ADCAP
Age & Disability Capacity



INCLUSION OF AGE & DISABILITY IN HUMANITARIAN ACTION

A TWO-DAY TRAINING COURSE

Training Handbook

redr uk
people and skills for disaster relief

International Federation of Red Cross and Red Crescent Societies

OXFORD BROOKES UNIVERSITY

UKaid
from the British people

HelpAge International

HANDICAP INTERNATIONAL

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USAID
FROM THE AMERICAN PEOPLE

START NETWORK

INCLUSION OF AGE & DISABILITY IN HUMANITARIAN ACTION

Trainer's Handbook

This edition of the inclusion of age & disability in humanitarian action training course was jointly developed by the Age and Disability consortium, a group of seven agencies working to promote age and disability inclusive humanitarian assistance: CBM, DisasterReady.org, Handicap International, HelpAge International, IFRC, Oxford Brookes University and RedR UK.

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AGE AND DISABILITY INCLUSION TRAINING COURSE

Introduction to the Trainer's Handbook

Who is the training for?

This training was originally designed for inclusion advisors working under the ADCAP programme. However, it is open to be delivered by any experienced trainer with age and disability inclusion knowledge who is working in a similar humanitarian inclusion role.

The audience for this training is expected to be senior and junior programme staff working for humanitarian organisations at headquarters and field based positions. The training aims to develop critical insights into gender sensitive age and disability inclusion issues to improve programming and reduce barriers so that people with disabilities and older people are equally included and benefit from the humanitarian response.

How to use this handbook

This handbook is a guide for delivering a two-day course on age and disability inclusion in humanitarian action, developed as part of the ADCAP programme.

There are three main items you will need to successfully deliver this course:

- The Training Handbook (this book) – guidance for the trainer
- The Learner Workbook – guidance for each participant
- The PowerPoint slides to assist the delivery of the training

This handbook will set out some good practice and guidelines on setting up the training, provide some suggestions for course introduction, daily feedback and wrap up of the course. It then guides the trainer through the six sessions. The session briefs contained in this book are designed as guidance for delivery and should be adapted to suit the needs of the participants receiving the training.

AGE AND DISABILITY INCLUSION TRAINING COURSE

Introduction to the Trainer's Handbook

You will find each session brief is set out in the same format as follows:

Session title

Session length (the timing is estimated based on a group or 14-16 participants but will vary depending on size of the group you are training)

1.0 **Aim**

2.0 **Objectives**

3.0 **Key learning points**

4.0 **Linked modules or context/rationale in which session is to be run**

5.0 **Session overview**

6.0 **Handouts, resources and materials used**

7.0 **Detailed methodology**

8.0 **Supporting information** (this often refers to the workbook which accompanies this training handbook)

9.0 **Additional information** (where appropriate)

At the back of this book you will also find the handouts for the sessions, these can be photocopied and used in the relevant training session.

You will also need the accompanying PowerPoint slideshow, which are available for download. Images of the slides which accompany the training are also contained at the back of the book.

Methodology

In line with current educational best practice, this training is based on an understanding that information is not the same as knowledge and that in order to learn, people need to actively engage with information (facts, statistics, ideas) to construct new knowledge based on what they already know and understand about the world around them.

In practice, this means that the learning experiences included are participatory and, when possible, based on experiential learning. Participants are presented with information in a range of engaging formats and are asked to take part in activities that stimulate the higher order thinking skills of analysis, synthesis and evaluation.

Rooting courses in learners' prior experience, and allowing opportunities for peer learning within courses, means that the new knowledge and skills that participants develop on courses is more likely to impact on their working practices after the learning event is complete.

This conversion of learning into application is enhanced through an emphasis on personal reflection during and post- course, so that not only are participants aware of their new knowledge but they have also thought through concrete examples of how it can be applied in their working lives in order to increase the impact of their learning.

Successful training guidelines

During all phases of the training sessions, from planning to wrapping up, considerations should be made to make the learning space and material as accessible as possible to people of different age, ability and gender, and with different learning styles. See the box below and please refer to other available resources to guide you further.[1]

Inclusive training considerations:

- **Training should be accessible to all.** Accessibility should be assumed and planned regardless of knowing if someone will need support, although it is better to try to find this out before (e.g. needs to sit close to trainer to hear better/read lips, have headphones/close-captioning, needs to be able to stand/move every few minutes to manage pain, needs space for wheelchair and to navigate in training area, considerations for safety and security of person who are Lesbian, Gay, Bisexual, or Transgender (LGBT) but also general accessible safety measures of the venue in case of emergency.
- **Help participants be able to make presentations in a format that works for their access needs** (e.g. using sign language interpreter, large print, verbal aids instead of visual aids, or vice versa). Ensure these supports are available prior to training.
- **Training venue: choose a training venue that allows clear sound and communication** (no ambient noise or rooms that transmit noise well) and a bright atmosphere that makes it easy for a person to move around in (i.e. plenty of natural lighting). Make sure the venue is easy to reach with public transport, or provide for transport where necessary. Select a space that is barrier free (e.g. entrance without stairs or with a ramp, preferably on ground floor, accessible toilets and eating spaces).
- **If using sign language interpreters**, provide them with training content ahead of time, to clarify signs/concepts.
- **Written document: consider size, font style, contrast of text and paper and use of pictograms.**
- **Make video captions and transcripts available as much as possible.**
- **For people with visual impairment,** ask all participants to state their names before speaking. Explain any visual aids and read PowerPoint slides in their entirety.
- **For people whose first language is not English or who may have a learning disability,** consider how to simplify language and concepts into short messages, be patient and repeat as necessary. Regularly check about understanding of the content and/or use cartoonist, or a bridge person to facilitate understanding.

[1] ILO China: Access to SIYB training for people with disabilities available at: http://www.ilo.org/wcmsp5/groups/public/---ed_emp/--- emp_ent/documents/instructionalmaterial/wcms_101311.pdf

AGE AND DISABILITY INCLUSION TRAINING COURSE

Successful training guidelines

Planning the course

- Review training needs and any previous training done.
- Plan the course alone or in discussion with others including colleagues, other trainers, experts in the field, representatives of agencies or humanitarian workers, Disabled People's Organisations (DPOs) and Older People's Associations (OPAs).
- Set objectives, plan content and training methods, devise timetable, revise session briefs if necessary.
- Locate, order or print any material resources needed.
- Email any pre-reading or tasks which you would like participants to do before attending the training. This may include background information, e- modules or research on their organisations. This should be emailed at least two weeks prior to the training event along with instructions for attending.

Preparing the course

- Travel to the training venue in time to meet any co-trainers, discuss any unresolved misunderstandings of training with them.
- Ensure (with co-trainers if applicable) that practical arrangements and accessibility are dealt with and liaise with the venue as appropriate.
- Set out room for training, including all visual aids and check for comfort levels, lines of sight for participants.
- If sign language is to be used, identify where to place the interpreters (enough light and visibility, and close to presentations displayed), and ensure there are enough pauses for them to recover.
- Set out library table with resources, display of articles where appropriate.
- Check IT resources such as laptop, video and/or DVD work and data projector – tune and focus as necessary.

AGE AND DISABILITY INCLUSION TRAINING COURSE

Successful training guidelines

Delivering the course

- Be the face of ADCAP training to the participants and be available to answer questions and discuss issues.
- Communicate Health and Safety issues during the course.
- Open and close the course.
- Establish ground rules with participants for ensuring participation and learning (e.g. how to communicate, don't speak too fast, pay attention that others understand, etc.).
- Operate on your own or as a team with co-trainers to deliver sessions.
- Keep to time or adapt timetable as necessary, inform participants of breaks, return times etc.
- Maintain a watchful eye on the progress of the course and reactions of participants and informally evaluate the learning as it is happening.
- Make evaluation notes on the session brief to help you for the next delivery.
- Consider changes to the course as it progresses or note suggestions for changes for future training events.
- Record all timings for the sessions as they run.
- Highlight available resources which will support their ongoing learning, for example, refer to the lists at the end of each sector in the 'Minimum Standards for Age and Disability Inclusion in Humanitarian Action' ("Minimum Standards").

Ending the course

- Complete group evaluation.
- Distribute evaluation forms and collect them. Ensure that everyone can complete the evaluation and if necessary use alternative format for evaluation.
- Distribute certificates.
- Close the course.
- Be around as people leave for farewells.
- Clear training room, check and pack all resources.

After the course

- Write to thank all contributors.
- Send any follow-up tasks or share relevant information that was requested during training.
- Analyse the evaluation forms by inputting the data into a training database spread sheet (e.g. MS Excel) and completing the training course report. Identify changes you would like to make for the next delivery.

Enjoy your sessions!

AGE AND DISABILITY INCLUSION TRAINING COURSE

Course and objectives

Aim

For participants to develop critical insights and understanding into age and disability inclusion issues in humanitarian action to improve programming, response and monitoring.

Objectives

By the end of the course, participants will be able to:

- Recognise cultural, attitudinal and environmental barriers that people with disabilities and older people experience during humanitarian crises and how a humanitarian crisis exacerbates them;
- Explain how discrimination based on disability and age causes exclusion and how to change these attitudes to move towards inclusion;
- Recognise intersectionality of age and disability with gender, but also of age with disability and disability with age;.
- Navigate the 'Minimum Standards' and explain how to prioritise meeting the standards and practical applications of the standards in future work;
- Identify programme changes to move towards inclusion throughout the project cycle:
    - Using inclusive data collection (SADDD – Sex, Age, Disability-Disaggregated Data collection) with a focus on influencing needs assessments to be more inclusive
    - Using advocacy methods on age and disability
    - Using the humanitarian architecture: coordination, clusters, referral mechanisms etc.

Gender-sensitive age and disability inclusion

Please note that gender is mainstreamed throughout the training and all associated materials. All topics in this course are gender sensitive and you should consider gender in all areas of learning, examples, case studies etc. This is to recognise the different ways in which subgroups are considered and included or not, by humanitarian actions (i.e. older men compared to older women, women with disabilities compared to men with disabilities or women without disabilities and so forth). In this training handbook, inclusive practices focus thoroughly on age and disability factors. If discrimination based on other factors (religion, ethnicity, language, gender identity and expression) are also prevalent in your context, please be aware of this discrimination and at the very minimum have some discussion on it, even if immediate solutions are not available.

Inclusive programming is complex and challenging, therefore it is important to fully know the context, such as cultural and religious practices of the affected community in a humanitarian crisis, in order for us to help understand the best ways to be inclusive. This is especially true if there are tensions between local authorities and religious or ethnic minorities, or even with new and old staff and volunteers within your own organisation. Working with local partners is imperative, including with DPOs and OPAs, who have the necessary knowledge on how to best address this in our work.

Real stories:

In the Kurdish Region of Iraq, ethnicity was a factor to consider for discrimination. Arab refugees from Syria were discriminated against by local authorities as they could not receive stay permits and so could not leave camps or move around freely compared to Syrian Kurdish refugees. Religion was another factor in this area.

Yazidis, a religious minority in Iraq, were persecuted by extremist groups and subsequently received priority support and services by NGOs/humanitarian relief organisations who wanted to work with them and tended to overlook other groups who had similar needs and trauma.

Please be aware of all these factors in order to balance the fine art of NOT neglecting any groups in your work with the idea of acting IMPARTIALLY (not giving preference to one group over another).

AGE AND DISABILITY INCLUSION TRAINING COURSE

Course and objectives

Suggested agenda

Day one (7 hours)

Introductions –
50 - 60 minutes (depending on size of group)

Session 1

Key data and evidence on age and disability in humanitarian contexts.
Session length: 50 minutes

Break

Session 2

Key concepts on age and disability
Session length: 2 hours 10 minutes

Lunch

Session 3

Minimum standards for age and disability inclusion in humanitarian action
Session length: 1 hour

Break

Session 4

Identifying barriers for age and disability inclusion in humanitarian action
Session length: 2 hours

Daily feedback: 10 minutes

Day two (6 hours 40 minutes)

Learning review
Session Length: 30 minutes

Session 5

Removing barriers and improving access and participation
Session Length: 1 hour 40 minutes

Break

Session 6

Age- and disability-inclusive project cycle management
Session Length: 2 hours 30 minutes

Lunch

Session 7

Advocating for age and disability inclusion in humanitarian action
Session Length: 1 hours 45 minutes

Break

Continuing session 7

Advocating for age and disability inclusion in humanitarian action

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Recap, Review lessons learned
Session Length: 15 minutes

The suggested timetable above is an intense course over two days. The sessions could also be delivered over a longer period such as a 3-day course to allow for more time for breaks and reflection between sessions.

AGE AND DISABILITY INCLUSION TRAINING COURSE

Introduction to Course, Daily Feedback, Recaps and Wrap Up

Introductions

The introduction to the course can be delivered in a variety of ways and can easily adapted depending on the context. We recommend the key aim of the introductions is to:

Provide an overview of the course and familiarise participants with each other, key expectations and ground rules for activities.

It is important to talk to the participants regarding:

- The learning objectives and outcomes of the course
- The group's expectations of the course and each other (behaviour and ground rules)
- How the course will progress

Below is an overview of a suggested introduction

1. **Welcome everyone to the course. Introduce trainers and establish credibility for course.**
   (Estimated length - 5 minutes)
2. **Have participants introduce themselves by standing in a circle and throwing soft ball around the room with each participant introducing self with either background or motivation for attending course. If not everyone can throw or catch choose a different activity for the introductions, this could be just introducing a partner.**
   (Estimated length - 15 minutes)
3. **Introduce course aims, objectives and agenda, referring to the workbook.**
   (Estimated length - 5 minutes)
4. **Ask participants to write on different colours of post-it notes fears and hopes for the course. Ask participants to stick these onto two flipchart sheets one marked 'fears' and one marked 'hopes' – the flipchart can be enlivened with a smiley showing the emotion.**
   (Estimated length - 5 minutes)
5. **Draw up a 'ground rules' flipchart with participants, including a brief discussion and brainstorm to ensure that the course is physically accessible to everyone (visually, aurally, spatially). Cover any housekeeping issues.**
   (Estimated length - 10 minutes)
6. **Introduce the participant workbook and refer participants to the key pages and structure of the book.**
   (Estimated length - 10 minutes)

Daily feedback

At the end of each day it is recommended that you allow for 10 to 15 minutes to collect feedback. This will allow participants to give feedback on the training and reflect on their personal learning from the day.

There are a variety of ways to collect feedback and they should all be adapted depending on the context and participant needs.

Once you have collected the feedback it is extremely important that you address the feedback the following day and try and make adaptations where suggested.

Suggestions for daily feedback include:

Option 1

1. **Using a soft Ball, ask several participants to say one thing they learned from the day**
   (Estimated length - 5 minutes)
2. **Look at the Hopes and Fears comments or post-its created in the introduction and ask participants to remove any Fears they no longer have.**
   (Estimated length - 5 minutes)
3. **Good cafe Guide Stars – distribute post it notes and gold stars. Ask participants to stick the relevant number of gold stars on the top of the post it note (or ask participants to draw the stars) – participants can give up to 5 stars. Encourage them to share a criticism or praise with the Facilitators, they can write a brief comment underneath to explain their gold star rating, like a restaurant review.**

   Explain that the facilitators will collect Gold Star reviews and go over any comments to evaluate and improve the course.
   (Estimated length - 10 minutes)

Option 2

Sweet Quiz Review (Estimated length - 10 minutes)

Returning to the Morning Opening theme, have participants write down a question on a slip of paper that they want to ask another participant about the material from today's session. A facilitator walks around with a hat or bowl and collects the questions. The other facilitator draws the first question, and whoever can answer it correctly gets a piece a chocolate or candy (or suitable treat). The correct responder draws the next question. Continue as time allows. Keep questions and use again if there is dead time or if a pick-me-up is necessary.

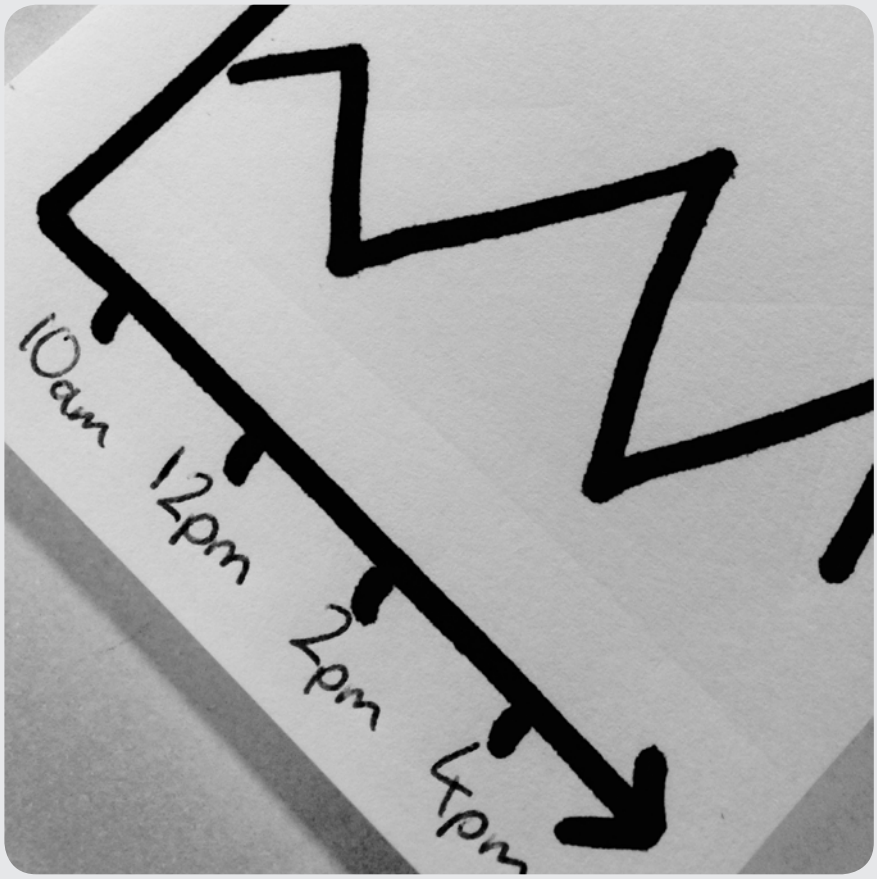
Trend Spotting (Estimated length - 5 minutes)

Distribute post it notes. Ask participants to Draw a Trend Line representing how the training is going for them (i.e. better, worse, same, bumpy).

If they want to share a criticism or praise with the Facilitators, they can write a brief comment underneath to explain their Trendline.

Explain that the facilitators will collect the Post-its and go over any comments to evaluate improve the course.

Example:



Course wrap up

At the end of the training it is important to draw the training course to a close, to enable a group reflection and congratulate the participants for all their work. Is it also an opportunity to provide any certificates, group photos or further learning which you may recommend.

The session should allow participants to:

- Give feedback on the learning and training
- Reflect on how they would like to take their learning forward into actions
- Receive a letter of attendance/certificate (if these are provided)

Course Wrap up can be facilitated in a variety of ways. Here is one suggestion:

Self-Reflection: Hopes and Fears
(Estimated length - 15 minutes)

Direct participants' attention to the post-it notes where they wrote their fears and hopes for the course on the first day. Some were removed at the end of the first day. What about now? Ask participants to see if any of their fears are still left and if they have any new hopes or goals after attending the course. Ask them to write up new hopes and remove old fears. Some fears may remain. Ask participants to read aloud any new hopes or goals, if they feel like sharing with the group.

Give opportunity for participants to photos/ selfies with phones of the Hopes and Fears wall to share with participants.

Action Plan/ "Put it in your Phone"
(Estimated length - 5 minutes)

Explain that although the face to face section of the course is complete, there is an opportunity for participants to embed their learning in practice by experimenting with some of the ideas in their professional life.

Ask participants to now write in their workbook, or make a note of their phone of at least one Follow Up Action they want to take after their course. Tell them to put a specific time frame on the action and make a plan to achieve it.

Course Evaluation
(Estimated length - 10 minutes)

Distribute evaluation forms and ask participants to complete these as honestly as possible. They are able to leave these anonymous if they prefer. Place a tray in the middle of the room and participants can put their forms in once they have finished.

Letters of Attendance/certificates
(Estimated length - 5 minutes)

Ask participants to stand in a circle. Distribute letters of attendance or certificates randomly around the group and ask everyone to make sure they don't have their own. Starting with one person ask them to give the letter to the correct person, say one thing that person has brought to the group and shake their hand (if appropriate). Participants should do this in turn so that only one certificate is given at a time. Trainers should form part of the circle.

Facilitators Thank Participants and provide contact/follow up information.
(Estimated length - 5 minutes)

SESSION TITLE:

1. Key data and evidence on age and disability in humanitarian contexts

Session length: 50 minutes



SESSION TITLE:
1. Key data and evidence on age and disability in humanitarian contexts

Session length: 50 minutes

1.0 Aim

For participants to have knowledge about key facts on the situation of older people and people with disabilities. These facts can be used for advocating inclusion and address various barriers to mainstreaming disability and age in humanitarian action.

2.0 Objectives

By the end of the session participants will be able to:

- Broadly describe the situation of older people and people with disabilities globally;
- Select global data on age, disability and gender that can be used for advocacy and inclusive programming.
- Use key facts when developing strategies and projects for disability and age inclusion in humanitarian action.

3.0 Key learning points

- The world population is experiencing significant ageing – a process which leads to smaller proportions of children and larger proportionate shares of older people in the population
- People with disabilities experience increased problems due to separation from family, loss of assistive and mobility devices, and difficulties with accessing information
- Age is not always chronological, we need to consider social factors that influence age.
- Gender, Age and Disability are intersectional
- Gender is a social construct that can be a disadvantage or advantage during a humanitarian crisis and response.

4.0 Linked modules or context/rationale in which session is to be run

Data and statistics discussed here can be used in subsequent training and advocacy workshops that participants plan to deliver (N.B. Link with session 5 on advocacy).

5.0 Session overview

’30	Present the main facts on the situation of older people and people with disabilities, as well as data on gender. Use the PowerPoint and material from the workbook. Review available data and identify data gaps.
’20	Discuss how available data can be used in advocacy for mainstreaming age and disability in humanitarian contexts.

6.0 Handouts, resources and materials used

- Copy facts from the PowerPoint slides onto large paper and put around the room, additional facts for your specific context can also be added (alternatively, use powerpoint slides to share facts)
- Workbook chapter 1

7.0 Detailed methodology

’40	**Facts** If resources permit, copy the facts from the slides to large print and put them up around the room or on the floor. Ask participants to move around the room reading the facts. Whilst they do so ask them to select the following: • One fact that they found the most surprising • Two facts that you think would work well in an advocacy campaign Once they have finished, ask them to return to the circle. Form groups of three or four and ask them to tell their group the facts they chose and why they chose them. As a group, they must now agree on the two facts that they think would work well in advocacy and why. After 10 minutes ask each group to present their ideas in plenary. Feedback on their ideas and congratulate them, try to pose constructive questions or considerations which they may not have considered.
’20	**Reflection** Ask participants to look in their workbooks at the chapter on key data, draw particular focus on the implications column of each set of data and link this to previous conversations on advocacy, drawing out any similarities or differences to what was discussed in the plenary. Encourage participants to complete the learning log at the front of their workbook.

8.0 Supporting information

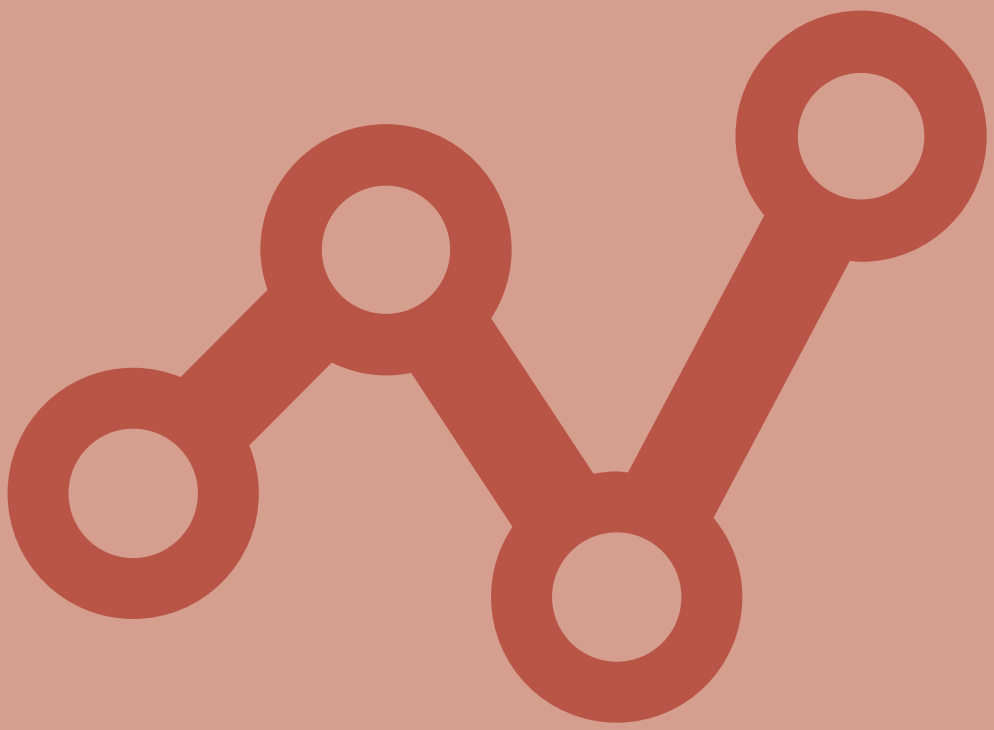
Workbook chapter 1, pages 16-20

- http://www.helpage.org/resources/ageing-data/global-ageing-statistics
- WHO and the World Bank (2011). World Report on Disability, WHO, Geneva.
- United Nations. (2013). Panel Discussion on Disaster Resilience and Disability: ensuring equality and inclusion.

SESSION TITLE:

2. Key concepts on age and disability

Session length: 2 hours 10 minutes



SESSION TITLE:
2. Key concepts on age and disability

Session length: 2 hours 10 minutes

1.0 Aim

For participants to understand how older people and people with disabilities can experience a humanitarian crisis differently, and consider different contexts. To define key terms related to age and disability in humanitarian contexts, such as: older people, people with disabilities, family support and/or carers role, gender and intersectionality.

2.0 Objectives

By the end of the session participants will be able to:

- Identify the different aspects of exclusion and vulnerability based on how age, gender and disability can add up and intersect in increased exclusion and discrimination;
- Describe the difference between impairment and disability, gender and sex, chronological age and social age;
- Design interventions that include the important role of family members to older people and people with disabilities or personal assistants providing support and care;
- Explain the shift from disability being viewed as a charity issue to a social and human rights issue.

3.0 Key learning points

- Older people and people with disabilities experience and are impacted by humanitarian crisis differently, depending on the different physical, social and communication barriers they face.
- There is a general move from the medical to the social model and from a charity to a human rights-based approach.
- Age is not always chronological, we need to consider social factors that influence age.
- The capacities and knowledge of older people and people with disabilities need to be reinforced and used to understand how to identify and use the capacities of older people and people with disabilities in emergency contexts.
- There is an Intersectionality across Gender, Age, Disability, class and nationality. These categories interact to form different vulnerabilities and needs.

4.0 Linked modules or context/rationale in which session is to be run

All modules can be linked to data and facts on disability and age.

5.0 Session overview

’25	Game on intersectionality in humanitarian crisis with debriefing questions (choose between 2 options for this game).
’20	Exercise to rank various groups’ level of vulnerability.
’10	Key definitions of: gender
’40	Key definitions and models of: Impairment and disability, followed by role play
’10	Key definitions of: chronological age and social age
’10	Key definitions of: family members as carers and personal assistants:
’10	Reflection on intersectionality
’5	Understanding the rights-based approach to age and disability and recap

6.0 Handouts, resources and materials used

- Photocopy: Game on intersectionality and risks in Humanitarian Crisis (page 58) **OR**
- Select 30-40 pictures showing individuals of all age, gender, ethnicity, social and economic backgrounds and people with and without disabilities

- Photocopy: Handout for role play ‘How can attitudes be shaped?’ (Page 59)

7.0 Detailed methodology

’25

Select <u>one</u> of the following exercises to discuss intersectionality and risks:

Option 1 (20 minutes)
Game on ‘Intersectionality and risks in humanitarian crisis’ with debriefing questions:

This game will help the participants to reflect on how people with disabilities and older people can be differently impacted by an emergency, depending on their sex, ethnicity, age or other status, the intersectionality of gender, age and disability.

Give each participant a piece of paper with a role they must play (taken from the handout for session 2 at the back of the book p. 58). Ask all participants to stand in a straight-line shoulder to shoulder and read various situations that happen within a humanitarian situation from the script below. Depending on whether the participant thinks the role they are playing would be positively or negatively impacted by the situations, they will step forward or back. Encourage them to consider the intersections between age, sex and gender in their response.

Consider the following guidelines:

- 2 steps forward for a very positive or very successful experience
- 1 step forward for a relatively positive or successful experience

- 1 step back for a relatively negative or unsuccessful experience
- 2 steps back for very negative or unsuccessful experience

10 roles have been prepared in the handout that can be used in this exercise where an earthquake has hit a town. They could easily be adapted depending on your context.

Before you start try to set the scene. The villagers are sleeping in an outdoor park.

Read out the script below, you can also select an image to help set the scene:

"It has been two days since the earthquake and you have been sleeping in this park:

1st question: Tents are distributed on one end of the camp at the top of a muddy hill and by a group of strong, young men who have NO TRAINING on how to be inclusive and are not age, gender and disability sensitive. How likely do you think you are to be able to receive a tent/tarp to shelter you? (See Shelter, Settlement and NFIs standard 3 for solutions)

2nd question: Food is being distributed three times at a day at central location where everyone stands in line and is served by volunteers. How likely are you to access these meals? (See Food Security Standard 2 for solutions)

3rd question: There is a doctor's tent that has been set-up this morning at the end of the park, written signs have been put up outside the tent. How likely are you to know about the doctor's tent and be able to visit the doctor if you need to? (See Health standard 3 for solutions)

4th question: Temporary latrines have been set-up in the park. They are standard narrow pre-made latrines and there is a high step into them. How likely are you to be able to use these latrines to relieve yourself? (See WASH standard 2 for solutions)

5th question: A few weeks have passed, and there has been increased violence and reports of sexual assault within the park due to stress and insecurity. How likely are you to be safe and protected from violence or sexual assault? (See Protection standard 5 for solutions)

6th question: A few more weeks have passed and more solid shelters are being set up in the camp. There is a cash for work project to help recruit people (mainly young men, it seems) to help construct these shelters and receive a salary for their work. How likely are you to be able to benefit from this cash for work program? (See Food Security Standard 4 for solutions)

7th question: Four months have passed. It seems your house is too damaged to move back into and is unsafe. You have to stay in the camp for an uncertain amount of time. It is cramped and the conditions are not easy. How likely are you to feel distressed? (See Health standard 9 for solutions)

Finish with the script. Now examine everyone's positions and try to determine what their role could be. Use the following questions to guide the discussion. Remember that there is not any right answer:

- Who is in the best position?
- Who is in the worst position?
- How do you feel about where you are?
- Does this reflect the situation for older people and people with disabilities in

your context during a crisis?
- How do you feel about this difference in positions – providing positive and negative suggestions?
- What have you learned from this exercise? (N.B. We have to look at all factors that affect people, including protective factors and social networks – link will be made in session 5 to look at this).

Refer to Protection Standards section of the 'Minimum Standards' for specific actions to reduce the protection risks seen above. For example, Protection standard 5 states, "People with disabilities and older people are protected from physical and physiological harm arising from violence and abuse, including gender-based violence (GBV)." The first action to address this risk is to ensure staff are aware of the heightened level of risks that older people and people with disabilities may face.

Option 2 (20 minutes)

Select 30-40 pictures showing individuals. The pictures should represent people of all age, gender, ethnicity, social and economic backgrounds and all kind of disabilities including also people without disabilities. Divide the participants into 2-3 groups and give them the same set of pictures, then ask them to group/categorise the pictures, without any further instructions. Give them 10-15 minutes.

Bring all participants together again and look at the grouping of pictures, asking each group to explain the criteria they used.

Then discuss the differences in grouping between the groups and give them 5 more minutes to agree on criteria for grouping.

Then discuss diversity and intersectionality, making it clear that there are no right or wrong grouping criteria. Gather all the participants and discuss how they grouped the pictures, which criteria they used, etc. The aim of the exercise is to show that there are no one-size-fits-all criteria to group people, and that considering vulnerable groups in humanitarian action leads to missing out some people or some needs that are related to intersection between different identity criteria. It is also important to think through the reasons of grouping and the expected results to ensure non-discrimination and inclusion of all.

Exercise to rank various groups' level of vulnerability and risks

'20

Based on the exercise above ask learners to discuss together and rank the most to least vulnerable of the six groups below (also presented on slide 10).

1. Men with no disabilities
2. Older women with no disabilities
3. Older men with disabilities
4. Older person with chronic disease (geriatric, diabetes etc.)
5. Women with disabilities
6. Boys and girls with disabilities

N.B. Ranking depends on context; in some contexts, a woman with a disability (depending on disability) may be less vulnerable than an older man with a disability. In other contexts, it may be vice versa – or they may be equally vulnerable and it depends more on their social/family situation. Ask the group to reflect on how the context, including cultural and societal factors, plays a role.

What do age and disability mean in their own context?

Knowing that some groups are more vulnerable and at risk during an emergency than others, do you think this would impact the way that you would design your programme and services to reach these different groups? If yes, elicit and explain a bit more on how.

We are laying a foundation for the next session, Session 3 Minimum standards for Age and Disability Inclusion in humanitarian action.[1]

Key definitions and models

'10

Gender

In pairs, ask the learner to define Sex and Gender. After a minute of two bring the group together and elicit some ideas. Ensure that everyone fully understands that Gender refers to social differences, norms, roles and expectations that are context and culture specific for men and women, and change over time (as opposed to sex, which refers to biological differences between women and men). When describing gender categories, it usually talks about women and men for simplicity's sake and because many gender norms are built around these traditional categories. It is important to remember that there are many different gender identities that do not fit into these categories and that are experienced by older people and people with disabilities around the world. Gender identity refers to a person's deeply felt internal and individual experience of gender, which may or may not correspond with their sex assigned at birth. (See slide to help with explanation.)

'40

Impairment and disability

Start with a discussion around the questions in the speaking notes of the PowerPoint about what participants think disability is. Then talk through the International Classification Function (ICF) model and the environmental factors in the creation of a disability (also illustrated on page 23 of the Learner Workbook).

Ask participants if they know of any other models of disability. Elicit what the participants already know about the charity, medical, social and rights based models.

Explain that there are four main models of disability (see PowerPoint) that have been used to describe the way disability policies and services are defined: the charity model; the medical model; the social model and the human rights model.

The first two described the paradigm where the expectations on persons with disabilities was that they should be cured, rehabilitated or cared for, whilst the last two focus on the interaction of a person's impairment with the environment, on finding solutions and on creating an enabling environment for all.

In many societies though, the charity model or the medical model persists and persons with disabilities are often subject to objectification, pity and discrimination (refer here to the earlier discussion on the International Classification of Function).

These models can also be used to explain how society views older people and to some extent gender issues and discuss what should be changed to move towards a social and human rights approach.

These models are discussed here because they can be useful in order to understand better why we advocate for a social and human rights approach to disability inclusion, knowing that the other models are still common in many countries.

In a humanitarian crisis, distribution of food and non-food items is still common, and sometimes the only way to give lifesaving assistance. Such assistance though does not necessarily follow a charity model: increasingly, humanitarian agencies are developing methods and strategies to better involve the population affected by the emergency, in the planning and implementation of projects, solicit feedback and respond to complaints, etc. These are elements of the rights-based approach. Similarly, when providing medical assistance we should use a rights-based approach and make sure services are accessible for everyone, information is available through different communication means, and people can participate in decisions about the care provided.

Ask for two volunteers to conduct a role-play reflecting what they may face in their work.

Volunteers get role-play scenarios (Handout Session 2: Role Play) and have five minutes to prepare the role-play and how they will act it out. Whilst the role plays are performed ask the group to obverse and make notes on any behaviour or actions that could change to be more inclusive and which disability model this represents.

After the role play ask the group to share their observations and thoughts. Reflect on the information and questions below:

This role-play shows a shift from medical model to social model. Here the deaf person is 'difficult' for the paramedic to help. When a solution to his communication needs is found (social model solution), the focus shifts from focusing on the deaf person only and instead looking at what can be done to facilitate communication through other means.

- **Do participants agree that our perceptions on the origin of the problem (the person or a society) influences what approach/model we use?**
- **Do participants feel they would be able to have the conversations in their work to influence actors to not pity older people and people with disability (charity model), but find community solutions (social model) that will include them?**
- **What might be the difficulties in explaining the social and rights-based models to someone who is not familiar with these approaches?**

Some health care workers, service providers, or field humanitarian workers might not be aware of these recent models of supporting persons with disabilities. Some might even feel a bit threatened by the social approach towards disability. They might find the approach confusing if they currently have roles in helping or providing medical care to people with disabilities. The reality is that health services are only a very small part of what people with disabilities need. When presenting

[1] For further reference and information on vulnerability, intersectionality etc. see http://www.globalprotectioncluster.org/_assets/files/aors/protection_mainstreaming/PM_training/1_GPC_Protection_Mainstreaming_Training_Package_FULL_November_2014.pdf

the social and human rights models, it is good to acknowledge that health services are essential to many older people and people with disabilities, but only one aspect of their well-being. People with disabilities and older people also have the right to be included and have equal to access to all other services (food, water, livelihood, education etc.), as well as participation in decision-making that affects them).[2]

What might be the difficulties in explaining the social and rights-based models to someone who is more used to a charity approach?

Sometimes people who look at disability and older age from a charity perspective which suggests that people are vulnerable and need to be helped i.e. the idea of 'saving' someone. It may be a new concept to them to take responsibility for the fact that we all contribute to making people be excluded and at higher risk. They may also believe that it is more difficult and more time consuming to change society to be inclusive, whereas giving someone something is a quick solution, and particularly in emergencies it might look like the easiest solution. We need to change this approach by providing evidence and good practice on how participation and inclusion of older people and people with disabilities provide more sustainable and effective responses which leave no one behind.

'10

Chronological age and social age

Continue with the slides and discuss how old age is not always seen as chronological (number of years you have); often it is connected to social roles (e.g. being grandparent) and physical signs (white hair or frailer body). Discuss how old age is defined in the context you are in, or where participants are from.

Highlight common health conditions in older people do not affect all older people, and not to the same extent. There is a large diversity among older people in terms of their health status and capacity. Talk through the factors that can help speed up the aging process and collect feedback from participants.

Reflect on how age increases vulnerability in a humanitarian crisis, extra questions to pose to the participants are in the notes of the slide. Talk through current gaps in humanitarian response and ask participants if they have experienced, witnessed or can add to these gaps.

'10

Family members as carers and personal assistants:

Move the discussion on to the role of carers and personal assistants..

Ask the participants to answer the following question and share their views with their partner.

What do you think we mean by family members, carers or personal assistants of older people or people with disabilities?

After a minute or two elicit a couple of answers from the group. Reflect on this and ensure that everyone is clear that carers or personal assistants are women, men, girls and boys of all ages, who support, sometimes care for or nurse a relative, friend or partner requiring this support due to physical or psychosocial

health, disability, older age, frailty, substance misuse or any other cause. Please note: Older people and people with disabilities can of course also be carers, personal assistants can be professionals and not all persons with disabilities / older people require carers.

Next ask the group:

Do you think we need to include the needs of family members and carers in our work? If yes, what kind of needs do you think they may have?

See examples of how to consider the needs of family members and carers in your work in the PowerPoint.

Draw attention to how family members, who are often primary carers / assistants to people with disabilities and older people during humanitarian crisis, may experience a crisis, the important role they play, the potential risks that can be associated with a person's dependency on a carer, and how we can consider their roles and contribution in our work.

In a humanitarian crisis, the life of any person is challenging and for persons with disabilities and older people and their families, this challenge is often greater.

It needs to be emphasised that not all older people and people with disabilities need care, or the same level of care. In addition, they may themselves be carers. For example, many older people care for their grandchildren, where their parents are missing or dead. Carers may also be parents, caring for their children, or older people in the family in need of support. Older people and people with disability can be important resources for their families and communities.

The situation for family members as carers and assistants is also affected during a crisis, where displacement, insecurity or violence put additional pressure and stress to manage daily life. This can result in an unsustainable situation for the carer who might have to care for their own needs primarily and may be forced to abandon the person they care for. Increased stress and insecurity, and lack of fulfilment of basic needs, can also increase the risk of abuse and neglect of the older person or person with disability.

The contribution of carers and assistants goes largely unrecognised, especially in a humanitarian crisis, because it is often assumed without questioning.

'10 **Reflection on Intersectionality of age, gender and disability**

Look at this statement on slide 27: **Intersectionality is also a tool that contributes to the understanding of people's situation in a society that is constantly changing, where categories such as age, disability, gender, class and nationality interact with each other in more fluent and changeable ways.**

Elicit any thoughts from the group on this statement and reflect back to the game that was played at the beginning of the session. Ask if having reviewed the various definitions and models has helped their views on intersectionality.

If you haven't already, discuss what other factors will affect vulnerability in their context and how these fall into intersectionality.

What other factors are relevant in your context, how do they contribute to an

individual's vulnerability or capacity, how do they interact with gender, age or disability? (Think of ethnicity, religion, sexual orientation, caste etc.).

If necessary, and time permitting, use the following two slides to talk through the intersectionality of gender, age and disability – they help us think about individual risks and capacities – and the impact on the individual, the family and the community.

Give examples of how natural disasters and armed conflict are in fact deeply discriminatory processes that affect males and females of all ages and all persons with disability in significantly diverse ways.

Highlight:

- The importance of collecting sex, age and disability disaggregated data, and analysing different vulnerabilities and capacities based on sex/gender, disability, age and other factors matter for evidenced based humanitarian response
- The different scenarios and varying circumstances,
- The importance of recognising the individual capacity.
- The significant differences in experiences of natural disasters and armed conflicts in terms of access to protection and essential services based on a person's gender, disability and age, and other factors.

Ask if anyone would like to add any further examples or experiences. (All diagrams are also in the workbook in chapter 2.4)

'5

Understanding the rights-based approach to age and disability and recap

Refer participants to the workbook chapter 2 and elicit if anyone is familiar with the current commitments on a human rights-based approach. Encourage everyone to read these more in their own time and look online for more details. You may also refer to these later on in the course.

Recap lessons learnt and address remaining questions. Make the group aware of the list of resources, websites and where up-to-date global data on age and disabilities can be found (see workbook pages 75-76). Encourage participants to complete the learning log at the front of their workbook.

8.1 Supporting information

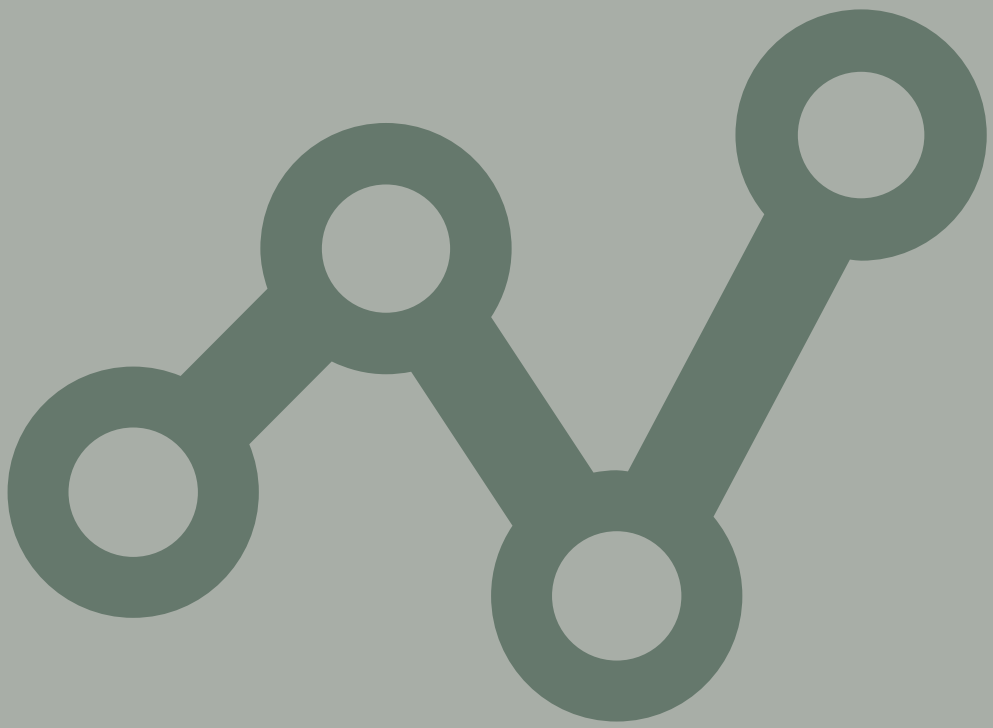
Workbook chapter 2, pages 21-30

Video on privilege/line exercise: https://www.youtube.com/watch?v=hD5f8GuNuGQ

SESSION TITLE:

3. Minimum standards for age and disability inclusion in humanitarian action

Session length: 1 hour



SESSION TITLE:
3. Minimum standards for age and disability inclusion in humanitarian action

Session length: 1 hour

1.0 Aim

To increase participants' awareness of the added layers of discrimination that age, gender and disability bring and be able to use the 'Minimum Standards' as a reference guide to help move towards inclusion.

2.0 Objectives

By the end of the session participants will be able to:

- Navigate through the key inclusion standards and list a few practical examples which are applicable in the learner's context;
- Recognise the sector-specific standards;
- Know how to prioritise which standards they consider most relevant to start to address in their work.

3.0 Key learning points

- The 'Minimum Standards' should be used to ensure that the needs of older people and people with disabilities are addressed in humanitarian action.
- The 'Minimum Standards' should be used alongside the Core Humanitarian Standards, Sphere Standards and others.
- There are 8 inclusion standards, all with specific actions for each standard.
- There are 7 sector-specific standards with specific actions for each standard.
- Emergency projects should aim to meet the 'Minimum Standards'.

4.0 Linked module or context/rationale in which session is to be run

This builds on the previous session which defined the various vulnerabilities to now look at the Minimum Standards which help address current gaps

5.0 Session overview

'20	Introduce 'Minimum Standards' (PowerPoint).
'20	Make two groups. Each will get one case study and choose 4-5 actions from 17 introduced in PowerPoint to resolve the problem in their case study.
'15	Discuss the use of the 'Minimum Standards' and its application in your context, including priorities, challenges and relevant sectors.
'5	Recap materials learned in the session and address any remaining questions.

6.0 Handouts, resources and materials used

- PowerPoint slides
- A copy of the 'Minimum Standards' per participant
- Photocopy: Session 3 Handout for case studies (page 61)

’20

If you have can, print out or draw the standards (taken from slides and 35-42) ask the group to create a wall display and match the standard and the actions. Give the participants some time to familiarise themselves with the document, either in plenary or in small groups. Alternatively, use the PowerPoint slides to have these group discussions:

- Purpose of standards
- Key messages of the 8 inclusion standards
- Introduce 1-3 actions for each standard
- Introduce the 7 sector-specific standards

’20

Divide participants into two groups. Each will get one case study below (which you will need to photocopy from the handouts section at the back of this book p. 61) and choose 4-5 actions from the actions that were introduced in PowerPoint of the ‘Minimum Standards’ to address the problem in their case study. Encourage participants to discuss between themselves for 10 minutes and ask them to then make a small presentation. The suggestions provided below, as a solution for each case study is only guidance; there could be several proposals that might be equally valid if well justified and considered.

Case #1: You are in a refugee camp and it is very cold, as it is winter. You have been doing strong advocacy at coordination meetings the last few weeks on inclusion of older people and people with disabilities and you have been identifying NGOs interested in collaborating. You have decided to focus on an NGO that has a large shipment of Non-Food Items (NFIs) arriving soon at the refugee camp, as you have been speaking to some older people and people with disabilities who need additional heaters and blankets.

Your advocacy worked and you have been asked by the NGO to help them make their NFI distribution more inclusive of older people and people with disabilities. As you start your work, you realise that the NGO’s database has no information on age, disability or household composition (only the names of the head of households). You also notice that the NFIs distributed are mainly for children (clothes, toys) and are not appropriate for adults.

In addition, the NGO has no staff available to deliver the NFIs. They expect households to pick the items up themselves from the warehouse at the end of the refugee camp within the next day or so, as they need to clear the stock. The cold weather is further worsening a flu that is going around the camp. It is difficult for many older people and people with disabilities to make the trek to the warehouse and it may worsen their health status. The path is also slippery and wet and may cause them to fall and get injured. Which actions did you already address and which do you still have to address? (Nine actions below will relate to this case).

1.1 Gather Sex Age and Disability Disaggregated Data (SADDD) (identification is key to inclusion)

2.1 Make services accessible in communication, infrastructure and information

2.2 Adapt budgets to be able to do accessibility work/project design

2.4 Encourage and support outreach services

3.2 Systematically review that older people and people with disabilities are not exposed to risks due to the humanitarian action

3.4 Be aware of the protection risks that older people and people with disabilities and other vulnerable groups face in a humanitarian action

4.2 Ensure older people and people with disabilities and carers participate in needs assessment, consultations and feedback mechanisms

6.2 Map services and organisations in your area, especially for targeted group – Non Communicable Diseases (NCDs), rehabilitation

6.3 Develop partnerships with mainstream and specialised agencies

Case #2: You are working with an NGO interested in building better shelters for people with disabilities and older people. They have no idea how many shelters they should put aside for this population. They start building the shelters but it seems that older people and people with disabilities were not consulted before the construction and the shelter has steps that makes access to them challenging. Even though they are well built, with insulated materials, they cannot move into the shelter.

The NGO normally has a suggestion box at their office at one end of the camp, but older people and people with disabilities cannot reach it easily. They also do not have any contact information for the staff of the NGO in order to give them input before they finalise the inaccessible shelter. In the next meeting, the NGO reports that they built 10 shelters for older people and people with disabilities, but they did not realise that most of them are not accessible and have not yet put in place mechanisms for including people in their planning. Which actions can you use to prevent this situation in the future and to learn from it?

5.2 Ensure procedures for making complaints are accessible for older people and people with disabilities

5.4 Train staff on how to communicate respectfully with older people and people with disabilities and listen to their complaints

5.5 Ensure older people and people with disabilities with protection issues are well supported

7.2 Define and use age and disability indicators in baseline data and M&E

7.4 Ensure the voice of older people and people with disabilities are included in lessons learned to improve accessibility, accountability and safety of a humanitarian response

8.1 Train staff at all levels to deliver impartial assistance that recognises gender, age and disability and do not exclude groups

8.3 Appoint staff across the organisation and with partners to be able to deliver age and disability inclusive programming

8.5 Ensure that provisions with organisations are in place for older people and people with disabilities to gain opportunities for employment or volunteering

’15	Discussion on the use of the minimum standards. Looking at a proposal from your country: 1. Ask the participants to think about the reality of their context/work, choose three of the eight inclusion standards that you could start addressing first in a humanitarian crisis? Remind them that when choosing priorities we should: • CONSULT and DISCUSS with older people and people with disabilities to see what their priorities are. • START where there is less resistance and more partnership opportunities to make gains and become confident in our work. • CONSIDER vulnerable subgroups (e.g. where at least two factors intersect, such as age, gender, disability), how to reach them?” 2. Ask them, which of the eight inclusion standards will be most difficult to implement and why? What are barriers to implementation?” (See PowerPoint) 3. Now ask them to prioritise two to three of the seven sector-specific standards to address first? For example: • In Pakistan, where emergencies from yearly flood or droughts are frequent, should WASH and NFI be a priority? • In conflict zones, if a large part of the population is above 50 years old, should shelter, health and nutrition be priorities? • In a chronic crisis where people are living in camps for more than two years, should education and livelihoods be priorities?” ***Participants can also review a proposal they brought from their countries/work for this exercise.**
’5	Recap materials learned in the session and address any remaining questions. Encourage participants to complete the learning log at the front of their workbook.

8.1 Supporting information

Workbook chapter 3, pages 31-38

See the Minimum Standards for Age and Disability Inclusion

SESSION TITLE:
4. Identifying barriers for age and disability inclusion in humanitarian action

Session length: 2 hours



SESSION TITLE:

4. Identifying barriers for age and disability inclusion in humanitarian action

Session length: 2 hours

1.0 Aim

To allow participants to experience how vulnerability and discrimination due to age or disability can impact a person's way of thinking, feeling and being.

For participants to learn about the cultural, attitudinal and environmental barriers that older people and people with disabilities face.

N.B. You should consider linking up with a DPO or OPA to implement this activity, to help deconstruct prejudice and bias.

2.0 Objectives

By the end of the session participants will be able to:

- Identify barriers that discriminate and exclude older people and people with disabilities in different contexts

3.0 Key learning points

Common barriers in the environment during an emergency situation:

- Social barriers, such as negative attitudes and treatment a person receives from others because they are being stereotyped according to their sex, disability, age or other factors (e.g. sexual orientation, religion, ethnicity).
- Communication barriers, such as lack of information in accessible format (audio, sign language, etc.) or not reaching out to people with limited mobility.

4.0 Linked modules or context/rationale in which session is to be run

This session builds on session 2. After understanding the key definition and concepts, we now go deeper into the barriers that cause exclusion and increases risks.

5.0 Session overview

'20	Coffee simulation. Participants compete to get a coffee, which is limited. Some of them will role-play having an impairment.
'35	Attitudinal barriers, bias, assumptions and personal reflections
'20	Personal reflection
'30	Camp Role play and debrief
'15	Watch a video on chaotic food distribution and discuss.
	Recapitulate materials learned in the session and address any remaining questions.

6.0 Handouts, resources and materials used

You will need to have a few wheelchairs or crutches, blind folds, white canes, good ear buds, headphones with music (simulate hearing impairment), tape (to tape a person's arm – bend elbow to simulate hand amputation), a walking stick and dressing up clothes for the older person.

Photocopy Session 4 handouts:

- The coffee role play cards (page 62)
- Camp role play (pages 63-64)

7.0 Detailed methodology

'20	**Coffee role-play.** Participants will have to leave the training room to get a coffee, as someone will be distributing it (this will need organising in advance). There is only enough coffee for six people but everyone wants one. Get a volunteer to give out the coffee and automatically put sugar and milk in everyone's cup without asking. Make sure to make the role-play accessible also for people with disabilities and older people (participants can be people with a disability) and clearly explain the aim of the exercise. This is not to simulate how it is to have a disability or to be an older person and it should not focus on the negative aspects. It should just be a way to start discussion and to understand some of the barriers. Give out the following roles to participants (more roles can be created if required or more observers). • One person has no disability. • One person is deaf and wants to order coffee with no sugar from the server (give this person a set of ear plugs to wear). • One person uses a wheelchair if there is one available, (alternatively, find tie their leg to limit use and provide a walking stick) • One person uses two crutches to walk. • One person cannot use their hands as they are very weak, and needs to find another method to carry the cup or get help (tie their hands behind their back with scarf). • One person is an older person who needs support of a third person in order to move (vision/hearing/mobility limits). • One person will simply observe and take notes **Reflect on the following questions in the debrief and ask observers to shares their notes.** • What were the barriers you faced to try to get coffee? • Did anyone help you? How did it feel? • Did you help anyone else? • Was the distribution of coffee "more accessible" to some people than others? How could this situation become more inclusive? What should be done to promote equal access and which barriers should be removed?

’35

Attitudinal barriers

Explain that we are often unaware of our own prejudices and how we stereotype other people – men/women/boys/girls, older people and people with disabilities – and can therefore be insensitive to their needs.

In order to reflect on some of our current understandings, explain that we will have a brief game. Draw a line in the room and label one end of the line as strongly agree and the other at as strongly disagree. As you read out the following statements, ask the participants to stand in the space on the line they feel reflects their attitude. For example, if they are not sure if they agree they may choose to stand in the centre whereas if they agree they would move towards the agree end.

After each statement ask a few people to explain their position on the line, allowing people to reflect on their understandings and move if they would like to readjust their position after having heard other’s explanations.

The statements to read are:

- It is always obvious when someone has a disability.
- Most people with disabilities and older people cannot work.
- Older people need to stay at home and rest.
- Older men have the main decision-making power in a family.
- People with disabilities and older people are breadwinners of their families.
- Older people and people with disabilities need help all the time.
- People with disabilities need financial support from NGOs or charity organisations to help them survive.
- People with disabilities need livelihood access like other people.
- The main thing that older people and people with disabilities need in a crisis is good health services.
- Women and girls with disabilities are more at risk of sexual violence than women and girls without disabilities.

’20

Personal reflection

Using the workbook chapter 4 on bias, assumption and reality participants should consider how this relates to their context. This can be done in small groups, pairs or individually. They should consider if they agree or disagree with these statements? Why?

Then ask them to note down what can be done to change or challenge such barriers and biases in their own work and context?

Some questions to consider are:

- Firstly, we need to see how we are biased ourselves and why? Ask yourself how you would manage the recruitment of a person with disability or an older person among your team. What are your own biases? Often our biases are very deeply rooted and build on misconceptions and ignorance, which might make it hard to think in another way. Understanding this and starting

to interact with older people and people with disabilities will make it easier to be a more inclusive organisation.

- Secondly, if you do want to challenge your biases (and we hope you do!) discuss why you think these biases are true and what would convince you that they are not true? Not everyone will have all these biases, but most of us have at least a few biases, perhaps towards other groups in society.
- Lastly, if you agree these biases are NOT TRUE, try to find ways to change practices and policies in your work and in your organisations. You may use actions from Minimum Standards for reference.

'30 **Camp Role Play**

Ask for volunteers and assign them a number, distribute the role play cards that you will find in the handout at the back of this book titled Session 4 Camp Role -play (p. 63-64).

There is a mother and daughter, a single man and a camp manager required for the role play.

Debrief the role-play and give the participants ample time for discussion:

1. What are the social and physical barriers that each group faces?
2. What can be done about these barriers?
3. How can an impartial and fair process for shelter allocation be done?
4. Do you feel this was a safe and participatory complaint process for them? Remember inclusion standard #5 'Safe and responsive mechanism to handle complaints on an equal basis with others'.
    - Review actions for this inclusion standard (e.g. action 5.4, p.11).
    - Review sector-specific standard for shelter (e.g. action 3.1, p.42)
5. Make sure to discuss role of carers.
6. Keep in mind also the principles of equal participation.

'15 **Video (time permitting)**

To finish, watch a video on chaotic food distribution. Discuss how this situation could be handled well as it ends up being 'survival of the fittest' type of scenario.

https://www.youtube.com/watch?v=u-orDpbq3N4 (start at 0.30').

Recap materials learned in the session and address any remaining questions.

Refer participants to the workbook for further suggestions of adaptations and considerations for programmes to better serve older people and people with disabilities. Session 4 in workbook.

Encourage participants to complete the learning log at the front of their workbook.

8.0 Supporting information

Workbook chapter 4, pages 39-44.

9.0 Additional information

- Ensuring inclusion of older people in initial emergency needs assessments (2012), HelpAge: http://www.helpage.org/what-we-do/emergencies/ensuring-inclusion-of- older-people-in-initial-emergency-needs-assessments/
- See website: http://www.hiproweb.org/fileadmin/cdroms/PSS/chapitre_A3_en.htm
- Guidelines for creating barrier free emergency shelter (2009): http://www.hiproweb.org/uploads/tx_hidrtdocs/CreatingBarrierFree2009.pdf
- CBM Inclusive Toolkit: www.cbm.org/article/downloads/54741/CBM-DID-TOOLKIT-accessible.pdf

SESSION TITLE:
5. Removing barriers and improving access and participation

Session length: 1 hours 40 minutes



SESSION TITLE:
5. Removing barriers and improving access and participation

Session length: 1 hour 40 minutes

1.0 Aim

For participants to learn how to make humanitarian action more inclusive by avoiding creating barriers and facilitating access and meaningful participation of older people and people with disabilities.

2.0 Objectives

By the end of the session participants will be able to:

- Use International Classification of Function (ICF) as a way of identifying environmental barriers to effectively reduce barriers, and increase inclusion and participation.
- Identify barriers that aggravate exclusion that older people and people with disabilities often face in humanitarian contexts.
- Explain the importance of removing barriers and improving access and participation.
- Use the Minimum Standards to build more inclusive programming and response.

3.0 Key learning points

- Applying and implementing the ICF and Minimum Standards can effectively reduce barriers and increase inclusion and participation of older people and people with disabilities in humanitarian contexts.
- The effective participation of older people and people with disabilities in planning and response are the basics for organisations to deliver inclusive response, where no one is left behind.
- Physical barriers such as difficult terrain, ditches and dirt roads where public transport is scarce, physical barriers in infrastructure such as stairs, small doorways, muddy areas etc. Remember the acronym RECU, which reminds us to examine barriers to: reach (road does not lead), enter (doorways), circulate within (hallways/room space) and use (table height, toilet, sink, computers) and spaces.

4.0 Linked modules or context/rationale in which session is to be run

This session is an antidote to chapter 4 (identifying barriers that contribute to exclusion) and intrinsically linked. Before starting this session, it is worth recalling some of the key learning points from the previous session.

5.0 Session overview

’30	Exploring using International Classification of Function (ICF)
’20	Use the IFRC Guidelines on disability inclusive shelters and settlements in emergency, to see how the work can be more inclusive
’45	Removing barriers and improving access and participation (using pre-prepared example)
’5	Recap

6.0 Handouts, resources and materials used

- PowerPoint slides
- Prepare a scenario which is relevant to the context in which you are working, the scenario will need to describe the basic situation and project which is being implemented. This can be fictional or real life, alternatively a participant can use a real prepare the example.
- Photocopy: Handouts from session 5 from the back of the book (pages 65-67)

’30

Exploring using International Classification of Function (ICF)

Introduce the session and the ICF model using the PowerPoint and the RECU assessment model. Collect any feedback or questions from participants.

The ICF model is a way of identifying environmental barriers, in order to effectively reduce barriers, and increase inclusion and participation of older people and people with disabilities in humanitarian contexts.

Read out the following example and also display on the PowerPoint:

A woman who is a wheelchair user and a teacher as a profession was forced to leave her home due to violence in the neighbouring town. She used to teach in a primary school and lived quite independently with her family in small town. She now lives in a temporary camp together with some of her previous neighbours in a two-room shelter. She had to leave everything behind and lost her wheelchair during the chaos. Due to insecurity and a chaotic environment, she has become almost totally dependent on her neighbours and she has had difficulties in finding a new wheelchair, which prevents her from going out from the shelter.

Group activity – ask participants to identify the main barriers faced in this example by using the ICF as an outline, circle the parts of the ICF which apply.

Compare and share the answers. Refer participants to the workbook chapter 4 where there is the ICF diagram, the example and suggested barriers identified.

If you have not already explained the RECU concept, introduce this tool or remind participants of this acronym to ensure a person can access a space

Reach: Ensure accessibility between shelter and different public spaces and services in the community- removal of physical barriers, clear signage and lighting

Enter: Walkways and entrances should be wide enough to allow all users to enter. Ramps and handrails can also assist users with different abilities

Circulate: Is it easy to move around and access all the different areas?

Use: How will the space be used? Position of equipment within the space e.g. latrine. Privacy and safety are important.

’20

IFCR Guidelines

Ask participant to Use the IFRC Guidelines on disability inclusive shelters and settlements in emergency and reflect on their own work/project to think how their work can be more inclusive. In pairs ask them to note down examples of barriers they have experienced in projects which they work and how they might be adapted in the future.

Physical	Information	Attitudes	Institution
Physical barriers can be natural or man-made, and the list is infinitely long. Common man-made barriers include narrow doors and passageways, staircases, thresholds, level changes, steep slopes, inaccessible public toilets, waste and debris, etc.	Information barriers occur when information is not made accessible for everyone. This type of barrier can be invisible, but it is no less present and excluding for a very large number of people, particularly those with sensory disabilities.	Attitudes are still, unfortunately, one of the major barriers to full and equal participation. Negative attitudes exist in all parts of society, from community members to policy-makers to programme managers in non-governmental organisations.	Institutional barriers are procedures and policies that discriminate against persons with disabilities. This can refer to organisational practices (for example recruitment policies) that are not flexible or adapted to persons with disabilities, thus leading to exclusion.

’45 **Removing barriers and improving access and participation**

Describe, handout or display the project scenario which you should have pre-prepared.

Divide the participants into small groups and ask each group to select one of the following areas to focus on

1. People with intellectual impairments or learning difficulties.
2. Persons with mental health condition or chronic health conditions associated with age.
3. People with visual impairment.
4. People with hearing impairment and/or communication difficulties.
5. People with physical impairments and/or reduced mobility.

Once the group have decided (encourage groups to each select a different focus area) give them the corresponding worksheet that you can photocopy from the back of the book (p.65-67).

Each group should prepare specific actions for the project (described in the scenario) to implement to remove barriers and key messages in the work. Refer participants to the workbook for more information in each area and further examples (chapter 5.1 and 5.2).

Ask each group to nominate a speaker who will report back to the larger group in plenary after 20 minutes (encourage groups to put their ideas onto flipchart paper to present.). During the activity monitor the groups and offer support, after 15 to 20 minutes ask groups to present back in plenary.

’5 **Feedback on group presentations, offering praise and highlight where they might like to improve or reconsider. Recap the session’s key learning.**

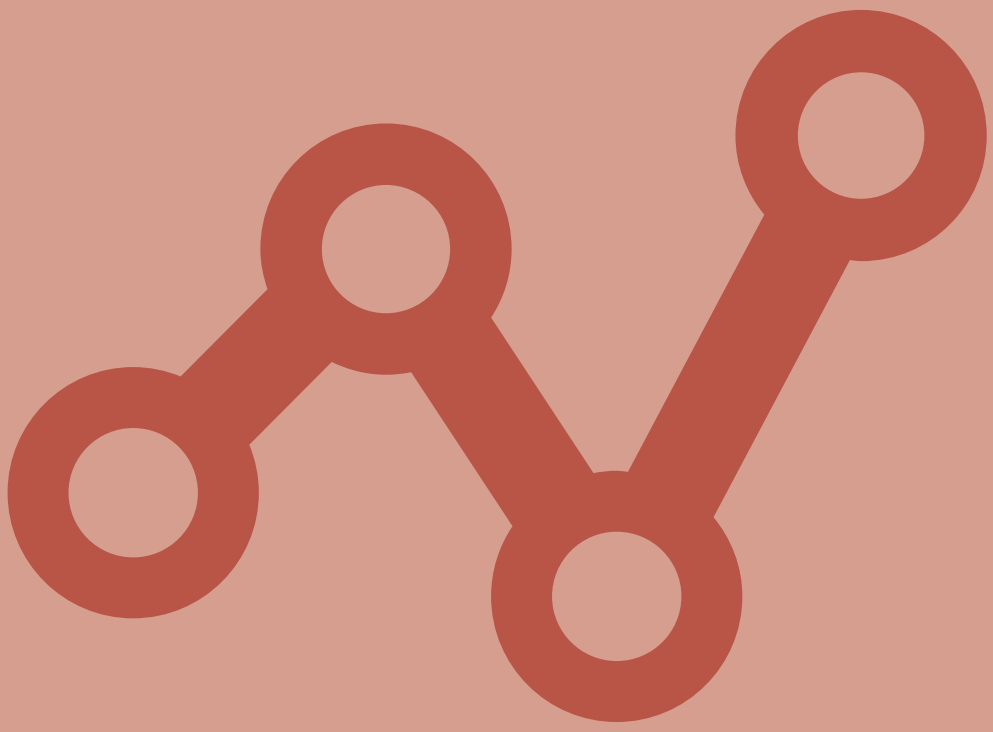
Encourage participants to complete the learning log at the front of their workbook.

8.0 Supporting information

Workbook chapter 5, pages 46 -54

SESSION TITLE:
6. Age- and disability-inclusive project cycle management

Session length: 2 hours 30 minutes



SESSION TITLE:
6. Age- and disability-inclusive project cycle management

Session length: 2 hours 30 minutes

1.0 Aim

For participants to be able to identify vulnerable profiles and collect data about the needs of older people and people with disabilities, and include age and disability throughout the project cycle, with a specific focus on proposal writing as the first step to snowballing inclusion throughout the rest of the cycle.

2.0 Objectives

By the end of the session participants will be able to:

- Collect and analyse the primary data collected during a Rapid Needs Assessment;
- Review and analyse secondary data;
- Identify vulnerable and at-risk groups;
- Identify questions or checklists to collect sex, age and disability disaggregated data in a gender sensitive manner;
- Collect sex, age and disability disaggregated data (SADDD);
- Explain how proposals can be developed with more inclusive thinking;
- Evaluate reports, projects and response that targeted older people and people with disabilities in an emergency situation, and analyse the strengths and weaknesses of assessment report.

3.0 Key learning points

- Needs assessments, mapping, data collection and data analysis all need to be used to identify needs of those most at risk.
- A good assessment and report is: timely, relevant, has an adequate coverage, is continuous, valid and transparent about assumptions, methods and information. There are a number of key questions to be asked in order to collect further information on age and disabilities.
- Good assessments, monitoring and evaluations provide the basis of easier and more effective programme planning and implementation.
- Collecting sex, age and disability disaggregated population data (SADDD) is crucial for planning inclusive projects and it can be challenging.

4.0 Linked modules or context/rationale in which session is to be run

This session is linked to session 7 on advocacy. Data gathered in humanitarian action is used in advocacy to help improve the situation. Project management cycle is also linked with all other sessions.

5.0 Session overview

’5	Introduce objectives using PowerPoint.
’30	Use slides on inclusive project cycle and Rapid Needs Assessments (RNA) and review UNHCR RNA tool (handout 6a)
’20	Review Washington Group questions and the challenges in data collection.
‘30	Review and analyse secondary data (handout 6b)
‘50	Look at slides on project implementation, monitoring and evaluation and recap materials learned in the session and address any remaining questions. Review tip-sheet (handout 6c)
	Exercise on inclusive project cycle management using Case study on flood that devastated Pakistan (see case study/video).
’15	Gallery walk and recap

6.1 Hand-outs, resources and materials used

- The PowerPoint presentation
- Learner workbook chapter 6

Photocopy: Session 6:

- Handout 6a – UNHCR Iraq rapid needs assessment template to make modification for SADDD (page 68 - 70)
- Handout 6b – UNHCR Needs Assessment for refugees in emergencies (NARE) (page 71 - 75)
- Handout 6c - Tip sheet (page 76 - 77)

7.0 Detailed Methodology

’5	**Introduce objectives with the PowerPoint.**
’30	**Look at slides on inclusive project cycle and Rapid Needs Assessments (RNA) to discuss key aspects of the RNA in small groups.**
	Use this information to link with information in Handout 6a - a template from a UNHCR Iraq assessment tool (2014).
	Divide participants into two groups. Each group is an organisation that has been asked by the UNHCR to review a rapid assessment tool and make it more inclusive.
	In small groups, talk about the modifications that you would make to make it easier to collect SADDD.
	Provide the group with external resources such as:
	1. Washington group questions (Learner Workbook page 46).

2. Information on planning rapid needs assessments, primary and secondary data (Learner Workbook page 59-60).
3. Minimum Standards for age and disability inclusion.

Each group presents the modifications to be made to the assessment tool.

Discuss not only questions to identify older people and those with disability, but also consider questions regarding accessibility of services, e.g. shelters, or adding sub-questions, making sure the answers provided cover all members of the family.

Review the Washington Group Questions (short set of 6 questions on the slide and with a handout) with participants.

'20

Try them out on each other.

Discuss how SADDD data can improve the quality of a) data collection b) analysis of data c) understanding of the community and their needs etc.

Acknowledge that in emergencies there are limits to accurate data collection and a wide margin of error.

Remember to look at the difference between impairment and disability, and the impact of barriers on a person's capacity and ability to do things. In other words, do you want to collect data on how many people with different types of impairment are in the community, or do you want to look at barriers and to what extent these create disability, and the consequences for access to services? Look at the age cohorts to better analyse the people. Consider how you are going to analyse and use the data collected.

Other things to consider in data collection:

- Barriers faced by older people and people with disabilities often increase in emergency contexts, there can also be an increase in people with long-term impairments in emergency contexts.
- Try to add general questions on the camp environment in data collection, to see its added impact on older people and people with disabilities.
- Take picture of water points, food distribution points, hospitals and other services in the area, to show the level of accessibility.

Also, refer back to session 4 to find more data.

'30

Divide into groups. Each group to review and analyse secondary data Learner workbook and handout 6b

Discuss a second in-depth needs assessment.

The following questions can be discussed, and solutions can be found in the Workbook and Minimum Standards to promote inclusive approaches in humanitarian action. Below are some examples of sources of data and information for disability and age, to consider when collecting primary and secondary data during rapid needs assessments, using information discussed previously on primary data examples and asking the following questions:

- Are people of different abilities and ages consulted during pre-project analysis?
- Are budgets set for adequate training on age and disability inclusion?
- Are budgets set for all sites and other project aspects to be fully accessible?
- Have age and disability data been collected and considered?
- Is there an understanding and analysis of the vulnerabilities and risks?

'50

Exercise on inclusive project cycle management (or alternatively, participants can review a proposal from their own work and evaluate):

Handout the tip-sheets from handout 6c and collect any feedback, explain these may be useful to bear in mind in the following exercise.

Divide the participants group and ask them to select an area of the project cycle and discuss how to ensure an inclusive approach.

Show them the video (stop video at 1.52) https://www.youtube.com/watch?v=sfbo7wTTPSc (an alternative video of a different context could also be used)

Explain that you have completed a needs assessment in response to this serious flooding, which is a recurring problem in the area. The situation represents a humanitarian emergency.

Ask participants to concentrate on the immediate needs of the populations after a flooding and reflect on the questions posed in the previous slides.

In groups participants now have to plan the implementation of a six-month inclusive response project.

More guidance can be found in Key Inclusion Standards 2.2, 7.4, 8.5 and specific-Standards for Protection 2.1, Water and Sanitation 3.1, Health 3.2 Education 3.1, 3.5

Consider the time and level of previous programme experience of the participants to set parameters for this exercise. You may request a logframe, simple list of bullet point actions on flip chart or an activity plan based on needs assessment. The purpose of this exercise is to ensure that participants draw together all the learning from the past two days and have an opportunity to practice inclusive programming. After 40 minutes ask them to display their work around the room.

'15

Ask everyone to do a gallery walk and draw out positive aspects of everyone's work, reflect on what they have accomplished and ask if they have learnt any points from viewing each others work. Recap materials learned in the session and address any remaining questions..

8.1 Supporting information

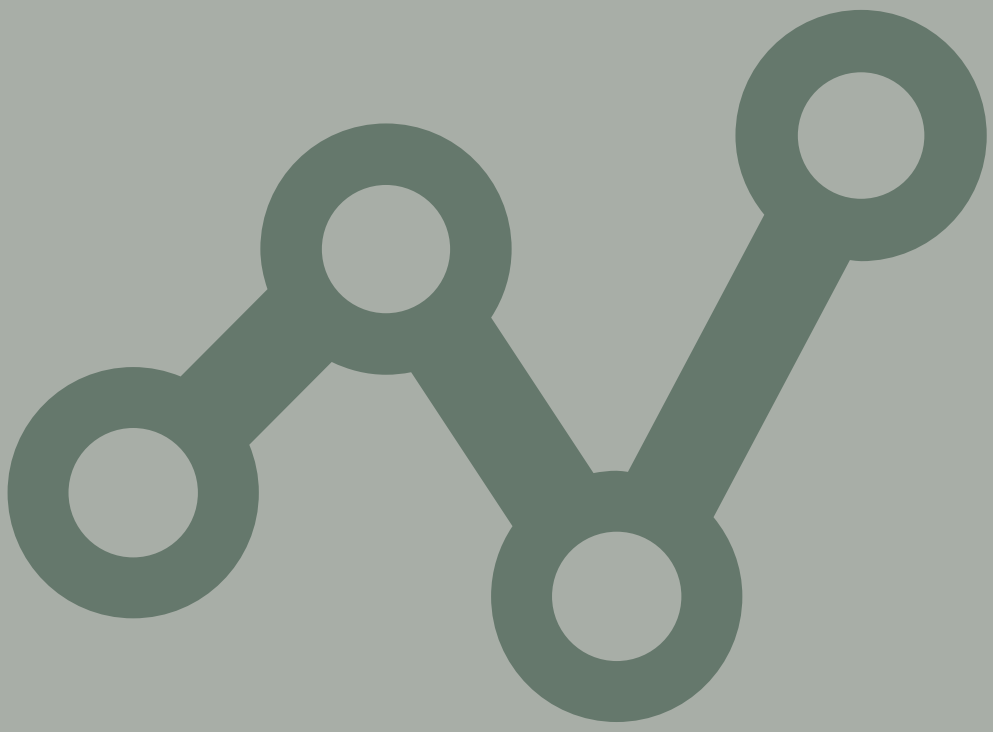
Workbook chapter 6, pages 55-64

1. Washington group on disability statistics http://www.washingtongroup-disability.com
2. Inclusion Made Easy (CBM): http://www.cbm.org/article/downloads/78851/CBM_Inclusion_Made_Easy_-_complete_guide.pdf
3. The Washington Group Questions (see folder): http://www.cdc.gov/nchs/data/washington_group/WG_Short_Measure_on__Disability.pdf

   http://www.cdc.gov/nchs/washington_group/wg_questions.htm
4. UNHCR Heightened Risk Identification Tool: http://www.refworld.org/pdfid/4c46c6860.pdf
5. Needs Assessment Refugees in Emergencies: http://www.coordinationtoolkit.org/wp-content/uploads/Needs-_Assessment-for-Ref-Emergencies-NARE_Checklist.pdf

SESSION TITLE:
7. Advocating for age and disability inclusion in humanitarian action

Session length: 1 hour 45 minutes



SESSION TITLE:
7. Advocating for age and disability inclusion in humanitarian action

Session length: 1 hour 45 minutes

1.0 Aim

For participants to become familiar with how they can advocate with others for mainstreaming age and disability inclusion in humanitarian action, and how to get others on board to create change.

2.0 Objectives

By the end of the session participants will be able to:

- Explain the factors that contribute to successful advocacy.
- Explain how advocacy can help move organisations towards the inclusion of age and disability.
- Develop and deliver a convincing and strategic communication message.

3.0 Key learning points

- Including older people and people with disabilities in humanitarian action is everyone's work and not only that of specialised NGOs. As the essence of humanitarian action is impartiality, all must consider age and disability.
- Advocacy is more effective when done by and with older people and people with disabilities themselves.
- Use evidence-based advocacy on age and disability inclusion across humanitarian cluster meetings or sectoral meetings.
- Apply actions that can contribute to changing attitudes and practices through different methods, such as: meetings with decision-makers, or facilitating participation of older people and people with disabilities in all key advocacy events.

4.0 Linked modules or context/ rationale in which session is to be run

This session is linked with sessions 2 and 6 for collecting and translating data and messages for advocacy.

5.0 Session overview

'5	Introduce the session and the key objectives.
'15	Share advocacy experience in pairs.
'30	PowerPoint slides - Principles of Humanitarian Action and audiences.
'25	Group work. Divide the participants in groups of four to five people. Use hand-out 3 as a support for the group work.
'30	Presentations of group work and conclusions.

6.1 Hand-outs, resources and materials used

- PowerPoint on advocacy
- Photocopy: Session 7: Worksheet for advocacy session group work (page 79-80)

7.0 Detailed methodology

’5	Introduce session using the PowerPoint slides focusing on objectives. Try to elicit participants views on what advocacy is and then show the slide ‘ADVOCACY = ADD + VOICE’
’15	In small groups ask the participants to share examples of advocacy activity that they have been involved in previously and identify what were the factors that contributed to or undermined the success of your advocacy? (Instruction also on slide) Highlight that internal awareness raising and influencing to change policies, practices and attitudes and external technical support and advocacy activities should be included. Share ideas and experiences in brief plenary.
’30	**Go through the session based on the material provided in chapter 7 of the workbook and relevant PowerPoint slides.** The following points will guide the session: a) Where to advocate and what to do? Discuss where advocacy can be targeted for age and disability inclusion during humanitarian action – brainstorm in small groups b) Look at Principles of Humanitarian Action (Learner workbook page 67) 1. Refer to key inclusion standards 4 and 5 – brainstorm in group to see how these standards can inform the advocacy messaging **Focus on the key points of 7 key principles to lead the discussion** • Principled humanitarian action • Non-discrimination • Meaningful access • Respect for the inherent dignity of people with disabilities and older people • Active and effective participation and equality of opportunities • Respect for diversity, including equality between women, men, girls and boys of all ages • Recognition of the essential role of carers, personal assistants and families, c) Identify an example of advocacy in your work or share the example of another participant and then identify the following (slide 80): • **Primary audience:** those with the authority to make the changes you want to see. • **Secondary audience:** these are the people who may support your proposed change but cannot bring about the changes themselves

Key learning points - Good relationships are essential to successful advocacy, power analysis are crucial;

Refer to Learner workbook page 68-69

d) How to develop clear advocacy messaging and make your advocacy successful?

Consider setting clear aims and objectives to support you in the development of your messages, activities, targets and partners

Try to keep objectives SMART (Specific, Measurable, Achievable, Realistic, Time bound).

'25 Consider what types of advocacy tools you will use

Group work. Divide the participants in groups of four to five people. Look at slides to select a scenario which also shows the pathway for the advocacy.

Use an example scenario from a previous session, such as session 5 or 6, which participants are familiar with.

Use hand-out 7a as a support for the group work.

Ask participants to develop a brief strategy around a chosen topic of advocacy.

Ask participants to reflect on the following and then present a brief strategy in plenary (ask group to nominate a speaker who has not previously spoken for the group):

- Define the change you want to see (external).
- Identify the primary and secondary targets for your advocacy.
- Identify the evidence you will use for your advocacy.
- Define two advocacy messages.
- Identify key activities you will undertake.

Make a brief action plan to using the 5 suggested steps and use this as a basic model to develop advocacy

'30 Each group presents their work in plenary and a free discussion.

Finish by offering some key takeaways and praise participants for their contribution and refer back to key areas discussed:

- Define a change you want to see (external).
- Identify the primary and secondary targets for your advocacy
- Identify the evidence you will use for your advocacy
- Define two advocacy messages
- Identify key activities you will undertake

(Feedback can be also be based on reviewing these 5 points during the presentations.)

Encourage participants to complete the learning log at the front of their workbook.

8.0 Supporting information

Workbook chapter 7, pages 65-74

- GSDRC Disability Inclusion http://www.gsdrc.org/wp-content/uploads/2015/11/DisabilityInclusion.pdf
- Handicap International: Making PRSP Inclusive: http://www.making-prsp-inclusive.org/en/8-advocacy-and-lobbying-influencing- policies.html
- CEDPA (1999): Advocacy: Building Skills for NGO Leaders. The CEDPA Training Manual Series, Volume IX, Washington.
- Oxfam: Influencing Poverty Reduction Strategies: A Guide. Section Three: Influencing the Content of Policy.

HAND-OUTS FOR TRAINING



Hand-out – Role play

Role 1: The social facilitator

You are a social facilitator who is working in an area where a huge earthquake has just happened. The area is badly affected and many people have died and are wounded. You visit a hospital where an injured person with a hearing impairment has just arrived. You speak to the head of the medical team.

The medical teams are catering to the healthcare needs of this person. The head of the medical team tells you that they have no idea as to how they can support the patient in being identified, or locating his family or where he came from. They tell you that this person knows nothing, that it is impossible to communicate and that there is nothing that can be done. They also explain that they will just try and guess what his main complaints are and that they will not be able contact the family.

You explain to the head of the medical team that the person with the hearing impairment is probably acutely traumatised and very disoriented, and therefore it is hard to communicate with him. You explain to the head of the medical team that you know the chairperson of the deaf association who lives close by and can help. The chairperson of the deaf association can explain if the person with the hearing impairment in the hospital speaks any sign language, so it would be possible to communicate with him through a sign language interpreter.

You explain that the person may be able to lip read, so it is important that the medical staff explain to the person what they are doing and pay attention to the face of the person, to see their reaction and gauge if they understand or not. It may also be possible to sign using the eyes, body gesturing, or a communication board using diagrams and pictures, or to see if the person can write or draw. To locate where the person was coming from, you can show a map and point at the affected districts. The person with a hearing impairment might then be able to locate his village of origin.

Role 2: The head of a medical team

You are the head of a medical team and are working in a hospital in an area where a huge earthquake has just happened. The area is badly affected; many people have died and many wounded people are arriving to the hospital. One injured person that has just arrived has a hearing impairment. You are meeting a social facilitator who is attending to the person with the hearing impairment.

You and your medical teams are catering to the healthcare needs of the person. You tell the social facilitator that you believe that the person knows nothing, that it is impossible to communicate and that there is nothing more you can really do. You also explain that you have no idea how you and your team can support the person in being identified, locating their family or finding out where they came from. You also explain that you will just try to guess what their main complaints are and that you will not be able contact their family.

HAND-OUTS FOR TRAINING

Session 2: Game on Intersectionality and risks in humanitarian crisis

Cut up the different roles to distribute among participants. For any extra participants explain that they are strong and healthy and can choose their own situation. See session brief for instructions on how to run the game.

You are a middle-aged man with epilepsy and asthma; you left behind your medication during the earthquake. You are very anxious these days and have difficulty moving and thinking clearly about what to do, as you often have difficulties breathing and you are concerned about having a seizure. (Medium risk due to unstable medical situation and high stress worsening health status).

You are a 35-year-old man and your 4-year old son has Down's syndrome and needs your attention for some daily life activities. The son is anxious and afraid because of the earthquake and now you are having difficulty caring for him. Other villagers are showing that they are annoyed with the boy's behaviour. (Medium risk for distress and mental health issues related to care giving for son).

You are a middle-aged woman who is single. Your older father has been carried to the camp following the earthquake. He will not eat or drink and just wants to die because of grieving his wife and losing all of his belongings during the earthquake. Your foot is badly injured and may be infected/broken, you have difficulty walking and you are worried about your father. (Women at medium risk due to injury worsening and difficulty as main carer for distraught father).

You are a healthy young man with no dependents and your father is on the local council, so you know many people in this area. Your family is safe and you are helping your father manage the response to the crisis. (Well-connected young man, low risk and has protective factors and probably priority access through father).

You are a 75-year-old woman with vision/hearing/mobility limitations and you cannot read. Normally, you live with your daughter and her family, but you have not found her since the earthquake. (Old woman with a disability and separated from social network, high risk).

You are a 15-year-old girl whose family died in the earthquake, you are now living with a male neighbour that you do not know very well and you feel a bit uncomfortable around him. You are trying to find your aunt and cousins, as you would feel safer with them. (Young women at high risk for sexual-gender-based violence over time).

You are an older man; you are safe with your wife and two teenage sons. (Few risk factors, has a wife and two teenage sons that can help).

You are a 35-year-old woman who is a widow and you have one 14-year-old daughter, both of you are safe, but your husband died in the earthquake. You are both very traumatised because of his death, especially your daughter, who cannot stop crying about it and is startled by any loud noise; she sits in a corner most of the day. (Both may be at risk for gender-based violence depending on context, mother has to look after her daughter who is showing signs of post-traumatic stress disorder or shock).

You are an 8-year-old boy with autism and you are safe with your parents and two sisters. However, you are sensitive to noise and are jumpy and feel the need to run away from the noise in the outdoor park where everyone is now sleeping. (Young boy with disability, consider impact on family and look at intersection with gender, age and disability adjusted to the context).

You are a young woman who has injured her back in the earthquake; you cannot walk because your legs are now paralysed. Your parents are trying to help you with your daily needs. (Medium risk, health situation precarious, parents are a protective factor).

Minimum standards for age and disability inclusion in humanitarian action

Case #1:

You are in a refugee camp and it is very cold, as it is winter. You have been doing strong advocacy at coordination meetings the last few weeks on inclusion of older people and people with disabilities and you have been identifying NGOs interested in collaborating. You have decided to focus on an NGO that has a large shipment of Non-Food Items (NFIs) arriving soon at the refugee camp, as you have been speaking to some older people and people with disabilities who need additional heaters and blankets.

Your advocacy worked and you have been asked by the NGO to help them make their NFI distribution more inclusive of older people and people with disabilities. As you start your work, you realise that the NGO's database has no information on age, disability or household composition (only the names of the head of households). You also notice that the NFIs distributed are mainly for children (clothes, toys) and are not appropriate for adults.

In addition, the NGO has no staff available to deliver the NFIs. They expect households to pick the items up themselves from the warehouse at the end of the refugee camp within the next day or so, as they need to clear the stock. The cold weather is further worsening a flu that is going around the camp. It is difficult for many older people and people with disabilities to make the trek to the warehouse and it may worsen their health status. The path is also slippery and wet and may cause them to fall and get injured. Which actions did you already address and which do you still have to address? (Nine actions below will relate to this case).

Case #2:

You are working with an NGO interested in building better shelters for people with disabilities and older people. They have no idea how many shelters they should put aside for this population. They start building the shelters but it seems that older people and people with disabilities were not consulted before the construction and the shelter has steps that makes access to them challenging. Even though they are well built, with insulated materials, they cannot move into the shelter.

The NGO normally has a suggestion box at their office at one end of the camp, but older people and people with disabilities cannot reach it easily. They also do not have any contact information for the staff of the NGO, in order to give them input before they finalise the inaccessible shelter. In the next meeting, the NGO reports that they built 10 shelters for older people and people with disabilities, but they did not realise that most of them are not accessible and have not yet put in place mechanisms for including people in their planning. Which actions can you use to prevent this situation in the future and to learn from it?

HAND-OUTS FOR TRAINING

Session 4: Coffee role play cards

Cut up distribute the following cards:

You have no disability and are a healthy middle-aged person
You are deaf and want to order coffee with no sugar from the server.
You are a person uses a wheelchair
You are a person uses two crutches to walk.
You are a person cannot use their hands as they are very weak, and needs to find another method to carry the cup or get help.
You are person is older and who needs support of a third person in order to move (vision/ hearing/mobility limits).
You will simply observe and take notes.

HAND-OUTS FOR TRAINING

Session 4: Camp role play

Volunteers needed: 4

Two groups are in a refugee camp and are inside the camp manager's office at same time to discuss their situation. This camp has been in place for one week and is therefore very new.

Volunteer 1 and 2

You are an older woman and daughter.

Your situation:

The daughter has a disability and uses a wheelchair. The older woman and daughter have been living in a precarious shelter for the past month and the mother's muscles and joints are in pain due to the cold temperature outside. She is taking care of her daughter and she often needs to help move her daughter in the wheelchair around the camp, as it is too muddy for her daughter to do it herself. Their daily hygiene is also a challenge, as they have to manage it inside their small shelter, due to toilets and shower facilities not being accessible outside. The latrines are also quite dirty. The mother has seen men walking near the tent when she has been helping her daughter with her hygiene, which makes both feel very uncomfortable. They have tried to go and get food and water from the nearest distribution point in the camp, but it is difficult for them to carry it back as every other family seems to have their own struggles and issues, so they do not want to bother anyone. They meet with the camp manager to ask for a secure shelter with a door/or good zipper, that is warmer/more insulated and to install a toilet right next to shelter (or inside) that is large enough for both the daughter and mother to use, since this is what they need.

The sector leader makes the mother and daughter uncomfortable as he has touched the daughter on the shoulder in a way she does not like.

The mother and daughter have heard a new part of the camp is being built with better shelters and they would like to be considered for these shelters.

Volunteer 3

You are a young healthy single man in the camp

Situation:

Some other men who do not seem to like him have attacked a single man living in same camp. He is grouped with the other single men but feels this is dangerous for him. He would like to be placed in a family area where it is less likely he will get into fights and have his food taken away from him. He tried to tell the camp manager he needs to get a small space in another part of the camp to live in (maybe a new area that is being built soon), but he does not disclose that he has been attacked several times or the reason for the attack (which might be due to his perceived sexuality). He does reveal that he is having 'problems' with other men in the 'single men area'. He has told the sector leader but the sector leader told him to toughen up and fight back.

The man has heard a new part of the camp is being built with better shelters and they would like to be considered for these shelters.

Volunteer 4

You are the camp manager

Situation:

The camp manger is very busy. He/she has to handle many, many complaints every day and is tired of the work and needs support. He/she has a large budget but has not hired enough staff and has no clear complaints procedure in the camp, so he/she has to deal with everyone him/herself. Inside his/her office both the single man and the older lady with her daughter who is using crutches are speaking to him at the same time, as they are both desperate. He/she tells them both, "Nobody has a perfect shelter in the camp, no one is happy, and we have to make the best out of the situation for now." He/she tells the mother/daughter that if anyone bothers them that she tells the sector leader who will then tell him/her. The camp manager tells the single man to resolve his problems with the other men and that we cannot mix up single men and families as that is the camp policy.

WORKSHEET

1. **People with intellectual impairments or learning difficulties.**

- Taking steps to reduce overall noise levels or creating some quiet spaces that are uncluttered and calm.
- Providing clear and frequent signage to direct people around the environment, to decrease the need for assistance.
- Give an orientation tour around the shelter area and point out landmarks that people can try to remember, or put red flags on them to make it easier for people to follow.
- Raise awareness among sector leading organisations about the difficulties people with disabilities may face, so that measures are not put in place that increase obstacles and barriers.

Tips on communication:

- Interact with the people directly, do not ignore them by only talking to family members or carers.
- Break down information into smaller and concrete facts and easier to understand sections of information.
- If necessary, involve a family member to better understand the needs and requirements of the person.
- Sometimes it might be easier to use pictures or signs to explain certain situations.

WORKSHEET

2. **Persons with mental health condition or chronic health conditions associated with age.**

- Taking steps to reduce overall noise levels or creating some quiet spaces that are uncluttered and calm.
- Providing clear and frequent signage to direct people around the environment to decrease the need for assistance.
- Give an orientation tour around shelter area and point out landmarks that people can try to remember or put red flags on them to make it easier for people to follow.
- Raise awareness among sector leading organisations about the difficulties people with disabilities may face, so that measures are not put in place that increase obstacles and barriers.
- Issue of fear for their safety and/or are uncomfortable around new people: have the person with mental health issues meet you with a family member or a friend.
- Space issues (claustrophobia): explain to them nearest exit or meet them outside, making sure not to stand/sit too close to them if this makes them uncomfortable.
- Angry/upset feelings: find productive ways to accommodate these feelings that are comfortable to you.
- Fear of getting lost: meet them in a location they know how to get to and accompany them to new places from there.

WORKSHEET

3. **People with visual impairment.**

- Marking the front edge of steps with a contrasting strip so that they can be easily identified.
- Ensuring that all areas are well lit.
- Ensuring that all signage is clear, in large letters and at eye level. Some information can be provided with raised letters, such as a map of a shelter or settlement for example, that can be felt.
- Ensuring all pathways and commonly used areas are clear of any objects or debris.
- Informing them of locations of services and taking them for walk around the camp/ tent area, and providing orientation and explanation of surroundings (number of people, physical structures, hazards, water points, toilets, etc.)
- Create a safe shelter space with reduced hazards and landmarks (brightly coloured objects contrasting with surroundings, to help people to mobilise safely).
- When communicating with people with visual impairments, speak directly to the person and not to the family member of carer, and introduce yourself in a customary way.
- When meeting a person who has a visual impairment, speak for some time, so that they learn the sound of your voice.
- In a meeting or group consultation, ask people to introduce themselves when speaking.
- Read out any written information and consult with people regarding which way they prefer to receive information and assistance.

WORKSHEET

4. **People with hearing impairment and/or communication difficulties.**

- Ensuring a barrier-free emergency shelter for people with hearing and/or communication difficulties might include:
  - Clear and visible signs identifying the location of facilities.
  - Provision of written information, outreach visits, and information complemented by pictures that can help people to understand the delivery of humanitarian assistance.
  - Good glare-free lighting to assist lip-reading, as well as the visibility of signs and written communication.
- When communicating with people who have a hearing impairment, use a sign language interpreter where available and where this is a common practice. Always remember that you are communicating with the person, not the sign language interpreter. If this is not available, use your body language and facial expressions to try to understand and communicate your information.
- Use pen and paper if you speak the same language.
- Some people who have a hearing impairment might use lip-reading. Remember to speak in normal voice but with clear pronunciation and articulation, face the person you talk to at all times, and use gestures if relevant to the context and culture.
- Please consider that persons with intellectual, psychosocial and physical disabilities may also have difficulties communicating.

WORKSHEET

5. **People with physical impairments and/or reduced mobility.**

- Locate toilets and washing facilities so that they are accessible, both in terms of location and design.
- Make sure ramps and verandas are wide enough to allow a wheelchair or hand-propelled tricycle to move around.
- Place things such as wash basins, tables, benches, and other facilities in a way that they can be reached from a sitting position and have sufficient space under them so that a chair can be wheeled right up to them.
- Make seats/benches available close to distribution sites, health clinics, water points and common spaces.
- Public pathways should be clear of obstructions and use non-slip materials for inside surfaces (shower and sanitation facilities for example).
- Use levers rather than knobs for door handles and taps.
- Extend the length of the pump-handle on water-pumps to make the pump action easier.
- Have trolleys available for easier carrying of food packages/water.

IDP RAPID PROTECTION MONITORING: HOUSEHOLD LEVEL

1. Family Unity & Composition

Head of Household Name	Contact Number	Family Size	No. of children (under 18 years) in the family

2. Movement

Address before displacement	Governorate Ninewa ☐ Other (please specify)	Village/ town/city	When did you leave this location? (Date)
Current address	Governorate Erbil ☐ Other (please specify)	Village/ town/city	When did you arrive at this location? (Date)

3. Accomodation

In which kind of accomodation is the family/individual living?

Own house/apartment/land ☐
With friends/family ☐
Occupying unfinished structures ☐
Occupying public buildings ☐
In tented / plastic sheeting camp ☐
Renting house ☐
Renting rooms in a hotel ☐
Living in open space (no shelter) ☐
Other (please specify) ☐

4. Forms of support

How is the family/individual currently supporting themselves?

- Own savings ☐
- Employment ☐
- Support from friends/relatives ☐
- Charitable donations ☐
- Begging ☐
- Have no form of support ☐
- Other (please specify) ☐

5. Coping abilities

For how long is the family able to continue to afford to pay for their basic needs (shelter, food, water)?

- Less than one week ☐
- Between one and two weeks ☐
- Between two weeks and one month ☐
- More than one month ☐

6. Priority needs

Which does the family identify as their most important need?

- Shelter ☐
- Food ☐
- Water ☐
- Medical assistance ☐
- Core relief items (matresses, blankets, kitchen sets, etc) ☐
- Other (please specify) ☐
- Renting rooms in a hotel ☐
- Living in open space (no shelter) ☐
- Other (please specify) ☐

7. Specific needs

Are there any members of the family with the following specific needs?

- Disability (mental / physical) ☐
- Serious medical condition ☐
- Older people (60+) at risk ☐
- Single parent ☐
- Female headed household ☐
- Women at risk of GBV ☐
- Unaccompanied / separated child ☐
- Risk of eviction ☐
- Legal documents / ID missing ☐
- Other (please specify) ☐

8. What kind of permission has the family received to enter the KRI

- Residency ☐
- Tourist pass ☐
- Other (please specify) ☐

How long is this valid for?

- 7 days ☐
- 10 days ☐
- Other (please specify) ☐

Source: UNHCR

HAND-OUTS FOR TRAINING

Session 6: Hand-out 6b– UNHCR Needs Assessment for Refugees in Emergencies (NARE)

Examine how secondary data can be modified for SADDD.

NARE Cross Cutting Protection Issues

SECONDARY DATA	**Critical Background (pre-influx) Information Collection and Analysis** This is information on context, pre-existing coping mechanisms and vulnerabilities.	• What historical political / social dynamics existed within and between groups in the refugee population, including marginalized and excluded groups? • What is the legal framework and practice in the country of asylum with respect to refugee protection? • What community based protection mechanisms exist e.g. coping mechanisms, community watch groups, community leaders, women's groups, etc.? • What is the school enrollment rate prior to displacement in the country of origin (disaggregated by age, sex and, if possible, grade)? • Is sexual and gender-based violence (SGBV) a documented problem in the country of origin and/or country of asylum? If so, which forms?
	Post-Influx Secondary Data Review This information can come from other sectors and/ or organizations and must be compiled prior to primary data collection. Information not available in the secondary data analysis should be acquired through primary data collection.	• Who are the main local, national and international protection actors with capacity to respond? If they don't have the capacity to respond, in what areas would they require capacity building? • What, if any, national protection coordination mechanisms currently exist? • What, if any, security concerns exist in present refugee hosting locations? (e.g. landmines, presence of combatants, risk of cross border incursion, tensions between refugees and host community, etc.). • Are there any reports of refoulement, including preventing access to territory or harassment from authorities? • Are there any restrictions affecting refugees' land-rights and land access? (e.g. collecting fuel-wood, timber, fodder, grazing their animals, engaging in agricultural or subsistence activities) If yes, what are they?

PRIMARY DATA

Review – Actions Required

These are possible actions that may be informed by the secondary data analysis.

- Mitigate immediate security risks to specific groups at risk and wider population
- Establish effective individual registration and documentation systems, including referral pathways for identified protection cases (e.g. child protection, SGBV, specific needs, etc.)
- Work with communities to strengthen or to foster the creation of community-based protection mechanisms
- Mainstream protection into technical areas, including ensuring distribution and aid mechanisms are appropriate, accessible and non-discriminatory based on an age, gender and diversity (AGD) approach
- Establish a two-way mass communication mechanism with refugees and host communities in order to inform them of the availability of services and other key protection information.

For more detail, please refer to the Protection in Emergencies Checklist, available on the UNHCR Intranet at Support Services -> Emergency Management -> Emergency Policies and Tools -> Protection in Emergencies Toolbox. Also available on the UNHCR Emergency Information Management Toolkit at: http://data.unhcr.org/imtoolkit/chapters/ view/minimum-sectoral-data-d/lang:eng

Community Observation

These questions are intended for direct observation and are not based on interviewing. Findings from direct observation can be cross-analyzed with information from other sources for verification purposes

- Is there a military installation in close proximity to refugee hosting areas?
- Are there signs of combatants among the refugee population (e.g. visible presence of weapons, individuals in uniform and/or disproportionately large numbers of fighting-age men)?
- Are reception arrangements visibly adequate for new arrivals (e.g. not overcrowded, availability of water and food, separate toilet facilities etc.)?
- Are significant numbers of women or female-headed households arriving and/or living alone?
- Is there a disproportionately large presence of children? Are there children under 18 years old arriving / living without adult caregivers?
- What are the main physical hazards for children (e.g. landmines, uncovered wells, unsafe buildings, distance to school, etc.)?
- Are all segments of the population (AGD) seen at service provider centers?
- Are service providers' reception conditions AGD sensitive (female staff present, confidential consultation space available, accessible to older persons and persons with disabilities, etc.)?
- Who comes to collect food and CRIs at distributions (women, men, children, minority groups)?
- Are there police, community watch, or other security actors present? Are any of them female?
- Are there any signs or recent deaths or mourning (e.g. religious ceremonies, mourning traditions, new graves)?

PRIMARY DATA

- Are there any signs of limitation to freedom of movement for the population (e.g. roadblocks, checkpoints, fences)?
- Are there segments of the population not seen in public places (e.g. any age or gender demographic, persons with disabilities, ethnic or religious minorities)?
- Are there signs of isolation or neglect of specific persons or groups? (please specify)
- Are there physical spaces available for establishing key community infrastructure (e.g. child friendly spaces (CFS), schools, community centres)?

Community Key Informants

Community representatives can be asked questions about the entire community. Key informant interviews may help validate or explain conclusions from observation.

- What community based protection mechanisms exist e.g. coping mechanisms, community watch groups, community support groups, leadership structures, etc.?
- Have there been instances of violence or abuse, including SGBV? If yes, which kind, when, where, and which population segments were targeted?
- What, if any, has been the community's response to instances of violence /abuse? If there has been no response, why not?
- Do victims of crime, including SGBV survivors, have access to judicial recourse? (police and courts etc.)
- Are there boys and girls arriving / living without adult caregivers?
- What urgent information do members of this community (AGD) need to know to protect themselves?
- Are there any particular groups that face specific risks? Why and what are these risks? What can be done to mitigate these risks?
- Are there any – or reports thereof – of combatants, ex-combatants or their families in the group /at the site?
- Are armed actors recruiting children or are there reports thereof?
- Is the population of refugees at this site growing, shrinking or staying the same? Why?
- Are families forced to use unsafe practices to meet their basic needs (e.g. survival sex, early marriage, child labour, etc.)?
- What is the estimated percentage of children with access to schools and other learning opportunities?
- Do schools have SGBV and child protection reporting mechanisms?
- Are schools and other learning environments considered safe by the community? Do they implement safe learning activities?

PRIMARY DATA

Focus Group Discussions

Focus group participants are divided by age, gender and diversity criteria. Additional division of a group may be necessary based on social hierarchy (e.g. economic strata, displacement status, ethnicity, caste etc.).

- Why did communities flee to this location?
- Are people leaving this location? If yes, why?
- What serious dangers and difficulties is this community experiencing? Who in the community is most affected by these problems or dangers? Where are these dangers or difficulties most likely to occur? What are the community's capacities and suggestions to address these issues?
- Does the community experience obstacles or problems in obtaining humanitarian assistance or important services, such as education and healthcare? Are there specific groups within the community who are more affected by obstacles or barriers to obtaining protection or humanitarian support?
- Are services available to help survivors of violence and abuse (e.g. medical, psychosocial, material, legal, communitybased)? Are these services adequate and appropriate (e.g. enough medicine, presence of female staff, staff speaking same language)?
- How does the community handle/resolve cases of violence and abuse - do they go to the police/courts/religious leaders or to some other source for mediation/support? Is the response received adequate and appropriate?
- How is the community organized?
- What community based protection mechanisms exist e.g. coping mechanisms, community watch groups, community support groups, leadership structures, etc.?

Infrastructure / Facility

Visits Visiting facilities (listed at right) for observations or key informant interviews may assist the assessment.

- Police posts
- Legal clinics
- Camp perimeter walk
- Bathing facilities
- Latrines
- Places of detention
- Markets
- Individual shelters
- Local administrative offices or traditional leaders
- Schools (formal or informal; host and refugee schools)
- Health facilities
- Areas where household fuel is collected
- Distribution points
- Childcare facilities
- Places of worship
- Community centres

PRIMARY DATA

Household Key Informant Interview

These questions are appropriate to ask during household interviews and pertain to the situation of the household being questioned.

- Where did you come from? What route did you take here?
- Has your family been registered since your arrival here? If yes, by whom?
- What are your family's top three priority needs?
- What were your family's reasons for flight?
- What type(s) of transportation did your family use to travel here?
- Are any family members not present? Where they are? Why are they not here?
- Do any of your family members have specific needs?
- Are you caring for any children that are not your biological children? If yes, do you know where their parents or relatives are?
- Does your family feel safe here? If not, why not? Do you know where you can go to get help if you don't feel safe? What would make your family feel safe?
- Has your family received any assistance? Were any problems encountered when your family received assistance? How does your family compliment your assistance?
- What is your family's experience in interacting with the host community?
- Were your children enrolled in school prior to displacement? Are they enrolled in school now? If not, why not?
- Does your family have identity documents from your country of origin? If yes, what type of documentation? If no, why not?
- Are family members scared or in psychological distress?

From http://www.coordinationtoolkit.org/wp-content/uploads/Needs-Assessment-for-Ref-Emergencies-NARE_Checklist.pdf

Needs assessment

Needs assessment tip sheet

- Sensitise staff and volunteers, as well as support staff (such as guards, maintenance workers, receptionists, etc.), on disability and age. Ensure that the barriers identified are understood and addressed. Include and work with DPOs or OPAs or groups in awareness sessions for project staff, for changing attitudes.
- Involve people with disabilities and older people to find solutions to problems of access, security, discrimination etc.
- Train staff to collect the SADDD data required and produce relevant reports.
- Train staff to collect dignified human-interest stories that positively portray the situation of people with disabilities and older people, alongside other persons affected by the emergency.
- Continuously coach staff and build confidence.
- Adapt your information, awareness and other communication materials in various formats to better reach out to all people (audio messages which would better reach people with visual impairments or non-literate people, use SMS systems where relevant, provide information through household visits, signage and orientation systems with pictures).
- Refer to Workbook for more information.

Monitoring and evaluation

Monitoring tip sheet

- Process indicators: for example, women, men, girls and boys with disabilities and older men and women benefitting; barriers removed (ramps constructed, information material adapted, referrals to specialised services made, and so on); and capacity building of people with disabilities and older people (Key inclusion standard 2).
- Build-in feedback (complaint) mechanisms from beneficiaries into the project, making sure they are safe and accessible to people with disabilities and older people (Key inclusion standard 5).
- Disaggregate data (sex, age, and disability) in periodic reporting.
- Budget for the monitoring system; collecting some data on disability and age might require additional budget (accompaniment for participating in meetings and discussions groups, physical and information accessibility, home visits for surveys etc.).

Evaluation tip sheet

- Have people with disabilities and older people had equal access to the aid and services provided? How to measure: records of participation and beneficiaries; focus group discussions and in-depth interviews; key informant interviews; human interest stories follow-up, etc. (Key inclusion standards 2 and 6)?
- If not all objectives and targets were reached, what could we learn; how do we improve inclusion?
- Were DPOs and OPAs involved in the design and implementation of the final evaluation and in what ways?
- Did women, men, girls and boys with disabilities develop capacities for resilience (Key inclusion standards 3 and 7)?
- Refer to the Workbook for more information.

HAND-OUTS FOR TR AINING

Session 7: Worksheet for advocacy session group work

Define the change that you want to see for older people? **Overall aim** Describe the long terms result or solution to the problem in one to two sentences. **Specific Objective** Set out 1 specific change (short term target) that will contribute to realising the overall aim.	Overall aim 1. Specific objective 1.
Who are the targets for your advocacy? You should identify one primary and one secondary target. • The primary targets are those with the authority to make the changes you want to see, e.g. government departments, donors, clusters, international institutions like the UN, (I)NGOs or local officials. • Secondary targets are the people who support your proposed change but cannot bring it about themselves. Influencing these actors may help you achieve your aims by adding support and legitimacy to your ask.	Primary targets 1. Secondary target 1.
What evidence will you use to support your advocacy work? List two evidence sources that you would use to support your advocacy messages. These may include evidence produced by disability and age organisations, secondary data, or evidence produced by other actors.	1. 2.

Advocacy messages You should identify one advocacy message for your primary target. To help you with this process you might find it helpful to imagine you have only minute to speak on someone and need get three points across – what do you want people to know, why it is important, and what do you want them to do.	1.
What are the necessary advocacy activities you need to undertake? You should identify: • One activity you will undertake as part of your advocacy planning/ preparation, e.g. data collection, building specific relationships with key actors, etc. • One activity you will undertake to deliver your advocacy messages, e.g. face-to-face meetings, presentations, training activities, report/research production and launch.	Planning 1. Delivery 1.

Trainer Notes

Keep a note of any useful websites, books and other sources

Websites

Books

Trainer Notes

Make notes when training of what or how to change or improve

TECHNICAL SUPPORT SERVICES

Knowledge Point

Are you sometimes asked technical questions that you don't know the answer to? Whilst in the field, do you sometimes need expert advice on specific technical issues? Or would you like to know more about a subject of your interest? Or update yourself on the latest in a particular topic? Do you know that you can ask our RedR Experts for help, any time, for free? And now we've made it even easier to ask with a new forum called KnowledgePoint.

KnowledgePoint allows you to search for information and ask questions on any topic, with around 150 RedR Experts waiting to give answers. Most of our experts have direct field experience and have faced the challenges that you and your trainees face. They will try to respond to your question within 48 hours of you posting it. KnowledgePoint has been developed in partnership with WaterAid, EngineerAid, Practical Action and IRC, so not only will you have the strength of the RedR Experts behind you, but you will also get support from our partners.



Knowledge Point is:

- Free, expert advice to humanitarian aid workers.
- An information management system.
- A sustainable technical support system.
- A robust platform to share expert knowledge and experience with a rapid response.
- Made up of 150 experts in all fields.
- A rapid response, establishing good practice in an emergency setting in near real time: an initial expert answer to 80% of emergency questions within 48 hours of enquiry posting.
- Available and usable in low-bandwidth settings.
- A technical support where security concerns reduce access by personnel.

Current areas of expertise include:

- Alternative energy
- Construction
- Electricity
- Logistics including four wheel drive (FWD)
- Public health
- Shelter
- Technical IT & communications
- Telecommunications
- Transport access
- Vehicle maintenance (electrics, engine, transmission & suspension)
- Water sources, supply & treatment
- Sanitation & hygiene promotion
- Waste management

Testimonials

'Thanks for support with this query. Your help is very much appreciated from the field'.

Adam, GOAL

'Thanks to everyone who sent us that information – I felt well supported knowing that we had access to so many specialists'.

Sarah, Oxfam

www.redr.org.uk/knowledgepoint

Or email queries on KnowledgePoint@redr.org.uk

ANNEXES

ANNEX I - LIST OF ACRONYMS

CBO	Community-based organisation
CBR	Community-based rehabilitation
CFS	Child-friendly space
CHS	Core Humanitarian Standard on Quality and Accountability
GBV	Gender-based violence
IDP	Internally displaced person
MAM	Moderate acute malnutrition
NCD	Non-communicable disease
NFIs	Non-food items
NGO	Non-governmental organisation
RNA	Rapid Needs Assessment
SADDD	Sex-, age- and disability disaggregated data
SAM	Severe acute malnutrition
SFP	Supplementary feeding programme
SOP	Standard operating procedures
STD	Sexually transmitted disease
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and hygiene
WHO	World Health Organisation
WHODAS	WHO Disability Assessment Schedule

ANNEXES

ANNEX II – POWERPOINT SLIDES FOR AGE AND DISABILITY INCLUSION TRAINING

INCLUDING AGE AND DISABILITY IN HUMANITARIAN ACTION

Training course aimed at enabling participants to develop critical insights and understanding into age and disability inclusion issues in humanitarian action, to improve programming.

Developed by RedR and ADCAP consortia

1

Course Objectives

By the end of the course participants will be able to:

- Recognise cultural, attitudinal and environmental barriers that people with disabilities and older people experience during humanitarian crises and how a humanitarian crisis exacerbates them;
- Explain how discrimination based on disability and age causes exclusion and how to change these attitudes to move towards inclusion;
- Recognise intersectionality of age and disability with gender, but also of age with disability and disability with age;

2

Course Objectives (cont.)

- Navigate the 'Minimum Standards' and explain how to prioritise meeting the standards and practical applications of the standards in future work;
- Identify programme changes to move towards inclusion throughout the project cycle:
  - Using inclusive data collection (SADDD) with a focus on influencing needs assessments to be more inclusive
  - Using advocacy methods on age and disability
  - Using the humanitarian architecture: coordination, clusters, referral mechanisms

3

1. Key data and information on age and disability in humanitarian contexts

Some basic facts on disability

An estimated one billion people or 15% of the world's population have a disability.

It is estimated there will be at least 200 million people displaced by climatic events by 2050, of which at least 30 million are likely to be people with disabilities.

Women, men, girls and boys with disabilities can be often left behind in times of emergency.

People with disabilities are not prepared for disasters: studies have shown 70% of people with disabilities said that they had no personal preparedness plan and only 17% knew about any disaster management plan in their community.

Some basic facts on ageing

The world population is experiencing significant ageing.

Today, almost 1 in 10 people are over 60 years old.

By 2050, the number of older people in the world will exceed the number of young for the first time in history, accounting for 22% of the world's population.

By 2050, more than 80% of the world's older people – compared with 60% today – will live in developing countries, where disasters are more likely to occur.

Worldwide, more than 46% of people aged 60+ have disabilities, many of them association with sight or hearing loss.

Some basic facts on gender

Today, more than 75% of people in humanitarian crises are women and children.

Men and boys make up 88% of casualties of Explosive Remnants of War.

Women are more at risk than their male counterparts of the same social classes, races, ethnic and age groups, during all phases of a disaster.

Men are harmed by gender-based social expectations, especially after disasters have occurred.

Men and women often feel they have their 'normal' gender roles undermined during humanitarian crises.

2. Key concepts on age and disability

Objectives

By the end of the session participants will be able to:

- Identify the different aspects of exclusion and vulnerability based on how age, gender and disability can add up and intersect into increased exclusion and discrimination.
- Describe the difference between impairment and disability, gender and sex, chronological age and social age.
- Design interventions that include the important role of family members to older people and people with disabilities, or personal assistants providing support and care.
- Explain the shift from disability being viewed as a charity issue to a social and human rights issue.

9

Ranking activity

Rank various groups' level of vulnerability and risks

- Men with no disabilities
- Older women with no disabilities
- Older men with disabilities
- Older person with chronic disease (geriatric, diabetes etc.)
- Women with disabilities
- Boys and girls with disabilities

10

SEX = male or female, biological and physiological characteristics

GENDER = depends on your local culture, it refers to the social differences, norms and expectations. These can change over time and between cultures.

What are the gender definitions or norms in your culture?

GENDER 'norms' discriminate against both men and women, and usually limit women's opportunities MORE



11

Understanding disability = understanding interaction between impairment and barriers

Disability is described as occurring at three levels:

Impairment in a body function, such as for example a cataract that prevents the passage of light and the sense of shapes and forms.

Activity limitations, such as difficulties in reading, understanding instructions, or in moving around.

Participation restrictions, such as exclusion from health services or being prevented from taking part in community meetings.

12

Understanding disability

Do you know a person with disability?

What do you think of when you hear the word 'disability'?

How do you decide who has a disability?

What creates disability?

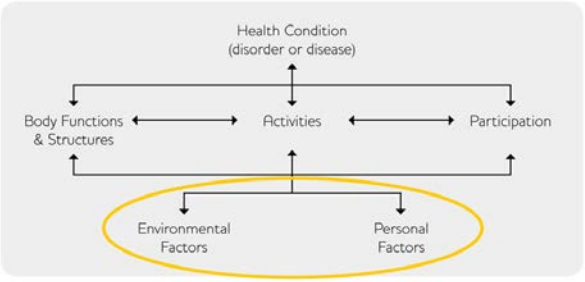


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14

The International Classification of Functioning,



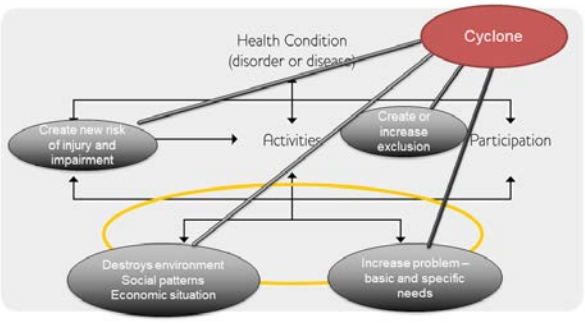
15

Interpreting the ICF model
An example

Components	Definitions	Example
Impairments in body function or structure	Impairments in physiological functioning or anatomical parts of the body	Acute muscular weakness and limb paralysis
Activity limitations	Limitations in the execution of tasks or actions by an individual	Not physically able to walk or eat independently
Participation	Restriction problems experienced in involvement in life situations	Local health centre is not accessible due to walking distance from the home, or no staff qualified to provide care programmes

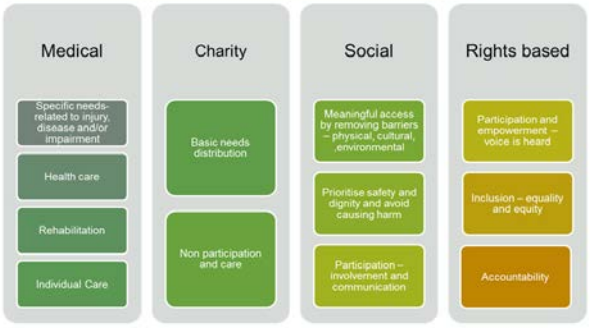
16

The international classification function model



17

4 Common models of disability – to review



18

Understanding ageing and the life course

A life course – a period from birth to death, including a sequence of predictable and unpredictable life events.

- A life course approach identifies ageing in the context of these phases, as ageing is not simply a physiological process.
- The process of ageing is much more of a social phenomenon than a biological phenomenon.

Old(er) age does not always have to be equal to chronological age (number of years you have).

Often it is connected to shift in social roles and positions, which vary greatly among different cultures and societies.

19

Chronological age and social age

How is old age defined in your country?

What are the social elements and what are the chronological elements related?

20

The ageing process

Common health conditions in older people:

- High blood pressure
- High risk of NCDs/risk of disability when unmanaged (e.g. diabetes)
- Vision/hearing impairment
- Memory loss
- Osteoporosis
- Muscle weakness (frailty)
- Loss of appetite and weight loss

21

The ageing process

Factors that may speed up the ageing process:			
Exposure to health problems	Hard physical labour (often related to poverty)	Multiple pregnancies in case of women	Living through a prolonged crisis with uncertainty, high levels of stress and poor living conditions

22

Ageing – Difficulties older people face in humanitarian crises

Worsening of pre-existing vulnerabilities:

- Physical decline that comes with ageing.
- Increasing poverty levels among older people, exacerbated by a lack of livelihood opportunities.
- Worsening of pre-existing exclusion and discrimination.

23

Gaps in humanitarian response and difficulties in access of assistance:

- Lack of access to basic goods and services.
- Lack of services to meet specific needs of older people.
- Age discrimination (explicitly or inadvertently) in access to services and protection.
- Difficulty in adopting coping strategies.
- Invisibility to humanitarian actors.
- Difficulty in accessing and understanding messages about assistance and protection.

24

What do you think we mean by family members, carers or personal assistants of older people or people with disabilities?

Anyone who supports, sometimes cares for or nurse, a relative, friend or partner requiring this support due to physical or psychosocial health, disability, older age, frailty, substance misuse or any other cause.

25

Inclusion of carers in our work, and their needs

Contributions of carers, especially in a humanitarian crisis, goes largely unrecognised

- Carers need a break from time to time, to prevent mental health problems.
- They need access to more food, hygiene and water supplies, for the person they are supporting.
- Carers may not have the same access as others to information, if they cannot leave person they are supporting unattended.
- Carers who are children might not be able to access assistance,
- Older men and older women who may have caring responsibilities, are often not considered for cash for work activities.

26

Understanding the concepts of intersectionality of age and disability

Intersectionality is more than a concept.

It is also a tool that contributes to the understanding of people's situation in a society that is constantly changing…

… where categories such as age, disability, gender, class and nationality interact with each other in more fluent and changeable ways.

27

Intersectionality and diversity among older men and women



28

Intersectionality and diversity among older men and women, boys and girls with disability



29

Understanding the rights-based approach to age and disability

- Human rights (including the UNCRPD)
- Sendai Framework for Disaster Risk Reduction 2015-2030
- Madrid International Plan of Action on Ageing, endorsed by the General Assembly in 2002
- Charter on Inclusion of Persons with Disabilities in Humanitarian Action
- Inclusion Charter 5 Steps

30

3. Key priorities for inclusion using the minimum standards for age and disability inclusion

Objectives

By the end of the session participants will:

- Be able to navigate through the key minimum standards for age and disability inclusion and list a few practical examples of each standard.
- Recognise the sector-specific standards.
- Recognise how to prioritise standards to address in their work.

32

Purpose of the Minimum Standards

To support the inclusion of older people and people with disabilities in the programmes of all humanitarian organisations.



Currently in pilot version (first edition to be released by 2018)

33

8 Key inclusion standards – main messages

1 = Identified and needs assessed	2 = Involved in accessing what they need	3 = Included and not negatively affected
4 = Know their rights and are involved in decision-making	5 = Feel safe to share complaints	6 = Receive well-coordinated, relevant assistance
7 = Assistance is continuously monitored and improves	8 = Staff and volunteers are well trained and there are equal opportunities for employment and volunteering	

34

Have you heard of SADDD?

1= Older people and people with disability are Identified and their needs assessed

1.1 Sex, Age and Disability Disaggregated Data (SADDD)

35

Which of these 3 actions could you start with?

2 = Involved in accessing what they need

- 2.1 Make services accessible in communication, infrastructure and information
- 2.2 Adapt budgets to include costs for accessible services
- 2.4 Encourage and support outreach services

36

Which of these 2 actions could you start with?

3 = Included and not negatively affected

- 3.2 Systematically monitor that older people and people with disabilities are not exposed to risks due to the humanitarian action
- 3.4 Be aware of the protection risks that older people and people with disabilities, and other vulnerable groups face in humanitarian contexts

37

Could you achieve this action?

4 = Know their rights and are involved in decision-making

- 4.2 Ensure older people, people with disabilities and carers participate in needs assessment, consultations and feedback mechanisms

38

Which of these 3 actions would you prioritise?

5 = Feel safe to share complaints

- 5.2 Ensure processes for making complaints are accessible for older people and people with disabilities
- 5.4 Train staff to on how to communicate respectfully with older people and people with disabilities and listen to their complaints
- 5.5 Ensure older people and people with disabilities with protection issues are well supported

39

Which of the 2 actions would you start with?

6 = Receive well coordinated relevant assistance

- 6.2 Map services and organisations in your area, especially for targeted group – NCD's, rehabilitation
- 6.3 Develop partnerships between mainstream and specialised agencies

40

Which of the 2 actions would you plan first?

7 = Assistance is continuously monitored and improves

- 7.2 Define and use age and disability indicators in baseline data and M&E
- 7.4 Ensure the voice of older people and people with disabilities is included in lessons learnt to improve accessibility, accountability, and safety of a humanitarian response

41

Would you include these 3 actions?

8 = Staff and volunteers are well trained and there are equal opportunities for employment and volunteering

- 8.1 Train staff at all levels to deliver impartial assistance that recognises gender, age and disability
- 8.3 Appoint staff across the organisation to deliver age and disability inclusive programming and/or establish focal points
- 8.5 Make provisions within organisations to ensure older people and people with disabilities have equal opportunities for employment of volunteering

42

Activity

Group work using case studies



43

7 Sector standards



44

The reality of your context/work

Choose 3 of the 8 inclusion standards that you could start addressing first

1 = Identified and needs assessed	2 = Involved in accessing what they need	3 = Included and not negatively affected
4 = Know their rights and are involved in decision-making	5 = Feel safe to share complaints	6 = Receive well coordinated relevant assistance
7 = Assistance is continuously monitored and improves	8 = Staff and volunteers are well trained and there are equal opportunities for employment and volunteering	

45

Choosing priorities

→**MUST** talk to older people, people with disabilities and their carers to identify their priorities.

→**START** where there is less resistance and partnership opportunities. to make gains and build confidence.

→**CONSIDER** vulnerable sub-groups (where age, gender, disability intersect); how can they be reached?

46

First 3 priorities in your context, do you agree?

1= Identified and needs assessed	2= Involved in accessing what they need	3 = Included and not negatively affected
4= Know their rights and are involved in decision making	5= Feel safe to share complaints	6= Receive well coordinated relevant assistance
7 = Assistance is continuously monitored and improves	8 = Staff and volunteers are well trained and there are equal opportunities for employment and volunteering	

47

In your context, what is the most challenging to implement? Do you agree?

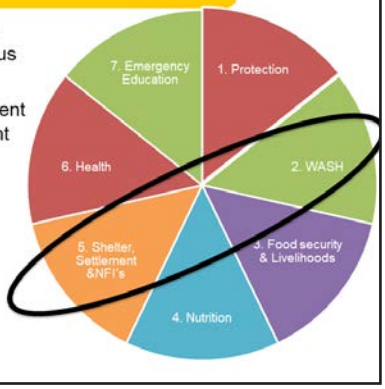
1= Identified and needs assessed	2= Involved in accessing what they need	3 = Included and not negatively affected
4= Know their rights and are involved in decision making	5= Feel safe to share complaints	6= Receive well coordinated relevant assistance
7 = Assistance is continuously monitored and improves	8 = Staff and volunteers are well trained and there are equal opportunities for employment and volunteering	

48

Sector-specific standards

In your country – can you identify 2-3 sectors to focus on first?

1. E.g. in Pakistan, recurrent floods and droughts, might make WASH and NFI a priority; what about your context?



49

Sector-specific standards

2. In a conflict zone with 40% of the population over 50 years old, shelter, health and nutrition may be priorities.

3. In a chronic crisis where people have been living in a camp for more than 2 years, education and livelihood may be priorities.



50

Credit: HelpAge training, Diana Hiscock 2015

4. Identifying barriers in Age and Disability Inclusion in Humanitarian Action

Objectives

By the end of the session you will be able to:

- Identify barriers that discriminate and exclude older people and people with disabilities in different contexts.

52

5. Removing barriers for Age and Disability inclusion in humanitarian action

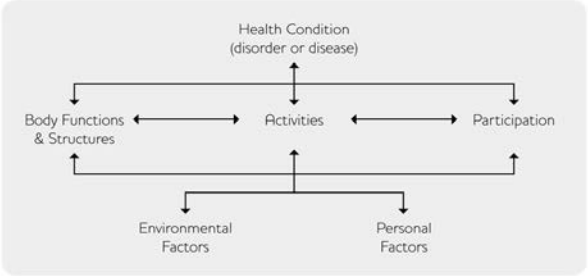
Objectives

By the end of the session participants will be able to:

- Use International Classification of Function (ICF) as a way of identifying environmental barriers to effectively reduce barriers, and increase inclusion and participation.
- Identify barriers that aggravate exclusion that older people and people with disabilities often face in humanitarian contexts.
- Explain the importance of removing barriers and improving access and participation.
- Use the Minimum Standards to build more inclusive programming and response.

54

Identifying barriers using ICF



55

Using the ICF

A woman who is a wheelchair user and a teacher as a profession was forced to leave her home due to violence in the neighbouring town. She used to teach in a primary school and lived quite independently with her family in small town. She now lives in a temporary camp together with some of her previous neighbours in a two-room shelter. She had to leave everything behind and lost her wheelchair during the chaos. Due to insecurity and a chaotic environment, she has become almost totally dependent on her neighbours and she has had difficulties in finding a new wheelchair, which prevents her from going out from the shelter.

Task:

Identify the main barriers faced in this example by using the ICF as an outline, circle the parts of the ICF which apply.

56

Physical barriers

RECU =

- **Reach** (road condition, transport)
- **Enter** (doorways, stairs)
- **Circulate within** (hallways/room space)
- **Use** (table height, toilet, sink, computers)

57

IFRC Guidelines on barriers

Physical	Information	Attitudes	Institution
Physical barriers can be natural or man-made, and the list is infinitely long. Common man-made barriers include narrow doors and passageways, staircases, thresholds, level changes, steep slopes, inaccessible public toilets, waste and debris, etc.	Information barriers occur when information is not made available and accessible for everyone. This type of barrier can be invisible, but it is no less present and excluding for a very large number of people, particularly those with sensory disabilities.	Attitudes are still, unfortunately, one of the major barriers to full and equal participation. Negative attitudes exist in all parts of society, from community members to policy-makers to programme managers in non-governmental organisations.	Institutional barriers are procedures and policies that discriminate against persons with disabilities. This can refer to organisational practices (for example recruitment policies) that are not flexible or adapted to persons with disabilities, thus leading to exclusion.

58

Looking at ways to eliminate or reduce physical and attitudinal barriers

People with intellectual impairments or learning difficulties

Persons with mental health condition or chronic health conditions associated to age

People with visual impairment

People with hearing impairment and/or communication difficulties

People with physical impairments and/or reduced mobility

59

Looking at ways to eliminate or reduce physical and attitudinal barriers at sector level



60

6. Age and Disability – inclusive project cycle management

Objectives

By the end of the session participants will be able to:

- Collect and analyse the primary data collected during a Rapid Needs Assessment;
- Review and analyse secondary data;
- Identify vulnerable and at-risk groups;
- Identify questions or checklists to collect sex, age and disability disaggregated data in a gender sensitive manner;
- Collect sex, age and disability disaggregated data (SADDD);
- Explain how proposals can be developed with more inclusive thinking;
- Evaluate reports, projects and response that targeted older people and people with disabilities in an emergency situation, and analyse the strengths and weaknesses of assessment report.

62

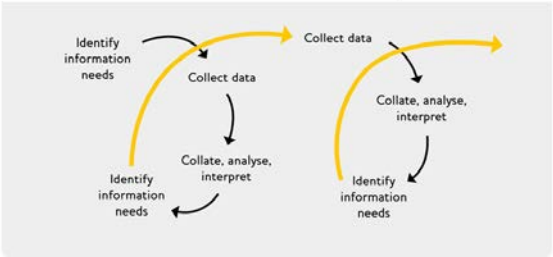
When to be inclusive? Throughout the project cycle



63 Source: OCHA, Humanitarian Programme Cycle, https://www.humanitarianresponse.info/en/programme-cycle/space

Importance of data collection

Continuous: collection, collation and analysis



64

PURPOSE OF RAPID NEEDS ASSESSMENTS (RNA)

What has happened?

- Population affected?
- Area affected?
- Extent of damage?

What is already there?

- Resources/capacities present

What is needed?

- Outside interventions?
- Emerging threats?
- Key information gaps?



65

SADDD Sex, Age and Disability Disagreggated Data

1. **Age and sex disaggregation** by the following age groups:

0-5	6-12	13-17	18-29	30-39	40-49	50-59	60-69	70-79	80+

for both men and women.

2. **Washington Group Questions on disability**
(see workbook or Minimum Standards)

66

RNA – Including older people and people with disabilities

- Assess data from previous disasters, was disability and age mentioned and assessed?
- Contact and interview with Disabled People's Organisations (DPOs) and Older People's Associations (OPAs) or groups, or disability and age specialised organisations.
- Build assessment teams with disability and older age experience
- Assess damages to services used by people with disabilities and older people.
- Take pictures of water points, food distribution points, hospitals and other services in the area to analyse the level of accessibility.
- Analyse data to identify barriers, share your assessment results and use them for influencing other partners or organisations involved in the response.
- Has the disaster led to increased number of people with impairments and disabilities?

67

Review RNA

Task:

In groups review the UNHCR Rapid Needs Assessment and make adaptations so that it can be more inclusive of older people and people with Disabilities.

68

Review the Washington Group Questions

Task:

Review the Washington Group questions, try them out on each other.

Are they affective?

What is helpful?

Where are the challenges?

Are they useful and in what contexts?

69

Assessment data types



In general, use multiple sources of data, do not rely just on one source. Triangulate the information

70

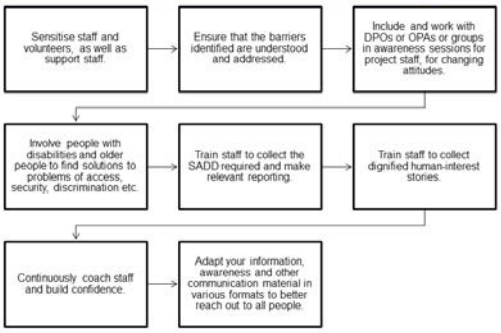
In-depth needs assessment and project planning

When designing a project proposal based on the needs assessment, for age and disability inclusion consider:

- Are people of different gender, abilities and ages consulted during pre-project analysis?
- Are budgets set for adequate training on age and disability inclusion?
- Are budgets set for all sites and other project aspects to be fully accessible?
- Have age and disability data been collected and considered?

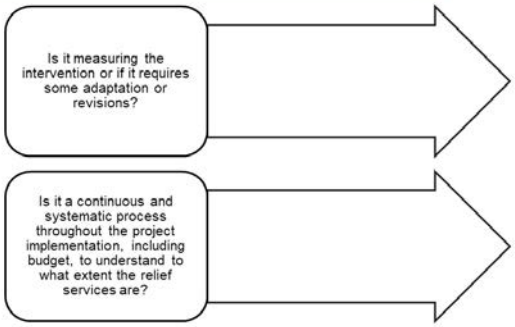
71

Inclusive project implementation



72

Inclusive monitoring



73

Inclusive evaluation and learning

Did the project achieve what was planned, what were the lessons learned?	Were the objectives and targets reached, including the disability and age indicators.	Have people with disabilities and older people had equal access to the aid and services provided?
If all objectives and targets were not reached what could we learn, how do we improve inclusion?	Involve DPOs and OPAs in the design and implementation of the final evaluation.	Did women, men, girls and boys with disabilities develop capacities for resilience?

74

Practical activity – your task

A flood has devastated a wide area in Pakistan (see video)

https://www.youtube.com/watch?v=sfbo7wTTPSc

(stop video at 1.52)

Scenario: you have completed a needs assessment in response to this serious flooding, which is a recurring problem in the area. The situation represents a humanitarian emergency. You now have to plan and implement a six-month inclusive response programme.

75

7. Advocating for age and disability inclusion in humanitarian action

Objectives

By the end of the session you will be able to:

- Explain the factors that contribute to successful advocacy.
- Explain how advocacy can help move organisations towards the inclusion of age and disability.
- Develop and deliver a convincing and strategic communication message.

77

ADVOCACY = ADD + VOICE

Public support for or recommendation of a particular cause or policy

Advocacy could be described as an activity by an individual or group, which aims to influence decisions within political, economic, and social systems, institutions and organisations.

Advocacy represents the series of actions taken and issues highlighted to change the 'what is' into a 'what should be'.

- Needs to include older men and women and persons with disability of all ages.
- Can happen at individual, local, national, international levels.
- Goal is to create new policy, change weak policies or implement policies.
- Not just a single action but a series of actions.

78

Group work

Share examples of advocacy activities that you have been involved in.

What were the factors that contributed to or undermined the success of your advocacy?

79

Advocacy for age and disability inclusion during humanitarian action

Where to advocate, and what to do?

- Cluster meetings.
- Coordination mechanisms.
- Facilitate data on age and disability.
- Support inclusive response from other organisations.
- Facilitate participation of DPOs and OPAs.
- Establish age and disability focal points.
- Build capacity of DPOs and OPAs.

80

Key inclusion standards 4 and 5 in minimum standards on age & disability

Principles of Humanitarian Action

- Non-discrimination.
- Meaningful access.
- Respect for the inherent dignity of people with disabilities and older people.
- Active and effective participation and equality of opportunities.
- Respect for diversity, including equality between women, men, girls and boys of all ages.
- Recognition of the essential role of carers, personal assistants and families.

81

Identify advocacy targets

Primary audience: those with the authority to make the changes you want to see.

Secondary audience: these are the people who may support your proposed change but cannot bring about the changes themselves

82

What makes advocacy successful?

Knowing your context
Clearly identifying the problem
Knowing who can make the change you want to see
Setting clear aims and objectives
Having a clear, evidence-based message
Selecting appropriate activities
Foreseeing and planning for risks and opposition
Identifying appropriate partners and allies

83

Developing clear advocacy messages

Your key messages should explain:

- What you want to achieve.
- Why you want to achieve it and what the current problems are (with evidence to support your case).
- How you want to achieve it.
- What you want others to do – here you should outline specific action they can take.

Your messages should be:

Clear and concise **Evidence based** **Realistic/achievable**

84

Advocacy techniques – Brainstorm

What are effective advocacy techniques that you have seen others use or that you have used in your work in:

a) gathering information

b) convincing and strategic communication

What are different ways to work with media when doing advocacy?

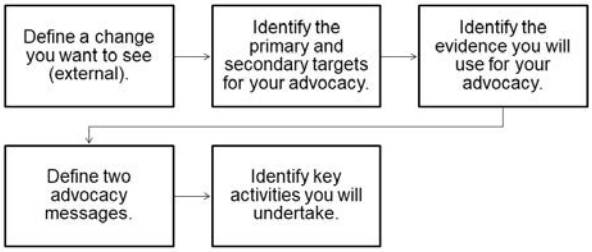
85

Advocacy methods

1. Writing fact sheets/posters/press releases.
2. Visits and meetings with communities and humanitarian actors.
3. Presentations to a group and public speaking, hosting events, including persons with disability and older people, considering age and gender.
4. Committee hearings and other events in the political sphere, including with people with disabilities and older people.
5. Individual meetings with authorities and other decision-makers, including persons with disability and older people.
6. Working with the media – press releases, interviews, press conferences, media kits, letters to the editor.

86

In groups – select a scenario



87

Importance of data and evidencing advocacy

Data and statistics must be reliable.	Data needs to describe a real situation and find ways to change this situation.	If you have detailed facts about a situation, the planning becomes easier.
Data also helps to compare situations.	Some humanitarian organisations might not also consider the gathering of disability and age data to be a priority.	Identify what it is that motivates change in your target.

88

Example of an advocacy action

Who? An NGO that runs a health centre in refugee camp.

When? When the health centre plans to do new construction.

What message? The health centre needs to be accessible to ALL people.

How? Ways of communication:

- Invite representatives of the community to speak.
- Invite older people or people with disabilities to share their views.
- Present evidence: % of persons unable to access health centre and who need to, and the impact on their health from the lack of access.
- Provide solutions: drawings of ways to make entrance and all spaces of the health centre more accessible, pictogram signage.
- Offer training to health staff on how to communicate with older people and people with disabilities.

89

Advocacy document for shelter allocation - example

IMPORTANT CONSIDERATIONS for allocation of shelter to persons with disabilities within camps and spaces

Based on experience of HI and DRC in supporting persons with disabilities (PWDs), we ask you to consider the following to INCREASE ACCESS OF PWDS to essential services:

1. PWD should always be located in the line/area closest to the cluster of services (see picture below –red arrows IS RECOMMENDED placement of PWD within Qstapa camp) ☺



2. During construction of new camps (ex: Qstapa 2), please fill middle section of camp first (yellow arrows) before allocating spaces closest to services to 'first come first serve', please reserve red spots for persons with mobility issues or other disabilities (visual, intellectual who may get lost).
3. Please DO NOT place PWDs in area of blue arrows (farthest form services) ☹

90

Disability day in Kawergosk Camp

- Invited local authorities to a disability day.
- The man with a disability talked about disability issues during the day's celebrations.

Could you also highlight older people's issues on this day? How?



91

Advocacy – age demands action

Advocacy video on UN Convention to protect older people's rights

https://www.youtube.com/watch?t=1&v=m6BBti0BIv0

Are older people with disability included here?



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The ADCAP partners are:

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Contact

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