

Documentation of the “Disability-inclusive Project Cycle Management” Seminar



Seminar photo © Jörg Frays

Date:	19 and 20 November 2019, 08:45-17:00
Location:	Hotel Rossi, Lehrter Straße 66, 10557 Berlin
Trainers & Facilitator:	Sien Andries (HI), Haakon Spriewald (HI), Sabrina Ebert (HI) Guest Speakers: Henry Legge & Christina Wanjohi (remote from South Sudan)

Narrative: The seminar offered an opportunity to learn about the concept, legal frameworks, global figures of and tools for disability inclusion in humanitarian action. A technical expert imparted relevant basics and gave practical examples of necessary approaches and methods to systematically anchor disability inclusion in all phases of the project cycle.

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1. Overall Objective

Participants increased their understanding of disability-inclusion as a crosscutting topic in the humanitarian project cycle and have gained practical skills on how to conduct inclusive assessments, plan & design inclusive humanitarian projects, and subsequently monitor those.

2. Specific Objectives

- Increased **understanding of human rights-based approach of disability** and inclusion.
- Increased understanding of the global landscape on and progress made by humanitarian community in mainstreaming disability in the PCM.
- Increased **understanding of the approach to the inclusive project cycle and knowledge of key actions and tools** to promote disability inclusion.
- Participants are **familiarized and access key global resources; learnings; practical experiences** of HI, CBM and other key stakeholders to mainstreaming disability inclusion from needs assessment to monitoring.

- Participants **have identified together their role as humanitarian programmer in promoting and coordinating on disability inclusion** in the humanitarian program cycle.
- Participants **are introduced to the FFO tools (proposal template) and other relevant tools** and increase their understanding on how to conduct an inclusion analyses, monitor and report against disability inclusion.
- Participants **increased their knowledge to collect quantitative and qualitative data** on disability and understand how such informs inclusive programming.

3. Expectations

- General introduction to disability inclusion in humanitarian action.
- The role of donors on disability inclusion, compliance with their requirements if any.
- Tools and measures per Project Cycle Management Phase, including key actions and gaps.
- Best practices and application of tools, such as the Washington Group Set of Questions.

4. Methods, Material and Participants

<p>Method: The seminar focused on problem-oriented learning in an interactive training style allowing time for group works to apply the learned knowledge and discussions. The seminar was held in English language.</p>	<p>Minimum required time: 2 days</p>
<p>Material: A USB-stick was handed out to participants with the seminar material and additional, relevant readings.</p>	<p>Additional notes can be found on page 6-15.</p>
<ul style="list-style-type: none">  1 - Policies & Standards  2 - Guidelines & Tools  3 - Studies & Research  4 - Language  5 - Training 	<p>USB-Stick</p>
<ul style="list-style-type: none">  2018 Humanitarian Inclusion Standards for Old...  190404-new FFO Strategy for Humanitarian Assi...  CRPD (2006)  CRPD (easy-read)  Handout Disability Concepts  UN Disability Inclusion Strategy (2019)  UN SC Resolution on Persons with Disabilities i... 	<p>1 - Policies & Standards</p>

<ul style="list-style-type: none"> ■ WGQ 📄 ECHO(2019)_Disability Inclusion Guidance 📄 GPC-protection toolkit-2017.en 📄 Guidance on strengthening disability inclusion i... 📄 iasc_guidelines_on_the_inclusion_of_persons_w... 📄 UNICEF_General_Guidance_English 	2- Guidelines & Tools
<ul style="list-style-type: none"> 📄 2013DisabilitySurveyReport_030714 📄 2017 Cox-Jadimura Assessment Report 📄 ALNAP (2018) SOHS full report 📄 CHS (2018) Humanitarian Accountability Report 2018 📄 IOM DTM SSD Wau Assessment 📄 WHO-WB (2011) - World Report on Disability - Factsheet 📄 WHO-WB (2011) - World Report on Disability - Full Report 	3 - Studies & Research
<ul style="list-style-type: none"> 📄 DPA (2015) Disability-Glossary-FINAL 📄 Leitfaden (2016) - Sprachliche Beispiele 📄 TransInterQueer - Inter_ & Sprache 📄 TransInterQueer (2014) Trans_ in den Medien 📄 Uni Koeln (2014) Leitfaden UeberzeuGENDERe S... 	4 - Language
<ul style="list-style-type: none"> ■ Exercise ■ G1-Mango ■ G2-Qah 📄 20191118 iPCM-1 📄 20191119 iPCM-DAY 2 📄 iPCM Agenda LNOB 📄 iPCM_Joining Instructions LNOB 📄 iPCM_Participants LNOB 	5 - Training
<p>Participants: The seminar has targeted project managers and officers of humanitarian organisations in Germany.</p>	<p>In total, 12 participants have participated in the seminar (Annex 2: Attendance list-DiPCM 2019)</p>

5. Questions

Questions from the participants that were posted to the trainers and not directly explained in one of the power point slides.

- What is a facilitator?
 - Facilitators or enablers are measures that remove barriers, or reduce their effects, and improve the resilience or protection of persons with disabilities.
 - 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 resilience¹.

¹ [IASC Guidelines on the Inclusion of Persons with Disabilities](#) in Humanitarian Action, 2019, p. 9f.

- How do states recognise the UN CRPD, are there any law enforcement mechanisms?
 - The Committee on the Rights of Persons with Disabilities (CRPD) is the body of independent experts which monitors implementation of the Convention by the States Parties.
 - All States parties are obliged to submit regular reports to the Committee on how the rights are being implemented (initially after two years, thereafter every 4 years).
 - The Optional Protocol to the Convention gives the Committee competence to examine individual complaints with regard to alleged violations of the Convention by States parties to the Protocol².

- Is it recommendable to use the term “disability” in data collection tools? Are the Washington Group Set of Questions designed to be used in isolation?
 - No, it is not recommended. For example, the Washington Group Set of Questions ask whether people have difficulty performing basic universal activities (walking, seeing, hearing, cognition, self-care and communication) rather than by asking them to identify as having a disability.
 - The WG Short Set was not designed to be used in isolation. They should be used in conjunction with other measurement tools, i.e. within a larger survey or registration form to enable disability data³.

² Extracted from: [Committee on the Rights of Persons with Disabilities](#) (last accessed on 17 February, 2020).

³ Extracted from: [Washington Group Set of Questions](#) (last accessed on 17 February 2020).

6. Additional Notes

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DESCRIPTION

Barriers, Facilitators and Risk Factors

Participants were divided into 3 groups to watch a video and identify barriers and risk factors therein.

- **Group A:** Zambia - People with Disabilities Left Behind in HIV Response
- **Group B:** Central African Republic: People with Disabilities at High Risk
- **Group C:** Nujeen Mustafa, a Syrian women with disability addressed the Security Council (15:20 – 21:40)

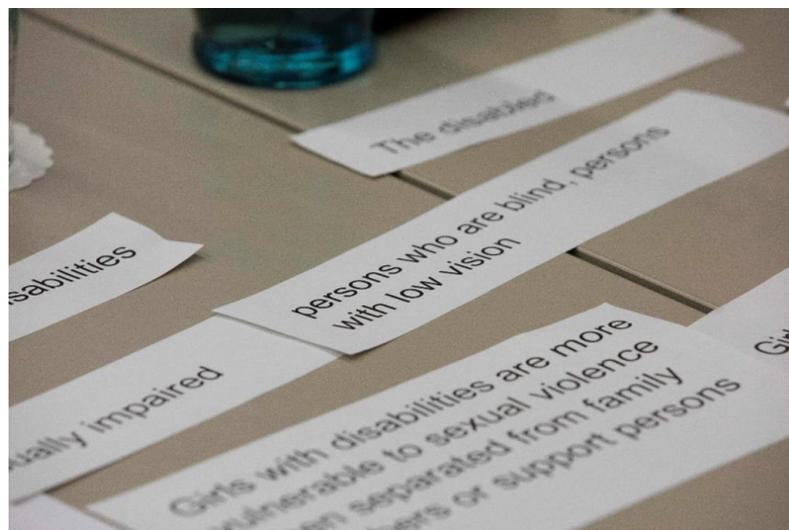
Afterwards all barriers and identified risks were posted on the board.

1. Attitudinal:

- Attitude/ miscommunication leads to non-tailored treatment plans (reduced meds) or physician “cheats” to give them less to reallocate to abled person
- Wrong perception of persons with disabilities (no reproductive interest; sexuality; not recognised by parents)
- Specific request and being explicit in the baseline TOR
- Gender norms
- Stigmatisation (by the community, broader society, own family)
- Lack of awareness

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2. Communication
 - Lack of access to information
 - No independent communication, although the person has the ability to communicate independently
 - Only one communication channel
 3. Institutional
 - Lack of inclusive evacuation and preparedness system
 - No awareness and no inclusive services/consultations
 - No protection protocols
 - Access to prevention mechanisms and services
 - Lack of recognition and needs of persons with disabilities in aid programmes
 - More difficulties in forming interest groups to raise awareness
 - Financial resources
 - Exclusion (institutional & societal)
 4. Physical
 - Insecure environment
 - Inappropriate infrastructure
 - No adequate accessibility to basic services
 - Physical barriers to HIV facilities in general
 - No access to assistive devices
 - No priority lanes
 - No wheelchair no elevator/ not able to flee, not included in evacuation
- Risk Factors
- Violence and abuse, i.e. not enough protection from GBV for women with disability

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- Higher vulnerability/ risk exposure as a women with disability in crisis context
- Loss of family
- Being the hindering factor of a family when fleeing
- Lack of autonomy and dependence on others
- Increased health risks and health expenditure, i.e. psychosocial problems

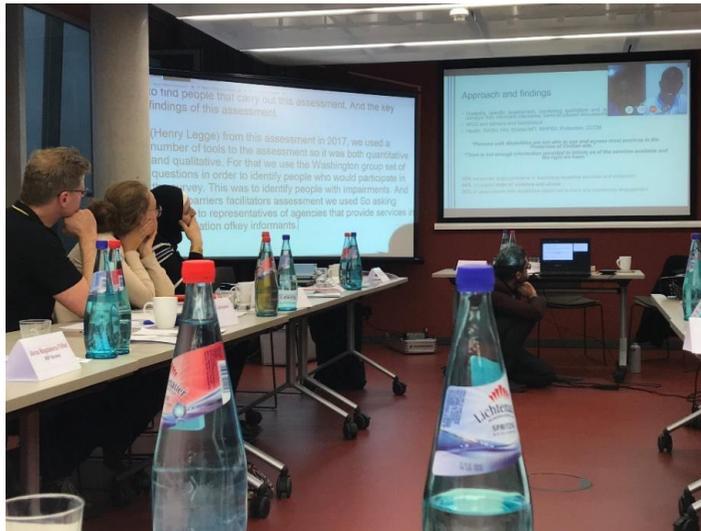
Facilitators

- Support from family/ community
- Advocacy for inclusive (medical) resources
- Different communication channels, i.e. pictures and text messages as warning systems.

Language Matters Exercise:

Within this exercise every group received a number of paper shreds with terminology on disability which either should not be used (being discriminatory) or shall be used. Participants had to find pairs and divide them into “don’t use” and “please use”.

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Remote Guest Speaker – Henry Legge & Christina Wanjohi (South Sudan)

HI South Sudan:

- Henry Swaka, Inclusion mainstreaming officer
- Christina Wanjoghi, Disability Inclusion in Humanitarian Action Technical Advisor

Henry and Christina presented findings and specific learnings from the assessment conducted by HI and the International Organisation of Migration (IOM) in the Protection of Civilians (PoC) site in Bentiu, South Sudan.



Negative and Positive Practices in the Project Management Cycle

PCM PHASE	NEGATIVE PRACTICE
Needs Assessment	<ul style="list-style-type: none"> • Missing out specific types of disabilities; specific needs; accessibility needs • Not researching local context + not mapping risks • No specific data; kind of impairment; lack of data on local institutions
Planning & Design	<ul style="list-style-type: none"> • Not enough competences/resources to analyse data on disability • Not allocating budget for disability needs

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- Mechanical inclusion of the topic of disability in proposals (as one of the cross-cutting issues)

Implementation

- Exclusion through non-consultation with persons with disabilities/services/locations
- Tokenism + staff not understanding or not being sensitised

- Implementing partner feels restrictions/lack of awareness or skills to implement project according to its design

Evaluation

- Include specific questions related to projects with persons with disabilities
- Not involving persons with disabilities/ not controlling/ measuring the outcome of disability inclusive measures

PHASE OF THE PCM**POSITIVE PRACTICE****Needs Assessment**

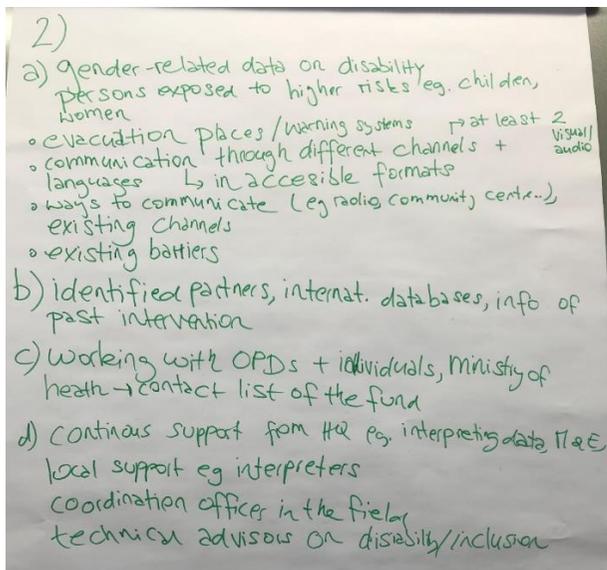
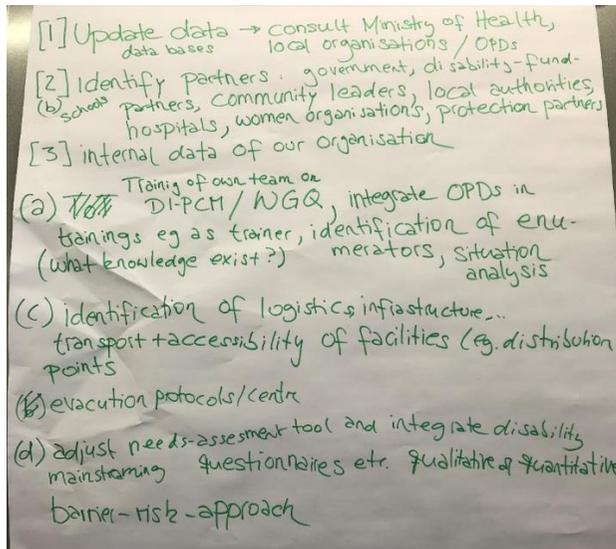
- Identifying “allies”
- “snow ball effect”
- Pre-assessment of capacity of the team
- Are existing evacuation centres accessible
- Divide FGDs into separate groups if needed (gender, disability, age)

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|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> • Updating existing data (HDX) + identifying second data + use Washington Group Set of Questions |
| | <ul style="list-style-type: none"> • Identify + consult with OPDs |
| | <ul style="list-style-type: none"> • Analysis of the need of persons with disabilities |
| | <ul style="list-style-type: none"> • Continually assessing barriers + risks + facilitators |
| | <ul style="list-style-type: none"> • Mapping assessment of service organisations |
| | <ul style="list-style-type: none"> • Collect reliable data on persons with disabilities |
| Implementation & Design | <ul style="list-style-type: none"> • Translation into local language |
| | <ul style="list-style-type: none"> • Coordination with different sectors/clusters |
| | <ul style="list-style-type: none"> • Design of project according to results of the needs assessment |
| | <ul style="list-style-type: none"> • Disability criteria |
| | <ul style="list-style-type: none"> • Share information in clusters and working groups |
| | <ul style="list-style-type: none"> • Trainings on awareness, standards on inclusion |
| | <ul style="list-style-type: none"> • Prevention and protection mechanisms |
| | <ul style="list-style-type: none"> • General participation of persons with disabilities |

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|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none">• All stakeholders (partners, staff, authorities) are aware of + apply inclusion of persons with disabilities |
| Implementation & Monitoring | <ul style="list-style-type: none">• Provision of specific documents (e.g. for registration, cash for work)• Communication in different formats |



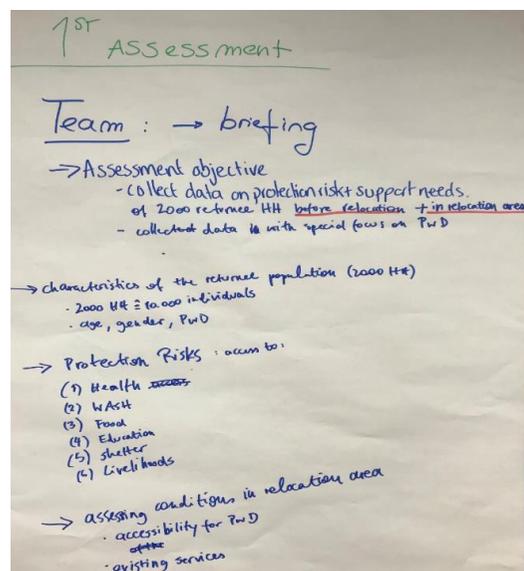
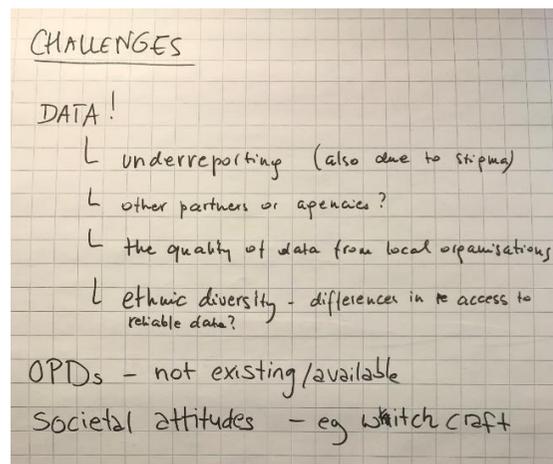
Group Exercise: Inclusion in the Assessment Phase

The participants were separated into two groups. The groups had to carefully read their case study, discuss the questions and write their results on flipcharts, within a timeframe of 60 minutes.

Group Mango & Papaya: Category V Tropical Cyclone

- 1) Update data: Consult Ministry of Health, local organisations/ organisations of persons with disabilities
- 2) Identify partners: government, disability funded partners, schools, community leaders, local authorities, women organisations, protection partners
- 3) Internal data of our organisation
 - a) Training of own team on DiPCM, Washington Group Set of Questions, integrate OPDs in trainings, e.g. as trainer, identification of enumerators, situation analysis, identify what knowledge already exists.
 - b) Evacuation protocols, including for schools, set up evacuation centres
 - c) Identification of logistics, infrastructure, transport and accessibility of facilities (e.g. distribution points).
 - d) Adjust needs assessment tool and integrate disability mainstreaming questionnaires (qualitative and quantitative data); barrier-risk-approach
- 4)
 - a) Gender-related data on disability, persons exposed to higher risks, e.g. children and women
 - i) Evacuation places/ warning systems
 - ii) Communication through different channels (at least 2, visual and audio) and in an accessible format/language; ways to communicate (radio, community, centre ...), using existing channels and dissolving existing barriers.
 - b) Identified partners, international data base, info from past interventions
 - c) Working with OPDs and individuals, ministry of health → contact list of the fund

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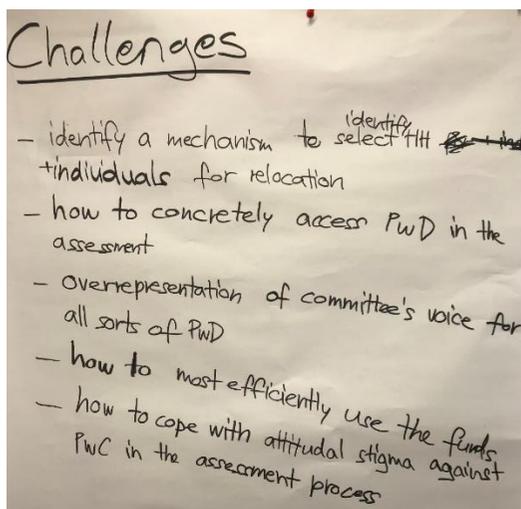
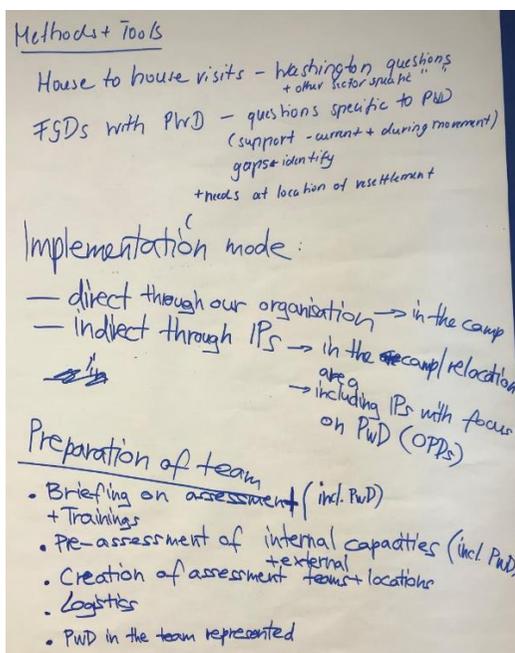
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- d) Continuous support from the Headquarter on e.g. interpreting data, monitoring and evaluation, local support, including interpreters, coordination offices in the field, technical advisor on disability/inclusion.
- 5) Challenges:
- a) Data:
 - i) Underreporting (also due to stigmatisation)
 - ii) Other partners or agencies?
 - iii) The Quality of the data from local organisations
 - iv) Ethnic diversity – differences in the access to reliable data?
 - b) OPDs
 - v) Not existing/ available
 - c) Social Attitudes (e.g. witchcraft)

Group Quah & Mapula: Displaced Persons & Camp Settings

1st Assessment

- 1) Team: briefing
 - a) Assessment objective:
 - Collect data on protection risks + support needs of 2000 returnee HH before relocation + in relocation area
 - Collect data with specific focus on persons with disabilities
 - b) Characteristics of the returnee:
 - 2000 HH, 10 000 individuals
 - c) Protection risk are:
 - Access to health, WASH, food, education, shelter, livelihoods
 - d) Assessing condition in relocation area:
 - Accessibility for persons with disabilities
 - Existing services



- 2) Methods & tools:
 - House to house visits, Washington Group Set of Questions + other sector specific questions
 - Focus Group Discussions with persons with disabilities: questions specific to persons with disabilities (support to current situation and on the move and at the location of resettlement)
- 3) Implementation mode:
 - Direct through our organisation in the camp
 - Indirect through IPs in the camp, relocation area
- 4) Preparation of the team:
 - Briefing on assessment + inclusive of persons with disabilities
 - Trainings
 - Pre-assessment of internal and external capacities
 - Creation of assessment teams + locations
 - Logistics
 - Persons with disabilities represented in the team
- 5) Challenges:
 - a) Identifying a mechanism to select/identify HH + individuals for relocation
 - b) How to concretely access persons with disabilities in the assessment
 - c) Over representation of committee's voice for all sorts of impairments
 - d) How to efficiently use the funds
 - e) How to cope with attitudinal barriers (stigmatisation) against persons with disabilities in the assessment phase

7. Annex 1: Photos

Photo	Description
	<p>Trainers & Facilitator:</p> <p>Haakon Spriewald (standing in front, right hand side speaking to the participants), Sien Andries (sitting in the centre), participants are sitting in a U-Form, listening to Haakon.</p> <p>© Jörg Frays</p>
	<p>Haakon Spriewald, Project Coordinator</p> <p>© Jörg Frays</p>

Photo



Description

Sien Andries, Project Technical Advisor and HI Inclusive Humanitarian Specialist

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Presenting the Project: Phase 2 – Leave no one behind!
Mainstreaming Disability in Humanitarian Action

Sabrina Ebert, Project Officer, introducing the project and its different activities to the participants. Among others, highlighting the sector-specific seminars and the possibility to request technical support from the project.

© Jörg Frays

Photo



Description

Live captioning of the seminar

For anyone who is deaf or hard of hearing, it's challenging to fully participate in the verbal communications taking place in a seminar. Therefore, the whole seminar was live captioned.

Live captioning provides access to spoken dialogue displayed on a screen and delivered in real-time.

Four captioners created real-time captions by re-speaking what they hear into voice recognition software that they have specifically trained to their voice. The real-time captions were then displayed on a projection screen.

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**Understanding the participants expectations and knowledge on disability inclusion in humanitarian action**

The participants were asked about their knowledge and understanding of disability inclusion in humanitarian action. Each individual had to evaluate and position him/herself according to his/her experience.

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Photo



Description

Exercise on the Barriers & Facilitators

The participants were separated into three groups. Each group watched one video and identified barriers and facilitators therein.

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Two participants presented their results and sorted their identified barriers according to the different categories (i.e. attitudinal, communicational, institutional and physical barriers).

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Photo



Description

Group Exercise – Language Matters

Participants discussed in groups and categorised language on disability into “please use” and “don’t use”. One participant explained her pairs to the rest of the group.

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Learning from each other's experience and knowledge. A question asked by one of the participants to the rest of the group.

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