience communication disabilities and their carers.

This included:

- Frontline GBV workers trained in sensitive interviewing of people with communication disabilities, including GBV survivors, and carers.
- Individual interviews and focus groups with people who experience communication disabilities and their carers and service providers.
- Two stakeholder workshops were carried out to produce a problem statement and a challenge brief relating to GBV and SRHE services for refugees who experience communication disabilities.

More data is available in the [Research Methodology Summaries Annex](#).

## FINDINGS:

The research found that understanding of communication disabilities is very limited at a community level and among service providers and strategic actors. For people who experience communication disability, barriers to accessing services occur at every stage of GBV response: prevention, disclosure, support and redress. Refugees who experience communication disabilities are vulnerable to GBV yet endemic stigmatisation and discrediting of people with communication disabilities by community members and service providers make reporting abuse almost impossible.

Refugees who experience communication disability, and their carers, experience barriers in accessing SRHE. Some good practice exists, but service providers lack understanding and feel ill-equipped to support SRHE needs of people who experience disabilities.

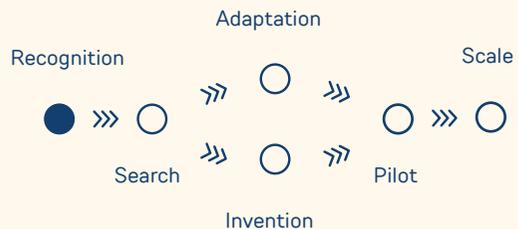
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Gender-Based Violence and Sexual Reproductive Health Education services for refugees with communication disabilities in Rwanda.

### LEAD AND PARTNER ORGANISATIONS:

Manchester Metropolitan University, UNHCR Rwanda, Communicability Global, Institute for Human-centred Design.

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Safe and Equitable Access.**

### GAP ANALYSIS:

- **Intersectionality**
- **Beyond Basic Data.**

### ENGAGEMENT AND UPTAKE:

The research has been published in the Forced Migration Review and International Journal of Speech and Language Therapy with over 4,000 views.

The team went on to carry out a project, to improve skills in accessible communication, aimed to benefit refugees who experience communication disabilities (as well as other vulnerable members of the community). A case study was produced with UNHCR detailing this work.

### LEARNING:

The researchers recommend that service providers across a range of humanitarian sectors should learn how best to communicate with people who experience communication disabilities. They highlight the need to advocate for better data on how many refugees have communication disabilities, how many may be SGBV survivors and to share global evidence of good practice in supporting refugees who experience communication disabilities to receive appropriate SRHE/GBV services.

### FIND OUT MORE:

Elrha website:

[SGBV Prevention Services for Refugees.](#)

Journal articles:

[Human rights of refugee-survivors of SGBV with communication disability.](#)

[Forced Migration Review.](#)

[Literature Review.](#)

2019.

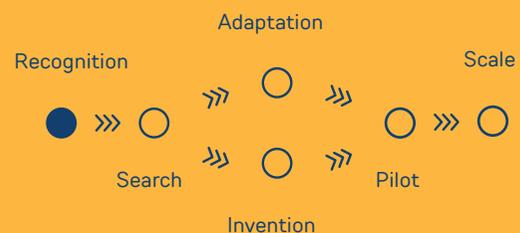
## HEAR OUR PRIORITIES:

Barriers facing older people and people with disabilities in accessing Gender-Based Violence services in Syria.

### LEAD AND PARTNER ORGANISATIONS:

Social Development International, Syria Bright Futures.

### STAGE OF INNOVATION:



### HUMANITARIAN INCLUSION STANDARD:

- **Safe and Equitable Access.**

### GAP ANALYSIS:

- **Intersectionality**
- **Beyond Basic Data.**

## BACKGROUND:

Protracted instability and conflict in northwestern Syria is causing ongoing waves of internal displacement, which puts people at an increased risk of GBV.

This project aimed to identify the specific barriers that older people and people with disabilities experienced in seeking and accessing GBV services in this challenging context, along with identifying potential strategies to remove these barriers for future programming.

## METHODOLOGY:

Data collection took place in two rounds and had to be adapted due to COVID-19. In phase one, two remote focus groups were conducted, and 209 questionnaires were disseminated to gain a broad understanding of the lives of older people and people with disabilities. In phase two, ten focus group discussions were conducted, along with 20 key informant interviews which had greater focus on the specific barriers they experienced in relation to GBV services.

More data is available in the [Research Methodology Summaries Annex.](#)

## FINDINGS:

The research found that the wider context had a significant impact on older people's and people with disabilities' access to services.

Older people living with disabilities experience a greater risk of poverty and dependence on carers than those without disabilities. Displacement for people living with disabilities had a significant impact, finding it harder for them to secure a livelihood than when living in the city.

Whilst not specific to GBV services, barriers to services included: a lack of accountability, perceived corruption,

and lack of inclusive practices amongst humanitarian actors. The role of extended family and tribal members was also recognised as a potential barrier to accessing formal services, while also as an informal solution where such services did not exist.

Respondents were not confident in the quality of services that may be provided, and felt that services were not designed to be accessible. They were not aware of any assistance that might be available to help them access services. Therefore the potential cost/difficulty of accessing services, whilst not knowing whether their needs would be met, was a significant barrier.

Service providers also highlighted their lack of confidence in serving clients that they perceived to have complex needs. GBV programmes are new to the context and their role is not clear, they lack the legal component of the protection services usually provided to GBV survivors, this discourages people from seeking help from them as they fear the recurrence of violence.

## LEARNING:

The research team found that participants wanted to share the issues that were a priority to them, which was not necessarily the specific focus of the research. For example, limited, low-quality and inequitable distribution of assistive devices dominated interviews and focus group discussions.

It is important to build sufficient space to allow for these discussions before focusing on specific and sensitive topics such as access to GBV services.

## FIND OUT MORE:

Elrha website:

[Key factors preventing inclusion.](#)

[Lessons about accessibility barriers for GBV services.](#)

## HOW CAN YOU GET INVOLVED?



### USE THE INNOVATIONS.



### PARTNER UP.



### SUPPORT THE NEXT STEP IN THE INNOVATION JOURNEY.

This catalogue is an overview of the diverse contributions towards innovating in this under-researched space. This offers practitioners a unique opportunity to access ground-breaking research and evidence to move forward.

We hope the humanitarian community will use the innovations featured in this catalogue for new ideas, solutions and partnerships: you have the power to help these innovations succeed in making humanitarian action more inclusive and effective.

## HERE ARE THREE WAYS YOU CAN GET INVOLVED:

### 1. USE THE INNOVATIONS

Some of the new evidence and solutions are ready to be piloted further. Will you be an early adopter?

### 2. PARTNER UP

If there is a particular innovation you want to adopt, work with or support, we are happy to connect you with the innovation teams. We're also happy to talk to you if you want to get involved further and discuss the innovations or our wider work.

Get in touch with us at [info@elrha.org](mailto:info@elrha.org)

### 3. SUPPORT THE NEXT STEP IN THE INNOVATION JOURNEY

Taking an idea and seeing it through from problem recognition to impact at scale, can be a long and expensive journey. A lot of the featured innovations need further grants, investment, support and advice to continue their journey. **Can you support?** Many of our innovation teams are looking for humanitarian agencies or researchers to help them pilot and evaluate in the field.

## Research Methodology Summaries

LEAD ORGANISATION	PROJECT	SAMPLE SIZE	HUMANITARIAN CONTEXT	PARTICIPATORY PROCESS
<b>Meaningful Participation</b>				
<p><b><u>Arbeiter-Samariter-Bund Office for Indonesia and the Philippines (ASB)</u></b></p> <p><i>Method:</i> Qualitative <i>Location:</i> Philippines and Indonesia.</p>	<p>Barriers to inclusive WASH humanitarian response in Indonesia.</p>	<p>Online survey to map WASH actors – 26 responses. Follow-up interviews with nine of these organisations. Interviews were conducted with 30 older people and 29 people with disabilities.</p>	<p>Natural-hazard driven disaster, post-emergency.</p>	<p>OPDs performed data collection trials. This activity not only prepared members but also ensured the usability of the data collection tools. They went on to collect data for the main research component.</p>
<b>Inclusive Preparedness</b>				
<p><b><u>Women’s Refugee Commission</u></b></p> <p><i>Method:</i> Participatory Action Learning <i>Location:</i> Nepal.</p>	<p>Inclusive community preparedness for sexual and reproductive health in Nepal.</p>	<p>35 individuals identified and 26 took part in three communities.</p>	<p>Natural-hazard driven disaster, pre-emergency.</p>	<p>Project data collectors were recruited from NDWA and SCCS membership with particular attention to age, gender, and diversity of disabilities. They received training on participatory data collection activities which were tested and adapted according to their specific accessibility needs. WRC has developed interactive consent processes for research activities with people with disabilities including visual aids, simple language, picture aids, and providing sign interpretation.</p>
<p><b><u>Leonard Cheshire</u></b></p> <p><i>Method:</i> Qualitative <i>Location:</i> Bangladesh.</p>	<p>Giving voice through pictures and words.</p>	<p>80 participants for FGDs and semi-structured interviews. 20 participants trained in the PhotoVoice methodology.</p>	<p>Natural-hazard driven disaster, pre-emergency.</p>	<p>20 participants trained in PhotoVoice methodology.</p>

<p><b><u>Nossal Institute</u></b>  <b>Method:</b> Qualitative Delphi Study  <b>Location:</b> Philippines.</p>	<p>Preparing Actionable Data for Inclusive Shelter (PADIS).</p>	<p>Delphi Rounds: 18 participants.                  Philippines data collection: eight interviews with govt officials.                  19 interviews with people with disabilities and older people.</p>	<p>Natural-hazard driven disaster, post-emergency.</p>	<p>No participatory process.</p>
<p><b>Data-Driven Inclusion</b></p>				
<p><b><u>HelpAge International UK</u></b>  <b>Method:</b> Quantitative  <b>Location:</b> Kolfe Keranyio, Addis Abba, Ethiopia.</p>	<p>Rapid Assessment Method for Older People (RAM-OP).</p>	<p>The sample size for the RAM-OP survey was 320. The sample size for the SMART survey was 569.</p>	<p>Urban, protracted.</p>	<p>No participatory process.</p>
<p><b>WASH</b></p>				
<p><b><u>Oxfam GB</u></b>  <b>Method:</b> Mixed  <b>Location:</b> Malawi Blantyre, Chicwawa and Nsanje districts, Ethiopia – Gambella, Kule and Nguenyiel refugee camps.</p>	<p>Understanding barriers to inclusion of older people with incontinence in humanitarian WASH.</p>	<p>An adapted and abridged version of HelpAge’s RNA was trialled with a small, non-representative sample size in Malawi (38 respondents) and Ethiopia (41 respondents).                  13 FGDs, eight small group discussions (smaller FGDs facilitated by older people themselves), 36 household visits, 18 WASH facility audits and five KIs.</p>	<p>Protracted – Malawi: natural disaster and displacement.                  Ethiopia – Gambella: conflict and displacement.</p>	<p>No participatory process. OPAs and OPDs were engaged later in the process when tools and training for the research had already been designed.</p>
<p><b><u>World Vision Vanuatu</u></b>  <b>Method:</b> Qualitative  <b>Location:</b> Vanuatu, Sanma Province.</p>	<p>Improving menstrual health for people with intellectual disabilities in emergencies.</p>	<p>Systematic Review: 51 Studies.                  Primary Data collection: 17 caregivers and young people (aged 15–30) with intellectual disabilities and key implementing agencies.</p>	<p>Households impacted by Tropical Cyclone Harold and/or the Ambae Volcano eruption.</p>	<p>No participatory process.</p>

<p><b><u>Muslim Aid</u></b></p> <p><b>Method:</b> Mixed. Participatory Action Research Methodology (PAR)</p> <p><b>Location:</b> Sudan, Central Darfur.</p>	<p>Barriers to inclusion faced by people with disabilities and older people in humanitarian WASH in Darfur, Sudan.</p>	<p>Survey of 652 people, aged 18+, (326 in each location). The sampling frame paid particular attention to intersectionality including age, gender and type of disability.</p>	<p>IDP Camp, protracted insecurity.</p>	<p>Thirty-seven (18 females; 19 males) local researchers were recruited including 16 people with disabilities.</p>
<p><b>Gender-Based Violence</b></p>				
<p><b><u>Heartland Alliance International</u></b></p> <p><b>Method:</b> Mixed: Semi-structured interviews, Focus Group Discussions, Online survey for professionals.</p> <p><b>Location:</b> Baghdad, Mosul, and Sulaymaniyah – urban.</p>	<p>Breaking Barriers: A mixed-method study of barriers to accessing GBV services for older people and people with disabilities in Iraq.</p>	<p>Interviews with 242 people across three sites.</p>	<p>Protracted conflict-driven crisis.</p>	<p>Participation of people with disabilities and older people during all phases of design, data collection and analysis, implementation and dissemination. The research sites and sampling frameworks were finalised with IADO and OPDs. Tool development workshops were held with IADO and OPDs in each study site, followed by reviews and testing by older people and people with disabilities. IADO co-trained local research team members and older people and PwD were included as training co-facilitators.</p>
<p><b><u>Manchester Metropolitan University</u></b></p> <p><b>Method:</b> Qualitative</p> <p><b>Location:</b> Rwanda.</p>	<p>Understanding the need for Gender-Based Violence and Sexual Reproductive Health Education services, for refugees with communication disabilities in Rwanda.</p>	<p>21 interviews.</p>	<p>Refugee – IDP camp.</p>	<p>No participatory process.</p>
<p><b><u>Social Development International</u></b></p> <p><b>Method:</b> Mixed</p> <p><b>Location:</b> North West Syria – Euphrates Shield, Afrin, and Idlib.</p>	<p>Barriers facing older people and people with disabilities in accessing Gender-Based Violence services in Syria.</p>	<p>209 questionnaires, 20 KII.</p>	<p>Protracted conflict, IDP.</p>	<p>No participatory process.</p>

# ENDNOTES

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**elrha**

Elrha, 1 St John's Lane,  
London, EC1M 4AR, UK.

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