

Toward Gender Equality and Addressing Gender-Based Violence in the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

Background Note

Introduction

At least 70 million people are currently displaced as a result of persecution, conflict, or violence.¹ As many as 14 million of them are persons with disabilities.² Globally, one in five women has a disability. During the 2016 World Humanitarian Summit, the [Charter on Inclusion of Persons with Disabilities in Humanitarian Action](#) was endorsed by more than 200 humanitarian and human rights networks and organizations, networks and/or organizations of persons with disabilities, UN agencies, and governments. The Charter includes a recommendation to develop “guidelines supporting humanitarian actors to improve inclusion of persons with disabilities in emergency preparedness and responses.” The *IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action* (the Guidelines) were finalized after three years of extensive consultations with multiple stakeholders and recently endorsed by the Inter-Agency Standing Committee.

The participation and empowerment of women and girls with disabilities and their representative organizations is critical to ensuring that disability inclusion is realized in humanitarian action. The Women’s Refugee Commission worked with a number of humanitarian stakeholders, including organizations of women with disabilities, to integrate gender and GBV considerations throughout the Guidelines.

This issue brief provides an overview of the Guidelines and more detailed information on the chapter on GBV. In line with IASC guidance, disability inclusion should be reflected in all global GBV guidance and standards.

The Basics

What are the Guidelines? The Guidelines are essential actions that humanitarian actors must take in order to effectively include persons with disabilities in humanitarian action and identify and respond to the needs and rights of persons with disabilities, who are most at risk of being left behind in humanitarian settings.

Who are the Guidelines meant for? National, regional, and international humanitarian actors, including organizations of persons with disabilities and donors involved in policymaking, coordination, programming, and funding.

When and where are the Guidelines meant to be used? In all phases of a humanitarian emergency—preparedness, response, and recovery—and in rapid-onset, slow-onset, or protracted crises and in any humanitarian setting (natural hazards, conflict, displacement, political crisis) and location (urban, rural, remote islands).

1 As of 2018, UNHCR Global Trends Report: <https://www.unhcr.org/en-us/statistics/unhcrstats/5d08d7ee7/unhcr-global-trends-2018.html>.

2 This figure is based on global estimates that 20% of the 70.8 million people forcibly displaced worldwide as a result of persecution, conflict, generalized violence, and human rights violations may be persons with disabilities.

How Are Gender Equality and Gender-Based Violence Addressed within the Guidelines?

Displaced women and girls with disabilities can and do contribute to humanitarian action.

“When I got trained on [gender-based violence], I got the power to support my fellow women with disabilities. I need to be trained as a paralegal so that the community can recognize me.” – Refugee woman with disability, Bidibidi settlement, Uganda

Age, gender, and diversity (AGD) are cross-cutting considerations within the Guidelines.

The Guidelines recognize that persons with disabilities are not a homogeneous group; they have diverse experiences, can face a multitude of different barriers that impede their participation and inclusion, and they have diverse, intersecting identities. Due to the intersection of gender and disability (amongst other identity characteristics), women and girls with disabilities may experience multiple and intersecting forms of discrimination that can limit their participation and access to humanitarian programs and services, as well as increase their risks of gender-based violence. To ensure that humanitarian actors are reaching all segments of the affected population without discrimination, an AGD mainstreaming approach is promoted throughout the Guidelines to ensure that all affected

persons with disabilities can access and participate in humanitarian assistance.

A sub-chapter on addressing gender-based violence (GBV): As part of the protection chapter, the sub-chapter on GBV provides a brief summary of the GBV risks that women and girls with disabilities can face during humanitarian crises. It also includes guidance to humanitarian actors working on GBV to identify and address barriers faced by persons with disabilities, as well as their families, support persons, and caregivers, when accessing GBV prevention or response mechanisms in humanitarian settings.

Recommended Actions (excerpt)

	Prepared-ness	Response	Recovery
1. Assessment, analysis, and planning			
Ensure persons with disabilities are included in community consultations on GBV. Consultations should be age- and gender-appropriate. Employ participatory methods to identify barriers to access and take steps to make GBV activities and services accessible to persons with disabilities. ³	X	X	
Assess the attitudes and assumptions to disability inclusion of GBV programme staff and service providers. ⁴	X	X	

³ Women’s Refugee Commission and International Rescue Committee, *Building capacity for disability inclusion in gender-based violence programming in humanitarian settings. A toolkit for GBV practitioners* (2015). Guidance Note 1 states that humanitarian and other actors who work on GBV should hold community consultations on GBV risks. 15-20 percent of community members involved in designing, monitoring, and evaluating GBV programs should be persons with disabilities, in line with international standards for safe data collection on sexual violence in humanitarian contexts. This implies that 1-2 persons with disabilities from each age- and gender-appropriate group, and in addition persons with a range of disabilities, should participate. Concurrently, it may be appropriate to interview some individuals. Interviews can be held at a location of the interviewee’s choice. Steps should be taken to identify and mitigate risks.

⁴ Ibid. Guidance Note 2 states that humanitarian and other actors who work on GBV may believe that GBV prevention and response services are not relevant to or appropriate for persons with disabilities, or fear “doing harm” if they include them in activities. GBV case workers may incorrectly assume that survivors with intellectual disabilities do not have the capacity to make their own decisions, may defer to caregivers on what support and referral is appropriate, or may not adopt a survivor-centered approach. All GBV staff should be trained to consider their attitudes and assumptions about persons with disabilities and hold open conversations about working with persons with disabilities.

	<i>Prepared-ness</i>	<i>Response</i>	<i>Recovery</i>
Map local OPDs [organizations of persons with disabilities]. Identify who they represent and the degree to which they have the capacity to work on safe identification and referral of GBV survivors to appropriate services. ⁵ Take steps to fill gaps in capacity.	X	X	
Ensure that planning addresses the gender- and disability-specific requirements of persons with disabilities, as well as the risks and violations of human rights that they experience. Invite persons with disabilities to help define GBV sector priorities.	X	X	X
2. Resource mobilization			
Develop proposals that address the GBV risks of women, men, girls, and boys with disabilities.	X	X	X
Secure financing and prepare inclusive budgets that allocate resources to improve accessibility and inclusion.		X	X
3. Implementation			
Recruit persons with disabilities as staff, volunteers, and community mobilizers. Take steps to achieve gender balance in GBV activities. ⁶	X	X	X
Integrate and mainstream content about persons with disabilities in core GBV training packages. Add case studies and discussions of disability to practitioner training and community awareness-raising materials ⁷	X	X	
Train local OPDs, in particular women-led OPDs, in how to safely identify and refer GBV survivors.	X	X	X
Strengthen national policies and protocols, including standard operating procedures, case management systems, and referral systems. Ensure they adopt a survivor-centred approach and provide responsible, compassionate, and confidential care to GBV survivors with disabilities.	X	X	X
Establish safe, accessible, and confidential complaint mechanisms. These should comply with prevention of sexual exploitation and abuse (PSEA) standards. ⁸	X	X	X

5 Ibid. Guidance Note 3 notes that local organizations of persons with disabilities (OPDs) are familiar with disability-friendly service providers, and this knowledge can be used to inform and improve standard operating procedures and referral systems. As the first contact point for survivors with disabilities, OPDs may need training in the principles of safe identification and referral. Seek out OPDs that are in contact with marginalized groups of persons with disabilities, including persons with intellectual disabilities and adolescent girls with disabilities, who may be at highest risk of GBV.

6 Ibid. Guidance Note 4 notes that research has shown that women with disabilities in humanitarian settings are often underrepresented in community leadership structures. Recruiting women with disabilities as community mobilizers and social workers draws attention to the concerns of this group and simultaneously increases respect for the skills and capacities of persons with disabilities among both humanitarian staff and in the community.

7 Ibid. Guidance Note 5 argues that persons with disabilities and their caregivers should be included in core GBV training packages, which should include case studies and examples centered on women, children, and youth with disabilities. Over time, GBV staff should increasingly recognize that responding to the needs of persons with disabilities is a core part of their work and acquire relevant skills to do this work.

8 Ibid. Guidance Note 8 makes the point that NGOs, international organizations, and the UN system have a shared responsibility to eradicate sexual exploitation and abuse by their personnel. All actors operating in a humanitarian response, including those who work on GBV, must ensure that affected populations can report violations by personnel in a safe, accessible, and confidential manner. See UN Doc. 3ST/SGB/2003/13, 9 Oct 2003; for more information, see <http://www.pseataaskforce.org/>.

	<i>Prepared-ness</i>	<i>Response</i>	<i>Recovery</i>
Ensure that engineers and architects adopt universal design principles when women’s centres, health clinics, safe houses, and transportation systems are constructed. ⁹	X	X	X
Facilitate the participation of women and girls with disabilities in peace negotiations and peace-building, in line with international commitments. ¹⁰			X
4. Coordination			
Include disability and persons with disabilities as a standing agenda item in GBV coordination meetings.	X	X	
5. Monitoring and evaluation			
Monitor how many persons with disabilities (disaggregated by sex and age) attend GBV activities. ¹¹		X	
Data information management systems, such as the Gender-Based Violence Information Management System, should be disaggregated by sex, age, and disability, in line with safe and ethical practices for the collection and dissemination of GBV data. This will make it possible to determine whether particular gender and age groups of persons with disabilities are excluded.	X	X	

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Women’s Refugee Commission

The Women’s Refugee Commission improves the lives and protects the rights of women, children, and youth who have been displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

⁹ Ibid. Guidance Note 6. “Universal design” refers to “the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.” Ensuring that buildings and facilities are accessible consumes approximately 1 percent of construction costs. It is more cost-effective than retrofitting buildings and facilities at a later stage.

¹⁰ This aligns with UN Security Council Resolution 1325 and its subsequent resolutions on women, peace and security, which recognize that conflict affects women and girls differently and the crucial role they play in conflict prevention, conflict resolution, peace-making, and peacebuilding and calls for their increased participation. [https://undocs.org/S/RES/1325\(2000\)](https://undocs.org/S/RES/1325(2000)).

¹¹ Women’s Refugee Commission and International Rescue Committee, [Building capacity for disability inclusion in gender-based violence programming in humanitarian settings. A toolkit for GBV practitioners](#). (2015). Guidance Note 7 argues that it is critical to monitor the number of persons with disabilities who use GBV services and programs in order to understand whether programs are reaching those who need them most. At least 15 percent of participants in any GBV activity should be persons with disabilities; this ratio is not always met.