# Call for good and promising practices - guidance for submissions

## Background

Approximately 15% of the global population are persons with disabilities, 80% of whom live in poverty.[1] The report of the Secretary-General for the World Humanitarian Summit (2016) recognized that persons with disabilities are among the most marginalised in any crisis-affected community[2]. Article 11 of the Convention on the Rights of Persons with Disabilities (UN CRPD) establishes obligations for State Parties to protect and ensure safety of persons with disabilities in situation of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disaster.

In 2019, the Inter-Agency Standing Committee (IASC) launched the *IASC Guideline on Inclusion of Persons with Disabilities in Humanitarian Action*[3] to support humanitarian actors address the barriers to services and assistance, and mitigate the risks faced by persons with disabilities during emergencies. During the process of developing the IASC Guidelines the International Disability Alliance (IDA), CBM and Humanity & Inclusion (HI) collected case studies on disability-inclusive humanitarian action.

## Call for good and promising practices

The members of Working Group 1 of the global Reference Group on Inclusion of Persons with disabilities in humanitarian action[4] (DRG) have received multiple requests and expressions of interest for more elaborate case studies of good and promising practices that examine the implementation of the IASC Guidelines on disability-inclusion. Moreover, members of the DRG, Working Group 1 themselves observed how humanitarian actors have adapted or changed their programming to become more disability-inclusive. However, very few of those practices have been documented and few inter-agency learning opportunities on disability-inclusive humanitarian action exist.

Therefore, the DRG through Working Group 1 decided to launch a call for good and promising practices with the aim to foster learning between humanitarian agencies, which is financed by funding from the Center for Disaster Philanthropy, CDP. The documentation and dissemination of these practices shall help accelerate the use of the Guidelines and address the long-standing

[1] World Health Organization and the World Bank, *World Report on Disability* (2011)
[2] General Assembly, *One Humanity: Shared Responsibility, Report of the Secretary-General for the World Humanitarian Summit* A/70/90 (2 February 2016), available from http://undocs.org/A/70/709
[3] Thereafter referred to as the IASC Guidelines on disability-inclusion
[4] Thereafter referred to as Disability Reference Group (DRG)

marginalization of persons with disabilities in humanitarian action and crises. The DRG Working Group 1 will establish a technical review committee as part of this process.

## Why should you participate, what is the benefit for you and your organization?

**Peer Learning & exchange from other humanitarian actors on disability inclusion!**

This is a unique opportunity for you to share your good or promising practice on disability inclusive humanitarian action. Good practices from any humanitarian sector are welcome. We have made the process as light and interactive as possible and (if selected?) you will receive support from peers and experts to document your practice.

Based on an initial scoring by members of Working Group 1 of the DRG, we will select 23 good or promising practices. If your good practice brief is selected, you will receive an invitation to participate in a global online learning and peer review session with maximum twelve other organizations, facilitated by experts. Moreover, you can request tailored editing and documentation support to shine light on your work and make it even more appealing for replication with the wider humanitarian community. During those lab sessions, graphic and audio recording experts will support capturing the essence of the presented good practices, and propose a summary that you and your colleagues will only need to review. **Why**? We have learned from previous similar processes. There are many demands that compete for our attention in the day-to-day running of humanitarian assistance and as a result most humanitarian actors lack the necessary time and resources to document their operational work. While at the same time, they are keen to contribute learnings and to deliver quality humanitarian assistance and protection.

**If you are among the top 3 scored good practices in the peer review**, a more in-depth case study of your good practice can be supported by an expert consultant. He/she/they will explore more in-depth the good practice through process tracing and outcome harvesting with you and your collaborators. Valuable information will be captured to inspire and inform others- share key learning in the hope to accelerate the operationalization of the IASC Guidelines and hence the equal access of more persons with disabilities to humanitarian protection and services.

All case studies will then be published and available via the following channels:

- Websites,
- Webinars,
- Newsletter of the DRG,
- Panel Discussions, and/or
- Publications.

## How can I participate in the process?

Submit your good or promising practice! We are looking for a recent practice to ensure that we can reach out to the main collaborators, including the affected population. It can be from any humanitarian sector of intervention.

- All suggested practices need to be submitted using the online form by **31 March 2023.**
- If selected – you will be invited to participate in a three-hour laboratory style workshop, where you will present your good practice in a seven-minute pitch and answer questions from peer-reviewers. If you are among the three top good practices, you will be able to collaborate with an expert consultant who will support the drafting of the best practice by contacting key contacts of collaborators and yourself for key informant interviews or focus group discussions that trace the process and highlight outcomes, as well as challenges overcome, and remaining gaps.

## Who will be engaged in the selection?

The preliminary selection will be led by a Technical Review Committee (TRC) composed of subject matter experts on disability-inclusive humanitarian action, including 4- 6 members from the DRG Working Group 1, 1 DRG Co-Chair, 1 Organization of Persons with Disabilities (OPD), Institute for International Law of Peace and Armed Conflict (IFHV) at Ruhr University Bochum, and humanitarian research institutes or think tanks. The selection will be based on agreed scoring criteria derived from the IASC Guidelines. Successful submitters will then be invited to the laboratory style workshop where the second selection takes place. The same subject matter experts will participate and join you as a peer reviewer.

We will share information on the selection process and outcomes on the DRG/ IDA website as well as in the Newsletter and DRG Monthly Meetings.

## Permission and consent to publish

Permission to publish the case studies in their final and edited form will be sought from the submitting agency for each case study prior to publication. We welcome the submission of photographs or videos with the documentation of the good practices. If you decide to do so, you must ensure that the informed consent has been obtained in writing from any individual featured in the photographs. We will abstain from publishing photographs without written evidence that informed consent has been given.

## Process for case study submission, review and selection

Following the launch of the call for practices by the IASC Task Team Secretariat:

**Step 1:** Register to submit a good practice by completing the forms template by 31st of March.

**Step 2**: **First selection** by the Technical Review Committee (TRC) according to the compliance with the objectives and thematic priorities of the call for good practices. The committee will be composed of members of the DRG, Working Group 1 (incl. disability-inclusion focused and mainstream humanitarian actors, OPDs), DRG Co-Chairs, IFHV at Ruhr University Bochum, donors and representatives of think-tanks or research institutes. Review questions for further fine-tuning of good practices along the IASC Guideline on disability-inclusion will be shared by the TRC with the good practice holders.
Deadline for final review: 30th of April (pending numbers of submission to be reviewed, this can be extended)

**Step 3**: Selected applicants/candidates/submitters prepare a presentation of their good practice for the next selection round during the Peer Review and Learning Lab Workshops.

**Step 4**: Two Laboratory Style Peer Review and Learning Workshops with representatives from the TRC and the peer-reviewers will select the most relevant 3 good practices for in-depth exploration and document 23 good and promising practices in different formats (e.g., audio, written brief, video, pictures, graphic recording).
May- August 2023

**Step 5**: In-depth exploration of the 3 top-scoring good practices and work in accessible formats
August- October 2023

**Step 5**: Publishing and dissemination: November- December 2023

## Priority thematic areas

Case studies should fit at least one of the following priority thematic areas. These thematic areas have been selected because they are essential for disability-inclusive programming and represent key elements of the IASC Guidelines. They are relevant for each sector as well as humanitarian coordination to enhance meaningful participation and equitable access by persons with disabilities to humanitarian assistance and protection:

1) **Empowerment of persons with disabilities**

- Actions that supported affected population with disabilities, as well as their representative structures (OPDs) to understand, claim and hold leadership accountable to their rights and entitlements in situation of emergencies.
- Good Practices that empowers persons with disabilities to contribute to humanitarian programming, coordination and/or protection.

2) **Capacity development of humanitarian actors, incl. organisations of persons with disabilities**

Actions (awareness sessions, learning series, technical support and advisory) that resulted in ensuring that humanitarian actors, including OPDs, uphold a rights-based understanding of disability in humanitarian assistance and protection, have knowledge, skills and confidence to undertake disability-inclusive project or program cycle management or humanitarian coordination, aligned with the IASC Guidelines on Disability-inclusion. In particular, we are interested in good or promising practices in capacity development that have led to:

- Foster or ensure meaningful participation of persons with disabilities in humanitarian assistance and protect,
- Collect information on persons with disabilities requirements, capacities and priority unmet humanitarian needs, barriers and enablers,
- Adapt humanitarian accountability mechanisms, delivery modalities and services to become more disability-inclusive, and/or

- Coordinate and/or monitor their equal access to and meaningful participation in humanitarian assistance and protection.

**3) Identification and removal of barriers**

Actions that resulted in the identification and/or removal of attitudinal, environmental, communication and institutional barriers and/or enablers (see pages 12- 15 of the IASC GL) faced by men and women, boys and girls with disabilities that hinder and/or enhance their equal access to and/or meaningful participation in humanitarian assistance and protection.

**4) Meaningful participation of persons with disabilities**

Good or promising practices that res0ulted in enhancing or ensuring:

- Participation of persons with disabilities in processes that assess, plan, design, implement, monitor and/or evaluate humanitarian interventions
- Employment of persons with disabilities, including those from the affected population as humanitarian staff, frontline staff, such as community mobilizers, data collectors and/or volunteers.
- Consultation and/or collaboration with persons with disabilities or OPDs from affected communities/ host communities in processes around humanitarian intervention, accountability, localization and/or resourcing strategies or related policies.

**5) Quality disability data collection and disaggregation**

- Good and/or promising practices that resulted in the collection, analysis and use of disability-inclusive data for programming, inclusive of locally appropriate disaggregation by gender, age, disability and/or other factors influencing humanitarian access and/or protection.
- Practices may include those that led to adaptation of existing gender or conflict analysis and/or protection monitoring tools or the design of new ones that allowed for a better understanding about the situation of men and women with different types of disabilities of different age groups (including youth, old age and children) and socio-economic characteristics.
- More specifically, data collection processes that have helped to gather and analyse information on and identification of sub-groups of the most at-risk population in a given sector and context and the disability-specific factors that drive vulnerability and/or strengthen resilience and safety. Those factors may include the different type of barriers, local solutions to strengthen enablers, priority unmet needs/ requirements and the range of capacities and/or other factors that enhance and/or reduce risks.

## Other criteria

Case studies should be relevant to one or more of the following crisis contexts, programmatic sectors, modalities of intervention, or cross-cutting issues:

| **Crisis contexts:** | **Phases of humanitarian action:** | **Sector:** | **Delivery modality:** |
|---|---|---|---|
| - Rapid-onset disasters, such as floods or earthquakes;<br>- Slow-onset disasters, such as drought;<br>- Protracted crisis<br>- Health emergencies, such as COVID 19;<br>- Acute emergencies | - Preparedness<br>- Response<br>- Recovery | - Food security<br>- Nutrition<br>- WASH<br>- Health<br>- Education<br>- Protection<br>- CCCM<br>- Shelter<br>- Livelihoods | - Cash-based<br>- In-kind<br>- Service delivery<br>- Technical support<br>- Community-based |
| **Cross-cutting issues:**<br>- Cross-disability<br>- Gender<br>- Age<br>- Protection mainstreaming<br>- Mental Health and Psychosocial support (MHPSS)<br>- AAP | | | |

## Guidance for completing the case study template

The template is designed to assist in capturing the key elements of the story behind a practice.

When collecting information for the brief about a practice we encourage you to use available documentation and seek input from the following stakeholders:

- People responsible for implementing the practice.
- Decision-makers involved in supporting the practice.
- Frontline workers of the service or programme.

- Affected population engaged in the programme or service, including persons with disabilities.
- Partners, organisations, groups or individuals identified as key change agents.

The template is structured to facilitate the description of a single practice and analysis with respect to its alignment with the IASC Guidelines its 'must do' actions.

Of course, many practices may not reflect all four 'must do' actions. However, it is important to identify progress in certain areas, whilst highlighting gaps, and explaining what further steps are necessary to make practices fully inclusive.

## REVIEW CRITERIA,

The following review criteria are aligned with the IASC Guideline and summarize the five thematic areas as well as some key principles applied to humanitarian action.

| REVIEW CRITERIA | |
|---|---|
| **Non-discrimination** | 1. Practice demonstrates actions to identify and eliminate discrimination against persons with disabilities in humanitarian programming and policy, including by guaranteeing protection and equal and/or targeted access to assistance |
| | 2. Practice demonstrates distinct measures and approaches to facilitate protection and safety of all adults and children with disabilities, (including people from under-represented groups such as persons with intellectual disabilities or persons with psychosocial disabilities) according to their gender, age, ethnicity, minority status, as well as other diversity and context-specific factors. |
| | 3. Practice pays specific attention to the situation of persons with disabilities who face multiple and intersecting forms of discrimination, and considering gender and age, to empower and protect them from physical, sexual and other forms of violence, abuse, exploitation and harassment. |
| **Do no harm & Protection Mainstreaming** | 1. Prioritize safety & dignity, and avoid causing harm<br>2. Meaningful Access<br>3. Accountability |
| **Empowerment** | 1. Practice demonstrates how persons with disabilities, as well as their representative structures (OPDs are claiming their rights, holding leadership accountable to their rights and entitlements in situation of emergencies.<br>2. Practice demonstrates how persons with disabilities were equipped with knowledge, skills and leadership that empowers them to contribute to humanitarian programming, coordination and/or protection. |

| | |
|---|---|
| **Capacity Development** | 1. Practice demonstrates what type of actions (awareness sessions, learning series, technical support and advisory) led to increased rights-based understanding of disability in humanitarian assistance and protection, knowledge, skills and confidence to undertake disability-inclusive project or program cycle management or humanitarian coordination.<br>2. Practice evidence one of the following change:<br>o meaningful participation of persons with disabilities in humanitarian assistance and protect,<br>o collection of information on persons with disabilities requirements, capacities and priority unmet humanitarian needs, barriers and enablers,<br>o change in humanitarian accountability mechanisms, delivery modalities and services to become more disability-inclusive, and/or<br>o coordination and/or monitoring of persons with disabilities access to and meaningful participation in humanitarian assistance and protection. |
| **Participation** | 1. Practice promotes meaningful participation and/or involvement of persons with disabilities in the program or project cycle management and planning processes including in appropriate coordination mechanisms |
| | 2. Practice fosters inclusive community-based protection mechanisms so as to better provide tailored and context specific response and strengthen the resilience of persons with disabilities, their communities, their families and peer-support networks. |
| **Identify & Remove Barriers**<br><br>**Identify & Strengthen Enablers & capacities** | 1. Practice demonstrates that emergency and preparedness programming included components to identify and/or remove/ enhance barriers/ enablers, in its diverse forms. |
| | 2. Practice started to identify and/or remove physical, communication, institutional and attitudinal barriers systematically, including through systematic provision of accessible information for all throughout planning, preparedness and response, recovery and enhanced accessibility of services. |
| **Data collection** | 1. Quality data collection systems or processes that started to help identifying, targeting and monitoring equitable access and meaningful participation of persons with disabilities. |
| | 2. Data collection practice fostered better coordination within or between agencies around the inclusion of persons with disabilities in humanitarian action, |
| | 3. Data collection, conflict analysis, gender analysis or information management processes that helped to adapt information collection and analysis processes to disaggregate by disability and/or make programming and planning processes more inclusive of requirements of and responsive to the diversity of persons with disabilities. |

| PRACTICE REVIEW CRITERIA – LEARNING |
| --- |
| - **Positive practices**: documented or observable positive effects on the following:<br>o Impact: Demonstrates progressive change in policy, practice, knowledge, attitudes, relationships at different levels (e.g. local, national, organisational, sector-wide etc.)<br>o Sustainability and replicability: Demonstrates potential for systemisation and adoption by local actors in this context, and adaptable and scalable in other contexts<br>o Relevance and innovation: Demonstrates appropriate and innovative use of activities, tools and partnerships. |

Questions

Section 1

# Template

# Thematic area of the good humanitarian practice

Find some more detailed information on the thematic areas. For more detailed description of the thematic areas, read the guidance: https://docs.google.com/document/d/1yjKOrhX7Fie5gO2pD65vQhdFQmxa9y7F/edit?usp=share_link&ouid=101592679297283162398&rtpof=true&sd=true

**Empowerment of persons with disabilities**

- Actions that supported affected population with disabilities, as well as their representative structures to understand, claim and hold leadership accountable to their rights in situation of emergencies.
- Good Practices that empower persons with disabilities to contribute to humanitarian programming, coordination and/or protection.

**Capacity Development of Humanitarian Actors, incl. Organizations of Persons with disabilities**

Actions (awareness sessions, learning series, technical support and advisory) that resulted in ensuring that humanitarian actors, uphold a rights-based understanding of disability, have knowledge, skills and confidence to undertake disability-inclusive project or program cycle management or humanitarian coordination, aligned with the IASC GL.

**Identification and removal of barriers**

Actions that resulted in the identification and/or removal of attitudinal, environmental, communication and institutional barriers (see pages 12- 15 of the IACS GL) faced by men and women, boys and girls with disabilities that hinder their equal access to and/or meaningful participation in humanitarian assistance and protection.

**Meaningful participation of Persons with disabilities**

Good or promising humanitarian practices that resulted in enhancing or ensuring:

- Participation of persons with disabilities in processes that assess, plan, design, implement, monitor and/or evaluate humanitarian interventions.
- Employment of persons with disabilities, including those from the affected populationas humanitarian staff, frontline staff, such as community mobilizers and/or volunteers.
- Consultation and/or collaboration with persons with disabilities or OPDs from affected communities/ host communities in processes around humanitarianintervention, accountability, localization and/or resourcing strategies or related policies.

**Quality Disability Data collection and disaggregation**

Good and/or promising practices that resulted in the collection, analysis and use of disability-inclusive data for programming, inclusive of locally appropriate disaggregation by gender, age, disability and/or other factors influencing humanitarian access and/or protection.

1. Which priority thematic area does your good or promising practices on disability-inclusive humanitarian action address? (Tick/check all that are relevant to represent your good and/or promising practices)Single choice.

☐ Empowerment of persons with disabilities
☐ Capacity development of humanitarian actors, including organisations of persons with disabilities
☐ Identification and removal of barriers
☐ Meaningful participation of persons with disabilities
☐ Quality disability data collection and disaggregation

2. Which priority thematic area does your good or promising practices on disability-inclusive humanitarian action address? (Tick/check all that are relevant to represent your good and/or promising practices)Single choice.

☐ Empowerment of persons with disabilities
☐ Capacity development of humanitarian actors, including organisations of persons with disabilities
☐ Identification and removal of barriers
☐ Meaningful participation of persons with disabilities

☐ Quality disability data collection and disaggregation

Section 2

# Information on Focal points for the Good Practice

Please, share some information on the focal point for this good or promising good practice

3. Organisation name:

Enter your answer

4. Organisation type (e.g. Government, UN, Inter-agency, INGO, national/local NGO, CBO, DPO, private company, other):Required to answer. Multi Line Text.

Enter your answer

5. Name and title of focal point(s) for this case study:

Enter your answer

6. Role of focal points with respect to the practice addressed:

Enter your answer

7. Contact information (physical address): Required to answer. Single line text.

Enter your answer

8. Mobile phone number: Required to answer. Multi Line Text.

Enter your answer

9. Email: Required to answer. Single line text.

Enter your answer

Section 3

# Background information on the practice

10. Case study title: Required to answer. Single line text.

Enter your answer

11. Timeframe: (i.e. the period in which the practice took place) Required to answer. Single line text.

Enter your answer

12. Location of the practice: (country, district, town - include all relevant locations) Required to answer. Multi Line Text.

Enter your answer

13. Crisis type Required to answer. Multiple choice.

- ☐ Acute emergency
- ☐ Health emergency, for instance Ebola, COVID or Cholera response
- ☐ Mass forced displacement
- ☐ Protracted crisis
- ☐ Rapid onset disaster

14. Location type: Required to answer. Multiple choice.

- ☐ Urban
- ☐ Rural
- ☐ Refugee Settlement
- ☐ DP settlement

15. Sector (or sub-sector as appropriate), please tick all that apply: Required to answer. Multiple choice.

- ☐ CCCM
- ☐ Child Protection
- ☐ Education in Emergency
- ☐ GBV
- ☐ Housing, Land and Property
- ☐ Food Security
- ☐ Health
- ☐ MHPSS
- ☐ Mine Action
- ☐ Nutrition
- ☐ Protection (general)
- ☐ Shelter
- ☐ WASH

16. Which actors and stakeholders were involved in what? (max. 250 words)Required to answer. Multi Line Text.

Enter your answer

Section 4

# Description of the practice

Please describe the practice in detail. Try to respond to as many of the guiding questions as you can (see below).

17. What was the situation before the practice, what gaps (or barriers) were you trying to address? How did you assess the gap/s and with who? (max. 500 words)Required to answer. Multi Line Text.

Enter your answer

18. What was the aim/objective of the practice? Indicate the link to the problem that you aimed to solve, question 16. (max. 200 words)Required to answer. Multi Line Text.

Enter your answer

19. What actions were taken to address the gaps? (max. 750 words)Required to answer. Multi Line Text.

Enter your answer

20. Who was engaged to plan and implement the actions? How were men and women, boys and girls with different types of disabilities engaged? (max. 500 words)Required to answer. Multi Line Text.

Enter your answer

21. What were the resources required (human, financial…)? (max 500 words)Required to answer. Multi Line Text.

Enter your answer

22. What were the results of the practice (with respect to the objective/ aim)? (max. 750 words)Required to answer. Multi Line Text.

Enter your answer

23. Please share any qualitative or quantitative data or evidence you may have collected that can illustrate the change. (max. 750 words)Required to answer. Multi Line Text.

Enter your answer

24. What were success factors that could be replicated or inform other actors' action? (max. 500 words)Required to answer. Multi Line Text.

Enter your answer

25. What were the challenges you experienced and how did you address them? (max. 500 words)Required to answer. Multi Line Text.

Enter your answer

26. Please, include any relevant quotations or testimonies of people who participated in/or benefitted from the good practice. (max. 500 words)Required to answer. Multi Line Text.

Enter your answer

27. Did you make use of any chapters or recommendations from the IASC Guidelines? If yes, which. (max. 50 words)Required to answer. Multi Line Text.

Enter your answer

28. As part of the further process, can those that were targeted by and engaged in the action be reached for further documentation of this practice. (max. 50 words)Required to answer. Multi Line Text.

Enter your answer

Section 5

# Categorization of practice

29. Assistance delivery modalities (tick all that apply)Single choice.

- ☐ Assistance delivery modalities
- ☐ Cash-based
- ☐ In-kind
- ☐ Service delivery
- ☐ Technical expertise

30. Stage of the humanitarian programme cycle and related actions (tick all that apply)Required to answer. Multiple choice.

- ☐ Preparedness
- ☐ Needs assessment and analysis
- ☐ Strategic planning
- ☐ Resource mobilisation

- ☐ Implementation and monitoring
- ☐ Operational peer review and evaluation
- ☐ Coordination
- ☐ Information management

31. Inclusion of under-represented groups or groups facing discrimination (tick all that apply)Required to answer. Multiple choice.

- ☐ Children with disabilities
- ☐ Indigenous persons with disabilities
- ☐ Older persons with disabilities
- ☐ Persons with disabilities from ethnic or religious minorities
- ☐ Persons with intellectual disabilities
- ☐ Persons with psychosocial disabilities
- ☐ Women and girls with disabilities
- ☐ Youth with disabilities

32. How would you classify the type of action around including persons with disabilities, is the practice comprised of targeted actions for persons with disabilities only (targeted action), or is it addressing persons with disabilities as part of the overall target population (mainstreaming disability inclusion action)? Required to answer. Single choice.

- ☐ mainstreaming action
- ☐ targeted action
- ☐ both

## Publishing and Dissemination

33.Do you agree to public sharing of your good and promising practice in a database that will be made accessible online for wider learning and networking? Please note, the information shared will include: Name of your organisation, type of organization, contact details in the form of the email provided, the title of the practice, and the summary. Required to answer. Single choice.

- ☐ Yes
- ☐ No

34. If yes, could you share a summary of your good or promising practice for sharing and networking. Required to answer. Multi Line Text.

Please enter a number less than or equal to 200