Lessons learned

Case studies repository: How to make humanitarian action more inclusive with and for persons with disabilities

Experiences from Somalia, Somaliland and Syrian crises reponses

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The illustration takes place in a refugee camp. There is a registration booth where a woman wearing a headscarf is sitting at a desk taking information from a woman in a wheelchair also wearing a headscarf and queuing.

Behind her there is a man and a woman standing, a woman with two children talking in front of an accessible bathroom. In front of them there is an accessibility ramp and three people: A man providing information with a megaphone while a woman translates this information into sign language for a man with hearing impairment.

There is a tent where the registration booth is located and also a waiting area where two men and a woman with visual impairment are seated. A truck carrying food supplies enters the refugee camp and it can be seen that they are unloading several packages of food.

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Case study 1: Localization of inclusive humanitarian action through capacity development of national humanitarian actor

Somaliland

Background

The practice was collected as part of the 'From Guidelines to Action (FG2A)' project "supporting the operationalization and localization of **IASC Guidelines on inclusion of persons with disabilities in humanitarian action**" funded by ECHO and CDP. This practice was collected from TAAKULO.[1] This organization attended the review, adapt, action and learning (RAAL Lab) session on disability inclusive humanitarian action in May 2023 with six staff. Their staff were from the programme development, management, and MEAL departments. The RAAL Lab is a capacity strengthening

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1   TAAKULO is local NGO Committed to promoting the standard of living and alleviating all deprivations of the affected communities through resilience building, lifesaving, emergency response, mobilizing resources, lobbying, and representing the voiceless at all levels through partnering with government, Donors, UN, INGOs, local, public, civil society and private sector. working in the field of WASH, Food security, livelihood, protection, health and nutrition in provinces (Baidoa, Burao, Erigavo, Borama, Hargeisa, Las Anod, Garowe) of Somaliland and Somalia.

initiative and was used in combination with the adapted version of the **DRG Learning modules**, which were designed to operationalize the **IASC guidelines on disability inclusion.** During the RAAL Lab workshop the participant applied IASC guidelines to their project cycle management. As part of the technical follow up process Humanity & Inclusion (HI) team collected best practices to understand better how the organization was taking forward the learning from the RAAL Lab.

What challenges does this practice address

Before TAAKULO's participation in the RAAL Lab, several key challenges were identified to make their programming disability inclusive.

TAAKULO lacked information on persons with disabilities, their specific support requirements, barriers they face in accessing services, and the risks they face. This negatively influenced their planning, including not allocating the appropriate resources. The guidelines and tools used for data collection and monitoring were not inclusive of disabilities and only some tools captured very small information about disability such as asking a question on "do you have person with disability in your household" etc.

TAAKULO's staff lacked some confidence, understanding, and skills for disability inclusive programming and monitoring for disability inclusion, aligned with the IASC Guidelines on disability inclusion.

The project design included persons with disabilities on an objective level, yet without the concrete interventions that can ensure equitable access to humanitarian response.

How the practice developed

The practice was developed to improve the organizational practices of TAAKULO on disability-inclusive data and capacity-building of their staff to deliver disability-inclusive humanitarian response. They started to work on those challenges after gaining confidence from attending the RAAL Lab. A first step was that the six RAAL Lab participants organized a meeting with their senior management team to discuss about implementing the learnings to address the challenges mentioned above. The senior management of TAAKULO agreed that mainstreaming disability will be central in all TAAKULO's actions. A decision was taken to apply the must do actions and the twin track for inclusive programming from the IASC guidelines on disability inclusion.

What were the most significant results

The practice is leading to enhance the local capacity in disability inclusive humanitarian action.

A disability focal person has been designated internally by the organization to promote disability mainstreaming across the organizational and programmatic levels. This focal person works with the different programmes and sectors to oversee implementation of disability sensitive action to address the needs of persons with disabilities. The disability inclusion focal person is also responsible to represent the inclusive humanitarian action work of TAAKULO externally.

The monitoring, evaluation and learning (MEAL) team played a critical role in adapting and reviewing the assessment tools to make them disability inclusive. These tools include the beneficiaries' registration forms, post-distribution monitoring tool, baseline, and end line assessment tools. The [Washington group short set of questions (WG-SS)](#) was included in all the tools and field teams were trained on disability data collection using it. These tools were used for TAAKULO's food security interventions in response to the El-Nino induced floods in 2023. As a result, 61 persons with disabilities were identified and gained access to food security assistance. Similarly, other components of this response, such as water, sanitation and hygiene (WASH), considered the specific needs of persons with disabilities during project design and implementation.

TAAKULO established a strong collaboration with organizations of persons with disabilities in Badoa District. They actively consulted them for the planning and implementation of the programme interventions. This partnership helped to identify people with disabilities in the target area. It also makes the intervention disability inclusive and to address the specific requirements of persons with disabilities.

Moreover, the focal point, who had attended the RAAL Lab, offered a sensitization session on disability, communicating with persons with different types of difficulties and identification of specific requirements of persons with disabilities for all staff. As a result, they reported that TAAKULO's staff positively changed their attitudes towards disability, increased their knowledge and skills on how to interact with persons with different types of difficulties.

TAAKULO modified their main office to make it accessible and inclusive for all. Where needed, ramps were installed to make all the departments physically accessible. Further changes are in progress, which include accessible WASH facilities, disability inclusive recruitment and ensuring reasonable accommodation is available.

TAAKULO has applied for membership of Inter-Agency disability Inclusion Taskforce Somaliland (SDITF) and was elected as a co-chair. The SDITF is an inter-agency and inter-cluster technical task team established to support the humanitarian and development actors in advancing disability inclusion issues in Somaliland, guided by and promoting the four must-do actions for disability-inclusive programming from the IASC Guidelines on disability inclusion.

TAAKULO also decided to co-chair the SDITF. This commitment signifies an important step towards further localizing of disability-inclusion leadership. TAAKULO's Director mentioned that

"traditionally we are looking for only those persons with disabilities who have severe or visible impairments, but we never know how to address their specific needs, how to communicate with them and how to make our response more inclusive of disability. The Review Adapt Action and Learning Laboratory methodology is highly useful to not only increase the knowledge but also skills and behavior of the staff to systematically achieve disability inclusion through applying the must do actions and twin track approach to the programming".

What were key influencing factors or drivers for change

1. One key facilitating factor was senior management's commitment to ensure mainstreaming disability within organizational processes and strategies. The willingness for change is also critical for bringing the change across the process to turn the insights into practice and reflected in their actions.

2. Capacity building of senior management team especially program quality management department including MEAL helped to start the changes in assessment and inclusive data collection, monitoring which is most of the time difficult but interlinked with other important practices.

3. Engagement of organization of persons with disabilities enhanced the capacity of field staff. It also supported the identification and location of persons with disabilities to be included in humanitarian action.

4. Follow-up and continuous technical support from HI's technical experts after participating in the RAAL Lab workshop was essential to make the changes happen.

Recommendations to facilitate the replication of this practice

1. **Capacity building** of the staff to operationalize IASC guidelines on inclusion was critical to achieve successful disability inclusive programming.

2. **Reviewing and adapting the data collection tools** during RAAL Lab was extremely important. This step is a starting point for TAAKULO which led to identification of persons with disabilities, designed interventions required and allocate resources accordingly. Thus, they included persons with disabilities in their cash programming.

3. **Disability Inclusion focal person** played a watchdog role and ensured that organization practices reflect its commitment to disability inclusion. His role is making sure staff are receiving the right training to understand disability inclusion and how internal procedures are conducive for the inclusion of persons with disabilities. This role is not only important for the organization's internal practices but also influences others through demonstrating what has changed and how this improves the organization's work.

4. **Involvement of organization's senior management in disability inclusion** training such as RAAL lab was successful to make decisions in time. TAAKULO's senior management staff attended the RAAL Lab learning sessions played a pivotal role and facilitated the organization to embrace the change. At least two participants from TAAKULO hold a middle level management position and are making decisions.

Point of view

The TAAKULO's Director said that *"The change is not targeting specific groups, but it is about improving and making how we conduct our interventions inclusive of people with different needs. For example, adaptation of tools by incorporating the WGQs, short set and forecasting the specific assistance that target beneficiaries would require based on the programme"*

Case study 2: Making emergency education more inclusive for children with disabilities

Somalia

Background

The practice was collected as part of the 'From Guidelines to Action (FG2A)' project "supporting the operationalization and localization of **IASC Guidelines on inclusion of persons with disabilities in humanitarian action"** funded by ECHO and CDP. This practice was collected from **Finn Church Aid (FCA)** This organization attended the review, adapt, action and learning (RAAL Lab) in May 2023 with one staff the Monitoring, Evaluation, Accountability and Learning (MEAL) Officer. The RAAL Lab is a capacity strengthening initiative and was used in combination with the adapted version of the **DRG Learning modules**, which were designed to operationalize the **IASC guidelines on disability inclusion.** During the RAAL Lab workshop the participant applied IASC guidelines to their project cycle management. As part of the technical follow up process Humanity & Inclusion (HI) team collected best practices to understand better how the organization was taking forward the learning from the RAAL Lab.

What challenge is this practice addressing

Many children with disabilities in Somalia are not able to attend the school due to the various barriers continue to hamper their access to education. According to a rapid assessment report analyzing situation of children with disabilities in Somalia, about 40% of support persons of children with disabilities reported that children with disabilities do not attend school due to lack of facilities and resources. This includes schools and teachers, appropriate learning materials, school fees, appropriate transport means, assistive devices and long distances from school".[1] Moreover, multiple misperceptions about children with disabilities are harbored by most people. They believe that children with disabilities would not be able to study because of the nature of their impairment, or fear that the children with disabilities would be abused. They also lacked awareness about the children with disabilities' rights to education.

Finn Church Aid (FCA), an international NGO, is implementing an education project in hard-to-reach areas of Somalia. The project aims to improve access to education for children in southwest state. Before the practice, FCA partnered with the Disability Aid Foundation (DAF) to implement the inclusive education activity. DAF is a disability - focused national organization that seeks to empower Persons with Disabilities and their communities in Somalia. The partnership with DAF was also one of the factors for success. The most significant challenges at FCA were that the staff lacked confidence, understanding, and skills in disability inclusive programming and monitoring in line with IASC guidelines on inclusion of persons with disabilities in humanitarian action.

The guidelines and tools used for data collection and monitoring were not disability inclusive. The data on children with disabilities was not representative of all types of children with disabilities thus many children with disabilities were left behind. There was a lack of reliable data on the specific support requirements, barriers, and risks faced by children with disabilities. This information was crucial for allocating resources effectively and addressing the specific requirements such as children with disabilities are provided with inclusive classrooms, accessible latrines, needed assistive devices, and improved practices of teachers to teach to children with disabilities.

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[1] A rapid assessment of the status of children with disabilities in Somalia pg.9 & 10 (September 2020) available at https://resourcecentre.savethechildren.net/pdf/rap-id-assessment-children-with-disabilites-insomalia_report_fa_digital-1-1_1.pdf

How the practice developed

The practice developed with the objective of adapting the data collection and monitoring tools in line with IASC guidelines on disability inclusion and developing the staff's technical knowledge, confidence and capacity. It was assumed that better data and monitoring processes would help the staff to identify and remove the barriers faced by children with disabilities in accessing inclusive education, through addressing the specific requirements of children with disabilities. Specific requirements and barriers to be identified through data and monitoring include for instance:

1. the need for and provision of assistive devices to children with disabilities,

2. the change of misperceptions towards inclusive education,

3. the identification of barriers and adaptation of physical infrastructure of the schools (classrooms modification and accessible WASH facilities), or

4. the identification of institutional barriers within schools, and respective training of teachers on inclusive teaching methodologies.

Firstly, after attending the RAAL Lab, FCA took various steps to integrate the must-do actions in their work: Advance disability data collection, Engaging Organizations of persons with disabilities in this project, and Removing barriers.

Enhance data collection: FCA adapted their assessment and data collection tools and conducted an assessment, identified the barriers faced by children with disabilities in accessing education. This involved consultations with community members, including parents of children with disabilities, local authorities, and organizations of persons with disabilities.

Engaging Organizations of persons with disabilities: The intervention strategy was developed in collaboration with local organizations of persons with disabilities, local authorities for education, and community leaders. It was the first time that the inclusive education plan was developed at community level. This plan outlines strategies to address the identified barriers.

How the practice developed

Removal of Barriers: After identifying different barriers through adapted assessment tools and processes, the project started to address these. Training was conducted for school's teachers, school administrators, and community members on inclusive education practices and inclusive teaching methodologies. This included sensitization on disability rights, identifying and addressing individual learning needs, and promoting inclusive classroom environments, removing institutional barriers to education. FCA worked with local partners to adapt school infrastructure to be accessible for children with disabilities, to remove environmental barriers. FCA established support mechanisms such as resource rooms, where children with disabilities can access learning assistance and other support. They also organized awareness campaigns for parents and the community to foster acceptance and inclusion. The community was sensitized on importance of inclusive education for children with disabilities and how they can learn like any other children in the community. This helped to address and remove attitudinal barriers.

The local organizations of persons with disabilities were engaged in the implementation of the project activities as an implementing partner. The community education committees were sensitized on the importance of inclusive education and involved in ensuring that all children are encouraged to attend schools irrespective of their disability, age and gender. The parents of children with disabilities were actively involved at all stages of the interventions.

What were the most significant results

After attending the RAAL Lab and familiarizing with the content of the IASC Guidelines on disability inclusion, the IASC guidelines became a valuable resource for adapting tools, guidance and defining the approach. As a result, better quality disability data was collected, more systematically using the [Washington group short set of questions (WG-SS).](#) The collected data was systematically disaggregated to identify differences between children with different types of difficulties and between children with and without disabilities. This highlighted the barriers and risks children with disabilities face when accessing education.

With better data collection, resources were more appropriately allocated to address all the specific requirements of children with disabilities. The adjusting of resources from different means ensured the more strategic removal of barriers impeding access to education. These actions included the allocation of resources to address specific requirements of children with disabilities and reasonable accommodation cost for

persons with disabilities (participating in the project activities) and collaboration with local partners. Lastly, resources were allocated to remove institutional barriers through teacher training on inclusive and accessible teaching methodologies allowing teachers to acquire inclusive teaching skills and methods.

The most significant changes relate to FCA becoming empowered to adapt their data collection and ultimately adapt their programming and resourcing to remove barriers and address specific requirements, after attending the RAAL Lab. As a result, there was an increase in the number of children with disabilities to access primary education in southwest states hard to reach area. In combination with the part's hard to reach areas.

What were key influencing factors or drivers for change

The provision of the RAAL Lab workshop provided by HI was the factor that facilitated FCA's approach to be aligned with the IASC Guidelines. The major factors include:

1. Organizational culture and commitment to disability inclusion is crucial for success of disability inclusive response, which includes recognizing the rights of persons with disabilities, valuing their meaningful participation, and allocating appropriate resources

2. Starting to apply learning from the RAAL Lab by changing their needs assessment to become more disability inclusive was crucial to inform further programming, including resourcing allocation. This helped to identify the barriers and challenges faced by children with disabilities. This led to effective planning and addressing the specific requirements.

3. Meaningful participation of persons with disabilities, their families, and relevant stakeholders ensured a comprehensive understanding of their needs.

4. Removal of Barriers:

    ● Providing training and capacity-building opportunities for staff members and relevant stakeholders was crucial to remove barriers faced by children in learning processes.

- Adaptation of infrastructure and services; ensuring that physical infrastructure, services, and communication methods are accessible and inclusive is critical which involved making physical modifications to buildings, providing assistive devices, offering alternative communication methods, and considering universal design principles.

5. **Continuous monitoring and evaluation of the barriers and the situation of children with disabilities:** Regular monitoring and evaluation were processes in place at FCA. By adapting their practices to be more disability-inclusive, they could also monitor better the situation of children with disabilities.

6. **Cultivating a supportive environment:** Fostering an inclusive and supportive environment within the organization or team was crucial to achieve a change in programming.

Recommendations to facilitate the replication of this practice

1. Ensure needs assessments processes and tools are disability inclusive. This can include barriers and facilitator assessments at the beginning of the project.

2. **Meaningful participation of OPDs:** DAF, the organization of persons with disabilities had a critical role in the identification of children with disabilities, awareness raising, designing and implementation of inclusive education activities.

3. Adapt programming by resourcing reasonable accommodation, access to specific requirements and removal of barriers during the designing phase of the project to facilitate the inclusion of persons with disabilities and of OPDs as partners in the implementation.

Point of view

The RAAL Lab Participant from FCA said, "I am thankful to HI for providing insight on IASC Guidelines which makes our work easier and systematic through applying key actions and approaches such as four must do actions of IASC Guidelines and twin-track approach within our project. We adapted our assessment and monitoring tools for more disability inclusive".

Case study 3: Disability-inclusive quality data collection: Strengthening the disability inclusion in humanitarian need assessments

Somalia

Background

The practice was collected as part of the 'From Guidelines to Action (FG2A)' project "supporting the operationalization and localization of **IASC Guidelines on inclusion of persons with disabilities in humanitarian action**" funded by ECHO and CDP. This practice was collected from **REACH** Somalia.[1] This organization attended the review, adapt, action and learning (RAAL lab) in May 2023 with a Assessment Officer as a participant. The RAAL Lab is a capacity strengthening initiative and was used in combination with the adapted version of the **DRG Learning modules,** which were designed to operationalize the **IASC guidelines on disability inclusion.**

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1   REACH is a leading humanitarian initiative providing granular data, timely information and in-depth analysis from contexts of crisis, disaster and displacement. The work of REACH directly feeds into aid response and decision-making by providing accessible and precise information on the humanitarian situation of crisis-affected populations. REACH is responsible to conduct the multi-sector need assessment (MSNA) in Somalia.

During the RAAL Lab workshop the participant applied IASC guidelines to make their assessments disability inclusive. As part of the technical follow up process Humanity & Inclusion (HI) team collected best practices to understand better how the organization was taking forward the learning from the RAAL Lab.

What challenge is this practice addressing

Reliable information on persons with disabilities is scarce in Somalia and particularly data that is disaggregated by age, gender, and disability to monitor their access to humanitarian assistance, and data that provides information on the barriers and enablers, as well as disability specific risks faced and capacities they may have. It hampers government and humanitarian actors' ability to include them sufficiently in humanitarian responses. REACH as a leading agency to provide timely information on the humanitarian needs of displaced and vulnerable populations for making informed decisions and allocate appropriate resources, lacked tools to collect such data.

Before the participation in RAAL lab, the Multi-Sector Need Assessment (MSNA) 2023 tools did not include the Washington Group Questions. The assessment teams of REACH were not sufficiently skilled on disability inclusive data collection techniques.

How the practice developed

After attending the RAAL Lab workshop, the participant from REACH committed to adapting MSNA's tools to be disability inclusive and building capacity of their staff in line with the IASC guidelines on disability inclusion. They pursued the aim to strengthen disability inclusion in Humanitarian Needs and Response Plans in Somalia.

The REACH staff participated in RAAL Laboratory workshop, where the MSNA tools adapted to include the Washington group short set of questions (WG-SS) and more disability inclusive formulations of questionnaires to understand better the risks, capacities and specific requirements of persons with disabilities. While during the implementation of MSNA 2023 the Washington Group short set questions were excluded from the Multi-Sector Need Assessment (MSNA) 2023 by the Inter Cluster Coordination Group (ICCG) because the ICCG decided to conduct a separate qualitative

component of MSNA 2023 to analyze the situation of marginalized groups including persons with disabilities. However, the gaps remained for quantitative disability data in MSNA 2023. The tools were adapted to conduct key informant interviews (KIIs), Focus group discussions (FDGs) and individual interviews with persons with disabilities, organization of persons with disabilities.

HI provided technical support to REACH through training of assessment teams on disability inclusive data collection techniques and conducting the disability inclusive KIIs and FGDs. There were eight Key Informant Interviews conducted with Key Informants from organizations working with people with disabilities, including organization of persons with disabilities and eight individual interviews conducted with persons with disabilities in Afmadow, Baidoa, Mogadishu and Hargeisa Districts. The organizations of persons with disabilities were involved in adaptation of assessment tools, data collection and ensuring the participation of persons with disabilities.

The qualitative component pilot was initiated in consultation with the MSNA technical working group and the ICCG. The tools have then been shared for their input and validation. Once the data was collected, it was analyzed, and the key findings shared with the MSNA Technical working group (TWG) and UNOCHA.

REACH allocated resources to ensure reasonable accommodation for persons with disabilities participating in the assessment (mainly transportation and accessible venues). Finally, the [Washington group short set of questions (WG-SS)](#) are included in the MSNA 2024. The training of enumerators is in progress at the time of writing this case study.

The practice was developed in collaboration with diverse stakeholders, including persons with disabilities, local communities, and humanitarian organizations, UN Agencies and Inter-cluster Coordination Group (ICCG).

What were the most significant results

The practice supported evidence-based decision-making for the 2023-2024 Humanitarian Program Cycle (HPC) process in Somalia. The [Humanitarian Needs and Response Plan (HNRP) 2024](#) Somalia included the qualitative component's findings and recommendations for disability inclusive humanitarian action planning. It provided the qualitative analysis of the severity of population needs and examining the impact about persons with disabilities and to understand how persons with disabilities experienced

crisis, identify barriers and the coping mechanisms they are using. The Inter Cluster Coordination Group (ICCG) and MSNA technical working group valued this qualitative analysis. REACH has also included Washington Group Questions in the questionnaires of Multi-Sector Need Assessment (MSNA) 2024 Somalia. The training of enumerators is in process by Humanity & Inclusion (HI) Somalia technical team.

What were key influencing factors or drivers for change

1. Participation of REACH in RAAL Lab learning session and REACH's commitment to implement the 4th must do action; disability inclusive data of the IASC Guidelines on disability inclusion

2. Provision of additional technical backup by Humanity & Inclusion (HI)

3. Advocacy by Disability Inclusion Working Group with ICCG which resulted in commitment of the key stakeholders including REACH, ICCG, and MSNA technical working Group for conducting qualitative analysis on situation of population groups most at risk of vulnerability, including persons with disabilities and finally inclusion of Washington Group Questions in MSNA 2024

4. Engagement with Organizations of persons with disabilities: REACH worked closely with Organization of persons with disabilities OPDs to support the process including the availability of key informant interviews from persons with disabilities and as well, as ensured the meaningful participation of persons with disabilities.

5. Collaboration with disability-inclusion specific organization who supported on adapting tools, guidance and trained assessment teams

Recommendations to facilitate the replication of this practice

1. RAAL Lab acquired first the skills and confidence of the REACH to adapt the tools and process, and discuss in the Working Group on adapting tools and process

2. REACH engaged OPDs in identifying participants for the qualitative data collection, from diverse backgrounds

3. Availability of OPDs and/or disability inclusion specialized actors are to provide additional technical backup

4. Training of assessment team is crucial to effectively collect data on disability and analysis

5. The disability inclusive data efforts should be coordinated effectively with Inter-Agency Cluster Coordination (ICCG), areas of responsibilities (AORs) and working groups

6. Coordinate effectively with the humanitarian response planners/managers for utilization of findings and recommendations of disability inclusive assessments

Point of view

The REACH's representative said, *"The qualitative analysis component for MSNA 2023 received very positive feedback from all the stakeholders and widely disseminated, referenced for many projects and programs planning"*.

REACH Informing more effective humanitarian action

Case study 4: Capacity development of the organizations of persons with disabilities, strengthening the disability inclusion in local inclusive humanitarian action

Somaliland

Background

The practice was collected as part of the 'From Guidelines to Action' (FG2A) project "supporting the operationalization and localization of **IASC Guidelines on inclusion of persons with disabilities in humanitarian action**" funded by ECHO and CDP. This practice was collected from the Somaliland National Disability Federation (SNDF)[1] working in Somaliland. This organization attended the review, adapt, action and learning (RAAL Lab) in May 2023 with three staff from their senior management.

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1   The SNDF was formed in 2004 as an umbrella Organization for organizations of persons with disabilities (OPDs) and disability service providers. It is currently composed of 30 local NGO members, with representations from regions. SNDF's main activities serve to enhance the situation of persons with disabilities via advocacy for human rights of persons with disabilities, public awareness raising organized on the yearly event of the International Day of Persons with disabilities and capacity building for member organizations. It also serves as a forum for coordination and information sharing between the OPDs and other agencies.

The RAAL Lab is a capacity strengthening initiative and was used in combination with the adapted version of the **DRG Learning modules,** which were designed to operationalize the **IASC guidelines on disability inclusion.** During the RAAL Lab workshop the participants applied IASC guidelines to their project cycle management. As part of the technical follow up process, the Humanity & Inclusion (HI) team collected best practices to understand better, how the organization was taking forward the learning from the RAAL Lab. During the RAAL Lab workshop the participants applied IASC guidelines to their project cycle management. As part of the technical follow up process, the HI team collected best practices to understand better how the organization was taking forward the learning from the RAAL Lab.

What challenge is this practice addressing

SNDF as an umbrella organization has nascent capacity to play a role in supporting capacity strengthening of its members and other humanitarian actors, such as local authorities, to take on disability-inclusive humanitarian response. There was a lack of input by SNDF on the specific requirements and rights of persons with disabilities towards humanitarian actors which could improve the humanitarian response ability to address specific requirements.

SNDF's Staff members required an appropriate understanding on disability in humanitarian action to advocate for and support disability inclusion.

How the practice developed

SNDF wanted to enhance its organizational practices for disability inclusive data collection and monitoring, as well as building the capacity of their staff on disability mainstreaming to deliver disability inclusive humanitarian action and meaningfully involving people with disabilities in their programming. Three SNDF staff members actively engaged in the training on mainstreaming disability in humanitarian action using DRG Learning modules.

Following the RAAL Lab workshop, SNDF participants met with their other team members to put their learnings into action. The key actions prioritized were that SNDF will apply the IASC guidelines on disability inclusion, starting with an internal training on the IASC guidelines for most of their members in Somaliland. They also agreed that all their activities will be applying the four must do actions and the twin-track approach in

their programming. They have adapted their assessment and monitoring tools to more disability inclusive.

After the RAAL Lab, the SNDF's senior members co-facilitated the next RAAL Lab workshop with the HI technical team, trained their members using the disability Reference Group DRG modules and taken chair of Somaliland Disability Inclusion Taskforce (SDITF).

The most significant changes include

1. The SNDF's commitment to implement the IASC guidelines on inclusion has strengthened their advocacy efforts for disability inclusive humanitarian programing

2. SNDF adapted their assessment tools and registration documents, adding [Washington group short set of questions (WG-SS)](#) to disaggregate data on disabilities and advocate for disability inclusive data. Adapting disability inclusive data collection tools and using Washington group questions by OPD members, will contribute towards the availability of appropriate data on disability in the future.

3. Capacity building of SNDF member OPDs on 'introducing disability in humanitarian action, using the DRG modules, which is expected to enhance their capacities for ensuring disability inclusive humanitarian action at community level

4. SNDF has made changes to their office structures for enhanced accessibility

5. SNDF became the Chair for the Somaliland Disability Inclusion Taskforce (SDITF). The SDITF, is an inter-agency and inter-cluster technical task team established to support the humanitarian and development system in advancing disability inclusion issues in Somaliland, guided by and promoting the four must-do actions[2] defined by the IASC Guidelines.

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2   The "Must Do Actions" in the IASC Disability Guidelines relates to all types of humanitarian programming. "Must do actions" are structured around four key approaches: 1. Promoting meaningful participation; 2. Empowering persons with disabilities and supporting them to develop their capacities; 3. Analyzing and removing barriers; 4. Disaggregating data – both quantitative and qualitative data – for monitoring inclusion.

What were key influencing factors or drivers for change

1. SNDF's staff as a Co-facilitator with HI technical team for RAAL Labs enhanced their capacity to implement their own action plans for disability inclusion in SNDF's programming

2. SNDF mandate: as an organization of persons with disabilities its task is to coordinate the OPDs and disability services providers and disability inclusion in Somaliland.

Recommendations to facilitate the replication of this practice

1. Umbrella organizations are in a good position to train and influence their members as well as other humanitarian actors using the DRG Modules

2. If given a chance umbrella organizations of persons with disabilities can gain capacities on disability-inclusive humanitarian action to a point that they can play an important role in providing technical support to overall humanitarian action in the country

Case study 5: Disability Inclusion Working Group: a way to cascade learning and transform it into action

Syrian crisis response

Syrian context

The Syrian crisis is a protracted humanitarian crisis in which persons with disabilities continue to face many barriers to access and meaningfully participate in humanitarian assistance at agency, family and community level. There are three regions in Syria that are administered by different authorities. The humanitarian coordination mechanism adapts to each context. The following practice was collected from the Syrian crisis context.

Background

In 2023, Humanity & Inclusion (HI) opened a call to receive applications from protection actors to join learning sessions over three days. The proposed sessions combined a modular training on disability-inclusive humanitarian programming with a Review, Adapt, Action and Learning laboratory (RAAL Lab) approach. This RAAL Lab approach

utilizes a collective learning experience through practice and real-time adaptation of tools used by the participating organisations. It is a capacity-strengthening initiative that uses and contextualizes the Disability Reference Group (DRG) learning modules that are part of the *Introduction to disability-inclusive humanitarian action* training package. The content of the training, the DRG modules, are evidence-based and were adapted according to the needs and interest of the participating organisations and contextualised by sector and geography, including language.

This approach also engages organisations of persons with disabilities or representatives of persons with disabilities as co-facilitators, enhancing the understanding of the disability experience, barriers and exclusion. The laboratory, or "lab" portion of the training allows participants to "experiment" with what they have learned and apply it in real time to gain a sense of how they can apply it when they return to their organisations. This approach also has a very strong follow-up component to provide tailored support post-RAAL Lab. It ensures that any challenges that arise can be addressed and that organisations can be more successful in adapting their tools and creating change in their structures to be more disability inclusive.

More than 60 organisations applied to attend, and 72 participants from 36 organisations were selected to participate in five RAAL Labs. Participants were selected based on their positions, current knowledge and interest in making their organisations and programs more inclusive of persons with disabilities. After the three-day learning and lab sessions ended, HI followed up with the organisations and provided tailored support for up to six months.

This was provided to back up organisations when taking their first steps toward disability-inclusive programming as per their action plans, developed at the end of the RAAL Lab. HI engaged with them to document promising practices and to better understand how the organisations were able to advance toward disability-inclusive programming, applying what they had learned during the RAAL Lab. The aim of documenting the promising practices is to encourage learning between agencies from good initiatives on the ground, rather than merely learning and sharing theoretical concepts.

Introduction and context of the practice

The following case study was collected with one of the participating organisations, an international organisation. Three participants from this organisation attended the training. These three representatives held project management and monitoring and evaluation positions. The participants were motivated to attend this training because their roles require them to be more inclusive of persons with disabilities but felt they lacked the technical skill and capacity to do so. This organisation is moving towards disability inclusion, which is not uncommon for humanitarian organisations; however, their staff feel unprepared to implement these changes. They had requested to learn about adapting their tools to be more disability inclusive, specifically their assessment, monitoring and evaluation tools. They had selected and prioritised the following Disability Reference Group (DRG)Modules: Module 1, Introduction to Disability; Module 2, Introduction to the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action; and Module 4, Accessibility, Universal Design and Reasonable Accommodation.

How the practice developed

After attending the RAAL Lab, participants wanted to propagate the learning and the skills gained from the training more sustainably throughout their organisation and to build strategy, capacity and accountability for disability inclusion. They decided to conduct their own internal learning session. They ran a session built on the RAAL Lab session they had participated in - while adapting the content to their own staff's interest. This action followed our recommendation to adapt the content according to the needs and interests of the participants. This also points to the participants' confidence not only in providing the session internally but adapting the content accordingly. After this internal workshop, the participants decided to create a Disability Inclusion Working Group (DIWG) within their organisation to continue working collaboratively with their colleagues on creating change in their organisation to become more disability inclusive in a coordinated and meaningful way. This group consists of staff members who are focal points for inclusion in each of their respective sectors, or teams.

After their workshop, the RAAL Lab participants started a process to reach out to potential staff members to join this group and become disability-inclusion focal points. There was no strict criteria or conditions to join the working group but rather staff who were interested and motivated to take part. There are nine members in the group. They have one DIWG coordinator who is also the Water, Sanitation and Hygiene (WASH) coordinator within their organisation. There are representatives from each of the following sectors in the DIWG

- Protection
- WASH
- Shelter
- Education
- Information Management
- country director

This practice is still in its early stages within their organisation and so does not yet have defined roles and responsibilities for each member. However, they have begun to distribute the roles and responsibilities as and when action points arise. The group meets at least once per month, as well as on a need basis.

The working group is tasked with the responsibility to identify the highest needs and gaps in inclusive programming and data collection and present it to the country director to make requests for the necessary resources. During the outreach process of inviting staff to be members of the working group, they encouraged the participation of staff members with disabilities. There are at least two DIWG staff members who are persons with disabilities.

The illustration of the practice represents the DIWG getting together during their monthly meeting to discuss entry points for making their programming and activities more inclusive of persons with disabilities and what actions they can take.

The working group occupies an advisory role rather than a decision-making role. The members want to build their knowledge and skills further before being able to make more definitive decisions. This is understandable considering that this is a recently established group.

The group is also responsible for following up with each of their respective sectors. They support the efforts for all sectors to be more inclusive; however, they have mentioned that they lack the technical capacity to fully support them. To address this gap, they call for support from external actors, such as HI, to provide necessary technical expertise. This practice was established to also create a more formal structure within the organisation to implement more inclusive activities and programs within the organisation.

One of the initial actions of the DIWG was to assist with the development of terms of reference for a consultant to identify the "inclusion gaps." They also aimed at developing a job description for an inclusion and diversity officer, a new position that they are recruiting for.

One of the reasons the DIWG is in place is because the organisation currently lacks the needed capacity to make their activities more disability inclusive. Through this working group and by hiring a consultant and new staff, the inclusion and diversity officer, they aim to have more technical support and build capacities. The goals of the working group will also be discussed with the consultant as they identify the main gaps in the organisation for disability inclusion.

The most significant changes include

The most significant impact of the RAAL Lab was the creation of the DIWG toward making the organisation more disability inclusive and mobilising for change through this working group.

The working group is leading the change, continuously, within the organisation. Two examples of change that have occurred is the launch of the call to hire an inclusion and diversity officer and a consultant to identify disability-inclusion gaps in the organisation. The working group also led to identifying resources that are needed for the staff to make their activities and practices more inclusive of persons with disabilities.

This practice brings together motivated and concerned staff members who are willing to support inclusive activities within the organisation. This working group is also a reflective space for members, to discuss and identify tangible steps towards an inclusive organization and programming.

Having a working group means that the members can support, inspire, build confidence and empower each other. It becomes a place to plan and implement joint action between different sectors. For instance, they have begun to identify the disability-specific barriers within a camp for internally displaced people. It is planned to remove the identified barriers through accessibility works in the camp first, before moving on to applying the same approach to their educational programs and facilities.

Key influencing factors and drivers for change

A factor that was driving this change was having a supportive country director who follows up with the activities and the progress of the DIWG. The director demonstrates and communicates leadership on inclusion by action, participating in the working group him/herself. This is encouraging and motivating for all.

Secondly, the culture in the organisation is open to acknowledge gaps and challenges. The teams feel encouraged to recognise and identify what they lack and where they can begin to address these issues. This is a key precondition. They have begun to collect data on the percentage of persons with disabilities in their diversity among their target group, for example. The three persons initially attending the RAAL Lab motivated new colleagues to review and adapt their protection tools and supported this process.

Lastly, the timing of the training was key as it coincided with the process of discussing and questioning how they can make their organisation more disability inclusive, including the data collection. They have a comprehensive Information Management (IM) system, so they rely on this data to monitor and evaluate programs. One of the main goals identified was to focus on ensuring that their data collection processes were disability inclusive.

Recommendations to facilitate the replication of this practice

1. If you have not previously worked on disability inclusion, we recommend that you start learning and reflecting with the first and second DRG modules, which provide a good introduction.

2. Secure buy-in and interest from upper management to support institutional and permanent change towards supporting the inclusion of persons with disabilities and implementing the four must-do actions of the IASC guidelines.

3. At least two participants from any organisation should attend any external training to generate a dynamic that is vibrant enough to support implementation of newly learned skills.

4. Build an internal working group/task force or cell in your organisation with and around interested and committed program staff to inspire change.

5. Take initiative in your organisation and develop a clear process with outcomes and goals to achieve change towards disability inclusive humanitarian programming. Define each step with feasible and realistic aims.

6. A main challenge faced was gaining support and interest from other colleagues in their organisation. It is challenging to engage with staff that consider the issue not to be relevant or outside their scope of responsibility. To overcome similar challenges, raise awareness among other staff on the importance and significance of being disability inclusive, as well as their responsibility towards reaching the most at risk in emergencies.

Case study 6: From attending learning sessions to removing barriers in settlements of internally displaced persons

Syrian crisis response

Syrian Context

The Syrian crisis is a protracted humanitarian crisis in which persons with disabilities continue to face many barriers to access and meaningfully participate in humanitarian assistance at agency, family and community level. There are three regions in Syria that are administered by different authorities. The humanitarian coordination mechanism adapts to each context. The following practice was collected from the Syrian context.

Background

In 2023, Humanity & Inclusion (HI) opened a call to receive applications from protection actors to join learning sessions over three days. The proposed sessions combined a modular training on disability-inclusive humanitarian programming with a Review, Adapt, Action and Learning laboratory (RAAL Lab) approach. This RAAL Lab approach utilizes a collective learning experience through practice and real-time adaptation of

tools used by the participating organisations. It is a capacity strengthening initiative that uses and contextualizes the Disability Reference Group (DRG) learning modules that are part of the Introduction to disability-inclusive humanitarian action training package. The content of the training, the DRG modules, are evidence-based and were adapted according to the needs and interest of the participating organisations and contextualised by sector and geography, including language.

This approach also engages organisations of persons with disabilities or representatives of persons with disabilities as co-facilitators, enhancing the understanding of the disability experience, barriers and exclusion. The laboratory, or "lab" portion of the training allows participants to "experiment" with what they have learned and apply it in real time to gain a sense of how they can apply it when they return to their organisations. This approach also has a very strong follow up component to provide tailored support post-RAAL Lab. It ensures that any challenges that arise can be addressed and that organisations can be more successful in adapting their tools and creating change in their structures to be more disability inclusive.

More than 60 organisations applied to attend, and 72 participants from 36 organisations were selected to participate in five RAAL Labs. Participants were selected based on their positions, current knowledge and interest in making their organisations and programs more inclusive of persons with disabilities. After the three-day learning and lab sessions ended, HI followed up with the organisations and provided tailored support for up to six months. This was provided to back up organisations when taking their first steps towards disability-inclusive programming as per their action plans, developed at the end of the RAAL Lab. HI engaged with them to document promising practices and to better understand how the organisations were able to advance toward disability-inclusive programming, applying what they had learned during the RAAL Lab. The aim of documenting the promising practices is to encourage learning between agencies from good initiatives on the ground rather than merely learning and sharing theoretical concepts.

How the practice developed

This practice was collected from an international organization working on the Syrian crisis response in late 2023 and early 2024. This organization attended a Disability Inclusion in Humanitarian Action RAAL Lab in 2023. The participants who attended the RAAL Lab considered the session to be useful for other members of staff who were unable to attend. They decided to internally conduct their own shortened version of the RAAL Lab, similar to the session led by HI. The aim was to propagate the knowledge gained during the RAAL Lab, using the DRG modules and the skills acquired to adapt tools to become more disability inclusive. The first internal RAAL Lab targeted health and protection colleagues. The participants provided a second internal RAAL Lab session to field team staff at camp level, including community mobilizers. The feedback from attendees highlighted the participatory nature of the learning session. Conveners of the internal RAAL Labs provided participants with all the resources they'd received during the RAAL Lab session provided by HI.

An outcome of the HI RAAL Lab session was that all the trainees became promoters for the inclusion of persons with disabilities within their roles. This decision to deliver was a common feature between participants from many of the organisations that had attended the RAAL Labs, who chose to deliver the RAAL Lab to other colleagues.

The organisation provides services and manages camps in Syria for internally displaced people. After the RAAL Lab, the organisation identified and removed barriers faced by persons with disabilities in the camp. The organisation conducted a simple accessibility assessment of their facilities where they provide services. Environmental barriers, mainly physical barriers that exist within the camp, were identified by the team. They adapted facilities by removing these physical barriers, e.g., barriers in latrines. Since then, wheelchair users face significantly less barriers to access sanitation facilities. Prior to attending the RAAL Lab, staff at the organisation collected data using the Washington Group Questions. However, they were not collecting data on protection threats, risks and what challenges persons with disabilities face inside the camp, including gaps and needs in available services. Since attending the RAAL Lab, organization representatives started to engage more with persons with disabilities directly, through meaningful participation, to understand their needs. To address the lack of information further about the specific needs of persons with disabilities in the camp, they created an assessment survey tool inclusive of the needs of persons with disabilities.

The most significant changes include

1. All the staff who attended their internal RAAL Lab session have been sensitised to disability inclusion and are aware and more confident about a wider range of actions they can take to become more disability inclusive in their programming.

2. They also promote disability-inclusive programming among their colleagues.

3. The delivery modalities at their health and protection facilities and latrines in the camps have become more accessible.

4. The monitoring and evaluation staff in the organization are more aware of how to make their tools more disability inclusive.

Key influencing factors and drivers for change

1. The organisation supported change towards disability-inclusive humanitarian programming.

2. This was driven by a mandate to become more disability inclusive and target persons with disabilities in their programs and services.

3. The managers in the organisation support the introduction of new ideas and concepts to achieve better disability inclusion.

4. The culture of the organisation allowed for this type of change to occur.

5. This is supported by the organisations aim to welcome and include all communities.

Recommendations to facilitate the replication of this practice

1. Support from upper management can be helpful in facilitating change. As an example, approaching your manager and having a meeting to explain what type of change you would like to make and how you aim to achieve this – with what resources you need - can lead to more successful outcomes.

2. When training staff to become more disability inclusive, it is important to also provide justifications on the importance of disability inclusion. Attitude changes about why it is important makes a significant difference in uptake and implementation of training.

Case study 7: How adapting tools can lead to disability inclusive protection activities

Syrian crisis response

Syrian Context

The Syrian crisis is a protracted humanitarian crisis in which persons with disabilities continue to face many barriers to access and meaningfully participate in humanitarian assistance at agency, family and community level. There are three regions in Syria that are administered by different authorities. The humanitarian coordination mechanism adapts to each context. The following practice was collected from the Syrian crisis context.

Background

In 2023, Humanity & Inclusion (HI) opened a call to receive applications from protection actors to join learning sessions over three days. The proposed sessions combined a modular training on disability-inclusive humanitarian programming with a Review, Adapt, Action and Learning laboratory (RAAL Lab) approach. This RAAL Lab approach utilizes a collective learning experience through practice and real-time adaptation of tools used by the participating organisations. It is a capacity strengthening initiative that

uses and contextualizes the Disability Reference Group (DRG) learning modules that are part of the Introduction to disability-inclusive humanitarian action training package. The content of the training, the DRG modules, are evidence-based and were adapted according to the needs and interest of the participating organisations and contextualised by sector and geography including language.

This approach also engages organisations of persons with disabilities or representatives of persons with disabilities as co-facilitators, enhancing the understanding of the disability experience, barriers and exclusion. The laboratory, or "lab" portion of the training allows participants to "experiment" with what they have learned and apply it in real time to gain a sense of how they can apply it when they return to their organisations. This approach also has a very strong follow-up component to provide tailored support post-RAAL Lab. It ensures that any challenges that arise can be addressed and that organisations can be more successful in adapting their tools and creating change in their structures to be more disability inclusive.

More than 60 organisations applied to attend, and 72 participants from 36 organisations were selected to participate in five RAAL Labs. Participants were selected based on their positions, current knowledge and interest in making their organisations and programs more inclusive of persons with disabilities. After the three-day learning and lab sessions ended, HI followed up with the organisations and provided tailored support for up to six months.

This was provided to backup organisations when taking their first steps toward disability-inclusive programming as per their action plans, developed at the end of the RAAL Lab. HI engaged with them to document promising practices and to better understand how the organisations were able to advance toward disability-inclusive programming, applying what they had learned during the RAAL Lab. The aim of documenting the promising practices is to encourage learning between agencies from good initiatives on the ground rather than merely learning and sharing theoretical concepts.

How the practice developed

This practice was collected with an organization working on the Syrian crisis response in late 2023 and early 2024. Two participants from this organisation – a technical coordinator and a field team coordinator – had attended a RAAL Lab session in March 2023. This organisation mainly works in camp management, and they wanted to learn how to remove barriers faced by persons with disabilities, design programs and create

tools that are inclusive of persons with disabilities. They prioritised the DRG Module 6 on inclusive project-cycle management; Module 1, Introduction to Disability; and Module 2, Introduction to the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action.

Prior to attending the RAAL Lab, participants were not aware of the [IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action](). They were provided a hard copy of the guidelines during the RAAL Lab and then presented the guidelines to the senior manager of their organisation.

During the tool adaptation session on the final day of the RAAL Lab session, participants from this organisation gained confidence in adapting the tools to be inclusive of persons with disabilities. They also became more confident in engaging with persons with disabilities, as they were able to learn from the co-facilitators with disabilities in the session. They then noted the gaps that they had in their own tools and compiled protection tools to initiate a process of revising and changing all their protection tools. The intention was to ensure that any staff who uses the tool, including their partners, would be collecting disability-inclusive data and inform programming that was more inclusive of persons with disabilities.

The process of adapting all their protection tools involved:

1. An initial review identifying the gaps in their tools using the four must-do actions[1] and the knowledge and understanding gained in the RAAL Lab, sharing it with their information management, monitoring and evaluation staff.

2. Sending HI their adapted tools and HI providing further feedback (using four must-do actions as guidance) and joined a meeting to discuss these adaptations with further technical guidance provided, complemented by reasonings for suggested changes.

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[1] The 4 must-do action from the IASC guidelines are: 1 - promote meaningful participation; 2- remove barriers; 3 - empower persons with disabilities and support them, as well as development and humanitarian actors, to develop their capacities; and 4 - disaggregate data for monitoring inclusion

3. HI and the organisation also briefly discussed the tools and how they will proceed with the monitoring and evaluation team in disseminating the tool and piloting the tools in the field. The monitoring and evaluation staff agreed about the changes making sense.

4. Understanding how inclusive data will help disability-inclusive programming of activities generates the buy-in from staff overcoming initial apprehensions.

RAAL Lab participants from this organization faced some challenges when sharing the disability-inclusive tools with their implementing partners. It is key to exchange with and communicate the importance of being inclusive of persons with disabilities with partners to decrease resistance to using the newly adapted tools. Participants felt supported by their senior management, which helped facilitate the process of change together with the partners. This apprehension was overcome after stating the intention of being more inclusive, which led to more positive perceptions about persons with disabilities from their partner's staff.

The most significant changes include

The process of adapting the protection tools ensured that regardless of who uses the tool, it is inclusive of the needs, threats and risks of persons with disabilities and sets a precedent to create a more inclusive humanitarian organisation. This practice of adapting the tools is influential on their partners' activities and practices.

This practice also led to attitudinal changes about how persons with disabilities are considered and included. It highlighted the importance of being inclusive. As a result, they reported that they have begun to engage more with persons with disabilities in their activities. An example of this is adapting psychosocial support services to target persons with disabilities. The organisation has also hired staff members with disabilities and encouraged persons with disabilities to apply when advertising for any new position.

Key influencing factors and drivers for change

There are factors that helped facilitate change towards disability inclusion

1. There is a strong willingness and culture for inclusivity in the organisation.

2. Participants secured support from upper management early in the process of change, and this support was helpful when met with resistance from other members of staff or partners

3. The representative participants who attended the RAAL Lab session were eager and willing to make change; they were personally motivated

4. The participants of the learning session can collaborate with other departments in their organisation on cross-sectoral solutions for disability inclusion

5. Attending a RAAL Lab session toward disability inclusion provided skills and confidence to implement this practice

Recommendations to facilitate the replication of this practice

1. When advocating to senior managers, make sure to approach them as a team to have a stronger impact. The two participants who attended the RAAL lab session approached their manager together.

2. The tool adaptation process relies on monitoring and evaluation staff skills and confidence. Engage the staff responsible for implementing data collection tools and analysing the data to make it more disability inclusive.

3. In order to achieve real change, everyone in the organisation must have a role and be aware of their responsibility towards disability inclusion.

Case study 8: Strengthening the capacity of a gender-inclusive community committee to become disability inclusive

Syrian crisis response

Syrian context

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HI engaged with them to document promising practices and to better understand how the organisations were able to advance toward disability-inclusive programming, applying what they had learned during the RAAL Lab. The aim of documenting the promising practices is to encourage learning between agencies from good initiatives on the ground, rather than merely learning and sharing theoretical concepts.

Introduction and context of the practice

The following case study was collected with an international organisation. Three participants from this organisation who held gender and protection officer positions attended the RAAL Lab. They were motivated to strengthen their capacity, knowledge and skills on including persons with disabilities and also to apply an intersectional lens to their work which includes disability. They felt that donors are prioritising disability, but that their organisation currently does not have the knowledge and skills to follow through. They were keen to learn about mainstreaming disability in their programming and prioritised Module 6 on inclusive project cycle management of the Disability Reference Group (DRG) modules as well as Module 1, Introduction to Disability, and Module 2, Introduction to the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action.

How the practice developed

The organisation works in close collaboration with a community committee that represents its community. The original aim of the community committee is to engage with the community around gender equality and localization through engagement with larger NGOs. The organisation identified that in this work, neither the international organisation nor committee had sufficient information about the actual situation of persons with disabilities and their needs. To address this gap, the international organisation and committee decided to strengthen the committee's capacities to also become more disability inclusive.

This community committee wanted to create a gender-inclusive community and to ensure that women are not discriminated against or treated unfairly based on their gender. It originally consisted of fifteen persons without disabilities. For over a year, this international organisation has been working with and engaging this committee, which represent three different districts; each member defines their role depending on their capacity. At the moment, the international organisation supports processes for developing the governance structure and feminist vision of the community committee.

To kickstart the inclusion of persons with disabilities, the international organisation started off by meeting with the committee and began identifying the main barriers that persons with disabilities face in society and what being disability inclusive means

at a community level. When doing this, the committee also invited four persons with disabilities to join the committee, for a total of nineteen committee members, with and without disabilities. Through discussions, they developed their vision of their community to not only be gender inclusive but to acknowledge the barriers persons with disabilities face in the community and how they can be removed. This also included applying an intersectional approach to their work between gender and disability.

The most significant changes include

The international organisation staff conducted a protection risk analysis for persons with disabilities, engaging the community committee in a workshop to better understand the protection risks. They then designed an awareness campaign with key messages based on the protection risks identified.

A second initiative conducted by the community committee was targeting a farmers and agriculture association. They carried out a workshop on the inclusion of persons with disabilities and what barriers persons with disabilities face in this vocation, and how they can access the labour market. The organisation's aim is to grow the local economy and improve the economic situation of families with members that have disabilities. The organisation met the committee to plan and strategize on becoming more disability inclusive.

The organisation facilitated further meaningful exchanges between the community committee and other, mostly local NGOs. These included roundtable discussions to identify and plan the removal of barriers that persons with disabilities face and related future collaborations between the committee and the local NGOs.

The committee worked increasingly on the intersectionality between disability, age and gender, e.g., by focusing on including women with disabilities and elderly people.

The international organisation continues supporting the community committee to strategize around their goals, including through subgrants, logistics and technical support. That way, the committee gains capacities for effective community-level interventions.

In the latest workshop, the committee developed four awareness campaign initiatives:

1. Improving street lightening for accessible and safe night-time mobility.

2. Removing barriers in public transportation by adapting the locations of bus stops and advancing the infrastructure at the bus stops to be barrier-free and for buses to stop in a location where persons can easily get on and off, including wheelchairs users.

3. Advancing access to sexual and reproductive health services through challenging social norms that pose attitudinal barriers to women with disabilities.

4. Removing social barriers and negative attitudes and perceptions at the community level about persons with disabilities through events with recreational activities that are fun for everyone with and without disabilities.

A change the committee aim to achieve in the near future is to engage more municipalities and government ministries, as they can provide support and resources to local community efforts.

Key influencing factors and drivers for change

The motivation of the staff who attended the RAAL Lab was key for them to follow up with the action plan that they had created during the final day of the learning sessions. The participants who attended the workshop also hold a role that allows them to build the capacity of local stakeholders and actors. This position helped in ensuring that they can build the capacity of the community committee in becoming more disability inclusive.

The international organisation established a trusted and safe space with the committee to support the committee in expanding their scope of responsibility and becoming a space to foster the inclusion of persons with disabilities. This included establishing participatory processes and being transparent about the goals and aims of the organisations.

Finally, the committee members are motivated and committed to their communities and to achieving positive change through more inclusive neighbourhoods.

Recommendations to facilitate the replication of this practice

1. Working with existing gender-inclusive community committees on disability inclusion can be a start to better representing persons with disabilities from their neighbourhood. This can become a viable way to enhance reduction of barriers to assistance that exist at the community level.

2. Before starting, it is recommended to well understand the community with which you are engaging to ensure that the aims and goals are set by them. This can be done through engaging with the committee after and/or during a protection risk assessment. This can help understanding the social norms, including those relating to gender and disability.

3. Discussing in a workshop how identified risks and barriers can be removed from within the community, especially those that relate to social norms. Community committees can be supported to implement inclusive awareness campaigns they identified, in order to reduce attitudinal barriers faced by persons with disabilities.

Lessons learned

Case studies repository: How to make humanitarian action more inclusive with and for persons with disabilities

Experiences from Somalia, Somaliland and Syrian crises reponses

The collection of case studies was a part of the 'From Guidelines to Action (FG2A)' project, supporting the operationalization and localization of IASC Guidelines on inclusion of persons with disabilities in humanitarian action, funded by ECHO and the Center for Disaster Philanthropy.

The eight case studies come from protection and food security humanitarian organizations who are working on the Syria and Somalia responses. These organizations participated in Review, Adapt, Action and Learning (RAAL) laboratories on how to make food security or protection programming more disability inclusive. The RAAL Lab is a capacity strengthening initiative and was used in combination with the adapted version of the DRG Learning modules, which are designed to operationalize the IASC guidelines on disability inclusion.

The case studies demonstrate how humanitarian tools and/or operational practices were adapted to become more disability-inclusive.

We hope these case studies will contribute towards fostering inter-agency learning and enhance disability inclusive practices in humanitarian action. We would like to thank the participating organizations for their input and willingness to engage in this process. Please note that for reasons of security the names of organizations from some of the case studies have not been included.

Find out more by contacting us at inclusion@hi.org