

Pacific Regional Consultation

Nadi, Fiji, January 24-25, 2018

Overview:

The Pacific Disability Forum (PDF), in partnership with the Inter-Agency Standing Committee (IASC) Task Team on Inclusion of Persons with Disabilities in Humanitarian Action and the International Disability Alliance (co-chair of the Task Team), held a regional multi-stakeholder consultation for the Pacific in Nadi, Fiji from 24 – 25 January 2018. The consultation was supported by the Permanent Mission of Australia to the United Nations in Geneva and Ministry of Foreign Affairs and Trade (MFAT), Government of New Zealand.

The workshop is the first in a series of regional consultations which will support the development of the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (“the Guidelines”). It provided an opportunity for organizations of persons with disabilities (DPOs), humanitarian and development stakeholders and governments based in the Pacific region to input into the development of the Guidelines, noting the unique experience of small, isolated and developing Pacific Island Countries in natural disasters and climate change.

Sixty participants, including DPOs, humanitarian organizations, UN agencies, representatives from the Fijian and Vanuatu governments, Pacific intergovernmental organisations, Australian Department of Foreign Affairs and Trade and the New Zealand High Commission and the UN Resident Coordinator for the Pacific were present over the two days.

The consultation aimed to:

- Share feedback on priority areas/key components for the Guidelines
- Obtain feedback from stakeholders on the level of details required for the Guidelines to be effective and relevant in the field
- Collect existing information, promising practices and other relevant information from participants to support the content development of the Guidelines
- Identify how regional humanitarian actors can contribute to phases of the Guidelines development process, including establishing appropriate feedback mechanisms.

The Guidelines will assist humanitarian actors, governments, affected communities and organizations of persons with disabilities to coordinate, plan, implement, monitor and evaluate essential actions that foster the effectiveness, appropriateness and efficiency of humanitarian action, resulting in the full and effective participation and inclusion of persons with disabilities and changing practice across all sectors and in all phases of humanitarian action.

The agenda and list of participants to the workshop can be found in Annex 1 and 2 respectively.

Participants to the consultations are encouraged to sign up within the Task Team to receive updates on the guidelines development: <http://bit.ly/2yCiFLI>

Opening of the Consultation:

The consultation began on 24 January with a formal welcome from the Pacific Disability Forum (Mr. Setareki Macanawai, CEO and Mr. Katabwena Tawaka, Programme Manager) and background on the process leading to the development of the Guidelines by UNICEF as the co-chair of the IASC Task Team (Mr. Gopal Mitra, Disability Programme Specialist).

The keynote speech was delivered by the UN Resident Coordinator (Ms. Osnat Lubrani), who highlighted the importance of a two-pronged approach—ensuring that humanitarian action is “as local as possible while and as international as necessary”. In that regard, Ms. Lubrani noted the importance of localization, in particular: the importance of sustainable, local initiatives; promoting the engagement of local organizations in monitoring and needs assessments and the voices of community leaders; strengthening the decision-making capacities of local actors; and ensuring that most-marginalized populations are not left behind.

Methodology:

The outcomes of a multi-stakeholder workshop held in Geneva in October 2017¹ included a draft outline of the IASC guidelines. The outline together with a draft 0 of the guidelines (not for circulation) were provided to the participants and used as a trigger for discussion.

The sessions were interactive and primarily organised around working groups that were tasked to discuss the different parts of the guidelines and respond to a number of questions that have been integrated into the guidelines’ draft 0². Participants were also instructed to use regional / national experiences and practices to inform their discussions and many examples were shared and discussed within groups, ensuring that exchanges and responses to the questions were evidenced-based.

On both days, time was dedicated to the presentation of Pacific experiences. Five DPOs and two humanitarian stakeholders shared their practices with the participants. These presentations were conducted in a town hall format with a short introduction of the situation and then open discussion with the room. The presentations were very much appreciated by the participants as background information and setting the scene of the regional context related to inclusion of persons with disabilities in humanitarian action.

Part 3 : Sectoral approach with consideration of coordinated action between sectors addressing cross-cutting issues and transversal themes when appropriate Sectors specific - presentation³

Part 3 – sector specific was introduced via a PowerPoint presentation. The objective was to highlight each sector and relative sub-sectors, including their scope. As such, participants had a clear understanding of the expected results from the group work related to this specific section.

Session 1: Review the outlines of the guidelines

Presentation ⁴of the outline of the guidelines:

The presentation aimed to provide background information to the participants and to highlight chapters that were not open for discussion during the consultation. Participants were invited to share comments in writing on those sections by emailing: iascdisability@gmail.com

These sections included:

- Background
- Legal frameworks, policies and operational frameworks
- Guiding principles

¹ [see report](#)

² The draft 0 was not for circulation but has been distributed to the consultation participants. If you would like to access the latest version please contact iascdisability@gmail.com

³ See presentation [Pacific consultation\powerpoint\IASC Consultation Day 2.pptx](#)

⁴ See presentation [Pacific consultation\powerpoint\IASC Consultation- Day 1.pptx](#)

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After the presentation, participants were requested to discuss in groups the outlines of the guidelines. To support the discussion a list of guiding questions were provided to the participants:

- Does the outline reflect participants' expectations on the guidelines?
- Are there any gaps, missing chapters / points to be included?
- Do you think that we should keep a section on terminology here or move it all as an annex?
- If we keep it here what terms do you think should be included here as opposed to the annex?

A clear recommendation repeated several times during the workshop was that **the guidelines should be short, easy-to-use language and incorporate images and case studies reflecting on the Pacific context.**

Summary of recommendations on the outline:

1. Short, simple language and illustrating different contexts
2. Better reflect localization of aid/engagement of local stakeholders and always mention national before regional and international
3. Shorten the section on legal and policy frameworks and add CRC, CEDAW and CESCR, but the majority of the section should be shifted to the annex
4. In the introduction, explain the context of the development of the IASC guidelines
5. Add within the introduction a section on DPOs' key role and non-negotiables to be implemented for inclusion of persons with disabilities in humanitarian action
6. Further discuss inclusion and diversity and multiple discrimination faced by persons with disabilities and intersection between different risk factors
7. Add a section on operationalization and contextualization of the guidelines to facilitate up-take by local stakeholders and adjustment to the local context
8. Reflect on the need to define coordination responsibility and the notion of cluster versus sector
9. Change the title of Part 2 (further thinking is required)
10. Missing sectors in part 3 include early recovery, telecommunication (operation support services), innovation
11. Include an introduction to Part 3 explaining the purpose and content of this section, coordination mechanisms and defining cluster/sector issues.
12. Organize the resources list per region.

In the Pacific context humanitarian action/response is coordinated by government agencies. There is a strong focus on localization of aid and this needs to be kept in mind and reflected across the different sections of the guidelines. Furthermore, a section on localization of aid is recommended to ensure the strengthening of the role of local stakeholders and governments. For example, several groups recommended that while listing stakeholders the order of presentation should be first national, then regional, and finally international.

In the legal frameworks and policy section, groups suggested to add references to the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Covenant on Economic, Social and Cultural Rights (CESCR). Furthermore it was suggested to add a section related to relevant regional frameworks such as the "Framework for Resilient Development in the Pacific", "Pacific Framework for the Rights of Persons with Disabilities" and the Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and Pacific Region. Though this section is key in setting up the context of inclusion of persons with disabilities in humanitarian action, it was also suggested to shorten the section and refer to a more detailed narrative as an annex of the guidelines.

The introduction should define the IASC guidelines' development context and highlight the key role played by DPOs in humanitarian action. A suggestion was to include within the introduction a list of non-negotiable points that DPOs would like to see implemented across all humanitarian action for inclusion of persons with disabilities in humanitarian action. Another idea was to have a clear way of identifying what is best to do, what is practical to do and what is minimum to do and add list of dos and don'ts.

Participants also recommended including a stronger section on inclusion and diversity to strengthen the importance of considering multiple discrimination and intersection between factors of vulnerabilities.

Participants questioned the need to develop global guidelines versus regional guidelines, and how to ensure relevance of the IASC guidelines for the region. The participants suggested to add a section on contextualization and operationalization of the guidelines that should facilitate roll out and up-take by local stakeholders, including governments. At the same time this section should highlight stronger links with the accountability framework and to the development agenda.

Missing sections to be considered for Part 1:

- Early recovery
- Telecommunication
- Innovation (could be included as a general principle considering technology and process related innovation).

Participants suggested to change Part 2 title (General Considerations) as it doesn't reflect the current content. Some participants mentioned Disaster Risk Management as a title, which is very relevant for the Pacific but may be less for other regions and doesn't necessary reflect well the content and scope of the guidelines. Further discussion on Part 2 will be required.

Part 3 related to sector-specific guidance should have an introduction explaining the purpose and content but also defining better the Cluster versus Sector approach.

It was also mentioned the list of resources should be organized by region.

Terminology

Participants recommended that the terminology section to be moved in the annex with exception of key terms to be defined upfront and then use footnotes as much as possible. They recommended also to consider having sectoral glossary of key words upfront of each sector section..

Session 2: target audience, gaps and opportunities, risks, barriers and capacities

Target audience

- Do you agree about the target audience define in draft 0?
- Would you add any other actors?

Summary: Target audience recommendations:

1. Make it shorter and add details in annex
2. Acknowledge community level stakeholders and affected populations
3. Decide if target audience should be defined by role or type of stakeholder
4. Prioritize national level then regional then international

5. Reflect on primary and secondary audience and add a number of stakeholders within secondary audience.

The first comments of the different groups is that this section is too long and most of it should be shifted to the annex. The audience can be briefly defined as policy makers and practitioners and all detailed and additional information to be moved as annex.

The section also requires an introduction to define better who will benefit from the guidelines, in order to clarify readers' expectations.

This section also needs to acknowledge community level actors and affected populations as key stakeholders.

The discussion around localization of aid was reflected here with the need to discuss first national stakeholders including governments and then add more regional and international perspectives.

The discussion about the target audience raised questions such as:

- Is the target audience at strategic level or operational level?
- Should the target audience be defined by role or type of actors?
- Should we add more stakeholders such as: defence, police, army, regional organisation, media, community leaders, private sectors, faith based organisations, inter-government agency, research institutes?

Gaps and Opportunities:

The different groups identified more gaps than opportunities, however it was noticed that often gaps turn into opportunities.

Participants identified a significant number of gaps and less opportunities that can be split in three main categories:

1. Information
2. DPO levels
3. Humanitarian stakeholders / system level

1. Information:

Gaps

- Lack of quality and availability of disability data including consensus on standards related to disability data collection and sharing
- Develop and use of lessons learned, good practices and evidences from previous disasters, and researches to inform future interventions
- People living in informal settlements are not registered and have less access to assistance and opportunities than others
- Lack of identification mechanisms at community / village level
- Lack of available information in rural area compared to urban centres

Opportunities:

- There are new tools available that promote inclusion of persons with disabilities in humanitarian action
- Better use of existing data (social protection, service providers, DPO, etc.)

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- Use of the Washington Group Short Set of Questions for data collection

2. DPO level:

Gaps:

- Organisation of persons with disabilities' capacities vary and may not meet others' expectations
- Lack of collaboration and coordination, as sometimes DPO have data on disabilities but do not know existing information sharing processes
- Not all persons with disabilities are members of DPO and / or have no means to pay for the membership fees
- There are under-represented groups of persons with disabilities
- Lack of funding for disability inclusion in humanitarian action

Opportunities:

- Building DPOs' capacities on humanitarian action
- DPOs to understand the coordination mechanisms and identify where they are best positioned (protection)
- Opportunities to link humanitarian action with broader development plans, including linkages with disaster risk reduction initiatives and preparedness
- Improve awareness of DPOs about existing opportunities
- Increased engagement of DPOs in Preparedness initiatives and build up collaboration with Humanitarian Stakeholders.
- Develop innovative and cost-effective approaches to inclusion including sharing resources.

3. Humanitarian stakeholders / system level:

Gaps:

- Gaps in linking disaster risk reduction and in particular on local preparedness initiatives with humanitarian action
- Address multi-hazards and climate change and variability as this is very relevant to the Pacific context
- Lack of funding for disability inclusion in humanitarian action and no efficient disability funding tracking system
- Lack of accessibility, dignity and privacy of evacuation centres, distribution points, etc. as there are no accessibility / universal design standards
- Inability to reach people due to isolation or remote location
- Lack of coherence and coordination at all levels
- Lack of standardized options to respond to the need of persons with disabilities and lack of available material (assistive devices)
- Lack of trained practitioners/ responders including lack of knowledge within community groups and local stakeholders
- Siloed responsibilities that impair inter-sector coordination related to persons with disabilities

Opportunities:

- Link humanitarian action with broader development plans including linkages with disaster risk reduction initiatives and preparedness
- Capacity development of humanitarian stakeholders on disability issues

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- Increased engagement of Humanitarian stakeholders in preparedness initiatives and build up collaboration with DPOs
- Develop innovative and cost-effective approaches to inclusion including sharing resources
- To further reflect on inclusion

Participants highlighted a number of key elements that will be used to write the gaps and opportunities section. The section will try to follow the three categories identified above.

Risks, Barriers and Capacities:

This section aimed to identify heightened risks faced by persons with disabilities, barriers to accessing humanitarian assistance and the capacities of DPOs and persons with disabilities to contribute meaningfully to humanitarian action.

Groups used the below questions to guide their discussions:

- What are the specific or heightened risks faced by persons with disabilities in emergencies, are there any of those that are specific to the Pacific region
- Could you list barriers/challenges faced by persons with disabilities in participating/accessing humanitarian programs
- What are the key capacities of DPOs (existing or to be built) that can contribute to strengthen inclusion?

Below is a list of factors that increased risks of negative impacts for persons with disabilities. This list is not exhaustive and will be further developed during the next regional consultation to ensure we build up knowledge on context specific related risks.

- Lack of access to information and communication

Consequences of not understanding early warning messages, or distribution related information is a “life and death” issue. In the Pacific context, extremely remote and isolated locations that are difficult to access is a contributing factor to the lack of access to information/communication.

- Lack of access to transportation means and systems
- Relying on family members, carers or other community members to access assistance
- Lack of reporting / disclosure of violence or abuse (especially for persons with psychosocial or intellectual disabilities)

Pacific communities are functioning around an age-related hierarchy, meaning that your right to talk/express is linked with your age. Young people and children have often no voice and most of the time will not disclose abuse or violence. If they do, service providers may not be able to provide the services and may face difficulties in addressing violence/abuse issues affecting persons with disabilities.

- Lack of registers of persons with disabilities to help responders to identify them quickly and provide them with appropriate assistance
- Responders, volunteers not being trained in disability issues

Potential consequences are distribution/donation of un-appropriate wheelchair / assistive devices that may increase risks.

DPO capacities were not discussed during this session, later in the consultation process participants were asked to discuss the role of DPOs in humanitarian action.

Cross-cutting issues/ transversal themes:

The multi-stakeholder consultation in October in Geneva identified a large number of cross-cutting issues and identified the need to address some of them more in detail as part of a sector. For example, mental health is seen as a cross-cutting issue but also as a full section within the Health sector, and is hence named a transversal theme.

Participants were tasked to review the list of cross-cutting issues and transversal themes and provide insights based on the regional context on which one to address and how.

Results from the group work highlighted that the two concepts of cross-cutting and transversal were too difficult to understand and it was then recommended to clearly define the two concepts or stick with cross-cutting issues. It was also noted by DPOs that they are not familiar with the terminology of cross-cutting and that we need to further reflect on how to simplify that section.

Further confusions arise as participants felt that in the list provided in the draft 0 some of the cross-cutting issues were more cross-sectoral issues, some were more principles, some were more actions and others were transversal. Draft 1 will need to address these confusions and use simple and clear language.

It was also recommended to further research within other guidelines, cluster papers and other documents what are the key and most common cross-cutting issues addressed and limit this section to those.

Despite the above comments, groups highlighted new issues to be included in the section:

- Discrimination
- Human rights
- Climate change and environment
- Accountability
- Children with disabilities
- Accessibility (infrastructure, information, services, environment)
- Coordination
- Monitoring and evaluation

The above list demonstrates once more the confusion and lack of understanding of the content for this section and calls for a deeper reflection on the meaning of cross-cutting issues versus issues that will need to be addressed as specific sections or across all sectors in Part 3.

Role of DPOs including collaboration with Humanitarian stakeholders:

Summary of recommendations:

- Clearly define stakeholders' roles and responsibilities and not only for DPOs
- Cooperation for cross-training and learnings and building up pre-crisis cooperation
- Ensure partnership to access funding (either mainstream or earmarked)
- Sharing information and data
- Participation of and collaboration with DPOs to all phases of the humanitarian program cycle including having a voice in decision making

This is an important section of the guidelines as it positions DPOs as credible stakeholders in humanitarian action, however it needs to manage expectations and ensure that the section is based on DPO capacities.

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Groups worked to describe DPOs' roles and responsibilities but also to identify potential obstacles and enablers to active participation.

Some of the obstacles identified are:

- Access to financial resources, and in particular, access to emergency funding and identifying partners to access them
- There is currently no pre-positioning of stocks that include disability related items
- DPOs in the Pacific have faced very high custom clearance costs
- Limited policy frameworks and legislation related to humanitarian action that include persons with disabilities
- Limited representation of DPOs in national / local disaster management committees
- Complex humanitarian mechanisms and processes that are difficult to access by DPOs, mainly as a result of lack of knowledge and understanding (missing opportunities)
- Governments have the responsibility to include persons with disabilities, however it is most of the time overlooked.

In this context, the role of DPOs can be twofold, one being further advocacy towards the government and humanitarian stakeholders with the objective to learn, change and review tools, processes, policies and legal framework related to humanitarian action, and the second being to actively engage in humanitarian assistance.

Furthermore, DPOs, as disability experts, should have a role to provide training to national, regional and international humanitarian actors including governments and national disaster offices.

Even though DPOs are not representative of all persons with disabilities they should have a role to share existing information on persons with disabilities, including during times of emergencies, highlighting the needs identified by their members.

Discussions also highlighted the need to clearly define the different stakeholders' responsibilities and ensuring that government responsibility towards persons with disabilities are not eluded.

The conclusion on strengthening collaboration repeated the need for cross-training and cross-learning between DPOs and humanitarian stakeholders as well as to develop partnership/collaboration before, during and after a crisis. It was also noted to ensure greater participation of DPOs in assessment, design, implementation and monitoring of humanitarian assistance.

One key question arose from the different groups: how can the guidelines address resource mobilization at national, regional and global levels?

Part 2 ; General Consideration - review:

Part 2 is about general considerations, however it aims to address the different phases of the Humanitarian Program Cycle and discuss entry points and key actions that will improve inclusion of persons with disabilities in its different phases.

The work on Part 2 was conducted using "speed dating" group work. Eight posts, each representing one phase of the Humanitarian Program Cycle, were dispatched around the room. Participants were divided in eight groups and each group had to pass by all posts. The group had five minutes to identify key points they wanted to make and write them down on a flipchart then move to the next post.

Below is the result of the speed-dating group work that will be used to further develop Part 2.

Preparedness

- Strengthen community networks at all levels e.g. Fiji community system

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- Regular training and identification of systems' gaps
- Regular meetings including DPOs during non-crisis time
- Strong inter-sector leadership on disability issues
- Prioritisation of preparedness actions based / informed by best practices / lessons learned / evidence and coordination practices
- Preparedness at every level, including at community level
- Emphasis on access to funding for inclusive preparedness
- Support and strengthen National Disaster Management Offices to ensure preparedness is inclusive of persons with disabilities (Standard Operating Procedures, drills simulation, etc.)
- Communication feedback loop at all times between humanitarian stakeholders and DPOs
- Standardisation of information tools + information management (KOBO toolbox⁵)
- Mapping of services and human resources including accessibility of evacuation centres (including travel to and WASH facilities)
- Risk analysis should include adults and children with disabilities (sector wide)
- Collating existing data on persons with disabilities (location, etc.)
- Prepositioning supplies for children with disabilities
- Early Warning System accessibility and training at all levels
- Community Based Disaster Risk Management focused training on disability inclusion and regular simulations
- Ensure accessibility of DRR infrastructures including schools, hospitals and village assets including within informal settlements
- Prepositioning mobility devices and assistive devices
- Awareness raising on disability inclusion using media
- Personal plan and emergency skills development using Information, Education and Communication (IEC) material
- Accessibility audits considering all impairments
- Consideration of representing groups in planning processes (DPOs)

Needs assessment and analysis

- Use Focus Group Discussion in complement of questionnaire (outreach to home)
- Coordinate between assessment teams especially when reaching to the same location using one format
- Include protection of persons with disabilities in the processes and forms (capture data on protection issues – do no harm)
- Build interagency disability inclusive assessment and referral
- Ask questions to identify barriers
- Ensuring that assessment adopts a rights-based approach and not only considering medical needs
- Use innovation, increase involvement of persons with disabilities as role model to decrease disability stigmas that push persons with disabilities to refuse to be assessed → assessors need to be trained
- DPOs involved at preparedness level, during response and at coordination centres
- Data disaggregated by disability, sex and age, and analysed
- Training assessment team on disability and gender
- Include persons with disabilities in assessment teams, including women and children with disabilities

⁵ KoBo Toolbox is a free open-source tool for mobile data collection, available to all. It allows you to collect data in the field using mobile devices such as mobile phones or tablets, as well as with paper or computers.

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- Use village headman / chief with knowledge about persons with disabilities in their communities
- National Disaster Management Offices to take a lead role in consultation with DPOs
- Use well-designed questions such as the Washington Group Short Set of Questions
- Diversify assessment methods and ensure their accessibility
- Proper coordination of assessments between team and sectors
- Streamlined assessment processes
- Inclusion of women with disabilities in development of tools for assessment
- Involvement of medical services providers in assessment
- DPOs taking part in the REACH project⁶ implemented by the government
- Train surveyors, enumerators about disability inclusion
- Ask question which accurately identify the situation of persons with disabilities
- Use technology innovation
- DPO engagement in analysis of information

Strategic planning

- Have all stakeholders at the table, ensuring diversity of disability types
- Strong coordination between stakeholders to have a timely strategy
- Incorporate lessons learned and evidence based information in planning
- Ensure inclusion of access to necessary assistive devices
- Capacity development at strategic level and planning
- Involvement at all levels of strategic planning cycle
- Understanding local institutional frameworks
- Participate in leadership at all levels of planning, ensuring involvement of children (girls and boys)
- Ensure inclusion of trained medical and services providers to persons with disabilities in the discussion / consultation
- Build in budget to support / resource the planning process (technical) and keep in mind accessibility
- Ensure information on strategic planning is provided to DPOs in advance (in accessible format)
- Create links with existing strategies (Pacific Resilience Framework)
- Clear, outlined approach on how children and adults with disabilities will be included
- Integrate a non-discrimination approach and avoid causing harm while protecting dignity
- Leave no one behind → link up with SDGs
- Address needs but also increase resilience
- Ensure inclusiveness is part of strategic planning and use of appropriate terminology
- Ensure people doing the strategic planning have good contextual understanding of disability
- Ensure community engagement in strategic planning
- Ensure that indicators and objectives of the strategic planning are disability inclusive

Resource mobilisation

- Disability marker
- Criteria of selection of proposals are accessible and inclusive
- Persons with disabilities are visible in the flash appeals (quantitative data and qualitative impact, including stories)
- Use of reliable data on disability

⁶ “The program is basically to reach out and boost the rights, empowerment and cohesion for rural and urban Fijians. It’s about boosting access to disadvantaged Fijians to legal and social services and it very well compliments and re-enforces the government’s existing progress to ensure that every Fijian gets the same access.”

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- Assistance modalities are disability inclusive (e.g. cash transfer)
- Criteria for funding needs to be inclusive of disability (i.e. appropriate for DPO, community-based organizations, etc. to access it)
- Stories collected for fundraising purpose are rights-based and respect dignity – partner with DPOs to get stories (sharing lived experiences)
- DPOs to strengthen their understanding of humanitarian funding mechanisms
- Pre-positioning appropriate assistive devices and medicines
- Engagement with the private sector
- Coordination and identification of resources before a crisis → avoid duplication of resources
- Stand-by arrangement for disaster
- Timely and targeted assistance
- Budget allocation for mainstream projects
- Flexibility in processes to reflect disaster situations
- Budget lines for and resource procurement of assistive devices and mobility aids
- Reducing taxation on assistive devices
- Source external expertise, build up regional standby capacities and peer to peer support
- Resource mobilisation strategy to support disability inclusion in humanitarian action

Implementation and monitoring

- Utilising global and regional frameworks and mechanisms e.g. CRPD, Sendai, WHS commitment in implementation and monitoring
- Budget allocation
- Information disaggregated data by type of disability, gender, etc.
- Engage people with disabilities in implementation and monitoring
- Evaluation needs to consider disability issues including services and budget allocation
- Focus on meaningful participation of persons with disabilities in decision making, ensuring transparency and accountability → via outreach
- Capture and share lessons learned
- DPOs involvement in Monitoring, Evaluation and Learning (MEAL) and implementation
- Build inclusive indicators within mainstream assistance programmes
- Run targeted consultations
- Share lessons learned, gaps in accessibility
- Prioritise resources
- Persons with disabilities are part of design, implementation and M&E
- Mainstream priority needs in activity management and humanitarian tools
- Inclusion of protection services in emergency agency (PSEA) protocols
- Outreach – go to people in need
- Persons with disabilities in paid roles for implementation and monitoring
- Disability-specific indicators (both processes and outcomes) included in operational plans to measure against
- Sensitize communities in persons with disabilities issues for effective community-led monitoring
- Equipment for night time response
- Holistic response teams
- Ensure safety and security of persons with disabilities
- Designated focal points on disability before and during disaster

Evaluation

- To be linked up with monitoring
- Persons with disabilities included in evaluation design, and on teams

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- Indicators reflect persons with disabilities and data collection
- Monitoring and evaluation should always be in place involving persons with disabilities
- Evaluation throughout design, implementation and post-disaster and inclusive of persons with disabilities (should not have age barriers)
- Evaluators to be sensitised (guidelines) in communicating with DPOs/persons with disabilities
- Include gender analysis
- Information to DPOs to use multi-media format
- Evaluation processes should include lessons learned and good practices related to persons with disabilities and be widely shared with clusters, persons with disabilities, etc.
- Including how specific groups or types of impairments are being assisted (children, persons with intellectual, visual, etc. impairment)
- Results and lessons learned shared with communities
- Follow up on feedback to DPO, clusters → training MEAL staff in importance of collected disaggregated data
- Identify long term solutions → resilience
- Link evaluation with resource mobilisations
- Persons with disabilities included in evaluation teams
- Ensure evaluation findings are shared widely and in appropriate formats
- Incorporate lessons learned in design of new activities
- Ensure evaluations observe/respect cultural protocols

Coordination

- DPOs are a resource to participate in national cluster committees and existing coordination mechanisms
- Mapping stakeholders involved in disability inclusion
- Regular updates, meetings and communication between DPOs, NDMOs, and other key humanitarian actors
- Provision of training, awareness material and technical guidelines
- Contact point in village committees including DPOs
- Accessibility of communication
- Information and data sharing avoiding duplication
- Disability inclusive simulation
- Community-based response mechanisms are disability inclusive
- Tools like Standard Operating Procedures SOPs, etc. are inclusive
- Coherent information management / ensure bottom-up communication
- Strong inter-sectoral / cluster coordination (preparedness and response)
- NDMOs to centralise contact for persons with disabilities and DPOs
- Encouraging outreach to harder-to-reach groups, including for needs assessment
- Identify and define clear role / expectation of DPOs and others
- Centralised coordination / monitoring of coordination – national task force
- Use innovative technology to coordinate and communicate
- Coordination between advisory council, village heads and government
- International/regional agencies to use national networks
- DPOs to network with each other
- Mandatory (policy/act) coordination with DPOs
- Systems are developed to ensure comprehensive functional coordination of all assessment needs
- Each cluster should have a disability focal point
- Cluster work plans should include activities related to persons with disabilities
- Efficient and effective coordination

- Community disaster committees have a role at sub national level (build capacity)

Information management

- Government as custodian – should capture centralised full information on people at risk, including persons with disabilities (location, type age, gender, etc.) and should share with clusters and other stakeholders
- Information management to take into consideration the difference between rural and urban contexts
- DPOs are responsible for providing information to government
- Evidence-based practices informing future programming (good and bad)
- Public broadcasting to be accessible at all stages
- Private sector such as media, radio, mobile phone to be used for information management
- Data: which one is actually necessary? managed and using the Washington Group Short Set of Questions
- Use existing media and telecommunication suppliers
- Share information collected and ensure security of data
- Being aware of confidential information
- Protection rights to privacy → training
- Information Management System (IMS) needs to be accessible and available for persons with disabilities
- Training and capacity building before and after crisis
- Raise public awareness on disability and all stakeholders
- Early Warning System should be accessible, understandable to all
- Work with neighbours
- Map barriers to Information Management (IM) communication
- Accessible, two-way communication: social media, other confidential means
- Verify information to ensure accuracy
- Informed consent, privacy support to make decisions
- Regular updating of information
- Two-way communication to ensure relevance, appropriateness → accountability
- Build capacity on tools
- Protection oriented IM tools
- NDMOs to keep updated data
- Real time data collection devices (drones, remote sensing time is essential)
- Verification of accuracy of data
- Access to historical data
- Secure back up system for data
- Geographic Information System (GIS) mapping software
- Take into account traditional and cultural information (respectfully)

Part 3: sector specific content

A large part of day two was focused on discussion related to Part 3 and sector content definition. Groups were organised around area of expertise or interest.

Key questions:

- Review the defined sub-sector, identify gaps or issues to be removed.
- For each sector and sub-sector define key elements to be included in the guideline either headings or content.
- Identify and provide guidance on the level of detail required: processes, approaches and methodology, practical action points, detailed technical information, other?

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- Identify existing global, regional and national guidelines/tools for the sector that can be used as references and provide examples
- Identify good/bad practices from the region that could be used for the development/illustration of the sector/sub-sector content. This will follow the list of questions such as: background, event, enabler, barriers, etc. Review the defined sub-sectors, identify gaps or issues to be removed.

General considerations:

Within the consultation, expertise was missing from some sectors. Both the health and the food security and nutrition sectors couldn't be addressed as either only one person or no experts could be identified to lead the group discussions.

All the groups recommended to keep this section short with possibly only a few pages describing the key elements to consider or the "must do" actions while referring then to existing resources or case studies.

It was also suggested that this section should highlight the voice of persons with disabilities by leaving space for testimonies of lived experience from affected persons with different types of impairments, on to access assistance in a specific sector and good practices from different regions and contexts.

Shelter and Settlements (note this group also worked on camp coordination and camp management)

There was a recommendation to address each sub-sector using a humanitarian action timeline approach: before, during and after the crisis (preparedness, response, recovery).

The group also recommended to use the same format for all the sectors and ensure coherence within that sector.

Within the sub-sectors identified, it was recommended to prioritize the one with the best potential for inclusion of persons with disabilities and drop the one that are less relevant (for example, in shelter and settlement, environment sustainability could be dropped).

The group felt that existing global headings of sub-sectors are not appropriate and should be simplified for the sake of understanding. Furthermore, the group suggested that the sub-sector headings should be specific to inclusion of disability and suggested the below headings:

- Accessibility (to physical environment eg. to home or evacuation centres and evacuation routes, training, services, access to information)
- Mobility (from point A to point B, link to labour and transportation)
- Privacy
- Inclusion
- Participation and Decision-Making
- Technical Standards (designs of shelter- traditional/vernacular and modern, household, kitchen and construction, tools)
- Capacity building, shelter assistance options for persons with disabilities (material provision, house rental, construction), coordination (link with WASH)
- Security of tenure (disability-specific challenges eg regrading contracts, accessing legal and administration procedures, accessibility issues)

For shelter, there are already a number of resources available specifically on inclusion of persons with disabilities in humanitarian action, hence the group recommend not to focus on technical aspects but to focus on disability within the sector.

The group highlighted some key content for the sector:

- Emphasise the importance of input from DPOs, disability inclusion experts throughout the cycle/timeline of a crisis and highlight the need to link to related national policies, commitments
- Provide background information on the possible role of DPO in shelter/housing, highlight the role of government, Ministry of Housing, in fulfilling human rights, implementing national frameworks
- Include case studies, photos, examples – eg. How DPOs and humanitarian shelter responders have worked together, what was the impact?
- ***Include voices of persons with disabilities throughout the guidelines, and in sector sections
- Refer to Sphere standards, national standards where available
- Integrate socio-cultural aspects of disability inclusion related to shelter

Existing available resources identified:

- National building codes, ensure that revision of the code include universal design and accessibility
- Sphere guidelines
- Gender and protection – assessments already exist – cross-cutting
- Help for Homes booklet (Fiji Shelter Cluster)
- Refer/link to existing technical guidelines '*All Under One Roof*'
- Source and include key or local national resources from the region

The groups also highlighted the case study on the Ambae volcano evacuation.

Water, Sanitation and Hygiene:

The group working on WASH also suggested to change some of the sub-sector headings, though didn't make specific proposals.

Generally, DPOs can be engaged to provide context-related information related to WASH as well as to provide advices on how to make WASH programs inclusive of persons with disabilities.

Water supply:

Though the Sphere standards define the needed quantity of water per households, per day, they are not inclusive, as some constituencies of persons with disabilities may need to access more waters than others.

Access to water sources:

Some water points are not accessible to every person with a disability so there is a need to consider the location of water points and locate them closer to persons with disabilities' houses.

Water containers may not always be suitable for use by persons with disabilities. Shape and weight, for example, should be adapted to the functional capacities of persons with disabilities.

Water management committees should include persons with disabilities to enable them to highlight their needs and ensure access to water points and to sufficient quantity of water. Similarly, all action involving participation of the community should pay attention to engage directly with persons with disabilities.

Hygiene promotion messages should be developed in accessible formats (audio, written messages, use of illustrations, etc.)

Hygiene promotion field workers should provide information at household level and ensure that all members have access to this information.

Additional items that are needed by persons with disabilities should be included in hygiene kits such as adult diapers, other provision for incontinences such as rubber spreads, second bucket, etc. Furthermore, items such as portable commode or access to additional quantity of water may be required.

Ensure that awareness on use and disposal of additional hygiene kits supplies are provided to field workers.

Persons with disabilities should be asked about their needs and listen to their requests.

Women with disabilities may need access to flexible and diverse sanitary napkins. Menstrual hygiene kits should be adapted to their needs. Furthermore, they may need access to separate facilities ensuring strong privacy.

Sanitation:

When constructing temporary and long-term latrines, consider the requirements related to access by persons with disabilities (getting there, getting in and getting on).

Latrines should be located close to persons with disabilities' living locations (targeted intervention), and this should be looked at also while constructing public building facilities (schools, hospitals, etc.). Humanitarian workers and programmers in WASH need to be trained on disability issues to ensure the use of accessible designs including also improving dignity, appropriate use and maintenance of the facilities.

Bath areas may require installation of plastic chairs.

Always consult with women, including women with disabilities to understand their needs and requirements and adjust the facilities accordingly.

Ensure safety of the facilities, including appropriate and understandable signage and lighting.

Hygiene Practices

To ensure persons with disabilities have proper access to hygiene-related items and facilities, make sure that persons with mobility difficulties can access them (soap & water, tap, etc.)

Train and support parents on the need for and use of water to care for children with disabilities.

Vector control, solid waste management and WASH and disease outbreak should ensure that communication, information, users' awareness are developed in different formats to be accessible by persons with disabilities. Any risk assessment should consult with and consider specific risks faced by persons with disabilities.

Existing available resources:

- UNICEF Guidance on Inclusion of Children with Disabilities in WASH
- UNICEF Global Mapping on Accessible WASH Services
- World Vision Accessibility Audit Check List of Public Toilets (has been trialled in Sri Lanka)
- DRR ISO standards on the built environment and applicable across context
- ADCAP Minimum Standards (WASH Components)

Education:

The education sector group focused their discussions on exchanges of practices and experiences. Through these exchanges they identified a number of key points and elements to consider in this sector.

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- Often schools are used as evacuation centres and resuming education may be difficult, adding extra barriers to inclusive education.
- Temporary learning spaces need to consider accessibility and ensure that children with disabilities can access them, including sanitation facilities (water points, latrine, hygiene, etc.).
- Teachers and staff of temporary learning spaces need to be trained on how to meaningfully include children with disabilities. They need to be able to identify and support learning outcomes for children with disabilities ensuring that the learning space is safe and secure for children with disabilities.
- Reconstruction of schools should follow national building codes and consider disaster risk prevention and mitigation measures.
- DPOs need to be included in education coordination mechanisms (cluster, task force, etc.)
- Requirement that school disaster management committees include children with disabilities and that all preparedness activities include and are accessible to children with disabilities
- Education in emergency needs strong leadership from the relevant government agencies and should follow existing national and local frameworks and policies on inclusive education.

Protection:

The protection sector covers a large number of diverse issues and not all of the protection sub-sectors were addressed by the group.

The group highlighted the need to ensure that this section includes strong linkages with the Accountability for Affected Population framework as well as with protection of sexual abuse frameworks.

They identify key topics to be addressed in this section:

- Birth registration
- Specific consideration of adolescent group (girls and boys) which includes 10-19 year-old people
- Raise awareness, train and disseminate information on the rights of persons with disabilities
- Monitoring of rules and legal framework application
- Build safe and accessible complaint mechanisms and referral systems with other sectors
- In the Pacific there are very few trained social workers hence it is important to address training of field/social workers on disability issues, risks and response mechanisms
- Add information on helplines, whistle blowers, human resources training on protection, etc.
- Suggestion is made to have one focal point per agency on protection of persons with disabilities
- Capacity building of concerned national institutions
- Highlight example of code of conduct to be adopted by stakeholders and their contractors. In Fiji there is a mandatory code of conduct developed by the government
- Rapid assessment tools to clearly include questions and fact finding on protection of persons with disabilities
- Increased knowledge and capacity of DPOs to address protection issues including funding to ensure coordination with all stakeholders
- Develop and disseminate a minimum information package to communities

Inter-agency coordination:

The group discussed first the role and responsibility of the inter-agency coordination in order to have all participants to the group discussion understanding them.

Their recommendation for the chapters are listed below:

- Rapid assessment tools and processes need to include persons with disabilities (both in the questions asked, the accessibility of the tools and as part of assessment team).
- If persons with disabilities join assessment teams then proper employment conditions should be offered, including support and implementing measures to ensure access, well-being and fulfilment of their job.
- DPO representatives should be included at all levels of coordination.
- The interagency coordination group should ensure that resources are allocated to DPO participation.
- While pre-positioning emergency supplies, ensure that needs of persons with disabilities are included as mentioned in other sectors.
- Surge capacity should include staff skilled to support persons with disabilities
- Access to global funding should have a mandatory requirement to consider inclusion of persons with disabilities in the proposed project. (tick box, markers, etc.)
- Provision of training to DPOs on the Central Emergency Response Fund (CERF) and how to access it.

Through the group work on Part 3, participants provided preliminary ideas on content, with a strong recommendation to keep it short and simple. It was also recommended to have an introduction section in Part 3 and if required, to have one for each sector/sub-sector. This introduction should link up to a glossary of sector specific words.

This section will be further developed during other regional consultation and with the support of the online survey results and sector experts.

Conclusions and Next Steps:

The consultation workshop was an intensive process that engaged all participants. Evaluation from the two days are mainly positive with no major changes required. The only negative point was related to sharing the draft 0 document earlier with all participants.

The consultation workshop brought government representatives, DPOs, UN Agencies and other humanitarian stakeholders together. This diversity enriched the discussions and exchanges, setting the path for future collaboration and partnerships.

Some participants noted that for the first time they could really exchange and reflect in a such diverse assembly. Everyone learned something and it was agreed that that the workshop created a spirit of understanding and collaboration that we hope will improve the next response to a humanitarian crisis.

Some good practices and case studies were identified during the two days and people are currently preparing them to be used within the development of the guidelines.

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Annexes

Annex 1: List of participants:

Kata Duaibe - OXFAM

Sainivalati Tubuna - WWF

Ricardo Pla Cordero - Handicap-International

Marc Overmars - UNICEF

Anne Colquhoun - UNOHCHA

Tarryn Brown - CBM Australia

Ashwin Raj - Fiji Human Rights & Anti Discrimination Commission

Mark Brooking - Redr Australia

Daniell Cowley- International Federation of Red Cross (IFRC)

Robert Dodds - International Federation of Red Cross (IFRC)

Jofiliti Veikoso - Save the Children

Jovesa Ravula - Fiji Red Cross

Dr. Setareki Vatucawaqa - Fiji Red Cross

Faiyaz Ali - National Disaster Management Office (NDMO)

Amy Delneuveille - UNICEF Pacific

Divya Sama - Independent Consultant

Gopal Mitra - UNICEF

Kalyan Debnath - Personal Assistant

Georgia Dominik - IDA

Valerie Scherrer

Penijamini Lomaloma - Pacific Islands Development Forum (PIDF)

Presley Tari - National Disaster Management Office (NDMO)

Filipe Jitoko - Pacific Islands Forum Secretariat (PIFS)

Tea Tira - Pacific Islands Forum Secretariat (PIFS)

Patricia Grant - IHC New Zealand

Matthew David Corner - IHC New Zealand

Terri-Ann Quinn - UNWOMEN

Sarah Whitfield - Care International

Stacey Sawchuk - Action Aid

Tukatana Tangi - PLAN Pacific

Destiny Tara Tolevu - Cook Islands National Disability Council

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Sera Osbourne - Psychiatric Survivors Association
Tekamangu Bauira - Te Toa Matoa Association
Richard Anta - Marshall Islands Disabled Persons Organisation
Ruth Javati - PNG Assembly of Disabled Persons
Agnes Javati
Faatino Utumapu - Nuanua O Le Alofa
Savina Daulaasi - People with Disability Solomon Islands
Cedella Nongebatu
Melton Tauetia - Fusi Alofa Association
Elie Enock - Vanuatu Disability Promotion & Advocacy Association (VDPAA)
Anaseini Vakaidia - United Blind Persons of Fiji
Lanieta Tuimabu - Fiji Disabled Peoples Federation
Krishneer Sen - Fiji Association of the Deaf
Sign Language Interpreter
Sign Language Interpreter
Mere Rodan - Spinal Injury Association
Setareki Macanawai - Pacific Disability Forum
Katabwena Tawaka - Pacific Disability Forum
Simione Bula - Pacific Disability Forum
Angeline Chand - Pacific Disability Forum
Laisa Vereti - Pacific Disability Forum
Nancy Musukasau - Pacific Disability Forum
Arieta Dumaru - Pacific Disability Forum
Neori Lagi - Pacific Disability Forum
Ana Macanawai

Annex 2: Agenda

Note: each sessions closing by a plenary feedback will end with clear and agreed recommendations that will be used for the development of the IASC guidelines draft 1

Wednesday – January 24, 2018	Topic
8h45 to 9h00	Arrival of participants and registration
9h00 to 9h45	Welcome ceremony:

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	<ul style="list-style-type: none"> - IASC Co-Chairs - UN Resident Representative - Pacific Disability Forum <p>Introduction to the workshop, background</p>
9h45 to 10h00	<p>Introduction of participants</p> <p>Ground rules</p> <p>Agenda</p>
10h00 to 10h30	Presentation of the draft outline of the IASC Guidelines
10h30 to 11h00	Coffee break
11h00 to 11h45	<p>Review and Feedback on the Guideline Outline:</p> <p>In a plenary participant will share view on:</p> <p>Is the outline reflecting their expectations?</p> <p>Is there any gap, missing chapter/ points to be included?</p>
11h45 to 12h30	Presentation of regional experiences / good practices
12h30-1h30pm	Lunch
1h30pm to 2h30	<p>Review and feedback on draft 0 of the IASC guidelines:</p> <p>Part 1.1.2 : Target Audience</p> <p>Part 1.2.1: Context of the IASC guidelines development</p> <ul style="list-style-type: none"> ➔ What are the gaps for inclusion of persons with disabilities in humanitarian action that the IASC guidelines should address ➔ What are the opportunities for inclusion of persons with disabilities in humanitarian action <p>Part 1.3.2: Risk, barriers and capacity</p> <p>The participants will be requested to share experiences from the region (context , crisis specific and relevant to different types of impairments) that could be used to develop further and illustrate that section.</p>
2h30 to 4h including break	<p>Review and feedbacks on the IASC guidelines</p> <p>Section 1.5: How can persons with disabilities and Organisations of Persons with Disabilities participate effectively n all stages of humanitarian action?</p>

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	<p>How collaboration with and support from humanitarian stakeholders (UN, government, NGO, etc.) can empower, develop leadership and capacity of DPO to contribute to humanitarian action?</p> <p>What are the positive practices from the region?</p> <p>Section 1.6: What are the priority crosscutting issues and transversal themes to be addressed in the pacific context?</p> <p>What are the good practices from the region?</p>
4h to 5h	<p>Agree on list of key points and recommendations to be used for the development of the IASC guidelines draft 1.</p> <p>Closing word – Australia, New Zealand, UN RR, PDF and IASC co-chairs.</p>
Thursday – January 25 th , 2018	
9h00 to 9h30	Welcome participant – repeating ground rules, introduction of new comers and summary of previous day
9h30 to 10h00	Presentation of good practices from the region
9h30 to 10h45	<p>Review and feedback on part 2 : Structure and Format</p> <p>Humanitarian program cycle, timeline framework and needs of different types of actors.</p> <p>Type of information / tools to be included</p>
10h45 -11h	Break
11h-11h30	Feedback from group work and discussion
11h30 to 12h30	<p>Introduction of part 3: sector specific</p> <ul style="list-style-type: none"> - Food security and nutrition - Health - Protection - Shelter - Camps management and camp coordination - Water , Sanitation and Hygiene - Education - Inter-Agency coordination
12h30-1h30pm	Lunch
1h30 – 3h	<p>Identification of sector content based on regional practices and experiences.</p> <p>Key questions:</p>

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	<ul style="list-style-type: none"> - Review the defined sub-sector , identify gaps or issues to be removed. - For each sector and sub-sector define key elements to include in the guideline - Identify and provide guidance on the level of details - Identify existing guidelines/ tools for the sector that can be used as reference and provide example - Identify good/ bad practices from the region that could be used for the development/illustration of the sector /sub-sector content.
3h-3h30	break
3h30 to 4h30	Plenary feedback and reaching agreed recommendation to be carried forward for elaboration of the IASC guidelines draft 1.
4h30 to 5h	<p>Next steps and way forward</p> <p>Closing: New Zealand High Commission, UN RR, PDF, Co-Chairs.</p>