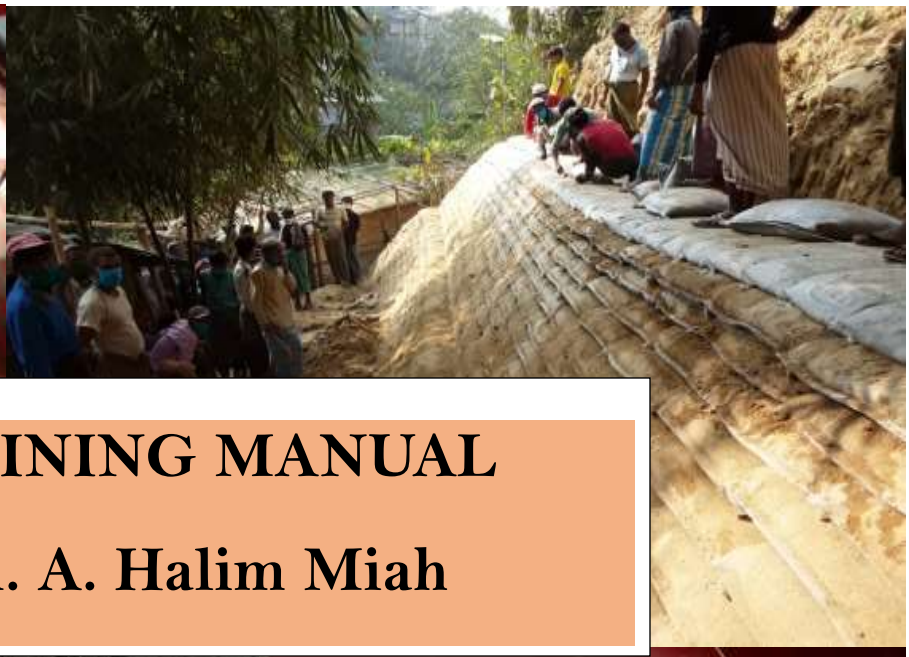
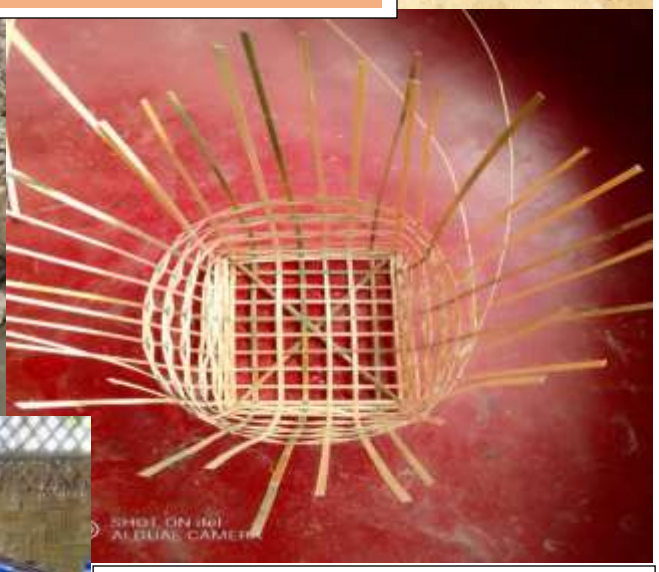
DISABILITY IN DEVELOPMENT PROGRAMMING



TRAINING MANUAL

Md. A. Halim Miah



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However, events and cases of this manual were used from a project that was intervening among the FDMN as this is the worst context to design and intervening development needs of the People With Disability but overall broader aim of this initiative is how to reach them at large as they are most disadvantages community in the society.

Disability Inclusion Development Programming

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LIST OF ACRONYMS

AGD	Aged Gender and Disability
CBM	Christian Blind Mission
CCA	Community Centred Approach
CHS	Core Humanitarian standards
CMT	Camp Management Toolkit
CRC	Child Rights Convention
CRPD	Convention on the Rights of Persons with Disability
DHS	Demographic and Health Survey
DFID	Department for International Development
ERW	Explosive Remnants of War
FAO	Food and Agriculture Organization
FDMN	Forcibly Displaced Myanmer National
GBV	Gender Based Violence
GCR	Global Compact on Refugees
GCSORM	Global Compact on Safe Orderly Regular Migration
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
IHL	International Humanitarian Law
HLP	House Land and Property
HIS	Humanitarian Inclusion Standards
HNO	Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IFRC	International Federation of Red Cross and Red Crescent Society
IOM	International Organization for Migration
LMIC	Low and Middle Income Countries
MSDA	Market System Development Approach
SDGs	Sustainable Development Goals
SGBV	Sex and Gender Based Violence
TLC	Temporary Learning Centre
OPD	Organizations of Persons with Disabilities
PSEA	Protection of Sexual Exploitation and Abuse
PWD	Persons With Disability
UN	United Nations
UNHCR	United Nations High Commission for Refugees
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
WHS	World Humanitarian Summit
WFP	World Food Program
WGSS	Washington Group Short Set

WHO ARE THE MANUAL FOR

The guidelines are designed primarily for the Senior Management Team for designing the Development Program. Besides, it may also helpful for national, regional and international humanitarian actors who are involved in policymaking, coordination, programming and funding. Notably:

- Governments;
- Humanitarian leadership (Emergency, Refugee and Resident Coordinators, humanitarian country teams);
- Cluster/sector leads;
- Programmers (in humanitarian and development organizations);
- Donors;
- Local, national, regional and international organizations of persons with disabilities (OPDs).

Where can this manual be used?

In designing development program and also in Humanitarian settings vary widely due to the nature of a crisis (natural hazard, conflict, displacement, political crisis, etc.), its location (urban, rural, remote islands), and whether it is a rapid, slow onset or protracted crisis. The recommendations in these guidelines are relevant to all settings but need to be adapted and localized to take account of context. Contextual factors that should be considered when implementing the guidelines include:

• The degree to which disability is recognized
and understood in the affected country; The degree to which expertise on disability is available in the affected country;
• The quality of political and legal frameworks on disability in the affected country;
• The degree to which services for persons with disabilities are available, accessible and effective;
• The presence of operational OPDs and whether they are experienced and adequately
resourced;
• The availability and quality of data on persons with disabilities and the degree to which available data accurately reflect the diversity of the population of persons with disabilities in the
affected country.

To illustrate, OPDs in an affected area may be under-resourced or inexperienced or may not represent the population of persons with disabilities.
Where this is the case, it may be necessary to build their capacity on humanitarian action or create and empower community peer-support groups of persons with disabilities. The aim should be to enable OPDs to participate in consultations on assistance and protection during all phases of a humanitarian response (including preparedness, the response itself, and recovery).
In all circumstances, humanitarian actors, together with OPDs, must identify and address factors that make it difficult for persons with disabilities to access assistance and protection (see the section barriers), as well as factors that promote their inclusion and protection. This is necessary both to ensure that every member of an affected population receives the services to which he or she is entitled and to strengthen the accountability of the intervention.

TRAINING METHODOLOGY

This manual is based on the key adult learning principles which include, i) learning is self-directed; ii) it fills an immediate need and is highly participatory; iii) learning is experiential (i.e., participants and the Facilitator learn from one another); iii) time is allowed for reflection and corrective feedback, iv) a mutually respectful environment is created between Facilitator and participants and v) a safe atmosphere and comfortable environment are provided.

Training Methods:

- Lecture
- Small Group Discussion
- Hands on Training
- Demonstration
- Brainstorming

Role of the facilitator:

It is the responsibility of the facilitator to present each chapter's background materials and activities as clearly as possible. Facilitation skills which enhance communication include the following:

A. Non-verbal Communication:

Eye Contact: Facilitator must maintain eye contact with everyone in the group while conducting a session and try not to favor certain participants.

Gesture and posture: Facilitator move around the room without distracting the group and facilitator should avoid being at place where the facilitator cannot be easily seen.

Value participants' responses: React to what participants say by nodding, smiling, or engaging in other actions that show you are listening.

Building confidence: Stand in front of the group, particularly at the beginning of the session. It is important to appear relaxed and at the same time be direct and confident.

B. Verbal Communication:

Ask open-ended questions that encourage complete responses, such as "Why do you say that?" Otherwise, participant responds with only yes or no, which may not provide the full information.

Checking with others: Ask other participants if they agree with a statement made by one participant or one group of participants.

Be clearly audible: Be aware of your tone of voice. Speak slowly and clearly.

Use decent language: Avoid using slang or other "special" language.

Allow participants' sharing experiences/opinion: Make sure that participants talk more than you do.

Let participants answer each other's' questions: Say "Does anyone have an answer to that question?"

Let participants be open: Encourage participants to speak and provide them with positive reinforcement.

Paraphrase participants statements: Paraphrase statements in your own words. You can check your understanding of what participants are saying and reinforce statements.

Maintain direction: Keep the discussion moving forward in the direction you want. Watch for disagreements and help participants coming into conclusion.

Share experiences: Reinforce statements by sharing a relevant personal experience. You might say "That reminds me of something that happened last year..."

Conclude session: Summarize the discussion. Be sure that everyone understands the main points.

C. Setting the learning climate:

The facilitator will read the facilitators information and lesson plan for each session, review all materials and activities before each training session, so that facilitator feels confident about the content and process. All relevant materials, as planned for the session, should be arranged and kept ready well ahead of time. The training sessions should be started and completed within the set time-frame. The facilitator will ensure participants' attention and interest by creating a supportive environment, anticipate questions, and prepare responses and examples to help move the discussion forward to the expected directions.

D. Presenting the objectives:

The facilitator will show the session title and session objectives at the beginning of the session to let participants know what they are going to learn through the session. Before closing the session, the facilitator will once again show the session objectives to participants to check whether the objectives have been fully achieved.

E. Applying lessons learned in real life situations

Encourage participants to discuss how the information learned in the session will be helpful in their own work. Also, allow discussion on problems which participants might experience in applying or adapting what they have learned to their own or different work situations and initiate participatory discussion on how to overcome those potential problems while applying their new learning.

F. Providing closure

Briefly summarize the activities at the end of each session, refer to the objectives and discuss whether and how they were achieved. Help participants leave with positive feelings about what they have learned.

PRELUDE

1.1 Do not assume that disability is visible. Seek to identify individuals with disabilities proactively, including those with psychosocial and intellectual disabilities. Consult persons with disabilities and their families to identify their needs and capacities and understand what barriers impede the effectiveness of protection and assistance programmes (UNHCR, May 2021). Inclusive disability programming is not just about providing ramps and wheelchairs. Make sure the language we use to describe persons with disabilities respects their dignity and humanity. (Speak of 'persons with a disability' rather than 'the disabled' or 'handicapped people'). Consult persons with disabilities when you decide the content of food and non-food assistance packages, to ensure that distribution arrangements are accessible.

1.2 Overview The Convention on the Rights of Persons with Disabilities and its Optional Protocol (CRPD, 2006, A/RE S/61/106) defines persons with disabilities to-

"include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

In situations of forced displacement, persons with disabilities have the same rights and basic needs as others and face the same challenges. However, they face numerous additional barriers. They face particular protection risks, including a heightened risk of violence, exploitation and abuse, and high levels of stigma. They have difficulties accessing humanitarian assistance, education, livelihoods, health care and other services. They may be denied certain legal rights, and are often excluded from decision-making processes and leadership opportunities.

1.3 Persons with disabilities are not a homogenous group. They face multiple and compounding forms of discrimination, on the basis of disability but also on other grounds, which may lead to situations of exclusion. Disability is a multi-dimensional development and human rights issue. Persons with disabilities are one of the largest minority groups in the world.

"According to the World Bank and the World Health Organisation (WHO, 2011), at least 15-20% of the world's population lives with some form of disability. In situations of forced displacement, the incidence of disability is usually higher because a larger proportion of people have injuries, lack access to medical services, and face barriers in their environment"

1.4 Disability inclusion is instrumental to the Sustainable Development Goals (SDGs). and its central pledge to leave no one behind and to reach the furthest behind first. In its Goal 96 that specially address the Person With Disability for Peaceful & inclusive societies through establishing access to justice to all, building effective and accountable societies. Inclusive policies and programmes are sound investments in society. In its goal 9 emphasis to build accessible infrastructure for all particularly in the areas of disaster. Other goals 11 and 13 remind us to address and understood even in disaster situation keeping in mind the People With Disability (IASC, July 2019).

MAKE VISIBLE OF INVISIBLE

2.1 Inclusion will be difficult to achieve if the existence and number of people with disabilities is unknown.

"Without accurate data, development plans will be unable to take the needs and capacity of persons with disabilities into account".

It will be difficult to fulfill commitment on inclusion as incorporated within the key global policies, such as: What will happen if the disability data is inaccurate? Convention on the Rights of Persons with Disabilities (CPRD), The Sustainable Development Goals and Sendai Framework for Disaster Risk Reduction.

2.2 The Washington Group agreed that a uniform measuring instrument on disability is required to produce comparable and valid results (Washington Group on Disability Statistics, June 2021).

Washington Group Short Set of Questions means creating a practical, easy-to-use, and concise measuring instrument.

Who are the Washington Group? The group comprises statisticians established under the United Nations Statistical Commission who regularly hold meetings to discuss issues on statistics and disability measurement. Established in 2001, the first meeting was held in Washington, hence the name.

It is developed based on the concept of disability under the Convention on the Rights of Persons with Disabilities (disability = functioning difficulty X environmental barriers). The questions were made simple and concise so that they can be combined with other surveys.

2.3 Washington Group Short Set of Questions consists of 6 questions:

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?

5. Do you have difficulty with self-care, washing all over or dressing?

6. Using your usual language, do you have difficulty communicating, for example understanding or being understood?

How to Collect Data?

- Set the objectives of the data collection.
- Ensure that the data of each respondent is disaggregated based on age, gender, and functioning difficulty.
- Ask each question and read out their four answer choices.
- Ask all six questions completely.
- As much as possible, ask the questions directly to person with disabilities, not to his/her carers.

- Categorize the data based on the types of functioning difficulty (or levels of difficulty).
- Categorize the data based on gender and age groups.
- Categorize the data based on any other objectives you have set for the data collection.

2.4 It helps understanding a person's functioning difficulty in a variety of situations:

- Accessing and acting on safety information
- Conducting evacuation
- Actively participating

Increasing capacity Disaster risk reduction:

- Identifying the number of persons with disabilities affected by a disaster.
- Identifying the needs, capacity, and rights of persons with disabilities.
- Understanding person's capacity to access a service or a facility.
- Increases the participation of persons with disabilities.

Planning: Assists in ensuring the provision of budget allocation and services needed for persons with disabilities.

Implementation: Ensures meaningful participation and access for persons with disabilities.

Monitoring: Assists in sorting the data based on gender, age and types of disability which can help to indicate the coverage of the program for each community members.

Advocacy: Increases capacity and promotes the leadership of persons with disabilities.

Box: 1 **Disability Screening among the Displaced Community, Cox's Bazar**, November 2020

Twelve-year-old Nur rarely leaves her house due to her poor sight. When it gets dark, she cannot see at all. The few times she does leave her house, she is assisted by her two younger brothers, aged 8 and 10. Her teacher sometimes visits her at home to help her keep up with the school curriculum, but Nur wants to attend classes at school and play with kids her age. "*A pair of prescription glasses would make a world of difference,*" her mother, Anaura, says.

A total of 75 people, between 2 and 100 years old, attended the screening throughout November. Whilst 59 were selected to receive assistive devices, the remainders were referred to health partners for more suitable supports ranging from physiotherapy to cataract surgery. The persons in need of assistive devices will receive wheelchairs, glasses, walking sticks and hearing aids.

IOM teams and partners provide health services to people with disabilities on a regular basis. Health care staff are trained to identify various forms of physical or mental disabilities and to offer consultation services at health facilities.

Source: IOM

BARRIERS FACED BY THE PEOPLE WITH DISABILITY

3. 0 *"Societies will never achieve the SDGs without the full participation of everyone, including people with disabilities. We cannot afford to ignore or marginalize the contributions of 1.5 billion people. Upholding the rights of people with disabilities is a moral imperative. But it is not an act of charity. It is a recognition of rights and a practical necessity, if we are to build healthy, sustainable societies to the benefit of everyone – those with disabilities, and those without. Together, we can remove barriers and raise awareness, so that people with disabilities can play a full part in every sphere of society, around the world."*- António Guterres, UN Secretary-General, Remarks to the 11th session of the Conference of State Parties to the Convention on the Rights of Persons with Disabilities, 12 June 2018.

3.1 Persons with disabilities are one of the largest minority groups in the world, estimated to represent over 15 per cent (approximately 1.5 billion people) of the world's population. 3 out of 5 persons with disabilities are women and disability is more common among children and adults who are poor. 80 percent of persons with disabilities live in UNDP programme countries. Persons with disabilities face challenges to fully participate in society which is further heightened by discriminatory social attitudes – this culminates in marginalization and significant barriers to their inclusion and participation in society and in development. The extent of inequalities experienced by persons with disabilities in all areas of development is often the result of shortcomings in the structural, social, political and cultural environments in which they reside, including lack of accessibility of physical and virtual environments; institutional and attitudinal barriers; exclusion; and unequal opportunities.

3.2 Some people with disabilities face compounded challenges and intersectional discrimination: women and girls with disabilities experience gender-based discrimination and violence in both public and private spheres at disproportionately higher rates. Disability has a significant economic and social impact on persons with disabilities and their families, as well as on their communities and society. This includes access to education and health services, the opportunity to earn a living and the right to participate in family, community and political life. A barrier-free environment is a key to social inclusion of people with disability. Improved accessibility also benefits society as a whole.

3.3 Employment rates are lower for men and women with disabilities than their peers without disabilities and excluding persons with disabilities from the world of work can cost countries between 1 and 7 percent of Gross Domestic Product. Persons with disabilities are at an increased risk of poverty due to this reduced access to employment and lower wages; they also have extra costs of living associated with various barriers such as medical care, assistive devices or personal support. Populations in poverty are also at an increased risk of disability due to malnutrition, unsafe working conditions, polluted environments, and a lack of access to clean water and sanitation. Moreover, more than half of children with disabilities do not attend school and in some countries it is as high as 90 percent. Persons with disabilities are affected disproportionately in armed conflicts and during natural disasters and recovery. They are more likely to be left behind or abandoned during evacuation operations due to a

lack of inclusive preparation and planning, as well as inaccessible facilities, services and transportation systems.

DFID/ Uk Aid carried out a secondary research in the year 2018 where they searched from 2008 -2019 and geographic focus was to Low and Middle Income Countries (LMICs). They compiled all the factors in four category which affect access to humanitarian programming for the People With Disabilities. These are given below in the following (Table: 1)

Table:1 Factors Affecting access to humanitarian programming for People With Disabilities

Individual	Environmental	Attitudinal	Institutional
Evidence suggests that older people, women, adolescent girls and children with disabilities are especially vulnerable to marginalization, discrimination, violence, and exploitation in humanitarian settings. People with psychosocial disabilities and mental health conditions are particularly excluded. ***Lack of specialized services and equipment presents 'double setbacks'***	Inaccessible information on services Physical inaccessibility of food and service distribution points and essential services and lengthy wait times Long distances and lack of accessible transport Inaccessible housing and WASH facilities Lack of specialist services and equipment Forced encampment GBV and safety issues	Negative attitudes among family members and communities Social and cultural attitudes which devalue lives of people with disabilities Attitudes and knowledge of field staff and service providers Stigma and discrimination	Lack of financial and human resources Lack of disability mainstreaming Exclusion of specialized services for people with disabilities Lack of disability disaggregated data and comprehensive needs assessments Lack of disability inclusion expertise Lack of accountability mechanisms and official guidance Gaps in policy development and implementation Exclusion from official planning processes Lack of indicators and targeting

DISABILITY IN DISPLACEMENT CONTEXT: PREVALENCE AMONG THE ROHINGYA COMMUNITY IN COX'S BAZAR

This section has been excerpted from the summary findings of the Study Conducted by the REACH (REACH, 2019).

4.0 During the last four decades, Rohingya refugees have been fleeing in successive waves to Bangladesh, seeking safety from systematic and ongoing persecution in Rakhine State, Myanmar. Since August 2017, an estimated 745,000 Rohingya refugees have arrived in Cox's Bazar, Bangladesh, increasing the total number of Rohingya refugees to more than 905,000. In response, national and international organizations have been delivering humanitarian assistance alongside the government of Bangladesh and UN agencies. A core component of the humanitarian 2019 Joint Response Plan aims to address the meaningful and dignified inclusion of all vulnerable groups, including persons with disabilities who may have suffered greater consequences of forced displacement, during and after their flight, due to potential heightened vulnerability.

4.1 METHODOLOGIES

Questions on disability and functional difficulties were integrated within multiple in-depth sectoral assessments conducted by REACH in 2019: an Education Needs Assessment in February 2019 and a WASH household survey in May 2019. This brief compiles findings on the disability components of these assessments to provide a more focused overview. For all assessed households, WG questions were asked by proxy rather than directly for each individual member, with one adult respondent providing information on behalf of all household members. Households were selected through a simple random sample of shelter footprints stratified by camp boundaries. In order to capture the experiences of female and male refugees, respondents were interviewed by an enumerator of the same gender, with enumerator teams split evenly between women and men. Both assessments were conducted in 33 of 34 refugee camps in Cox's Bazar district.

WASH Household Survey: Information on disability was collected using the Washington Group Short Set (WGSS) questions and therefore encompasses all individuals aged five years and older. The WGSS questions focus on the presence of difficulties in six core functional domains: walking, seeing, hearing, cognition, self-care and communication. All refugee households in the 33 camps were eligible for participation in the assessment.

Education Needs Assessment: Information was collected using the UNICEF/WG module on child functioning, which includes a wider variety of questions inclusive of emotional functioning, with different variations for children under five and children aged 5-17. Households with at least one individual aged 3-24 were eligible for inclusion in the survey, and surveys were conducted with self-identified primary caregivers. The WG modules ask respondents to classify each individual's level of functioning according to a four-point scale ranging between "no difficulties" and "cannot do at all". For both assessments, individuals reported as having "a lot" of difficulty or being completely unable to perform a task in any one of the six domains were classified as having a disability (disability-3 thresholds as per WG guidance). Findings in this brief are presented at the overall response level and can be generalizable to all refugee households living in these 33 camps with a 95% confidence level and a 2% margin of error

4.2 14% of households have at least one individual with a disability

5% of Rohingya refugees (5+ years old) have a disability

Table: 2 % of People with Disability in different age category

Serial	Age	% of PWD
1	60+ Years	34
2	18-59 Years	5
3	12-17 Years	1
4	5-11 Years	2

The above estimated disability rates are drawn from the WASH household survey from May 2019. Current rates of disability appear similar to the JIPS profiling exercise conducted in Rakhine state in 2016/17, where individual disability rates were estimated to be between 2.5 - 2.9% in the Muslim villages and camps. However, disability rates may not be directly comparable, as the JIPS profiling focused on the population living in and around Sittwe township in Central Rakhine, while much of recent displacement into Bangladesh was a result of violence in northern Rakhine state. Rates of disability in the Rohingya refugee camps are lower than global estimates likely due to the young demographics of the population. As per the trends found in the 2014 Myanmar census cited in the JIPS report, disability rates start to rise after the age of 40. UNHCR currently estimates that less than 2% of refugees living in Cox's Bazar camps are 60+ years old.

Table: 3 % of all individuals reported as having difficulties in each assessed functional domain

2.8%	Self-care, 1.2%	Cognition, 0.9%
		Hearing, 0.7%
Mobility	Seeing, 1.5%	Communication, 0.5%

4.3 ACCESS TO KEY SERVICES OF PEOPLE WITH DISABILITY IN COX'S BAZAR

Among individuals in the Rohingyans Camps (Forcibly Displaced from Rakhain Region of Myanmar to Bangladesh) with physical or cognitive difficulties identified by the WASH household survey, 34% were reported as having been able to access support services in Bangladesh (e.g. specialized equipment or rehabilitation services). The format of a household survey did not allow this finding to be further explored to understand individual or household preferences to address this reported gap in support for affected individuals. Additional research would be required to inform programmatic decisions to increase the regularity of support, introduce more targeted and/or expansive services, or community-centred approaches (CCA). The remainder of this section outlines some specific challenges reported to

affect persons with disabilities through the sectoral assessments. However, as these assessments were not specifically designed to capture the holistic in-depth experiences of persons with disabilities, they do not purport to cover the full range of information required to assess equitable and meaningful access to all services, social and community networks, and other dimensions required to lead a dignified life.

4.4 Water, Sanitation, and Hygiene (WASH): A higher proportion of individuals with disabilities were reported to face difficulties accessing all WASH-related facilities - water points, latrines, and bathing facilities - compared to individuals without disabilities. The assessment captured problems accessing communal, shared, or self-made latrines only (and excludes single household latrines). More than half of individuals with a disability were reported to face difficulties related to water access. The most frequently reported challenges for all individuals - long waiting times, facilities being too far, overcrowding, or the path being too steep - may all have compounding effects for persons with disabilities. % of individuals reported as facing problems accessing facilities given in the table 4.

Table: 4 % of individuals reported as facing problems accessing facilities

Individual with Disability	56%	39%	28%
Individual without Disability	38%	29%	20%
Type of Services	Water Source	Latrine	Bathing Place

4.5 Furthermore, individuals with disabilities were reported to feel unsafe accessing or using WASH facilities at a higher rate than individuals who were not found to have a disability. There were no significant differences in reported rates of feeling unsafe for male and female individuals regardless of disability. However, male respondents were much more likely to report household members of both genders as feeling unsafe, as compared to female respondents. This difference is likely due to limitations of using proxies to report on the experiences of specific individuals, and the inter-sectionality of gender and disability must be further explored to ensure inclusive programming particularly with regards to dignified access to key facilities. % of individuals reported as feeling unsafe accessing or using facilities are shown at the table below:

Table: 5 Comparison of feeling unsafe in to essential WASH services

Individual with Disability	29%	23%
Individual Without Disability	20%	5%
Type of Services	Latrine	Bathing

Finally, individuals (over the age of five) with disabilities identified through the WASH assessment were significantly more likely to be reported as having diarrhoea in the two weeks prior to data collection (17%) as compared to individuals without disabilities (7%).

4.6 Education

For children within the 3-5 and 5-14 age groups, those with functional difficulties were reported to be attending learning centres at a lower rate than their peers without functional difficulties. This trend was more pronounced for attendance rates for children aged 3-5, underscoring disparities in inclusion beginning during early childhood development. In the below chart, children with a disability refers to individuals who were reported as having non-emotional functional difficulties, including seeing, hearing, walking, selfcare (or fine motor control for children aged 3-5), communication, learning, remembering, and concentrating.8 % of children reported attending temporary learning centres (TLCs) at least four days a week in the month prior to data collection

Table: 6 Comparison of Access to Education

Children of School Goers Age	Individual with Disability (%)	Individual Without Disability (%)
6-14 Years Old	53	73
3-5 Years Old	19	65

4.8 Children aged 15-18 were reported as attending learning centres at low rates regardless of reported ability levels, indicating that limited coverage of age-appropriate curricula are likely more critical impediments to attendance at this level.

As part of this assessment (REACH, 2019), 22 FGDs were conducted where 4 of these were with parents of children (Boys and girls) with disability. During these discussions, parents cited a number of specific barriers constraining their children's meaningful participation at learning centres, highlighting the fact that they needed to accompany—and sometimes physically carry—their children to learning centres each day. Parents expressed feeling unable to accompany their children consistently, especially during the rainy season. Participants in all four discussions highlighted bullying at learning centres as a consistent issue faced by their children with disabilities. Several parents spoke specifically about their children experiencing both verbal and physical abuse from other children, and the negative impact this had on their children's willingness to attend classes. A smaller number also reported that, due to being unable to access specialized support, their children would grow frustrated at their inability to progress at learning centres, leaving parents struggling to persuade them to attend. In these respects, it is important to note that only 26% of staff surveyed at learning centres during this assessment (February - March 2019) reported receiving training on supporting children with disabilities, suggesting that staff and volunteers may not be fully-equipped to handle some of the issues raised above. Further, only 14% of assessed facilities were wheelchair-accessible, which may signify limited mainstreaming of physical adaptations.

4.9 DISABILITY MEASUREMENT IN THE COX'S BAZAR CONTEXT

A comparison of disability prevalence estimates in the context of Rohingya refugees living in Cox's Bazar indicates that asking the WGSS questions by proxy for each individual household member resulted in higher rates of reporting as compared to estimates using other methodologies. The WGSS

questions for each individual produced an estimated 14% of households with a member with a disability, higher than the following: i) The fifth round of the UNHCR/REACH Settlement and Protection Profiling assessment, conducted in July - August 2019, adapted the WGSS questions to ask whether any household member faced difficulties in each of the six domains. This approach produced an estimate of 9% of households with at least one individual with a disability, suggesting that asking WGSS questions at the household level may not fully capture the presence of individuals with disabilities, as compared to an individual level approach to measurement. ii) Findings from assessments that ask respondents to report on "disability" more generally, without specifying specific domains of disability also tend to lead to lower estimates of disability. The UNHCR Key Demographic Indicators dataset estimates roughly 5% of Rohingya refugee households with an individual with a disability, and the recent Joint Multi-Sectoral Needs Assessment estimates roughly 10% of Rohingya refugee households with an individual requiring assistance to complete daily activities. However, the estimated 14% of households with a member with a disability may still represent a lower bound on possible disability prevalence among the Rohingya refugee population. While WG questions are specifically designed to avoid stigmatizing language, considerable stigma is reportedly attached to disability—especially psychological disability—in Rohingya communities, meaning respondents may be reluctant to discuss disabilities among individual household members. Additionally, as outlined in a review of using WG questions in humanitarian and development contexts, the ideal and most dignified measurement for disability requires speaking directly to individuals regarding their own levels of ability in each functional domain. Evidence suggests that collected data on individuals by proxy, while deemed acceptable by the Washington Group, can result in under-reporting. Finally, it should be noted that disability is a complex concept and the WG questions are designed to identify most, but not all disabilities. Disabilities that may be harder to measure, including among younger children under five, would not have been captured through the WGSS.

4.10 NEXT STEPS

A targeted disability assessment could deepen understanding of the lived experiences of Rohingya refugees with disabilities, which is currently still incomplete. Potential areas of focus could encompass perspectives of specific needs, barriers, and challenges for affected individuals and their family and community members, while also exploring key gaps and areas for improvement for service and information providers. A focused study on this population should speak directly with individuals with disabilities and apply WG measurement tools directly, in order to more closely capture their experiences in a dignified way, instead of through proxy. For other future assessments seeking to incorporate disability within their analysis, the WGSS of six questions should be asked per individual, wherever time and resources allow. In addition to methodological considerations previously outlined, this approach allows for more accurate and meaningful analysis to understand specific sectoral needs or barriers through the ability to incorporate age, gender, and other diversity characteristics. Regardless of whether the measurement approach is at the individual or household level, special consideration should be given to the choice of terminology to mitigate stigma surrounding "disability" within this community. Finally, additional work with the affected community to validate or contextualize existing disability measurement approaches could mitigate potential barriers to reporting and could help to estimate the level of under-reporting or additional gaps in knowledge associated with current methodologies

LEGAL AND POLICY FRAMEWORK

5.0 The International Disability and Development Consortium, in its statement on CRPD Article 9 Accessibility, noted that people with disability are largely overlooked in development policies and programs.

This includes: › physical and/or environmental accessibility—removing barriers

› communication accessibility—providing accessible formats in alternative modes and means of communication › intellectual accessibility—providing reading formats and speaking in a way that is accessible to people with intellectual and/or learning disability › social and/or attitudinal accessibility—removing stigma and other negative behaviour against people with disability and their families and carers › economic accessibility (also referred to as 'affordability')—establishing this as a core requirement of a person's social and economic rights.

5.1 This guideline found the relevance of international law in humanitarian crises, in particular international humanitarian law (IHL), international human rights law (IHRL), and international refugee law. These bodies of law provide a legal framework that grounds humanitarian action in internationally agreed principles and standards and affirms the rights of all individuals affected by crises. International human rights law, which is applicable at all times, also provides a bridge between humanitarian and development action.

The Convention on the Rights of Persons with Disabilities (2006) introduced a new paradigm for persons with disabilities. It shifted policy and policy implementation from a charitable and medical approach to one based on rights. The Convention on the Rights of Persons with Disabilities (CRPD) is an international human rights treaty that is binding on States that ratify it (States Parties). The CRPD affirms that States Parties must protect and promote the rights of persons with disabilities in their laws, policies and practices; and must also comply with the treaty's standards when they engage in international cooperation.

Article 11 of the CRPD specifically requires States Parties, in accordance with their obligations under international law, to take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflicts, humanitarian emergencies and natural hazards. Other CRPD articles are relevant to humanitarian action and development, and support inclusion of persons with disabilities. The CRPD should be incorporated in all humanitarian interventions. To do so, humanitarian actors should examine and evaluate current practices, processes and outcomes to ensure that the human rights of persons with disabilities are protected and promoted as required by international law.

5.2 The international system has also become more inclusive following adoption of the 2030 Agenda for Sustainable Development (2015), which affirms that no one should be left behind and that those who are furthest behind should be supported first. The Sendai Framework for Disaster Risk Reduction (2015) and the One Humanity Shared Responsibility: Report of the Secretary-General for the World Humanitarian Summit (2016) affirms the same principles, as do many commitments that derive from the World Humanitarian Summit, including the Charter on Inclusion of Persons with Disabilities in Humanitarian Action (CIPDHA).

5.3 The United Nations (UN) is currently revising its system-wide policies to become more inclusive of persons with disabilities. In March 2019 it adopted the UN Disability Inclusion Strategy, under which UN entities, country teams and humanitarian country teams will measure and track their performance with respect to disability inclusion.

The Charter on Inclusion of Persons with Disabilities in Humanitarian Action, launched during the Summit (World Humanitarian Summit 2016 and Agenda for Humanity Commitment), is grounded in both IHL and IHRL. It established five actionable commitments: non-discrimination; participation; inclusive policies; inclusive responses and services; and cooperation and coordination.
In addition to the above, both the Global Compact on Refugees and the Global Compact for Safe, Orderly and Regular Migration include specific provisions on persons with disabilities that advocate their inclusion in responses to movements of refugees and migrants.
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Highlights of the Convention on the Rights of Persons with Disabilities

Article 1:

> enshrines equal enjoyment of all human rights and fundamental freedoms

Article 2:

> defines discrimination, which includes the denial of reasonable accommodation

Article 3:

> outlines the eight core principles that apply to the spirit of the rights of people with disability

> includes (b) non-discrimination and (f) accessibility, which requires all signatories to provide equitable access to the physical environment, transportation and information and communications technologies, as well as to public areas, urban and rural

Article 4

> realizes and promotes all human rights and fundamental freedoms for all people with disability without discrimination of any kind

> requires people with disability and Disabled People's Organizations to be included in decision-making processes (Section 4.3)

Article 5

> calls for equal recognition of people with disability before the law

Article 9

> requires all signatories to provide equitable access to the physical environment, transportation and information, communication and other services, as well as to public areas, urban and rural.

Article 32

> covers international cooperation, which includes committing countries to a number of measures and committing signatories to ensuring development activities are inclusive and accessible to people with disability.

DISABILITY INCLUSIVE DEVELOPMENT PROGRAMMING

6.0 The current state of the art of inclusion of Person With Disability in the Development program lies on the values and principle follow by the United Nations - integration of disability-sensitive measures into the design, implementation, monitoring and evaluation of all development policies and programmes (Toolkit on Disability for Africa, United Nations, November 2016) . This approach is known as "mainstreaming." At the same time it is recognized that disability-specific policies, programmes and initiatives are often also necessary to ensure the inclusion and full enjoyment of human rights by persons with disabilities. This mainstreaming process can be designed in two ways – in designing a new program and also reformatting the existing program. Whatsoever the program type is, there are the following steps to follow –

1. Collecting information of the people whom you are target for
2. Carrying out feasibility study and gap analysis
3. Designing intervening areas as per the development needs of the people whom you are target for
4. Budgeting for the interventions
5. Monitoring and Evaluation of the program

Box: 2 ICCO Cooperation in Bangladesh

Goals: Food and Nutrition Security, Economic Empowerment and Resilience and disaster Prepared Communities
Focus areas:
Climate Resilient Food System, New Technologies and Youth Entrepreneurship
Targeted Population: Rural Farming Communities particularly economically poor Smallholders farmers and Small and Medium Enterprises

Food and Nutrition Security

Farming Households' Capacity Development to produce sufficient food for consumptions and sales for income

Linked to this, build the capacity of producer organizations and other associations so they can support poor households to improve and diversify their production, and have better access to markets, financial services and other inputs. Besides, there are advocacy, lobby and awareness activities to promote healthy and sustainable food and nutrition practices for all household members. Relevant project to contribute in this goal- Mother's Assuring Nutrition for Children. This project is being implemented in seven selected unions of the Rampal Upazila.

Economic Empowerment

Support poor framing households and their organizations to seize economic opportunities to improve and sustain livelihoods. Regarding enhance economy of the poor farming HHs and Small and Medium Entrepreneurs of rural communities ICCO provides services like Market Systems Development (MSDA), training and skills on modern and sustainable farming and trading to enable them to be better positioned within value chains. " Girls to improve access to Activities" called as PROTIVA is being implemented among the ethnic minority of the *Gaibandanda* district is one of the projects to contribute to attain this goal.

Resilient and Disaster Prepared Communities

Create resilience of communities where ICCO have program support/s that are adequately prepared for, and can effectively responses to disasters. In doing so it applies disaster risk reduction and resilience strategies in to its food security, economic empowerment and humanitarian programs.

The Rohingya influx of 2017 added an additional burden on the country's demography and food-security. A recent focus of ICCO has also been on food assistance and livelihoods recovery for the Rohingya and host community in Cox's Bazar. Substantive projects under this goal are- " Food Assistance for Displaced Myanmer National Voucher Modalities" and Rehabilitation of ROANU affected in southern coastal districts.

Photo: Disaster Risks Reduction Construction Work for combating landslides, Rohingya Camp, Cox's Bazar, ICCO, 2020

The following guidance concerning persons with disabilities in the Humanitarian Response Plan process and also regular development phase which is meant to be considered in an integrated fashion with the broader questions and issues raised, and not as a separate strand of work. This is called Twin – Track Approach (CBM, 2017). The aim of this approach is achievement of rights and inclusion of Persons With Disability in all aspects of development.

6.1 Select priority humanitarian outcomes to address

The analytical process described at this section will guide identification of the risks faced by persons with disabilities and the factors contributing to their heightened vulnerability to these risks.

By analyzing risks and barriers to the inclusion of persons with disabilities in humanitarian action can Reduce risk, improve resilience and increase protection. Persons with disabilities face barriers that increase risk in humanitarian contexts. "Barriers can be either classified as a threat if put in place purposefully by an actor or as a vulnerability if happening as an inadvertent act. In both cases, these barriers lead to exclusion, which increases the likelihood of persons with disabilities to face threats and vulnerabilities at a higher level than the rest of the crisis-affected population." By making use of enablers (such as support services in camps, facilitated access to food distribution points, or acquisition of assistive devices), persons with disabilities can improve their individual resilience. Falling risk and rising resilience imply improved protection.

In designing humanitarian response action for the Persons With Disability, we need to identify and analyze risks and barriers first they meet so that it will be easier to transform the uncapable to capable! In many occasions, some risks like uneven world for example slope and muddy high land where make shift housing have been built for Rohingya Community is likely to susceptible to landslides during the monsoon. To identify key actions and measures effectively, and plan and implement accessible and

inclusive humanitarian programmes, it is vital to understand disability, accessibility and the concept of barriers.

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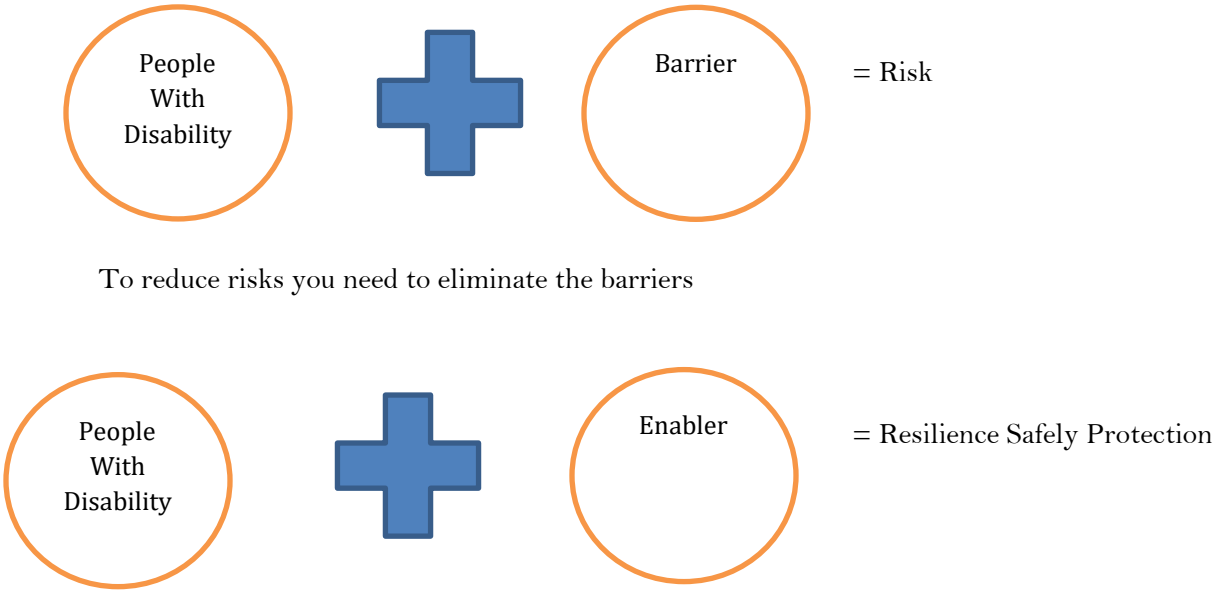
Figure: 1 Barriers and enablers to inclusion of Persons With Disability into Humanitarian Action (Adapted from IASC, 2019 p. 11)



6.2 Decide which population sub-groups and geographic areas should be prioritized

Persons with disabilities should be considered a population sub-group of whatever priority population group is identified. That is, if Displaced Persons (DP) are a priority population sub-group, consider persons with disabilities as a sub-group.

A key outcome should be to strengthen inclusiveness of the humanitarian response, with a focus on most at-risk groups.

6.3 Analyze response options and formulate strategic objectives

A key consideration for persons with disabilities is their adequate access to humanitarian assistance, and whether specific barriers exist in the way that the response is designed and delivered that limits this. It is important that this analysis is informed by the views and feedback of persons with disabilities themselves. The needs analysis in the HNO will have identified the sources of heightened risk for persons with disabilities.

The Humanitarian Profile Framework defines a typology of targeted humanitarian population groups, at the broadest level "affected" and "casualties". Comprising 15% of the total population and facing particular and heightened risk, persons with disabilities are necessarily a major sub-group of whatever groups are targeted.

At the strategic planning phase, it is important to design a response that will address these factors in order to reduce vulnerability and heighten resilience of persons with disabilities. Focusing the design of the response on these factors, rather than on the individual's impairment alone, recognizes the impact of environmental factors in creating vulnerability.

Illustrated Risks and Vulnerability (Figure: 1) at the above, explores the specific disability-related dimensions of vulnerability and other intersecting/ structural inequalities that contribute to a more nuanced understanding of risks facing persons with disabilities.

In analyzing needs and risks, consider how the impacts of the hazard affect persons with disabilities differently.

For example:

- Are there physical barriers to accessing humanitarian assistance and/or fleeing conflict or natural hazards?

- Do information barriers exist? Is information regarding risk reduction and availability of assistance accessible to persons with disabilities?

- Do prevailing perceptions of persons with disabilities promote violence, abuse, exploitation or exclusion?

- Are there service disruptions or stock-outs that specifically affect persons with disabilities?

- Are standards for inclusive humanitarian programming being adhered to?

- Are there specific coping strategies employed by persons with disabilities? If so, what are they, and how can they be supported or strengthened?

  Further, consider how these disability-related dimensions can interact with other structural inequalities to increase risk.

For example:

- Disability may impact on gender norms, increasing the risks of gender-based violence and abuse

- Community expectations relating to age may interact with disability to exacerbate exclusion

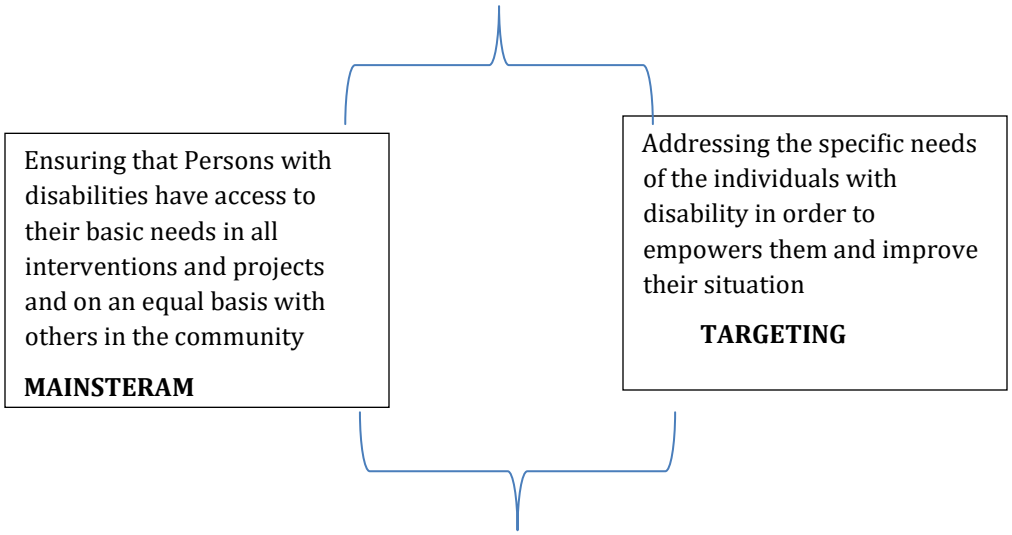
- Perceptions and beliefs associated with disability can vary and lead to heightened risk of exclusion or abuse in some contexts

The objective of an intervention that reduces vulnerability and enhances resilience of persons with disabilities is to respond to these disability-related dimensions (including barriers) and intersecting structural inequalities. A strong needs assessment and analysis process will therefore aim to identify and describe the factors contributing to heightened risk, rather than merely identifying the groups at risk or the risks themselves.

6.4 Formulate strategic objectives

At the Strategic Objective level, it is not relevant to make specific reference to persons with disabilities, as strategic objectives set out higher level change that the humanitarian community aims to achieve to cover all people. However, in the description of strategic objectives it is relevant to reference the need to ensure that persons with disabilities benefit equally, and that specific actions are required to do so. This provides a good basis for inclusion to be reflected in cluster-level objectives, indicators and targets.

Figure: 2 Twin- Track Approach (Below)



. Equality of Rights and Opportunities for People With Disability

6.5 Identify indicators to monitor the achievement of the strategic objectives

As stated above, it is not relevant to make specific reference to persons with disabilities in strategic objective indicators and targets as these define changes at the broader population group level, of which persons with disabilities are a sub-group. However, broader concepts of inclusion can be reflected, including through reference to accountability to affected populations or the centrality of protection.

Cluster-level objectives may refer to inclusion more broadly, such as by referring to equal access to assistance or protection by all affected populations, or by prioritizing those most at-risk.

Outcomes related to equal access and inclusion may be best reflected through the use of disaggregated data at the monitoring stage. For example, rather than including a specific indicator such as "number of children with disabilities accessing education", it may be more appropriate to include the broader count

of "number of children accessing education" but ensure that this is disaggregated by disability, in order to enable comparison and monitoring of equal access for children with and without disabilities.

Generally, it will be most meaningful to reflect specific disability-related considerations at the cluster-level output indicators (and activities, where included in the strategic framework). These indicators can reflect actions to improve accessibility of assistance, to promote participation or to provide targeted support to persons with disabilities.

Photo: Waste to Resource, Employment Generation Program for the Women and Other Vulnerable People among the Rohingya Community forcibly displaced from Rakhine Region, Myanmer to Cox's Bazar, Camp -15, "Food Security and Livelihood Support for the Host Community and the Rohingya in response of COVID-19" Project, ICCO Cooperation, December, 2020

At the project design stage, therefore, it will be important to set targets for inclusion of persons with disabilities and to require reporting on inclusion using disaggregated monitoring data.

6.6 Define response approach and modalities

It is essential that inclusion of persons with disabilities be considered as cross-cutting, to be considered by all sectors, rather than being reflected as the responsibility of one sector (e.g. protection).

A disability inclusive response should be designed in accordance with a "twin track approach" (CBM, January 2017), as outlined in the (**Figure- 2)**, above. The response should include both actions to improve accessibility of assistance, as well as actions targeted to persons with disabilities themselves, to enable access on an equal basis with others.

The design of an inclusive response will benefit from strong participation from persons with disabilities. For example, adapting consultation methods to include people with disabilities and improving representation of persons with disabilities in local committees and associations e.g. when we initiated the concept of this training manual we incorporated an inclusive design camp (dialogue, observation and active participation of the People with disability, their organization) in the need assessment methodology section of the Training Manual Development.

MAKING INFRASTRUCTURE ACCESSIBLE

Photo: Drainage System Improvement Construction Work as part of DRR Activities, ICCO Cooperation, Cox's Bazar Rohingya Camp, 2020

7.0 Making infrastructure accessible requires implementing and respecting standards and guidelines for accessible buildings and facilities, incorporating inclusive design at planning stages, constructing in compliance with standards, and training and raising awareness of stakeholders

7.1 Key steps Identification and assessment procedures

Assign community workers, UNHCR protection staff or community-based protection staff to (pre-)registration points or places of arrivals, to identify and register persons with disabilities (UNHCR Emergency handbook, December 2020) . Integrate the Washington Group short set of disability questions or other relevant tools in data collection mechanisms to identify persons with disabilities. Appoint community workers or partners' staff to identify and register persons with disabilities who may not have been present at (pre-) registration. (This is often due to barriers at access registration points.) Persons with disabilities and their representative organizations may be useful sources of information. During rapid and participatory assessments, include specific questions about the experience of persons with disabilities. Do so to identify specific protection risks, specific needs, and barriers that prevent people from obtaining assistance. Consult persons with disabilities to determine which referral mechanisms and which forms of assistance they find most appropriate and accessible. Train registration staff and provide guidance on how they should identify and record persons with disabilities who have not yet been registered. Enter the specific needs of persons with disabilities.

7.2 Access to services

Identify families that include persons who have difficulty moving; in consultation with the families, locate them close to facilities and services when assigning plots and shelters. Train partners and local service providers in disability inclusion and build their capacity to implement it. In consultation with persons with disabilities, adapt medical centres, distribution sites, water sources, latrines, schools, shelters, and other infrastructure, to make them safe, accessible and appropriate for persons with disabilities. (Avoid barriers or tripping hazards, include ramp access, large doorways, handrails on stairs, space to turn a wheelchair, non-slippery floors, etc.). Ensure food and other distributions are accessible to persons with disabilities by establishing a distribution monitoring system.

Where appropriate, consider separate queues, transport support, smaller parcels, or home delivery systems. Work with health and nutrition partners to identify specific dietary needs of persons with disabilities and people with chronic health issues. Consult persons with disabilities to identify what specific protection risks they face, and whether cash-based assistance programmes need to be adapted. Consult persons with disabilities when designing new infrastructures and deciding what items distributions should include (for example, lighter jerry cans).

Photo: Volunteer Training at the Rohingya Camp, "Food Security and Livelihood Support for the Host Community and the Rohingya in response of COVID-19" ICCO Cooperation, Cox's Bazar, 2020

Consult early to avoid expensive adjustments later. Work with school authorities and communities to improve the inclusion of children with disabilities. Adapt education programmes where necessary. Include children and parents in consultation. Consult persons with disabilities to identify barriers they face in accessing health services. (Include public health, sexual and reproductive health, maternal and child health, etc.) Support services Map service providers and potential partners (at community, local and national level, and camp level if applicable) who provide specialized services, such as rehabilitation and assistive devices. Check that their services can be accessed by refugees.

In consultation with persons with disabilities, identify service providers, agree on coordination mechanisms, and establish referral mechanisms for access to services. Prioritize persons with disabilities in reunification efforts. Do not separate persons with disabilities from their family members or support persons, or from their assistive devices, adaptive aids, or medication (for example, during relocation or transport). Consult persons with disabilities and the wider community to assess the community's capacity to support persons with disabilities who are alone and need support. Identify persons with disabilities who are living in institutions, and ensure that protection staff and partners follow up.

7.3 Safeguard and Protection: Prevention of abuse and exploitation

Ensure that all programmes to prevent and respond to sexual exploitation and abuse (PSEA) and sexual and gender-based violence (SGBV) include persons with disabilities. Through community workers and other partners, establish systems for monitoring and following up the situation of persons with disabilities who are at heightened risk of abuse or exploitation. Implement appropriate referral mechanisms. Train persons with disabilities, their families, SGBV prevention and response partners, and

community workers, in how to recognize, prevent, and report instances of violence, exploitation and abuse.

Photo: Waste to Resources, Creating Employment for the Women and Vulnerable People like People With Disability, Forcibly Displaced Rohingya Community, Cox's Bazar, "Food Security and Livelihood Support for the Host Community and the Rohingya in response of COVID-19" ICCO Cooperation, December, 2020

7.4 Inclusion and information sharing:

Prepare all key messages to displaced populations in a variety of formats (radio, word of mouth, information booklets in 'easy to read' format, texts with symbols and images, etc.). Make sure your methodologies for consultation include persons with disabilities and their households. Involve them in decision-making and programming, including the design, assessment, monitoring and evaluation of activities.

7.5 Awareness-raising and advocacy

Inform staff and partners of the rights of persons with disabilities. Emphasize that responses need to be designed in consultation with persons with disabilities to ensure they are inclusive and accessible. Train Staff and partner staff on practical steps they can take to improve accessibility and inclusion. Local organizations of persons with disabilities can be an important training resource. Encourage the authorities to include persons of concern with disabilities in national policies and programmes, including national social protection programmes.

7.6 Participation

Include persons with disabilities in education and livelihood activities. Identify opportunities and training for them, corresponding to their experience and abilities. Include persons with disabilities in community-based governance mechanisms, such as refugee committees. Ideally, persons with disabilities should have their own structures and be represented in all community- based structures as well. Engage persons with disabilities in leadership roles in the community, as community volunteers, facilitators, etc. To achieve this, you may need to adapt selection criteria and tasks, or provide support.

7.8 Key management considerations

Put in place enough staff and resources to enable the operation to address the gaps and barriers faced by persons with disabilities. Assess programmes regularly and ensure they are AGD-inclusive. Establish monitoring mechanisms for all key steps.

7.9 Coordination and Partnership

Establish national partnerships to ensure that government services and other national partners are fully engaged. This is essential if programmes and support for persons with disabilities are to be sustainable.

Resources and partnerships Staff Protection; community-based protection; mental health and psychosocial support Partners- Partner's include UN entities, INGOs, national NGOs including organizations of persons with disabilities (OPDs), and government institutions and ministries that work on disability or provide services to persons with disabilities. The latter are often able to provide mental health and psychosocial support services.

Resources- Financial resources will be required to plan and implement relevant services, interventions and programmes. Links with specialized organization like Handicap International (Humanitarian International), HelpAge International Source (an International online resource centre on disability and inclusion), Women's Refugee Commission, UNHCR Learn & Connect Disability Rights Fund UNICEF, Guidance on Including Children with Disabilities in Humanitarian Action (2017) , Charter on Inclusion of Persons with Disabilities in Humanitarian Response (2016), Age and Disability Consortium, Humanitarian Inclusion Standards for older people and people with disabilities (2017) IASC, Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action CBP Community of Practice.

Box: 3 Access to Health Care Services of People With Disabilities

Partners in Health and Development (PHD), a national NGO have been working in Cox's Bazar district for many years. They have been extending their health services for both displaced and host communities. They have two Primary Health Care Centre (PHC) and six Health Post (HP) in different camps for the Forcibly Displaced Myanmer Nationality (FDMN). Their focus target groups are -Pregnant and lactating mothers, under five children, adolescents and patients from People With Disabilities. In brief – they provide services both from door to door and from facilities. The services include

1) **Curative Care and Immunization (EPI) for** Under 2 Children
2) **Maternal, New-born, Sexual & Reproductive Health (MNSRH) Care:**
   Covering Antenatal Care (ANC) / Postnatal care (PNC), Family Planning (Male/Female), Distribution of Irion Folic Acid (IFA)/Zinc/Calcium, and Referral of Gender-based violence (GBV)/Clinical Management of Rape (CMR)/ Menstrual regulation (MR)/ Post-abortion care (PAC)
3) **Community-Integrated Management of Childhood Illness (C-IMCI) Services:**
   Managing and referring sick New-borns & Under 5 Children with Diarrhoea, Acute respiratory infection (ARI), Ear Infection and Fever, **Oral Rehydration Therapy (ORT)/Breast Feeding (BF)** having BF Corners for lactating mothers
4) **Prevention of Mother-to-Child Transmission (PMTCT):**
   Counselling, Screening, Syndromic Management, HIV Testing and Refer to Upazila Health Complex (UHC) and District Hospital (DH)
5) **Patient Registration, Management and Reporting ; 6) Mini Pharmacy:** Dispensing medicines according to Essential Service Package
6) **Community Health and Nutrition Program:**

Community Health Program ensures household visits to register PLWs and their Children under 2 years of age, Promote 4 ANCs, Facility Delivery, Essential Newborn Care (ENC), Post Natal Care (PNC), Family Planning (FP), Exclusive Breast Feeding (EBF), Infant and Young Child Feeding (IYCF), Expanded Program on Immunization (EPI). Community Nutrition program ensures identification of Severe Actuate Mal-nutrition (SAM), Moderate Actuate Mal-nutrition (MAM) cases and referral system

7) **Referral Services:**
   - Facilitating admission of the referred cases in the appropriate facilities
   - maintaining follow-up and ensuring their return to respective camps
8) **Special services to Adolescent Girls and Boys:**
   Adolescent friendly services, Risk Taking Behavior and Mental Health, Td Vaccination and IFA supplementation
9) **Lab Facilities:**
   Some strip-based investigations are performed

10) **Indoor Patients Department (IPD):**
    In two PHCCs at 8W & 10- Minor procedure, Inpatients management, Normal Vaginal Delivery support.

Source: Partners in Health and Development (PHD), www.phd-bd.com

THE COST OF INCORPORATING UNIVERSAL DESIGN

8.0 Universal design is not as costly as many might think, especially when accessibility is addressed during planning and construction (AusAid, January 2013). Some developers and owners assume costs are larger than they are. This can be due to lack of knowledge and experience. Others rely on inaccurate construction cost estimates.

Some studies conclude that costs for accommodating accessibility regulations are small in relation to gross domestic product (as low as 0.01%). A study commissioned by the *Deutsche Gesellschaft für Technische Zusammenarbeit* (GTZ), now known as *Deutsche Gesellschaft fur Internationale Zusammenarbeit* (GIZ), outlines- Providing fully accessible facilities increases building costs by as little as 0.5% to 1% if planned, designed and implemented from the outset.

Handicap International estimates that this is the case for new buildings or facilities and that additional costs are as little as 1% to 2% for public buildings. Even refurbishment costs can be significantly reduced when adaptations are properly planned and managed. The cost of retrofitting for accessibility after building completion is far greater.

Another misconception relating to the cost of incorporating universal design is how much extra physical space is required. In many cases, it may only require rearranging and plan within existing space. This was demonstrated in an AusAID-funded project in Port Moresby, Papua New Guinea. At the Elementary Teachers Training College, the wheelchair accessible toilet and shower room doubled as a night bathroom in the dormitory blocks, saving people from having to go outside of the main dormitory building at night.

8.1 Realistic

The *World Report on Disability 2011* notes that constructing an accessible environment is often best achieved when approached incrementally and in a realistic fashion. The aim is to build a '***culture of accessibility***'

Since it is not possible to bring all infrastructures in any country, developing or otherwise, to a universal access standard immediately or at one time, it is necessary to be realistic and to prioritize interventions and investments.

8.2 Regulatory, structural, human behaviour and operational practices

To work, universal design needs to consider regulatory, structural, human behaviour and operational practices. These all play an important role in planning and implementation.

8.3 Structural

Universal design plays an important role in making markets work by providing physical structures, such as easily accessible entry points, wide entry doors, wide aisles, and ramps with railings and handles. It can also ensure selling surfaces are at the right height, water points have easy access levers and public toilets are designed for easy access.

8.4 Human behaviour

Without education and awareness, human behaviour can work against universal design and equal access. Taxi drivers and other transport operators can block road access, sellers can encroach on aisles with their produce, crowds can litter ramps and walkways and block or break water sources.

8.5 Operational

Poor operational practices, in new and existing infrastructure, can mitigate impact on universally designed infrastructure. For example, footpaths, ramps and other pedestrian facilities built in urban areas of developing countries, including in villages and rural towns, can become inaccessible if blocked by building materials, parked vehicles, rubbish or trading stalls.

1. ⊡ **Item→ Guidance**

⊡**Information→ Provide information about the environment or service in accessible formats. →** Provide information at locations where people with disability will most likely find it, such as community centres, libraries and schools.

⊡Signage→ Provide signs that are readable, in Braille where possible.

→ Use non-reflective and colour contrasting materials.

→ Remove unnecessary or confusing signs.

⊡Pathways→ Provide accessible pathways between buildings and leading to the car park.

→ Ensure no breaks in path of travel, including with steps.

⊡Rural roads→ Acknowledge that rural roads are likely to be used by pedestrians with disability, as well as vehicles.

→Allow for footpaths adjacent to roads through built-up areas.

⊡Car parking → Provide accessible car parking spaces that will allow a person in a wheelchair to easily get into and out of a vehicle.

→ Ensure parking is close to building entrances.

⊡Drainage → Cover drains that lie adjacent to pathways or corridors.

→ Cover drains that cross travel paths.

→ Construct grates or bridges over drains that are accessible.

⊡Access to rooms → Provide ramped alternatives to ground floors.

→ Provide level access to all rooms.

→ Avoid unnecessary level changes.

→ Construct doors that are of an adequate width.

⊡Toilets → Provide disabled access toilets into new or incorporate into existing infrastructure.

→ Construct handrails that are at correct height.

→ Provide sufficient room around toilet bowls and wash basins to allow easy maneuverability by people in wheelchairs.

⊡Water → Provide drinking water close to households that is easily obtainable.

→ Provide washing facilities that allow for bathing by people with disability.

⊡Stairways → Provide accessible handrails on both sides.

→ Provide adequate lighting.

8.6 The following top 10 tips, given below that can be used by ICCO Cooperation and its partners to promote universal design in its existing and future development program designing.

Top 10 tips for promoting universal design:

1. identify and understand a partner country's legislative framework and building standards and codes
2. establish early collaboration between government representatives, infrastructure designers and Disabled People's Organizations
3. consult with a representative range of disability groups as equal participants throughout the project cycle and after the project is complete, to assess the effectiveness of the design and to collect lessons learned
4. learn how local people with disability and their families adapt their environments to make them more accessible
5. include people with disability on general planning committees to ensure a better understanding of the barriers faced by people with disability
6. include costs for inclusive design as part of overall construction costs and not as an add on
7. ensure that contractors and consultants consider employing people with disability in design, construction and administration
8. raise the importance of universal design with other development partners, using AusAID's Accessibility Design Guide as a reference tool
9. advocate for universal design principles to be reflected in local laws and policies
10. capture lessons learned to ensure that they are incorporated into planning of future infrastructure projects and publicize good practice.

8.7 Key universal design principles to consider

Constructing an accessible barrier-free environment is often better achieved if approached incrementally and can focus upon building a 'culture of accessibility' and removing basic environmental barriers. As the concept of accessibility becomes more ingrained and familiar, and as more resources become available, it becomes easier to raise standards and attain higher levels of mainstream disability inclusion.

This guidance is grouped under four design requirement headings:

1. sensory, including tactile warnings, guide ways and information
2. outdoor environments, including obstructions, signage, street furniture, pathways, kerb ramps, pedestrian crossings, parking and children's playgrounds
3. horizontal areas, including doors, entrance areas and lobbies, corridors, handrails and railings, bathrooms and toilets
4. vertical areas, including ramps, lifts and stairs.

1. Sensory accessibility

This section deals with sensory accessibility design requirements. Accessible information and communications is important for everyone, including people with low vision and blindness to navigate physical spaces. CBM has developed design principles on how the built environment in developing countries can help people with low vision and blindness to be mobile. This involves a consistent and continuous guiding system that includes tactile:

› warnings

› guide ways › information.

Lighting and good signage is an important aspect in providing a safe and secure environment, particularly for people with disability.

Communication within the environment is important. Adequate lighting allows for signage to be read. It is also necessary to enable people who use sign language or visual cues in speech to see their communication partners. Emergency communication systems must have both auditory and visual cues.

2. Outdoor environments

This section deals with the design requirements of accessible outdoor environments, including outdoor areas, open spaces and recreational areas. It covers obstructions, signage, street furniture, pathways, kerb ramps, pedestrian crossings, parking and children's playgrounds.

3. Obstructions

Obstacles, protruding elements and anything else obstructing the path of travel should be removed or relocated. This includes:

- overhanging obstructions, such as electric cables, light fixtures, shop awnings, signs and vegetation
- fixed objects on pathway surfaces, such as bollards, garbage bins, poles, trees and other street furniture

- unfixed objects on pathway surfaces, such as A-frame signs, commercial street furniture, planting tubs, retail and food carts, and stalls.

Ideally obstructions need to be relocated from pathway surfaces and outside the path of travel in a continuous line. The recommended minimum width for a clear path of travel is 900 mm, with a minimum clear height of 2 m.

4. **Guidelines to consider:**

- implement the accessibility guidance in Transport systems and infrastructure
- use a colour that contrasts with the road and surrounding kerbs to avoid confusing people with low vision and blindness
- identify kerb ramps with tactile markings to alert pedestrians of potential hazards or danger in level changes and traffic
- install traffic control signals that have appropriately-located push buttons, audible and visual signals and time intervals for people who cross slowly
- install guide strips leading pedestrians to traffic light push buttons, for security and guidance
- provide a coloured tactile marking strip on traffic islands
- raise crossings to the same level as the pathway so those using a wheelchair do not have to struggle with differences in height (raised crossings also act as speed bumps for approaching vehicles)
- introduce other traffic calming measures, such as speed bumps, to increase safe crossing for vulnerable groups.

DISABILITY INCLUSION IN MONITORING AND EVALUATION

Monitoring and Evaluation are the essential of project management cycle as it is the way where we can find the efficacy of invested development aids. Therefore during the design phase where development interventions align with invested cost it should be made visible the modalities of attaining goals, with verifying indicators and source of information. So the measuring Project Development Objectives (PDO), it is required to set both numerical and descriptive indicators as most of the cases Disability Inclusion Development Programming likely follows to achieve the change e.g. it is universal that the conceptual understanding of making visible of People With Disability not lies only , How Many People With Disability in your community rather it carries, Who are they? In this exercise we can follow how World Vision, a global development agency who has driven many initiatives for designing an inclusive approach in their programs.

9.0 Goal: To ensure monitoring includes collecting data on the participation of people with disabilities and the project evaluation includes reviewing inclusive components of the programs.

Why It Is Important: In order to assess the extent to which people with disabilities are being included within the project, it's important to collect and disaggregate data by disability where feasible (World Vision, October 2012). Disaggregating by disability, however, can be challenging due to different definitions and cultural understanding of disability, and because many people with disabilities are hesitant to self-identify for fear of associated stigmas and discrimination. Moreover, many disabilities are non-apparent, so it is not always possible to know if someone has or does not have a disability solely by looking at them. Even people with disabilities may not always know, or identify themselves as being a person with a disability, because people with "invisible" disabilities sometimes experience the effects of their disability for many years before diagnosis. Because of these issues, it is best practice to ask questions related to functionality rather than using questions that include the word "disability." Even this approach is imperfect because people with undiagnosed disabilities may not realize that their experience with certain tasks differs from most other people. However, this technique of using functionality questions has proven to be significantly more successful than other approaches in collecting reliable data.

During the evaluation phase of the project, it is also important to meet with DPOs and other individuals with disabilities to see if their accommodation needs were adequately addressed to facilitate their participation. This can be done through focus groups or individual meetings. It would also be helpful to assess behavior change and shift of perceptions on disability for other participants as a result of being in an inclusive program. Disability specific indicators should also be developed for the different sectors and used for the projects.

Finally, success stories and challenges should be captured and shared with other colleagues and offices in order to encourage inclusive programming and to learn from potential challenges. Tools and resources that may have been developed throughout the life of the project related to disability inclusive development should also be shared broadly to further promote inclusion and potentially avoid duplication of efforts.

Checklist for Inclusion: Below is a list of questions to address and use as part of the project monitoring and evaluation phase.

Collecting Data:

- Have people with disabilities been identified using the Washington Group's functionality questions? If so, is subsequent data disaggregated by disability?
- Have the Monitoring and Evaluation (M&E) specialists, or others collecting data, received training on disability awareness?
- Are *all* indicators developed in a way that is gender and disability sensitive?
- Are there specific indicators developed related to disability and inclusion?
- Are there any indicators related to behavior change or changes in perceptions on disability as a result of awareness campaigns or having the project be inclusive?

Evaluation:

- Have DPOs and disability leaders been involved in the design and scope of the project evaluation?
- Are the venues and facilities that are being used for evaluation accessible to people with disabilities? Is sign language and/or the provision of evaluation materials in alternative formats been made available upon request?
- Are separate methods of evaluation needed (e.g. separate focus groups or meetings) to ensure that people with disabilities are comfortable and have a space to openly share their thoughts on the project?
- Does the evaluation report address challenges, opportunities, and possible issues related to disability inclusive development in a way that is empowering to people with disabilities?
- How will the results of the evaluation be shared with different stakeholders including donors, DPOs, and host government officials?
- Have disability-specific case studies, success stories, or challenges been captured and appropriately disseminated?
- If determining additional future programming needs, have the needs of people with disabilities been included? Have DPOs contributed to ideas for future or follow-on projects?

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ANNEX: 1 SCHEDULE OF TRAINING MANUAL

Day	**Subject**	**Learning Objectives**	**Learning Materials and Learning Techniques**
Day 1 Session -1 9.00 am	Orientation of Diversity and Disability	Diversity is a natural phenomenon and beauty lies on it. Historically human society's existence lies on how to make the environment favorable for him /her. Status of disability should be conceptualized in that way.	Lecture; Multi-media presentation
Session -2 9.45 am	Rationale of Disability into Development	-Participants will be acquainted about inclusion of disability is not about a charity but rights from global institutional perspectives	Lecture; Multimedia presentation
Session -3 10.30 am	Barriers and challenges faced by the People with Disability	-Will be acquainted about variations of challenges and exclusions with lied in disparities of People With Disabilities	-Testimony of life history - Case studies and oral presentation.
Session -4 12.00 pm	Identification of Disabilities	- Will be acquainted about universal acceptable tools and techniques of identification of disabilities - Will be able to selection and identification of different types of disabilities	- Lecture ; Demonstration - Group Works - Practical use
Session -4 2.00 pm	How to identify and select different types of disabilities	- Will be user friendly to use tools and techniques of identification of People With Disabilities	- Use of checklist - Community Transact Walk - Identification of People With Disabilities
- Day 2			
Session -5 9.00	Recap of last day discussion	- Refreshers	- Plenary session
Session -6	Demonstration of identification of	- To make capable how to use Independently – International	- Demonstration of

9.45	People With Disabilities	standard tools for identification of People With Disabilities	Individual Identification - Discussion in plenary session
11.15		-	-
Session -7 12.00 pm	Disability Inclusion Program Development – Humanitarian Response	- To be acquainted with Risks and Barriers of People With Disability - Understanding Different Approach of Development(e.g. Twin-Track) - Know How to create access to Infrastructure and Access to services	- Plenary Session ; Multi Media Presentation and Case Studies
Session-8 2.00 pm	Disability Inclusive humanitarian response programming	- To be acquainted with steps of program development - Needs Assessment and Priority of the People With Disability - Concept Note Development and Program Development	- Plenary Session; Demonstration
3.30 pm	Tea Break	-	-
Session-9 4.00 pm	Creating Access to Facilities of People With Disabilities	- To be acquainted with concept of universal design - Is the ' Cost' a barrier for universal design ? - How to Promote Culture of Accessibility: **Regulatory, structural, human behaviour and operational practices**	-
- Day -3			
Session-10 9.00 am	Recap of the previous day learning	- Refresher	- Plenary session
Session -11	Monitoring and Evaluation	- Understanding the importance of M & E System in the	- Plenary ; Multi media presentation, case Studies, Identification

9.45 am		Disability Inclusion Program - How to Develop M& E Frame Work	of Most Significant Cases (MSC)
11.00 am	Tea Break		
Session - 12 11.30 am	Recap of the Whole Session: Demonstration of Individual Presentation in a Plenary Session		

ANNEX: 2 RIO CHARTER: "UNIVERSAL DESIGN FOR SUSTAINABLE AND INCLUSIVE DEVELOPMENT"

Having met in Rio de Janeiro, Brazil, on December 12, 2004, in the International Conference on Universal Design, "Designing for the 21st Century", as women and men from various countries in Latin America, including professionals, representatives of NGOs and various sectors of civil society, universities, employees of government institutions, and international and multilateral agencies, we hereby agree to the following declaration:

1. The purpose of Universal Design is to serve needs and make possible social participation and access to goods and services by the widest possible range of users, contributing to both the inclusion of persons who have been prevented from interacting in society and to their development. Examples of such groups include: poor persons, persons marginalized for reasons of culture, race, or ethnicity, persons with different types of disabilities, very obese persons and pregnant women, very tall or very short persons, including children, and all those who for different reasons have been excluded from social participation.

2. We conceive of Universal Design as generating accessible environments, services, programs, and technologies that are equitably, safely, and autonomously usable by all individuals – to the widest extent possible – without having to be specifically adapted or readapted, based on the seven underlying principles, as follows: • Equitable Use (for persons with diverse abilities); • Flexibility in Use (by persons with a wide range of preferences and abilities); • Simple and Intuitive (easy to understand); • Perceptible Information (communicates necessary information effectively) • Tolerance for Error (minimizes hazards of unintended actions); • Low Physical Effort; and • Size and Space for Approach and Use.

3. We acknowledge the value of the emerging concept of Inclusive Development, which attempts to expand the vision of development, recognizes diversity as a fundamental aspect in the process of socioeconomic and human development, claims a contribution by each human being to the development process, and rather than implementing isolated policies and actions, promotes an integrated strategy benefiting persons and society as a whole. Inclusive Development is an effective tool for overcoming the world's prevailing social exclusion and thus for achieving progress in eradicating poverty.

4. We conceive of Sustainable Human Development as a productive way of understanding social policies, considering the links between economic growth, equitable distribution of its benefits, and living in harmony with the environment.

5. We see that poverty and social exclusion affect millions of people worldwide, prevent human development and a decent life with quality – and that in Latin America and the Caribbean this situation affects over half of the population. We are also convinced that exclusion and poverty, together with inequality, diseases, insecurity, environmental pollution and degradation, and inadequate design are public hazards affecting many people and threatening everyone.

6.Within the prevailing context of development based on exclusion, we pose the following challenges: • How to apply the principles of Universal Design when there are people whose main concern is not "tomorrow", but the uncertainty as to their next meal ... or who lack housing and the most basic health care? • How to make Universal Design principles consistent with the fact that for the majority of the world the concepts of "basic standards", "building codes", and "regulations" are nonexistent? • In this situation, what real meaning is there in such services as "the bathroom", "the kitchen", "the lobby", "the

ramp", "the lighting", or "the acoustics"? • And especially, how to add quality of life by applying Universal Design?

7. We emphasize that the current application of inadequate design to programs, services, and infrastructure generates inaccessibility and perpetuates conditions of exclusion for the future. We find it unacceptable that public resources continue to be used to construct any kind of barrier.

8. We agree that Universal Design should become an indispensable component in policies and actions to promote development, in order for it to be truly inclusive and to effectively contribute to the reduction of poverty in the world.

9. We also agree that in order to make progress towards Universal Design for Sustainable and Inclusive Development, all new actions will require the following: • be planned with a balance between legal, human-rights, economic, technological, and local cultural issues; • meet the community's real needs; • include participation by stakeholders; • incorporate Universal Design criteria in order to prevent investments from generating extra costs for adaptations needed in the future; • apply locally available materials and technologies at the lowest possible cost; • plan for maintenance with local means; and • provide adequate training to allow increasingly extensive application of Universal Design.

10. We are convinced that in order for Universal Design to become an instrument at the service of Inclusive Development, it is necessary that all stakeholders in these issues (states and governments, private sector, civil society, civil society organizations, universities, professionals, and international and regional agencies) play active roles, in keeping with the following lines of action: • Governments should make efforts to achieve legal instruments for Universal Design to be applied permanently and as a cross-cutting component of national development plans and public policies. • The private sector should be attracted to apply Universal Design to products and services, and the theme should become a public interest matter. Universities should promote Universal Design for training the professions related to this concept, fostering research that allows the expansion, application, and development of Universal Design. • Professionals directly related to Universal Design should furnish technical guidelines in order to achieve its more effective and efficient application, focused on local development and social inclusion. • The organizations currently most aware of the need for Universal Design should contribute to spreading the concept to other sectors of civil society and play an active role in social vigilance in order to make on-going progress in accessibility and inclusion through its effective application. • International and regional agencies should make progress in the legal framework with the support of international and regional technical standards and guidelines promoting the sustainable application of Universal Design at the service of Inclusive Development. • Multilateral lending agencies should make Universal Design a development issue and promote its advancement, practical application, research, and dissemination with economic resources and adopt it as a basic standard for designing projects and as a requirement for the approval of loans to countries.

11. We feel that all efforts and actions in this direction will be stronger and more effective to the extent that we move towards a common agenda for Universal Design and Inclusive Development and build alliances and partnerships between the different sectors and stakeholders. Yet it is still necessary to create networks to promote these issues, to contribute to their spread and constructive debate, and to empower the various efforts.

12. Finally, we hereby state that we are deeply convinced that if we work to build a world guided by the principles of Universal Design and Inclusive Development, it will be a better, more peaceful, more inhabitable, and more equitable world and certainly one with better quality of life.

Rio de Janeiro, December 12, 200

ANNEX 3: UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD) ARTICLE 9: ACCESSIBILITY

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia: a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces; b) Information, communications and other services, including electronic services and emergency services.

2. States Parties shall also take appropriate measures: a) To develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public; b) To ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities; c) To provide training for stakeholders on accessibility issues facing persons with disabilities; d) To provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms; e) To provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public; f) To promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information; g) To promote access for persons with disabilities to new information and communications technologies and systems, including the Internet; h) To promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.

ANNEX: 4 ACCESSIBILITY STANDARD, GUIDELINES, RESOURCES and REFERENCES

International Standards Organization (ISO)

- ISO TC 59/SC16: Accessibility and usability of the built environment (under development)
- ISO TR 9527: Building construction – Needs of disabled people in buildings – Design Guidelines (1994) ISO Guide 71: Guidelines for standards developers to address the needs of older persons and persons with disabilities
- ISO 7000: Graphic symbols to be employed in indices and synoptic tables
- ISO 7001: Public information symbols
- ISO 9241-171: Ergonomics of human-system interaction -- Part 171: Guidance on software accessibility (2008)
- ISO 9241-20: Ergonomics of human-system interaction -- Part 20: Accessibility guidelines for information/communication technology (ICT) equipment and services. (2008)
- ISO 9241-151: Ergonomics of human-system interaction -- Part 151: Guidance on World Wide Web user interfaces (2008)

Asia and the South Pacific

- Promotion of Non-Handicapping Physical Environment for Disabled Persons: Guidelines [By UN Economic and social commission for Asia and the Pacific] http://www.unescap.org/esid/psis/disability/decade/publications/pnedp/index_pdf.asp
- Physical Accessibility and Disability in Afghanistan [By STEPS, 2005]

EU Countries European Commission (EC)

- European Concept for Accessibility: Technical Assistance Manual 2003
- Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions: Towards a Barrier Free Europe for People with Disabilities European Parliament and Council of European Union
- Directive 2001/85/EC of the European Parliament and of the Council of 20 November 2001 relating to special provisions for vehicles used for the carriage of passengers comprising more than eight seats in addition to the driver's seat, and amending Directives 70/156/EEC and 97/27/EC Latin America and the

Caribbean Pan-American Standards Commission (COPANT)

- Accessibility Standards of COPANT
- Accessibility of the persons to the physical environment. Buildings. Hygienic accessible services (COPANT 1706:2006)
- Accessibility of the persons to the physical environment. Buildings. Accessible Doors (COPANT 1705:2006)
- Manual de Diseño de Lugares Accesibles (an illustrated manual on accessible design, in Spanish) [By APRODDIS (Asociación pro Desarrollo de la Persona con Discapacidad, Peru)] http://www.un.org/esa/socdev/enable/guiadd/aproddis.htm

Middle Eastern and North Africa

- Accessibility for the Disabled: A Design Manual for a Barrier Free Environment [By Lebanese Company for the Development and Reconstruction of Beirut Central District, in collaboration

with the UN Economic and Social Commission for Western Asia] http://www.un.org/esa/socdev/enable/designm

United States Americans with Disabilities Act (ADA)

- ☐ Buildings: ADA Standards for Accessible Design (http://www.usdoj.gov/crt/ada/stdspdf.htm)
- ☐ Public Transport (http://www.fta.dot.gov/civilrights/civil_rights_2360.html)
- ☐ Buildings and Facilities: ADA Accessibility Guidelines (ADAAG) http://www.accessboard.gov/adaag/ADAAG.pdf

Resources

Disability Issues

- ☐ UN International Convention of the Rights of Persons with Disabilities http://www.un.org/disabilities/convention/ http://www.un.org/disabilities/convention/media.shtml
- ☐ World Bank Disability Website: http://www.worldbank.org/disability
- ☐ World Bank Disability Toolkit http://disabilitytoolkit (World Bank intranet)
- ☐ UN Enable www.un.org/esa/socdev/enable
- ☐ USAID Disability and Development www.usaid.gov/about_usaid/disability/
- ☐ Sida Disability http://www.sida.se/sida/jsp/sida.jsp?d=847&a=16354&language=en_US&searchWords=disability
- ☐ UNESCAP Disability program http://www.unescap.org/esid/psis/disability/
- ☐ Health Link http://www.healthlink.org.uk/projects/disability.html
- ☐ Inter-American Development Bank (IDB):http://www.iadb.org/sds/SOC/site_6190_e.htm

NGOs/NPOs

- ☐ International Information Resource Center http://www.asksource.info/res_library/disability.htm
- ☐ VSO http://www.vso.org.uk
- ☐ International Disability and Development Consortium www.iddc.org.uk/
- ☐ Action on Disability & Development www.add.org.uk
- ☐ BOND Disability and Development group www.bond.org.uk/wgroups/disability/index.html
- ☐ Disabled People's International http://www.dpi.org/
- ☐ Inclusion International http://www.inclusion-international.org/
- ☐ Mobility International USA http://www.miusa.org/
- ☐ Christian Blind Mission www.cbm.org
- ☐ Shia http://www.shia.se/index.php?l=en&p=index

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- CRPD, 2006, A/RE S/61/106
- Guidance on strengthening disability inclusion in Humanitarian Response Plans -This guidance includes the Humanitarian Needs Overview development process in recognition of the importance of the HNO as the basis for the Humanitarian Response Plan, UKAid (https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/guidance_on_strengthening_disability_inclusion_in_humanitarian_response_plans_updated.pdf)
- This guidance has been developed under the framework of the Humanitarian Reform of the United Nations through Core Funding (2017-2020), a multi-year, multi-agency initiative built around a single results framework supported by the Department for International Development (DFID).
- INCLUSION OF PERSONS WITH DISABILITIES IN HUMANITARIAN ACTION Guidelines Endorsed by IASC October 2019 July 2019 IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action
- Endorsed by IASC October 2019 (https://reliefweb.int/sites/reliefweb.int/files/resources/iasc_guidelines_on_the_inclusion_of_persons_with_disabilities_in_humanitarian_action_2019.pdf)
- On the Road To Disability Inclusion, World Vision, October 2012 https://www.worldvision.org/wp-content/uploads/DIGPROD-85-On-the-Road-to-Disability-Inclusion-FINAL-6-13-2016.pdf
- UNHCR emergency Handbook, Right of Persons With Disability, Version: 2.1 Document date: 27.05.2021 (file:///C:/Users/LENOVO%204/Downloads/Emergency%20handbook%20(1).pdf)
- Disability Inclusive Development Toolkit, CBM, January 2017. (https://www.cbm.org/fileadmin/user_upload/Publications/CBM-DID-TOOLKIT-accessible.pdf)
- Twin Track Approach, https://hhot.cbm.org/en/card/twin-track-approach#:~:text=Applying%20a%20twin%2Dtrack%20approach,protection%20by%20removing%20barriers%20and) https://www.cbm.org/fileadmin/user_upload/Publications/CBM_Inclusion_Policy_Framework.pdf
- Toolkit on Disability for Africa- Disability Inclusive Development, United Nations, 18 November 2016 Disability-inclusive-development- United Nations.pdf
- Washington Group on Disability Statistics, Washington Group Secretariat, National Centre For Health Statistics, USA, 20/6/2021 (http://www.washingtongroup-disability.com)