# ASSESSMENT OF DISABILITY INCLUSION IN HUMANITARIAN ASSISTANCE

## INCLUSIVE DEVELOPMENT ACTIVITY FOR MISSION SUPPORT (IDAMS)

MAY 2024

This report was produced at the request of the United States Agency for International Development (USAID), under the terms of Inclusive Development Activity for Mission Support AID Contract # 7200AA20D00018/7200AA22F00016. It was prepared independently by Yonatan Ben-Shalom (team lead) and Elizabeth Carosella at Mathematica under a subcontract with Making Cents International. The contents are the sole responsibility of Making Cents International and do not necessarily reflect the views of USAID or the United States Government.

# ACKNOWLEDGMENTS

The Inclusive Development Activity for Mission Support (IDAMS) team is grateful for valuable input and guidance from Keren Yohannes at USAID's Bureau of Humanitarian Assistance and Katherine Guernsey and Irisa MacAulay at USAID's Inclusive Development Hub, and for the perspectives and resources that USAID staff, staff of implementing partners, and representatives of disability-led organizations shared through key informant interviews. IDAMS also thanks Sydney Taylor and Gray Collins at Mathematica for their support with data analysis and Dr. Christy Olenik from Making Cents International, Dr. Maria Kett from University College London, Dr. Daniel Mont from the Center of Inclusive Policy, and Anna Landre from The Partnership for Inclusive Disaster Strategies for their review and feedback.

# CONTENTS

## ACRONYMS

| | |
|---|---|
| BHA | Bureau for Humanitarian Assistance |
| DFAT | Department of Foreign Affairs and Trade (Australian government) |
| DPO | Disabled persons' organization |
| ER4 | Early Recovery, Risk Reduction, and Resilience |
| FCDO | Foreign, Commonwealth & Development Office (United Kingdom) |
| IASC | Inter-Agency Standing Committee |
| IDAMS | Inclusive Development Activity for Mission Support |
| IP | Implementing partner |
| KII | Key informant interview |
| MEL | Monitoring, evaluation, and learning |
| NGO | Nongovernmental organization |
| OPD | Organization of persons with disabilities |
| RFSA | Resilience Food Security Activities |
| UNHCR | United Nations Refugee Agency |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WASH | Water, sanitation, and hygiene |
| WG-SS | Washington Group Short Set on Functioning |
| WHO | World Health Organization |

# EXECUTIVE SUMMARY

Comprising 16 percent of the global population, persons with disabilities are often at risk of the worst impacts of emergencies and are excluded from meaningful participation in emergency response and early recovery programs. The United States Agency for International Development (USAID) and its Bureau for Humanitarian Assistance (BHA) have recognized the urgency of strengthening disability inclusion to fulfill BHA's mission to save lives, alleviate suffering, and promote inclusive growth.

To understand the current status, gaps, and opportunities to advance disability inclusion in humanitarian response, USAID commissioned the Inclusive Development Activity for Mission Support (IDAMS) to conduct a review and analysis of active and recently concluded BHA programs. The review included key informant interviews (KIIs) and a desk review of documents, guided by the Inter-Agency Standing Committee (IASC) *Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action*, and the Sphere *Humanitarian inclusion standards for older people and people with disabilities*.

The review focused on the following topics:

- Barriers to access and inclusion of persons with disabilities
- Implementation of recommended practices for the inclusion of persons with disabilities
- Use of disability policies, guidance, standards, or frameworks to guide organizational or programmatic approaches
- Involvement of persons with disabilities in the humanitarian program cycle
- Identification, selection, and targeting of persons with disabilities as program participants
- Engagement of local partners in disability-inclusion efforts

Upon completion of the review, the IDAMS team conducted a validation exercise in which KII respondents and colleagues from their organizations were invited to review sections of the report, including findings and recommendations. Their feedback has been incorporated into the final report.

## FINDINGS

***Awareness, understanding, and capacity to advance disability inclusion are generally low within BHA and among implementing partners (IPs).*** BHA and IPs indicated that their organizations had generally low levels of awareness around disability-related issues and limited capacity in disability inclusion. Persons with disabilities were largely treated as a homogenous group, without reflection of diverse disabilities, barriers to access, and opportunities for inclusion in humanitarian programs. There was an overemphasis on apparent physical disabilities. BHA and IP staff require training on disability inclusion topics, with provisions for periodic retraining, especially for in-country teams that experience high staff turnover. Skilled disabled persons' organizations/organizations of people with disabilities (DPOs/OPDs) and disability-inclusion specialist organizations are well placed to support capacity strengthening. DPOs/OPDs that specialize in disability inclusion should be the preferred choice.

***Other priorities compete with disability inclusion for attention and resources.*** Humanitarian actors frequently feel pressed for time and resources, and there is a perception that disability inclusion competes with priorities for scaling up programs, minimizing costs per beneficiary, and other elements of social inclusion agendas. Most of the IP documents IDAMS reviewed did not mention specific disability-inclusion frameworks or policies, but more commonly referred to broader social inclusion and

protection mainstreaming[1] policies. Several organizations noted that housing disability inclusion within broader social inclusion frameworks is a strategic choice to avoid narrowly focusing on specific forms of exclusion. On the other hand, some KII respondents highlighted that this approach could have the unintended consequence of diluting the focus on disability.

***Disability inclusion guidance is limited, and IP staff are often unaware of guidance that does exist.*** BHA's *Emergency Application Guidelines* and Resilience Food Security Activities (RFSA) resources lack guidance or requirements for disability inclusion. Although multiple sector-specific resources exist, they are disparate, with varying degrees of practical utility; many staff at IPs do not know they exist or how to access them. Disability-related intervention adaptations focused narrowly on physical accessibility rather than on facilitating other aspects of participation and engagement. IPs expressed a desire for greater guidance, including sector- and intervention-specific guidance.

***Persons with disabilities are largely excluded from most stages of the humanitarian program cycle.*** Programming mostly treats persons with disabilities as one of several groups prioritized to receive aid based on their "vulnerability." They rarely participated in other stages of the program cycle, such as design or monitoring and evaluation. Promisingly, IPs shared several ideas and examples of nascent and small-scale approaches to advance disability-inclusive implementation that could be replicated or scaled up.

***Budgeting and staffing processes are inadequate to advance disability inclusion.*** BHA staff and IPs alike acknowledged shortfalls in their organizations' disability-inclusive hiring policies. The lack of protected budget line items disincentivizes IPs from allocating funding for disability accommodations (e.g., inclusive communication, work environments, and transportation), inclusive hiring, and disability-inclusion capacity strengthening. IPs may lack the skills to budget for disability inclusion, may not request these funds from BHA, or may fear that adding disability-related costs to a proposal budget will negatively affect competitiveness if such costs are not explicitly discussed in requests for proposals, such as RFSA solicitations.

***Disability data are often limited, inconsistently collected, and not used purposefully.*** There is a lack of situation- or context-specific data or analysis related to persons with disabilities in many humanitarian crises. While IPs often rely on primary data collection, the limited time for emergency proposal-stage assessments restricts the collection and analysis of disability data. IPs' approaches to identifying persons with disabilities in their programming fall broadly under external observation or self-reporting, both of which have limitations. Indicators and reporting processes are not standardized, and efforts to improve disability data collection are frequently disconnected from data analysis and use. IPs disagreed about whether BHA should require disability data disaggregation; most noted that BHA ought to encourage it when feasible and when paired with other qualitative data collection and reporting measures. International actors offered several examples of promising disability data collection approaches.

***Local organizations and DPOs/OPDs are underused.*** Local organizations in general face structural and administrative barriers to participation in BHA programs, although there are opportunities to promote their involvement through sub-grants and pooled funding mechanisms. IPs expressed little awareness of formal DPOs/OPDs operating in crisis-affected areas or working in humanitarian response.

[1] The latest BHA guidelines use the term "safe programming," formerly referred to as "protection mainstreaming." This report uses "protection mainstreaming" to align with the content of IP documents and KIIs.

The expertise and capacity of global, regional, and local DPOs/OPDs are under appreciated and underused.

## RECOMMENDATIONS FOR BHA AND ITS HUMANITARIAN PARTNERS

Below are recommendations for how BHA and other humanitarian actors might address the notable gaps summarized above. These recommendations relate to guidance on disability inclusion, staffing, capacity strengthening, data, reporting and accountability, and partnership.

### GUIDANCE

- Curate a compendium of practical resources and state-of-the-art guidance for universal design, comprehensive accessibility accommodations and reasonable accommodation, and sector-specific approaches; link to the compendium in the revised Emergency Application Guidelines.
- Encourage IPs to outline their approaches to operationalizing the IASC's four "must do" actions in every phase of the project cycle—including proposals, needs assessments, and risks analyses.
- Emphasize disability-inclusion guidance via issues letters during the concept note and proposal phases.
- Develop guidance for and encourage disability-inclusive budgeting.

### STAFFING

- Identify organizations that have implemented inclusive hiring policies and best practices; facilitate information exchange among IPs, specialist organizations, and DPOs/OPDs.
- Increase representation of persons with disabilities among BHA and IP staff.
- Ask IPs to outline, in their proposals, inclusive hiring practices and measures in place to provide reasonable accommodation for staff with disabilities.
- Create provisions in the Emergency Application Guidelines and RFSA solicitations to encourage bidders to dedicate funding for assistive technology, accommodations, and other disability-inclusion measures.

### CAPACITY STRENGTHENING

- Facilitate capacity strengthening by referring IPs to existing e-learning tools to improve awareness and funding allocations for disability-inclusion training and technical assistance to implement inclusive programing, operations, and data practices; funding could focus on supporting IPs to adopt practices in active BHA programs.
- For new awards, phase in requirements that IPs must provide evidence that staff have been trained on disability inclusion.
- Require and facilitate access to training on Washington Group Short Set on Functioning questions and how to incorporate the findings for ongoing and new awards.
- Facilitate access to training on the use of an intersectional lens when collecting and analyzing data, designing programs, and implementing programs.

## DATA

- Explicitly encourage data disaggregation related to disability status at a minimum—and disability type(s) when feasible—using globally tested tools that avoid discrimination; require descriptions of the purpose of data collection and disaggregation as well as expected/actual use of these data (e.g., as part of proposals and program reports).
- Encourage qualitative information gathering during the design phase and in program reporting to understand (1) the diverse risks and needs, (2) barriers and opportunities to inclusion, and (3) factors that enhance resilience based on the type and severity of disability/disabilities, and report how IPs have responded to that information.
- Expand illustrative indicators in the Emergency Application Guidelines Indicator Handbook to include disability-inclusion indicators and recommend that IPs incorporate them.
- Consider developing a higher-order measure and set of indicators at the impact and/or outcome levels, aligned with global humanitarian objectives, to reflect commitment to persons with disabilities.
- Explore opportunities to use innovation-related funding mechanisms to encourage disability-inclusive data collection and analysis (e.g., embedded in predictive modeling for risk detection).

## REPORTING AND ACCOUNTABILITY

- Encourage or require information on disability-inclusion approaches in reporting templates; provide illustrative examples to IPs of what this might entail.
- Consult persons with disabilities when setting up or reviewing feedback and complaint mechanisms to align with IASC guidelines.
- Conduct dedicated outreach and make reasonable adjustments before and during program implementation to make sure persons with disabilities know about feedback mechanisms and are able and encouraged to use them.
- Promote the use of innovation-related funding mechanisms to pilot and adapt disability-inclusive feedback mechanisms.
- Consider publishing a disability marker indicating the amount of BHA spending dedicated to disability inclusion.

## PARTNERSHIP

- Promote the leadership of DPOs/OPDs and experts with lived disability experience and disability-inclusive expertise throughout all aspects of humanitarian action.
- Compile and disseminate directories of DPOs/OPDs and local organizations working on disability inclusion in each humanitarian context ; work with the United Nations Office for the Coordination of Humanitarian Affairs to promote mapping of DPOs/OPDs in existing "Who does what, where, when and for whom" mapping (also known as "3/4/5W mapping") at national and subnational levels.
- Actively encourage IPs to partner with disability-specialist organizations and DPOs/OPDs during the concept note and proposal phases.

- During the proposal or start-up phase, match IPs with DPOs/OPDs (and/or disability-focused specialist organizations) that can advise and train IPs to adjust program design for disability inclusion and provide ongoing advisory support during implementation.
- For programs already being implemented in contexts where there are likely to be cost extensions or follow-on activities, encourage IPs to proactively invest in inclusion by (1) identifying and building relationships with DPOs/OPDs that can later become program partners, (2) establishing inclusive hiring practices, and (3) collecting and analyzing disability-related data.
- Building on the current review, conduct an assessment, by context and sector, of local organizations' and DPOs'/OPDs' specific barriers and opportunities to participate in and advance disability inclusion in humanitarian assistance.

## CONCLUSION

USAID and BHA have taken meaningful steps to advance disability inclusion in recent years, but many opportunities remain to improve accommodations, accessibility, and meaningful participation of persons with disabilities in humanitarian programs. This review outlines several recommendations for doing so, reflecting perspectives from BHA's main international IPs, including specialized disability organizations, and a select number of U.S.-based DPOs/OPDs. Overall, these organizations expressed a clear willingness to improve humanitarian practice around disability inclusion and a desire for BHA's guidance and help in holding its partners accountable for disability-inclusion commitments.

Looking forward, we note that this review's global scope did not permit a deeper review of specific countries, sectors, or individual organizations, nor was it able to include local organizations or DPOs/OPDs in the countries where BHA works. There are likely unique and more specific barriers and opportunities across these dimensions that would benefit from additional focused analyses.

# INTRODUCTION

The United States Agency for International Development (USAID) Inclusive Development Activity for Mission Support (IDAMS) Task Order (October 2022 through September 2027) engages diverse perspectives to help expand awareness of power dynamics; fosters inclusive mindsets; and embeds practices that combat stigma and discrimination, promote empowerment, and improve the lives of those who have been marginalized. IDAMS aims to increase USAID's capacity to pursue an inclusive development approach by (1) expanding knowledge of the needs of marginalized groups and inclusive development topics; (2) reducing the barriers to developing and managing inclusive development projects, such as integration of inclusive development principles and efforts into broad development activities; and (3) expanding the general knowledge base of programming for marginalized groups.

USAID asked IDAMS to conduct a review and analysis of Bureau for Humanitarian Assistance (BHA) activities to identify opportunities to improve accessibility and inclusion for persons with disabilities in programming.

As the U.S. government's leading team for humanitarian assistance and disaster relief overseas, BHA provides emergency relief and assistance in response to natural disasters, conflict, and other protracted crises. In addition to immediate emergency response, BHA's *Early Recovery, Risk Reduction, and Resilience (ER4) Strategic Framework* aims to make sure vulnerable people[2] have improved capacity to manage risk; anticipate, withstand, recover from, and adapt to shocks and stressors; and engage in positive, transformative change. Although BHA considers all its programs to be humanitarian assistance, the Resilience Food Security Activities (RFSA) typically focus on longer-term outcomes related to resilience.

BHA's programs vary in duration. Emergency response initiatives focusing on immediate relief typically are shorter engagements, while longer-term programs may span multiple years, especially in the context of recovery and resilience-building efforts. Across all types of assistance, the following are BHA's program sectors:

- Agriculture
- Economic recovery and market systems
- Food assistance
- Health
- Humanitarian coordination, information management, and assessments
- Humanitarian policy, studies, analysis, or applications
- Logistics
- Monitoring, evaluation, and learning (MEL)
- Natural and technological hazards
- Nutrition

[2] Although BHA's ER4 Strategic Framework refers to "vulnerable people," USAID's *Inclusive Development Additional Help for ADS 201* states that people made vulnerable by "exposure to circumstances, often temporary and not structural, over which they have little or no control, and which can lead to serious harm to the individual […] should not be referred to as 'vulnerable people,' as no individual or group is inherently vulnerable. The source of an individual's vulnerability should be identified when referring to them (e.g., climate change, poverty, conflict)." (USAID DDI/ID 2023).

- Protection
- Shelter and settlements
- Water, sanitation, and hygiene (WASH)

BHA has recognized the urgency of strengthening disability inclusion to fulfill its mission to save lives, alleviate suffering, and promote inclusive growth.

While this report often refers to persons with disabilities in a broad sense, we recognize that persons with disabilities represent broad diversity with widely varying experiences, capacities, and challenges. Overall, persons with disabilities are a significant portion of the global population—16 percent on average (WHO 2022). Due to multiple barriers, although persons with disabilities are often at risk of disasters' worst impacts, they are frequently excluded from meaningful participation in humanitarian programs.

The next two sections of this report present a brief background on guiding frameworks on disability inclusion in humanitarian assistance programs and a summary of IDAMS's approach to data collection through key informant interviews (KIIs) and a desk review of documents. The final three sections of the report provide USAID with the following:

- An overview of approaches to disability inclusion implemented by BHA IPs under programs BHA funds and manages
- A discussion of promising approaches and notable gaps in improving disability inclusion in humanitarian assistance programming
- Recommendations for actions BHA can take to address these gaps

## GUIDING FRAMEWORKS ON DISABILITY INCLUSION

To help anchor the methods, findings, and recommendations in this report, this section provides brief background on (1) international policy frameworks that offer guidance for disability-inclusive practices in humanitarian assistance programs, and (2) current USAID guidance related to disability inclusion, both broadly and specific to BHA activities.

### INTERNATIONAL POLICY FRAMEWORKS FOR DISABILITY-INCLUSIVE PRACTICES IN HUMANITARIAN ASSISTANCE PROGRAMS

- Numerous international policy frameworks offer guidance for disability-inclusive practices in assistance programs. Two policy frameworks guided the review for this report:
- The *Inter-Agency Standing Committee (IASC) Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action* (IASC 2019)
- The Sphere *Humanitarian inclusion standards for older people and people with disabilities* (Age and Disability Consortium 2018)

The IDAMS team used these frameworks to guide the review because they were specifically designed to provide practical information for designers and implementers of humanitarian assistance programs.

## IASC GUIDELINES

The IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action developed the IASC Guidelines through an inclusive participatory process. They received input from more than 600 stakeholders in the disability, humanitarian, and development sectors. The guidelines are a culmination of various inclusion-related initiatives, from the Convention on the Rights of Persons with Disabilities (United Nations 2006) to the 2030 Agenda for Sustainable Development (United Nations 2015b), the Sendai Framework for Disaster Risk Reduction (United Nations 2015a), and the Sphere standards we describe below. The IASC Guidelines reflect a rights-based approach for persons with disabilities, not a charitable and medical approach.

A core principle of the IASC Guidelines is that "persons with disabilities must be able to access humanitarian assistance and interventions on the same terms as other members of the population." Achieving this goal requires both inclusive mainstream programs (interventions designed for the whole population that include persons with disabilities) and interventions that target persons with disabilities (humanitarian programs addressing the specific requirements of persons with disabilities).

The IASC Guidelines outline four "must do" action categories for the successful inclusion of persons with disabilities in all phases of humanitarian action:

***Promote meaningful participation of persons with disabilities and their representative organizations.*** Actions include enabling the participation of persons with all types of disabilities in all phases and levels of humanitarian programs, recruiting persons with disabilities as staff at all levels of humanitarian organizations, and seeking advice from disabled persons' organizations/organizations of people with disabilities (DPOs/OPDs) on how to engage with persons with disabilities in affected communities.

***Remove barriers.*** Actions include identifying and addressing all barriers keeping persons with disabilities from accessing humanitarian programs and identifying and promoting enablers that facilitate their participation.

***Empower persons with disabilities and support them to develop their capacities.*** Actions include developing the capacities of persons with disabilities and DPOs/OPDs working in humanitarian assistance and developing humanitarian workers' capacity to design and implement disability-inclusive humanitarian programs.

***Disaggregate data for monitoring inclusion.*** Actions include partnering with DPOs/OPDs, where data are unavailable, to collect data on sex, age, and disability using (1) tested tools such as the Washington Group Short Set on Functioning (WG-SS) (Washington Group on Disability Statistics 2022) and (2) disaggregated data on disability to monitor and implement disability-inclusive programs.

## SPHERE STANDARDS

In 1997, a group of humanitarian professionals started the Sphere movement to improve the quality of humanitarian work during disaster response (Sphere 2023). To achieve this goal, they developed a humanitarian charter and the Sphere humanitarian standards as reference tools for implementers of humanitarian assistance programs. The Sphere standards are evidence based, were developed through a consensus of humanitarian practitioners with specific expertise, and are updated regularly to reflect new developments.

The original Sphere standards focused on four technical areas of humanitarian assistance—WASH, food security and nutrition, shelter and settlement, and health. Sphere has also supported the development of

***Humanitarian inclusion standards for older people and people with disabilities.*** These standards are based on the principles that require humanitarian assistance and protection to be provided on the basis of need, without discrimination. Consisting of nine inclusion standards (listed in the box below) and seven sets of sector-specific inclusion standards, they are designed to "help address the gap in understanding the needs, capacities and rights of older people and persons with disabilities and promote their inclusion in humanitarian action."

**Sphere Key Inclusion Standards**

1. **Identification:** Older people and people with disabilities are identified to ensure they access humanitarian assistance and protection that is participative, appropriate, and relevant to their needs.
2. **Safe and equitable access:** Older people and people with disabilities have safe and equitable access to humanitarian assistance.
3. **Resilience:** Older people and people with disabilities are not negatively affected, are more prepared and resilient, and are less at risk as a result of humanitarian action.
4. **Knowledge and participation:** Older people and people with disabilities know their rights and entitlements, and participate in decisions that affect their lives.
5. **Feedback and complaints:** Older people and people with disabilities have access to safe and responsive feedback and complaints mechanisms.
6. **Coordination:** Older people and people with disabilities access and participate in humanitarian assistance that is coordinated and complementary.
7. **Learning:** Organizations collect and apply learning to deliver more inclusive assistance.
8. **Human resources:** Staff and volunteers have the appropriate skills and attitudes to implement inclusive humanitarian action, and older people and people with disabilities have equal opportunities for employment and volunteering in humanitarian organisations.
9. **Resources management:** Older people and people with disabilities can expect that humanitarian organisations are managing resources in a way that promotes inclusion.

*Source: Humanitarian inclusion standards for older people and people with disabilities*

## USAID GUIDANCE

### USAID DISABILITY POLICY

USAID has long been committed to the inclusion of persons with disabilities in the design and implementation of USAID programming. For more than two decades, the *USAID Disability Policy Paper* guided this commitment (USAID 1997). The policy paper emphasizes training for USAID staff; outreach to and consultation with persons with disabilities and organizations focused on their concerns; and collaboration with IPs, other U.S. agencies, and donors committed to persons with disabilities. However,

details on implementation of the policy were left to the discretion of each USAID Operating Unit, without changes to staffing or resource levels.

At the 2022 Global Disability Summit, USAID Administrator Samantha Power announced a suite of disability-inclusive development and humanitarian action commitments for USAID to achieve by 2026, specifically advancing *"[…] disability inclusion as a cross-cutting requirement in our humanitarian assistance programming, utilizing best practices and standards, and supporting disabled persons organizations to respond to the underlying causes of inequality that are worsened by humanitarian emergencies"* (USAID 2022).

In December 2023, USAID shared a draft updated disability policy for public comment (USAID 2023). Titled *Nothing Without Us: USAID Disability Policy*, the draft policy strives to advance empowerment and improve the lives of persons with disabilities around the world.

> *"The goal of this policy is to advance empowerment and elevate the lives of the world's more than one billion persons with disabilities by ensuring that USAID and implementing partners recognize, respect, value, meaningfully engage, include, and are intentional in ensuring that persons with disabilities and their representative organizations benefit equitably from our work as equal partners. Intentional and meaningful inclusion of persons with disabilities across all areas of USAID's work is key to ensuring that countries can meet their development goals and potential." —Nothing Without Us: USAID Disability Policy, page 4*

In the spirit of the Convention on the Rights of Persons with Disabilities, the new draft policy emphasizes the need to transition from the medical model of disability to the social model. Inherent to this transition is reframing an understanding of disability as one of exclusionary systems that do not accommodate the full range of human diversity, rather than a "problem" of a group people who do not fit or who need extra or special assistance. Hence, the draft policy focuses USAID's development interventions on "addressing societal barriers to access, equality, equity, and meaningful inclusion for persons with disabilities."

Seven operating principles guide the draft policy:

1. Accessibility
2. Accountability
3. Anti-ableism
4. Do no (more) harm
5. Gender equality
6. Non-discrimination
7. "Nothing without us"

According to the current draft, approaches and opportunities to achieve the policy's objectives fall into three categories:

- Engagement and communication (e.g., a disability-inclusive approach to localization)

- Foundations for operational success (e.g., budgeting for success, leveraging principles of universal design)[3]
- Living our values (e.g., supported and representative staffing)

## BHA EMERGENCY APPLICATION GUIDELINES

The *Emergency Application Guidelines* (USAID/BHA 2023) provide nongovernmental organizations (NGOs) with guidance for applying for new awards or for modifications of existing awards focused on urgent emergency response, early recovery, or disaster risk reduction.[4] The "Common Requirements" portion of the guidelines aligns with the BHA award cycle, covering the four phases of preparation, application, implementation, and reporting.

The Common Requirements emphasize three opportunities for IPs to outline their plans for disability inclusion:

- ***Optional concept paper submitted prior to a full application:*** Describe, as appropriate, how disability might limit access to assistance.5
- ***Technical activity narrative of applications:*** Cover sector-specific information regarding age and disability.
- ***MEL plan narrative:*** Discuss methods IPs will use to identify populations made vulnerable and those with unique needs, including persons with disabilities.

The "Sector Requirements" portion of the guidelines provides additional details on cross-sectoral guidance, referring to:

- Understanding the needs practices, capacities, and coping strategies of disaster-affected populations—including persons with physical, mental, or intellectual disabilities—to identify vulnerabilities and provide targeted assistance to meet their unique needs
- Consulting with representatives of such groups
- Conducting gender analysis that explores the intersections with age and disability
- Using the IASC Guidelines, Sphere standards, and WG-SS

---

[3] Per Article 2 of the Convention on the Rights of Persons with Disabilities, universal design refers to "the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design" (United Nations 2006). CBM further states that universal design is defined by the principles of (1) *equitable use:* the design is useful and marketable to people with diverse abilities; (2) *flexibility in use:* the design accommodates a wide range of individual preferences and abilities; (3) *simple and intuitive use:* use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or education level; (4) *perceptible information:* the design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities; (5) *tolerance for errors:* the design minimizes hazards and the adverse consequences of accidental or unintended action; (6) *low physical effort:* the design can be used efficiently and comfortable and with a minimum of fatigue; and (7) *size and space for approach and use:* appropriate size and space are provided for approach, reach, manipulation, and use, regardless of user's body size, posture, or mobility.

[4] USAID and BHA provide IPs with additional guidance related to grant applications and reporting; the IDAMS team focuses here on the *Emergency Application Guidelines* because they are the most relevant to the KIIs conducted and documents reviewed for this assessment.

[5] Under the social model, disability itself does not limit access to services; instead, society's failure to provide appropriate services and adequately make sure the needs of persons with disabilities are considered causes limitations (Buder and Perry 2023).

According to the *Emergency Application Guidelines Indicator Handbook*, disaggregating information by disability status is "an optional disaggregation that you may use when feasible and appropriate."

# METHODOLOGY

This section summarizes the IDAMS team's approach to data collection through KIIs and a desk review of documents.

## KEY INFORMANT INTERVIEWS

IDAMS conducted 14 semi-structured virtual KIIs with 21 individuals for this study. Each KII was one hour long. Nine KIIs were with one or more staff of BHA IPs (large international NGOs that work or have recently worked on BHA-funded activities). Three KIIs were with one or more representatives of DPOs/OPDs (organizations that have been significantly involved in humanitarian assistance around the globe but are not direct recipients of BHA funding). The other two KIIs were with BHA staff who oversee humanitarian assistance programs.

An interview protocol for KIIs with BHA IPs is included in *Annex 1*. IDAMS developed the initial protocol questions based on early conversations with BHA representatives, with the IASC and Sphere guidelines in mind (refer to the *GUIDING FRAMEWORKS ON DISABILITY INCLUSION* section for more information). The protocol asks about seven topics:

1. Perceived barriers to inclusion of persons with disabilities in humanitarian programs
2. Opportunities to improve disability inclusion
3. Steps taken to address disability inclusion in practice
4. Relevant guidance USAID and other donors provide
5. Relevant data collection practices
6. Staff capacity to address disability inclusion
7. Any relevant material that could provide additional information for the review

The protocol communicates clear guidelines regarding consent, confidentiality, and the voluntary nature of the interviews. In consultation with BHA, IDAMS adapted the IP protocol for interviews with DPOs/OPDs and BHA staff. All respondents gave informed consent.

IDAMS saved automated interview transcripts and audio recording files for each interview on its internal, password-protected server.[6] Using these files and interviewers' notes taken during each KII, IDAMS populated a data collection matrix with findings organized around the topics in the protocol.

## DESK REVIEW

IDAMS reviewed 176 documents for this study. BHA provided most of the documents and IP staff we interviewed shared the remainder. As a first step in the desk review, IDAMS listed each document in a

[6] KIIs with BHA staff where not recorded or transcribed, given USAID's strict requirements for recording of staff.

Microsoft Excel database (or disability inventory matrix), tracking basic information such as document type, name, lead IP, project name, country, and relevant BHA sectors. The most common document types were proposal narratives (46); MEL plans (28); and program reports (27). Other documents included promotional material (e.g., success stories), evaluation reports, theory of change descriptions, training material, and memos, emails, slides, and meeting notes.

In combination, the documents covered activities nine IPs implemented in 27 countries and across 13 sectors, which included all of BHA's program sectors other than logistics.

As a second step in the desk review, IDAMS identified documents that specifically addressed disability by searching for the following terms: "disab*," "accomodat*," "all abilit*," "differently able*," and "special need*."[7] Of the 176 documents, 74 (42 percent) included these disability-related terms. Of those, 46 (62 percent) were proposal narratives, 7 (9 percent) were program reports, six (8 percent) were MEL plans, and five (7 percent) were evaluation reports. Most of the documents with disability-related terms (66 percent) specifically addressed the needs of persons with disabilities, whereas the rest (34 percent) addressed the needs of "vulnerable" groups, including persons with disabilities.

For documents where IDAMS found references to the terms listed above, we pulled data regarding disability-inclusive practices using the following framework, which IDAMS developed in collaboration with BHA, using the IASC and Sphere frameworks for guidance:

- Barriers to access and inclusion of persons with disabilities
- Implementation of recommended practices for inclusion of persons with disabilities
- Use of disability policies, guidance, standards, or frameworks
- Involvement of persons with disabilities in various aspects of the humanitarian program cycle
- Identification, selection, and targeting of persons with disabilities as program participants
- Engagement of local partners in disability-inclusion efforts

For each of these key indicators, we recorded pertinent information from the source document in the disability inventory matrix, highlighting takeaways in bold text.

The data fields for the disability inventory matrix are included in *Annex 2*.

## VALIDATION EXERCISE

Upon completion of the review, IDAMS conducted a validation exercise in which KII respondents and colleagues from their organizations were invited to review sections of this report, including findings and recommendations. Their feedback has been incorporated in the final report.

# OVERVIEW OF APPROACHES TO DISABILITY INCLUSION IN HUMANITARIAN ASSISTANCE PROGRAMS

This section presents findings from the KIIs and desk review along four main themes:

[7] We included the euphemistic terms "all ability*," "differently able*," and "special need*" in our search recognizing that some IPs might use such terms instead of referring directly to disabilities. While these are not preferred terms, they are often used.

- Barriers to access and inclusion
- Implementation of disability-inclusive practices
- Data considerations
- Involvement of local organizations

## BARRIERS TO ACCESS AND INCLUSION

***IPs often overlook the diverse and wide range of disabilities, barriers to access, and opportunities for inclusion in humanitarian assistance programs.*** IPs frequently assess vulnerability in terms of group identity ("persons with disabilities"), which implies a homogenous group. When IPs mention types of disability, most references are to apparent physical or mobility-related disabilities, although some IPs acknowledged several types of disabilities as unseen or overlooked in humanitarian assistance (e.g., intellectual, mental health–related, and sensory disabilities). Issues related to degree or age of onset of disabilities were not reflected. Additionally, IPs often consider the group identity "persons with disabilities" in parallel to other group identities such as gender, age, and displacement status, without considering how these identities might intersect.

Environmental factors related to mobility, income, and access to services were the most common type of barrier that IPs and DPOs/OPDs identified in documents and KIIs. IPs generally acknowledged a heightened risk for persons with disabilities in emergencies due to mobility and travel constraints that hinder their ability to flee conflict zones. Given their reduced ability to flee and their higher support needs, persons with disabilities are the most likely to be left behind in conflict or disaster contexts that cause displacement. At least two IPs' proposals noted the issue of people becoming disabled as a result of humanitarian crisis. However, very few documents addressed these issues in detail.

Most commonly, IPs indicated that persons with disabilities faced obstacles to physically accessing markets, water points, and food. Persons with disabilities also often have more limited income-generating opportunities, which can be further restricted or disappear completely during emergencies. When services are disrupted (e.g., lack of or damage to assistive technology, breakdown of health and social services, interrupted access to medications), persons with disabilities may be disproportionately harmed, given their needs for additional support. As a result, they face increased risks of injury, poor health, and death during and after emergencies.

> *"Emergency plans [that] do not include our needs … are planning for expected losses. In 2023, we should not be planning for any community to have expected losses. And we know that people with disabilities are up to four times more likely to die during a disaster than people without disabilities." —OPD representative*

***Stigma within communities and organizations poses barriers to participation.*** In some cultures, disabilities are seen a burden and source of shame for families, while others may interpret disabilities as punishment for bad deeds or the result of a curse or witchcraft. Internalized stigma or fear of stigma in the community could affect whether someone identifies as a person with a disability or chooses to label themselves as such. Families may also avoid openly acknowledging the presence of a relative with a disability during community mobilization and participant selection. This avoidance creates a barrier to identifying and enrolling persons with disabilities in humanitarian programs.

However, a respondent also highlighted the delicacy of working with communities and households to avoid creating "perverse incentives" for families to report that their household includes persons with disabilities to receive assistance. Stigma and fear may also lead in-country staff or community mobilizers to avoid interacting with certain groups of people, such as those with intellectual or mental health disabilities. Although this is a wide-ranging category of disability, some of the stigmatized stereotypes relate to perceived dangerousness, inability to perform social roles, and reduced productive capacity (Jansen-van Vuuren and Aldersey 2020).

***Relief systems are often inaccessible, and accommodations are limited.*** KII respondents from IPs and from DPOs/OPDs highlighted that disability accommodations, such as those for communication and physical accessibility, were extremely limited in humanitarian assistance settings. IPs often lack understanding and guidance on how best to adapt existing approaches or apply universal design principles to optimize inclusion. DPO/OPD respondents stated that recommended accessibility tools (e.g., sign language interpretation, captioning of media announcements, easy-to-read signage, and other inclusive communication strategies) were often absent during disasters. Several IPs highlighted a combination of limited funding, pressure to reduce costs while increasing counts of people benefiting, and the lack of budget set-asides as reasons for not incorporating assistive devices/technology, interpretation, or other accessibility measures.

***Disability-inclusion commitments compete with other priorities.*** Respondents reported that many countries where USAID provides humanitarian assistance lack national or local government laws, policies, or regulations that uphold rights and promote the engagement of persons with disabilities. As one KII respondent noted, the lack of local governments' emphasis reduces the impetus for disability inclusion among implementers in these countries. KII respondents also consistently highlighted the diverse challenges of working in emergencies and the sense that "the humanitarian community is always in a rush."

Although disability sits within the protection sector in the humanitarian cluster system,[8] guidance on the topic as it relates to other technical sectors is fragmented, coordination is lacking, and opportunities to address it are not streamlined across workstreams and sectors. Additionally, other focal areas of social inclusion, such as gender, often compete with disability inclusion for attention and resources, and a persistent emphasis on increasing beneficiary counts is sometimes at odds with the additional costs of funding accommodations for persons with disabilities. Finally, DPOs/OPDs noted an overall lack of commitment from donors, governments, and humanitarian organizations to include persons with disabilities throughout all phases of humanitarian response and promote their meaningful engagement and leadership.

[8] The Cluster Approach is used for coordination in humanitarian emergencies. Clusters are groups of humanitarian organizations (United Nations and non–United Nations) in each main sector of humanitarian action (food security, health, logistics, nutrition, protection, shelter, WASH, camp coordination and camp management, early recovery, education, emergency telecommunications). IASC designates them and they have clear responsibilities for coordination; they are time-bound bodies meant to fill a temporary gap. The clusters' goal is to strengthen the national systems' capacity to respond to humanitarian situations with a protection and accountability lens and to progressively hand over coordination to national and local entities. Humanitarian organizations have agreed to lead certain clusters at the global level and have defined a cluster structure for humanitarian responses at the country level, where cluster leadership should, ideally, mirror global arrangements. Clusters are often co-led with government and/or co-chaired with NGO partners (UNHCR 2023).

# IMPLEMENTATION OF DISABILITY-INCLUSIVE PRACTICES

## DISABILITY-RELATED FRAMEWORKS AND POLICIES REFERENCED IN IP PROPOSALS AND PROGRAM DOCUMENTS

Most of the desk review documents that included disability-related terms (62 percent) did not refer to specific disability-inclusion frameworks and policies. The frameworks and policies that the documents cited most frequently were the IASC Guidelines (including the four "must do" actions) and the WG-SS. Most of the other frameworks cited are those that both preceded and informed the IASC Guidelines and/or the WG-SS (*Table 1*).

Although multiple documents referred to Sphere or cluster standards generally, few specifically cited their disability-related aspects. Sphere standards were referenced in the context of WASH standards for accessible latrine construction or protection mainstreaming more generally. When asked about disability frameworks and policies, most IPs cited internal policies related to gender equality and social inclusion and protection mainstreaming; a small number of IPs shared policies specifically focused on disability (*Table 1*). Several organizations noted that housing disability inclusion within broader social inclusion frameworks is a strategic choice to avoid narrowly focusing on specific forms of exclusion. On the other hand, some KII respondents highlighted that this approach may have the unintended consequence of diluting the focus on disability.

*Table 1. Cited disability-specific policy frameworks*

| MOST CITED FRAMEWORKS | OTHER CITED FRAMEWORKS |
|---|---|
| • IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action (IASC 2019)<br>• WG-SS (The Washington Group on Disability Statistics 2022) | • United Nations Convention on the Rights of Persons with Disabilities (United Nations 2006)<br>• Charter on Inclusion of Persons with Disabilities in Humanitarian Action (United Nations 2016)<br>• International Classification of Functioning, Disability and Health (WHO 2001)<br>• Minimum Standards for Age and Disability Inclusion in the Humanitarian Setting (ADCAP 2015)<br>• Disability Inclusion and Accessibility Criteria (International Association of Accessibility Professionals n.d.) |

## IDENTIFICATION OF PERSONS WITH DISABILITIES

IPs' approaches to identifying persons with disabilities in their programming fall broadly under external observation or self-reporting (*Table 2*). External observation is often the default approach in rapid-onset emergencies or when time is otherwise limited. Several IPs suggested that self-reporting was the best approach: "Just ask them." However, Mont (2007) has shown that self-identification methods locate lower rates of disabilities than other methods.[9]

Both types of approaches face challenges stemming from stigma, staff and community biases, unclearly bounded definitions of disability, and undercounting (as discussed in the previous section, *above*). For

[9] The positive response rate to asking individuals whether they have a disability is typically in the 1 to 3 percent range, even when surveys of the same population using a more functional approach yield estimates in the 10 to 20 percent range (Mont 2007).

example, the degree of trust between people in data collection roles and communities influences who comes forward to be counted and which households allow staff to approach them. Moreover, IP staff often do not feel comfortable asking questions about certain disabilities, such as intellectual or mental health issues, because of stigma. One KII respondent noted that these topics were taboo in many Middle Eastern contexts; staff may perceive asking questions about disability as uncomfortable and potentially insulting.

IPs also indicated that both approaches often operationalized disability as a binary; you either do or do not have a disability. Consequently, disability is interpreted relative to subjective standards of "normal" functioning, which may not include groups such as older people, even if they face significant challenges to functioning or participation, or people with unapparent disabilities. Additionally, some IPs were concerned about asking too many questions that might unduly raise expectations that they would address all the needs they were documenting.

*Table 2. IP approaches to identifying persons with disabilities*

| APPROACH | EXTERNAL OBSERVATION | SELF-REPORTING |
|---|---|---|
| Ask persons with disabilities to self-identify during assessments and registration | | X |
| Administer WG-SS questions during assessments and registration | | X |
| (In Ukraine,) refer to government disability certification process | | X |
| Involve persons with disabilities in program targeting committees | X | X |
| Health facility staff identify persons with disabilities (either secondary identification or administering questionnaire where individuals can self-report) | X | X |
| Data collectors identify persons with disabilities | X | |
| Consult community leaders who identify persons with disabilities | X | |
| Have community health workers identify persons with disabilities during household visits | X | |

## INVOLVEMENT OF PERSONS WITH DISABILITIES IN THE PROGRAM CYCLE

***Persons with disabilities are largely absent from humanitarian program design.*** IPs provided several examples of efforts to involve persons with disabilities in program design, although they noted that those instances were exceptions and not the rule. Examples included partnerships with formal and informal DPOs/OPDs, as well as measures to collect information on the needs of persons with disabilities. One IP developed a set of four questions to guide staff during the design phase. The questions asked whether staff had consulted DPOs/OPDs, what they learned, and sector-specific questions (e.g., regarding the participation of persons with disabilities in WASH committees). However, disability inclusion was not reflected in any other design aspect, such as collaborative planning, intervention design, proposal writing, or budgeting.

> *"We've worked a lot as well to try to set up inclusive outreach mechanisms or dedicated outreach mechanism for persons with disability … We made our feedback mechanism accessible, [but] there wasn't much coming … When we did some focus group discussions, [persons with disability said] 'Oh, we think it wasn't for us. We didn't trust you would use it.' So, we ended up having key messages and outreach dedicated to persons with disabilities saying, 'We want to hear your voice, and this is what we're going to do with your feedback.'"*
> *—IP representative*

***IPs typically consider persons with disabilities as one of several "vulnerable" groups.*** In the desk review, IP documents commonly treated persons with disabilities as one on a list of "vulnerable" groups to be prioritized for receiving humanitarian assistance. In nearly one-third of the documents that discussed the involvement of persons with disabilities, demarcation as a prioritized target population was the only way persons with disabilities were involved.

Several KII respondents reflected on whether minimum quotas for persons with disabilities would be helpful as part of humanitarian programs, referring to the World Health Organization (WHO) estimate that at least 15 percent of any given population has a disability (WHO 2013). One DPO/OPD representative noted that when no population prevalence data are available, IPs should assume that at least 15 percent[10] of those receiving program benefits are persons with disabilities. Another IP underscored that populations of persons with disabilities may be much larger; a statistic from a United Nations report supports this, stating that in Syria, 27 percent of people over age 12 have disabilities (Humanitarian Needs Assessment Programme 2021). Although some IPs' proposals indicated that 15 percent of their beneficiaries should be persons with disabilities, it was more common for proposals not to include a specific target.

## INTERVENTION ADAPTATIONS

***Adaptations focus on physical accessibility; IPs lack sector- and intervention-specific guidance.*** The most common intervention adaptations that IPs described in the documents IDAMS reviewed were physical access accommodations in WASH and distribution activities (e.g., constructing accessible latrines, installing ramps for distributions of food and non-food items, and delivering cash and in-kind assistance to persons with disabilities who cannot attend distributions or carry goods).

IPs also highlighted a problem with "cash for work" programs that focus on manual labor and generally exempt anyone identified as a person with a disability. Such exemptions can create missed opportunities to engage persons with disabilities in other forms of work, further reinforcing stigmas about their capacity to contribute meaningfully. Although a few KII respondents from IPs and DPOs/OPDs encouraged greater use of universal design, IPs did not discuss these principles in proposals or program documents. More generally, IPs expressed a lack of understanding of how to adapt interventions or apply universal design principles to optimize inclusion, and called for sector- and intervention-specific guidance from BHA.

***IPs use varying accountability mechanisms, but those mechanisms' effectiveness for persons with disabilities is unclear.*** In KIIs and desk review documents, several organizations spoke to the importance of disability-inclusive feedback and accountability mechanisms such as speech-to-text mechanisms for people who are deaf or hard of hearing. However, only 18 percent of the desk review

[10] The most recent estimate is 16 percent (WHO 2022).

documents that included disability-related terms mentioned accountability mechanisms. In the few documents that discussed this topic, it was common for implementers to state it was a priority for persons with disabilities to be able to access feedback and complaint mechanisms; further information rarely followed. One IP respondent described the need for dedicated outreach approaches so persons with disabilities could understand not only how to access mechanisms, but also that these mechanisms are intended for them. *Table 3* presents examples from instances where IPs provided more information on accountability mechanisms.

*Table 3. IP approaches to accountability on disability inclusion*

| APPROACH | DESCRIPTION PROVIDED |
|---|---|
| Collaborative design and testing | [Organization] is designing a feedback complaint response mechanism together with persons with disabilities and a disability advisor. The mechanism includes a national hotline, which has been tested with persons with disabilities to identify necessary improvements. (Example is from a non-USAID project in the United States.) |
| Representation in community committees | The project will set up five-person community committees, including one person with a disability, to deliver feedback to [organization] during implementation. |
| Use of multiple channels for feedback | Teams will make sure feedback mechanisms are accessible by supplying multiple modalities for communities to provide feedback. |
| Project staff site monitoring | MEL colleagues will conduct monthly quality checks to make sure activities are inclusive and accessible for children with disabilities.<br>For marginalized groups like persons with disabilities, the project will regularly assess the safety and accessibility of health facilities, including safe travel to and from them, cost, language, cultural, and/or physical barriers to services, and will propose adaptable measures.<br>A person with disabilities acts as a resource person and travels with enumerators during participant registration and data collection. |

## STAFFING AND TRAINING

***BHA staff and IPs acknowledge shortfalls in disability-inclusive hiring policies in their organizations.*** Respondents indicated there were few persons with disabilities on their staff and that their organizations had not actively promoted the recruitment of persons with disabilities. As one respondent explained, there are perceptions that persons with disabilities are unable to work in remote or challenging conditions or may not be able to perform all job functions, such as traveling for site visits. Another issue is that funding for accommodations required to employ program staff with disabilities (e.g., technology upgrades, assistive technology, and office remodeling) increases the percentage of the program budget that goes to human resources. IPs noted that BHA and other humanitarian donors typically push to keep personnel and operational costs as low as possible, which poses a barrier to inclusive hiring. At the country level, some respondents had observed resistance to inclusive hiring practices stemming from stigmatized misconceptions about the capabilities of persons with disabilities or concerns about potential accommodations.

***Levels of awareness and understanding of disability inclusion are low within humanitarian agencies.*** Across donors and implementers, KIIs highlighted a lack of staff awareness, knowledge, and skills relevant to disability inclusion. One respondent reflected that some mainstream IPs (typically larger international organizations that do not specialize in a single sector or area) had a mentality that the party responsible for focusing on disability issues is "not us, it's the specialist organization." BHA respondents

similarly noted a lack of staff know-how for putting policies such as the *Diversity, Equity, Inclusion, and Accessibility Strategy* into practice within BHA.

***IP staff need training and periodic retraining on disability inclusion topics.*** Most IPs do not have staff positions dedicated to disability inclusion, which means the staff responsible for disability inclusion often do not have appropriate backgrounds, skills, or training. More commonly, IPs have headquarters-level protection or social inclusion advisors who are tasked with disability inclusion as one element of their broader roles, which may or may not be specific to humanitarian contexts. At the country and project level, most IPs have few to no inclusion staff and no disability-focused staff.

Across KIIs, IP respondents said there were major skills and knowledge gaps among their staff related to disability rights and best practices. One IP indicated that although all staff had been trained on protection mainstreaming, there were no components of that training that were specific to disability issues. Because humanitarian assistance is often short term and project-based—in addition to the challenging working conditions during emergencies—there is a high degree of staff turnover. As a result, there is a recurrent need to train new staff and provide in-depth training on specific topics that are relevant to each context.

## DATA CONSIDERATIONS

***Data on persons with disabilities do not often inform program design.*** In general, available data are limited on persons with disabilities in humanitarian contexts. This creates an information vacuum unless IPs collect primary data. During the rapid assessment phase, particularly in emergency contexts where IPs face tight time constraints, persons with disabilities are typically not part of data collection teams and have little to no participation in many assessments. One IP suggested that RFSA were typically better at engaging persons with disabilities (e.g., by hiring DPOs/OPDs to conduct needs assessments) because of longer planning periods. In another example, an organization in Afghanistan integrated WG-SS questions into its assessment protocols and became a go-to organization for disability information in the response.

Even when IPs do work with persons with disabilities as part of assessments, they often struggle with how to translate the data they collect into design. Although the WG-SS questions are often considered the current gold standard, there are limitations to their use; they are not diagnostic and should not replace more detailed disability assessments. For instance, the WG-SS is known to miss many children with developmental disabilities (Loeb et al. 2018). Furthermore, using the WG-SS to identify persons with disabilities in a population does not provide information about what they need or want during emergencies, or about opportunities for them to participate in programs. Although there is guidance on interpreting the WG-SS questions' results (SPARK 2022, The Washington Group on Disability Statistics 2024), some IP respondents said they were not aware of accompanying guidance on how to translate answers into specific program adaptations.

***Indicators and reporting processes are not standardized.*** BHA's *Emergency Application Guidelines* outline how to understand the needs of marginalized groups or groups made vulnerable during emergencies, including persons with disabilities, as part of IP proposals. However, BHA generally does not mandate disability inclusion data requirements in its awards to IPs. The desk review identified six programs (four at the proposal stage and two at the project stage) that included disability-specific indicators. IPs highlighted that donor reporting requirements could play an important role in elevating disability inclusion as a priority. Other IP respondents wanted to see USAID signal that disability issues were a higher priority by consistently encouraging IPs to analyze and address disability inclusion, but did not recommend requirements.

As efforts advance to improve disability-related data collection, one IP noted that disability data had unique sensitivities and required data protection measures.

> *"I would like the reporting templates to require an explanation of how you involve people with disabilities—a qualitative box … about what we did this quarter." —IP representative*

***Efforts to improve data collection are disconnected from data analysis and use.*** IPs described feeling increasing pressure to collect data, often without a clear plan or understanding of the purpose for data collection and how the data served program goals. Similarly, some KII respondents indicated that MEL staff on short-term projects or in hardship locations might lack necessary training on data analysis, especially for qualitative data, leading to poor-quality data or data that do not inform programming.

***IPs disagree about whether BHA should require data disaggregation.*** The desk review identified 11 activities that disaggregated indicators by disability status, often measured as a binary variable. Multiple IPs favored required disability disaggregation as part of data collection and reporting, alongside age and gender, a position that aligns with the IASC "must do" actions. They explained that donors had unparalleled influence and that data disaggregation requirements would force IPs to prioritize disability issues. In contrast, other IP respondents were strongly opposed to data disaggregation requirements. One person noted that disaggregation had already proven to be a challenge for age and gender, which are defined more concretely than disability.

Respondents further noted that IPs might be overly reliant on data disaggregation in lieu of more meaningful measures of inclusion. Some IPs encouraged greater qualitative data collection and use, such as regular reporting on how IPs involved persons with disabilities, barriers they faced in doing so, and steps they took to address them. Meanwhile, BHA representatives expressed the importance of reducing administrative burdens on partners, although IPs did not identify this as a primary concern.

> *"I don't see how [disaggregation] is actually helpful to anybody because it doesn't tell us what [we are] actually doing to support people with disabilities. It doesn't tell us the types of disabilities that we're supporting, or the degree of support that we provide … There [are] so many more variables with people with disabilities than of knowing if somebody is male or female or a certain age. Without having a clear understanding of why we were asked for this information, I'd be hesitant to say that it should be mandatory …" —IP representative*

***Innovation and technology offer opportunities to improve disability-related data.*** IPs described several practical opportunities to integrate disability data disaggregation and other potential questions into data collection platforms such as Kobo and CommCare. One idea, the use of interactive voice response technology, is anonymized and works for non-literate or low literacy persons or those who are blind or have low vision. Another idea is to use technology to allow people to confidentially self-identify in health facilities. We also heard examples of other international aid and humanitarian actors working to incorporate disability-related data into predictive modeling and anticipatory-action approaches to mitigate the impact of shocks. However, technical innovation projects that improve data collection processes in resource-limited settings often operate in silos, apart from social inclusion work, including disability inclusion.

***International actors offer examples of disability data collection approaches.*** The United Nations Refugee Agency (UNHCR) has incorporated questions from the Washington Group Extended Set on Functioning in the registry of refugees. One respondent stated that the United Nations Children's Fund

(UNICEF) mandates its IPs to collect disability data. The United Kingdom's Foreign, Commonwealth & Development Office (FCDO) uses a third-party learning partner to deliver a Disability Inclusion Helpdesk, which provides disability-inclusion research and advice to FCDO staff to supply evidence and advice on disability inclusion across themes, sectors, and geographies. Similarly, the Australian Government's Department of Foreign Affairs and Trade (DFAT) developed DID4All, a website where DFAT staff can request tailored, short-term technical advice on disability inclusion.

## INVOLVEMENT OF LOCAL ORGANIZATIONS

***IPs expressed awareness of few formal DPOs/OPDs operating in crisis-affected areas.*** IPs described DPOs/OPDs in many contexts as loose associations or gatherings of people, not formalized organizational structures. Where formal structures exist, they often operate at a national level rather than in the remote, marginalized, or disaster-affected areas where humanitarian work is often performed. In crisis-affected contexts—where civil society is weak and the few formalized DPOs/OPDs that exist could be quite small—humanitarian donors are uninterested in broader civil society investments that would strengthen these groups. One IP noted that because of the scarcity of local DPOs/OPDs for partnerships, mainstream organizations could not simply outsource disability-inclusion efforts; they needed to strengthen their own internal capacity. Moreover, DPOs/OPDs are often excluded from humanitarian coordination bodies, such as the cluster system, and could, therefore, have limited visibility.

***In general, local organizations face structural and administrative barriers to program participation.*** DPOs/OPDs and other local entities seeking more engagement in disability inclusion often lack the operational and financial capacity to meet U.S. government requirements for direct funding. As USAID has emphasized in its broader push toward localization, sub-granting is one possible solution. Disability-focused international organizations that operate through networks of in-country partners might be well positioned to receive BHA funding and disperse sub-grants to its members. One downside of sub-granting, however, is that sub-grantees have limited autonomy and face power imbalances between local and international organizations. DPOs/OPDs often have little influence over programming priorities and, as sub-grantees, may be tasked with activities that do not align with the priorities they have identified for persons with disabilities in their communities.

Another suggestion was to use pooled funding mechanisms,[11] although the DPOs/OPDs we interviewed had limited access to such funds.

***Tokenism and male predominance might hinder partnerships with DPOs/OPDs.*** If IP-led consortia take a "check the box" approach to partnering with DPOs/OPDs, they might not engage genuinely with them or create space for their meaningful representation and leadership. Issues of intersectionality often go overlooked because DPOs/OPD representatives in many countries are predominantly adult men, which results in ignoring of the voices and perspectives of women and girls with disabilities, youth, and people holding other identities. This reality underscores the need for more deliberate and authentic collaborations rather than superficial partnerships. *Table 4* presents KII respondents' suggestions for expanded engagement with local organizations and DPOs/OPDs.

[11] Pooled funds are multi-donor humanitarian financing mechanisms striving to provide a flexible and responsive source of funds for emergencies. Pooled funding mechanisms typically have flexible funding modalities and may tailor their requirements based on the risk profile of the funded activities, potentially reducing bureaucratic hurdles for lower-risk projects. (Norwegian Refugee Council 2022). Examples include the Central Emergency Response Fund, Country Based Pooled Funds, and the Start Fund.

*Table 4. Suggestions for expanded engagement with local organizations and DPOs/OPDs*

| CATEGORY | SUGGESTION |
|---|---|
| Advisory | Form and systematically use advisory boards consisting of DPOs/OPD representatives |
| Advisory | Encourage representation of persons with disabilities in community committees |
| Assessment/Evaluation | DPOs/OPDs conduct inclusion audits of IPs and their programs |
| Training | DPOs/OPDs deliver disability inclusion training to IP staff |
| Partnership | Create directory of local DPOs/OPDs trained on humanitarian response |

***Local DPOs/OPDs often focus on specific issues, or siloed sub-groups, that do not include humanitarian response.*** IP and DPO/OPD respondents noted that DPOs/OPDs in many countries focused on distinct sub-groups, such as children with disabilities or a certain type of disability, and did not effectively coordinate with DPOs/OPDs working on other issues. Using examples from across Africa and Europe, respondents noted that where formal DPOs/OPDs existed, they often did not focus on providing humanitarian assistance. Instead, many of their priorities frequently centered around internal political affairs, advocating for policy change, access to employment, and health care, among other issues.

## CROSS-CUTTING LESSONS LEARNED

These cross-cutting lessons learned strive to synthesize the information covered in the previous sections and organize the assessment findings around promising approaches and notable gaps. The lessons correspond to recommendations in the following section.

### PROMISING APPROACHES IN IMPROVING DISABILITY INCLUSION

USAID and IPs have made important strides in their disability-inclusion policies. One IP respondent reflected that disability inclusion seems to be a relatively new effort in international development and humanitarian response (although specialists might argue it is not new but has recently become more visible), and there has been important progress in recent years.

USAID's new draft disability policy intends to shift the paradigm away from the limited focus on the "problems" associated with disabilities and toward empowerment and meaningful inclusion for persons with disabilities. In parallel, several IPs have developed disability-specific policies to guide their humanitarian assistance work, while others are in the process of expanding protection mainstreaming or social inclusion policies to encompass disability inclusion guidance.

IPs described several promising approaches for disability-inclusive implementation.

In the absence of context-specific data, there are useful benchmarks to aid IPs in planning and budgeting for disability inclusion during the design phase:

- Persons with disabilities comprise 16 percent of the global population (WHO 2022).
- On average, 3 percent of the population requires assistive technology (WHO 2024).
- Allocate between 1 percent and 3 percent of the total infrastructure/construction costs for accessibility of the built environment and 3 to 4 percent for non-food items and basic assistive devices/technology, or allocate 3 to 7 percent of the total budget for all disability-inclusion measures (UNICEF n.d.).

One IP developed a short question set to promote inclusive practices during the design phase to help make sure these practices are part of the project once it begins.

Several IPs described intervention adaptations that address physical access accommodations in WASH and in distribution activities for food, cash, and non-food items. Sectoral and technical resources exist for designing and adapting interventions; *Annex 3* provides a non-exhaustive list.

IPs and non-U.S. donors have implemented promising feedback and accountability practices. IPs offered several examples of promising practices:

- Designing feedback and complaint mechanism with a group that includes DPO/OPD staff, the IP's disability advisor, and persons with disabilities
- Establishing community committees that include persons with disabilities to deliver feedback to the IP during implementation
- Conducting monthly quality checks to make sure activities include and are accessible to children with disabilities
- Performing regular assessment of health facilities' safety and accessibility
- Conducting dedicated outreach to encourage persons with disabilities to use feedback mechanisms
- Using private funding for technical innovations to pilot and adapt disability-inclusive feedback mechanisms

Respondents identified opportunities to increase staff's knowledge, skills, and training on disability inclusion. BHA has incorporated elements of disability-inclusion training in its *Protection and Community Capacity* training, which is available to all BHA staff; this could be a forum for expanded disability-inclusion training on a wider range of topics and for a broader BHA audience.

A KII respondent from an IP described how German and UK government donors' pair mainstream NGOs with specialized, disability-focused organizations that provide capacity strengthening and work with IPs to adapt program designs.

Recent and ad hoc data collection and learning examples can be scaled up.

BHA and IP staff highlighted promising data collection and learning practices they already implement, as well as other donors' practices that could be examples for BHA, such as the following:

- Persons with disabilities are part of an RFSA project's data collection team during participant selection and registration.
- One IP integrated WG-SS questions into standard assessment protocols.
- UNHCR has incorporated questions from the Washington Group Extended Set into the registry of refugees.
- International donors, including FCDO and DFAT, use third-party learning partners to provide additional contextual information on persons with disabilities to IPs and generally serve in a helpdesk function.
- BHA updated RFSA monitoring and evaluation guidance on qualitative data collection to intentionally capture the voices of populations made vulnerable during emergencies, including persons with disabilities.

KII respondents suggested practices that could be adapted or leveraged for disability inclusion (*Table 4*).

There are several avenues to expand the participation of local organizations and DPOs/OPDs in BHA programs. Drawing on USAID's broader experience with localization, sub-granting and pooled funding mechanisms offer avenues for local organizations and DPOs/OPDs that cannot meet the U.S. government's acquisition and assistance requirements to participate in BHA programs.

IPs suggested several concrete mechanisms through which local organizations and DPOs/OPDs could play important roles in improving disability inclusion, including through advisory boards, inclusivity audits, assessments, and training delivery.

## NOTABLE GAPS IN IMPROVING DISABILITY INCLUSION

| GAP | DESCRIPTION |
|---|---|
| Persons with disabilities are largely absent from most stages of the humanitarian program cycle. | • Persons with disabilities are largely treated as a homogenous "vulnerable" group and are not engaged meaningfully in other aspects of the program cycle.<br>• This treatment may be reinforced in organizational frameworks that only address disability through protection and safeguarding policies.<br>• IPs lack consistent or standardized processes to include persons with disabilities during assessments, proposal development, implementation, monitoring, and adaptation of humanitarian programs.<br>• There is little attention to making sure feedback and accountability mechanisms are adapted to be effective with persons with disabilities. |
| Disability inclusion guidance is limited and IPs are often unaware of guidance that does exist. | • BHA's Emergency Application Guidelines lack specific guidance on how to practically involve persons with disabilities.<br>• BHA's RFSA resources and recent country-specific requests for applications also lack guidance or requirements related to disability inclusion.<br>• Given the short time available for proposal preparation and review, IPs indicated that BHA typically does not provide feedback on disability inclusion issues in comments and questions on their proposals.<br>• Multiple, disparate, and sector-specific resources exist, but with varying degrees of practical utility; many IP staff do not know exist or how to access them (Annex 3 provides examples).<br>• Guidance is lacking on inclusivity and promoting persons with disabilities during recruitment, interviewing, and hiring processes within BHA and IPs. |
| Awareness and understanding of disability inclusion is minimal at all levels. | • Across donor and implementing agencies at all levels, there is limited understanding, awareness, and attention toward persons with disabilities in humanitarian programming.<br>• Related to the above, there is limited awareness of human rights globally as they pertain to the rights and protections of persons with disabilities.<br>• Over-emphasis on visible disabilities, which are usually physical, excludes people with unseen/unapparent disabilities, including intellectual and psychosocial disabilities.<br>• Similarly, persons with disabilities are often treated as a single homogenous group, and there is limited understanding of how intersectionality between disability and other identities shapes power dynamics, access, and engagement opportunities.<br>• There are persistent unmet training and capacity strengthening needs, given few specialized disability-focused staff within IPs, especially at the country and project levels and given frequent staff turnover in humanitarian contexts. |
| Disability data are often limited, | • Situation- or context-specific data and analysis are lacking related to persons with disabilities in many humanitarian crises. |

| GAP | DESCRIPTION |
|---|---|
| inconsistently collected, and not used purposefully. | • IPs must often rely on primary data collection, but the limited time for emergency proposal-stage assessments restricts disability data collection and analysis.<br>• WG-SS questions are not applied consistently and, where they are used, understanding about how to interpret and incorporate the findings is limited.<br>• Few Ips include disability-specific indicators or objectives in their proposals or programs.<br>• Ips' use of data disaggregation is uneven and, where used, is often measured as a binary (yes/no) variable.<br>• Qualitative data collection and analysis are limited.<br>• Data collection efforts are often disconnected from analysis and use for program adaptation.<br>• BHA lacks reporting requirements related to disability inclusion. |
| Other priorities compete with disability inclusion for attention and resources. | • Humanitarian actors frequently feel pressed for time and resources, which are needed to improve disability inclusion.<br>• There is a perception that disability inclusion competes with priorities for scaling up programs, minimizing costs per beneficiary, and other elements of the social inclusion agenda, such as gender.<br>• The lack of protected budget line items disincentivizes IPs from allocating funding for disability accommodations (e.g., inclusive communication, office accessibility, and transportation), inclusive hiring, and disability-inclusion capacity strengthening.<br>• IPs may lack the skills to budget for disability inclusion, do not request these funds from BHA, or may fear that adding disability-related costs to the proposal budget will negatively influence competitiveness if they were not explicitly discussed in requests for proposals, such as RFSA solicitations. |
| Multiple structural and administrative barriers exist for expanding engagement of local organizations and DPOs/OPDs in humanitarian programs. | • There is a scarcity of formalized local DPOs/OPDs in humanitarian settings; those that exist often face capacity challenges and are excluded from humanitarian coordination mechanisms.<br>• The expertise and capacity of global, regional, and local DPOs/OPDs are underappreciated and underused.<br>• Local organizations likely face similar disability awareness and capacity gaps as IPs, although there is a need to assess this further.<br>• IPs' limited engagement with DPOs/OPDs misses opportunities to foster longer-term partnerships, address intersectionality, create space for DPO/OPD leadership, and improve inclusive assistance via strategic activities such as DPO/OPD–led inclusion audits. |

## RECOMMENDATIONS

This section provides recommendations for how BHA and other humanitarian actors might address the notable gaps summarized above. It includes recommendations related to guidance on disability inclusion, staffing, capacity strengthening, data, reporting and accountability, and partnership. For each recommendation, the matrix below denotes actors' roles as R (responsible), P (participate), or C (consult).

| BHA | IPS | SPECIALIST ORGANIZATIONS* | DPOS/OPDS | RECOMMENDATION FOR CONSIDERATION |
|---|---|---|---|---|
| **Guidance** | | | | |
| R | P | P | P | Curate a compendium of practical resources and state-of-the-art guidance for universal design, comprehensive accessibility accommodations and reasonable accommodation,12 and sector-specific approaches, and link to the compendium in the revised Emergency Application Guidelines. |
| R | P | | | Encourage IPs to outline their approach to operationalizing the IASC's four "must do" actions in every phase of the project cycle, including proposals, needs assessments, and risk analyses. |
| R | P | | | Emphasize disability-inclusion guidance via issues letters during the concept note and proposal phases. |
| R | | P | P | Establish a disability-inclusion helpdesk to compile, analyze, and synthesize disability-related data and provide on-demand information and guidance specific to a given country and crisis context; this could be a centralized service or pursued through localized technical support mechanisms, and could be managed internally or by a contracted third party. |
| R | P | | | Further assess concrete, sector-specific and country-level/local guidance needs for universal design and intervention adaptation. |
| R | | | | Continue to reiterate the need for an intersectional lens (e.g., considering the intersections of disability with gender, ethnicity, age, and displacement status) in all guidance related to disability inclusion. |
| R | P | P | P | Develop guidance for and encourage disability-inclusive budgeting. |

12 Comprehensive universal design processes are not always possible during emergencies; in such cases, there should be a focus on ensuring comprehensive accessibility and reasonable accommodations.

| BHA | IPS | SPECIALIST ORGANIZATIONS* | DPOS/OPDS | RECOMMENDATION FOR CONSIDERATION |
|---|---|---|---|---|
| **Staffing** | | | | |
| R | P | P | P | Identify organizations that have implemented inclusive hiring policies and best practices; facilitate information exchange among IPs, specialist organizations, and DPOs/OPDs. |
| R | | C | C | Increase representation of persons with disabilities in BHA and IP staff. |
| R | P | | | Ask IPs to outline inclusive hiring practices and measures in place to provide reasonable accommodation for staff with disabilities in their proposals. |
| R | | C | C | Create a provision in Emergency Application Guidelines and RFSA solicitations to encourage bidders to dedicate funding for assistive technology, accommodations, and other disability-inclusion measures. |
| **Capacity Strengthening** | | | | |
| R | P | P | C | Facilitate capacity strengthening by referring partners to existing e-learning tools to improve awareness and allocating funding for disability-inclusion training and technical assistance to implement inclusive programing, operations, and data practices; funding may focus on supporting partners to adopt practices within active BHA programs. |
| R | P | C | C | Phase in requirements to new awards that IPs must provide evidence that staff have been trained on disability inclusion and facilitate access to training. |
| R | P | C | C | For ongoing and new awards, require and facilitate access to training on the WG-SS questions and how to incorporate their findings. |
| R | P | C | C | Facilitate access to training on the use of an intersectional lens when collecting and analyzing data, designing programs, and implementing programs. |
| **Data** | | | | |
| R | C | C | C | Explicitly encourage data disaggregation related to disability status at a minimum, and disability types when feasible; require description of the purpose of data collection and disaggregation as well as expected/actual use of these data (e.g., as part of proposals and program reports). |
| R | P | C | C | Encourage qualitative information gathering during the design phase and in program reporting to understand (1) the diverse risks and needs, (2) barriers and opportunities to inclusion, and (3) factors that enhance resilience based on the type and severity of disability/disabilities, and report how IPs have responded to that information. |

| BHA | IPS | SPECIALIST ORGANIZATIONS* | DPOS/OPDS | RECOMMENDATION FOR CONSIDERATION |
|---|---|---|---|---|
| R | P | C | C | Expand illustrative indicators in the Emergency Application Guidelines Indicator Handbook to include disability-inclusion indicators and recommend that IPs incorporate them. |
| R | | | | Consider developing a higher-order measure and set of indicators at the impact and/or outcome levels, aligned with global humanitarian objectives, to reflect commitment to persons with disabilities. |
| | R | C | C | Explore opportunities to use innovation-related funding mechanisms to encourage disability-inclusive data collection and analysis (e.g., embedded in predictive modelling for risk detection). |
| **Reporting and accountability** | | | | |
| R | P | | | Encourage or require information on disability-inclusion approaches in reporting templates; provide illustrative examples to IPs of what this might entail. |
| | R | P | P | Consult persons with disabilities when setting up and/or reviewing existing feedback and complaint mechanisms to align with the IASC Guidelines.13 |
| | R | C | C | Conduct dedicated outreach and make reasonable adjustments before and during program implementation to make sure persons with disabilities know about feedback mechanisms and are able and encouraged to use them. |
| | R | C | C | Explore opportunities to use innovation-related funding mechanisms to pilot and adapt disability-inclusive feedback mechanisms. |
| R | | | | Consider publishing a disability marker, indicating the amount of BHA's spending dedicated to disability inclusion. |
| **Partnership** | | | | |
| R | P | | P | Promote the leadership of DPOs/OPDs and experts with lived disability experience and disability-inclusive expertise throughout all aspects of humanitarian action. |

13 Learning modules on inclusive feedback and complaint mechanisms are available (Module 7 in the DRG Modules, Module 6 in the E-Learning Modules).

| BHA | IPS | SPECIALIST ORGANIZATIONS* | DPOS/OPDS | RECOMMENDATION FOR CONSIDERATION |
|---|---|---|---|---|
| R | | P | P | Compile and disseminate directories of DPOs/OPDs and local organizations working on disability inclusion in each humanitarian context14; work with the United Nations Office for the Coordination of Humanitarian Affairs to promote mapping of DPOs/OPDs in existing 3/4/5W mapping at national and subnational levels. |
| R | P | P | P | Actively encourage IPs to partner with disability-specialist organizations and DPOs/OPDs during the concept note and proposal phases. |
| R | P | P | P | During the proposal or start-up phase, match IPs with DPOs/OPDs (and/or specialist disability-focused organizations, where appropriate) that can advise and train IPs to adjust program design for disability inclusion and provide ongoing advising during implementation. |
| P | R | | | For programs already being implemented in contexts where there are likely to be cost extensions or follow-on activities, encourage IPs to proactively invest in inclusion by identifying and building relationships with DPOs/OPDs that can later become program partners—establishing inclusive hiring practices and collecting and analyzing disability-related data. |
| R | | | | Building on the current review, conduct an assessment focused on the specific barriers and opportunities local organizations and DPOs/OPDs face in participating in and advancing disability inclusion in humanitarian assistance, by context and sector. |

* *Specialist organizations are organizations that specialize in disability inclusion in humanitarian assistance and are positioned to provide leadership, guidance, and capacity strengthening. These organizations may or may not be led by persons with disabilities, and so are listed separately from DPOs/OPDs.*

[14] Umbrella organizations that coordinate and convene networks of DPOs/OPDs in different countries could be entry points to identify member organizations working in specific contexts.

## CONCLUSION

USAID and BHA have taken meaningful steps to advance disability inclusion in recent years. Yet, multiple opportunities remain to improve accommodations, accessibility, and meaningful participation of persons with disabilities in humanitarian programs. This review has outlined several recommendations to do so, reflecting perspectives from across BHA's main international IPs, including specialized disability organizations, and a select number of U.S.-based DPOs/OPDs. Overall, these organizations expressed a clear willingness to improve humanitarian practice around disability inclusion and a desire for BHA's guidance and help in holding its partners accountable for disability-inclusion commitments.

Looking forward, we note that this review's global scope did not permit a deeper examination of specific countries, sectors, or individual organizations, nor were we able to include local organizations or DPOs/OPDs in the countries where BHA works. There are likely unique and more specific barriers and opportunities across these dimensions that warrant additional, focused analyses.

# ANNEX 1. KII PROTOCOL

BHA [International Non-Specialized] Implementing Organizations

Good morning/afternoon. My name is _____. Thank you for taking the time to speak with us today. First, I will do a brief introduction, review our informed consent information, and we can answer any questions or comments you may have before we start the interview.

### *Introduction*

My organization, Mathematica, is part of a consortium implementing USAID's Inclusive Development Activity for Mission Support (IDAMS). IDAMS is led by Making Cents International and is designed to provide research, technical assistance, and learning support on inclusive development to USAID staff in Washington, D.C., and Missions. USAID has tasked IDAMS with conducting a review and analysis of Bureau for Humanitarian Assistance (BHA) programming to assess needs, challenges, and opportunities for disability inclusion in humanitarian programming. Specifically, the aim is to help BHA better understand how to leverage disability-related data collection and accountability mechanisms and how to support staff with appropriate skills to apply disability inclusion principles and practices. The focus of the study is on how well USAID is doing with disability inclusion in humanitarian assistance through its BHA programs.

### *Why have I been selected for this interview?*

BHA identified your organization as one of its top implementing partners, and you were identified as a focal point for this topic. We are inviting you to participate in this interview to help us understand various issues related to disability inclusion. The interview will take approximately one hour. Participation in this interview is voluntary, and you are free to skip any questions you prefer not to answer. There are no negative consequences for choosing not to participate or if you do not want to respond to questions.

### *What will happen with the information I share in this interview?*

The information you provide will be used to help BHA identify opportunities to adapt or improve its approach to disability inclusion in humanitarian response. Neither your responses nor other aspects of this review will be used to evaluate organizational or project performance, and there will be no impact on active or planned funding for your organization.

Any information you provide will be kept confidential, and we will anonymize responses and remove personal identifying information. We would like to audio-record our session today for the purposes of notetaking and analysis, if you consent. We will destroy all session recordings once analysis is complete. The IDAMS team, which includes staff at Mathematica and Making Cents International, as well as BHA will have access to the de-identified data and summary findings. However, because of the relatively limited number of BHA implementers, it is possible that your organization may be identifiable based on any contextual information you provide (e.g., project name, country or region, sector, and time frame in which a BHA-funded project was implemented).

### *What are the risks of participating in this interview?*

We do not foresee any risks to your participation in this interview. Nonetheless, you are free to skip any questions you prefer not to answer at any point during the interview.

### *What are the benefits of participating in this interview?*

There is no direct benefit to you for participating in this interview. However, the information from this interview will be used to inform BHA's efforts to improve programming in such a way that supports access and inclusion for people with disabilities.

Do you have any questions?

Do you have any considerations you would like us to be aware of during the interview?

Do you agree to continue with the interview? _____

Do you agree with audio-recording the interview for note-taking purposes? _____

Ok, Let's begin. Can you share with us how long you have been [INSERT ROLE] at [INSERT NAME OF ORGANIZATION] and describe your role there?

1. Thinking about the humanitarian sector broadly, what do you see as the main barriers to access and inclusion for people with disabilities in humanitarian programs?
    - Probe: Related to types of disability (physical, hearing, vision, mobility, cognitive, communication, age-related, other)
    - Probe: Attitudinal versus environmental barriers
    - Probe: Related to data collection barriers
2. What are some of the opportunities you see for implementers to improve disability inclusion in humanitarian programs?
3. How has your organization addressed inclusion and access for people with disabilities in its humanitarian response programming? Please give examples.
    - Probe: Is there a specific framework or set of guidelines for disability access and inclusion that guides your organization's approach?
    - Probe: Add/Adapt probes as appropriate to organizational context.
4. In your organization's humanitarian programs, how are people with disabilities identified?
5. In what ways are people with disabilities involved in your organization's humanitarian programs?
    - Probes: In decision-making, program design, data collection, feedback mechanisms
6. What are your thoughts on the guidance your organization receives from USAID on disability inclusion in humanitarian settings?
    - Probe: Do your organization's USAID-funded humanitarian assistance programs have requirements for reporting on disability inclusion?
    - Probe: How do you feel about the disability inclusion guidance provided in BHA's *Emergency Application Guidelines* (proposal guidance)?
7. Reflecting on the humanitarian assistance space in general, how well do you think donors and implementers are addressing data collection regarding people with disabilities?
8. What current practices, if any, does your organization have to collect data on people with disabilities, as far as their needs, capacities, and barriers or enablers to participation?

- Probes on data collection as part of different MEL aspects: Needs assessment and analysis, implementation monitoring, evaluation
- Probe on accountability and feedback mechanisms: how are these designed and assessed for disability inclusion
- Probe: Primary data versus secondary data collection and use
- Probe: Systems and technology—what tools are used and how are data analyzed?

9. In what ways do you think data collection practices and systems could be improved, if funding limitations were not an obstacle?

10. Shifting back to thinking about the humanitarian sector overall, how would you describe the level or status of implementing organization staff skills and attitudes around disability inclusion?

11. How would you describe your organization's staff capacity to address disability inclusion?
    - Probe: How does this compare or differ between global, country-level, and individual project teams?
    - Probe: Do you have staff that are either partly or fully focused on disability issues?
    - Probe: In what ways do you think staff capacity could be strengthened to address disability issues?

12. What opportunities exist for greater engagement of local organizations to advance disability inclusion in BHA's humanitarian programming?

Thank you very much for your time and input. We have one last request before we wrap up. Along with these key informant interviews, our review includes an analysis of project reports for BHA's prioritized implementers. Could you please share with us the following materials related to [insert priority countries/project names]:

Most recent donor report (e.g., final report, quarterly report)

Monitoring, evaluation, and learning plans, including indicators and data collection mechanisms

Information on accountability and feedback mechanisms

Any other project-related materials relevant to disability inclusion practices or issues

## ANNEX 2. DATA FIELDS FOR DISABILITY INVENTORY MATRIX

| TOPIC | SUB-TOPIC (IF APPLICABLE) |
|---|---|
| Document category | Proposal |
| | General |
| | Project |
| Document type | Proposal narrative |
| | Program report |
| | MEL Plan |
| | Assessment |
| | Evaluation |
| | Promotional material |
| | Training, resources, or tools |
| | Theory of change |
| | Other (describe) |
| Document name | |
| Lead implementing organization | |
| Project name | |
| Date of document | |
| Period of implementation (if applicable) | Month and year |
| Geography | Region |
| | Country |
| Assistance type [program type was not always clear] | ER4/RFSA |
| | Emergency |
| Relevant BHA sector(s) | Agriculture |
| | Economic recovery and market systems |
| | Food assistance |
| | Health |
| | Humanitarian coordination, information management, and assessments |
| | Humanitarian policy, studies, analysis, or applications |
| | Logistics |
| | Monitoring, evaluation, and learning |
| | Multipurpose cash assistance (MPCA) |
| | Natural and technological hazards |
| | Nutrition |
| | Protection |
| | Shelter and settlements |
| | Water, sanitation, and hygiene |

| TOPIC | SUB-TOPIC (IF APPLICABLE) |
|---|---|
| Is access or inclusion mentioned (y/n)? | Search terms: (access*, inclu*) |
| Is disability addressed (y/n)?<br>[if no, document review ends here] | Search terms: (disab*, accomodat*, all abilit*, differently abl*, special need*) |
| How is disability addressed? | Needs of persons with disabilities |
| | Needs of groups made vulnerable, including persons with disabilities |
| Barriers to access and inclusion | Environmental barriers and related accommodations (e.g., physical, communication, information) |
| | Attitudinal barriers |
| | Policy barriers |
| | Data collection |
| | Budget |
| | Other |
| | No info |
| Were recommended practices for inclusion of persons with disabilities addressed, and how? | Type of disability |
| | Environmental barriers |
| | Attitudinal barriers |
| | Data collection |
| | Other |
| | No info |
| Organizational policies and guiding frameworks in place/in use | IASC |
| | Sphere |
| | Washington Group |
| | Other |
| | No info |
| Involvement of people with disabilities in humanitarian programs | Program design |
| | Participant selection / community mobilization |
| | Implementation |
| | Monitoring, data collection, assessment, evaluation |
| | Evaluation |
| | As beneficiaries only |
| | Other |
| | No info |
| Identification, selection, and targeting of people with disabilities as program participants | Selection criteria |
| | Processes |
| | Data used |

| TOPIC | SUB-TOPIC (IF APPLICABLE) |
|---|---|
| | Tools used |
| | No info |
| Implementation monitoring as it relates to disability inclusion | Indicators |
| | Intervals (e.g., needs assessment, implementation monitoring) |
| | Systems |
| | Processes |
| | Technology |
| | Data |
| | Accountability mechanisms |
| | No info |
| Staffing | Staff with disability inclusion responsibilities |
| | Training on disability inclusion |
| | Staffing structure |
| | Staff with disabilities |
| | No info |
| Local partner engagement in disability inclusion efforts | Organizations of persons with disabilities |
| | Other organizations |
| | Nature and extent of engagement |
| | No info |

## ANNEX 3. SUGGESTED RESOURCES

| TOPIC/ SECTOR | PUBLISHER | RESOURCE |
|---|---|---|
| Universal Design | UNICEF | Toolkit on accessibility in emergencies |
| Multi-sectoral | UNICEF | Budgeting and mobilizing resources for disability inclusion in humanitarian actions |
| Multi-sectoral | CBM | Humanitarian Hands-on Tool (HHoT) |
| Multi-sectoral | UNICEF | Disability Inclusive Humanitarian Toolkit |
| WASH | Global Disability Innovation Hub | AskSource: Inclusive WASH and Disability |
| WASH | UNICEF | WASH Disability Inclusion Practices |
| WASH | IDA | Resource Page on Disability-Inclusive WASH |
| Health | WHO | Guidance note on disability and emergency risk management for health |
| Health | CBM | Inclusive Mental Health and Psychosocial Support in Humanitarian Emergencies |
| Shelter | IFRC | Disability-inclusive shelter and settlements in emergencies |

## ANNEX 4. REFERENCES


ADCAP. 2015. *Minimum Standards for Age and Disability Inclusion in Humanitarian Action*. HelpAge International. https://reliefweb.int/report/world/minimum-standards-age-and-disability-inclusion-humanitarian-action.

Age and Disability Consortium. 2018. *Humanitarian Inclusion Standards for Older People and Persons with Disabilities*. CBM International, HelpAge International, and Handicap International. https://www.cbm.org/news/news/news-2018/humanitarian-inclusion-standards/.

CBM. n.d. *Universal Design | CBM HHoT*. Accessed January 5, 2024. https://hhot.cbm.org/en/card/universal-design.

Humanitarian Needs Assessment Programme. 2021. *Syria Disability Prevalence and Impact*. https://www.hi-deutschland-projekte.de/lnob/wp-content/uploads/sites/2/2021/09/hnap-syria-disability-prevalence-and-impact-2021.pdf.

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

International Association of Accessibility Professionals. n.d. *The Disability Inclusion & Accessibility Criteria (DI & AC)*. Accessed January 5, 2024. https://www.accessibilityassociation.org/s/di-ac.

Jansen-van Vuuren, J., and Aldersey, H. M. 2020. "Stigma, Acceptance and Belonging for People with IDD Across Cultures." *Current Developmental Disorders Reports*, 7(3), 163–172. https://doi.org/10.1007/s40474-020-00206-w.

Loeb, M., D. Mont, C. Cappa, E. De Palma, J. Madans, and R. Crialesi. 2018. "The development and testing of a module on child functioning for identifying children with disabilities on surveys. I: Background." *Disability and Health Journal*, 11(4), 495–501. https://doi.org/10.1016/j.dhjo.2018.06.005.

Mont, D. 2007. *Measuring Disability Prevalence.* The World Bank. https://documents1.worldbank.org/curated/en/578731468323969519/pdf/395080Disability0SP070601PUBLIC1.pdf.

Norwegian Refugee Council. 2022. *Pooled Funds: The New Humanitarian Silver Bullet? https://www.nrc.no/globalassets/pdf/reports/pooled-funds/nrc_pooled-funds_the-new-humanitarian-silver-bullet_report.pdf.*

SPARK. 2022. *What Are the Washington Group Set of Questions? – A Guide*. SPARK. https://sparkinclusion.org/learningcentre/what-are-the-washington-group-of-questions-a-guide/.

Sphere. 2023. *About Sphere*. Sphere. https://spherestandards.org/about/.

The Washington Group on Disability Statistics. 2022. *WG Short Set on Functioning (WG-SS)*. https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/.

The Washington Group on Disability Statistics. 2024. *Implementation Guidelines: How to use the WG questions*. https://www.washingtongroup-disability.com/implementation/implementation-guidelines/.

UNHCR. 2023. *Cluster Approach*. [November 20]. https://emergency.unhcr.org/coordination-and-communication/cluster-system/cluster-approach.

United Nations. 2006. *Convention on the Rights of Persons with Disabilities*. https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html.

United Nations. 2015a. *Sendai Framework for Disaster Risk Reduction 2015-2030*. http://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030.

United Nations. 2015b. Transforming our world: The 2030 Agenda for Sustainable Development | Department of Economic and Social Affairs. https://sdgs.un.org/2030agenda.

United Nations. 2016. *Charter on Inclusion of Persons with Disabilities in Humanitarian Action*. http://www.un.org/disabilities/documents/2016/WHS/Charter-on-Inclusion-of-Persons-with-Disabilities-in-Humanitarian-Action.docx.

USAID. 1997. *USAID Disability Policy Paper*. USAID Bureau for Policy and Program Coordination. https://pdf.usaid.gov/pdf_docs/Pdabq631.pdf.

USAID. 2023. *Nothing Without Us: USAID Disability Policy*. https://www.usaid.gov/sites/default/files/2023-11/Unified-Disability-Policy-DRAFT-7.pdf.

USAID/BHA. 2023. *BHA Emergency Application Guidelines | Humanitarian Assistance*. https://www.usaid.gov/humanitarian-assistance/partner-with-bha/bha-emergency-guidelines.

USAID DDI/ID. 2023. *Inclusive Development Additional Help for ADS 201*. https://www.usaid.gov/sites/default/files/2023-10/USAID-ID-Hub_ADS-201-AH-Document_Oct-2023_1.pdf.

WHO. 2013. *Guidance Note on Disability and Emergency Risk Management for Health*. https://iris.who.int/bitstream/handle/10665/90369/9789241506243_eng.pdf;jsessionid=6EB6390A310D42868D3D0BFD51E39736?sequence=1.

WHO. 2022. *Global report on health equity for persons with disabilities*. https://www.who.int/publications-detail-redirect/9789240063600.

WHO. 2001. *International Classification of Functioning, Disability and Health (ICF)*. https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health.

WHO. 2024. *Assistive technology*. https://www.who.int/news-room/fact-sheets/detail/assistive-technology.