

Questions and Answers

for the Event by the Centre for Humanitarian Action (CHA) and Handicap International (HI) on:

“Two Years on – The IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action: What Are Promising Practices, Challenges and First Lessons Learned in Syria?”

that took place online on 29 September 2021, with the following speakers:

- **Davide Amurri**, Deputy Manager – Head of Monitoring Humanitarian Financing Unit, Syria Cross-border Humanitarian Fund (SCHF), United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)
- **Gulnaz Ibrahim**, Ambassador for Persons with Disabilities in Northeast Syria
- **Ibrahim Kader**, Emergency Programs Coordinator, North East Syria (NES), Mercy Corps
- **Ralf Südhoff**, Director, Centre for Humanitarian Action

Question 1

What is being done to address stigma and discrimination due to disability in this challenging context?

Additional Information, HI: Gulnaz shared that awareness raising at community level was done to lower stigma. Some actors also engage in capacity development on inclusive, non-discriminatory service provision to some humanitarian actors. The barrier tool used in the OCHA pilot as well as the Turkey Cross-Border Protection Cluster, collects data incl. on experiences of discrimination, which is shared with different clusters, incl. Water, Sanitation and Hygiene (WASH) for action.

- Inclusion Technical Working Group, Protection Cluster Syria (November 2020): [Self-reported barriers to activities of daily living of persons with disabilities living in IDP sites in northwest Syria](#)

Question 2

Mercy Corps had meetings to review their tools, Inter-Agency Standing Committee (IASC's) tools were not used, they had another tool for sex and age aggregated data. So, what is the added value of IASC Guidelines?

Answer during event: I believe the IASC Guidelines are extremely relevant as they give much more suggestions than adapting the way you identify persons with disabilities or collect Sex, Age and Disability Disaggregated Data (SADD). The guidelines have, among others a general section (chapter 1-3), a section on data and information management (chapter 4) and sub-sections adapted to each sector (chapter 11-18), so you can adapt based on your programming.

- IASC Task Team on inclusion of Persons with Disabilities in Humanitarian Action (July 2019), [IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action](#)

Question 3 (statement)

Originally, Mercy Corps had inclusion-related steps (collection of Sex, age, disability disaggregated data (SADD), door-to-door distributions when its participants' preference...) and we added more steps throughout the years (and this will most probably continue).

Regarding Post-Distribution Monitoring, so far, participants spent a majority of their cash assistance on food. Mercy Corps is interested in understanding what are the additional costs that fall on a household that has persons with disabilities compared to another household, as this might influence the value of our cash assistance.

Question 4

I like the Washington Questions, but incontinence is not identified as an issue. This issue is important to the WASH sector. How can specific concerns be included in more general surveys?

Please find below some links on disability data in the WASH sector.

Links to the London School of Hygiene and Tropical Medicine (LSHTM) tools for **quantitative identification** of disability specific needs:

- London School of Hygiene and Tropical Medicine (2021), [Water, Women and Disability Study in Vanuatu, Case Control Questionnaire](#)
- London School of Hygiene and Tropical Medicine (2021), [Water, Women and Disability Study in Vanuatu, Household Screening Questionnaire](#)

Links to LSHTM **qualitative tools** around needs assessments and exploring issues around Menstrual Hygiene Management (MHM):

- World Vision, Australian Aid, Water for Women and London School of Hygiene and Tropical Medicine (2020), [Topic Guide: Menstrual Hygiene Management \(MHM\) - Proxy](#)
- World Vision, Australian Aid, Water for Women and London School of Hygiene and Tropical Medicine (2020), [Topic Guide: Menstrual Hygiene Management \(MHM\), Person with a Disability](#)

Question 5

The Washington Group Set of Questions were originally meant to be asked directly to persons with impairments themselves and not to heads of households. Was it necessary to resort to heads of households in Syria for cultural reasons? Or what were the reasons?

Additional Information, HI: Ibrahim answered the question orally. In addition, Gulnaz answered that the question should best be asked to the household members, not only the head of household. Culturally there is no problem to ask the female and/or male head of household. However, the accuracy of the answer will be less robust and reliable.

See fact sheet on data collection at household level:

- Humanity & Inclusion (2019): [Factsheet #2: Collecting data in Humanitarian Action using the Washington Group Questions at Household Level](#)

See also the guidance tool developed by the Turkey Cross-Border Protection Cluster on Disability Data collection:

- Inclusion Technical Working Group, Protection Cluster Syria (February 2021): [The Definition of Disability and Disability Related Data Collection and Analyses](#)

Question 6

This is a very interesting way of supporting families who need more support. Are you doing any work to support unaccompanied children with disabilities in North East Syria?

Answer during event: Hi! I'm Ibrahim's colleague. Some of the referrals we get from our partner agencies are minors and our assistance (Multi-Purpose Cash Assistance) is for the overall family. We are not yet working with unaccompanied children with disabilities on our Emergency programming, but we would be interested in the future.

Question 7

I would also be interested in any changes regarding the distribution and Post-Distribution Monitoring. Where there any additional steps you included? In addition, from the Post-Distribution Monitoring, were there any learnings in terms of how persons with disabilities benefit directly from the cash distributions allocated to a household and not to them directly?

Additional Information, HI: As provided by Ibrahim, adjustments were made to include questions about preferred distribution modalities. It is the same for Cash modalities. In addition, barrier assessment of the modality should be undertaken.