

MENA Regional Consultation

Beirut, Lebanon, March 6-7, 2018

Overview:

The Arab Organization of Persons with Disabilities (AOPD), 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), hold a regional multi-stakeholder consultation for the Middle East and North Africa (MENA) Region in Beirut, Lebanon from 6 – 7 March 2018. This consultation has been made possible through the support of the Governments of Finland, Luxembourg and Australia, as well as the European Commission Civil Protection and Humanitarian Aid Operations (ECHO).

The workshop is the second in a series of regional consultations supporting the development of the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (“the Guidelines”). More than sixty participants, including organizations of persons with disabilities (DPOs), humanitarian and development stakeholders and governments based in the MENA region discussed priority areas and key components of the Guidelines, and shared feedback to ensure the Guidelines will be effective and relevant in the field.

The workshop aims 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 practices 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 workshop began with a formal welcome from the Arab Organization of Persons with Disabilities (Mr. Abraham Abdallah, Chair of AOPD, and Mr. Nawaf Kabarra, Chair of the country representatives of AOPD) and a strong message that the region needs to move from an institutional to an inclusive and collaborative approach regarding persons with disabilities, particularly in situations of risk and humanitarian emergencies.

Mr. Fred Neto, UN Economic and Social Commission for West Asia (UN ESCWA) and Ms. Tanya Chapuisat, UNICEF Lebanon Country Director, emphasized the importance of the consultation as an opportunity to strengthen commitments to the inclusion of persons with disabilities in humanitarian action. They noted the importance of building meaningful participation of persons with disabilities in humanitarian action, and that it is critical to ensure that the Guidelines are practical and based on experiences from the ground.

The keynote speech was delivered by the Lebanese Minister for Social Affairs, Mr. Pierre bou Assi, who shared a clear message that the focus for all stakeholders must be on persons with disabilities, not only disability itself. He recognized the importance of harmonizing standards in humanitarian action in order to ensure persons with disabilities are not left behind.

Methodology:

The outcomes of the Pacific consultation held in Fiji in January 2018¹ have been included in the Guidelines draft 0. The Pacific consultation report together with the revised 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 MENA experiences. Four persons with disabilities representing Organization of Persons with Disabilities (DPOs) and 4 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.

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

Part 3 – sector specific group discussion based on expertise and inputs received from the Pacific Consultation. A structure for the sector specific section was proposed and used by participants to further elaborate the content of the sector.

Session 1: Review the outlines of the Guidelines

Presentation of the outline of the Guidelines included Pacific consultation recommendations:

The presentation aimed to provide background information to the participants and to highlight chapters that were not open for discussion during the consultation. It also provided summary of the recommendations collected from the Pacific consultation. Participants were invited to share comments in writing by emailing: iascdisability@gmail.com.

These sections not open for comments included:

- Background

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

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

- Legal frameworks, policies and operational frameworks
- Guiding principles

Plenary discussion on the presentation approved the current outline moved forward to further discussion on the content.

General recommendations:

1. Disability must come first in any of the sections and should include families
2. The Guidelines should be specific to disability and not addressing general issues related to humanitarian action
3. The Guidelines should address refugees, migrants (including migrant workers) and people on the move with disabilities
4. The Guidelines should also address issues related to host communities
5. It should highlight specificities of conflict and post conflict settings
6. Guidelines should be written in a manner to suit everyone
7. The Guidelines should be very general and applicable to everyone
8. The Guidelines should include in annex a mapping of disability stakeholders
9. The Guidelines should include a diagram of humanitarian programme cycle in annex
10. Prepare also a shorter and simple version of the Guidelines to be disseminated to affected population and others.

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

Target audience:

Questions:

- Do you agree about the target audience defined in draft 0?
- Do you think we should also mention other types of stakeholders such as: media, community leaders, private sectors, faith based organizations, etc. ? if yes which one will be relevant for the Guidelines?
- Do you have any comments on how it is foreseen that the different audiences will be able to use the Guidelines?
- Do you prefer that the target audience is defined by roles (policy makers, programmers, donors, response team, etc.) or by type of stakeholders (UN, NGO, government, etc.)
- If we define a primary and secondary audience can you help us define who is the primary and secondary audience?

Summary: Target audience recommendations:

1. Target audience should be defined by role and then by sector
2. Target audience definitions should follow the humanitarian architecture
3. Primary audience should include: government, donors, UN agencies, local and international NGOs, Organization of persons with disabilities. Stakeholders that will implement the Guidelines
4. Secondary audience should include: media, faith based actors, private sector, orders, syndicates and field practitioners. Stakeholders that will support the implementation of the Guidelines
5. Universities should be added in the stakeholder group as they are often involved in research but also in developing data collection tools for example.
6. It will be good if the Guidelines also include key advocacy messages per stakeholders / sectors.

7. Private sector services should be included in the primary audience as others should be within the secondary audience.
8. Target audience section could have an introduction that clearly defines the duty bearer including service providers

All groups agreed on the target audience to be defined by role and not by type of stakeholders. There were a number of discussions related to the role of government from national to local level and how to include them in the target audience if it is defined by role.

Groups also highlighted the difficulties to identify the role of the private sector in humanitarian action. Private sector should be considered in primary stakeholders when it provides services to the population such as: private health facilities, telecommunication, private education services, etc. Other categories of the private sector to be included in the secondary audience.

Medias have been included in secondary audience with the rationale that they contribute to build an empowered perception around persons with disabilities, representing them as subjects of change

In the context of middle east, the security forces play an important role in supporting humanitarian action. Security forces will be mentioned in the target audience however their role won't be defined in details.

The discussion on target audience focuses on type of stakeholders, however everybody agreed that the target audience should be defined by role.

The solution may be to have upfront in the Guidelines target audience defined by role with example of stakeholders that fulfil those roles and then add in annex some more detailed information on the type of role each stakeholders can play.

While discussing how the different stakeholders could use the Guidelines, groups' feedback include:

- To develop / strengthen policies related to inclusion of persons with disabilities in humanitarian action
- Develop codes of conduct and ensure their implementation

Non-negotiable:

The Pacific consultation recommended to add a section up front highlighting elements that are non-negotiable in implementing the Guidelines.

Questions for group work:

1. What will be for you elements that are non-negotiable to implement: to ensure inclusion and participation of persons with disabilities in humanitarian action and that could be implemented by all stakeholders throughout the humanitarian program cycle and in all context?

Please keep in mind that this should be short and easy to understand.

Summary non-negotiable recommendations:

1. Name of this section should be changed to ensure clear understanding of what this section will include from the title
2. Request to have an introduction paragraph defining what are the non-negotiable and what for.
3. This section should be based on CRPD article 2 (definition) , 3 (general principles) and 4 (obligations)

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

4. Include and describe principles of “leaving no one behind” and “do no harm”
5. Nothing about us without us
6. Accessibility and meaningful participation of persons with disabilities and DPOs
7. Data collection should differentiate between disaggregated data by disabilities and data related to barriers faced by persons with disabilities and identify types of data to be collected in any humanitarian contexts and type of crisis (rapid/slow onset crisis, conflict, protracted crisis, etc.) as non-negotiable).
8. Monitoring of inclusion of persons with disabilities via a set of defined indicators
9. Issues of capacity development aiming at increasing knowledge and capacities of humanitarian stakeholders
10. Necessity to develop partnerships

This section was discussed differently within the different groups. The results of discussion highlighted the need to better defined what is meant by non-negotiables. Some of the group discussed issues related to legal and policy frameworks, some others, issues related to program cycles and finally some mentioned as non-negotiables actions that different stakeholders should implement to facilitate the inclusion of persons with disabilities in humanitarian action.

Some of the points mentioned beyond the recommendation summary for this section are:

- Rights to participate before, during and after humanitarian crisis
- Identification of persons with disabilities and the barriers and risks they face
- Development of national, departmental and organizational inclusion policies
- Needs assessment tools and processes inclusive of persons with disabilities
- Make reference to International Humanitarian Law
- Recognize knowledge of DPOs
- Streamlining the Guidelines within the program cycle
- Work with or develop national department on disabilities
- Develop national task force, cluster or working group on disability
- Donor funding for disability programming (mandatory ratio)
- Accessible communication about services available
- Access to grants for DPOs
- Remove barriers

One key question is t which are and how are the non-negotiable applicable to all humanitarian settings? It will be important to keep this question in mind while further developing this section ensuring that it is realistic and applicable within all humanitarian context taking into consideration the type of crisis (rapid onset, protracted crisis) and for all stakeholders.

Gaps and Opportunities:

Questions:

1. Would you add other areas of gaps and opportunities in to the one identified during the Pacific Consultation (Guidelines draft 0; annex 2)?
2. For each of the area identified could you list other gaps and opportunities for inclusion of persons with disabilities in humanitarian action?

The groups were given gaps and opportunities identified in the Pacific consultation based on the 3 main categories identified: information, DPO levels and humanitarian stakeholders / system levels. No other category of gaps / opportunities were identified during the MENA consultation.

Participants to the MENA consultation identified new gaps and opportunities that weren't identified during the Pacific consultations or that are specific to the MENA region. Please note that gaps and opportunities that were identical to the ones in the Pacific haven't been listed below.

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

1. Information:

Gaps

- Lack of consistency of data across different agencies/stakeholders including ensuring data protection and storage.
- Training of enumerators for collecting disaggregated data by age, sex and disabilities.
- Lack of accessible information system to disseminate information of available services at community / affected population level.
- Needs assessment tools that include issues related to disabilities

Opportunities:

- Monitoring access to services through better data collection
- Promote inclusion of disability data into national census / surveys.

2. DPO level:

Gaps:

- DPOs are not equipped (knowledge, capacities and funding) to contribute and follow humanitarian action conversation with the government
- DPOs do not engage in coordination because there is a lack of a strong and unified movement of DPOs, there are differences between constituencies, members, different voices.

ortunities:

- Existing DPO networks, including self-help groups and community based organization of persons with disabilities.
- If the CRPD is ratified it is an opportunity for advocacy on humanitarian action and situation of risk (article 11).
- DPOs can influence others (NGOs, INGOs) to include disabilities in their dialogue with the government
- DPOs can play an advisory role with government and humanitarian stakeholders

3. Humanitarian stakeholders / system level:

Gaps:

- Gaps in linking up humanitarian action with early recovery and development
- Coordination structures not inclusive of persons with disabilities
- Lack of coordination across sectors in cases of multiple vulnerabilities (SGBV, disability, out of school...)
- Lack of focal points at inter-agency coordination level.
- Lack of indicators measuring inclusion and participation of persons with disabilities.
- Anticipation of the needs of persons with disabilities in sector programming

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

- Lack of referral services available for persons with disabilities, whether specialized or mainstreamed (Rehabilitation, inclusive education, etc)

Opportunities:

- Focal points in coordination mechanisms can bridge the gap between organization of persons with disabilities and humanitarian stakeholders and continuously push for inclusion.
- If the CRPD is ratified it is an opportunity for advocacy on humanitarian action and situation of risk (article 11).
- Capacity development of governments, humanitarian stakeholders on disabilities issues ensuring the breaking down of siloes between sectors and reaching out to the grassroots level as a start.
- Develop and include basic indicators per sector related to inclusion of persons with disabilities

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:

1. What are the specific or heightened risks faced by persons with disabilities in emergencies, are there any of those that are specific to the MENA region? Could you highlight risk specific to:
 - women and girls with disabilities
 - children and youth with disabilities
 - older persons with disabilities
 - person with intellectual disabilities
 - person with psychosocial disabilities
 - person with sensory disabilities
 - person with physical disabilities
 - persons with disabilities from minorities
 - other relevant groups (intersectionality between disability and ?_)
2. Could you list barriers/challenges faced by persons with disabilities in participating or accessing humanitarian programmes?
3. Will barriers and challenges vary depending on the crisis context or in relation to access to sectoral intervention? How?

As for the previous section, risks and barriers that have been mentioned in the Pacific Consultation report are not repeated here. Unfortunately the groups didn't really consider the risk based on the categories mentioned within the question and therefore only few elements are attributed to the different groups.

- Risks related to stigma and invisibility

Persons with disabilities are invisible in their country in normal circumstances this increases during a crisis. They often are not registered by the government hence not counted for to prepare and implement humanitarian response.

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

- Risks related to living in a conflict zone or volatile environment and the difficulties for persons with disabilities to flee such areas.
- Persons with intellectual / psychosocial disabilities face heightened risks associated with strong discrimination, stigma and exclusion.
- Persons with disabilities that cumulate other risk factors.

As a result of the working group a number of new at risk groups were highlighted:

- Persons with disabilities living in institutions
- Boys and men with disabilities at risk of being recruited by armed groups.
- Working children with disabilities → Child labour
- Palestinian with disabilities living in refugee camps

The groups identified as main barriers to participate to humanitarian action and access assistance as:

- Inaccessibility and lack of information, schools, justice systems, mainstream and specialised services
- Lack of funding on disability
- Organization “specialized” in humanitarian action and disability are very conservative with their DPOs network and don’t systematically share information with mainstream stakeholders.
- National laws still focus on services provision to persons with disabilities and are not aligned with the CRPD which impact the capacity of DPOs to participate and take a leading role.

None of the groups has responded to the third question related to if and how risks and barriers could vary according to the context.

Cross-cutting issues

Summary of recommendations

1. The section on cross-cutting issues should include an introduction that clearly defines what is a cross-cutting issue within this Guidelines.
2. General comments on keeping the list short and use protection mainstreaming to address some of the issues previously listed.

Based on the recommendation from the Pacific consultation to clarify cross-cutting issues the draft 0 revision deleted the transversal themes issue.

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

Results from group work highlighted again the need to define what is a cross-cutting issue. Despite the fact that it is a well-known and used term of the humanitarian action sector, it is clear that there were no agreed understanding of cross-cutting issues among all the participants. Therefore this section in draft 1 will need to include an introduction defining cross-cutting issues.

At the end of the group work a number of cross-cutting issues were agreed among most of the groups:

- Participation
- Age
- Diversity
- Gender (and not Gender equality)
- Accessibility (physical and information/ communication)

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

- Mental Health and psycho-social support
- Protection mainstreaming

It was noted that disability is also part of protection mainstreaming alongside other issues that then could be deleted from the crosscutting list for this Guidelines and considered addressed within protection mainstreaming crosscutting issue and not as separate ones.

Some other issues were mentioned by some of the groups however weren't agreed across all the groups:

- HIV/AIDs
- Environment and climate change
- Displacement and migration
- Coordination
- Human rights

Data collection, victim assistance and monitoring and evaluation were seen as issues that require standalone sections.

Role of DPOs including collaboration with Humanitarian stakeholders:

Summary of recommendations:

- Develop joint strategic planning (humanitarian stakeholders and DPOs)
- Involve DPOs at all stages of the humanitarian program cycle
- Strengthen collaboration including exchanges of information and open discussion
- Cooperation for cross-training and learnings and building up pre-crisis cooperation
- Develop strong partnerships either for advocacy, implementing humanitarian response and technical support. This includes access to funding.

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.

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:

- Legal and policy frameworks in the region are mainly related to provision of services to persons with disabilities but are not promoting inclusion and full and effective participation.
- Government in the region work mainly via institutions and are not used to collaborate with DPOs.
- Often there is no provision of reasonable accommodation that will enable participation of DPOs
- DPO have limited human resources capacities
- Humanitarian stakeholders do not know about DPOs
- Diversity of disability and DPOs representing them instead of a strong and unified DPO movement.
- Humanitarian stakeholders usually work with well-known and trusted partners
- In conflict zone networking and access to people is an issue
- DPOs limited access to financial resources
- DPOs and NGOs are speaking different languages and do not have the same experiences

In this context, the role of DPOs could be:

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

- 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 including changing mindsets.
- Actively engage in humanitarian response.
- Provide technical expertise to mainstream humanitarian stakeholders on how to include persons with disabilities.

In all of the roles identified above the groups recommend to develop partnership between DPOs and humanitarian stakeholders to ensure better outcomes.

As a result of the discussion on collaboration / partnership between humanitarian stakeholders and DPOs 4 elements are recommended to strengthen leadership, inclusion and participation:

1. Capacity development including cross-learning on both disability and humanitarian action
2. Develop joint strategic planning
3. Involve DPOs at all stages of the Humanitarian Program Cycle (HPC)
4. Strengthen collaboration including exchange of information and open discussion.

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

- Training and capacity building for DPOs and humanitarian actors including governments and rescue services (to become inclusive)
- Advocate for humanitarian inclusive policies and procedures
- Prepare/ set up task team, including DPOs and humanitarian actors and government → could be focal points
- Set up response plan on how to include persons with disabilities in humanitarian responses.
- Awareness on disability issues for all stakeholders
- Develop planning and mobilize resources for inclusion of disability issues in humanitarian action
- Develop data sharing protocols and share information and feedback
- Map existing services / hotlines, etc, at all levels (from local to national to regional)
- Assess availability of assistive devices and sources of procurement
- Development of inclusive data collection tools
- Disaggregated data by Sex, Age and Disability
- Use technology and innovation to ensure accessibility
- Identify focal points at community as well as at ministry/ organization level for identification of persons with disabilities and referral to appropriate services
- Develop accessible information, education and communication (IEC) material
- Warning system, evacuation plan and shelter should consider special needs of different types of disabilities

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

- Risk analysis should include risks , vulnerability, and prevention measures specific to persons with disabilities
- To embed preparedness and its inclusivity into general system of education
- Contingency plan for situation of armed unrest/ war should be done before hand involving security forces and structures.
- Ensure standards for inclusion are incorporated in the standard operating procedures of civil protection agencies

Needs assessment and analysis

- Conduct proper risk analysis (threats* vulnerability /capacities)
- Work with DPOs when implementing need assessment and use a participatory approach
- Gather existing data from government, DPOs, community leaders and funding agencies (i.e. social welfare)
- Assess available resources and identify gaps (include mapping services and stakeholders)
- Analyse actual barriers in providing assistance (in each sector and including procedures)
- Ask about accessibility → are people able to move/ use transportation and access services
- Set priorities and ensure they are inclusive of all persons with disabilities
- Ensure that networking opportunities between NGOs, DPOs and governments are accessible and inclusive (coordination, meetings, etc.)
- Ensure data confidentiality and share data collection, storage and sharing protocols
- Ensure that needs assessment include an age, gender and diversity approach
- Need assessment specific to persons with disabilities and care givers.
- Identify pre-existing barriers and barriers related to the emergency and develop strategy to address them (attitudes , lack of information, physical, environmental, communication, institutional, etc.).
- Ensure participation and engagement of persons with disability, more specifically of women with disabilities and persons with disabilities with different identities (LGBTQTI for example)
- Training of data enumerators on disability and communication with persons with disabilities
- Use Washington Group short set of Questions (WGQ)

Strategic planning

- Strategic planning process should be inclusive of all persons with disabilities
- Ensure accessibility of planning process
- Analyse strength related to disability issues and build strategy focusing on them
- Identify goals and indicators related to inclusion of persons with disabilities and set milestones to measure progress towards goals
- Mapping existing social safety nets / welfare system to identify gaps
- Ensure inclusive and accessible coordination mechanism to promote participation of DPOs
- Ensure specific budget lines are allocated to inclusion of persons with disabilities and to DPO participation
- Promote adequate reporting on indicators of inclusion to further inform strategic planning
- Specify role of each partners within the strategic plan → NGO, governments, DPO
- Plan must be clear and easy (feasible) to implement
- Ensure DPOs and persons with disabilities are consulted in planning to ensure program design is inclusive → DPO to provide concise information
- Infrastructure accessible design -- > include in planning phase and consider retrofitting
- Raise awareness for emergency planning
- Do no harm

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

- Accountability to affected population mechanisms are accessible and easy to use
- Training in strategic planning inclusive of disability issues
- Plan for inclusive response versus/ and special services
- Timely and accessible sharing of information
- Include DPOs in continuous coordination to avoid duplication
- Set accessible and inclusive feedback monitoring and evaluation mechanisms
- Ensuring that planning and prepositioning of supplies consider needs of persons with disabilities
- Plan an exit strategy that is inclusive or be ready to develop a long term inclusive strategy

Resource mobilisation

- Increased recruitment of persons with disabilities by humanitarian stakeholders
- Dedicated budget for inclusion of persons with disabilities and participation of persons with disabilities
- Identification of appropriate human resources and funding for inclusion of persons with disabilities
- Accessible infrastructures
- Accessible fleet
- Assistive devices availability
- Allow and plan for personal assistant to staff with disabilities if necessary
- Bring in DPOs/ persons with disabilities to high level pledging conference (as speakers)
- Capacity building on resource mobilization for DPOs
- Support researches (evidence based)
- Mobilize resources (funds and expertise) to develop and implement trainings
- Activate volunteering work
- Inclusive logistics + capacity building for log staff → accessible infrastructure
- Donors advocacy + awareness
- Mainstream disability components in proposals development and monitoring
- Specific international pledging disability fund
- Empower government for long term disability inclusive resources mobilization
- Mobilize capable human resources

Implementation and monitoring

- Accessibility to services both physical and communication
- Financial allocation for activities with persons with disabilities → inclusive budgeting
- Include specific indicators for inclusion for each sector + monitoring achievement
- General indicator to have disaggregated data about age , sex and disability
- Capacity development and awareness of staff on disabilities issues
- Partnership with DPOs (consultation and monitoring)
- Develop targeted services
- Capacity development of DPOs and humanitarian stakeholders
- Universal design and accessibility
- Involve persons with disabilities in monitoring assistance at community level
- Mapping of disability stakeholders and services from local to national level
- Referral pathway inclusive of person with disabilities
- Monitoring inclusiveness of the services provided by humanitarian agencies

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

- Develop and implement outreach / mobile services
- Ensure cross impairments representation
- Focus on quality monitoring more than quantity not just head count of persons with disabilities accessing services but also specific criteria related to inclusive services
- Instead of just counting number of children attending school , develop a monitoring checklist for inclusive and accessible schools
- Elaborating specific indicators across sectors
- Communication strategy to give visibility to activities related to monitoring inclusion
- Working group on disability

Evaluation

- Develop easy and accessible evaluation tools → pragmatic approach
- Data analysis should be on sex, age and disability disaggregated data
- Evaluate inclusiveness of the organization
- Elaborating indicators based on human rights
- Setting budget and quality indicators
- Document lessons learned on inclusiveness, barriers and challenges, good practices
- Persons with disabilities and DPOs are involved in the evaluation and include testimonies
- Include questions on disability in general evaluation
- Accessibility of evaluation report
- Using media outlets to disseminate results
- Context specific evaluation
- Policy and services evaluation
- Training of enumerator
- Tools to facilitate participation in evaluation and evaluate impact on persons with disabilities plus level of inclusiveness
- Internal organizational audit to evaluate the level of inclusiveness
- Explicitly evaluate with reference to art 3 and 11 of the CRPD
- Evaluate and use of complain / feedback monitoring mechanisms
- Analyse criteria on inclusion set on previous stages and how we did in achieving them
- Evaluate performance of staff and volunteers
- mid-terms evaluation → should be used to correct programming going forward

Coordination

- Existence of Guidelines
- Communication to all stakeholders including DPOs and tailored inclusive material
- Dedicated focal point on disability and working group
- Coordination of workplan including action plan on disability and monitoring
- Raise awareness on disability issues
- Fulfilling the implementation of art 33 of the CRPD
- Power of networking
- Capacity building in terms of communication regarding disability and humanitarian concepts and key issues
- Disability mainstreaming across sector
- Inter-agency and state / private sector partnerships for inclusion

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

- Cluster task force on disability , has to be at inter-cluster level under the humanitarian country team (HCT)
- Effective and accessible communication
- Inclusive coordination mechanism
- Strengthen coordination between mainstream organization and specialized organization
- Build inclusive coordination mechanisms between NGOs/ DPOs and beneficiaries

Information management

- Info must be accessible to all → different format (technology for persons with different disability) + sign language and non-verbal
- Must be from reliable sources
- Must be inclusive of all disabilities
- Expert Translation to keep all details
- Mapping for complementarity of intervention
- Disability inclusive assessment tools and reporting
- Information management should have population level data on persons with disabilities and information on accessible mainstream services and special services
- Availability of the information / resources in different formats
- Information dissemination strategy including using social media ensuring to reach all
- Referral pathway procedures are easy to access and inclusive of persons with disabilities
- Use appropriate terminology based on HR CRPD
- Security of data (protection protocols)
- Adaptive system
- Mobile data collection system may be more accessible
- Keep data disaggregation throughout the information management cycle
- Training and capacity building on disability for information gatherers + census workers
- Uniform definition of disability
- Creation of a data management system linked to disability with easy reporting and analysis
- Leaflet and mapping of services

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.

A large number of participants to the consultation didn't have expertise in any of the sectors and for some of them it was difficult to understand the objective of the group work and to contribute to it.

Key questions:

1. Review the defined sub-sectors, identify gaps to be added or issues to be removed.
2. Review the proposed sector structure and provide feedback.
3. Based on the identified structure propose key element to be included in the Guidelines either headings or content
4. Identify and provide guidance on the level of details required: processes, approaches and methodology, practical action points, detailed technical information, other?
5. Identify existing global, regional and national guidelines/tools for the sector which can be used as references and provide examples

6. Identify good/ bad practices from the region that could be used for the development/illustration of the sector /sub-sector content. Please follow the Good Practice guidelines questions.

General considerations:

Within the consultation, expertise was missing from some sectors. Both Shelter and Settlement and WASH sectors were not discussed in the MENA consultation.

Based on the Pacific consultation recommendations a draft structure for the sector content was proposed to participants to guide their discussions. None of the groups provided feedback on the structure and in general all of them find it appropriate.

Education:

The education sector attracted a lot of attention, therefore two different groups worked on the topic.

Groups noted that it is crucial that the Guidelines follow as much as possible the structure of agreed international standards, i.e. INEE for Education.

The key topics they identified to be developed are:

- Physical access of learning centres including special measures to facilitate learnings for all children with disabilities (colour contrast, etc.)
- Learning centres as safe spaces for children with disabilities (link with protection)
- Access to transportation to reach the centres
- Availability of material in different formats, for example provision of braille material, sign language and easy read version, etc.
- Provision of assistive devices (learning) and interpreters if necessary
- Adaptation of standard education kits to different needs
- Promotion of inclusiveness within the learning environment
- Representation of persons with disabilities in teaching and learning material (pictures, drawings, stories)
- Adaptation of curriculum to different needs
- Teacher training on inclusive education
- Sensitization and awareness raising on disability issues for teachers
- Engagement of DPOs and children with disabilities’ families at school level (volunteers, support teachers)
- Value expertise of / in inclusion when recruiting teachers
- Encourage recruitment of experienced teachers with disabilities
- Develop mechanisms that support the well-being, motivation and professional development of teachers.
- Note the importance of advocacy for inclusive education
- Temporary spaces
 - o Be realistic in the standards that we set
 - o Accessibility as a selection criteria for spaces

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 agreed that it is important to ensure common understanding of protection and therefore suggests to include the IASC definition of protection, to distinguish between protection and protection mainstreaming as well as to include definition of gender based violence and child protection.

Participants acknowledge the importance of reflecting protection mainstreaming as key priority for the Guidelines although this should not be seen as a protection sector activity and therefore not reflected in the chapter.

The group also recommends that disability is included into the coordination mechanism not under protection but at the inter-sector/cluster level and reporting to the humanitarian coordinator.

Specific emphasis on how to reach particularly at risk and overlooked categories of persons with disabilities such as: adolescents, youth, older people, minorities and any other category relevant as per the context - should be reflected in sectoral activities.

A proper analysis of risks and categories should be carried out to determine risks of exclusion/factors of inclusion and protection concerns. Specific considerations should be on the fact that often persons with disabilities are hidden – sector's chapters should include some red flag/warning/alert signs that would signal that actors are not being made aware of or reaching out to at risk categories – sample tools could be developed as a resource

- Acknowledgment that outreach is essential and should be done in different ways and using different channels
- Mapping of services and referral pathways – looking for services that are accessible and inclusive!! It needs to be included and reflected as preparedness
- Activities should be included to ensure protection actors support persons with disabilities in accessing services (accompaniment not necessarily case management)
- Complain mechanisms to report cases of exclusion, discrimination and abuse
- Capacity building for service providers and institutional actors
- Consult global Area of Responsibilities to see if cluster tools reflect / include already persons with disability, compile tools already available.
- Participants are in agreement will all suggestions made during the Pacific consultation.

Camp coordination and camp management (CCCM)

The group also try to work on Shelter and Settlements and WASH based on the Pacific consultation results. However due to lack of time they prioritize the CCCM sector as we had no inputs from the Pacific on this sector. (see small note on WASH and Shelter and Settlement section).

The group also noted that some of the recommendation below are relevant for non-camps urban settings

- Capacity building/ awareness raising at Global CCCM cluster to ensure CCCM professionals are prepared to be inclusive through protection mainstreaming, disability mainstreaming. DPOs can participate/lead this.
- Choosing a camp geographical location that does not heighten pre-existing risks relating to disability
- Preparing the land with consideration of physical accessibility – level ground etc.
- Designated focal point for disability in initial camp coordination meetings to ensure technical standards on inclusion relating to WASH, shelter, protection etc. are implemented.
- Share relevant written resources – standards, guidelines etc. during coordination meetings
- Consider removing barriers to registration – physical, information etc.
- Location and information about registration is accessible
- Outreach to identify hidden/isolated people. Community-based approach using committees of persons with disabilities

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

- Tools for data collection – Washington Group Short Set of Questions as a starting point. Adapting tools in preparedness phase at global level to have tools ready to be used in different contexts.
- Monitoring of access to services:
 - o Community-based approach (e.g. committees including persons with disabilities) assessing access to services and participating in decision-making mechanism (e.g. coordination meetings, disability focal point). Reporting back to committees to complete feedback loop for accountability
 - o Monitoring level of information about services reaching persons with disabilities
 - o Monitoring protection – dignity, meaningful access, avoiding harm
 - o Information collection and dissemination
 - o Set up info hubs
 - o Mapping of services with participation of persons with disabilities
 - Information collected, organised and disseminated about the accessibility of services in an accessible way.
 - Analysis of protection threats and risk – collecting information through community-based approach (e.g. committees of persons with disabilities) and monitoring by humanitarian actors

Shelter and Settlement:

- Persons with disabilities represented in coordination and committee meetings
- Protection mainstreaming

WASH

- Persons with disabilities represented in coordination and committee meeting
- Protection mainstreaming

Health:

- Change sub-title “Health services delivery” to “Quality health service delivery”
- Human rights based approach training for the health workforce
- Accessibility of health services
- Accessibility of information and ensuring that persons with disabilities are providing their informed consent to treatment
- Health clusters should act as referral system to other services for persons with disabilities
- Data disaggregation by sex, age and disability
- Barriers to inclusion – attitudes and behaviours of health workers
- There may be a financial barrier to access health services
- Accessibility of rehabilitation centres including:
 - o Support the development of rehabilitation centres
 - o Promote inclusive services
 - o Include sustainability of rehabilitation in planning
- Build up skills of health care workers on how to communicate with persons with disabilities
- Support the implementation of National health strategy (using existing tools, process and procedure from Ministry of Health)
- Implement national legal framework
- Ethically oriented health care/services (lots of abuse of persons with disabilities)

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

- The discussion also highlighted the importance to consider within defined sub-sectors: Injury care:
 - War injuries,
 - trauma & Rehabilitation
- Child Health:
 - Early detection and early intervention
- Sexual and Reproductive Health
 - Adolescent health (related to early pregnancy, drug abuse).
- Health Information Management:
 - Collection, storage and use of patient data

Existing resources:

- UNICEF booklet on inclusion in health
- Humanity and Inclusion – devised assessment tool for inclusion in health services
- CBM – has developed checklists

Food security & Nutrition:

The group highlighted the need to differentiate sudden onset crisis and protracted crisis as type and modality of intervention may be different.

- The group choose to have a discussion identifying modalities of intervention most frequently used in food security programs as well as barriers and risks that persons with disabilities may face and potential solutions to these. Identification of persons with disabilities is very important, but there are challenges to know how many persons with disabilities are living in the affected population? Where, are they spread in the camp?
- Distribution points: ensure the accessibility of distribution points, for example by using Universal Design and RECU (Reach, Enter, Circulate and Use) principles.
 - Segregated lines per gender works well in the region. However, it may also lead to cases of exploitation and abuse (women and children sent by men to collect food because “women’s lines” are faster) Is prioritizing lines for persons with disabilities a solution? If yes, then a clear risk analysis should be done to understand potential negative impacts but also positive ones. Potential mitigating actions could be raising awareness in the community about prioritized lines, or having two lines for men and one for women and persons with disabilities (so speed is not an advantage, but only accessibility and safety).
- Consider the weight of the food boxes provided in distributions. Ready-to-eat food can be around 12 kg (5 days) in emergencies, up to 60 kg in two boxes (for monthly distribution). No additional items are given to transport it; provision of means of transportation, cash for transportation or community support may be a solution.
- Assets/livestock replacement. Everything where the outcome is food (e.g. agricultural livelihoods, but not a hairdressing training, because the direct outcome is not food).
- Food for training: ensure accessibility of places and provision of information, and address attitudinal barriers: sometimes persons with disabilities are assigned to “soft-training” programmes.

- Food is also distributed in longer term: through people registered (often UNHCR), food parcels are also distributed but for longer term (around 1 month), including food that will be cooked. Outreach distributions could be a solution to ensure access by persons with disabilities.
- Provision of vouchers to exchange for food in shops.
 - o WFP also distributes unrestricted cash (using ATM).
 - o Issues: Again finding people. Ensure accessibility of the supermarket, ATM, for example, how high it is, and even the streets, how to reach ATMs; same with supermarket).
 - o Selection criteria: a formula is used to identify vulnerable households. Disability, or women without a husband, older person, receive a different weighting in the formula, and then the “most vulnerable” are identified as recipients of food aid. Risks: sometimes only persons with certain types of disabilities are identified, and persons with psychosocial disabilities may not be identified.
 - o Sometimes a “proxy”, a family, relative will collect the food creating a risk of possible diversion..
 - o Cards are validated through different mechanisms (eye scan, finger prints): this mechanism may pose barriers to persons with disabilities; alternative solutions may be outreach and use of proxy collectors.
- School snacks, for children, to encourage parents to send children to the school, as a support when financial barriers are present. It is used as an incentive to stay in school (but not necessarily to “enrol”).
 - o School snacks awareness only in school. Children out of schools will not receive that, then the question is why they cannot go to school? Outreach to find children out of school may be a solution.
- Awareness rising on nutrition.
 - o Hand washing, hygiene manipulating food, avoid food wasting, very general.
 - o Provided through school.
 - o Surveys at household level are conducted once a month, and questions about food utilization by persons with disabilities may be added.
- In protracted crises, there is a shift to Food Security and Agriculture: food for training, food for assets (e.g. installing a pipeline). The incentive is cash, and assets, and/or skills.
- In language, terms that food security uses and should be considered/defined in the Guidelines are: E-card, food parcel, vouchers, school snacks, food for training/food for assets programmes, assets and livestock replacement programmes.

Early recovery:

- Accessibility criteria should be applied in practice at (since) the earliest stage of reconstruction in physical environment reconstruction, public services recovery, resettlement and include special needs support in all mentioned areas of action.
- Participation of persons with disabilities in planning and implementation of early recovery strategies
- Build a culture of diversity acceptance in the recovering society (through public information intervention, education, etc.)

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

- Organizations of persons with disabilities should start networking and coordinating to participate in the recovery projects together with IOs, NGOs and governmental agencies as soon as security situation and infrastructural solutions allow
- Create as early as possible systems to support care takers ensuring they are able to benefit from inclusive early recovery, thus ensuring resilience and sustainability in their future lives
- Consideration of responsibilities of families for caregiving and time resources while developing early recovery strategies and programs
- Early recovery should cover legal support

Operation support services (logistic and communication)

The group who worked on developing this section didn't include expert in operation support services and therefore identified key elements based on their experiences.

- Pre-emptive plan must rely on inclusive approach which considers needs of persons with disabilities
- Intervention should include a diagnosis of the situation with clear understanding of available operation support services responding to the need of people including the needs of persons with disabilities.
- Intervention methodology should relate to a range of scenarios including disasters, conflict etc.
- Develop human resources who are acquainted with the needs of every category of disability
- Training intervention teams on inclusive early intervention mechanisms
- One common jargon for all to avoid misunderstanding which could delay operation

Through the group work on Part 3, participants provided preliminary ideas on content for sectors that weren't addressed in the Pacific and complement the Pacific inputs for the other sectors.

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 very positive with no negative comments.

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 the workshop methodology as being very efficient and promoting exchanges between different stakeholders and countries.

This report will be shared with the consultation participants and made available online. It will inform together with the Pacific Consultation report, the online survey report and the global multi-stakeholder consultation the development of draft 1.

Sectoral group of experts will be set up to develop the content of Part 3 (sector specific) following the agreed structure and using inputs from the consultations.

A draft 1 will be ready for the next set of regional consultations.

Annexes:

Annex 1 : agenda:

Tuesday March 6th , 2018	
8h45 to 9h00	Arrival of participants and registration
9h00 to 9h45	<p>Welcome ceremony: Moderated by AOPD</p> <ul style="list-style-type: none"> - Lebanese Minister of Social Affairs - Fred T. Neto, Ph.D, Director, Social Development Division, UN-ESCWA - IASC Task Team Representative - Ms. Tanya Chapuisat, Country Director, UNICEF Lebanon. - Arab Organization of Persons with Disabilities <p>Introduction to the workshop, background</p>
9h45 to 10h15	<p>Introduction of participants</p> <p>Ground rules</p> <p>Agenda</p>
10h15 to 10h45	Presentation of the draft 0 and main recommendations from Pacific Consultation
10h45 to 11h15 Coffee break	
11h15 to 11h45	<p>Review and feedback on the Guidelines' presentation</p> <p>In plenary, participants will share views on:</p> <ul style="list-style-type: none"> - Questions for clarification - Are there any gaps, missing chapters/points to be included?
11h45 to 12h30	Presentation of regional experiences/good practices
12h30-1h30pm Lunch	
1h30pm to 3h00	<p>Review and feedback on draft 0 of the IASC Guidelines:</p> <p style="text-align: right;">Part 1.1.2 : Target Audience Part 1.1.3 : Non-Negotiable Part 1.2.1: Gaps and Opportunities Part 1.3.2: Risks, Barriers and Capacities</p>
3h00 to 3h30 Coffee break	

3h30 to 4h30	<p>Review and feedback on the IASC Guidelines</p> <p>Section 1.5: How can persons with disabilities and organizations of persons with disabilities (DPOs) participate effectively in all stages of humanitarian action?</p> <p>How can collaboration with, and support from humanitarian stakeholders (UN, governments, NGO, etc.) empower, develop leadership and capacity of DPOs to contribute to humanitarian action?</p> <p>Section 1.6: Crosscutting Issues</p>
4h30 to 5h	Closing the Day
Wednesday, 7th March , 2018	
9h00 to 9h30	Welcome participants – review ground rules, introduction of new-comers and summary of previous day
9h30 to 10h00	Presentation of good practices from the region
9h30 to 10h45	Review and feedback on Part 2: Humanitarian Program Cycle, timeline framework and needs of different types of actors
10h45 -11h Break	
11h-12h00	<p>Introduction on Part 3: Sector-Specific</p> <ul style="list-style-type: none"> - Food security and nutrition - Health - Protection - Shelter - Camp management and camp coordination - Water, Sanitation and Hygiene - Education - Early recovery - Operation support sectors - Inter-Agency coordination

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

12h00 to 12h30	Identification of sector content based on regional practices and experiences
12h30-1h30pm Lunch	
1h30 to 2h30	Continued: Identification of sector content based on regional practices and experiences
2h30 to 3h15	Plenary feedback
3h15-3h45 Break	
3h45 to 4h30	Plenary feedback continued
4h30 to 5h00	Next steps and way forward Closing Session: AOPD IASC co-chairs

Annex 2: list of participants

ORGANIZATION	FIRST NAME	SURNAME	LOCATION
AOPD	Ibrahim	Abdallah	Lebanon
AOPD	Nawaf	Kabbara	Lebanon
AOPD	Jahda	Abou Khalil	Lebanon
Syrian Forum of People with Disabilities	Fatma	Ajam	Syria
Sudanese National Union of Physically Disabled	Khawad	Ibrahim	Sudan
Egyptian Federation of Organizations of Persons with Disabilities	Shadia	Kamal	Egypt
Jordanian Coalition of People with Disabilities	Mustapha	Alrawashdi	Jordan
AOPD	Zuhair	Alsharfa	Jordan
AOPD	Moaffaq	Khafaghi	Iraq
Iraqi Gathering of Disabled Persons	Kamel	Alfarwachi	Iraq
Federal Moroccan of People with Disabilities	AbdelMajid	Makni	Morocco
AOPD	Soumaia	Armani	Morocco
Secretariat of the Arab Deaf Persons	Hend	Alshowaier	Saudia Arabia
WBU	Amer	Makarem	Lebanon
Lebanese Association for Self-Advocacy (LASA)	Mia	Farah	Lebanon
Lebanese Association for Self-Advocacy (LASA)	Fadia	Farah	Lebanon
Lebanese Physical Handicapped Union - NAD	Mohammed	Ali Loutfy	NYC
Empowerment through Integration	Sara	Minkara	Lebanon

MENA Regional Consultation – IASC Guidelines on Inclusion of Persons with Disabilities in
Humanitarian Action

Egyptian Federation of Organizations of Persons with Disabilities	Amro	Abbas	Egypt
IASC Secretariat	Nuhad	Hussein Saeed Al Alfi	NYC
UNICEF	Tanya	Chapuisat	Lebanon
UNICEF	Carole	Stephan	
WFP	Sirin	ELZUHAIRI	Lebanon
UNESCWA	Angela	Zettler	Lebanon
UNRWA	Vivian	Alt	Jordan
UNHCR	Pedro	Munoz Alonso	
UNHCR	Lorenza	Trulli	Lebanon
UNHCR	Mohan	Mani Lamsal	Jordan
OHCHR	Abeer	Al-Kaisha	Lebanon
UNESCO (Regional Office)	George	Awad	Lebanon
Mousawat	Kassem	Sabbah	Lebanon
International Rescue Committee	Petronille	Geara	Lebanon
International Rescue Committee	Dr.Kais	AL Dairi	Lebanon
ABAAD	Jihane	Isseid	Lebanon
RedR	Felicity	Mascetta	Australia
Asmae - Association Soeur Emmanuelle	David	Knaute	Lebanon
HI	Marwa	Mubarak	
War Child	Davide	Coltri	Lebanon
Terre des hommes	Sophie	Coelho	Lebanon
Arc en Ciel	Georges	Xanthopoulos	Lebanon
IFRC	Tatiana	KHROL LAPPALAINEN	
IFRC	Sandra	ARBID	
ICRC	Dr Rami	Abbas	Lebanon
ICRC	Hala	Al Sultan	Lebanon
Luxembourg	Georges	Bley	Geneva
European Commission	Anne Sophie	Laenkholm	Jordan
Ministry of Labour and Social Affairs - Iraq	Asghar	Al-Musawi	Iraq
IDA Secretariat	Georgia	Dominik	New York
UNICEF	Gopal	Mitra	New York
HI	Ricardo	Pla Cordero	Amsterdam
HI	Tom	Palmer	UK
IASC consultant	Valerie	Scherrer	Geneva
RIAIDS	Rosario	Galarza	Peru
IDA consultant	Imededdine	Ouertani	Tunisia
ESCWA	Anis	Mahfouz	Lebanon