



Gap Analysis on Disability Inclusive Humanitarian Action in Eastern Africa

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Published by: DAHW German Leprosy and Tuberculosis Relief Association and CBM Christoffel-Blindenmission Christian Blind Mission e.V. in June 2023.

Cover image: Louyei Lopeyok lost his eyesight in 2016. He depends on well-wishers and relatives for food and water, especially now that Turkana is drought affected. © Kevin Gitonga/CBM

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Acronyms

AAP	Accountability of Affected People
ADF	African Disability Forum
ASAL	Arid and Semi-Arid Lands
CBR	Community-based Rehabilitation
CERF	Central Emergency Response Fund
CDPOK	Consortium of Disabled Persons Organizations in Kenya
DIF	Disability Inclusion Facilitator(s)
DIHA	Disability Inclusive Humanitarian Action
DTM	Displacement Tracking Matrix
FEAPD	Federation of Ethiopian Associations of Persons with Disabilities
FSL	Food Security and Livelihoods
GPDI	Gayo Pastoral Development Initiative
GBV	Gender-Based Violence
HINGO	Ethiopia Humanitarian International NGO Forum
HNO	Humanitarian Needs Overviews
HRP	Humanitarian Response Plans
IASC	The Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IPC	Integrated Phase Classification
IDPs	Internally Displaced Persons
IOM	International Organisation for Migration
HI	Humanity & Inclusion
LFTW	Light for the World
MHPSS	Mental Health and Psychosocial Support
MIRA	Multi-Sector Initial Rapid Assessment
NUDIPU	National Union of Disabled Persons of Uganda
NUWODU	National Union of Women with Disabilities of Uganda
OCHA	United Nation's Office for the Coordination of Humanitarian Affairs
OPD	Organisation of Persons with Disabilities
PACIDA	The Pastoralist Community Initiative and Development Assistance
SSUPD	South Sudan Union of Persons with Disabilities
TPO	Transcultural Psychosocial Organization
UN CRPD	UN Convention on the Rights of Persons with Disabilities
UNFPA	The United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
WGQs	Washington Group Questions
WHO	World Health Organization

Executive Summary

The Gap Analysis on Disability Inclusive Humanitarian Action (DIHA) in Eastern Africa, with a focus on protection, food security, WASH, and anticipatory action was conducted between February and April 2023. The study, carried out by CBM and DAHW, aimed to assess disability inclusion in Ethiopia, Kenya, Uganda, and South Sudan, with a strong emphasis on consulting organizations of persons with disabilities. The Eastern Africa region is confronted with ongoing humanitarian challenges, including armed conflicts, displacement, and natural disasters, which disproportionately impact persons with disabilities. This study aimed to identify gaps and provide recommendations for enhancing disability inclusion in humanitarian responses, as follows:

Evidence and data on persons with disabilities

The analysis revealed that data gap hinders the effective inclusion of persons with disabilities in cluster approaches, potentially leading to inadequate or non-targeted responses. While there may be more reports available at the cluster level, the lack of systematic data collection on persons with disabilities is a significant barrier in all study countries. Without comprehensive data, their experiences and circumstances may not be fully understood or addressed. Additionally, mainstream and disability-focused organizations show inconsistent use of standardized language and approaches. Strengthening the mapping of OPDs can also be prioritized.

- **Recommendations:** Enhance evidence and data in humanitarian action through standardized approaches in data collection, enhanced disaggregated data collection, and needs assessments. Advocate for standardized approaches and develop protocols for comprehensive data collection. Incorporate disability-related questions into surveys and assessments, emphasizing on qualitative methods and not only quantitative approaches. Utilize collected data for evidence-based strategies and programs to promote accessible and inclusive humanitarian assistance. This will enable tailored interventions and improved support, addressing the challenges of persons with disabilities in humanitarian responses.

Planning and coordination related to disability inclusion

The study identified gaps in comprehensive application of disability inclusive principles and approaches within humanitarian response plans across various clusters/sectors and countries, particularly in Uganda and Kenya. Concrete measures and specific indicators for disability inclusion are lacking, emphasizing the need for strengthening efforts in these areas. Additionally, the study reveals a lack of dedicated working groups for disability inclusion within existing coordination mechanisms, hindering progress. In particular, the likelihood of disability inclusion being deprioritized is higher compared to the thematic areas of Gender-Based Violence (GBV) and Child Protection, even though it falls under the Protection Cluster. Collaboration with disability-focused organizations and knowledge sharing are essential for promoting effective disability inclusion.

- Recommendations: Establish dedicated working groups as part of the formal coordination system, foster collaboration, and integrate them into broader efforts to enhance disability inclusion in humanitarian planning and responses. Review and revise action plans, incorporating guidelines across sectors like protection, food security, and WASH to prioritize disability inclusion. Involve organizations of persons with disabilities (OPDs) for accurate reporting and valuable insights, ensuring accountability. Partnering with OPDs promotes continuous improvement through robust monitoring and reporting mechanisms.

Participation of persons with disabilities and their respective organisations

The participation of OPDs is valuable and holds humanitarian actors accountable. However, gaps in linkages and coordination between OPDs, state actors, and humanitarian organizations, especially in South Sudan and Kenya, hinder disability inclusion. Limited engagement and communication impede the involvement of persons with disabilities in humanitarian response. Challenges in accessing resources limit their impact. The lack of attention to the challenges of refugees and internally displaced persons with disabilities by OPDs poses a risk of their exclusion from vital support.

- Recommendation: Enhance disability inclusion in humanitarian action by prioritizing linkages and coordination between OPDs, state actors, and humanitarian organizations. Foster awareness and understanding of the humanitarian system among OPDs, facilitate regular communication, and promote collaboration. Prioritize capacity development for OPDs through targeted training programs. Engage local OPDs in decision-making and implementation, ensuring their meaningful participation and representation in humanitarian efforts.

Disability Inclusive Humanitarian Programming

The study reveals significant gaps in disability inclusive humanitarian programming. While some organizations are making efforts to integrate disability inclusion into their programming, challenges persist, including the lack of incorporating the insights of persons with disabilities and inadequate data disaggregation and budget allocation. In targeted countries, various organizations are adopting a disability-inclusive approach, but barriers such as limited accessibility and funding hinder progress.

- Recommendation: Integrate disability inclusion as a fundamental aspect, demonstrating institutional commitments, to enhance disability inclusion in humanitarian programming. Develop clear guidelines and protocols, address access barriers, strengthen disability-targeted activities, enhance funding mechanisms, and promote knowledge exchange. Provide training and capacity building, ensure accessibility, and allocate resources for sustained support. Advocate for prioritizing disability inclusion in funding schemes and facilitate knowledge sharing among humanitarian actors for more effective and inclusive programming.

Additionally, anticipatory action, exemplified by PACIDA's community-led approach, shows promise in enhancing preparedness and resilience, but challenges remain in ensuring the active participation of persons with disabilities in a fully accessible manner.

In conclusion, the Gap Analysis on Disability Inclusion in Humanitarian Action in Eastern Africa highlights the urgent need for improved disability inclusion in humanitarian action. The recommendations provided emphasize the importance of standardized approaches, collaboration, accountability, capacity development, and inclusive programming. By implementing these recommendations, humanitarian actors can work towards more inclusive and accessible humanitarian responses in Eastern Africa, ensuring that the rights of persons with disabilities are fully addressed and respected.



Photo: Princess, a young girl with disabilities, and her mother. The family lives in Kakuma Refugee Camp, Kenya. Princess is supported through a CBM project on inclusive education for refugees. © CBM

Introduction

The inclusion of persons with disabilities in humanitarian response efforts is crucial for ensuring the protection and well-being of all individuals affected by crises. However, persistent gaps and challenges hinder the realization of effective rights and inclusion of persons with disabilities in such contexts. This study aims to comprehensively analyse the gaps in disability inclusion within Eastern Africa's humanitarian response plans and programming.

Eastern Africa confronts challenges including drought, funding shortages, and the repercussions of the Ukraine-Russia war. Consequently, essential goods' prices have soared, leading to food insecurity for 20 million people in the Horn of Africa. Vulnerable groups, such as persons with disabilities, children, and women and girls, bear a disproportionate burden with limited access to basic services. Despite global recognition of disability inclusion as a cross-cutting issue, substantial gaps and inconsistencies persist in implementing inclusive practices within the humanitarian sector.

Guided by the Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action and the Guidance on Strengthening Disability Inclusion in Humanitarian Response Plans, this gap analysis study, conducted by CBM and DAHW, emphasizes the crucial role of sectoral and intersectoral coordination in comprehensive disability inclusion across Humanitarian Needs Overviews (HNOs) and Humanitarian Response Plans (HRPs).

The primary objective of this study is to identify gaps in disability inclusion within the Protection, Food Security, and WASH (Water, Sanitation, and Hygiene) sectors, as well as the integration of disability inclusion in anticipatory action programming. Through assessment of the current state of disability inclusion, evaluation of coordination mechanisms, examination of the participation of persons with disabilities, and review of disability-inclusive programming, valuable insights and recommendations will be provided to enhance disability inclusion in humanitarian response efforts. The study employed a mix of desk-based analysis, key informant interviews, and focus group discussions involving organisations of persons with disabilities (OPDs) to gather data.

This study is of utmost importance in advancing disability inclusion within humanitarian response efforts. By identifying gaps and challenges, the findings will inform evidence-based strategies and recommendations to strengthen the participation, coordination, and capacity development of organizations of persons with disabilities. Ultimately, these findings aim to enhance the capacity of humanitarian actors, improve program design, optimize resource allocation, and foster the effectiveness and inclusiveness of humanitarian response efforts.

In conclusion, the findings and recommendations of this study will not only benefit humanitarian actors and organizations but also contribute to the broader global agenda of disability inclusion and ensuring that persons with disabilities are not left behind in times of crises and emergencies.

Methodology

The purpose of this study was to analyze the gaps in the current humanitarian responses in Eastern Africa, with a specific focus on disability inclusion in the protection, food security and WASH sectors. The study employed a mixed-methods approach, consisting of desk research and interviews with key stakeholders in Ethiopia, South Sudan, as well as Kenya and Uganda within the context of the ongoing Horn of Africa drought response.

The desk review included a variety of relevant documents, such as policies, assessments, strategic and operational plans, guidelines, and other available documents related to the specific cluster/sector being assessed, which provided valuable information on the context, priorities, strategies, and actions of humanitarian actors, as well as on the vulnerabilities of affected populations, including persons with disabilities.

In addition to the desk review, a total of 28 of interviews were conducted with representatives from national umbrella OPDs, national and international humanitarian actors, both mainstream and disability-focused, including a Focus Group Discussion with persons with disabilities from Kenya. The interviews aimed to gather information on the existing practices related to disability inclusion, as well as the challenges and opportunities for improving disability inclusion in the humanitarian response.

To ensure the inclusion of a wide range of perspectives, key informants were purposively selected based on their involvement in the humanitarian response, their experience and knowledge of disability inclusion, and their position in the organization. Interviews were conducted remotely.

Limitations of the study include challenges in gathering responses from governmental representatives and initiatives around anticipatory actions. The study was conducted from February to May 2023.

Disability Inclusive Humanitarian Action (DIHA) in Brief

Persons with disabilities are disproportionately affected in humanitarian crises, and inclusive humanitarian responses are crucial in addressing their challenges. The UN Convention on the Rights of Persons with Disabilities (CRPD) and the Sendai Framework for Disaster Risk Reduction emphasize the inclusion of persons with disabilities in all aspects of life and disaster risk management. Initiatives such as the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action provide practical guidance on operationalizing inclusion commitments across various clusters. Aligned with the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, it is imperative that sectoral and intersectoral coordination prioritize and enforce disability inclusion principles within HNO and HRP. The following sections provide insights into disability-inclusive humanitarian responses with specific focuses on protection, food security, and WASH.

Protection

Disability inclusive humanitarian response with a specific focus on protection is a response that actively involves and prioritizes the needs, rights, and inclusion of persons with disabilities in all aspects of protection efforts during humanitarian crises¹. The Protection Cluster, amongst other at-risk groups, should protect persons with disabilities from violence, exploitation, and abuse, and provide them with access to essential services, such as health, education, and livelihoods. It is crucial to collect data, address specific protection risks and needs, (such as stigma, denial of services, gender-based violence)² ensure meaningful participation of persons with disabilities and disability consideration in all aspects of the humanitarian response, in line with the UN CRPD principles, such as equal opportunity or accessibility.

Food Security

Disability inclusive humanitarian response with a specific focus on Food Security means that food security should address barriers and create an enabling environment for persons with disabilities to access sufficient, safe, and nutritious food³. Additionally, it is crucial to ensure that the dietary preferences of persons with disabilities are taken into consideration in the design and implementation of food assistance programs, and to promote their meaningful participation in these processes⁴.

¹ <https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>, (pages 141 – 167)

² <https://www.globalprotectioncluster.org/protection-issues>

³ Ibid, Food Security and Nutrition (pages 93 -103)

⁴ <https://fscluster.org/programme-quality-working-group/document/tip-sheet-disability-inclusion-hnos-and>

WASH

Disability inclusive humanitarian response with a specific focus on WASH refers to the integration of the needs, rights, and capacities of persons with disabilities in all aspects of the provision of water, sanitation and hygiene services during a humanitarian crisis. This includes taking into consideration the barriers that persons with disabilities may face in accessing WASH services, such as physical inaccessibility of facilities, lack of appropriate assistive devices, and lack of information or awareness about disability. It also involves ensuring that the planning, design, implementation, and monitoring of WASH services are informed by the perspectives and experiences of persons with disabilities⁵.

DIHA Gap Analysis Framework

The Analytical Framework for the Gap Analysis related to the DIHA in Eastern Africa includes four analytical elements:

- **Evidence and data:** This element focuses on the current state of evidence and data on disability in the targeted countries, including the availability and use of disability-disaggregated data in protection, food security, WASH, and anticipatory action, where available. The methodological approach for its collection, analysis and use in humanitarian programming is assessed, where possible.
- **Coordination:** This element evaluates the effectiveness and inclusiveness of coordination mechanisms in the targeted countries, including the role of disability-focused organizations in ensuring disability-inclusive humanitarian response. It assesses the level of collaboration between clusters/sectors and disability-focused humanitarian actors.
- **Participation:** This element assesses the participation of persons with disabilities in the humanitarian response, including the barriers and enabling factors to their participation in humanitarian actions, information sharing and service delivery.
- **Programming:** This element examines the extent to which humanitarian programming upholds the rights of persons with disabilities and ensures their equal inclusion and participation in all aspects of the response, assessing the coverage and quality of disability-inclusive programming in protection, food security and WASH.

Through the use of this analytic framework, a comprehensive understanding of the existing gaps and opportunities for improvement in DIHA in the region has been obtained. The findings and recommendations resulting from this analysis will inform the development of practical strategies for ensuring a more disability-inclusive humanitarian response in Eastern Africa.

⁵ <https://sheltercluster.org/working-group/inclusion-persons-disabilities-shelter-programming-working-group>

Key Findings from DIHA Gap Analysis in Eastern Africa

Gaps: Evidence and Data on Persons with Disabilities

Gap 1: Inconsistent Application of Global Estimates for Persons with Disabilities in Humanitarian Response Plans, including Protection, Food Security and WASH Clusters/Sectors (Uganda and Kenya)

The availability of data on persons with disabilities in the study countries is often limited, resulting in gaps in understanding their issues. Specifically, this analysis highlights the limited systematic collection of both qualitative and quantitative data about persons with disabilities using standardized methods in humanitarian action in Ethiopia, Uganda, South Sudan, and Kenya. The national census serves as the primary data source for identifying persons with disabilities, but it may not provide a comprehensive representation due to challenges in identification, underreporting, lack of standardized tools, and resource constraints, impeding a comprehensive understanding of their prevalence and needs. For instance, there is a discrepancy regarding the reported number of persons with disabilities in South Sudan, as the 2008 census indicated they constitute only 5.1% of the population.

However, in both Ethiopia and South Sudan, global estimates are being applied across clusters to identify the percentage of the population with disabilities emphasizing the significance of utilizing global estimates in the absence of comprehensive primary source data. Specifically, in Ethiopia, the humanitarian response plan for 2023 aims to target 20.1 million people, with 17.6% of those being persons with disabilities, which is consistent with the global estimate of 16% of the world's population are persons with disabilities according to the World Health Organization (WHO). The protection, food security and WASH clusters have identified that 16% to 18% of persons in need have disabilities.

Similarly, in South Sudan, the 2023 Humanitarian Response Plan aims to target 6.8 million people, with 1 million of those being persons with disabilities, requiring a total of US\$1.7 billion. The protection, food security and WASH clusters have identified that 15% of the affected population includes persons with disabilities, which is also in close alignment with the most recent global estimates currently indicating a figure of 16%. By using these global estimates, humanitarian actors in Ethiopia and South Sudan are able to ensure that persons with disabilities are accounted for in their response plans, and the necessary accommodations are made to address their unique circumstances.

However, in Uganda, the response to refugees with disabilities is lacking. The term 'Persons with Specific Needs' is used instead of 'Persons with Disabilities', and only 8% of refugees are identified as having 'specific needs'. While the latest refugee statistics report includes persons with disabilities among those with specific needs, there is no further disaggregation by functional domains and no reference to persons with disabilities in other reports. This suggests a need for more comprehensive data collection and inclusion of persons with disabilities in Uganda's refugee response efforts.

Gap 2: Inconsistent use of Standardized Language and Approaches, including the WGQs, hinders Disability Data Disaggregation Collection and Analysis in Humanitarian Responses

This gap analysis reveals that international organizations, both mainstream and disability-focused, demonstrate limited utilization of standardized approaches, such as the Washington Group Questionnaires (WGQs), which are widely recognized as a standard for disability data collection. Additionally, there is inconsistent application of inclusive language.

Positive examples can be found in efforts by organizations such as HelpAge and their rapid needs assessment in Adjumani Refugee Settlement, Uganda. Using the WGQs, they identified that 61% of older people in the settlement have at least one disability, providing valuable insights into their barriers and experiences. On the other hand, the Child Protection Assessment in Refugee-hosting Districts in Uganda missed the opportunity to disaggregate data by disability using the WGQs, limiting the comprehensiveness of understanding and analysis. There are also instances where a "yes" or "no" response is used to identify disabilities, potentially leading to stigma and hesitancy among respondents.

To address these gaps, it is crucial to prioritize data collection and analysis that disaggregates data by age, gender, and disability. This includes standardizing language, adopting accessible data collection practices, and implementing the use of WGQs to ensure inclusive and consistent data collection. These efforts, coupled with intensified data gathering in hard-to-reach areas, can provide a solid foundation for informed programming and inclusive responses.

Gap 3: Limited Data Collection on Disability Hinders Comprehensive Understanding and Use of Data for Programming in Humanitarian Contexts

The analysis underscores significant gaps in data collection related to disabilities in Ethiopia and Uganda, highlighting the pressing need for enhanced data availability to drive more inclusive humanitarian responses. While some existing tools, like the Multi-Sector Initial Rapid Assessment (MIRA) forms in Ethiopia, capture observations on disability, the variation in responses due to enumerators' knowledge and experience with disability issues poses challenges. Without comprehensive data, assessing the scope of the problem, identifying gaps, and designing effective strategies for inclusive responses becomes difficult.

Positive examples can be found in efforts such as IMPACT's Participatory Assessment Final Report 2022 in Uganda, which utilizes standardized and qualitative approaches to identify protection risks and challenges faced by affected communities. The March 2023 monthly report of the Protection Monitoring System in South Sudan also highlights the significant impact on persons with disabilities, particularly in relation to their housing, land, and property rights. These examples underscore the urgency of addressing the limited data on disability and developing interventions that are tailored to this marginalized group in humanitarian settings.

Gaps: Planning & Coordination related to Disability Inclusion

Disability inclusion is critical in humanitarian response as it ensures that the rights of persons with disabilities are respected. Collaborative task groups focused on disability inclusion play a crucial role in ensuring inclusive and accessible humanitarian programs. By providing valuable guidance and support, these groups contribute to the development of inclusive strategies, policies, and practices that prioritize disability inclusion and promote equal access to services and opportunities throughout the humanitarian program cycle.

Gap 1: Insufficient Comprehensive Inclusion of Disability in Humanitarian Response Plans across several Clusters/Sectors and in some Countries (Uganda and Kenya)

In the HRP and related documents, disability is recognized as a cross-cutting issue in the protection, food security, and WASH clusters to various extent in Ethiopia and South Sudan. Other countries incorporate disability considerations in their response plans to minor extent, and it is evident that these efforts should be further strengthened across different clusters/sectors.

In Ethiopia, although disability inclusion is recognized as necessary, concrete measures such as updating assessments and monitoring forms incorporating disability inclusion lenses are lacking. The Protection Cluster only includes disability in activities related to gender-based violence, and the WASH cluster has yet to demonstrate how their response will be accessible to all persons with disabilities, despite gathering accessibility information from the Displacement Tracking Matrix (DTM). In relation to the Food Security, the HRP for 2023 identifies persons with disabilities as a vulnerable group and aims to encourage their participation through targeted distribution and consultation committees.

In Uganda, the Emergency Appeal for the Uganda Country Refugee Response acknowledges the urgent need for support to persons with disabilities. However, it is important to highlight that the use of the term "special needs" in this context is outdated and has been replaced by the term "vulnerability" in many countries. Instead, it is essential to adopt a more person-centered and disability inclusive approach that captures barriers and challenges faced by persons with disabilities in the humanitarian contexts.

Furthermore, while persons with disabilities are recognized as part of the vulnerable group, it is essential to have a distinct approach to disability inclusion, which is not specifically addressed in the Interagency Gender-Based Violence (GBV) strategy Uganda 2021-2025. The commitment of the World Food Programme (WFP) Uganda Country Strategic Plan (2018-2022) to consider the unique circumstances and preferences of different beneficiary groups, including persons with disabilities, is an important step towards promoting disability inclusion, but its implementation should be further monitored.

In South Sudan, positive direction towards better disability inclusion in humanitarian responses is evident in existing comprehensive mentions across sectors, including protection, food security and WASH, and efforts to improve. While the Protection Cluster aims to address the

protection risks faced by children, including those with disabilities, concrete measures such as strengthening the Protection Monitoring System and enhancing identification of the most vulnerable are still necessary. The inclusion of persons with disabilities in housing, land, and property activities is a positive step, but further considerations for security of tenure are needed.

South Sudan WASH Cluster's Strategic Operational Framework - April 2023 recognizes disability inclusion as a part of non-discrimination principle, focusing on GBV mitigation and mainstream protection. The cluster provides technical guidance for disability inclusion, taking into account intersectional factors such as age and gender. Although the cluster aims to ensure disability inclusion and GBV mitigation in WASH projects, the definition of persons with disabilities used may not fully align with the UN CRPD. The framework includes indicators for disability-inclusive sanitation facilities, barrier analysis, and meaningful consultations with different groups.

The Food Security and Livelihoods (FSL) Cluster recognizes the significance of protection and disability inclusion in their interventions, and has undergone several trainings on this topic provided by various organizations. In the HRP 2022, the FSL Cluster prioritizes communication and community engagement, and acknowledges persons with disabilities as a vulnerable group. However, there remains a gap in the HRP that requires further strengthening. The cluster collects Accountability of Affected People (AAP) and GBV indicators monthly through 5W reporting by partners.

In Kenya, while the Flash Appeal for Kenya has emphasized the commitment of all partners to prioritize immediate life-saving assistance for the most vulnerable people, including those with disabilities, critical sectors such as health, protection, and WASH have received less than 10% of the required funding. The implementation of the strategic objective 1, which aims to provide life-saving and life-sustaining assistance to the people most affected by drought through integrated humanitarian interventions, should be monitored for its specificity on disability inclusion.

It is important to note that the level of consideration given to disability inclusion varies among different agencies, depending on their institutional setup. The United Nations High Commissioner for Refugees (UNHCR) focal points at the regional level have discussed the activities and strategies of various organizations in the context of regional protection and disability inclusion.

For example, several protection strategies are in place in Somalia, including country protection teams and guidelines for partners on mainstreaming. Collaboration with national disability commissions and development plans are being used for advocacy. UNHCR has committed to strengthening partnerships, improving access to livelihoods opportunities for persons with disabilities, and ensuring improved registration systems for identifying and protecting them.

To achieve this, UNHCR is prioritizing disability inclusion in collaboration with local organizations that primarily provide support to refugees, and has recently initiated mapping of organizations in restricted areas of responsibility to improve registration systems for identifying and protecting persons with disabilities.

Overall, there is a recognition of the importance of disability inclusion in humanitarian response plans, but concrete measures and specific indicators are still lacking in many cases. Monitoring and further implementation of disability inclusion should be prioritized to ensure that all members of society, including persons with disabilities, are able to benefit from the initiatives.

Gap 2: Lack of dedicated Working Groups for Disability Inclusion in existing Coordination Mechanism for Support and Knowledge Sharing in four Countries

In terms of disability inclusion in humanitarian action, the lack of dedicated working groups within coordination and cluster mechanisms can lead to missed opportunities and limited progress. This can be observed in Ethiopia, Uganda, South Sudan, and Kenya, where efforts must be made to establish specific disability inclusion task forces or working groups to raise awareness and promote inclusive approaches among clusters members.

In Ethiopia, although some UN agencies, like WFP, have appointed Disability Inclusion Focal Points via UN-system wide Disability Inclusion Strategy-driven initiatives, there is a gap in the formation of a specific disability inclusion task force or working group within clusters, as well as within the Ethiopia Humanitarian International NGO Forum (HINGO). On the other hand, in relation to the Protection cluster, it has been suggested that hiring an expert in Age and Disability to work with the National Cluster will ensure the inclusion of persons with disabilities in humanitarian response. This would create a space for experts and champions within the national cluster, leading to more participatory and inclusive activities.

In Uganda, there is no evidence of a Disability Inclusion Task Force within existing coordination mechanisms, although several working groups have been set up to address protection concerns, including persons with specific needs⁶. However, the term "Persons with Specific Needs" is considered outdated, and there is limited evidence regarding the work of this group.

Additionally, the lack of existing working groups or coordination mechanisms could hinder efforts to provide support and knowledge to all staff members regarding disability inclusion. Meanwhile, mainstream and disability inclusion-focused organizations share their knowledge and experiences in the field through regular meetings in a loose type of collaboration.

⁶ Peaceful Co-existence Taskforce - Uganda

Child Protection - Uganda

Child-protection sub-sector working group

Prevention and Response to Sexual Gender Based Violence - Uganda

Persons with Specific Needs (PSN) - Uganda

Accountability to Affected Populations (AAP) / Communicating with Communities (CwC) - Uganda

Similarly to Uganda, there seems to be a lack of existing working groups or coordination mechanisms in Kenya that could provide support and knowledge to all staff members regarding disability inclusion.

However, at the regional level, UNHCR has established a disability inclusion working group with the United Nations Children's Fund (UNICEF) and UN Women to bring more partners and knowledge sharing on board. While internal strengthening efforts are being made in selected countries to promote disability inclusion within the various UN agencies active in humanitarian response, it was noted during the interview process with the cluster staff that there is still a gap in understanding how to effectively prioritize and implement disability inclusion initiatives. Collaboration with disability inclusion-focused organizations was suggested as a means to bridge this gap and enhance knowledge sharing. Additionally, it was recommended that internal focal points should be established to ensure extensive knowledge sharing with those responsible for certain thematic areas and those responsible for implementing mainstream activities. However, it is important to note that specialized and professionalized organizations in disability should still be included in the efforts to promote disability inclusion. The ultimate goal is to learn from the process and do things differently in the future.



Photo: Jason and Anastazia are members of a self-help group of persons with disabilities in Uganda which is supported by DAHW.
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Gaps: Participation of Persons with Disabilities and their Representative Organisations

In addition to professionalized disability inclusion focused organisations, OPDs can provide valuable perspectives on disability inclusion and hold humanitarian actors accountable. Including and partnering with OPDs in all stages of humanitarian response planning and implementation is crucial.

Gap 1: Insufficient Linkages and Coordination between OPDs and State Actors and Humanitarian Actors, despite the Assumption that Persons with Disabilities are among the most Vulnerable Population (South Sudan and Kenya)

One major gap that emerged in the context of South Sudan is the insufficient engagement between the South Sudan Union of Persons with Disabilities (SSUPD), state and broader UN humanitarian system. Despite the fact that persons with disabilities are among the most vulnerable in humanitarian crises, there is no precise data or report to support this claim. SSUPDs and other OPDs in South Sudan need to engage more with humanitarian actors despite organizing monthly meetings with other organizations with the help of OVCI (Volunteer Organization for International Co-operation), as revealed by interviews.

The SSUPD aims to raise awareness about the recently signed UN CRPD and its article 11 on Situations of Risk and Humanitarian Emergencies, but communication with states is lacking, and there is no preparedness or service provision plan for persons with disabilities.

However, the organization faces significant challenges due to limited funding and manpower, making it difficult to advocate for disability inclusion in humanitarian response efforts and ensure their voices are heard nationally and in rural areas.

Similarly, in Kenya, interviewees from the Consortium of Disabled Persons Organizations in Kenya (CDPOK) stated that their organization has a limited mandate in the humanitarian system. They highlighted the challenges faced by organizations of persons with disabilities to navigate the humanitarian system, and affected persons with disabilities in accessing humanitarian services. This gap may result in limited awareness and understanding of the diverse insights and experiences of persons with disabilities, leading to inadequate or inappropriate responses.

Gap 2: Capacity Development and Involvement of OPDs in various thematic work to effectively participate and advocate for Disability Inclusion in Humanitarian Response

The gap in effective participation of OPDs in various activities, programs, and initiatives related to specific issues or causes in humanitarian response efforts is still evident in some countries, mainly due to weak internal technical and financial capacities.

The involvement of OPDs in disability inclusion efforts in humanitarian response varies widely. On one end of the spectrum, some OPDs are focused on cash transfers and mobilization of persons with disabilities in hard-to-reach areas, while at the other end of the spectrum, some OPDs are active across multiple clusters. Even where OPDs are considered important actors in

passing messages and breaking down negative attitudes and stereotypes, there is often a lack of effective participation of the organization in various activities, programs, and initiatives related to a specific issue or cause. They have identified priority gap areas such as access to registration, information, and communication.

The Federation of Ethiopian Associations of Persons with Disabilities (FEAPD) has formed partnerships with international organizations, such as the World Food Program, to promote disability inclusion in ongoing humanitarian programs. They also collaborate with ZOA, international relief and recovery organisations, on advocacy efforts and receive support from CBM for capacity development of OPDs. This highlights the importance of building the capacity of OPDs to enhance their participation in humanitarian response efforts.

In a similar manner, the National Union of Disabled Persons of Uganda (NUDIPU), a leading umbrella organization in Uganda, has an impressive strategic plan covering 2020-2024 with over 24 implemented projects, but faces challenges such as limited resources, inadequate coordination and collaboration within the humanitarian sector, and limited data to support advocacy and policy influencing work, while working towards disability inclusion in hard-to-reach areas across various sectors, including the disaster risk reduction programs.

On a final note, the study has received feedback from OPDs indicating that humanitarian action is not their primary focus. Instead, they prioritize addressing broader development issues. However, this approach carries inherent risks as it may result in refugees and internally displaced persons (IDPs) being excluded from vital peer-to-peer support. These individuals may not receive the necessary support from both their country of origin and the country they currently reside in.



Photo: Inclusive food and sanitary materials distribution during COVID19 pandemic in Amhara, Ethiopia. © ECDD/ Zewdu

Gaps: Disability Inclusive Humanitarian Programming

Gap 1: Lack of Systematic and Comprehensive Approaches to ensure Disability Inclusion within Mainstream Humanitarian Actors

The lack of systematic and comprehensive approaches to mainstream disability inclusion in humanitarian responses is a significant gap in targeted countries. Mainstreaming involves integrating disability inclusion into all aspects of humanitarian programming to ensure that persons with disabilities are not excluded from accessing aid and services. While some organizations are making efforts to mainstream disability inclusion, several challenges persist, including the failure to incorporate the insights and perspectives of persons with disabilities, disaggregate data and budget accordingly.

In Ethiopia, several humanitarian organizations such as Plan International, Zoa International, Catholic Relief Services, Leprosy International, and World Vision are providing assistance with a more oriented disability-inclusive approach to interventions. Instead of treating it as a separate and distinct area of programming, but rather integrating it into their overall programming efforts to ensure that persons with disabilities are not excluded from accessing humanitarian aid and services.

However, some organisations have reported significant barriers to accessing the environment, communication strategies, and information for persons with disabilities. Barriers also include the lack of budgetary allocations and funding for disability inclusion, as well as limited support for accessibility.

Several organizations involved in addressing disability as a cross-cutting issue include Lutheran World Federation, Transcultural Psychosocial Organization (TPO) Uganda, and War Child Holland. However, these organizations face challenges such as the need for targeted individualized approaches for persons with disabilities, mobility and access challenges, and poverty. Advocacy for inclusiveness is ongoing, but deeper analysis and effective use of data are needed for program design and resource mobilization. Increased training and capacity building, coordination among actors, partnering with specialized organisations and services, and accountability measures are identified as key enablers for disability inclusion.

In South Sudan, for example, some of the organizations working towards disability inclusion include OVCI, and for example International Committee of the Red Cross (ICRC) in some specific interventions. Light for the World (LFTW) is working to change the practices of humanitarian organizations by providing technical support and training on disability inclusion. LFTW uses Disability Inclusion Facilitators (DIF) who are persons with disabilities themselves and can provide practical advice and tools beyond training, such as accessibility assessments and inclusive teaching skills.

Gap 2: Insufficiency of Disability-Targeted Activities in Ongoing Humanitarian Programs

Although progress has been made in providing disability-targeted activities to support persons with disabilities, such as disability-targeted services, assistive devices, or capacity building programs, these efforts are still insufficient. A twin-track approach, rooted in a rights-based framework, is needed to ensure that disability inclusion is integrated into all aspects of humanitarian programming, alongside mainstreaming efforts, to address the many needs that exist.

In Ethiopia, the community-based rehabilitation (CBR) approach is rarely utilized, and support for those with long-term sensory and psychosocial impairments who face multiple barriers to access services on an equal basis with others, is often neglected. In Uganda, some disability-targeted activities were undertaken, such as a German Federal Ministry for Economic Cooperation and Development-funded project overseen by DAHW, which aims to improve economic situations, establish healthy coping mechanisms, and improve access to various services persons with disabilities. However, such interventions are not widespread enough to address gaps in disability inclusion across all involved organizations.

Disability Inclusion in Anticipatory Action: The Case of PACIDA's Community-led Preparedness Approach

Anticipatory action that involves persons with disabilities in decision-making and early warning systems can enhance preparedness and build resilience among vulnerable populations. The Pastoralist Community Initiative and Development Assistance (PACIDA) is an example of a community-led initiative that employs anticipatory action to prepare for and reduce the impact of disasters, particularly for those who rely on livestock for survival. PACIDA prioritizes disability inclusion in their strategies, but there are still challenges in providing facilities and assistive devices for persons with disabilities in rural communities. One potential gap in their approach is ensuring the participation of persons with disabilities in the planning and training process for emergency responders.

Conclusion

Achieving disability inclusion in the humanitarian sector requires a proactive and focused approach. The DIHA study highlights commendable efforts by UN agencies to implement disability inclusion in practical ways, guided by internal policies and frameworks. Progress has been made in certain countries, including the inclusion of disability in HRPs and HNOs, recognizing the unique vulnerabilities of persons with disabilities.

However, it is essential to strengthen the mainstreaming of disability inclusion across all aspects of humanitarian action without neglecting other priorities. This necessitates concrete actions to enhance the inclusion of persons with disabilities while avoiding the overshadowing of their requirements by competing demands.

Furthermore, there is a need to prioritize disaggregating data by functional domains to better understand the challenges faced by persons with disabilities. Participatory assessments in Uganda and South Sudan have shown promise, but a more detailed approach is required for targeted interventions and effective resource allocation.

Disability-focused organizations play a vital role in advancing disability inclusion, offering specialized expertise and a deep understanding of the rights and aspirations of persons with disabilities. While acknowledging their significance, the establishment of dedicated task groups for disability inclusion remains rare. Nonetheless, collaborations with these organizations, UN agencies, and other humanitarian actors should be based on knowledge sharing and mutual support. This entails cross-checking funding allocations to prioritize disability inclusion and providing practical guidance, among other things.

While capacity building for OPDs remains a significant gap, especially at the local levels, their invaluable personal experiences should be embraced and incorporated into disability-inclusive responses. Advocacy efforts should prioritize the ratification and implementation of UNCRPD and the African Protocol on the Rights of Persons with Disabilities to strengthen legal frameworks and safeguard the rights of persons with disabilities in humanitarian settings.

In conclusion, notable progress has been made, but further action is required. Strengthening mainstreaming, improving data disaggregation, harnessing the support of disability-focused organizations, empowering OPDs, and advocating for regional policy dialogue are essential for a more inclusive and equitable humanitarian sector that fully respects and addresses the rights of persons with disabilities amidst crises and emergencies.

Key Recommendations for Advancing DIHA in Eastern Africa

Based on the findings and analysis presented in this study, the following recommendations are proposed to strengthen disability inclusion in humanitarian response efforts. These recommendations aim to address the identified gaps, enhance collaboration, improve data collection and analysis, promote common standards, allocate adequate resources, build capacity, and ensure accountability. By implementing these recommendations, humanitarian actors, including CBM and DAHW, can foster a more inclusive and rights-based approach that effectively addresses the priorities of persons with disabilities in crisis-affected populations.

Recommendations for Improving Evidence and Data for Disability Inclusion

- **Promote Standardized Approaches:** To ensure comprehensive and reliable data on disability, it is important to promote standardized approaches in data collection and analysis across mainstream and disability-focused organizations, including within humanitarian response plans. This can be achieved by advocating for the consistent use of standardized language and approaches, as well as the adoption of tools such as the WGQs for disability-related data collection. Additionally, protocols and guidelines should be developed to ensure comprehensive and consistent data collection on disabilities, accompanied by training and technical support to effectively apply these standardized approaches.
- **Enhance Disaggregated Data Collection and Needs Assessments:** To address the limited disaggregated data on disability, it is crucial to enhance the collection and assessment of data. This can be done by implementing standardized tools and assessments, while incorporating disability-related questions into surveys, assessments, and needs analysis exercises. The use of qualitative methods should be emphasized to accurately capture the barriers and experiences of persons with disabilities, complementing the quantitative data. Furthermore, improving coordination between data collection agencies and disability organizations, especially in refugee settings, will enhance disability-inclusive data collection practices.
- **Promote Analysis and Utilization of Disability Data:** Moreover, it is crucial to promote the analysis and utilization of the collected data for informed decision-making and resource allocation. Data analysis enables a deeper understanding of the patterns, trends, as well as risks, barriers and experiences faced by persons with disabilities, leading to targeted interventions and appropriate allocation of resources. By utilizing the information effectively, stakeholders can develop evidence-based strategies and programs that address disability inclusion and promote accessible and inclusive humanitarian assistance.

Recommendations for Enhanced Planning & Coordination of Disability Inclusion

- **Establish Dedicated Working Groups:** To address the lack of dedicated working groups for disability inclusion in coordination mechanisms in Ethiopia, Uganda, South Sudan, and Kenya, it is crucial for professional disability-focused organisations to initiate establishment of task forces or working groups within existing coordination structures. These dedicated groups could promote inclusive approaches, raise awareness, and provide guidance on disability inclusion. To avoid a siloed approach, it is important to foster collaboration among these groups and integrate them into broader humanitarian response efforts. Prioritizing mainstreaming and sharing of knowledge among the working groups will ensure a comprehensive and integrated approach to disability inclusion across all humanitarian clusters and sectors in mentioned countries.
- **Support Clusters / Sectors in Revising Working Plans and Promoting Common Standards for Disability Inclusion in Humanitarian Responses:** Review and revise existing action plans to better reflect disability inclusion. Systematically integrate guidelines, such as the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action and the Guidance on Strengthening Disability Inclusion in Humanitarian Response Plans into sectors such as protection, food security, and WASH programming to prioritize and integrate disability inclusion throughout the humanitarian response. This would ensure a consistent framework for effective implementation, monitoring, and demonstrates a commitment to inclusivity, equality, and human rights within all clusters/sectors members.
- **Ensure Accountability for Disability Inclusion:** Involving OPDs is crucial to ensure effective and responsive disability inclusion efforts. OPDs provide unique insights into the challenges faced by persons with disabilities in humanitarian contexts and valuable feedback on the implementation and impact of disability inclusion initiatives. By partnering closely with OPDs, UN agencies and mainstream organizations can ensure accurate reporting on disability inclusion outcomes, reflecting the experiences of persons with disabilities and promoting accountability for disability-related commitments. Robust monitoring and reporting mechanisms foster learning and continuous improvement in disability inclusion efforts.

Recommendations for Strengthening Participation of OPDs

- **Strengthen Linkages and Coordination:** To enhance linkages and coordination between OPDs and state actors, as well as humanitarian organizations, it is important to enhance awareness and understanding of the humanitarian system among OPDs to facilitate their active participation and advocacy. This can be achieved by facilitating regular communication channels, forums, and meetings to promote collaboration and exchange of information, including consideration of their voices and perspectives in preparedness and service provision plans.
- **Enhance Capacity Development of OPDs:** Prioritize capacity development initiatives for OPDs in various thematic areas of humanitarian response. Provide targeted training programs, workshops, and mentorship opportunities to enhance their knowledge and skills in disability-inclusive humanitarian practices. Support OPDs in building their capacity for effective participation, advocacy, and representation in different clusters and sectors.
- **Enhance Localization:** Promote and support the localization of disability inclusion efforts in humanitarian response by engaging local organizations and OPDs. Facilitate their active participation in the consultation process, decision-making, and implementation of disability-inclusive programming. Support the mapping process, mobilization, and empowerment of persons with disabilities, including peer-to-peer initiatives, to ensure their meaningful involvement and representation in local humanitarian efforts.

Recommendations for Enhancing Disability Inclusive Humanitarian Programming

- **Integrate Disability Inclusion in Humanitarian Programming:** Enhance the integration of disability inclusion within mainstream humanitarian actors through the development of clear guidelines and protocols. By providing training and capacity building opportunities, humanitarian actors can better understand and implement disability-inclusive practices. It is crucial to address challenges related to data disaggregation, budget allocation, and access barriers to ensure the systematic and comprehensive disability inclusive programming.
- **Address Barriers to Access:** To demonstrate their commitment to inclusivity and accessibility for persons with disabilities, humanitarian actors must prioritize actively addressing barriers to access. Proactive measures should be taken to ensure an inclusive environment, communication strategies, and accessible information. This includes making physical infrastructure and communication channels accessible, providing inclusive information materials, and promoting the use of assistive devices and technologies.
- **Strengthen Disability-Targeted Activities:** Recognize and address the unique vulnerabilities and barriers of persons with different types of impairments, such as

physical impairments and psychosocial impairments. Develop strategies and allocate disability-targeted resources to provide sustained support and services for individuals with diverse type of long-term disabilities, ensuring their inclusion and well-being throughout the entire humanitarian response cycle.

- **Enhance Funding Mechanisms for Disability Inclusion:** It is important to contribute to the effective management of country-based pooled funding schemes, such as the Central Emergency Response Fund (CERF). This can be achieved by advocating for the prioritization of disability inclusion in project selection and resource allocation, as well as ensuring these are aligned with disability inclusion principles. By taking these measures, humanitarian actors can ensure that funding supports inclusive practices and does not contribute to further exacerbation of barriers and risks for persons with disabilities.
- **Promote Knowledge Exchange for Better DIHA Programming:** Facilitate platforms for knowledge exchange and learning among humanitarian actors, including UN agencies and mainstream organizations, to share best practices, lessons learned, and innovative approaches in disability inclusion. Promote the dissemination and utilization of this knowledge to improve programming and enhance the effectiveness of disability-inclusive humanitarian response.

To ensure the meaningful inclusion of persons with disabilities in all stages of humanitarian response, it is crucial for CBM and DAHW to actively engage and collaborate with key stakeholders such as UN agencies, clusters, and other international non-governmental organizations. By forging strong partnerships, mainstream humanitarian actors can tap into the expertise and insights of these organizations to develop more effective strategies and interventions. This collaborative approach will enable the development of inclusive practices that specifically address the challenges faced by persons with disabilities in needs assessments, planning, implementation, and monitoring processes. Through enhanced collaboration and partnerships, mainstream humanitarian actors can work towards mainstreaming disability inclusion across the humanitarian response landscape.

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Annex: Key Findings per Country

Country Profile: Ethiopia

Evidence and Data on Persons with Disabilities:

- Limited systematic collection of qualitative and quantitative data on persons with disabilities using the WGQs.
- Reliance on the national census as a secondary data source, identifying 17.6% of persons with disabilities (HRP).
- Consistency in disability prevalence identification across different clusters, with 16% to 18% of persons 'in need' having disabilities (protection, food security and WASH).
- Need for more awareness raising, technical guidelines, and practical application of the WGQs.

Planning & Coordination related to Disability Inclusion:

- Disability recognized as a cross-cutting issue in the protection, food security, and WASH clusters, but no specific working group or task force in place.
- Need for better promotion and implementation of disability inclusion, including updating assessments, core activities, and monitoring forms.
- Suggestions to hire an expert in Age and Disability and partner with disability-focused organizations for inclusive activities (Protection).
- Opportunities for disability inclusion through the Protection from Sexual Exploitation and Abuse and AAP initiatives and the Ethiopia HINGO Forum.
- Lack of clear understanding, exchange of experiences, and progress in disability inclusion across clusters.

Participation of Persons with Disabilities and their representative organizations:

- Partnerships established between FEAPS and several international organizations to promote disability inclusion in ongoing humanitarian programs.
- Identification of gaps in access to registration, information, communication, and technical capacities of local OPDs.
- Need for technical support and capacity building for OPDs and their partners to effectively mainstream disability inclusion at the local levels, and specific themes.

Disability Inclusive Humanitarian Programming:

- Some progress made by organizations with a disability-inclusive approach, but larger issues remain.
- Limited focus on supporting persons with long-term sensory and psychosocial impairments.
- Barriers include limited budgetary allocations, lack of support for accessibility, and enablers include training, coordination, and accountability measures.

Country Profile: Uganda

Evidence and Data on Persons with Disabilities:

- Usage of standardized methods for collecting disability data is not widespread in humanitarian action in Uganda.
- National Population and Housing Census 2014 reported disability prevalence rates, lower than global average, with higher prevalence among women than men.
- Refugee reports use the term 'Persons with Specific Needs' instead of "Persons with Disabilities" and lack disaggregated data on disabilities.
- Child Protection Assessment in Refugee-hosting Districts collected some data on disabilities but missed the opportunity to disaggregate using standardized methods.
- WFP collects data on beneficiaries with disabilities, but the percentage is relatively low.
- Rapid needs assessment by HelpAge found high disability prevalence among older people in Adjumani Refugee Settlement.
- The Participatory Assessment Final Report 2022 specifically highlighted that persons with disabilities in Palorinya are among the most excluded from aid delivery, primarily due to the inaccessibility of distribution points.

Planning & Coordination related to disability inclusion:

- Limited or no explicit reference to disability inclusion in various humanitarian documents.
- Some documents acknowledge the need for support to 'people with specific needs' or disabilities but lack specific disability inclusion references.
- National Protection Working Group and Persons with 'Specific Needs' Working Group exist, but their effectiveness is unclear.
- Refugee Engagement Forum Meeting recommended special consideration for persons with 'specific needs', including disabilities, related for the food assistance.

Participation of Persons with Disabilities and their representative organizations:

- National NUDIPU is very active OPD, but still faces challenges in resources, coordination, organisational capacity, and data availability.
- Local branch of NUDIPU in Obongi district is active but requires additional support.

Disability Inclusive Humanitarian Programming:

- UNHCR Palorinya Refugee Settlement Incidents Report highlights the need for mental health support.
- Some organizations provide disability-specific activities, but funding changes affect the impact.
- HI Uganda is actively involved in inclusive education, rehabilitation, psychosocial support, livelihood, and WASH in refugee settlements.
- Challenges include general program activities, mobility/access, poverty, and reliance on charity or medical models of disability.

Country Profile: South Sudan

Evidence and Data on Persons with Disabilities:

- Controversy surrounds the reported number of persons with disabilities in South Sudan, with a 2008 census stating they account for 5.1% of the population. However, due to decades of conflict, poverty, and limited access to services, it is widely believed that the actual number is higher.
- There is a lack of official and up-to-date statistics on disabilities from various ministries in South Sudan.
- Efforts are being made to collect insights and experiences from persons with disabilities through surveys and assessments in the humanitarian context.

Coordination and Planning:

- Disability inclusion is mentioned in existing humanitarian response plans across sectors, but there is no specific task force on disability inclusion.
- Close collaboration with disability inclusion-focused organizations is recognized as critical for providing technical assistance.
- Efforts are being made to strengthen the Protection Monitoring System and enhance identification of the most vulnerable, including persons with disabilities.
- The South Sudan WASH Cluster provides disability inclusion technical guidance and promotes meaningful consultations with different groups.
- The FSL Cluster prioritizes communication, community engagement, and addressing the many vulnerabilities, including those of persons with disabilities.

Participation of Persons with Disabilities:

- There are significant gaps in the involvement of the OPD in humanitarian action.
- Effective coordination and communication among actors in disability inclusion are lacking.
- The African Disability Forum (ADF) supports capacity development but faces challenges due to lack of funding and manpower.
- There is a need for greater involvement of persons with disabilities in global warming campaigns and in humanitarian programs.

Disability Inclusive Humanitarian Programming:

- Humanitarian actors are implementing both mainstream and targeted approaches to address the vulnerabilities of vulnerable populations, including persons with disabilities.
- Capacity building and data collection efforts are needed to advance disability inclusion.
- Some international organizations are setting up special focal points and participating in training courses to increase awareness and capacity.
- Disaggregated data by age, gender, and disability is needed, along with information sharing and data on the risks, barriers, and experiences of persons with disabilities, especially in remote regions.

Country Profile: Kenya

Evidence and Data on Persons with Disabilities:

- The 2019 census in Kenya indicates that 2.2% of the population, equivalent to 0.9 million people, live with some form of disability.
- Disability prevalence in Kenya differs from global estimates, as highlighted in preliminary reports by the Kenya National Bureau of Statistics.
- There has been no WASH Sector assessment conducted to identify the vulnerabilities and challenges related to disability inclusion. However, some individual WASH Partners, such as UNICEF, IOM, UNHCR, Save the Children, include information on disability inclusion in their own assessments.

Planning & Coordination related to Disability Inclusion:

- The Kenya Flash Appeal recognizes the need to prioritize immediate assistance for vulnerable populations, including persons with disabilities, but mainstreaming is required in more sectors.
- Limited funding has been allocated to critical sectors such as Health, Protection, and WASH in the Flash Appeal, raising concerns about resource allocation.
- There is no evidence of existing working groups or coordination mechanisms that address disability inclusion, except for UNFPA, which has a dedicated disability focal point.

Participation of Persons with Disabilities and their representative organizations:

- The national umbrella organization, CDPOK, plays a crucial role in coordinating disability inclusion efforts in development, with less focus in humanitarian contexts.
- CDPOK, especially local-level member organisations, faces challenges in navigating the humanitarian system.
- Effective communication, increased engagement with humanitarian actors, and harmonized approaches to disability inclusion are needed.
- Targeted services for persons with disabilities, including those with psychosocial disabilities, need improvement.
- Data collection, capacity building, and collaboration with the government are essential for effective disability inclusion and advocacy.