Overview:
The Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS) 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 Latin American Region in Quito, Equator from 3–4 May 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 part of 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 Latin American 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.

It is relevant to note that representatives from groups historically considered as underrepresented participated in this consultation, such as persons who are deaf-blind, persons with autism, persons with intellectual disabilities, persons with psychosocial disabilities, and representatives of indigenous women with disabilities.

The workshop aims to:
- Review, discuss and comment on the Guidelines Draft 1
- Review the initial draft content in detail
- Identify gaps that should be addressed
- Agree on the priority areas/key components included in the Guidelines draft, or propose changes
- 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 later 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 Annexes.

Participants to the consultations are encouraged to sign up within the Task Team to receive updates on the Guidelines development: http://bit.ly/2yGfLl

Opening of the Consultation:
The workshop was preceded by a meeting with organizations of persons with disabilities in the Region on May the 2nd, in which the objectives of the consultation and a first round of presentations
and experience-sharing where discussed. Practices and situations in the region highlighted the relevance of including Latin America in the development of global policies. Current situations, such as that of Venezuela or the migrant processes happening in the Region, where discussed, highlighting the fact that a political bias to the definition of what a “humanitarian situation” is prevents these to be openly considered as such.

The two-days workshop began with a formal welcome from Rosangela Berman-Vieler, UNICEF representative, who introduced the process for the development of the Guidelines, highlighting the importance of consultations in all regions to directly engage stakeholders involved in humanitarian action; Sandra Darce, Secretary General to RIADIS, who expressed her gratitude for including DPO representatives in the consultation; and Tatiana Rosero, Technical Secretariat to the Consejo para la Igualdad de las Personas con Discapacidad (CONADIS), who highlighted the importance of hosting the workshop in Latin America, and more particularly in Equator, where the experiences with seismic disasters stressed the need of including persons with disabilities in preparedness, response and recovery from natural disasters.

Methodology:
The outcomes of all the previous consultations have been included in the Guidelines draft 1.

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 1. 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 Latin American experiences. On the first day, The Deaf Federation of Venezuela and the Latin-Americans Federation of Deaf-Blind, ASB, CBM, and the Committee for the Elimination of all forms of Discrimination against Persons with Disabilities of the Organization of American States shared their practices with the participants.

Recommendations for participation to the consultation

In order to facilitate an accessible and inclusive participation, the following basic rules were agreed with the participants:

- Keep phones in fly mode
- Promote active participation, follow carefully others’ interventions
- Use always the microphone when speaking
- Speak slowly, using pauses; raise your hand if participants are speaking too fast
- Name yourself always before start speaking
- Respect ideas expressed by others
- Take notes and share them with workshop facilitators
- Keep focus on the objective of the workshop: the Guidelines
- Share your experiences and ideas giving concrete recommendations

During this discussion, a participant highlighted that instructions for the evacuation of the room in case of an emergency have not been shared. The question opened a live debate about including that recommendation in the Guidelines themselves, and in further consultations: “all meeting in a risk zone should include accessible and inclusive instructions on safe evacuation”. It also allowed to test the instructions proposed by the security staff of the hotel, which were not accessible. Some recommendations proposed by the participants included:

- Any hotel or conference centre should inform about the emergency plan for persons with disabilities
- Low floors or any other floor requiring the use of an elevator should be avoided when organizing events with people with disabilities
- The security staff recommended placing persons with disabilities close to the exits, but the audience questioned what to do in meetings where the majority of participants are persons with disabilities
- Give accessible orientations on where emergency exits are, using for example the “clock method”
- Keep corridors free from any object, bag, etc. to allow space for mobility of all people
- It was recommended to avoid any action that transform persons with disabilities in “passive objects” of help; for example, security personnel from the hotel ensured that they would “carry on their arms” wheelchair users in a situation of an emergency, but the measure was considered unrealistic and risky, being more recommended an evacuation drill which would show accessible evacuation routes that wheelchair users could use independently.
- A video “Medidas de Autoprotección para Personas con Discapacidad Frente a Sismos” developed by the government of Equator was shared as a model of inclusive and accessible information on risk management: https://www.youtube.com/watch?v=unDYfNn7jpg&t=3s

Regional Experiences and Resources: Latin America and Caribe
The audience had opportunity of sharing experiences or resources on inclusion of persons with disabilities in humanitarian action (and experiences and resources that could be adapted for that purpose). Some of the experiences and resources shared included:

- Abraça shared flyers and postcards used in the awareness raising campaign “Decímelo a mí” (“Say it to me”), demonstrating the added value of new technologies and augmented reality for the dissemination of information on sexual and reproductive health using signed language; available at http://decimeloami.com/web/
- The World Blind Union (WBU) shared the WBU Report on Disability-Inclusive Disaster Management; attached in Annexes.
- A video “Medidas de Autoprotección para Personas con Discapacidad Frente a Sismos” developed by the government of Equator was shared as a model of inclusive and accessible information on risk management: https://www.youtube.com/watch?v=unDYfNn7jpg&t=3s
- UNICEF shared the document Standards for the Inclusion, Protection and Attention of persons with disabilities in Emergencies and Disasters (in Annexes, in Spanish). The standards were approved through an executive decree by the government of Panama, and their implementation is being planned. A practical use of these guidelines happened in Mexico after the earthquake in Oaxaca, where the guidelines were used to train on psychosocial support to responders. On data, UNICEF has developed, with the Washington Group, a Child Functioning Module, and a set of global guidelines on including children with disabilities in humanitarian action.
- World Network of Users and Survivors of Psychiatry shared a printed version of the document Psychosocial Disability and Intellectual Disability. Understanding, challenges and strategies for a Qualitative Inclusive Education. Available soon online.
ASB presented the Programme for Inclusion of People with Disabilities and Older People in Disaster Risk Management. ASB also shared a Glossary for Protection in Humanitarian Action. Presentation and glossary attached in Annexes.

CBM presented the Inclusive Response to Emergencies, including a video on the organization response to the earthquake in Equator. Presentation attached in Annexes.

During a follow-up call with RedLAC, the following elements were also shared:

- OCHA presented information on migrants of disabilities in situations of risks in the Brazilian borders: limited accessibility of shelter, including WASH facilities, etc. OCHA highlighted the fact that information produces evidence, but is not always followed by an adequate response (or by none response at all). In this regards, the scarcity of funds dedicated to disability, as a key barrier, could be solved by including a disability marker in CERF or Emergency Cash Grants, as it was done for Gender.
- WHP shared that the identification of older people and people with disabilities does not always activate a programmatic answer; there is a tendency to over-rely on support provided by family and social networks.

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 Latin America and Caribbean region consultation. Participants were invited to share comments in writing by emailing: icasdisability@gmail.com. These sections not open for comments included:

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

There were no comments or questions raised following the presentation.

General recommendations:

- The structure of the guidelines seems unclear and is confusing. It was suggested to include an index and an executive summary (one or two pages) to facilitate a first understanding and improve the accessibility of the document. FENASCOL shared a document (in Resources) as a possible model to follow, with a structure that includes an introduction (clearly presenting the audience, purpose and legal framework) followed by recommendations easily identifiable.
- The structure should differentiate information on the context from actions that different stakeholders can undertake; both sections should be indicated in the index to improve the accessibility of the document.
- Strengthen the practical purpose of the document by focusing on roles and actions.
- Strengthen intersecting factors of discrimination: gender, ethnic diversity, age.
- Develop a comparative table with the Principles of the CRPD and Humanitarian Principles.
- Recommendations on terminology: terminology should be aligned with legal frameworks, and the translation to the Spanish should be improved in the future. Suggestion of a paragraph for the introduction: “To ensure an inclusive humanitarian action, a common
language and understanding should be built, including terms both from the humanitarian and disability sectors”.

- Language should be more precise (e.g. delete the “etc.”, clarify ambiguous expressions such as “financial accessibility”, “agencies” (are DPOs “agencies”?), “individuals”, define and clarify accessibility/universal access/reasonable accommodation).
- Define both “inclusion” and “humanitarian action”, using existing definitions.
- For “humanitarian action”, it is recommended to define the limits of what a “situation” and “action” is, highlighting that the definition of these are influenced by political bias: e.g. the situation in Venezuela, or the presence of migration routes in the continent: are these “humanitarian” situations that require a “humanitarian” response? The concept of humanitarian action could be extracted from Sphere or IASC Protection policy.
- Regarding “inclusion”, everybody uses this term, but probably referring to different concepts. Existing definitions could be used, or elements common to these definitions: inclusion is a process; its aim is to improve capacities, dignity and response to distinct needs of disadvantaged or excluded persons or groups due to their identity; promotes participation in the society.
- Some definitions of inclusion could be used as a model:
  - UNESCO, Guidelines on Inclusion (pages 14-15)
  - World Bank, Inclusion Matters (page 4)

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

Target audience:

Questions:

- Is there any actor missing in the target audience?
- Should the target audience address Policy makers?
- As the target audience is defined by role how should we include DPOs, under which role?
- Any other comments about the target audience?

Summary: Purpose and Target audience recommendations:

- Target audience and purpose seem mixed and should be better differentiated
- **Purpose**
  - The objective of the guidelines seem unclear and multiple, it is recommended to unify the objectives or express that there are multiple objectives and enumerate them.
  - The purpose could be expressed as follows: “To guide and assist all stakeholders involved in situations of emergencies, catastrophe, natural disasters and humanitarian emergencies”.
- **Target audience**
  - The guidelines should be made for all stakeholders, not limited to a reduced number as the document currently does.
  - Include persons with disabilities, their families, and their representative organizations as recognized humanitarian stakeholders, not “in brackets”.
  - The role of families need to be clarified and reinforced (considering also factors of risk). In this or other section is important to reflect the debate around carers and personal assistants.
  - Strengthen the responsibilities of governments, from the national to the local level.

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1 Available at [http://unesdoc.unesco.org/images/0014/001402/140224e.pdf](http://unesdoc.unesco.org/images/0014/001402/140224e.pdf)
Add recognized community authorities, such as indigenous authorities (and interpreters of indigenous languages), security forces and civil protection.

In the table “organizations of persons with disabilities and services providers”, include the following sentence in the section on assistive devices: “equipment such as phones and adapted computers with voice software, simple language, alternative and augmentative communication, and indigenous language interpretation. It is important to note that this list is not exhaustive, given that persons with disabilities may require other assistive devices, equipment and personal assistance from persons and animals, such as personal assistants, guide dogs, assistant dogs, responding to their individuality, context and type of disability”.

MUST DO:
Questions for group work:

- Do you see the added value of the “MUST DO” defined here as cross-cutting all other action?
- How to articulate the must do with cross-cutting issues?
- Do you see any other elements that should be added in the “MUST DO”?
- Do you think it is realistic for humanitarian stakeholders to implement them?

Summary MUST DO recommendations:

1. Transversal recommendation: the progressivity of recommendations should not influence the principles of inclusion and participation, which should be considered a minimum standard.
2. Establish a technical support committee on inclusion of persons with disabilities in DRR and humanitarian action from the national to the local levels, including a representative by type of disability.
3. Include an action on accessibility of communication and information: use of simple language, alternative and augmentative forms of communication, referring to Article 2 of the CRPD. Communication can save lives.
4. Point of vigilance: identifying persons with disabilities (as a “must do”) should be voluntary, or consider the risk of a systematic identification which could expose persons identified to situations of discrimination, violence or abuse.

Gaps and Opportunities:

Question:

- Do you see any other gaps or opportunities that can emerge from the systematic inclusion of persons with disabilities in humanitarian action (following the above categories or adding some)?

Summary recommendations – Gaps and Opportunities:

1. Coordination mechanisms are not inclusive nor have the capacities to become inclusive.
2. Referral mechanisms are often inadequate or inexistent.
3. Challenge: in daily life there are different levels of discrimination and invisibility that exacerbate in situations of emergency. Opportunity: when persons with disabilities are made visible, their visibility is also increased in the recovery, allowing to construct more inclusive communities that will be more receptive.
4. Scarcity of financial resources.
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:

- Do you see any additional category of risks faced by persons with disabilities that need to be described?
- Review the barriers table and the annex 5 and think of additional action points / barriers?
- Are the action points identified in the table applicable in all humanitarian context / settings?
- Identify barriers that are specific to certain groups (either per disability or in relation to identity criteria → women, children indigenous, etc.)

General recommendations:

- Positive feedback: barriers are aligned with the CRPD; it is recommended to include practical examples / testimonies to improve understanding.
- Cycle of disability and poverty: it is needed to establish a link with humanitarian contexts, e.g. reflect risks that geographical barriers pose to mobility, and how these are affected by poverty and legal status (e.g. displaced or refugee populations).
- Risks should be better articulated, using logical links between risks and humanitarian action/contexts.
- Better reflect food insecurity and all types of violence.
- Reflect the debate on the family as a potential barrier and the support needed to ensure an inclusive family environment.

Role of DPOs including collaboration with Humanitarian stakeholders:

Summary of recommendations:

- Some actions are too general / vague, while others are very specific: it is recommended to harmonize actions.
- It is important to articulate actions undertaken by DPOs and humanitarian actors and avoid presenting them as separate stakeholders. For example, the action “provide capacity building and information to people with disabilities and their families...” should be coordinated with organizations with expertise in situations of humanitarian risks.
- Highlight that many of these actions cannot be undertaken without the support of the government: without a logical framework, and technical and financial support, most of these actions are not possible.
- The twin track approach should respect the diversity and the situation of discrimination faced by women, children and indigenous people. The cultural pertinence of any inclusive plan should also be ensured.
- Include the establishment of DPOs as a recommendation.
- Include the role of citizen oversight, monitoring, social control and accountability of DPOs towards governments and other stakeholders.
Part 2: Humanitarian Program cycle and Role, Responsibilities and Actions of different stakeholders - review:

The work on Part 2 was conducted using “speed dating” group work. Eight posts, each representing one phase of the Humanitarian Program Cycle and identified role, responsibility and action of different stakeholders from previous consultations, were dispatched around the room. Participants were divided in eight groups and each group had to pass by all posts. The group had ten minutes to review the table and proposed changes.

General comments:

- In all the section add a row for affected population
- The donor category should be described such as we include donor government, international corporates, development partners, etc.
- Need to prioritize action for all sections and all stakeholders to 3 priority actions

Overall recommendations for the section

- The use of tables does not allow identifying easily the roles of each stakeholder, who makes which action. In addition, it leads to repetition. Perhaps it would be more efficient to use diagrams representing processes, and below who are the stakeholders and which actions are undertaken.
- Reading is difficult, there are acronyms very difficult to understand.
- It is not strategic having the role of DPOs in other chapter, if the intention is considering DPOs as humanitarian stakeholders.
- Is important that persons with disabilities appear as lead actors, in coordination mechanisms, governmental and humanitarian mechanisms (e.g. Humanitarian Country Teams), and not segregated in other section.
- It appeared unclear, and more for DPOs, who are the following stakeholders: Humanitarian leadership (which is considered more of a role, and less a structure in itself: e.g. clusters and HCT promote humanitarian leadership), Cluster lead and inter-cluster coordination, Disability specific coordination mechanism/ focal point, Programmers Development stakeholders.
- The responsibilities of governments should be more clearly defined, as they appear unclear, or even having less responsibility than other stakeholders while being the main responsible stakeholder. Among governmental responsibilities, the following could be considered:
  - Ensure DPO representation in emergency systems protocols;
  - Ensure that emergency/contingency planning and risk management processes are inclusive;
  - Develop inclusive data collection and needs assessment tools and processes

Needs assessment section

- Add the following sentence in the introductory paragraph: “It is very important to identify the allocation of resources towards persons with disabilities and their needs at this stage, so to ensure they are financed and as a consequence, addressed”
- Governmental responsibilities: establishing coordination mechanisms –and if relevant a focal point –to ensure a disability approach in different ministries and institutions involved, as well as tools and methodologies used.
- In “humanitarian coordination”: ensure that needs assessments (RNA and MIRA) consider risks, needs, capacities of persons with disabilities, and disaggregate data by gender, age and disability at a minimum.
- Resource mobilization Establish criteria for transparency, accountability and monitoring of the use of resources.
- The table on monitoring should be clarified, as seems unclear.
- The section “Humanitarian leadership” is unclear, given that coordination (previous
section) has also that same function. Indeed, “humanitarian leadership” is more of a role than a structure.

- **Governments** have the responsibility of keeping information accessible and steady, promoting the articulation among CSO and other stakeholders, and promoting joint actions to avoid uncoordinated or independent initiatives.
- In the section of **donors**, highlight monitoring actions as donors often do not know which affected groups are made a priority and which attention they receive.
- In Evaluation: disseminate results from monitoring and evaluation, to allow feedback and adjustments in the implementation of responses.

### Part 3: cross-cutting issues and sector specific content

Based on existing content inputs from previous consultations, groups worked on identifying 5 key elements that imperatively need to be addressed within the different sectors. This new methodology to work on sectors was used as we had very limited number of sectoral experts in the room.

#### Key questions:

1. Identify 5 key elements that you would like to see addressed within the guidelines.

#### Cross-cutting issues

- The difference between cross-cutting and “Must Do” actions is unclear; usually, what is considered cross-cutting is often left aside and being optional. Also confusing the relation between cross-cutting and sector specific content, which could also be cross-cutting. It is recommended to link and articulate minimum actions and non-negotiable actions.
- Disability is in itself a transversal issue. All factors should be considered together: a child, an adolescent and a woman with disability face different situations and barriers.
- Include “gender” and “sexual diversity”; it is important to include an additional paragraph mentioning that women and girls experience additional vulnerability, and access to sexual and reproductive health rights should be improved. “Women and girls with disabilities face heightened vulnerability and require as a consequence specific measures and promotion of rights linked to their sexual and reproductive health, and the provision of support adapted to their type of disability (e.g. high of medical tables for women with physical disability)”.
- Include indigenous and population of origin, afro-descendants populations, people living in remote or rural communities, migrants, people living in the street or facing neglect.
- In “diversity”, include information on functional diversity.
- Include environment as a cross-cutting issue.
- Include religion as an influencing factor.
- Include also inter-culturally, inter-generation and human mobility.
- In accessibility, include a mention to ensure the provision of communication modalities as per Article 2 of CRPD.
- Protection Mainstreaming is unclear, needs further clarification. For example ‘situations of emergencies can generate violence and abuse for persons with disabilities which require considering specific measures for protection, including guarantees for access to information, accountability mechanisms, disclosure, investigation and sanctions’.
- In MHPSS: measures should be considered before, during and after the emergency. It is needed to introduce a paragraph on psychosocial disability, and the use of drugs.
- Mention the risk that humanitarian context can bring as regards to changing values, and how barriers, discrimination and risks are exacerbated. Suggested paragraph: “In situations of risks and humanitarian emergencies, and while these situations are protracted, persons
with disabilities experience a higher disadvantage and barriers produced by the fracture and change in the structure and values of a society (we hope that experts will develop a paragraph on this regards, taking as a reference the situation in Venezuela).

**Education:**
- Two concepts seem to be mixed and should be well differentiated: education in contexts of risk prevention, and education in humanitarian contexts
- Strengthen the visibility of education personnel, both with and without disabilities.
- Align terminology with CRPD
- Introduce transversal issues: rights of indigenous people and gender
- Add capacity building on rights of persons with disabilities for education personnel
- Use the expression “inclusive education teachers”
- Clarify which would be the use of financial support
- Non formal education: include recognition to inter-cultural diversity, including signed language and indigenous languages
- Integrate the family as key stakeholder in educational processes

**Protection:**
- There is a considerable amount of materials on Protection in humanitarian action: in order to recognize them and strengthen their use, it would be relevant to mention the main actions highlighted in these materials, adding which would be the specificities of working with persons with disabilities. The format used could be that of a check-list, following also the age cycle to reflect the specificities of different ages;
- Design mechanisms for the identification of risks and actions for planning and response. Identify risks such as neglect, abuse, violence and exploitation based on disability, and adequate protection mechanisms to these risks.
- Include already existing data; e.g. reflect the differences and linkages between gender based violence and disability based violence.
- Stress the importance of access to information as a protection measure.
- Disaggregated data should be mentioned; data and registries should be disaggregated, with proactive processes to ensure registration of people with disabilities and their families. Data processes should ensure human rights frameworks and protect the privacy and security of persons with disabilities.
- Establish referral and case management mechanisms that are accessible and inclusive.
- Ensure accessibility of accountability mechanisms.
- In GBV:
  - Mention existing data on GBV based on disability
  - Mention and explain the compounded vulnerability and give visibility through examples;
  - Identify and promote mechanisms for the prevention, identification and response
  - Promote representation of women with disabilities in consultations, participation, empowerment programming related to GBV.
- In Child Protection:
  - Include capacity building for families and caregivers.
  - Ensure access to information.
  - Ensure accessibility and safety for all types of disabilities to child friendly spaces, included WASH structures.
- Psychosocial support: provide specific, accessible and permanent support to persons with intellectual, psychosocial and/developmental disabilities.
In House and land property: link right to housing with right to property (referring to Convention on the Right to Property); ensure attention, accessibility and assistance to persons with disabilities in legal processes, registration processes, and land and house property.

Promote and support the capacity to self-representation and empowerment of persons with disabilities in legal processes.

Camp coordination and camp management (CCCM) and Shelter and Settlement
Both sectors were discussed by the same group.

- The name of the sector CCCM was confusing to the group, and was considered as humanitarian jargon; in the discussion it was agreed that a “camp” should not be equivalent to a city.
- Consider that for some persons with disabilities collective shelter will be inaccessible, and alternatives should be provided; for example, they could be hosted by family members living in other cities, or in host families. These actions can be supported by a grant to cover costs.
- It is important to use up to date prevalence of disability to adapt programmes, for example if a government knows that XX% of the population are persons with disabilities, this should be considered in programmes.
- Importance of accessibility standards in all countries; recommend countries not having them to develop them, using as a model ISO standards.
- Good practices from Brazil, Uruguay and Colombia were shared:
  - Brazil: use and recognition of prevalence of disability in programming.
  - Colombia: importance of persons with disabilities being direct beneficiaries of programmes, and not through their families. For example, a case of abuse was shared where after a landslide a hose was donated to a deaf person who signed papers that were indeed providing the property to her family members. Families can be also a platform that projects persons with disabilities to the society, but adequate support is needed.
  - Uruguay: housing plans include a percentage of new constructions for persons with disabilities, and all new constructions include basic standards on accessibility; also, a cooperative of persons with disabilities develop a project on housing. It should be also ensured priority in the selection of housing for persons with disabilities.
- When populations have to be displaced (including indigenous populations), consultations should consider and respect identity, land and territory, access to ceremonial centres, etc. through participative negotiations.

WASH
No specific inputs for this sector

Health:

- Information could be organized in a more logical way, as it is now it appears as a brainstorm.
- The structure could be organized as follows:
  - Terminology specific to the sector
  - Essential and transversal actions for the sector: governance, finance, health services, technology and essential drugs, information systems and human resources.
  - Do not organize the information by sub-sectors but by areas of intervention: communicable diseases, child health, sexual and reproductive health, injury care, mental health and psychosocial support, chronic and non-communicable diseases.
• Include information on chronic diseases, not only non-communicable.
• Focus on key ideas: articulate actions for the promotion and prevention of health and age cycle, and consider environmental and hygiene factors, included those related to water.
• Add information on the evacuation of health centres, including hospitals.
• Differentiate actions towards persons with injuries or new health processes versus the continuity of previous health issues.
• Include information on actions in situations of scarcity, for example without access to electric power sources.
• Differentiate long and short duration of interventions.
• In the accessibility of referral mechanisms include reference and counter-reference mechanisms.
• Establish a network of trainers with disabilities with capacity to provide trainings on sexual and reproductive health, including sexually transmitted diseases, safe sex, reproductive health, family planning, etc.
• Information/data management of interventions, clinical history are very relevant and should be kept in order to ensure follow-up of processes of habilitation and rehabilitation; for example in Haiti there was not a good register of surgery, which hampered a good follow-up.
• Make a reference to MHPSS guidelines.

Food security & Nutrition:
• Mace visible the three pillars of humanitarian programme cycle as regards to food security: access, availability and consumption. The structure results confusing as currently presented, it would be recommended to follow the humanitarian programme cycle related to the three pillars of food security; for example, in Venezuela the situation is critical in all three pillars: access, availability and consumption, producing food insecurity.
• Important to generate knowledge and evidence around the quality of protein contents of interventions related to disability, to avoid having a malnourished population as a result of humanitarian interventions.
• Identify CSOs which represent persons with disabilities to provide direct donations, beyond governments, to ensure access to persons with disabilities.
• Address customary barriers to avoid blocking or delaying arrival of food. In relation to inclusion: access and availability of food affects population with disabilities, as sometimes food arriving is not adequate for segments of persons with disabilities who cannot eat them, or have to adapt them before eating them.
• Include the provision of processed food that can be consumed by persons with disabilities having specific needs or facing barriers. This recommendation will be included in the humanitarian emergencies and risks chapter for the Plan of Action 2016-2026 of the Organization of American States.
• WFP HQ is working in a WFP Guidance on inclusion of persons with disabilities. It will be shared as soon as it will be ready.
• Respect cultural and regional food and feeding practices in donations.

Inter-agency coordination:
• Reduced information collected and shared on persons with disabilities prior to a crisis, not allowing for an inclusive planning and response.
• If no previous data is available, it is recommended to follow international estimates (15% given by WHO).
• Stress the obligation of sharing information: during the response information is sometimes collected, but there is reduced information sharing, lack of analysis with society and general context. In this regards, tools to identify services non prepared for an inclusive response are missing.
• Capacity building should be provided to staff that will be involved in the response, prior to a disaster and periodically implemented.
• The role of DPOs is key, for DPOs to perform this key role it is important to facilitate access to information, mapping services and facilities, monitoring and evaluation. Persons with disabilities should be part of coordination mechanisms.
• All meeting held in a region prone to disasters should include with an accessible and inclusive evacuation protocol.

Early recovery:
No specific inputs for this sector

Operation support services (logistic and communication)
No specific inputs for this sector

Conclusions and Next Steps:
The consultation workshop was an intensive process that engaged 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 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 other Consultation reports, the online survey report and the global multi-stakeholder consultation the development of draft 2.

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. The group of experts will be supported by consultants with expertise in the sector.

Part 2 will be reviewed and shortened compiling action that are to be implemented by all stakeholders as a first row and then highlighting only 3 key role/ action per stakeholders to ensure it is feasible and achievable by all.

“We are a big family without borders, and we can help one each other” Miriam Torres (President – Latin American Federation of the Deafblind).