



Expert Group Meeting

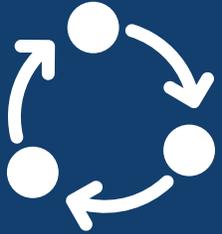
## Day 2: Knowledge and capacities on disability inclusion in situations of risk

Sarah Palmer, Innovation Manager – Disability and Older Age Inclusion



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# Successful innovation leads to:



Consolidated learning and evidence



An improved solution for humanitarian action



Wide adoption of an improved solution



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[Link to Gap Analysis Part 1](#)



[Link to Gap Analysis Part 2](#)

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# The gap analysis

Overall aim:

What is the evidence on the inclusion of people with disability and older people in humanitarian response?

Led by the Nossal Institute of Public Health (University of Melbourne).

Guided by a steering committee comprising representatives of INGOs,

OPDs and OPAs.

# The gap analysis

## Literature review (part 1)

- Grey and academic articles published between **January 2010** and **January 2020**.
- Limited to **preparedness for response, response** and **early recovery**.
- **23,000 articles identified** from 4 databases.
- Articles mapped by **sector** (e.g. WASH) and by the **Humanitarian Inclusion Standards** (e.g. HIS 3 on building resilience and preparedness).

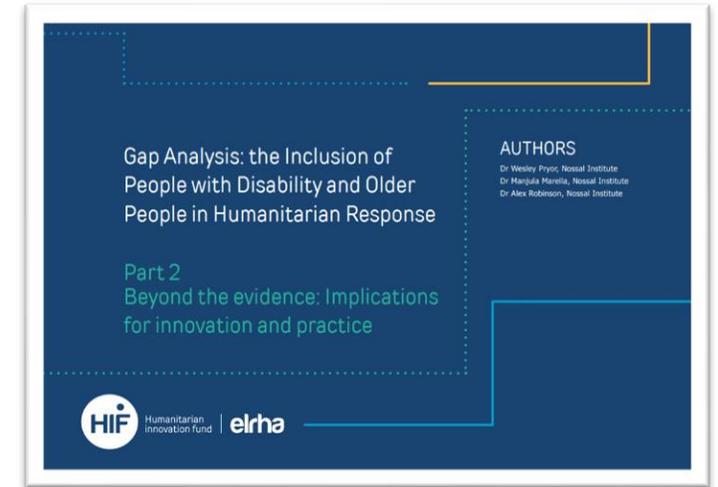
1.3 DISABILITY EVIDENCE MAPPING

INTRODUCTION AND APPROACH A

TABLE 1. Mapping of disability articles by sector and humanitarian inclusion standards

	DATA COLLECTION & IDENTIFICATION	ACCESS TO HUMANITARIAN ASSISTANCE (INC. ACCESSIBILITY)	BUILDING RESILIENCE THROUGH HUMANITARIAN ACTION	MEANINGFUL PARTICIPATION	INCLUSIVE MECHANISMS FOR FEEDBACK & COMPLAINTS	COORDINATION OF INCLUSIVE HUMANITARIAN ASSISTANCE	ORGANISATIONAL LEARNING FOR INCLUSIVE HUMANITARIAN ASSISTANCE	STAFF CAPACITY FOR INCLUSIVE HUMANITARIAN ASSISTANCE	MANAGING RESOURCES FOR INCLUSIVE HUMANITARIAN ASSISTANCE
CAMP MANAGEMENT		1			1				
COMMUNICATIONS	1	5		1	1		1	3	1
HEALTH	1	4				1	3	1	3
PROTECTION		3					2	1	
SHELTER	2	1					2		1
WASH		1							
GENERAL	2	4		1			1	1	

# The gap analysis



## Interviews and consultations (part 2)

- 20 **key informant interviews** (KIIs).
- 1 **community consultation** with older people and people with disabilities in Indonesia (originally also planned in Pakistan, Malawi and Tonga).
- **Online workshops** with 60 participants across different time zones.

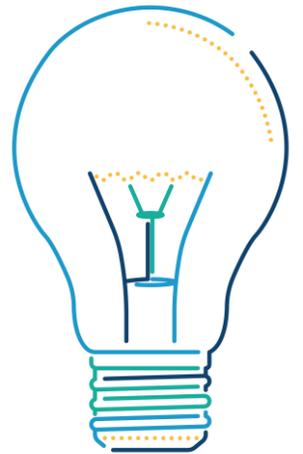
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# Overview of findings

1. Good awareness of global commitments to inclusion in humanitarian response.
2. Translating Commitments Into Practice.

Guidelines “put [inclusion] on the table but are not really useful”

“I believe these are excellent resources, so if there were shorter and simpler versions, it would make a big difference”



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# Overview of findings

3. Adoption of Guidance
4. Adapting Guidance To Different Contexts

‘There’s [no guidance] in the ‘middle’... at the level of the emergency operation centre, for example, where decisions are being made, where resources are sort of decided on where to be deployed... there’s no document [about inclusion] at that level.’



# Ways the gap analysis could be used

- To give **evidence** to gaps, and **advocate** for resources.
- To **add focus** to your work or others – ‘where do we start?’
- To help us think beyond gaps and towards **ideas** to address them.
- As a measure of **progress**?



# Innovation Catalogue

## Overview

[Link to Innovation Catalogue](#)



# Innovation Catalogue

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# Innovation Catalogue

## Profiles

**Meaningful Participation**

**PIONEER:**  
Partners for inclusion: localising inclusive humanitarian response.

**LEAD AND PARTNER ORGANISATIONS:**  
Phase 1: Arbeiter-Samariter-Bund Office for Indonesia and the Philippines (ASB), Working group of Disabled People's Organisations for Humanitarian Response in Central Sulawesi; Center for Health Policy and Management, Gadjah Mada University; Association of Women with Disabilities Lombok, Indonesia  
Phase 2: ASB, Humanitarian Forum Indonesia (HFI), Advocacy for Disability Inclusion (AUDISI), Resilience Development Initiative (RDI).

**ENGAGEMENT AND UPTAKE:**  
PIONEER partners have actively participated as speakers at conferences at **global, regional and national** levels to share their approach and findings.  
Workshops were held at national and local level for project learning and uptake for local stakeholders.

**LEARNING:**  
The internal dynamics of OPDs and OPAs and their networks can have a significant impact on the progress that can be made towards effective partnerships. The PIONEER management team have invested significant time and effort into working with organisations to support their organisational capacity. Strong internal organisational management is an essential element to ensure successful partnerships with wider humanitarian actors.  
From working closely with OPDs and OPAs through the PIONEER project, the partners have learnt that they have distinct capacity needs and capabilities. It should not be assumed that they are the same at-risk groups. Distinct strategies are required for engaging with each type of organisation separately.

**STAGE OF INNOVATION:**

Recognition      Adaptation      Scale

Search      Invention      Pilot

**HUMANITARIAN INCLUSION STANDARD:**

- Building Preparedness and Resilience
- Knowledge and Participation
- Coordination.

**GAP ANALYSIS:**

- Tailoring Guidance and Tools
- Driving Organisational Change
- Meaningful Participation
- Beyond Basic Data.

**INNOVATION PROFILES - MEANINGFUL PARTICIPATION**

**PIONEER:**  
Partners for inclusion: localising inclusive humanitarian response.

**LEAD AND PARTNER ORGANISATIONS:**  
Phase 1: Arbeiter-Samariter-Bund Office for Indonesia and the Philippines (ASB), Working group of Disabled People's Organisations for Humanitarian Response

**BACKGROUND:**  
In 2021, ASB and partners conducted research on barriers to inclusive WASH humanitarian response in Indonesia. The study found that local humanitarian organisations often did not see the need to partner with Organisations of Persons with Disabilities (OPDs) and humanitarian and

**METHODOLOGY:**  
Equal partnership is a key component of the PIONEER approach at both the management and field levels. At a management level, the approach is managed by a consortium bringing together different expertise. At a field level, the PIONEER approach involves OPDs, OPAs, and humanitarian and

**FINDINGS:**  
Measuring the effectiveness of the PIONEER model was central to the approach.  
To test the effectiveness, five key hypotheses were identified and tested:  
1. Humanitarian PIONEER partner organisations' perceptions of OPAs and OPDs as contributors, have changed from passive to active, in local humanitarian responses.  
Humanitarian organisations indicated that from the PIONEER implementation, they can see first-hand how OPDs and OPAs have the capacity to design, implement and monitor local humanitarian response activities.  
2. OPAs and OPDs have experienced their roles changing from passive to active contributors in local humanitarian responses.  
Throughout the project, there was a shift from passive to active. The endline measurement shows that both OPDs and OPAs have direct experience in planning, implementing and monitoring a local humanitarian response programme together with humanitarian organisations through the project.  
3. OPAs and OPDs are facilitated in the planning of local humanitarian responses.  
There was a significant increase in the active participation of OPDs and OPAs in humanitarian response. For example, in Magelang, active participation shifted from 1 in 5 humanitarian organisations collaborating with OPDs/OPAs at baseline, to 4 in 5 at the endline. For OPD members at baseline 4 of 14 participants had worked with a humanitarian organisation, at the endline it was 12 out of 13.

**4. OPAs and OPDs are facilitated in the implementation of local humanitarian responses.**  
At the baseline, OPDs and OPAs reported that their participation in the implementation stage of local humanitarian response was low. Using a scale of 1 to 5, with 5 being the highest level of participation, OPDs reported an average of 2.6, OPAs an average of 1. Post intervention, this changed significantly, with OPDs reporting an average of 4.4 and OPAs an average of 4.  
5. OPAs and OPDs are facilitated in the monitoring of local humanitarian responses.  
There were quite significant differences in the participation level of OPDs and OPAs in the monitoring phase before and after PIONEER, from passive to active. By the end, 67% of local humanitarian organisations considered OPDs and OPAs to be active in the monitoring stage (on a scale of 4 out of 5). From the perspective of the OPDs and OPAs, before the project, 77.7% OPDs and 67% OPAs considered themselves to be passive in the monitoring. This changed significantly after the project, where 55.5% of the OPAs and 67% OPDs reported that they were facilitated to be actively involved in the monitoring of local humanitarian programmes.

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# Links to resources

- [Gap Analysis Part 1: the Inclusion of People with Disability and Older People in Humanitarian Response. Key findings from academic and grey literature reviews](#)
- [Gap Analysis Part 2 : the Inclusion of People with Disability and Older People in Humanitarian. Beyond the evidence: Implications for innovation and practice](#)
- [Innovation Catalogue: Disability and Older Age Inclusion in Humanitarian Action](#)



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A global charity that finds solutions  
to complex humanitarian problems  
through research and innovation

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