Humanitarian assistance to persons with disabilities

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ABSTRACT

In March 2021, the European Commission adopted an EU strategy for the rights of persons with disabilities for the period of 2021-2030. Including an external dimension, the strategy aims to improve the lives of persons with disabilities in Europe and around the world. The strategy explicitly applies to foreign affairs, as the EU commits to uphold the human rights of persons with disabilities and, crucially, support their inclusion in all external actions in it.

The workshop held on 4 March 2024 analysed the EU's achievements, current practices as well as the efforts of other major humanitarian actors and donors around the world to promote disability inclusion in humanitarian settings. It took stock of the best practices and of the EU’s efforts to make humanitarian actions more accessible. Based on this discussion, the workshop also addressed open issues and provided recommendations on how to improve them.
Table of contents

Briefing: ‘Humanitarian assistance to persons with disabilities’

Workshop proceedings
BRIEFING

Humanitarian assistance to persons with disabilities

ABSTRACT

The European Commission’s Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) has improved its disability inclusion and monitoring through the development of excellent disability inclusion guidance and e-learning tools. Nevertheless, despite this progress, further enhancements are still necessary in some areas to strengthen the embedding of disability inclusion in better and systematic ways within DG ECHO-supported programmes. This includes the integration of an intersectionality perspective into programming and upgrading monitoring by including sex, age and disability disaggregated data and its analysis in consistent ways. As a priority, EU humanitarian aid programming should also incentivise the involvement of organisations of persons with disabilities through specific calls and the prioritisation of proposals involving them. Moreover, these organisations’ capacities should be supported and implementing partners should be pushed to develop programme monitoring mechanisms and activities including persons with disabilities. Lastly, proactive influencing of partners in promoting improvement to their organisational policies, practices and monitoring of disability inclusion should be undertaken.
# Table of contents

List of abbreviations  
Table of figures  

1 **Introduction**  

2 **Evolution of the EU’s approach to disability inclusion in humanitarian response**  
   2.1 **Historic trends of the EU’s efforts to include persons with disabilities in humanitarian response**  
   2.2 **Analysis of recent developments and the EU’s progress towards disability inclusion in humanitarian projects**  
      2.2.1 **Monitoring of disability inclusion**  
      2.2.2 **Monitoring resources developed by DG ECHO**  

3 **Good practices of other actors and donors on disability inclusion in humanitarian settings**  
   3.1 **Undertaking an intersectional approach**  
   3.2 **Quality disability data collection and disaggregation of data using WGQ**  
   3.3 **Meaningful involvement of persons with disabilities**  
      3.3.1 **Inclusive humanitarian cycle**  
      3.3.2 **Effective participation of OPDs**  
      3.3.3 **Inclusive feedback and complaints mechanism**  
   3.4 **Identification and removal of barriers for people with diverse disabilities**  
   3.5 **Capacity development of humanitarian actors**  
   3.6 **Improving reporting and monitoring of disability inclusion**  
   3.7 **Budgetary allocation for monitoring of disability inclusion**  

4 **Areas of the EU’s efforts in disability inclusion and mainstreaming in humanitarian contexts that need further strengthening**
4.1 Intersectionality
4.2 Inclusion of SADDD and WGQ
4.3 Monitoring and reporting on disability inclusion and funding
4.4 Coordination and learning among donors
4.5 Better coordination and learning between DG INTPA and DG ECHO
4.6 Capacity building of DG ECHO partners
4.7 Capacity building of OPDs and their meaningful involvement
4.8 Identification and removal of barriers for persons with diverse disabilities

5 Recommendations for the EU to strengthen its work on humanitarian assistance to persons with disabilities
5.1 Applied policy work
5.2 SADDD data collection, analysis, use of WGQ and reporting
5.3 Monitoring and reporting of disability inclusion and meaningful involvement
5.4 Coordination
5.5 OPD capacity building and partnership
5.6 Capacity building of DG ECHO partners

6 Bibliography
### List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADCAP</td>
<td>Age and Disability Capacity Programme</td>
</tr>
<tr>
<td>CBM</td>
<td>Christian Blind Mission</td>
</tr>
<tr>
<td>DEVE</td>
<td>European Parliament’s Committee on Development</td>
</tr>
<tr>
<td>DG ECHO</td>
<td>European Commission’s Directorate-General for European Civil Protection and Humanitarian Aid Operations</td>
</tr>
<tr>
<td>DG INTPA</td>
<td>European Commission’s Directorate-General for International Partnerships</td>
</tr>
<tr>
<td>DIWG</td>
<td>Disability Inclusion Working Group</td>
</tr>
<tr>
<td>EC</td>
<td>European Commission</td>
</tr>
<tr>
<td>EDF</td>
<td>European Disability Forum</td>
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<tr>
<td>EP</td>
<td>European Parliament</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>FDCO</td>
<td>United Kingdom’s Foreign, Commonwealth and Development Office</td>
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<tr>
<td>HI</td>
<td>Humanity and Inclusion/Handicap International</td>
</tr>
<tr>
<td>LI</td>
<td>Logic of Intervention</td>
</tr>
<tr>
<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
</tr>
<tr>
<td>INGO</td>
<td>International non-governmental organisation</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>IRC</td>
<td>International Rescue Committee</td>
</tr>
<tr>
<td>IRW</td>
<td>Islamic Relief Worldwide</td>
</tr>
<tr>
<td>LI</td>
<td>Logic of Intervention</td>
</tr>
<tr>
<td>MFA</td>
<td>Ministry of Foreign Affairs</td>
</tr>
<tr>
<td>NARA</td>
<td>Needs Assessment and Risk Analysis</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
</tr>
<tr>
<td>OECD-DAC</td>
<td>Organisation for Economic Cooperation and Development’s Development Assistance Committee</td>
</tr>
<tr>
<td>OPD</td>
<td>Organisation of persons with disabilities</td>
</tr>
<tr>
<td>PM KOI</td>
<td>Protection Mainstreaming Key Outcome Indicators</td>
</tr>
<tr>
<td>SADDD</td>
<td>Sex, Age and Disability-Disaggregated Data</td>
</tr>
<tr>
<td>SIDA</td>
<td>Swedish International Development Agency</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNCRPD</td>
<td>United Nations Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Name</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>WGQ</td>
<td>Washington Group Questions</td>
</tr>
<tr>
<td>WRC</td>
<td>Women's Refugee Commission</td>
</tr>
</tbody>
</table>
Table of figures

Table 1: Number and percentage of disability inclusive projects as per the OECD-DAC marker .......................... 4
Table 2: Disability inclusion in eight DG ECHO projects ............................................................................................ 4
Table 3: Involvement of OPDs and beneficiary persons with disabilities in projects ................................................. 6
1 Introduction

Article 11 of the 2006 United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) states that ‘all necessary measures [must be employed] to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters’. Despite the United Nations’ (UN) call, though, much more needs to be done to fulfil this commitment, not only by the European Union (EU) but also organisations and institutions throughout the world. The European Parliament (EP) is keen to develop the EU’s disability inclusive humanitarian programmes1, as highlighted in the Commission’s Strategy for Rights of Persons with Disability 2021-2030 (EC, 2021b). The EP’s Committee on Development (DEVE) has emphasised the importance of inclusive approaches to humanitarian aid in a report on ‘how to build an innovating humanitarian aid strategy’ that explicitly asks the Commission to ‘better assess, address and monitor the needs and the effective access to humanitarian assistance of the most vulnerable groups, including [...] particularly persons with disabilities’ (EP, 2023). DEVE has observed that 16% of the world’s population consists of persons with disabilities - that is 1 in every 6 persons - hence the importance of disability inclusive humanitarian response (EP, 2023).

Accordingly, this Briefing assesses progress made in considering persons with disabilities within the EU’s humanitarian response and suggests how disability inclusion can further be strengthened. To develop such proposals, the following methodology was used:

- An online search of documents (open source), undertaking a critical review of available literature on disability inclusion. This review included: guidance documents and toolkits; together with good practice reviews developed by multilateral and bilateral organisations, international non-government organisations (INGOs) and organisations of persons with disabilities (OPDs)2. Review of literature on addressing the intersectionality of different forms of discrimination such as gender, disability and age.

- Review of humanitarian programmes supported by the European Commission’s (EC) Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) through their project reports. Eight project reports were reviewed in all.

- Online interviews with selected civil society actors, representatives of EU institutions and bilateral donors3.

The main findings of the Briefing are that DG ECHO has made good progress on disability inclusion but needs to strengthen this still further by:

- Promoting an intersectional approach that is inclusive of gender, age and disability in its programming.

- Enforcing mandatory collection of Sex, Age, and Disability Disaggregated Data (SADDD), its analysis and actions taken in relevant sections of the e-single form, the main monitoring tool of DG ECHO.

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1 ‘Disability inclusion in humanitarian action is based on a series of core principles. Among them are the principles of dignity and non-discrimination which are also at the core of the CRPD. [...] They imply a needs-based assistance and upholding the dignity of those we aim to protect and assist. In effect, all the general principles in article 3 of the CRPD should be respected’ (EC, 2019: 5). The Disability Inclusion Strategy calls disability inclusion as ‘The meaningful participation of persons with disabilities in all their diversity, the promotion of their rights, and the consideration of disability-related perspectives in compliance with the Convention on the Rights of Persons with Disabilities’. (UN, 2019: 26).

2 The author is grateful to the representatives of following INGOs/UN organisations/Bilateral donors/Academic institutions who have shared disability inclusion documents with the author directly, or guided her to the relevant documents and websites. They include: CBM International; IRW; Help Age International; WRC; IRC; EDF, Hi; Oxfam-Novib; UNICEF; UNHCR; SIDA; FDCO, UK; MFA, Finland; University College London, Centre for Development and Emergency Practice, Oxford Brokes University.

3 Interviewed representatives are from: Hi, EDF, MFA Finland, Oxfam-Novib and DG ECHO.
Humanitarian assistance to persons with disabilities

• At the proposal stage, a more rigorous assessment of proposals is recommended using checklists. Projects should be de-prioritised for funding unless the organisations are willing to revise for disability inclusion which is an obligation as the EU has ratified the UNCRPD which mandates disability-inclusive humanitarian assistance.

• The initial proposal assessment should include questions such as how the programme and its activities furthers the rights of persons with disabilities thereby highlighting the purpose of collecting disability data, its analysis and actions to make the programme inclusive.

• Gathering disability disaggregated data with the use of the Washington Group Questions (WGQ), where possible, for further analysis and adaptation of programmes for diverse needs of accessibility. Partner staff should also be trained in the use of WGQ.

• Improving the monitoring and reporting of disability inclusion and meaningful involvement of persons with disabilities and their organisations.

• Developing equitable partnerships with OPDs through specific calls incentivising: the involvement of OPDs by DG ECHO partners; capacity-building budgets for OPDs; mapping and listing of OPDs in countries where DG ECHO is operating; as well as using its office to influence humanitarian clusters and coordination systems in these countries to stimulate involvement of OPDs.

• Building DG ECHO partners’ capacity, through training involving persons with disabilities/OPDs as co-trainers and influencing their internal policies, programming and monitoring structures to mainstream disability inclusion through organisational changes.

• Using disability (with gender and age) inclusion checklists systematically for monitoring across the Humanitarian Programme Cycle, including promoting and adapting its DG ECHO Protection Mainstreaming Key Outcome Indicator and Monitoring Tool (PM KOI) guidance to incorporate SADDD in better ways.

• Improving coordination of disability-inclusive programming between various EU donors and DG ECHO, as well as other relevant EC Directorates.

• Promoting good practices on disability inclusion by other INGOs/donors/bilateral and multilateral organisations identified in this paper with DG ECHO partners.

2 Evolution of the EU’s approach to disability inclusion in humanitarian response

2.1 Historic trends of the EU’s efforts to include persons with disabilities in humanitarian response

The UNCRPD was ratified by the EU in December 2010. Articles 4(3), 11 and 33(3) in particular stress the obligation of consulting persons with disabilities as well as their organisations in the development, implementation and monitoring of policies, laws and programmes for disability inclusion in humanitarian contexts. As a result, all EU Member States and institutions are mandated to ensure that EU-funded humanitarian programmes develop objectives, indicators and processes for implementation which are consistent with these articles.

Furthermore, the EU has endorsed the Charter on Inclusion of Persons with Disabilities in Humanitarian Action (Humanitarian Disability Charter, 2016) and has been using markers from the Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC) to evaluate its aid programmes since 2019 (OECD-DAC, 2020). During this year, DG ECHO also developed its
Operational Guidance on the inclusion of persons with disabilities in all EU-funded Humanitarian Aid Operations (EC, 2019).


In its communication, ‘EU’s humanitarian action: new challenges, same principles’ adopted on 10 March 2021, the EU also affirmed its commitment to meeting the needs and rights of specific groups including women, children, older persons and those with disabilities (EC, 2021a). Moreover, during the Global Disability Summit on 16-17 February 2022, the EU committed to considering the specific needs of persons with disabilities to ensure their full participation in humanitarian action, including emergency preparedness activities. This commitment also states that ‘The Commission will track disability inclusive investments for a targeted monitoring of EU funding by systematically using the OECD Development Assistance Committee Disability Marker’5.

2.2 Analysis of recent developments and the EU’s progress towards disability inclusion in humanitarian projects

A systematic monitoring of disability inclusion is at the core of meeting commitments in the UNCRPD and the EC disability strategy 2021-2030, as it would reveal the extent to which the EC is able to meet its commitments inscribed in them. Accordingly, upgraded data disaggregation together with analysis and actions taken as a result of such analysis should demonstrate how disability inclusion has been enabled in all activities within EC-funded projects.

2.2.1 Monitoring of disability inclusion

Since the development of the Operational Guidance on Disability Inclusion in 2019, DG ECHO has been conducting a training programme for its staff and in 2023 developed e-learning training for its partners on disability inclusion. This aimed not only to develop the capacities of its partners and staff but also to stress what is expected of them. The e-learning tool is extremely practical and comprehensive in clarifying understanding of: what qualifies as a disability; the need for disaggregation of data using WGQ; barriers and enablers; working with OPDs; working with diversity of gender, age and disability; accountability mechanisms including feedback and complaints; budget and reasonable accommodation; as well as staff capacity development.

Partners are expected to include these areas in their proposals and submitted reports – interim reports being due three months before projects are concluded and final reports due three months thereafter. In terms of data and reporting, DG ECHO has made changes to its e-single form, the main monitoring format for all the DG ECHO-supported projects. Consequently, partners are now required to provide disaggregated data on beneficiaries with disabilities. Since 2019, DG ECHO has been reporting on its funded projects against the respective OECD-DAC marker on disability inclusion, an annual exercise undertaken by the policy officer. Of the 404 projects in 2022, 72.7 % were found to be disability inclusive.

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4 The directive refers to ‘service provider’ namely ‘any natural or legal person who provides a service on the Union market or makes offers to provide such a service to consumers in the Union’.

5 See EU commitments at Global Disability Summit, ‘Commitments’, webpage, nd.
Whilst there was an increase to 476 projects in 2023, only 56.3 % were found to be disability inclusive⁶. Table 1 gives disaggregated details as per the OECD DAC marker⁷. The main limitation of this exercise is the marker’s limited scale (0-2), in that projects marked as ‘1’ range widely from those which have a solid disability mainstreaming to those that include at least certain key elements⁸:

Table 1: Number and percentage of disability-inclusive projects as per the OECD-DAC marker

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of projects</th>
<th>Number projects OECD Marker 2</th>
<th>Percentage</th>
<th>Number projects OECD Marker 1</th>
<th>Percentage</th>
<th>Number projects OECD Marker 0</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>476</td>
<td>30</td>
<td>6.3 %</td>
<td>238</td>
<td>50 %</td>
<td>205</td>
<td>43 %</td>
</tr>
<tr>
<td>2022</td>
<td>404</td>
<td>35</td>
<td>8.7 %</td>
<td>259</td>
<td>64 %</td>
<td>110</td>
<td>27.2 %</td>
</tr>
</tbody>
</table>

Source: author’s own compilation.

From the statistics presented, it can be seen that a higher number and percentage of projects marked as disability-inclusive largely carry a score of one. Hence, while this is better than zero, it still shows a high degree of unevenness in relation to disability inclusion in DG ECHO projects given that some projects have registered a bare minimum in this regard. Furthermore, the fact that the percentage of projects with a 0 score increased to 43 % in 2023 is also concerning, although this represents solely two successive years rather than long-term data and hence cannot be taken as definitive. Nevertheless, prima facie it is certainly necessary to enforce a more systematic inclusion of persons with disabilities and their monitoring in humanitarian projects funded by DG ECHO.

A sample of eight project reports was assessed for disability inclusion. The criteria for selection included: geographical balance, different thematic sectors and varied implementers such as INGO and UN actors⁹. Table 2 gives the details:

Table 2: Disability inclusion in eight DG ECHO projects

<table>
<thead>
<tr>
<th>Project number</th>
<th>Main partner</th>
<th>OPD partner</th>
<th>Total female beneficiaries</th>
<th>Total male beneficiaries</th>
<th>% persons with disabilities as beneficiaries</th>
<th>Females with disability</th>
<th>Males with disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022/xx1/FR</td>
<td>INGO</td>
<td>No</td>
<td>57 %</td>
<td>43 %</td>
<td>14.99 %</td>
<td>57 %</td>
<td>43 %</td>
</tr>
<tr>
<td>2022/xx2/IR</td>
<td>INGO</td>
<td>No</td>
<td>57 %</td>
<td>43 %</td>
<td>42.17 %</td>
<td>39 %</td>
<td>61 %</td>
</tr>
</tbody>
</table>

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⁶ Information provided by DG ECHO.
⁷ As per the OECD-DAC (2020), there are three scores: (i) Score 2 – Inclusion and empowerment of persons with disability is the principal objective (for DG ECHO, meaningful mainstreaming actions with elements of targeted support for persons with disabilities are included here); (ii) Score 1 – Inclusion and empowerment of persons with disability is the significant objective (for DG ECHO, actions which mainstream disability and target beneficiaries with disabilities are included); and (iii) Score 0 – The activity is screened but it does not target disability (for DG ECHO, not enough disability mainstreaming/no beneficiaries with disabilities and targeted or a low number of targeted beneficiaries with a disability). Information provided by DG ECHO.
⁸ Information provided by DG ECHO.
⁹ This criteria was used as they are indicative of the spread of DG ECHO funded projects across sectoral themes and implementing agencies. The sample size is small given the scope of this Briefing and cannot be used for generalisations, although useful indicative takeaways can be drawn from them. To develop comprehensive findings, a wider evaluation of the DG ECHO projects is recommended.
Of the eight projects reviewed, three had disability-focused organisations as either the main or co-partner. The proportion of beneficiaries for persons with disabilities ranged from only 3.08% to a maximum of 15.18% depending on the nature of projects, all of which followed a twin-track mainstreaming strategy. The project with 42% of persons with disabilities as beneficiaries was targeted for inclusive education to children with disabilities and implemented by a disability-focused organisation. According to recent World Health Organisation statistics, 16% of the world’s population experience significant disability (WHO, 2023). Hence in most contexts, including 16% of persons with disabilities within the project area would be considered as a very good reach. By this standard, on average most projects reviewed here have achieved a good reach. Project reports were provided by FR/IR/MR11 and reviewed for this Briefing. Regrettably, the methodology through which disaggregated data about persons with disabilities was obtained and the use of this data to inform interventions was generally not always clear. However, ‘project report - 2022/xx2/IR (Project implemented by disability-focused organisation)’ stood out as an exception in its clarification of disability needs assessment methodology and its use in section 4 on Needs Assessment and Risk Analysis (NARA) and section 7 on Logic of Intervention (LI). This is a perfect example of good practice and should be followed for all projects in the e-single form. While the above table gives an aggregated number of persons with disabilities reached by the project in overall terms, further information on persons with disabilities reached under different programme activities taken by the project, was available only for a few projects. Thus, there is scope for improving the reach as well as the monitoring and reporting of this element, namely including persons with disabilities reached in different programme activities in section 7 LI of the single e-form. Monitoring of disability inclusion can be further enabled by implementing the PM KOI which recommends monitoring of interventions for SADDD throughout the project (DG ECHO, 2021: 1-4). 12.

2.2.2 Monitoring resources developed by DG ECHO

Apart from using the OECD-DAC marker, DG ECHO also uses the PM KOI indicator which outlines eight questions for monitoring and enabling protection mainstreaming, all of which are relevant to disability inclusion. The PM KOI states that ‘At report stages (both interim and final), the partner should report on the

10 The number 3.08% is for the first country. This project was funded for four countries. For the other 3 countries, there were 11.28%; 7.2% and 2% of beneficiaries with disabilities.
12 Page 1: ‘DG ECHO recommends including the PM KOI in ALL actions providing direct assistance and services to populations, regardless the sector(s) of intervention’. Page 4: ‘The PM KOI has to be monitored throughout project implementation (e.g. periodically or after each round of distribution of assistance) rather than exclusively at the end of the project as its aim is to identify corrective actions to be taken promptly to improve the quality of programming’.
latest survey conducted, with disaggregated data by sex, age and disability (in percentage and absolute numbers). Partners should annex examples of verification sources highlighting:

i) the processes used to monitor the four components of PM throughout the implementation of the action;

ii) feedback received by direct beneficiaries (both the general trends and the trend specific to each PM principle; trends for specific groups of the population are encouraged);

iii) types of corrective measures that have been identified and implemented;

iv) and issues which were considered beyond partners’ capacity for corrective measures' (DG ECHO, 2021).

The disability monitoring information using broadly the eight PM KOI questions was not consistently and systematically included in the e-single form. DG ECHO communicated that partners should provide this information in annexes to e-single forms and that their field/geographic colleagues can then follow up with a partner if they find that not enough information on corrective action has been provided in the report\(^1\). Nevertheless, even when such survey information is given in an annex, a summary of the findings ought to be given in the main e-single form, which remains the main tool for monitoring or summarising in relevant sections of the e-single form. This gap needs to be plugged by revising the e-single form to include: a summary of the disaggregated data by sex, age and disability on PM KOI eight questions; feedback received from persons with disabilities using the DG ECHO survey tool covering the eight questions; and how the partner has used this feedback for improving programming to make it more disability inclusive.

DG ECHO encourages consultation and cooperation with OPDs, over and above implementation work. None of the eight projects reviewed included OPDs in the implementation, while three out of the eight included beneficiary persons with disabilities on the monitoring committee of the project activities to some extent. This inclusion of beneficiary persons with disabilities on programme monitoring committees is an excellent practice and should be undertaken for all the implemented activities. Details are provided here in Table 3:

**Table 3: Involvement of OPDs and beneficiary persons with disabilities in projects**

<table>
<thead>
<tr>
<th>Project number</th>
<th>Main partner</th>
<th>Disability organisation partner</th>
<th>Whether OPD involvement</th>
<th>Whether programme platforms included persons with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022/xx1/FR</td>
<td>INGO</td>
<td>No</td>
<td>No</td>
<td>Yes, to some extent through water, sanitation and health committees</td>
</tr>
<tr>
<td>2022/xx2/IR</td>
<td>INGO</td>
<td>No</td>
<td>No</td>
<td>Yes, to some extent, through disability inclusive committees</td>
</tr>
<tr>
<td>2022/xx3/FR</td>
<td>INGO</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>2022/xx4/FR</td>
<td>INGO</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>2023/xx5/MR</td>
<td>INGO</td>
<td>Yes</td>
<td>No</td>
<td>Yes, to some extent, as one of its activities, health, had a steering committee including persons with disabilities</td>
</tr>
<tr>
<td>2023/xx6/IR</td>
<td>INGO</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

\(^1\) Information provided by DG ECHO.
Additionally, it was observed that project reports did not consistently identify the barriers and the enablers for persons with disabilities, particularly vis-à-vis intersectionality, that is by undertaking analysis of data in such connected and integrated ways enabling a more nuanced understanding of the barriers and enablers faced by diverse social groups with disabilities, for example by gender and age. At times references were made to attitudinal barriers or inaccessible latrines and wash facilities in certain reports. Some projects outlined staff capacity training on disability inclusion while others did not.

The e-single forms did not adequately comment on the extent of involvement by persons with disabilities in feedback and complaint mechanisms. Nor did descriptions in the single forms provide adequate details and reflections on how much accessibility and communication issues of persons with diverse disabilities were being met. Some disabilities are not visible, for example, deafness, and hence reaching them requires different communication strategies. Similarly, persons with intellectual disabilities can be left behind in activities. Thus, while including disaggregated data about persons with disabilities as beneficiaries is a significant milestone enabled by DG ECHO, further improvements in the analysis and reporting of disability inclusion in a single form through varying disabilities and an analysis of their barriers need to be undertaken. Here again, as mentioned above, systematic implementation of the PM KOI indicator and its monitoring on the e-single form, which includes feedback on complaints and their monitoring, would help enormously in making the information provided more comprehensive.

The e-single form also asks for gender and age analysis using the Gender-Age Marker toolkit (DG ECHO, 2013). The age brackets suggested for reporting SADDD are: infants and young children (0-59 months); children (5-17 years); adults (18-49 years); and elderly (>50 years). The Gender-Age Marker is potentially a useful way of identifying how needs, barriers and enablers change with gender and ageing.

However, using an age group of >50 years fails to capture the situation of older people, some of whom develop disabilities as a part of ageing. Hence a further disaggregation in age groups – more than 60, 70 and 80, say – is essential to understand the situation of older people. The age of 60 years is considered by the UN as an older age and should be at the minimum adopted for comparative purposes with other available data (UN, 2002). Older age is often considered to be a time of decline and therefore does not justify further understanding and investments by governments and organisations. Such stereotyping is very similar to that of persons with disabilities who are also considered to be non-productive (Akerkar and Bhardwaj, 2018; Akerkar, 2022). Moreover, the PM KOI reproduces this bias when it keeps age-group monitoring up to 49 years and more than 50 years as a collated whole. Hence, it also needs to be revised to further disaggregate older age groups as more than 60 years. Age and Disability Capacity (ADCAP) ‘Humanitarian Inclusion Standards guidance’ and Sphere Standards offer such further disaggregation and are instructive and easy to follow (ADCAP, 2018; Sphere Standards, 2018).

DG ECHO acknowledges that disability can intersect with other barriers linked for instance with gender, age or ethnic origin and would accordingly not like to see those needs siloed, but rather address those barriers holistically using an intersectional approach14. Such an approach has yet to be developed, but its use would certainly provide benefits in terms of data collection, analysis and development of better programming.

Regarding human resources linked with protection issues, DG ECHO’s complement includes: one policy officer covering protection and disability inclusion at ECHO HQ; desk officers covering countries/crises as

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14 Information provided by DG ECHO.
Humanitarian assistance to persons with disabilities

DG ECHO HQ; various thematic experts based in regional offices, including seven in charge of protection and gender; out-stationed field experts who undertake field visits to DG ECHO supported project sites.

DG ECHO desk officers, regional thematic experts including protection experts and staff based abroad together assess project proposals for a particular country/crisis and agree on a specific humanitarian allocation. If such proposals are not considered good enough by field experts, they request appropriate revision. For the proposal assessing team, disability inclusion is among various mainstreaming considerations, for example, gender, age, protection and environment. Hence the teams do not specifically monitor disability in isolation, but rather consider it along with other factors. Thus, for proposals that have been submitted, there is a risk that disability considerations can potentially be outweighed by other factors regarding funding decisions. Such proposal assessments are undertaken based on a team’s understanding of the project proposal on disability inclusion with decisions ultimately resulting solely from experience rather than a formal checklist.

An attempt was made to use a checklist for a project in Afghanistan, but it was found to be too cumbersome and time-consuming. Hence, understanding and decisions now rely completely on experienced regional experts. This in the first instance shows that personnel currently assessing project proposals and monitoring them on disability inclusion are over-burdened. They thus need to be supported with additional staff who are able to give sufficient time for proposals using a standardised and more formal approach which includes checklists, thereby ensuring protection mainstreaming and disability inclusion. The DG ECHO policy officer for disability inclusion undertakes an annual assessment of funded projects using the OECD-DAC marker criteria discussed above.

DG ECHO has established contact with OPDs, particularly the European Development Forum (EDF), and seeks expert input from them. The EU has also detailed localisation guidance notes on promoting equitable partnerships with local responders in humanitarian settings (DG ECHO, 2023). Localisation refers to empowering and capacitating local organisations to deliver humanitarian aid, thereby promoting long-term response sustainability. This localisation guidance provides an opportunity to explore further how OPDs can be proactively involved in disability inclusion. However, OPDs’ involvement is more aspirational than actual at present. Partnerships with DG ECHO need EU Humanitarian Partnership 2021 Certificates (DG ECHO, nd) and often OPDs simply do not have any administration capacity to complete such requirements. Hence, DG ECHO needs to invest in OPDs’ capacity improvement and redouble efforts to direct and influence INGO/UN agency partners to work proactively with them.

DG ECHO does not have a specific funding target for disability inclusion and partners do not report on funding spent to promote disability inclusion in their projects. Reporting on the budgets used for disability inclusion can, therefore, certainly be improved, particularly following the EU’s commitment to the 2022 global disability summit.

From a positive perspective, though, the EU did co-finance the 2019 Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. Furthermore, a project was financed by DG ECHO in 2023 under the Enhanced Response Capacity Humanitarian Implementation Plan to support dissemination, titled: From guidelines to action: Promoting learning, localisation and

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15 Information provided by DG ECHO.
16 Inferred from the information provided by DG ECHO.
17 As per DG ECHO guidance: ‘NGOs [non-governmental organisations] must submit an application to become a DG ECHO partner. In order to apply for the EU Humanitarian Partnership 2021, the candidate NGO must provide DG ECHO with an assurance, given by an independent external auditor, that the NGO fulfils the minimum requirements and the additional suitability requirements set by DG ECHO based on the Humanitarian Aid Regulation, the Financial Regulation and international best practices’. DG ECHO, ‘How to become a Partner’, Working with DG ECHO as an NGO Partner | 2021 – 2027, webpage, nd; Humanitarian partners are European humanitarian NGOs, international organisations including UN agencies as well as specialised agencies of the Member States.
18 See EU commitments at Global Disability Summit, ‘Commitments’, webpage, nd.
adaptation of the IASC guidelines on inclusion of persons with disabilities in humanitarian action for disability-inclusive coordination, data collection and programming. This project amounting to EUR 700 000 has been implemented by the INGO Humanity and Inclusion/Handicap International (HI). Its main objective is to address the gaps identified by humanitarian actors in terms of inclusive coordination mechanisms, specific tools to identify and monitor disability-specific needs, barriers, risks and capacities for effective programming as well as support capacity building. Findings from this project have yet to be published.

DG ECHO organises awareness-raising sessions, an example of raising awareness on disability inclusion to promote good practice. EDF representatives and DG ECHO project partner implementers have been invited to share their insights regarding disability inclusion. Organisations such as CARE, Polish Humanitarian Action, the International Organization for Migration (IOM) or HI have contributed to these meetings with their experiences. These are excellent dissemination practices and should be continued at regular intervals by DG ECHO. In addition, DG ECHO co-hosts an annual European Humanitarian Forum involving its partners in Brussels. In 2023, a session on the inclusion of persons with disabilities in humanitarian work was included. A humanitarian talk in inclusive programming will also be held during the 2024 European Humanitarian Forum. Such annual meetings should continue to include vital sessions on disability inclusion to mobilise support for disability inclusion through awareness raising.

During 2023, DG ECHO has been working with them to co-host the annual Global Action on Disability Network meeting in Brussels. Such cooperation needs to be further strengthened. In particular, given that disability inclusion requires a change in the partner organisational cultures, DG INTPA needs to lead a proactive strategy to ensure that all development projects supported by them are disability-inclusive. Hence, more collaboration is required between DG INTPA and DG ECHO on supporting disability inclusion in both developmental as well as humanitarian responses.

DG ECHO is also working with other donors on disability inclusion. This includes joint advocacy with Finland on promoting disability inclusion in humanitarian action through an informal donor coordination group. This informal donor group coordinated by Finland’s Ministry for Foreign Affairs (MFA) consists of key personnel from 15 donor countries, including DG ECHO, who carry responsibility for disability inclusion.

3 Good practices of other actors and donors on disability inclusion in humanitarian settings

Under various thematic headings, this section outlines what can be learnt from the experiences of INGOs, donors and organisations representing persons with disabilities. It also reflects on actions highlighted in the IASC guidelines.

3.1 Undertaking an intersectional approach

The concept of intersectionality of discrimination was coined by Kimberley Crenshaw to highlight the overlapping discriminations experienced by some people (Crenshaw, 1989). It recognises that various social identities intersect with existing power structures to develop intersecting forms of privilege and oppression. As such, it is necessary to understand how disability, gender, age and other social factors interrelate to evaluate their compounding effects (Monjurul Kabir, et al., 2022; Akerkar and Bhardwaj, 2018). The UN Disability Inclusion Strategy looks at disability inclusion by means of a twin-track approach considering intersectionality and coordination (UN, 2019). Intersectionality in this sense can thus also be understood

19 Title of the talk is ‘How to enhance disability inclusive, accountable and quality programming in fragile and protracted crisis contexts and funding constraints? Learning from opportunities & challenges in South Sudan’.

20 Information provided from DG ECHO.
as looking at intersections of programming themes to further disability inclusion through them. It also calls for more collaboration than competition between different inclusion focuses (Lough, et al., 2022).

Various organisations have engaged with the intersecting effects of social identities by developing programming on specific areas such as gender-based violence to consider how girls and women with disabilities are affected and can be supported. Women’s Refugee Commission’s (WRC) work suggests that providing social and economic empowerment activities for women and girls with disabilities and their caregivers to establish peer networks and greater financial independence contributes to protection against gender-based violence (Pearce, 2014). For organisational staff, practical guidance is offered by WRC on how to undertake child and gender-based violence protection programmes in the field (WRC and UNICEF, 2018).

WRC note that although possessing skills and capacities, children and youths with disabilities, are rarely consulted in programme design and planning. To address this gap, WRC and ChildFund International have worked together to develop the Toolkit titled ‘Gender-based Violence against Children and Youth with Disabilities: A Toolkit for Child Protection Actors’ (Pearce, 2016). WRC has also developed a manual called ‘Strengthening the Role of Women with Disabilities in Humanitarian Action: A Facilitator’s Guide’ (Lee, 2017). This was undertaken in collaboration with organisations of women with disabilities in Africa and South Asia with various aims: to support women leaders; to provide training to members, colleagues and/or partners on humanitarian action; and to enhance their capacities to advocate in humanitarian forums. Another guide by WRC, ‘Inclusive Community Preparedness for Sexual and Reproductive Health and Rights’ also draws out key actions, given that older people and persons with disabilities are often left out of emergency preparedness on these issues (Jacobi, et al., 2022).

Another domain for intersectional work in humanitarian responses pertains to age and disability, specifically when children are involved. The UN Children’s Fund (UNICEF) in collaboration with Christian Blind Mission (CBM) International in particular has developed a tool-kit that provides practical information on how to plan, coordinate, implement and monitor humanitarian action that addresses not only the needs and priorities of children with disabilities, but also the necessary budgeting (UNICEF, 2023). UNICEF also highlights the need to gather data including the use of a child functioning module21 and WGQ in their report ‘Seen, Counted, Included’ (UNICEF, 2022). They highlight the need to collect data to understand the situation of children with disabilities, lest they are forgotten. These are particularly useful to apply in protracted crises where children are faced not just with prolonged displacements and conflicts, but also entrenched humanitarian and developmental challenges (UNICEF, 2022).

Other intersectional programming work is being undertaken in the domain of migrants and refugees with disabilities, including a need to advocate for the sexual and reproductive health rights of refugees with disabilities (Tanabe, et al., 2015). This group requires protection in countries where they are seeking asylum and refugee or are in transit for this purpose. The ‘EDF toolkit on inclusion of refugees and migrants with disabilities’ is instructive on this issue (Leenknech, 2020). Considering that in 2015, the UN Committee on the Rights of Persons with Disabilities recommended the EU to mainstream disability in its migration and refugee policies, ‘EDF’s input to the EU Action plan on integration and inclusion of migrants and people of migrant background’ recommends that the Action Plan includes measures to: undertake identification of migrants with disabilities; ensure their full integration and inclusion in various services; allocate funds; and consult with OPDs (EDF, 2020). Persons with disabilities are disproportionately impacted by violence and many have become disabled through violent conflict. It is therefore necessary to include them in the design and implementation of conflict resolution and peacebuilding efforts (Aaron, et al., 2015).

UN Women’s policy on Disability Inclusion and Intersectionality recognises that gender-neutral approaches to disability inclusion perpetuate discrimination and vulnerability (UN Women, 2023). To

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21 This refers to the adapted WGQ when applied to children (Washington Group on Disability Statistics, 2020).
strengthen the institutionalisation of its work in this area, UN Women established an internal Global Task Team on Disability and Inclusion and a dedicated Disability Inclusion Community of Practice in 2017. In broad terms, the UN Partnership on the Rights of Persons with Disabilities and UN Women’s Intersectionality Resource Guide and Toolkit identifies eight intersectionality enablers that need to be applied to all cycles of programming for them to be adequately adapted (Monjurul Kabir, et al., 2020). This approach was developed in consultation with various civil society actors including the International Disability Alliance and organisations working with older people as well as persons with disabilities and women. The specific enablers of ‘diverse knowledge’ and ‘understanding intersecting identities’ can further be unfolded and elaborated by applying the gender, diversity and life course perspective which calls for diverse representative narrative accounts of gendered experiences by people (women, men, LGBTQ persons from different race, ethnicities and disabilities) (Akerkar, 2022).

Also included are different age cohorts over their life course, mapping the contextual macro and micro-structures and agencies over the life course that can give an insight into the contexts of gendered intersectional discrimination and solidarities being experienced (Akerkar, 2022). Islamic Relief Worldwide (IRW) has used intersectional analysis to examine different roles as well as access to and control over resources by different groups. These include: women and men of all ages; persons with disabilities; older people; and marginalised groups (Bhardwaj, 2018). Such analytical and narrative accounts can be complemented with the collection and analysis of SADDD using sex, age cohorts and disability information collected through WGQ (ADCAP, 2018; Akerkar and Bhardwaj, 2018; IASC, 2019). The IASC guidelines on the inclusion of persons with disabilities also highlight the use of focus group discussions to understand different experiences concerning risks and barriers, through directed sampling, featuring a diverse range of people, including those with diverse disabilities, gender and age cohorts (IASC, 2019).

At present, the e-single form encourages DG ECHO partners to apply gender and age markers in their analysis in section 6. However, the e-single form does not include an analysis of disability in this section, which needs to be rectified. If adapted further (as suggested in Section 2.2.2), the PM KOI provides a solid basis for intersectional monitoring across the whole project cycle.

3.2 Quality disability data collection and disaggregation of data using WGQ

The International Rescue Committee (IRC) identified problems in its humanitarian work due to under-reporting in protection monitoring and data collection for persons with disabilities. In response, the IRC Iraq Country Programme integrated the Washington Group’s Short Set of Questions into its protection monitoring tools in June 2022. Based on their experience, the IRC put forward a number of recommendations, including: developing robust data management strategies; training staff; and using relevant questionnaires to ensure inclusion (DRG, forthcoming).

Among other donor groups, the Swedish International Development Agency (SIDA) asks its partners to describe how they ensure SADDD in analysis, implementation and follow-up. Their INGO guidelines also ask partners to describe how they ensure that a vulnerability evaluation is part of all needs assessments and how it informs the programme through the full project cycle and/or specific interventions. In its reporting process, SIDA asks how many people have been reached including SADDD. It also seeks information on how the different forms and levels of vulnerability as well as risks facing exposed groups (including but not limited to gender, disability and age) are addressed and integrated into responses. Partners are also asked not only to comment on how gender and vulnerability assessments along with conflict analysis influenced their responses and results but also on how it will influence analysis and programming in future. In general, SIDA links its gender and protection work to the inclusion and empowerment of vulnerable groups. It also reports that the OECD-DAC Disability marker is reviewed once
a year for all their ongoing projects. However, since the guidelines make no reference to IASC advice or give any guidance on how to collect disability disaggregated data, including using WGQ, reporting on disability inclusion remains a limitation.

Training has emerged as an important area for investment to implement the use of WGQ. Hence, different organisations have come up with guidance and training on using WGQ in humanitarian contexts. This includes CBM’s ‘Using the Washington Group questions on disability data in development programmes: A learning brief’ which was devised in conjunction with its partners (CBM Global, 2023b). HI and RedR have also developed a training pack for enumerators using WGQ in humanitarian contexts which can be adapted in accordance with different contexts (see e-learning and training pack for Enumerator’s using the WGQ in humanitarian action: HI, nd).

It is important to note that the WGQ themselves do not give insights into barriers and enablers of persons with disabilities and facilitate programming. Hence it is important to undertake analysis after WGQ have been applied to collect disaggregated data and produce an understanding of barriers and enablers. Furthermore, working closely with those identified as having diverse disabilities is essential for learning how to provide the most appropriate and accessible assistance. WGQ can be usefully employed in all phases of the humanitarian cycle, for example in assessment, feedback and monitoring, to see who has been assisted and how. If no assistance has been given, then why not? As with all other tools, WGQ are best applied along with other qualitative tools, such as focus group discussions featuring groups of persons with diverse disabilities, which together can give holistic insights. Organisations can also use the resource ‘Decision tree Collection of data on disability inclusion in humanitarian action’ to make a decision on when to use WGQ (UNICEF, nd) and ‘Should you use the WGQ in your humanitarian programming? A tool to help you decide to identify’ to decide on when to use the WGQ (O’Reilly, et al., nd; O’Reilly, et al., 2024).

Although the DG ECHO’s guidance on disability inclusion (2019) as well as its online training programme has information on the use of WGQ, this is still a new subject area for many partners who consequently will need further training and capacity-building support.

3.3 Meaningful involvement of persons with disabilities

Promoting meaningful participation means that persons with disabilities have a right to be involved in all decisions that affect them. This means enabling their participation across all humanitarian phases, including: assessment, planning, designing, implementing, monitoring and evaluations; as well as seeking advice and collaborating with OPDs (IASC, 2019). This Section looks at what can be learnt from existing experience in regard to: developing an inclusive humanitarian cycle; OPDs’ effective participation; as well as the development of an inclusive feedback and complaints mechanism. All these aspects are necessary to adapt programmes thoroughly for disability inclusion and promote accountability.

3.3.1 Inclusive humanitarian cycle

The United Kingdom’s (UK) Foreign, Commonwealth and Development Office (FCDO), in its ‘Disability Inclusion and Rights Strategy 2022-2030’, takes a human rights-based approach to disability inclusion (FCDO, 2022). By 2030, FCDO will hold the ‘international humanitarian system to account in ensuring disability inclusion is effectively integrated across all humanitarian responses through the fulfilment of
minimum standards by all actors’ (FDCO, 2022: 29)\(^{24}\). It will support capacity building by ‘operationalisation of IASC guidelines’ and ‘adherence to [ADCAP] Humanitarian Inclusion Standards through core delivery partners, inter-agency mechanisms, encouraging participation by networks of local and national women-led and women’s rights organisations and organisations of persons with disabilities’ (FDCO, 2022: 29). FDCO will continue to build the capacity of humanitarian actors to incorporate disability data into humanitarian programme cycles and require all core delivery partners to demonstrate progress on the collection and use of data disaggregated by disability. Multilateral and bilateral partners will also be held accountable for applying system-wide standards for disability inclusion and making all FDCO humanitarian programmes fully disability inclusive.

The ‘Guidance on strengthening disability inclusion in Humanitarian Response Plans’ developed by UK Aid provides support to seven UN entities on how to strengthen the inclusion of disability in Humanitarian Response Plans as part of the UK Department for International Development Humanitarian Investment Programme (GPC, 2020). This work aims to make humanitarian programming more responsive to the needs of persons with disabilities affected by crisis (Perry, 2020). Another report by UK Aid summarises evidence on what works in disability inclusive approaches to humanitarian programming (Holden, et al., 2019). Promising practices include: capacity building of gender-based violence practitioners; prioritisation in food distribution systems; initiatives to include leadership of girls and women with disabilities in humanitarian work; engagement with OPDs; vulnerability and resilience approaches; use of participatory action research; and use of WGQ to improve data on disability (Holden, et al., 2019).

Experiences from the report by CBM and its partners on ‘A disability inclusion journey in the Rohingya crisis response’, stress the importance of ensuring: the development of technical capacities; budget availability and flexibility; support by organisational leadership; collection and use of disability disaggregated data; capacity building of staff; and accountability to persons with disabilities (CBM Global, 2023a). CBM’s global report ‘Disability Inclusive Cash Assistance: Learnings from practice in Humanitarian Response’ highlights how to undertake disability-inclusive cash transfers (Rothe, et al., 2021).

In 2021, the humanitarian coordination system in Afghanistan identified critical gaps in disability inclusion, namely limited understanding of disability inclusion; insufficient capacity among organisations and a lack of disability-inclusive data. To bridge these gaps, the Disability Inclusion Working Group (DIWG) was established and led by the organisation HI. Members included UN and bilateral agencies, INGOs and local disability organisations. The DIWG Group ensured that persons with disabilities were recognised in the Humanitarian Response Plan. Guides, fact sheets and training to adopt inclusive practices and ‘Must Do Actions’ were developed. Technical support to improve inclusivity was provided and over 10 organisations were assisted in integrating disability considerations into their funding proposals. Following this success, the DIWG put forward its recommendations for disability inclusion:

- ‘embed disability inclusion groups within existing humanitarian coordination systems, such as the UN Office for the Coordination of Humanitarian Affairs’ Inter-Cluster Coordination Team, to ensure their influence and legitimacy’;
- collaborate with technical experts and organisations such as HI;
- obtain backing from donors, such as the DG ECHO Afghanistan Office, for crucial resources and essential operational capacity’ (DRG, forthcoming).

The Disability Inclusion Helpdesk Report No 79 by UK Aid also identifies priority entry points for humanitarian response in Ukraine to make it disability-inclusive (UK Aid, 2022). The report identifies various

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\(^{24}\) UK FDCO has not defined the international humanitarian system but the advice refers to following actors: bilateral and multilateral donors, UN Office for the Coordination of Humanitarian Affairs and Standby Partnership; all implementing partners of UK Aid, which would include INGOs.
issues of people living in Ukraine after the conflict, with interventions regarding: tackling barriers created by fleeing from danger; increasing accessible shelters; facilitating access to essential supplies; addressing the safety and well-being of those living in institutions; addressing conflict-induced trauma; and providing transport support from borders to reception centres (such as wheelchairs) and assistive technologies.

More generally, the above suggests that humanitarian systems need to be influenced at different levels, such as cluster systems, coordination systems, humanitarian response plans and responding organisational systems to make them more disability inclusive in their approaches, policies and practices. DG ECHO and the EU need to do more on this by using its office to influence not only its partners’ policies and practices but also larger humanitarian systems in countries where they operate.

3.3.2 Effective participation of OPDs

The learning report published by CBM, the International Disability Alliance and HI on ‘Inclusion of persons with disabilities in humanitarian action’ outlines 39 examples of field practices and key lessons learned from 20 countries, during all phases of humanitarian responses (Palmer, 2019). The case studies focus particularly on how programming quality is improved by ensuring access and participation for OPDs and those with disabilities. The case studies are about humanitarian and recovery projects led by OPDs or undertaken by NGOs in collaboration with OPDs. They include examples of projects in which persons with disabilities and OPDs are at the centre of assessing and addressing barriers (Palmer, 2019).

Another study also indicates the importance of strengthening national OPDs so that they become independent from their international partners and gain more influence as advocates for their rights (Funke and Dijkzeul, 2021). Other helpful publications include: the UN guidance on inclusion of OPDs (UN, 2021a); a CBM Global report ‘We have a Key Role Now’, which highlights lessons learnt on partnerships with OPDs (CBM Global, 2022); and CBM Global’s ‘Engaging with organisations of persons with disabilities in humanitarian response’, covering reflections on their COVID-19 response in Bangladesh, Indonesia and Nepal. This last example is based on two IASC Guidelines’ ‘Must do’ actions: Participation; as well as Empowerment and Capacity building’ (CBM Global, nd). Furthermore, ‘A guide to building meaningful and successful partnerships between INGOs and OPDs’ builds on experiences from the Inclusive Futures programme on key values and attitudes that lead to partnerships with the OPDs (UK Aid, 2023). FDCO has also developed an internal guide for its staff – a non-binding advisory paper on consulting OPDs in their programming work.

Since the conflict in Ukraine began, Moldova has experienced a significant increase in the number of Ukrainian refugees. Among these refugees, there are approximately 13 000 persons with disabilities. Collecting information on provisions and services needed by the refugees with disabilities was crucial to giving them inclusive support. A meeting of various organisations, such as EDF, the Association ‘MOTIVATIE’ from the Republic of Moldova, the Centre for the Rights of Persons with Disabilities, the Association of Deaf People in Moldova and the Alliance of Organisations for Persons with Disability from Moldova, conducted workshops and interviews with refugees to identify service gaps. EDF along with Alliance hired a consultant to identify refugees who could voice their rights. 50 refugees with disabilities were identified and involved in shaping responses in this way. EDF and Motivatie Moldova collaborated with a consultant on a study which highlighted barriers such as social stigma and accessible information which were then used to advocate by the OPDs for more tailored interventions. Key lessons learned from the initiative included: the importance of direct engagement with OPDs and refugees with disabilities; as well as the strengthening of local organisations’ advocacy capacity (DRG, forthcoming).

In another example, OPDs were empowered by HI’s humanitarian work in Burkina Faso, which included:
• conducting detailed mapping and capacity assessment of OPDs;
• providing training on legal frameworks and inclusive practices, emphasising disability inclusion in humanitarian actions, aligned with international standards and guidelines;
• providing technical assistance to OPDs to develop micro-projects on humanitarian response;
• enhancing OPD advocacy and community engagement, particularly involvement in regional and provincial frameworks as well as collaboration with local authorities’ (DRG, forthcoming).

As noted in Section 2.2.2, none of the eight projects reviewed included OPDs as implementing partners, although in three there was some evidence of development regarding programme activity platforms inclusive of persons with disabilities.

### 3.3.3 Inclusive feedback and complaints mechanism

IRW has reviewed their accountability, complaints and feedback mechanisms alongside persons with disabilities and changed their practices accordingly. Working on its recommendations, IRW has created a checklist for inclusive complaints feedback mechanisms which can be used by: projects/programmes leaders; accountability focal points; as well as protection and inclusion officers in country offices. These IRW experiences are captured in ‘A comprehensive analysis of inclusive feedback and complaint handling mechanism among people with disabilities’ (IRW, 2021).

IRC launched its ‘Inclusive Client Responsiveness’ project to ensure that persons with disabilities and older people were included in their Accountability systems. Inclusive feedback mechanisms were developed and guided by universal design principles. Local OPDs participated to address challenges related to feedback collection. As a result of this work, three critical areas were identified for action:

- ‘Rights-Based Approach: emphasising a deeper understanding of disability rights, universal design and anti-discrimination to ensure equal service access;
- Data Collection and Analysis: confirming and improving the client feedback system;
- Accessibility Assessments: stressing the importance of regularly evaluating the feedback system for safety and access, focusing on the challenges faced by individuals with disabilities’. (DRG, forthcoming).

Additionally, the ‘Inclusive Client Responsiveness Toolkit’ co-created by persons with disabilities offers guidance for auditing and enhancing feedback channels (IRC, 2021). The DG ECHO PM KOI includes the theme of feedback and complaints which can further be adapted for disability data collection, disaggregated by diverse disabilities and applied to all projects.

### 3.4 Identification and removal of barriers for people with diverse disabilities

Forms of disabilities are diverse and hence they require varied accessibility and communication for assessing their risks and overcoming barriers. Assisting technology is still not well supported in humanitarian crises and needs to be improved (Whittaker, et al., 2021; Kett, 2022).

For deaf persons, ‘accessible formats should be delivered simultaneously with original formats. “Visual Modality” ideally means both translations into the local sign language as well as captioning and transcripts into text for any audio content. Text with easy-read formats and visual signage with iconography are also useful for deaf persons in humanitarian contexts. Basic training of “on-the-ground” humanitarian actors would be hugely impactful for deaf persons in humanitarian settings. This includes awareness of deafness and disability, including a basic sign language vocabulary (“help”, “food”, “water”, “shelter”, “doctor”,


“safety”, etc.) in the local sign language. Resources for and by deaf persons regarding development and humanitarian contexts are here particularly relevant (WFD, 2022b; 2015a; 2015b). Persons with intellectual disabilities face deeper discrimination, often requiring visual communication and remaining at a heightened risk of exclusion (Funke and Dijkzeul, 2021). IRC in collaboration with Inclusion International highlighted the specific stigma and risks faced by young adolescent girls with intellectual disabilities. It stressed the need to identify the unique risks and barriers that girls with intellectual disabilities face when it comes to information access, gender-based violence services and reporting mechanisms (IRC, forthcoming).

Light for the World’s ‘Resource Book on Disability Inclusion’ specifically highlights how to develop inclusive communication with persons with diverse disabilities (2017).

In response to the humanitarian crisis in Cox’s Bazar, Bangladesh, the IOM initiated an audit project to improve accessibility for nearly one million Rohingya refugees, with a focus on older persons and those with disabilities. Camp infrastructure was evaluated with the help of Disability Inclusion Support Committees to identify and eliminate barriers preventing people from accessing services. Based on their experience, IOM submitted various recommendations:

- carry out audits involving persons with disabilities to identify and address physical barriers;
- ‘set up committees that include persons with disabilities;
- implement necessary infrastructure modifications based on audit findings’;
- provide disability inclusion training for local organisations and community groups (DRG, forthcoming).

Humanitarian organisations provided support following the violence that began during 2016 in Cameroon’s English-speaking regions leading to the loss of lives, property damage and displacement of people seeking safety. But ‘this response often overlooked the requirements of persons with disabilities, particularly those with hearing deficiencies. The Cameroon Baptist Convention Health Services implemented a 14-week sign language training programme to address this gap. The initiative aimed at improving information access for persons with hearing disabilities by training professional sign language interpreters. This approach led to: increased use of health and protection services by people with hearing disabilities; the creation of the region’s first Sign Language Dictionary; and more trained interpreters in critical areas’. Key recommendations based on the programme’s insights were:

- ‘develop and conduct sign language training programmes tailored to local requirements;
- map out organisations providing local services and collaborate with them to address their specific communication challenges;
- encourage participation of individuals with disabilities in the training programmes;
- ensure that the curriculum is standardised and relevant for the deaf community;
- develop and revise training guides to include humanitarian principles;
- consider creating and circulating documentation that will standardise communication;
- actively involve people with hearing disabilities in developing resources like sign language dictionaries’ (DRG, forthcoming).

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25 Personal communication by Kate McAuliff (PhD Candidate), ‘Deaf Refugees in Jordan: A conceptual framework of agency and double displacement’, Centre for Development and Emergency Practice, Oxford Brookes University. The author is grateful for her above insights on deaf people/Refugees.
A report by the World Federation ‘Deaf Barriers to Healthcare Access for Deaf Nigerian Women and Girls during Emergencies: Analysing the Additional Impacts on their Intersectional Identity’ presents preliminary research on experiences faced in health care by deaf women and girls in Nigeria during the COVID-19 pandemic (WFD, 2022a). They show that disaster risk reduction measures were not available to them, as a cultural and linguistic minority. The report presents recommendations not only to reduce inequities at the intersection of gender, disability and linguistic minorities, but also to heighten the importance of incorporating sign language as a part of accessibility initiatives (WFD, 2022).

Accessibility initiatives need to be sensitive to the varying needs of people with diverse disabilities. Although the DG ECHO online training highlights accessibility issues, DG ECHO partners can be sensitised further on bringing diversity in accessibility initiatives. See Section 4.8 for further elaboration.

3.5 Capacity development of humanitarian actors

The ADCAP initiative (2014-2018) funded by the UK Department for International Development and the United States Office of Foreign Disaster Assistance has brought out the ADCAP Humanitarian Inclusion Standards and the ‘Good Practice Guide’ to embed inclusion of older people and people with disabilities in the humanitarian responses. The Good Practice Guide emphasises eight themes to be adopted by organisations to enable inclusion, including mainstreaming inclusion within the organisational structures by undertaking systematic organisation assessments to identify gaps in policy and practices and develop organisational change plans for inclusion. The Guide gives detailed guidance on how such organisational change can be enabled leading to the review and revision of strategic documents and humanitarian programming guidelines. It also highlights the need for organisational inclusion of focal persons, close cooperation with OPDs, exposure and training of the staff involving persons with disabilities as co-trainers and challenging of the wider cultural and social attitudes of staff and communities towards persons with disabilities (Akerkar and Bhardwaj 2018).

As a donor, Finland’s MFA encourages its multilateral (UN and International Committee of the Red Cross) partners to establish and follow up on disability inclusion strategies. Finland also acts on its partners’ UN Disability Inclusion Strategy (UN, 2019) and entity-level reports promoting public availability (UN, 2021b). A session on disability inclusion in its annual partnership discussions aims to ensure that all partners’ senior management sees this as a priority. Disability inclusion is included with monitoring questions in visiting operations.

The Finnish MFA held a workshop in September 2023 with their Finnish civil society partners to brainstorm how they are dealing with disability inclusion. This included: working with OPDs; promoting disability amongst implementing partners; and mainstreaming programming. When Finnish organisations apply for grants, one mandatory question is ‘With what concrete measures does this project contribute to the achievement of rights of persons with disabilities?’. In addition to reporting their beneficiary data disaggregated by disability, Finnish organisations are encouraged to use WGQ (Washington Group of Disability Statistics, nd) when relevant and as advised by the ‘Using the Washington Group questions on disability data in development programs: A learning brief’. (CBM Global, 2023). However, this mandatory inclusion of indicators on persons with disabilities does not apply to multilateral organisations which often follow their own organisational reporting structures which in turn have varied policies or indicators on disability inclusion, many of which are not internally mandatory. Hence there is a need to improve the reporting and monitoring of disability inclusion across the humanitarian system26.

DG ECHO allows its partners to use their own monitoring systems. Consequently, the extent to which disability data is analysed and integrated into their implementation and monitoring systems depends on

26 Information provided by Finland’s MFA.
how much disability is mainstreamed in their organisational policy, practices, analysis and monitoring systems, as discussed in Section 4.3.

3.6 Improving reporting and monitoring of disability inclusion

There needs to be a move from disability policy to implementation and monitoring as mandated by UNCRPD, including addressing any challenges which are being presented (Lang, et al., 2011; Khawam and Akerkar, 2023). A study commissioned by the Finnish MFA in 2022 found that policy influencing and resulting commitments do not always translate into concrete advancement in the rights and inclusion of those with disabilities. Some of the challenges identified that undermined progress included: a lack of system-wide tracking funding and mainstreamed activities; as well as weak capacity to identify and track assistance given to persons with disabilities. Hence, uncertainty exists as to whether persons with disabilities are being assisted or not.

To track the implementation of disability-inclusive approaches and demonstrate results, organisations would need to have, for example, a reporting system with mandatory indicators for country-level implementation that is used in all operations. Indicators would then generate comparable data across the organisation and could be used to track annual progress. Internal reporting processes should consistently require and include information on disability inclusion and persons with disabilities. Importantly, reporting requirements must also be extended to implementing partners of humanitarian organisations (Mojtahedi, et al., 2023) as they are often responsible for beneficiary selection and assistance in practice.

As mentioned in Section 3.5, DG ECHO implementation partners’ monitoring and reporting is vulnerable and hence a better system of tracking and reporting on disability inclusion is required. DG ECHO has an important role to play by setting an example for other donors to follow (see Section 4.3 for more information).

3.7 Budgetary allocation for monitoring of disability inclusion

A study by the Finnish MFA concludes that donors and organisations should work towards: ensuring a sufficient priority level for disability inclusion; reporting expenditure and resourcing of disability inclusion, in terms of human resources; as well as ensuring that focal points have both time and budgets allocated for implementation, especially at regional and country-level. Adhering to this guidance will make humanitarian aid more accessible for persons with disabilities (Saxen, 2022). Currently, there is no monitoring of budgetary allocation on the theme of disabilities by DG ECHO.

4 Areas of the EU’s efforts in disability inclusion and mainstreaming in humanitarian contexts that need further strengthening

DG ECHO’s guidance on disability inclusion complements that of the IASC. Through its e-learning on disability inclusion and reporting in a single form on the aggregated number of persons with disabilities assisted in their humanitarian projects, DG ECHO has reached important milestones in disability-inclusive programming. Nevertheless, there is still scope for further improvement in this work, thematic areas of which are outlined here. Although recognising that responsibility for this improvement falls not only on DG ECHO but also its humanitarian partners, it is important to emphasise that DG ECHO as a key donor has an important influential role to play.
4.1 Intersectionality

DG ECHO acknowledges that the way forward is to adopt an intersectional approach progressively\(^{27}\). Guidance developed by UN Women on intersectionality is certainly a good starting point for DG ECHO to reflect on how to bring an intersectional perspective into their work. However, further tools need to be developed for gathering intersectional information throughout the humanitarian cycle\(^{28}\). The use of narratives as well as focus group discussions, involving diverse persons with disabilities (age groups, gender, different disabilities), would be useful qualitative tools for advancing insights on differential risks and capacities, integrating gender, age and disability in humanitarian responses as advised by the ADCAP Good Practice Guide (Akerkar and Bhardwaj, 2018), ADCAP Humanitarian Inclusion Standards (2018) and Akerkar (2022).

Moving forward, this would mean adapting the DG ECHO gender and age marker to SADDD markers. As observed in Section 2.2.2, the current gender and age marker used in the single form is not fit for purpose when trying to understand the risks and capacities of older people (>60 years), some of whom may develop disabilities with ageing. In this regard, ADCAP humanitarian inclusion standards develop useful guidance on the additional age bracket groups. SADDD collection and analysis should also help which in turn would require the use of tools to identify persons with disabilities in non-stigmatising ways – that is by the use of WGQ asked by trained enumerators. It is not enough merely to collect data, it is also vital that this is analysed and used to inform programme implementation and adaptation for diversity. Currently, the e-single form’s section 6 includes only gender and age analysis. Disability information must be included to create an intersectional gender, age and disability section which can be analysed as such. This would then facilitate the integrated use of SADDD and its analysis reports across the humanitarian cycle, namely assessment, implementation, monitoring and evaluation.

DG ECHO can support the piloting of initiatives to develop and apply information-gathering tools to undertake an intersectional approach during assessment by humanitarian organisations. Similarly, an e-learning module clarifying basic conceptions of intersectionality should provide invaluable assistance, as would tools to gather information and undertake intersectional analysis. DG ECHO is currently developing online training for DG ECHO staff on inclusive programming clarifying basic concepts related to intersectionality. Development of such a tool is a positive step in this direction and this training should also be made available to its partners.

For monitoring purposes, the DG ECHO PM KOI are useful tools. However, they too need further adaptation for age (as suggested above) and disability by integration of WGQ, so that persons with disabilities are identified in non-stigmatising and appropriate ways.

4.2 Inclusion of SADDD and WGQ

The SADDD collection needs to be supported with the use of WGQ to collect information on people with diverse disabilities. Evidence from the successful incorporation of WGQ highlights: staff training; developing accessible mechanisms; and robust reporting formats. The HI and RedR enumerators guide on the use of WGQ needs to be made widely available to its partners by DG ECHO. Similarly, the resources identified in Section 3.2 ‘Decision tree Collection of data on disability inclusion in humanitarian action’ and ‘Should you use the WG questions in your humanitarian programming?’ are useful to help understand how and when to use the WGQ. Currently, the use of WGQ is encouraged, but DG ECHO should consider asking

\(^{27}\) Information provided by representatives of DG ECHO.

\(^{28}\) Gender and Work Analytical Tool has been adapted for use by the UN Women and can be a potential method to undertake disaggregated risk and capacity analysis across the humanitarian cycle while including the identified enabling markers by the UN Women document on intersectionality. For an original understanding of the Gender and Work tool see Akerkar, 2022. However, much more work is necessary to implement intersectionality analytical tools, including trialling them.
its partners to use them on a progressive and possibly even mandatory basis where possible, using the decision tree. Hence, training and capacity-building budgets should also be made available to partners.

4.3 Monitoring and reporting on disability inclusion and funding

Currently, DG ECHO’s disability inclusion policy officer reports annually against the OECD-DAC markers. This annual practice is very similar to those undertaken by other donor organisations, namely the Finnish MFA and the British FDCO. However, the proposal assessment and its subsequent monitoring for disability inclusion needs to be undertaken by developing and using a standardised checklist of questions. DG ECHO’s regional, country and field experts need to assess disability inclusion of different projects at all stages and report how they can be made more disability inclusive. The need for adequate personnel to undertake a rigorous assessment of proposals and their monitoring for disability inclusion (with gender and age) should be considered by the DG ECHO.

At the proposal stage, a checklist of questions should consider including questions as used by the Finnish MFA in its single form, for example, ‘with what concrete measures does this project contribute to achieving rights for persons with disabilities?’ Furthermore, projects which do not feature disability inclusion in their proposals need to be de-prioritised for funding, unless organisers are willing to revise accordingly, and when there are multiple organisations applying for the same funds. Incentives should be created to promote disability inclusion.

Reporting in the relevant section of the single form on analysis of barriers and enablers needs to be systematised for all activities undertaken by partners. Reporting on the involvement of persons with disabilities in feedback and complaints mechanisms also needs to improve. Work by IRW and IRC suggests that feedback and complaints mechanisms need to be adapted for better accessibility. DG ECHO should share such good practices with their partners. The lack of monitoring and reporting on funding by DG ECHO projects on disability inclusion needs to change by including budgetary allocation as an important indicator for inclusion.

Reporting on the involvement of beneficiary persons with disabilities on programme activity monitoring committees should be asked for in section 7 LI in the single e-form.

DG ECHO does not currently make it mandatory for its implementing organisations to follow its disability inclusion guidance or its PM KOI guidance. As identified in Sections 3.5 and 3.6, the implementing organisations – INGOs as well as multi-lateral organisations, including UN bodies – often have varied policies on disability inclusion which are not internally mandatory. Almost half of DG ECHO funding goes to UN-led agencies and multilateral organisations. Although it is mandatory for DG ECHO-funded projects to include disability in their work programme, at least 79 projects funded in 2023 did not include such data, which according to DG ECHO is due to resistance from their partners. It is to be noted that 43% of its projects were considered non-disability inclusive, as noted in Section 2.2. Hence, there is a need to improve INGOs’ capacity as well as that of UN agencies’ implementing DG ECHO programme to improve the recording and monitoring of disability inclusion. This also points to the need for better disability tracking across the humanitarian cycle, an initiative that can be supported and led by DG ECHO.

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29 This is an arguable surmise made by the author based on the communications with DG ECHO. They stated that they are not able to systematically use checklists as these are too time-consuming given the number of projects they have to assess.
30 From human rights perspective, all needs are rights See Sphere Standards (2018) which highlights how humanitarian assistance is a right. See also ADCAP Humanitarian Standards (2018) for more discussion.
31 Information provided by DG ECHO. See also DG ECHO Guidance (2019); Protection Mainstreaming Guidance/Tool kit (2021) which calls such guidance as recommended actions.
32 Information provided by DG ECHO.
4.4 Coordination and learning among donors

FCDO and EU donor countries, together with the Finnish MFA and SIDA share DG ECHO objectives to mainstream disability inclusion in all their programmes. As highlighted above, there is a need to develop better tracking of indicators on both disability inclusion and disability funding across the humanitarian system.

Given that DG ECHO is in touch with the Finnish MFA as a part of the informal donor group on disability inclusion, there is scope to develop comparable indicators on disability inclusion that can be tracked across all donor projects. The OECD-DAC marker is currently used by all donors including DG ECHO in annual assessments of all projects. Whilst this is an important exercise, it does not facilitate comparable humanitarian tracking on meaningful disability inclusion or disability funding.

Leaders and key personnel on disability inclusion from different donors and DG ECHO should improve coordination to enable cross-learning to support the tracking of disability inclusion in meaningful ways and funding across the humanitarian sector.

4.5 Better coordination and learning between DG INTPA and DG ECHO

Development failures often lead to increased vulnerabilities for people affected by humanitarian crises. Topical discussions in the European Humanitarian Forum on integrating the development-humanitarian-peace nexus as a continuum in all aided projects also provide opportunities for the EU to show how this can be enabled in practice by integrating disability inclusion in both DG INTPA and DG ECHO-supported projects.

Disability-inclusive humanitarian action also needs changes in organisational culture, albeit this can often take time. Accordingly, it is imperative that development projects supported by DG INTPA and other related actors are also made disability inclusive so that the organisational culture becomes disability inclusive and responsive. To this end, better coordination and learning on disability inclusion between DG INTPA and DG ECHO should be organised, which in turn would support the development-humanitarian-peace nexus and continuum. Involvement of persons with disabilities should also be encouraged in areas such as climate change adaptation and disaster preparedness in DG INTPA and DG ECHO-supported projects (Engelman, et al., 2022).

4.6 Capacity building of DG ECHO partners

The e-learning module by DG ECHO on disability inclusion is well-developed and should support partners. This training should be made mandatory for partners as a part of DG-ECHO’s screening and monitoring process.

In addition, as mentioned in Sections 4.3 and 4.4, the capacities and internal mandates of partners, INGO, UN agencies and multilateral organisations to implement disability-inclusive practices vary considerably. Hence DG ECHO should lead/invest in influencing and supporting funding for its partners to enable them to make their organisational processes and policies disability inclusive in all phases of humanitarian action and ensure meaningful participation of persons with disabilities. Partner organisations should undertake a systematic assessment of their organisations and develop organisational change plans to embed inclusion by reviewing and revising their strategic documents and humanitarian programming guidelines as given in the detailed guidance of the ADCAP Good Practice Guide. They can further support the hiring of human personnel such as inclusion focal persons for gender, age and disability inclusion and training of staff in the DG ECHO-funded projects (Akerkar and Bhardwaj, 2018). Apart from e-learning, face-to-face training

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33 See Akerkar and Bhardwaj (2018) where mainstreaming undertaken through organisational change plans to further inclusion, support of organisational focal persons and training of organisational personnel is identified as a good practice.
on disability inclusion should be made a part of all humanitarian programming involving persons with disabilities or an OPD as co-trainers in face-to-face interactions with persons with disabilities. Such interactions always change stereotypical perceptions of persons with disabilities with their involvement as trainers which highlights their skills and capacities (Akerkar and Bhardwaj, 2018). A disability inclusion training budget involving OPDs or disability-focused organisations also needs to be made a mandatory part of DG ECHO programming to facilitate mainstreaming of disability inclusion. This would also support capacity building for OPDs in areas where DG ECHO is working to support the long-term sustainability of disability inclusion.

### 4.7 Capacity building of OPDs and their meaningful involvement

The spirit of the call ‘nothing about us without us’ which infused the UNCRPD processes leading to the involvement of OPDs in the drafting of the convention needs to be recalled and acted upon at all times (Harpurt and Stein, 2022). However, the functions of the current financial and working procedures of DG ECHO severely limit OPD’s involvement in its funded programmes. Hurdles include the need to be registered in an EU country, without which OPDs can only be implementing partners of DG ECHO’s certified registered partners. Furthermore, OPDs often do not have the necessary governing structures and resources to participate in DG ECHO’s funding calls and are frequently marginalised by the power structures of humanitarian architecture (Young, 2023). OPDs do not always have the capacity to write proposals as mandated by the DG ECHO procedures. OPDs could be supported by the DG ECHO to develop such proposals by funding the hiring of consultants for the same. OPDs and their contributions also need to be made more visible within the humanitarian structures of the countries receiving aid. To that end, DG ECHO could support the development of the mapping and listing of OPDs working in different countries where DG ECHO has funded programmes and also influence country-level humanitarian coordination arrangements – for example, cluster systems or the UN High Commissioner for Refugees assistance. Proposals involving OPDs’ capacity building and inclusion in humanitarian programming from the outset could be incentivised by prioritising them over other organisations. This ought to be one of DG ECHO’s ethical initiatives. Separate budgets need to be kept for OPD’s capacity building in humanitarian work and funding.

### 4.8 Identification and removal of barriers for persons with diverse disabilities

Reporting has fallen short in trying to develop a deeper understanding of barriers and enablers for persons with diverse disabilities and adaptation of respective projects. This puts certain persons with disabilities at the risk of exclusion. For instance, persons who suffer from hearing disabilities which cannot be seen or those with intellectual disabilities face stigma in many societies. Accessible communication standards need to be adapted differently for persons with different disabilities. DG ECHO should not only highlight good practices developed with its partners but also provide better guidance and insist on reporting feedback by way of the e-single form section 4 NARA.

### 5 Recommendations for the EU to strengthen its work on humanitarian assistance to persons with disabilities

#### 5.1 Applied policy work

DG ECHO should lead on an intersectionality approach, incorporating gender, age, disability and diversity inclusion. To this end, it should:

- develop an e-learning module on intersectionality key concepts and how to undertake intersectional programming for DG ECHO partners and DG ECHO staff;
• develop a toolkit that enables qualitative information collection as well as analysis of risks and enablers from an intersectional perspective, building on the work of UN Women and Gender and Work framework and Akerkar (2018, 2022);
• develop pilot initiatives on intersectional programming in humanitarian contexts;
• adapt PM KOI guidance to incorporate SADDD in better ways by incorporating the WGQ and older age groups in monitoring intersectionality across the humanitarian cycle.

5.2 SADDD data collection, analysis, use of WGQ and reporting

Although mandatory, projects do not always submit disability data which should therefore be enforced by DG ECHO. Disability data should be gathered and partner staff trained in the use of WGQ. The use of the former can be guided by the work of the INGOs in this area, and in particular the application of the ‘decision tree’ highlighted in this report. Similarly, separate partner budgets should be established for training. Clear guidance on SADDD collection and its analysis with the use of WGQ and other qualitative methods should be developed using the good practices used by other agencies.

Analysis of the SADDD should be integrated into different parts of the single e-form and in particular: section 4 NARA; section 5 Beneficiaries; section 6, gender and age marker to include disability; section 7 LI; and section 9 Monitoring and Evaluation.

5.3 Monitoring and reporting of disability inclusion and meaningful involvement

DG ECHO should consider including questions in its e-single form such as: ‘With what concrete measures does this project contribute to persons with disabilities achieving their rights?’ and ‘How are activities adapted responding to the risks and barriers experienced by persons with disabilities?’

Disability inclusion should be incentivised and proposals not furthering disability inclusion given lower priority when multiple organisations are competing for DG ECHO funding call to run projects.

DG ECHO should develop a standardised checklist of questions on disability inclusion (including age and gender) for use by its regional gender and protection experts together with field experts to assess proposals and their implementation in the field.

The number of persons within DG ECHO monitoring disability inclusion (including gender and age) from the proposal assessment to implementation and its monitoring could be increased. To that end, a review of the current human resource capacities within DG ECHO at all levels (HQ, regions, country and field) could be undertaken to identify an increase in recruitment of dedicated personnel at appropriate levels.

Reports involving OPDs should specifically be asked for in the e-single form section 11 on field coordination, which includes working with other actors. Section 4 NARA can also detail the involvement of OPDs in needs assessment. Reporting on the involvement of beneficiary persons with disabilities on programme activity monitoring committees should be asked for in the e-single form section 7 LI.

Reporting on analyses of barriers and enablers for diverse inclusion needs to be systematised via the single form section 4 NARA for all activities undertaken by partners. Information on how accessibility is adapted for diverse disabilities should be included in section 4, section 7 LI, as well as in section 9 on monitoring and evaluation of the e-single form. Good practices on accessibility adaptations and accessible communications for diverse disabilities should be shared with partners by DG ECHO.

Reporting on the involvement of persons with disabilities in feedback and complaints mechanisms also needs to be systematised via the e-single form section 9. Good practices developed by IRW and IRC, which highlight the need for adapting the feedback/complaints mechanism for accessibility, should be shared by
DG ECHO with its partners. DG ECHO PM KOI can be used for this purpose through its further adaptation to include older people's age groups, WQG and measures are taken to make the programme accessible, in case of complaints.

DG ECHO projects should report on the funding budget used for disability inclusion.

DG ECHO partner INGOs, the UN and multilateral agencies need to be challenged, influenced and supported by DG ECHO to develop disability-inclusive policies, practices and monitoring, including involvement of OPDs in their programming.

5.4 Coordination

Coordination between EU donors and DG ECHO should be facilitated to develop comparable humanitarian tracking of indicators and learning on disability inclusion through the current informal donor group and other mechanisms available with DG ECHO.

Coordination between various arms of the EC – namely DG INTPA, other relevant EC actors and DG ECHO – should be enabled to mainstream and learn about disability inclusion, which can in turn also support the humanitarian-development-peace nexus.

5.5 OPD capacity building and partnership

The European Commission should be committed to developing equitable partnerships with OPDs. To that end, DG ECHO should keep a budget to support OPDs as equitable partners to build their capacities – financial, human and technical resources – to further the principle of localisation. Consultants could be hired to support the OPDs in proposal writing. Funding calls should be developed on the theme of meaningful involvement of OPDs in humanitarian action.

In countries where DG ECHO has a presence, mapping of OPDs should be undertaken. INGO/UN and multilateral partners should also be encouraged to involve them in their humanitarian programming from the outset. DG ECHO should also use its influence to involve OPDs in humanitarian structures – cluster systems, UN High Commissioner for Refugees and other UN agencies working in these countries.

5.6 Capacity building of DG ECHO partners

DG ECHO partners' policies, practices and monitoring for disability inclusion should be improved. DG ECHO partners should be enabled to mainstream disability inclusion by undertaking a systematic organisational assessment to identify the gaps in their policy and practices and to develop an organisational change plan to review and revise their strategic documents and humanitarian programming guidelines. This should include provision for the inclusion of focal persons within the organisations to lead the change plans and the training of their staff.

Mandatory training on disability inclusion on both e-learning and face-to-face bases involving OPDs/persons with disabilities as co-trainers would change partners’ stereotypical perceptions about persons with disabilities and should be made compulsory for all DG ECHO partners.

Such face-to-face training for DG ECHO partners involving OPDs/persons with disabilities should also result in the mutual benefit of capacity building.

The good practices of other actors identified in this paper should be shared with the DG ECHO partners.
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WORKSHOP PROCEEDINGS

Humanitarian assistance to persons with disabilities
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Table of contents

List of abbreviations iv

1 Workshop programme 1

2 Introduction 2

3 Presentation of the Briefing on ‘Humanitarian assistance to persons with disabilities’ 2

4 Presentation from invited expert 4

5 Intervention from DG ECHO 4

6 Debate with Members 6
   6.1 Responses from the panel 7

Annex 1 – Speakers’ bios 9

Annex 2 – Photos from the workshop 10
**List of abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRPD</td>
<td>United Nations Convention on the Rights of Persons with Disabilities</td>
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<tr>
<td>DEVE</td>
<td>European Parliament’s Committee on Development</td>
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<tr>
<td>DG ECHO</td>
<td>European Commission’s Directorate-General for European Civil Protection and Humanitarian Aid Operations</td>
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<td>EDF</td>
<td>European Disability Forum</td>
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<td>EP</td>
<td>European Parliament</td>
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<td>EPP</td>
<td>European People’s Party</td>
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<td>EU</td>
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<td>MEP</td>
<td>Member of the European Parliament</td>
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<td>OPD</td>
<td>Organisation of Persons with Disabilities</td>
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<td>PM KOI</td>
<td>Protection Mainstreaming Key Outcome Indicator</td>
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<td>S&amp;D</td>
<td>Socialists &amp; Democrats</td>
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<td>SADDD</td>
<td>Sex, Age and Disability Disaggregated Data</td>
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<td>UN</td>
<td>United Nations</td>
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<td>WGQ</td>
<td>Washington Group of Questions</td>
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Workshop programme

Humanitarian Assistance to
Persons With Disabilities

Monday 4 March 2024, 16.00 – 17.00
Brussels ANTALL building, room 6Q2

DEVE PROGRAMME

16:00-16:05 Introductory remarks
Welcome by Tomas Tobé, MEP (EPP, Sweden) and Chair of the DEVE Committee.

16:05-16:15 Presentation of the Briefing on ‘Humanitarian assistance to persons with disabilities’
- Dr Supriya Akerkar, Director, Centre for Development and Emergency Practice, Oxford Brookes University.

16:15-16:20 Presentation from invited expert
- Gordon Rattray, Programme Coordinator, European Disability Forum.

16:20-16:25 Intervention from DG ECHO
- Reka Dobri, Team Leader for International Humanitarian Law and Protection, DG ECHO.

16:25-16:55 Debate with Members
- Mónica Silvana González, MEP (S&D, Spain) and DEVE representative for the intercommittee network on the implementation of the Convention on the Rights of Persons with Disabilities.
- Carlos Zorrinho, MEP (S&D, Portugal) and Standing Rapporteur on Humanitarian Aid.
- Tomas Tobé, MEP (EPP, Sweden) and Chair of the DEVE Committee.

16:55-17:00 Concluding remarks
- Concluding remarks by Tomas Tobé MEP (EPP, Sweden) and Chair of the DEVE Committee.
2 Introduction

The workshop entitled ‘Humanitarian Assistance to Persons with Disabilities’ was organised by the European Parliament’s (EP) Committee on Development (DEVE) and the Policy Department of the Directorate-General for External Policies. It took place on 4 March 2024 and was chaired by the Member of the European Parliament (MEP) and DEVE Chair Tomas Tobé (Group of the European People’s Party [EPP], Sweden).

The Chair recalled the adoption of the ‘Strategy for the rights of persons with disabilities 2021-2030’ and its objectives to improve the lives of persons with disabilities in Europe and around the world by providing them with equal access and opportunities, including in the context of humanitarian assistance. He highlighted the World Health Organization’s numbers, which estimate that 1.3 billion people around the world experience disabilities. This means that 16% of the world’s population lives with disabilities. The European Union (EU) thus has a duty to make its humanitarian assistance as inclusive as possible.

The workshop analysed the Union’s achievements as well as the efforts of other major humanitarian actors and donors around the world in promoting disability inclusion in humanitarian settings. It also provided suggestions for improvements. External experts and representatives of the European Commission’s Directorate-General European Civil Protection and Humanitarian Aid Operations (DG ECHO) were invited to engage in an open discussion with MEPs.

3 Presentation of the Briefing on ‘Humanitarian assistance to persons with disabilities’

Dr Supriya Akerkar (Centre for Development and Emergency Practice, Oxford Brookes University) presented the Briefing on ‘Humanitarian Assistance to Persons with Disabilities’. On the basis of a comprehensive literature review, an analysis of eight DG ECHO-supported projects and online interviews with relevant stakeholders, the Briefing assesses the progress made in considering persons with disabilities within the EU humanitarian response. It also outlines recommendations on how humanitarian assistance to persons with disabilities can be further strengthened, learning from the experiences of civil society organisations, United Nations (UN) agencies and donors.

Dr Akerkar explained that DG ECHO has made good progress on disability inclusion thanks to its disability guidance and e-learning tools. Nevertheless, the expert pointed out that further improvements are necessary to embed disability inclusion in better and systematic ways within DG ECHO-supported programs.

A more systematic use of Sex, Age and Disability Disaggregated Data (SADDD), whether it be its collection, (intersectional) analysis and use in supported programmes, would help such endeavour and enable a more nuanced understanding of the barriers and enablers faced by the diverse social groups with disabilities. To apply such an intersectional approach, she suggested that DG ECHO considers initiatives to develop and apply disaggregated information-gathering tools. DG ECHO’s Protection Mainstreaming Key Outcome Indicator (PM KOI) is useful in this context and can be adapted further to incorporate SADDD in better ways.

Furthermore, Dr Akerkar highlighted that although SADDD collection has been made mandatory by DG ECHO, such requirement has to be reinforced, as partners do not always apply it. This can be done for instance through a more rigorous assessment of proposals at the projects’ early stages. The expert recommended the use of checklists, and to deprioritise the funding of projects not including such data collection (unless organisations show a willingness to better include disability).
It is also important to ensure that partners understand that SADDD collection aims to undertake **good context analyses leading to adapted programme intervention actions** that ensure accessibility and inclusion and thus that no one is left behind in getting humanitarian assistance. Analyses and actions taken as a result of such SADDD collection should be captured in more consistent and systematic ways in the e-single form, the main tool used by the DG ECHO to monitor disability inclusion. The **e-single form should therefore be adapted** to include deeper contextual analyses, examination of barriers and enablers and questions such as the processes and methods through which the programme and its activities further the rights of persons with disabilities.

Dr Akerkar further promoted the **gathering of disability disaggregated data through the Washington Group Questions (WGQ) and use of the decision tree** – a method which gives insights into when to use WGQ. Such analysis can enable a more nuanced understanding of the barriers, enablers and accessibility needs of persons with diverse disabilities. Civil Society organisations’ good practices show how central training enumerators is, which suggests that an additional budget for capacity-building to implement WGQ is needed.

As the Inter-Agency Standing Committee advises in its 2019 guidance **to increase the involvement of persons with disabilities**, DG ECHO should also make sure that the e-single form includes points addressing this objective. While acknowledging that the eight projects reviewed represent a too small sample to be fully representative, the expert noted that none of them involved organisations of persons with disabilities (OPDs) as partners. As an example of good practices that should be used more systematically, she outlined that three DG ECHO projects had persons with disabilities on the project’s Activity Monitoring Committee.

Notwithstanding DG ECHO’s institutional challenges to include OPDs as implementing partners, **specific funding calls and dedicated capacity-building budgets** would help develop equitable partnerships. Moreover, DG ECHO should proactively undertake a mapping and listing of OPDs in countries it operates and use its offices’ influence to stimulate the involvement of OPDs in international, national and local humanitarian systems.

Dr Akerkar emphasised that although the responsibility for disability inclusion in humanitarian assistance does not fall only on DG ECHO but also on its implementing partners, **as a key donor, DG ECHO has a crucial role to play**. To ensure the implementing partners’ capacity-building, DG ECHO could for instance organise face-to-face trainings with OPDs acting as co-trainers. Further, DG ECHO could influence its implementing partners’ internal policies, programming and monitoring structures to mainstream disability inclusion. The expert insisted on the positive and game-changer role that such influence can have on better implementation and monitoring of humanitarian assistance to persons with disabilities in all DG ECHO-supported programmes.

To mainstream disability inclusion in all EU-funded programmes, Dr Akerkar further recommended **intensifying the coordination between DG ECHO and other relevant institutional stakeholders**, such as the European Commission’s Directorate-General for International Partnerships. This could also be done through the clear identification of budgetary allocations for disability inclusion in humanitarian assistance programmes and sharing the good practices from other actors identified in the Briefing.

Dr Akerkar concluded her presentation by applauding DG ECHO’s work on disability inclusion and recommended improving SADDD collection to perfect an intersectional analysis, gender, age and disability-inclusive programme implementation and humanitarian projects’ monitoring. She also highlighted the need to increase OPDs involvement in all programmes’ calls and for DG ECHO to influence wider humanitarian systems, including their partners policies and practices, in order to mainstream disability inclusion.
4  Presentation from invited expert

Gordon Rattray (Program Coordinator, European Disability Forum [EDF]) started his speech by joining Dr Akerkar’s applause for the progress done by DG ECHO over recent years on increasing OPDs participation and consultation. The European Disability Forum has forged a significant and close partnership with DG ECHO, enabling the organisation to truly participate in the policy-making process within the EU institutions.

His intervention centred on the experiences of EDF and its member organisations working on humanitarian action on the ground, for instance in Ukraine. Two main points emerged: the participation of persons with disabilities and data disaggregation.

Firstly, while it is a legal obligation under the UN Convention on the Rights of Persons with Disabilities (CRPD) to ensure the meaningful participation of persons with disabilities, it is also a real-added value as their expertise, networks, knowledge, working and contextual experience are essential to ensure that humanitarian response is inclusive. Such knowledge is of strategic importance, especially if it is employed ex ante rather than ex post. Namely, it is imperative to form partnerships with OPDs in the preparation part of the humanitarian cycle and not when the humanitarian event has already occurred. However, for partnerships to be effective, they must be equitable. Considering how complex the humanitarian action field is, OPDs need to have resources - whether it be human, financial, or technical – to be able to partner with humanitarian organisations and institutional stakeholders on an equal level.

In light of the previously mentioned fruitful cooperation of DG ECHO with EDF, Dr Rattray encouraged the export of such proficient collaboration to implementing countries. To continue developing such effective partnerships, efforts should focus on proactively engaging them through training and open consultation on OPDs needs and requirements to participate. Thus, a cross-training process should be implemented, in which DG ECHO and its partner OPDs mutually exchange knowledge and expertise on disability inclusion. On this point, Mr Rattray assured that the EDF offers its support to DG ECHO for the identification of OPDs in the countries in which it is operating.

Secondly, concerning data disaggregation, he explained that all monitoring, evaluation and learning in programme implementation should come with obligatory, unambiguous and effective indicators regarding disability inclusion. He recognised nonetheless that partners should be supported in the understanding and use of such data, echoing Dr Akerkar’s call for training and related financial resources. Additionally, DG ECHO could use ‘success stories’ to build examples of best practices, which should then be systematically communicated with programme implementers.

5  Intervention from DG ECHO

Reka Dobri (Team Leader for International Humanitarian Law and Protection, European Commission, DG ECHO) started her intervention by stressing that disability inclusion is a key priority for DG ECHO, which is deeply committed to ensuring inclusive and accessible assistance to all in need.

She welcomed the acknowledgment of the Commission’s progress on the topic and the recognition of the operational guidance and e-learning usefulness. She also agreed with both experts in that systemic and meaningful inclusion of disability mainstreaming requires time and efforts, both building on the already existing engagements and exploring further improvements. In that respect, she thanked Dr Akerkar for providing specific areas where further efforts could be undertaken. While the draft report is still under examination, she assured DG ECHO will give it due consideration in terms of findings and recommendations.
Ms Dobri noted that certain recommendations resonate already with the current work of DG ECHO. Intersectionality, for instance, is already being mainstreamed and further developed as part of an upcoming staff training package on inclusive programming.

She also emphasised DG ECHO’s work on coordinating with other donors and EU services in advocating for disability inclusion and inclusive coordination. Another relevant aspect is cooperation with OPDs, where DG ECHO is reflecting on how to strengthen this endeavour. She outlined that this is part of a broader effort to promote stronger cooperation and equal partnerships with local actors on the ground.

Ms Dobri believed that some of the recommendations may not require changes in DG ECHO’s systems but rather a meaningful implementation of the existing tools (for instance the e-single forms or the PM KOI). This requires continuing to advocate that partners show the necessary willingness, both in terms of strategic planning and effective implementation.

DG ECHO remains more cautious when it comes to the recommendations of deprioritising funding to proposals or actions not featuring disability inclusion, as humanitarian assistance is needs based and each context is complex, meaning that there may be other considerations why certain operations cannot be stopped. DG ECHO will however continue pushing partners to revise their projects so that they include disability criteria.

Ms Dobri further stressed that the increased focus on disability inclusion also coincides with the global momentum created by the publication of the Inter-Agency Standing Committee Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. According to her, the growing awareness among staff and partners witnessed since then is partly due to DG ECHO’s capacity-building efforts, its funding of projects with more inclusive approaches and the stronger contacts with OPDs.

While meaningful changes require partners’ willingness, she insisted on DG ECHO’s commitment to use its leverage and position as a donor to encourage partners to give the necessary attention to persons with disabilities’ needs. This takes place both through direct contacts with key stakeholders such as UN agencies and the International Committee of the Red Cross but also through public events. In this respect, she mentioned the upcoming European Humanitarian Forum, during which DG ECHO will organise a dedicated humanitarian talk on disability-inclusive programming. The disability inclusion perspective will also be represented in other panels.

Ms Dobri added that DG ECHO is fully aware that its partners are facing challenges to properly implement disability-inclusive projects, among others linked to the limited funding, limited capacity with regards to inclusion and the difficulty to establish meaningful partnerships with OPDs, especially in short projects. In response, it is actively engaged in dialogues with them to understand the challenges faced and to provide solutions. The objective is the exchange of good practices to demonstrate that inclusion can be a reality.

Concerning the DG ECHO’s reporting on the Organisation for Economic Co-operation and Development marker emphasised in the Briefing, she insisted that this tool is primarily dedicated to development projects and thus not well-adapted to humanitarian assistance. Ms Dobri outlined that while it is overall a useful tool, it does not provide a comprehensive picture of the inclusion efforts made by partners. This limitation arises from the tool’s exclusive emphasis on project proposals, neglecting the actual implementation on the ground.

Ms Dobri concluded by echoing the comments on the progress made by the Commission, and DG ECHO’s satisfaction with the acknowledgement of these advancements. She concurred with the notion that there is room for improvement and affirmed their commitment to build upon the initiatives already undertaken. As such, she recalled the next Global Disability Summit taking place in 2025.
Debate with Members

Questions and comments from MEPs

Mónica Silvana González, MEP (Socialists & Democrats [S&D], ES) and DEVE representative for the inter-committee network on the implementation of the CRPD, recalled the importance of the questions raised in the presentations, as 16% of the global population has a disability and 8% of them live in developing countries. Considering how key this subject is, she regretted the absence of some political groups and more specifically of Renew Europe, the Greens/European Free Alliance and the Left.

MEP González recalled that it has been more than 10 years since the EU ratified the UN Convention on the Rights of People with Disabilities. Furthermore, she highlighted that 14 Member States signed the Charter on Inclusion of Persons with Disabilities in Humanitarian Action. She emphasised that the EP possesses clear ideas on how to strengthen disability inclusion, as evidenced in MEP Zorrinho’s report on ‘How to build an innovative humanitarian aid strategy: spotlight on current and forgotten crises’ (2023), which includes suggestions on ways to create an innovative approach to inclusion. Specifically, the EP requested a strategy to address the needs of disabled persons within humanitarian actions. While acknowledging DG ECHO’s 2019 Operational Guidance, she highlighted the need for the Commission to move beyond this roadmap.

She also underscored the necessity to engage OPDs and persons with disability more directly. Drawing upon her experience as a Spanish citizen, she highlighted the strong expertise on disability and pondered the need to leverage their experience applied to the humanitarian aid sector.

Furthermore, MEP González assumed the role of Chair during an EP mission to Moldova. Throughout this mission, an examination of how EU funds are used was undertaken. MEP González actively observed the initiatives in place for Ukrainian refugees and the collaborative efforts between the EU and the Moldavian associations to address the needs of disabled refugees. This instance stands as a model that could be applied in other humanitarian crises, where disabled persons should be treated in the same manner.

MEP González pointed out the well-documented challenges faced by persons with disabilities, with a particular emphasis on the vulnerability of women and children to sexual and physical abuse. Accordingly, she stressed the imperative to direct attention towards the most fragile groups of the disabled population. For this reason, the explicit inclusion of this demographic perspective within the discourse on disability and humanitarian aid was highly encouraged. As an example, she raised the need to combat forced sterilisation.

MEP González concluded by stressing the paramount importance of this issue and her hope that the new EP will transform the report into a real strategy for the inclusion and support of disabled individuals within the humanitarian aid framework.

Carlos Zorrinho (MEP, S&D, PT) and Standing Rapporteur on Humanitarian Aid, stressed the importance of addressing disability in the context of humanitarian assistance and as such welcomed the organisation of the workshop and future publication.

MEP Zorrinho quoted the resolution of 23 November 2023, adopted on the basis of the report for which he was rapporteur, on how to build an innovative humanitarian aid strategy: spotlight on current and forgotten crises (P9_TA(2023)0437). The resolution asks the Commission to strengthen the strategy for the rights of persons with disabilities for 2021-2030 to ensure that the requirements of persons with disabilities are effectively addressed in EU-funded humanitarian aid, which should include the collection of disaggregated data about persons with disabilities in humanitarian contexts, promoting the use of the Washington Group Short Set of questions; asks the Commission to consult civil society and the organisations representing persons with disabilities at all stages of the preparation of the strategy, recalls that in order to be effective, these objectives
need to be addressed – and specific budgets allocated – at the very beginning of all planning and decision-making.

In this context, MEP Zorrinho raised the question of how to combine quality and fairness in all processes with the volume of humanitarian crises requiring support.

Tomas Tobé (MEP, EPP, SE) and DEVE Chair asked whether any best practices emerged from the analysis of other donors actions, which could be adopted at EU-level to help make humanitarian assistance disability inclusive.

6.1 Responses from the panel

Dr Akerkar answered to Chair Tobé’s question on concrete recommendations by mentioning the Finnish Ministry of Foreign Affairs’ actions. The main reflection the Ministry focused on when a programme was being implemented was to understand how does such programme support or respond to the rights persons with disabilities. As accessibility support ought to be aligned with a great diversity of disabilities, ranging for instance from blindness and deafness to intellectual disabilities, intersectional and diverse disability disaggregated data analysis ensures the relevance of the project’s actions and that it reaches all its target audiences. Such a simple reflection could thus help those implementing to reflect on the project’s inclusivity and its overall effectiveness.

She recalled that the EU, as a signatory to the CRPD, has certain obligations. While it is important to understand the complex contexts in which DG ECHO and local partners work, it is also crucial to improve the general understanding of why such data collection, analysis and actions undertaken as a result of such analysis is central to delivering on these commitments (hence the need to increase capacity-building budgets).

Another connected suggestion is to more strongly include OPDs, as they can play an important role in bringing expertise. Because of this, she assured that the commitment to working with OPDs would certainly be a great way forward.

Another point raised by Dr Akerkar was that, by looking at e-single forms, she noticed a lack of consistency in the way in which analysis was made or data was presented. Indeed, some changes in these forms may be considered, as e-single forms are good monitoring tools to assess whether programmes are actually implemented in the right way and whether there are gaps to be filled. She emphasised the need to collect WGQ disaggregated data and pointed out some very interesting work done with the WGQ by World Food Programme, one of DG ECHO’s implementing partners.

Mr Rattray recalled that while it is common to consider disability inclusion as a complex issue that should only be handled by specific agencies and parts of the humanitarian community, people with disabilities have the same needs as everyone else in society. As such, their inclusion in humanitarian action is an obligation for all stakeholders involved.

He also outlined the positive economic benefit of disability inclusion. Indeed, when implemented at the programmes’ development stage, disability inclusion is beneficial to the society as a whole and is cost-efficient in the long term. If public services are all disability-inclusive, society will be more functional, resilient, and more ready to face potential future humanitarian crises as persons with disabilities will be already more integrated in the community and its decision-making processes. Thus, the challenge is striving to change the view of disability inclusion from a costly expense to a positive opportunity likely to benefit society as a whole in the long run.

The last point dealt with inclusive employment. Mr Rattray stressed that people with disabilities should not only be hired by OPDs but should be employed in all sectors. The more the mainstream humanitarian
workforce is incentivised to be inclusive, the more the humanitarian response will benefit from the skills, knowledge and expertise of these people.

**Ms Dobri** recalled the common commitment to ensure that humanitarian assistance is inclusive and accessible to all persons in need, including those with disabilities. She welcomed all the valuable suggestions and will reflect on their concrete implementation, while taking into consideration the specificities of the humanitarian system and DG ECHO’s partnerships.

However, she acknowledged that the humanitarian system as a whole is under huge pressure, with limited funding and continuously increasing needs. Although she therefore admitted that it is difficult to ensure addressing all needs, she strongly agreed that persons with disabilities’ needs should not be considered an extra cost.

Regarding engagement with OPDs, she highlighted that it is necessary to look at the humanitarian system as a whole and not only DG ECHO’s actions. She also recalled the latter’s commitment to support such endeavour and that it was already supporting capacity-building on this.

She also emphasised DG ECHO’s particular commitment to keep a regular dialogue with donors such as Finland, and key UN agencies and the International Committee of the Red Cross in order to ensure that such partnership is reflected in the humanitarian assistance’s global approach.

In his closing remarks, **Chair Tomas Tobé**, (MEP, EPP, Sweden) expressed gratitude to all the panellists for their critical analysis, passionate debate and forward-looking demands during the afternoon session. He conveyed his appreciation to the Commission and everyone who contributed to the discussion. He concluded by pointing out that EP’s role is both to scrutinise and to push for future changes in humanitarian assistance.
Annex 1 – Speakers’ bios

Supriya Akerkar (Director, Centre for Development, Oxford Brookes University) has spent over two decades contributing to the fields of development and humanitarianism, with a keen focus on promoting gender and social equity to foster inclusive societies. Her comprehensive research emphasises the advancement of rights for a broad spectrum of marginalised groups, including women, gender and sexual minorities, people with disabilities, the elderly, refugees, and those affected by disasters and conflicts. Akerkar’s work critically examines the overlaps between humanitarian, human rights, and development initiatives, exploring how international and national bodies can improve their responses to support these groups effectively. Through collaborations with various organisations, including the UN and the World Health Organisation, she has influenced policy and practice, particularly regarding the assistance to older people, including during the COVID-19 pandemic. Akerkar has also led significant research projects, such as the Age and Disability Capacity Project, and shared her insights globally, aiming to integrate marginalised perspectives into mainstream humanitarian efforts. Holding advanced degrees in law and development studies, she actively contributes to academic discourse and mentors PhD candidates on related subjects.

Gordon Rattray (Programme Coordinator, EDF) is a man with a disability and a member of the EDF international cooperation and humanitarian action team. He leads the EDF-CBM Ukraine programme, aimed at ensuring that persons with disabilities and their representative organisations are not left behind in the response and recovery of the Ukrainian crisis. He has considerable experience in the fields of advocacy and policy towards disability inclusion, disaster resilience, humanitarian and climate action. Mr Rattray is the focal person for disaster risk reduction and climate action within the EDF Secretariat. He spent 10 years working on disability-inclusive development and humanitarian action with Christian Blind Mission International, involved in advocacy, training, advisory and communications. Prior to this, he has worked in accessible adventure travel, writing travel guides and driving overland. His academic background is in biological science.

Reka Dobri (Team Leader for International Humanitarian Law and Protection, Humanitarian Aid Policies and International Humanitarian Law Unit, DG ECHO). In her role, she oversees policy engagement linked to disability inclusion, as well as a number of other policies and strategic engagement with a selected number of partners. Reka has worked previously as policy officer on a number of files, such as International Humanitarian Law, humanitarian protection, disability inclusion in humanitarian aid, private sector engagement and digitalisation. She has also worked as a legal advisor on questions related to the EU’s humanitarian aid contractual framework as well as public international law. She holds masters degrees in International Humanitarian Law and International and European Law.
Annex 2 – Photos from the workshop
